



Detailed Funding Proposal for Rural Communities' Holistic Action Program Against HIV/AIDS

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In 2003, former State President Nelson Mandela asserted HIV/AIDS to be the greatest health crisis in human history, by which all accounts, we have failed in our quest to contain and treat. HIV/AIDS continues to extract a heavy toll on individuals, families, and societies worldwide despite decades of activism, treatment, research and prevention efforts. South Africa has one of the highest rates of HIV/AIDS in the world with an estimated 5.7 million people being HIV positive as of 2008, approximately 3.2 million of which are women and 280,000 are under the age of 14. TransCape NPO is operational in tackling the epidemic in the OR Tambo district of the Eastern Cape province, where the epidemic is rampant, infecting approximately 26% of the population. The province is rated as one of the poorest in South Africa and compared with 13 other poverty nodes, the OR Tambo node has the lowest level of household income, employment, access to water, access to electricity and level of education.

The historical neglect and denial of HIV by the South African government has stigmatized the disease by silencing the epidemic. In 2000, South African President Thabo Mbeki made a speech that avoided mention of HIV and instead focused on poverty, encouraging supposition that he saw poverty, rather than HIV, as the main cause of AIDS. By 2004, denialism was questioned in the country and the South African government's Anti-retroviral therapy (ART) treatment program began to have an impact. Yet, the distribution of ART is still slow, with only 1000 of the 9000 people who need ART in the Ngqeleni district receiving treatment. The lack of treatment can partly be explained by the continual lack of AIDS leadership as well as a lack of information and knowledge about HIV/AIDS, fear to test because of a fear of death and stigma, lack of infrastructure, lack of health, social and support services and being part of the most poverty stricken area in South Africa where hunger and cold continue to be unmet basic needs.

TransCape is committed to working with local communities to support the development of local solutions to the HIV/AIDS epidemic. Participation has been shown to have positive effects on health in and of itself, and studies frequently show the necessity of ownership by the community to successfully combat HIV/AIDS. **By working on the ground and being receptive to local solutions, a working HIV/AIDS treatment, support and prevention program has evolved.** In order for communities to successfully manage the devastating impact of HIV/AIDS, medical efforts must also be accompanied by broader social and economic development initiatives. TransCape's other projects include nutrition, improving health facilities, education, business development, job creation, sustainable natural resource management and eco-tourism development. TransCape also works closely with the local government for recognizing that these initiatives will be more successful and sustainable to the extent that they link communities to civil society organizations.

The community owned HIV/AIDS project aligns with TransCape's mission, and owing to your valuable involvement with and support of participatory based HIV/AIDS programmes, we trust that our project is in line with your funding criteria.

We look forward to further communication in this regard.

Yours in the fight against HIV/AIDS,

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About TransCape

TransCape NPO was registered with South Africa's Department of Social Development on 4 August 2004, the brainchild of Mdumbi Backpackers' workforce and friends, and medical staff at Canzibe hospital.

Canzibe is a rural Government hospital, which provides a service to people in a wide geographical area, covering a large part of the Nyandeni municipal area. The staff at Canzibe was keen to improve access to treatment and care within the hospital and in the surrounding communities. Together with the managers and staff of Mdumbi Backpackers, they established TransCape in direct response to the perceived social, educational, economic and health needs in the area.

Mdumbi Backpackers works closely with the members of Mankosi community, Nyandeni district, to develop the local area in an eco-friendly way that benefits the community. They have been working on a range of tourism projects with community members since they first started in 2002. Through this experience, the managers of Mdumbi anticipated further job creation opportunities that could arise through appropriate development of skills and allocation of resources.

TransCape was founded in order to:

- Support the hospital to improve its service delivery
- Assist people to become active in their communities by participating in HIV/AIDS and health projects
- Help local residents take ownership of their resources and gain a sustainable income through tourism and micro-finance projects

In 2006 a qualified teacher from Cape Town formed a partnership with TransCape and Mdumbi backpackers to establish an education centre in the Mankosi community to:

- Support the local education system with after-school classes, which develops the knowledge and skills of young people to the appropriate national level.

Vision – people.comm-unity.earth

We are a connected community comprising of holistic, healthy and empowered individuals in an optimally developed and fairly managed sustainable environment.

Mission – Rural action for sustainable community development

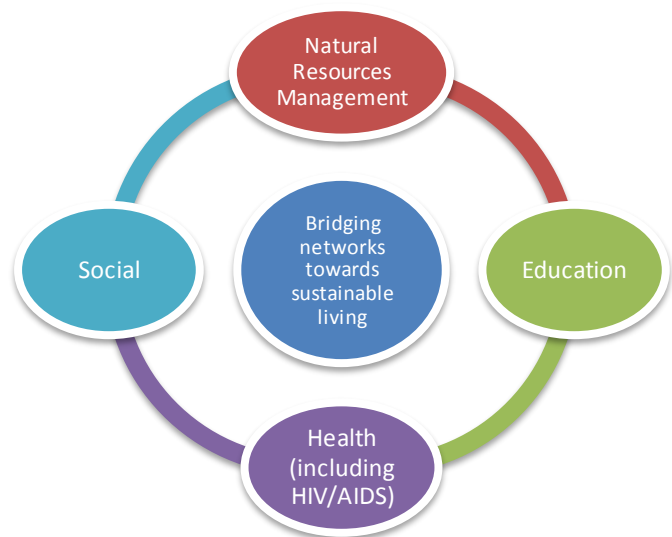
To be an optimally informed, monitored, open and accessible hub with relevant examples, tools and networks for making positive choices about how to live.

Our approach

TransCape helps implement projects that respond directly to local needs in the rural areas, ensuring that community stakeholders participate in their creation and development.

“Promoting a self-sustainable development”

We believe in facilitation; allowing the communities to take ownership of the projects themselves, empowering them to face the challenges affecting them, and also ensuring that they are sustainable. TransCape's projects include improving pathways to HIV/AIDS awareness, treatment and care, health promotion, education, job creation, and natural resource management.



A few of TransCape's activities

A few of TransCape's Current Projects:

- **Natural Resources Management:** Village Based Accommodation Rehabilitation project. The beneficiaries are the community owners of the VBAs alongside the Wild Coast Hiking Trail between Port St Johns and Coffee Bay
- **Community Restaurant.** The beneficiaries are the business owners
- **Health:** Transcape runs many projects : AIDS/HIV support groups, Home Base Caring with various support groups:, AIDS/Awareness project run by the Wild Coast Theater, OVC support group, Elderly support group, Nokhupila Malnutrition, Transcape ARV Clinic and down referral to feeder clinics. Infrastructure to feeder clinics and Canzibe Hospital (Complete upgrade of TB Ward, Creation of ARV Clinic, upgrading of nurses accommodation, etc)
- **Education:** Transcape runs four main strands within the Education Program (Early Childhood development, with 4 pre-schools), After-school enrichment, Adult Numeracy and Literacy (ABETS) with more specific courses (business course for rural business, computer literacy training)
- **Product and Service Sharing:** Transcape runs a very successful microfinance program over 4 wards.



1. Furniture for VBAs



5. ABET training for Adult Literacy and Numeracy



3. TB Ward renovation



4. After school education



2. A business course in Canzibe

The Team

Members and Managers:

- 10 Active Board members
- 6 Non Executive Board members
- 3 Volunteers
- 26 Employees of which 6 are board members

Our Board:			
Name	Country	Education	Position
Hyman van Zyl	(South African)	Hon Psychology	Chairperson, Treasurer
Marteli van Niekerk	(South African)		Secretary
Astrid Goehner	(German)	Phisio-therapist	Fund development, Job Creation
Johann Stadler	(South African)	Dip Nature Conservation	Social entrepreneurs, Construction and Vehides
Thathishwa Masiso	(South African)	Grade 11	Social entrepreneurs
Kathryn Nurse	(South African)	PGCE (UCT)	Project Design and Proposals, Education
Lindelwa Portia Mkizwana	(South African)	Nurse	HIV Home Based Caring
Phindani Mafiyane	(South African)	Grade 12	HIV Support
Dominique Colonna-Cesari	(French)	Journalism and development	Funds and project design Natural Resources Management
Caroline van der Werff	(Dutch)	Medical Doctor	ART Coordinator and Health Projects Coordinator
Volunteers: Name	Country	Education	Position
Adski van Tonder	(South African)	Medical	General Implementation
Nancy Shore	(Canadian)	Development	HBC
Erin Stern	(Canadian)	Health, Community & Development	HIV Coordinator

Bank details

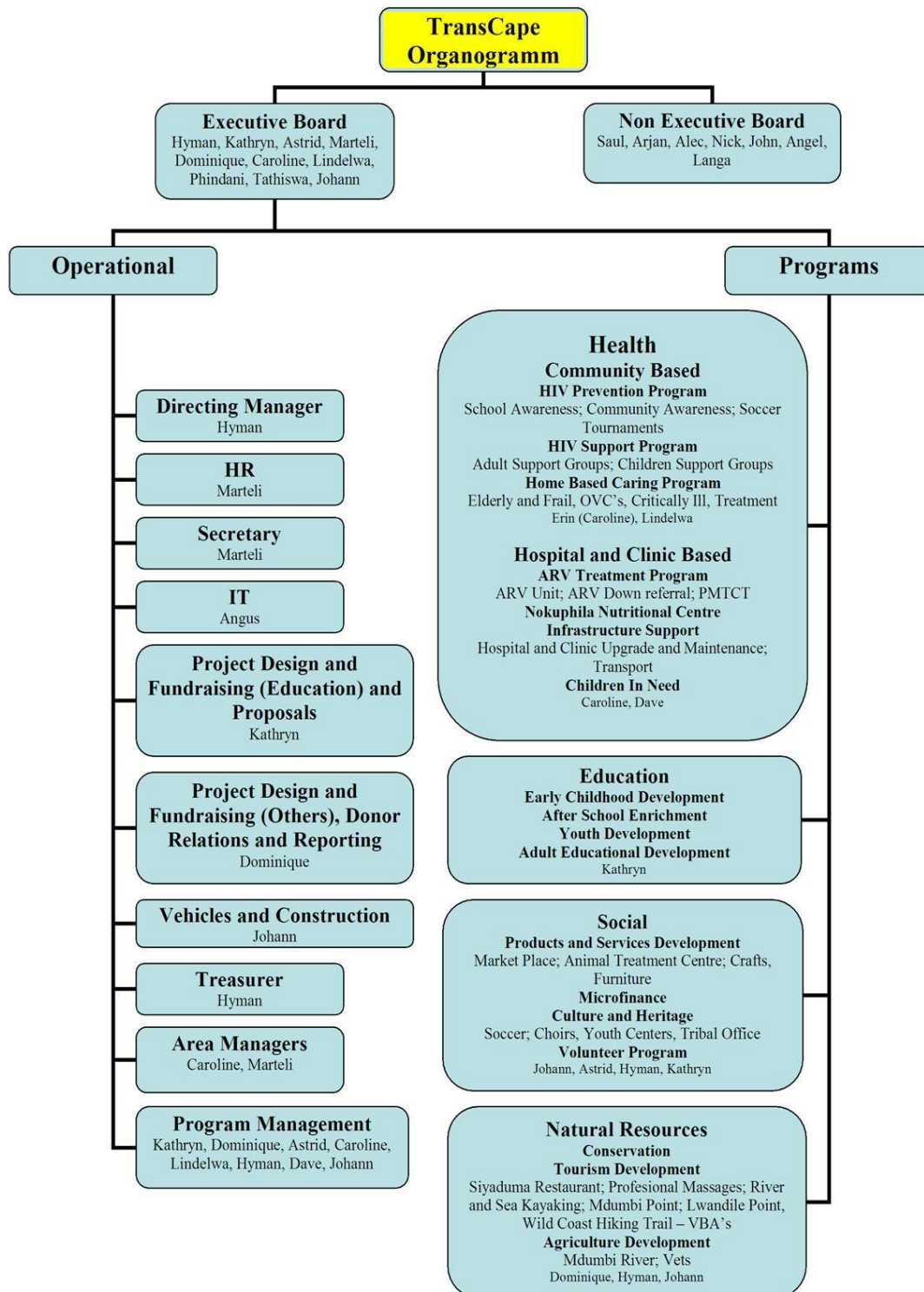
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Governance Structure



About TransCape's HIV/AIDS PROGRAM

History of TransCape's HIV/AIDS Projects

At the end of 2005, TransCape began their first HIV/AIDS awareness campaigns. Doctors working at Canzibe Hospital produced a multimedia presentation in Xhosa for Xhosa people. We started a micro finance business for a local family in tent hire. We trained three local leaders in HIV/AIDS education and established the first HIV/AIDS support group at Canzibe Hospital. We arranged with Canzibe Hospital management to take 2-3 nurses to the awareness day to assist with education and information and to do VCT.

These community awareness days were pre arranged with tribal authority and teachers of the targeted area. They would then let the rest of the community know the date of the event.

On the awareness day, the tent which was rented from the family having the tent hire business, would be pitched, sound and media equipment prepared and local mamas would start preparing food for at least 1000 people. By 11h00 the program would start. There would be speeches from department's of Health, Social Development, Agriculture and the Police. The Canzibe nurses would educate as well as the trained TransCape personnel. Members of Kwasa support group would do peer to peer education with spectators and on stage disclose their status. By 13h00 the nurses would start with VCT. By 15h00 food would be served and by 17h00 the day is concluded. We received an average of 700 people per event and did about 1 event per month for 2007.

With people testing positive on these events, TransCape had to start a support program so that these people could have support and education on how to live with HIV/AIDS.

Some of our achievements up to date:

- 40 000 people from different communities throughout Nyandeni Municipality visited our HIV awareness days since 2006.
- 1100 people are currently receiving ARV treatment through our ARV unit at Canzibe Hospital of which 200 has been down referred to their closest clinic.
- 12 HIV/AIDS Adult support groups and 1 children support group has been formed since 2006.
- 450 people have been trained through our Wellness program.
- 204 bed ridden and critically ill people and 500 OVC's are cared for through our 3 existing Home Based Care Groups.
- Transport funds for ARV patients and medical emergencies.
- 130 malnourished children brought back to health and their parents trained in our Nokuphila Nutritional Centre.
- Renovation, maintenance and upgrades to Canzibe Hospital's wards, sewerage system, hot water system and staff accommodation.
- Renovation of three of Canzibe Hospital's feeder clinics
- Availability of drinking water in Tshani Village.
- 120 Micro-financed businesses formed since 2006.
- Mdumbi River Kayaking owned by two community members
- 4 Families owning VBA's and 3 guides benefiting from our Village Based Accommodation project.
- 3 Families owning and earning through Siyaduma Restaurant and Mdumbi Professional Massaging.
- 21 local people employed by Transcape.
- 147 students trained at Mdumbi Education center in 2007 and 35 toddlers at Canzibe Pre School. Currently our program has grown to include 100 adults for Adult Basic Education and Training, and 32 children in our new Preschool.

As we started more support groups, they wanted to become more active on the awareness events and started to do educational performances on the day.

By the end of 2007, a Dutch supporter fundraised and came to TransCape to take over responsibility for our awareness campaign seeing that the support, Home Based Care and Treatment programs were taking up more and more of TransCapes resources. He started a fun filled HIV/AIDS prevention program focusing more on the youth and using the performance idea more effectively. The Wild Coast Theatre prevention program did at least two community awareness events combined with soccer tournaments and four school events per month. They learned a lot from the previous program, especially how to arrange it and the message that was needed. They did not include VCT for these events.

Our current program is built on what we have learned from both these programs. These previous programs mainly focused on the easy accessible areas of mainly four wards of Ngqeleni. Our current program would fill the gaps and move to new areas.

In the mean time we continued forming new support groups up to the current 12 adult groups and 1 children group we are supporting. All these groups have undergone wellness training and are receiving support from TransCape for meetings held once a week. A HIV/AIDS support group forum was formed called Papamani which consists of all the support group leaders and meets once a month. There is an average of 40 members per support group but we have already 1100 people on treatment. The main reason for the low number of people attending support groups is accessibility. We need to form more groups in areas we are already active in and new groups where we haven't even started working yet.

In 2006 we discovered Siyakhula, at the time a fully voluntarily Home Based Care group. We started supporting them with infrastructure like offices, furniture, equipment and their application to Dept of Social Development to become a registered and grant deserving HBC group. In the end of 2007 they received their first grant money and TransCape were able to start focusing on establishing new groups. Currently we are supporting two new groups but are in need of funds to set up infrastructure and arrange the trainings they need. We found that the HBC and Support groups form a valuable platform for catering for all needs within the communities living within a ward.

With our ARV unit registered in 2006, it became possible for us to walk the full path with anyone living with HIV or testing positive, providing support, training and treatment. From 2007 to the beginning of 2009 we had a waiting list of people who needed treatment. As we started diversifying the treatment process by giving more responsibilities, accompanied with necessary trainings, to clinics, nurses like preparation of patients and down referral, we have now no more waiting list and have just over 1100 people on treatment. This diversifying also means more accessible treatment to the patients.

We project that still about 8000 people need treatment in our area.

Hospital and NGO Forum

TransCape is in the process of forming a Hospital and NGO forum with neighboring hospitals Zitulele, Madwaleni and Izilimela and the affiliated NGO's involved with these hospitals. These NGO's were mainly formed by doctors working at the hospitals and being exposed to the lack of infrastructure and service. As TransCape is the oldest of these kind of NGO's and with the most experience in

tackling the challenging HIV/AIDS situation in the area, we have taken a leading role in forming a forum where these organizations could workshop and learn from each other. Find attached minutes of the latest meeting.

Other Affiliated Organizations

Other NGO's

- Foundation of Professional Development
- Small Project Foundation
- Ikhala Trust
- Siyakhula Trust
- SANTA
- Port St Johns Legal Advice Centre
- Treatment Action Campaign

Government

- Dept of Social Development
- Dept of Health

- Dept of Labor
- Dept of Agriculture

Academicals

- University of Cape Town
- University of Western Cape

Financial Support Organisations

- TransNed – Holland
- Bambisana – Germany
- Love Is All We Need - England
- Kwasa – Holland
- 25.40 - America



TransCape is committed to working with and for the Xhosa people by recognizing such needs in the community and drawing on local solutions.

TransCape's offices are locally based which allows both insight into local problems and sustainable action. TransCape has trained community members to perform VCT, establish support groups for ARV users, develop home-based caring skills, and monitor adherence to treatment.

By providing social spaces for individuals to collectively find their own solutions to HIV, the current home-based care and prevention program was created.

The prevention team's drama and awareness campaign is locally owned which ensures the use of appropriate language, visuals and local knowledge. Twelve HIV support groups for people living with HIV/AIDS have been set up with over 300 members.

The Community Based Organization (CBO) Phaphamani was formed by these support groups to encourage people in the community to be tested and provide support to HIV positive people. Three Community Home Based Care groups have also been established, one of which is now funded by the department of social development, composed of community volunteers to provide prevention, care and support to those infected and affected by the HIV/AIDS epidemic.

Through support groups and campaigns the disease has become much more discussed and normalized in the area. The provision of ARVS, drugs for TB, STIs and opportunistic infections, and decentralization of clinics has also changed the face of the disease for people living with HIV/AIDS in the Ngqeleni district.

These previous experiences have developed TransCape's capacity to tackle HIV/AIDS in the community. For the first time we are in a position to develop a comprehensive, holistic and systematic HIV/AIDS strategy for the whole region based on what we have learned.

The communities we have been active in until now are close to achieving a point of synergy whereby each member will have a clear understanding of how to take care of themselves and others, be aware of which services are available, and which services are appropriate and trustworthy. One of this programs main objectives is to ensure the realisation of this synergy.

This project also provides us with the opportunity to test and optimise our current model to ensure maximum efficiency in meeting the needs of the areas we have not yet addressed.

Government Relations

In 2005, TransCape approached Canzibe Hospital management to work together to address issues concerning HIV/AIDS, infrastructure and malnutrition. By the end of 2006 TransCape established an ARV Unit on the Hospital's premises and received accreditation with Canzibe Hospital from the Dept of Health for the unit. In 2007 TransCape and Canzibe Hospital began ART roll out. The hospital provided the treatment, pharmacist, doctor (also a TransCape board member), three nurses, power and water. TransCape employed four more administrative staff and provided all infrastructures. In the beginning of 2008 TransCape, working with hospital ARV staff, started the down referral ART program.

TransCape also takes nurses from Canzibe hospital to HIV/AIDS awareness days to perform VCT.

TransCape has quarterly meetings with Canzibe Hospital management and semester meetings with the LSA, Dept of Health and Dept of Social Development. Such communication ensures our strategy is always complying with all Government regulations and strategies. We are in the process of obtaining our service level agreement with the Dept of Health. Please feel free to contact Dr Waba, Canzibe Superintendent, at 0766523721 in this regard. Also find attached a signed document by Canzibe Hospital management confirming this relationship.



About TransCape's Rural Communities' holistic actions against HIV/AIDS

A summary

In Ngqeleni District, Rural Eastern Cape, South Africa, an estimated 45 000 people out of a population of 180 000 are HIV positive. Of those who are HIV positive, an estimated 9 000 people currently need ART. TransCape, together with Canzibe Hospital, the feeder hospital to this area, has achieved to get 1000 people on treatment with no back log. Roughly estimated this implies that only 17 000 people of the whole population tested. That is less than 10%.

Your best opportunity to make a difference in the lives of the people living in Rural Eastern Cape, South Africa

So few people are on treatment as a result of a lack of information and knowledge about HIV/AIDS, continual lack of AIDS leadership in South Africa, fear to test because of a fear for death and stigma, lack of infrastructure, lack of health, social and support services and being part of the most poverty stricken area in South Africa where hunger and cold continue to be unmet basic needs.

We offer a holistic systematic solution, which we have been building up since 2005 with local communities and the existing health and social services in the area.

The project involves holding community awareness days and school awareness days with available VCT, establishing sufficient and accessible HIV/AIDS support groups and home based care groups in each of these wards, and improving access to treatment by strengthening the existing health services infrastructure and human resources to implement sufficient and accessible ART rollout incorporating PMTCT and pediatric programs, and through down-referring ART.



This solution grew from the people living with HIV/AIDS. It has been tested and proven to work in some of the Canzibe Hospital feeder wards, ensuring the capacity and motivation of local people to help their communities. The local governmental health and social services have been brought into this existing model and have experience of working relationships with TransCape. This project is merely a continuation and synchronization of previous successful community efforts.

With your support towards R5,7 million, from Jan 2010 to Dec 2011, in wards 22, 23, 25 and 26 of

Nyandeni Municipality, Ngqeleni District, we will directly reach at least 30000 people and test 8781 people (17% of the population) with our prevention program, establish and train 13 HIV/AIDS Adult Support Groups and one Children Support Group, establish and train 4 Home Based Care Groups, extend the infrastructure, human resource and educational capacity of 9 governmental clinics and one Hospital based ARV Unit and have at least 3500 people on treatment.

The Need

Even in today's democratic South Africa, the majority of people still live at a social and economic disadvantage that hinders them from positively addressing their health, including their HIV status.

Correspondingly, HIV rates in South Africa are amongst the highest in the world; according to estimates from the Department of Health and UNAIDS in 2005 there were 5.5 million people living with HIV or AIDS, of which 235 000 were children.

The Eastern Cape is one of the worst affected regions, with the highest percentage of people living in poverty out of all of South Africa's provinces, according to statistics from the Department of Social Development, and an HIV prevalence rate of 29%.¹

Within the Eastern Cape, the O.R. Tambo district, where the rural communities of Ngqeleni are situated, has the lowest Human Development Index (0.45) and the highest poverty gap (2 231 million).² Levels of education around HIV/AIDS and health are poor in these areas, and people here have limited exposure to media or other sources of relevant information.

High levels of poverty, and shortages of medical care characterize the OR Tambo District Municipality in the district of Canzibe/Nqgeleni where approximately 180,000 people live in widespread rural villages. The majority of adults are unemployed with most households receiving income either from cheap unskilled labor or government grants.

HIV prevalence rates are astronomical at 26% (World Health Organization) and the TB epidemic in the area is quickly accelerating. There is one hospital, Canzibe that provides ARVs and drugs for opportunistic infections, and nine clinics serving this area. Yet they serve vast communities who cannot afford regular trips to effectively adhere to treatment resulting in many patients defaulting on treatment, developing resistance to the drugs, and premature death.

Some basic statistics for Ngqeleni District, Nyandeni Municipality³:

- ➔ Of all 55091 households, 41% live on less than R9600/year.
- ➔ 59% of the population are under the age of 20.
- ➔ 17% of the population earn less than R800/year, while only 8% of the total population are employed.
- ➔ 53% of the municipality rely on rivers and streams as water sources, 40% of which use river dams which are not protected and may have hygienic problems.
- ➔ HIV prevalence in the Eastern Cape is among the highest levels in the country, at 26% of the population.
- ➔ 51% of heads of households never went to school, 21% of heads of households finished school between grades 3 and 7, 18% of heads of households finished school between grade 8-12 and 2% of heads of households received a diploma degree.
- ➔ Most villages have no access to sanitation facilities and only 31% of households have electricity.

¹ Estimated HIV prevalence out of antenatal clinic attendees. www.avert.org/safricastats

² "It has the lowest Human Development Index (0.45) and the highest poverty gap (2 231 million) in the Eastern Cape." Statistics obtained from Department of Social Development.

www.socdev.ecprov.gov.za/statistics/demographics/or-tambo_area_info.htm.

³. Demarcation Board of South Africa

There is a need to decentralize ART clinics because clinics that are part of a local community are easier for people to get to, and tend to be more user friendly. As a result, people seek treatment earlier and continue to receive treatment longer.

There is a dire need for education surrounding HIV/AIDS in the Ngqeleni district as traditional beliefs that HIV/AIDS is caused by witchcraft or through casual contact continues to be widespread. Information is crucial for individuals to know how to prevent getting HIV, when to get tested, and to know how to prevent transmission of the disease to others and unborn babies.



There is also a lack of power for individuals to take action against HIV/AIDS and a lack of social spaces to discuss issues encompassing HIV/AIDS. Individuals in the Ngqeleni district are more likely to have learned about AIDS through an impersonal source such as the radio, than through personal sources such as participatory communication, which is more likely to change people's behaviors.

Many people do not know their status, as there are limited places for people to have VCT. At Canzibe there are only a few nurses that are prepared to do the testing and being

seen by other community members to be testing can cause one to assume you are HIV positive.

The number of orphans and children made vulnerable by HIV/AIDS is ever increasing, while the capacity of the community to care for these children remains low. Often the child will become dependent on a grandmother, who lives off of a pension, or a young female relative who has no income at all. As a result, the child lacks the level of care and attention they would get from a direct relative, or sufficient economic support.

Given the stigma of HIV in these communities, support for people who are HIV positive is heavily needed. Growing exposure to people living positively with AIDS and the inspiration provided by those who disclose their illness is critical to normalize the disease.

A summary of the challenges we undertake with this program:

- ➡ Under-resourced hospitals leading to lack of beds for patients who are bed-ridden.
- ➡ Unmotivated and overwhelmed health personnel.
- ➡ Poor coordination of health, social and other support services.
- ➡ Poor access to transport to nearest hospital or clinic.
- ➡ Lack of knowledge about how to care for self or family member.
- ➡ Lack of knowledge of services available, or when they should be accessed.
- ➡ Lack of knowledge of human rights.
- ➡ Unequal gender relations.
- ➡ Myths and lack of accurate information about HIV and AIDS and safe sex.
- ➡ High numbers of AIDS related deaths.
- ➡ Ever increasing numbers of orphans and children made vulnerable by HIV/AIDS and other circumstances associated with poverty and hardship.
- ➡ No support for the frail and elderly, OVC's, critically ill, pregnant mothers and rape and other violence and abuse victims.
- ➡ High levels of HIV transmission through heterosexual intercourse.
- ➡ High levels of mother to child transmission.
- ➡ High levels of stigma surrounding HIV/AIDS, leading to:
- ➡ Isolation of individuals who are sick.
- ➡ Lack of communication or information exchange around the subject of HIV/AIDS.
- ➡ Unwillingness to test for fear of being gossiped about or ostracized by family and community.
- ➡ Fear of disclosure for fear of gossip and ostracisation by community.
- ➡ Lack of psycho-social support for those who test HIV positive.

The Objectives

This HIV/AIDS program proposed here is based on the growth process described here. It is the first time we find ourselves in a position to be able to produce a full HIV/AIDS program that incorporates all aspect of the disease in a way that the people living in the area can relate to. This program offers an opportunity to provide a sustainable solution for continued reduction in HIV/AIDS infections. At the same time it offers people living with HIV/AIDS the opportunity to live healthy full lives with ample support, accessible treatment and even financial initiatives to their disposal. Lastly, this program offers the opportunity to create a model that could be replicated in other areas of rural Eastern Cape and even throughout rural Africa.

The Objectives

- ➔ To implement a three phased prevention program, including VCT, in each village cluster, deep rural village and school of Wards 22, 23, 25 and 26 of Nyandeni Municipality, OR Tambo Municipal District, Eastern Cape, South Africa, reaching each member living in these wards at least once.
- ➔ To establish sufficient and accessible HIV/AIDS support groups in each of these wards so that all people living with HIV/AIDS in this area could have access to support and education.
- ➔ To establish one Home Based Care group supported by Dept of Social Development in each of these wards with full blown PMTCT, OVC, Frail and Elderly, Disabled, DOTS, HIV/AIDS Prevention and Support, Peer Education, Treatment support, Caring for the Critically Ill, After Care, Youth, ABET and Circumcision programs benefiting all the people living in these wards.
- ➔ To strengthen the existing health services (four clinics) infrastructure and human recourses in these Wards to implement sufficient and accessible ART rollout incorporating full blown PMTCT and Pediatric programs
- ➔ To down-refer ART to the remaining 6 Canzibe Hospital feeder clinics strengthening their infrastructure and human recourses accordingly making ART accessible to all people living in this area.
- ➔ To install and implement a cell phone to database information system through which all project data could be centralised
- ➔ M&E implemented throughout the project working towards creating an optimal model to be replicated in the remaining Canzibe Hospital feeder wards
- ➔ To implement the project within the mentioned four wards in no more than 24 months and for no more than R5,7 mill

Sustainability and Organizational withdrawal

After this two year implementation period, there will not be one village or school that has not been at least once targeted with our prevention program. Seeing that this would take place in a relative small geographical area and short time period and considering the concept of synergy, our awareness campaign will have achieved its main goal. As a result, communities will be left with full functioning HBC groups that will continue with prevention campaigns.

Each of the four wards will be left with fully functioning sustainable Home Based Care groups financially supported by the Dept of Social Development

Each of the wards will have sufficient and accessible HIV/AIDS support groups which will be supported by their relevant HBC group and financially providing for themselves through the Micro Finance program

We will have upgraded the infrastructure and human resource capacity of four feeder clinics to these wards and would continue to work closely with LSA and the Dept of Health to ensure their continued support to these facilities. We will have implemented an ART system comprising of down referral to 9 clinics and sustained by Canzibe Hospital and the LSA.

Through the involvement of trained community members and HIV positive people living in the area, responsibility and coordination of the continued programmed are shared between governmental service providers and the public beneficiaries who have existing relationships and know one another's responsibilities and capabilities.



1. TransCape's focus on 4 wards, equivalent to 50 000 people in the most remote rural villages in the Eastern Cape Province

Benefits

➡ Health Impacts:

- More people will be tested and know their status and are thus more likely to seek support and treatment.
- Increased number of patients on treatment, improved treatment for STIS, TB and HIV/AIDS, improved survival rate of AIDS patients, decreased rates of mother to child transmission and decreased rates of number of people getting infected.
- Development of a model for decentralized ART provision with agreement of the provincial government to continue treatment and care.
- OVCS, frail and elderly people and people living with HIV/AIDS will have improved health as a result of home based caregivers and support groups.
- Support groups teach members to effectively pursue medical treatment and healthy living.

➡ Physical Impacts:

- 13 new Rondavels for Support Groups
- 4 new rondavels, Office Equipment and 2 Gardens for Home Based Care Groups
- 2 new Rondavels, Repair 2 Rondavels, One Park Home for Treatment Program
- 4 new Rondavels with office equipment for ARV down referral
- Information system: Server and necessary networking equipment
- Improved health facilities

➡ Social Impacts:

- Community involvement allows members to encourage and educate others about HIV/AIDS, which is more effective for behavioral change as people are more likely to change their behavior if trusted peers are changing theirs.
- Involvement with support groups allows people living with HIV/AIDS to create and maintain a positive identity, be aware of their rights, and find consolidated support networks.

- More reliable health services and caring services creating a milieu of health security

➡ Educational Impacts:

- Communities will be more informed about the causes of HIV/AIDS to address the lack of knowledge and stigmatizing myths of how HIV/AIDS is transmitted, which is a major source of stigma and barrier against prevention efforts.
- Campaigns on AIDS prevention, sexual relationships, gender inequality, circumcision, preventing STIs, and use of condoms will enhance prevention efforts.
- Communities will be more treatment literate as a result of awareness campaigns and information provided at support groups.

➡ Skills Impacts:

- Life skills programmes and trainings in VCT, ART roll out, HIV/AIDS awareness, Home base caring, peer education, wellness and human rights, business skills
- Economic Impacts:
- Job creation for community members employed by the project.
- Support groups and home based care groups teach people with HIV/AIDS how to access disability and social grants.
- Promotion of self-sustainable livelihoods through support groups and home based care groups.

➡ Economical Impacts:

- 111 people will be directly employed by this program of which 10 would be managerial positions
- A further at least 90 HBC members will eventually find employment by the Dept of Social Development as Home Based Care givers
- At least 200 support group members will receive interest free micro finance loans to start their own businesses with
- Increased access of disability and social grant for OVC's, PLWHIV and other disabled community members.

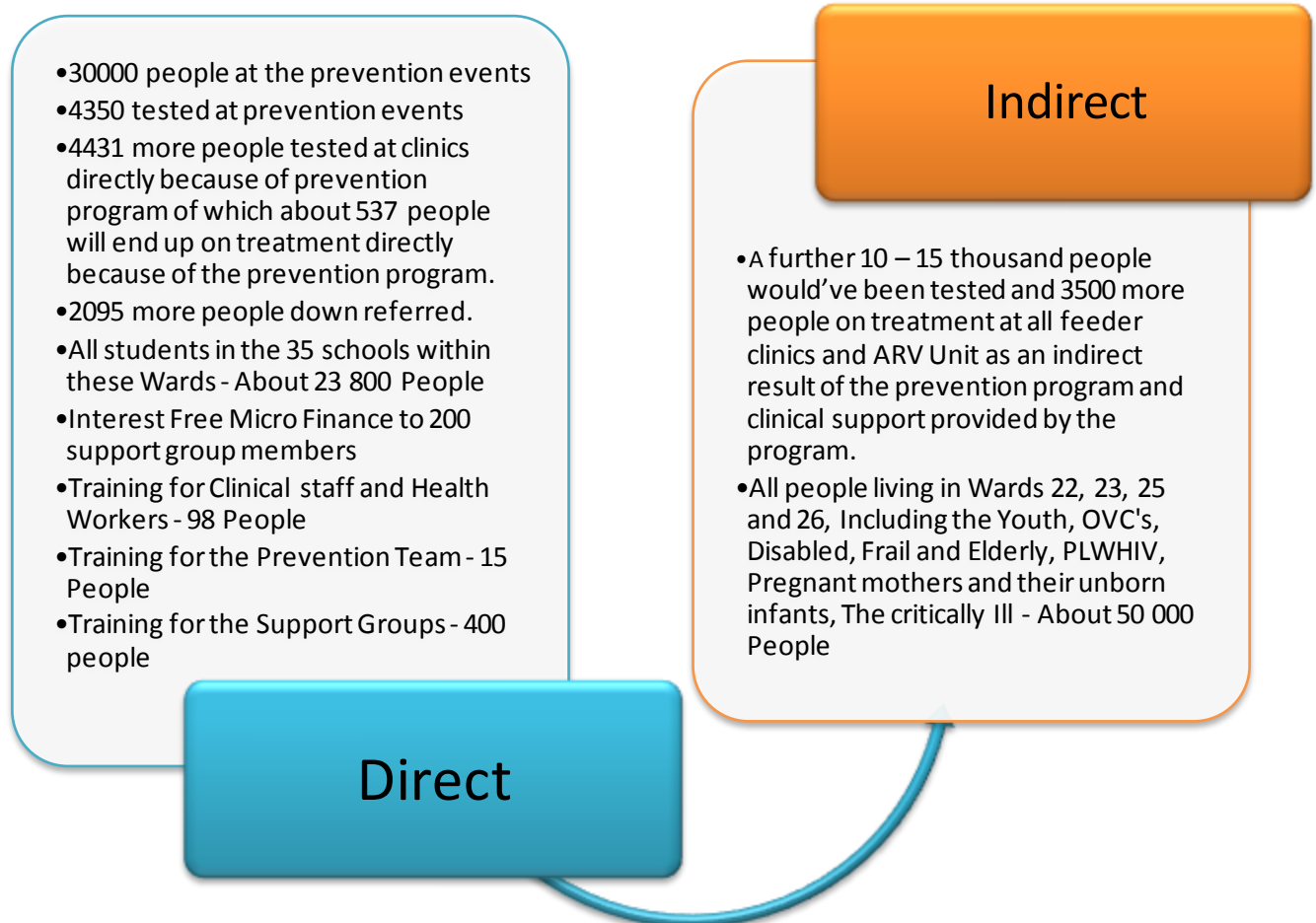
Our Performance Indicators:

- ➔ **Health:** increased number of people testing with goal of 60 people testing per awareness day and 60 people testing per clinic per month, increased number of patients on treatment with goal of 4000 at end of 2 year period, decreased rates of mother to child transmission of HIV and decreased rates of number of people getting infected.
- ➔ **Physical:** 13 new rondavels to be used as support group centres, 3 new home based care offices, improved health facilities at Canzibe, installation of one park home at Canzibe and building of 7 more clinic rondavels.
- ➔ **Social:** Ownership and involvement by the community to tackle HIV/AIDS. Establishment of 13 new support groups and 3 new home based care groups.
- ➔ **Educational:** Greater awareness of causes of HIV/AIDS and treatment literacy found in post-surveys.
- ➔ **Skills:** VCT training for prevention and support group members, life skills trainings, empowerment of actively involved community members
- ➔ **Economic:** Greater number of jobs for community members employed by the HIV program, higher number of people with HIV/AIDS accessing disability and social grant, established income generating projects at support groups and home based care groups.



The Beneficiaries

The Beneficiaries have been involved in the design of the project as this project evolves out of previous community efforts. Furthermore, participatory workshops were conducted to assess community needs and inputs for this project with the prevention team, Phapamani, and all three home base care groups. (see attached participatory workshop reports at the end).



The Operational Plan

The Management Staff

Name	Position	Responsibility	Expertise/Qualifications
Hyman van Zyl	Program Coordinator	Ensure production budget, providing consultations and advice, overall responsibility for program	Masters in Psychology. Several years of qualified experience in community based programs, acting as treasurer, chairperson and project management for TransCape
Erin Stern	Program Coordinator, Prevention Coordinator, Support Group Coordinator	Ensure overall strategy, production schedule. Monitoring & evaluation, point of contact with various governmental bodies, external consultants and experts. Point of contact with donors and investors. Coordinate trainings	Masters in Health, Community & Development. Experience in community based programs and conducting research into community responses to HIV/AIDS
Luzuko Bango	Community Awareness Coordinator	Ensure liaison between TransCape and community. Responsible for all community awareness events	Completion of high school, Trainings in ARVs and adherence, HIV/AIDS awareness, empowerment, motivation, attitudes Experience being spokesperson between various stakeholders on behalf of Ngqeleni community. Experience organizing TransCape community awareness days for three years
Bongiwe Zihange	School Awareness Coordinator	Ensure liaison between TransCape and educational system. Responsible for all school awareness events	Completion of high school. Trainings in motivation, attitudes, HIV/AIDS awareness, empowerment. Experience being spokesperson between various stakeholders on behalf of Ngqeleni community. Experience organizing TransCape school awareness days for two years
Phindani Masiyane	Chair Person of Phapamani	Coordinator of support groups and the establishment of new ones.	Experience establishing support groups, coordinating support groups and meeting support group needs for two years.
Lindelwa Mkizwane	Home Based Care Coordinator	Coordinator of HBC groups and outreach to orphans and vulnerable children	Trainings in life skills, communication, sexuality and peer pressure, alcohol and drug abuse, child care trainings, home based care, project development, fundraising, reporting, managing volunteers, problem solving, cash flow, and organizational policy Chairperson of Siyakhula home based care group, providing care to OVCs for three years.
Caroline van der Werf	Treatment Coordinator, Project Coordinator	ARV down referral, training of nurses, distribution of ARVs	Registered medical doctor. Two years of medical experience at Canzibe hospital
Funeka Menze	Treatment Assistant	Assistant to treatment program and training of community treatment support personnel.	Completion of high school. Trainings in basic HIV, VCT & Counseling, HBC, Treatment Literacy, ARVs & Adherence, PMTCT. Experience being spokesperson between various stakeholders on behalf of Ngqeleni community. Experience organizing TransCape community awareness days for one year, working in the ARV unit and working for TAC.
Nancy Shore	Support and HBC Assistant	Assistant of home based care and support groups	Bachelor degree in international development
Dave Brewis	Construction Coordinator	Construction coordinator	13 years experience in construction of which 5 years he has been the construction site manager.
Thulani	Construction Assistant	Construction coordinator assistant	3 years experience in construction
Steve Bollon	Soccer Coordinator	Soccer Tournament coordinator and training of teams.	Experience in arranging and implementing 3 years of Mdumbi Soccer Tournaments

Preparation

In September 2009 we started arranging meeting with the following government departments:

- Dept of Health
- Dept of Social Development
- Dept of Agriculture
- Dept of Labor
- Local Service Area
- Canzibe Hospital Management

None of these departments have a full HIV/AIDS strategy for the region and all of them were very keen to buy into and support this program. Attached are the minutes of the completed meetings until now.

Since October 2009 we started hosting participatory workshops with the following stakeholders:

- Prevention Team
- Siyakhula HBC
- Philisa HBC
- Mdumbi HBC
- Papamani Support Group Forum
- Canzibe ARV Unit staff
- Interviews with clinic nurses

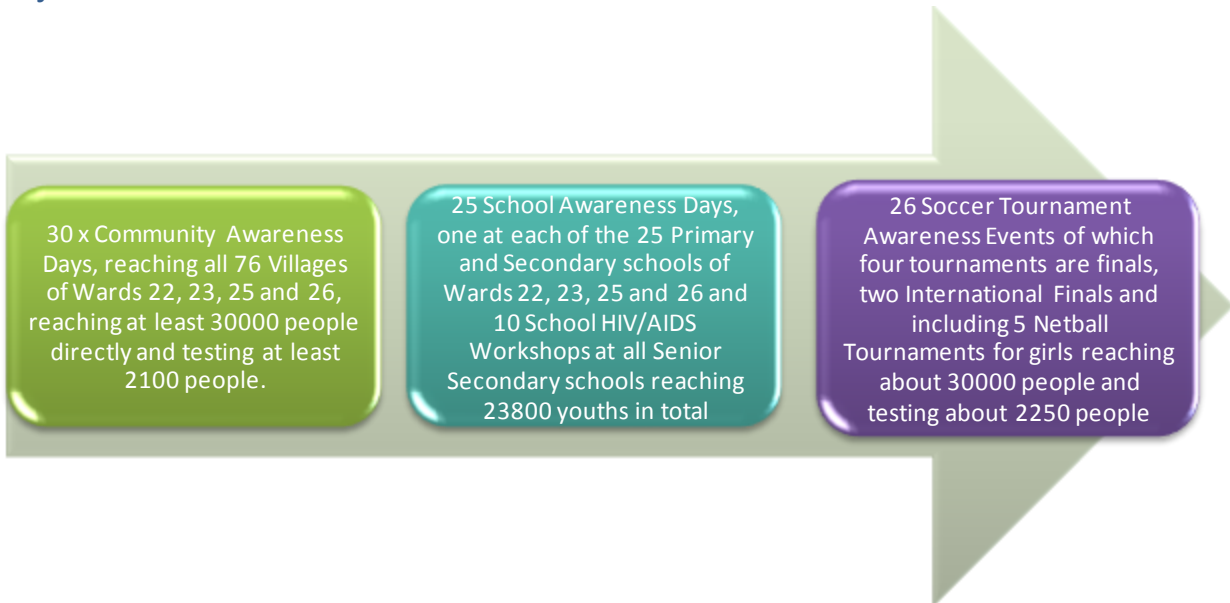


In these workshops we used participatory tools like storytelling, timelines of the area and groups, mapping of area and work, livelihoods analysis, identification of preferred outcomes, SWOT of outcomes and prioritization of outcomes. Previously a workshop was done with all stakeholders in which tools like Venn diagram and Transect was also used.

Attached are the reports of these workshops we have conducted. We have used this information to plan our project and the information will also be used to test and modify the Rural Action against HIV/AIDS program.

These workshops also served to ensure input from all stakeholders as they were participating in the planning and modeling of the program. Before the end of 2009 we will have another workshop with all stakeholders to introduce the final product.

Objective One - Prevention



TransCape's existing prevention team consists of 9 members including the performance team, youth program coordinator, community awareness coordinator and a driver. The program owns one vehicle, a sound system, banners, presentation desk and material, t-shirts and catering equipment. At the moment they are doing 2 community awareness, 2 soccer awareness events and 4 school awareness per month.

With this program we would add 6 more members to contribute to two new performances, peer to peer discussions and VCT. The whole team would be trained as lay councilors. Two nurses from Canzibe hospital will accompany the team to community and soccer HIV/AIDS awareness events to perform VCT. We will buy one more vehicle for transport of the team members and equipment and 10 small tents that will be used for VCT.

All events will be pre arranged with the local tribal authority, teachers, traditional healers, religious leaders and health personnel in the area. They will be motivated to participate and set an example to test. The community will be prepared for the event via loud hailer and posters and motivated to prepare themselves to use the opportunity to test on the day of the event.

All events are geographically planned to ensure that the whole ward will be systematically covered. Previous areas that were recently targeted with the existing program have been considered in this planning.



2. An example of our ward planning maps

Existing support groups will participate in the events and where there are no existing support groups, neighboring groups will be invited to participate and help with the initiation of a local group.

Our prevention strategy incorporates Behavior Change from Communication as we recognize that environments influence people's decisions and activities involved with HIV/AIDS and that it is not enough to attract and interest people in the prevention program, but is also crucial to motivate people to make decisions and take actions based on the information we provide. Through the synergy of our prevention campaigns, use of peer educators, and our previous behavioral impacts, we are confident that our prevention campaigns will lead to behavior change.

Prevention team trainings (15 people):

- Lay councilors and VCT (Dept of Health)
- Two new performances (TransCape)
- Message content (TransCape)
- Events programs (TransCape)

Staff:

- Coordinator - Erin
- Community and Soccer HIV/AIDS awareness events coordinator and organizer – Luzuko
- Soccer tournament coordinator - Steve
- School HIV/AIDS awareness events coordinator and organizer – Bongiwe
- Performance team and sound coordinator – Alwhetu
- Drivers – Makhosi, Erin and Luzuko
- 9 x Performance team, peer to peer educators and lay councilors
- Two Canzibe Hospital nurses



What happens at a Prevention event

Community, Soccer and School HIV/AIDS awareness program:

→ The setup:

- ✓ Light catering
- ✓ 10 tents for VCT – No VCT done at School events
- ✓ Vehide bound stage for performances
- ✓ Information desk with pamphlets, posters, condoms and educational material
- ✓ Sound system and tent

→ Performances:

- ✓ Prevention
- ✓ PLWHIV
- ✓ Health services

→ Issues addressed:

- ✓ Gender based violence
- ✓ Drug and alcohol abuse
- ✓ Human rights
- ✓ Acceptance and self respect

→ Local or closest HIV/AIDS support group disdosures and participation

→ Educational talks:

- ✓ The HIV virus and LWHIV
- ✓ Discrimination
- ✓ HIV Transmission and Prevention
- ✓ Teenage pregnancy
- ✓ PMTCT
- ✓ TB
- ✓ The Rural Action against HIV/AIDS program

→ Open discussion

→ Peer to peer education by team and support group members moving around with in the crowed

→ VCT – 2 nurses and 8 lay councilors testing throughout the event - No VCT done at School events

→ People testing positive are encourage to join the exiting or to be formed HIV/AIDS support group. They are introduced to a member and invited to the next meeting.

School Workshops:

→ The Setup:

- ✓ Light Catering
- ✓ The workshops are done one day a week over a 5 week period per school targeting the senior schools.
- ✓ In the third week the whole prevention team visits the school to do their performances, open discussion and peer based education.

→ Issues addressed:

- ✓ Self Esteem and Sport
- ✓ Teenage Pregnancy
- ✓ HIV Transmission and Prevention
- ✓ Drug and Alcohol abuse
- ✓ Living with HIV/AIDS
- ✓ Gender equality

2010 Special

Because of the 2010 soccer world cup being held in South Africa, the first African country ever, next year, we are also incorporating the following as part of our prevention program:



2010 MDUMBI RURAL WORLD CUP AGAINST HIV/AIDS

→ Core Concept:

To raise awareness and funds to combat HIV/AIDS and poverty in rural South Africa through international amateur soccer tournaments that will coincide with the 2010 World Cup in South Africa.

To give people living in rural Eastern Cape who cannot afford to attend, or even watch on TV, any of the World Cup games, a taste of the SA World Cup 2010.

→ 2010 Mdumbi Rural World Cup

[Target Dates: Semi Final: Saturday – Sunday 1-2 May 2010; Final: Saturday-Sunday August 6-8, 2010]

South African teams would be selected through an HIV/AIDS awareness program using fun filled village based soccer tournaments as one of its tools for focusing on the younger generations and males. VCT is available and promoted at all events.

These soccer events is part of a threefold awareness campaign, the other two aspects comprising of village based awareness days and school awareness days. This HIV/AIDS awareness program is part of a holistic HIV/AIDS program comprising of prevention, support and treatment components implemented in the Ngqeleni district, OR Tambo Municipal District, Rural Eastern Cape (most poverty stricken area in SA), and by a Non Profit Organisation called TransCape.

There is a possibility that another NPO active in the Hamburg area with the same kind of awareness program would also participate.

Through a systematic implementation of the HIV/AIDS awareness soccer events, at least 8 South African rural teams would be selected to take part in the semi final. We hope to incorporate at least 2 international teams, traveling in SA at the time, in this event as a test. This would be a high profile public event with HIV/AIDS awareness as central theme.

At least four of these teams will go through to the finals. During the time between the semi and finals, the members of these four teams would receive special soccer training. They would also be more intensely educated in HIV/AIDS and expected to participate in organizing and implementing kids' soccer events and trainings.

The Semi Finals and Finals would be hosted by Mdumbi Backpackers, initiator and supporter of TransCape NPO and organizer and implementer of the Mdumbi Rural Soccer Cup since 2007

Coinciding with the local events would be international soccer events implemented by TransCape affiliated organizations and donors focusing on fund raising for HIV/AIDS prevention programs in South Africa.

International teams must be at least 16-years old, and should have varsity level experience.

Some of the local and international events would be coordinated to take place at the same time to create an atmosphere of unity.

At least four international teams would be selected to travel to South Africa and participate in the Mdumbi Rural World Cup Final to take place on the weekend of 7-8 of August 2010. This would be a high profile public event with HIV/AIDS awareness as central theme.

The international teams would be given a chance to explore local Xhosa culture and to visit TransCape's developmental programs.

Coed teams are permitted, and strict rules will be established and adhered to regarding fair and appropriate behavior and play.

Interested Parties	Possible Interested parties
<ul style="list-style-type: none"> • TransCape NPO • Mdumbi Backpackers • 25.40 • SPF • Kwasa • Positive Heroes • Surf Masters • Nyandeni Municipality 	<ul style="list-style-type: none"> • Grassroots Soccer • Dutch National Soccer Association • One to One/WhizzKids United • Kensington Dragons

→ Fundraising/ Expenses

Participating international NGOs/groups would be responsible for costs associated with their teams' travel and stay in South Africa.

All participating NGOs would contribute to costs of Mdumbi tournaments.

Funds raised by NGOs at their own events, or associated with their own teams, can be used as each NGO sees fit, but with the purpose of serving those suffering from poverty and AIDS in South Africa.

→ Location

Mdumbi Soccer Field – at mouth of Mdumbi River and Indian Ocean adjacent to Mdumbi Backpackers. (Near Coffee Bay, for those familiar with the area. Near Mthatha, in the former Transkei, for those who don't. (Mthatha is roughly midway between East London and Durban, and about 60 km in from the coast.)

Objective Two – Support



TransCape is currently supporting 12 adult HIV/AIDS support groups; one children's HIV/AIDS support group and one support group forum called Phapamani. The support groups are spread out over an area covering 8 wards. One group has between 30 to 50 members. Considering that the population in one ward is between 15 – 18 thousand people, these are very low numbers. One of the main reasons for this is poor accessibility to support groups for people living with HIV/AIDS.

As the prevention program progresses throughout the targeted wards, new support groups will be formed where needed to improve accessibility to support for HIV positive persons. We estimate that a further 8 support groups will be needed in these 4 wards.

All groups, old and new, are in need of training and a building (rondavel) for their meetings and meetings of other groups like OVC's and frail and elderly people. This program includes continued catering and training support to the existing 12 groups as well as the new 8 groups but including rondavels for meetings for the 13 groups in the targeted area.

Each support group will be overseen and supported by its local HBC group and will stay updated with health services, trainings and treatment issues through correspondence with the HBC group, local clinic and Phapamani, the existing support group forum.

Training for Support Groups (400 people)

- ✓ Wellness, Human Rights, TB, STI's, Circumcision, PMTCT, Gender Equality (Dept of Social Development / Foundation of Professional Development)
- ✓ Business skills, Project Info (TransCape)
- ✓ POTTA – Pediatrics and Youth (Small Project Foundation)

Staff:

- Coordinator – Erin
- Assistant and Phapamani Chairperson – Phindani
- Temporary employment of other support group members to assist in establishing new support groups



Each group receives a R300 catering fee per month for their weekly meetings where they give each other support, plan group events, conduct peer education and receive trainings.

All support group members in the targeted area will have access to TransCape's Interest Free Microfinance program. This entails an interest free R2500 loan per person, a basic three-day business skills training and continued support for one year.

Objective Three – Home Based Caring

4 Home Based Care groups with full blown PMTCT, OVC, Frail and Elderly, Disabled, DOTS, HIV/AIDS Prevention and Support, Treatment support, Caring for the Critically Ill, After Care, Youth and Circumcision programs

Each group has approximately 30 members and are responsible for an average of 18 villages

One Home Based Care Forum existing of all HBC leaders, meeting once a month and networking with schools, pre-schools and health services

SANTA training (OVC, Frail and Elderly, Disabled, DOTS, Treatment support, Peer Education, HIV/AIDS Prevention and Caring for the Ill), SPF training (POTTA and Participatory Action Workshop), FPD training (PLWHIV, Wellness, Human Rights, TB, STI's, Circumcision, PMTCT), TransCape training (Business skills, Project Info and IT system), SOCDEV training (HBC and M&E) and DOH training (VCT and ART Rollout)

Two rondavels with office equipment as office and one garden for each group. Availability of info and condoms

Siyakhula, ward 22, was our first successful HBC group, which is now supported by the Department of Social Development. They have received a variety of trainings; have an office and meeting buildings with equipment and a vegetable garden. Through the support of their leader, Lindelwa, we have initiated two new groups in Wards 23 and 26. They still need almost all of the trainings and have no infrastructure yet. Many of the members are already committed volunteers from their homes. Ward 25 currently has no HBC group. The existing groups are currently supporting approximately 500 orphans and 204 critically ill, frail and elderly community members.

A new HBC group is formed mainly by the leaders of existing HIV/AIDS support groups in the area. Our program therefore allows for establishing support groups firstly if there are none in the area followed by a HBC group.

HBC groups have governance structure and are registered as NPO's with the Dept of Social Development. The members have different responsibilities ranging from OVC coordinator, public schools relations, support groups coordinator, door to door coordinator to HBC managing director. They work closely with local health and social services.

HBC groups are highly appreciated by the local communities they serve. They become a central hub for community development and gathering crucial information such as needs analysis. In our Rural Action against HIV/AIDS program the HBC group members and nurses at clinics will be the main people responsible for updating the central database via sms.

While a new HBC group is being trained and their infrastructure prepared, we encourage the members to voluntarily start to care for their community. During this period we will help the group to comply to all conditions of the Dept of Social Development so that they can apply to register with them and receive the HBC grant within one year. During this period we will cover all expenses the group may have for trainings, setting up their infrastructure, registrations and administration. We will not cover stipends or salaries for the carers.

Training for HBC Groups (120 people)

These trainings may take up to six months

- ✓ OVC, Frail and Elderly, Disabled, DOTS, Treatment support, Peer Education, HIV/AIDS Prevention and Caring for the Ill (SANTA)
- ✓ POTTA (SPF)
- ✓ Wellness, PLWHIV, Human Rights, TB, STI's, Circumcision, PMTCT, M&E (Dept of Social Development / Foundation of Professional Development)
- ✓ Business skills, Project Info, M&E and IT system (TransCape)
- ✓ VCT and ART Rollout (Dept of Health and TransCape)

Staff:

- Coordinator – Nancy
- Assistant - Lindelwa
- OVC Coordinator – Lindelwa
- Temporary employment of other HBC members to help with workshops and trainings of new groups

HBC Group activities



Community Home Based Care

- Identifying and caring for the sick, terminally ill, and otherwise vulnerable community members. Care includes basic health care, treatment, and psychosocial support, cooking, dressing and washing the sick individual.
- Educating and training family members to take care of those members who are in need.
- Educating all community members about health and social issues, including HIV/AIDS.
- Referring and escorting clients as necessary to relevant Government services, including the hospital or clinic, police, and the Department of Social Development.
- Identifying and referring orphans and vulnerable children to relevant institutions to access help and Government grants.



OVCs

- Meetings once a week at HBC offices or at support group rondavels with catering and programme provided
- One event a year for each OVC groups
- OVCs will be helped to access social grants and provided with school uniforms
- All OVC's will be added in TransCape's database and incorporated into a growing developmental program for OVC's where we will start to provide more and more support to them through the HBC program and existing caring structures.



Peer Education

- Visiting all community members as People Living with HIV/AIDS (PLWHAs) and educating them about issues surrounding health and HIV/AIDS.
- Working with local youth and assisting them with peer education programmes in schools.
- Workshops on HIV/AIDS in schools and churches.
- Providing advice and support to the PLWHAs in HIV support groups.



HIV/AIDS and Health Awareness Raising

- Community awareness days led by PLWHAs.
- Frequent presentations at Mbizos (community meetings) about health and HIV/AIDS and the work of the HBC care-givers.
- Participation in Transcape NPO's awareness day campaigns through educational talks and public disclosure.

➡ Food Production

- Encouraging community members to establish their own vegetable gardens.
- Lobbying departments like Social Development, Department of Agriculture, and Ministry of Health to assist people in gardening.

➡ Networking and Fundraising

- Establishing a strong relationship with the Department of Social Development in Ngqeleni and Libode, to whom are reported to on a regular basis.
- Data - capturing
- Networking with Departments of Social Development, Ministry of Health, Department of Labour and Department of Agriculture at district level, accessing their resources, trainings and services on behalf of community members.
- Working closely with local clinics and Canzibe hospital, involving staff with our community programmes, and mobilizing community members to access their services when necessary.
- Establishing relations with other CBOs and NGOs including Transcapse NPO in Ngqeleni, the Legal Advice Centre in Port St Johns and the Treatment Action Campaign in Lusikiski to exchange information, obtain resources and improve impact in the area.
- Petitioning other organizations, businesses, and foundations for support, advice and training.



Objectives Four and Five – Treatment and ART Down referral



6. Dr Simone van der Sar who developed the ART system at Canzibe hospital

Through TransCape's current ART program, there is currently over 1100 people on treatment in the whole Ngqeleni district. Since the beginning of 2009 we started down referring to the nine feeder clinics in the region. Currently there are over 200 people down referred with an average of 22 people per clinic. 22 people per clinic was found to be the maximum number of people that could be down-referred per nurse daily, considering available support, infrastructure and other clinical tasks that have to be performed.

The current treatment program was expertly developed to allow for the down referral of all people in need of ART, complying to all standards, and serving as an example to other surrounding rural hospital. The current ARV Unit at Canzibe hospital will be upgraded and its human resources enhanced in correlation with the progress of the program and as the need for more pharmacist assistants and administrative personnel develop.

Training for Treatment Staff (98 people)

- ✓ Pediatrics, POTTA (Small Project Foundation)
- ✓ IT System, Project Info (TransCape)
- ✓ ART Rollout and VCT (DOH)

Staff:

- Coordinator – Caroline
- Assistant – Funeka
- 48 community assistants – support group and HBC members
- 30 Health workers
- Existing Clinical and Hospital staff employed by Government

With our new Rural Action against HIV/AIDS program, we project much more work for the clinics. More people will want to go for VCT at the clinics after and during implementation of our prevention program in a specific ward. People who test positive at awareness events and the clinic need to be screened and if their CD 4 count is below 200 or their wku-stage of disease is IV, they need to be prepared for treatment. As the number of down referred individuals increases, more clinic days will have to be allocated for ART.

The new program incorporates a systematic and clinic specific human resource and infrastructure upgrade and capacity building in correlation with the program implementation and the geographical area it will be implemented in. Clinical staff will be prepared and support will be provided whilst implementation of the prevention program is in progress. We will continue with down referring an average of 5 people per month per clinic and add human resources and consulting rooms relative to the increase in numbers of people having to receive treatment on specific days. Most of these human resources will come from existing unemployed health workers and trained support and HBC group members. We will train nurses in ARVs 'side-effects, PMTC, HIV/AIDS related issues.

Objective Six – Information System

One installed server with back – up system at Canzibe Hospital linked to TransCape intra network

Cell-phone to database information system capturing all project related information and statistics in real time

Database to cell-phone information system assisting coordination of treatment adherence and other project activities

TransCape has been working with the University of Western Cape's Dept of Computer Science and Dr Bill Tucker (Senior Lecturer) since 2006 on testing certain multimedia WiFi networks for linking Lwandile Clinic to Canzibe Hospital. This partnership has since grown and involves an Australian researcher Nick Bidwell who is researching community generated media through the use of cell phones. (Find attached respective proposal concerning their work with us)

Both these parties are very excited and committed to help TransCape explore and build a data capturing package for the area. For the time this is being explored, all information will be manually transferred to TransCape's existing information system.

Objective Seven – M&E

Pre and Post Project surveys at clinics for the four affected clinics measuring VCT numbers, positive numbers, reasons for visit, condom usage, etc.

Pre and Post Project surveys, 50 households per ward, measuring awareness and knowledge around HIV/AIDS, numbers tested, quality of life and living standards

Qualitative interviews of 5 people per ward 22, 23, 25 and 26 who tested positive at a prevention event and 15 interviews of people from other wards who tested positive at Canzibe Hospital.

Dr Caroline van der Werff has already started collecting statistics from Canzibe's feeder clinics. This entails numbers of people testing, sex, age, reason for testing, test results, number of pregnant woman testing and TB related testing. These results will be compared with a post survey in the same clinics. The four clinics directly impacted by the prevention, support and HBC program will then be compared to the clinics not yet targeted.

Before implementing the prevention program in a specific ward, a pre survey of 50 households will be performed in that ward concerning numbers of family members tested and on treatment, as well as the level of awareness of HIV/AIDS and TB. A post survey to the same households will give an idea of the effectiveness of the prevention program. Members of the prevention team will be used to perform these surveys.

Qualitative interviews of people who test positive at a prevention event and are then incorporated into the whole project will be compared to qualitative interviews of people who test positive at Canzibe hospital's ARV unit and who are living outside the project targeted area. Evaluative interviews allow us to assess the impact the program has had on people's lives and compare this impact to people who are not exposed to the program. Erin Stern and Nancy Shore accompanied by translators will perform all of the qualitative interviews.

Objective Eight – One model in two years

One multi functional health, social and educational community model spread out over four wards and initiated within two years

This program provides the perfect opportunity to create an HIV/AIDS participatory model that could be duplicated to other areas in the rural Eastern Cape. With thorough evaluation of the program throughout implementation, we will continuously improve the model. After completion of this program, there are still another 4 – 6 Canzibe Hospital feeder wards that need to be reached. We aim to implement a second program in these areas based on the previous model, which will allow even further evaluation and improvements.

A complete model template will be compiled after the final program and presented to all participatory donors, NGO's and Government departments.

Program Milestones

These are projected completion dates:

Preparation

- 30 Sept 2009 - Establish Government Networks
- 31 Oct 2009 - Stakeholder workshops
- 10 Dec 2009 - Preparation and training of Clinical Staff and Community Support Team for Ward 22
- 10 Dec 2009 - Preparation and training of Prevention Team and Support Teams

Ward 22

- 4 Jan 2010 – Re-establish Networks and Contacts
- 8 Jan 2010 – Project Launch
- 15 Jan 2010 – Pre Surveys completed
- 28 Feb 2010 – Installation of Information System
- 31 March 2010 – Buntingville Clinic Rondavel completed
- 31 March 2010 – 10 people tested positive interviews
- 1-2 May 2010 – Mdumbi Rural World Cup Semi-Final
- 31 May 2010 – Ntibane and Lujizweni Clinic Rondavels completed
- 31 May 2010 – Canzibe Clinic Park Home installed
- 30 June 2010 - Implementation of Prevention Program in Ward 22
- 30 June 2010 – Implementation of Support Program in Ward 22
- 16 July 2010 – Post Surveys completed
- 16 July 2010 – 10 people interviewed

Ward 23

- 30 June 2010 – Preparation and Training for Clinical Staff and Community Support Team for Ward 23
- 16 July 2010 – Pre Surveys completed
- 30 Sept 2010 – Nolita Clinic Rondavel completed
- 30 Sept 2010 – Buildings for Ward 22 Support Groups completed
- 26-29 Aug 2010 – Mdumbi Rural World Cup Finals
- 31 Aug 2010 – 20 people interviewed
- 31 Oct 2010 – Training and Building of Ward 23 HBC Group and Clinical Staff completed
- 31 Oct 2010 – Handover Ward 23 HBC to Soc Dev
- 15 Dec 2010 – Lwandile and Philani Clinic Rondavels completed
- 15 Dec 2010 - Implementation of Prevention Program in Ward 23
- 15 Dec 2010 – Implementation of Support Program in Ward 23
- 15 Dec 2010 – Post Surveys completed
- 15 Dec 2010 – 20 people interviewed

Ward 26

- 30 Nov 2010 – Preparation and Training for Clinical Staff and Community Support Team for Ward 26
- 3 Jan 2011 – Re-establish Networks and Contacts
- 14 Jan 2011 – Pre Surveys completed
- 31 March 2011 – Nkumandeni Clinic Rondavel completed
- 31 March 2011 – Buildings for Ward 23 Support Groups completed
- 31 March 2011 – 30 people interviewed
- 30 April 2011 – Training and Building of Ward 26 HBC Group and Clinical Staff completed
- 30 April 2011 - Hand over Ward 26 HBC to SocDev
- 30 June 2011 - Implementation of Prevention Program in Ward 26
- 30 June 2011 – Implementation of Support Program in Ward 26
- 15 July 2011 – Post Surveys completed
- 15 July 2011 – 30 people interviewed
- 31 July 2011 – Buildings for Ward 26 Support Groups completed
- 4-7 Aug 2011 – Mdumbi Cup Final

Ward 25

- 16 Jul 2010 – Establish ward 25 HBC Group and start training
- 30 June 2011 - Preparation and Training for Clinical Staff and Community Support Team for Ward 25
- 15 July 2011 - Pre Surveys completed
- 30 Nov 2011 – Training and Building of Ward 25 HBC Group and Clinical Staff completed
- 30 Nov 2011 - Hand over ward 25 HBC to SocDev
- 30 Nov 2011 - Implementation of Prevention Program in Ward 25
- 30 Nov 2011 – Implementation of Support Program in Ward 25
- 30 Nov 2011 – Post Surveys completed
- 30 Nov 2011 – 35 people interviewed
- 16 Dec 2011 – Buildings of Ward 25 Support Groups completed
- 23 Dec 2011 – Final Reports

Evaluation

Using the performance indicators as evaluation criteria, three different techniques of evaluation will be used throughout the program period:

- A Formative Needs Assessment will be conducted during the pre planning session to identify program needs and resolve issues before a program is widely implemented. This will be done through a review of existing information, focus groups, individual interviews, participant observations, and surveys with structured questions. Formative Needs Assessment is useful to identify the need for interventions, define realistic goals and objectives for interventions identifying feasible project strategies and setting program targets.
- Process evaluations will be conducted twice a year. Process evaluation provides an account of the program in operation and will be undertaken as a progress report. Four progress reports will be completed over the two-year program period covering issues such as any modification to program implementation to improve project effectiveness,

and whether the program benchmarks have been achieved. Any changes to scheduling, the resources required to implement the program, the effectiveness of the partnerships identified for the project in assisting implementation, difficulties faced during the start-up phase, and any difficulties associated with data collection processes, as well as any issues that may prevent the success of the project will also be included in the progress reports.

- An Impact Evaluation will be conducted at the end of the two year program assessing the main benefits of the program, the main draw backs, whether the goals were achievable and realistic, if the HIV/AIDS prevention strategy was successful and if so, how and over what period, how long it took for the strategy to start having an effect and whether the effect has been continuing, how program outcomes measure up against the performance indicators, documenting both negative and positive effects of any unintended program effects if there are any, and exploring how we can do better. Impact Evaluation is useful for planning follow-up activities or related projects future projects.
- Erin Stem will be responsible for conducting evaluation and writing progress reports.
- Evaluation will be done because it allows the project coordinator, managers and other stakeholders to identify the constraints that may hinder the project in achieving its objectives, and enables project planners to assess the costs and benefits that may or will accrue to the intended direct and indirect beneficiaries of the project. Evaluation holds a project accountable for what it has done and achieved by comparing its actual project activities and achievements with what was planned.

Community Participation

Participation is a complex process that is not easy to implement. Yet it is impossible to help those most vulnerable to HIV/AIDS without their involvement, particularly in service-poor areas. Involving the community may lead to the development of community networks, which can be a source of support to defend against disease, and increase the likelihood that people

will engage in health-enhancing behavior. Participation is also more likely to foster community commitment to a health program, which in turn increases the likelihood that people will take ownership of their own health.



By involving the community in strategic and operational decisions, a health intervention can address issues such as gender inequality that undermine health, and implement better designed, and more efficient projects.

By involving the community, TransCape development professionals have built trusting relationships with community members, establishing an egalitarian principle where members of the community are recognized for their knowledge and skills.

Ultimately, the active participation of communities that TransCape promotes allows them to challenge the conditions and social norms that allow disease to flourish, and thus can better prepare societies for future health problems

Sustainability

TransCape's vision is to empower and support communities with the long-term goal of provision by the government and linking groups in the community with relevant authorities and institutions that support development. Through trainings and building up the capacity of the communities we work with, we aim to transfer essential skills to the beneficiaries so that they can sustain the project after the implementation team has left and have a greater capacity for other developmental tasks.

In the future this project will be independent of the need for funding as TransCape is working closely with the department of health, department of agriculture, department of labour and department of social development to ensure sustainability of our programs. For instance, one of our home-based care groups is now funded by the department of social development after being supported by us for two years, and TransCape aims to have all newly established support groups and home based care groups receive their NPO status to also be supported by the government.



The Budget

Budget for the Rural Action against HIV/AIDS Program – Detailed Budget Attached

Budget Line Item	Total Euro	Total Rand	Year 1	Year 2
Project Management				
Labour	49,061.60	552,600.00	288,000.00	264,600.00
Other	13,541.21	152,520.00	74,400.00	78,120.00
Total	62,602.81	705,120.00	362,400.00	342,720.00
Infrastructure				
2 x Vehicles	22,195.80	250,000.00	250,000.00	0.00
Prevention Equipment	5,349.19	60,250.00	55,000.00	5,250.00
7 x Clinic Rondavels	34,681.83	390,635.00	326,900.00	63,735.00
1 x Park Home	15,714.63	177,000.00	177,000.00	0.00
3 x HBC Offices	22,759.80	256,352.50	168,100.00	88,252.50
HBC Equipment	6,905.11	77,775.00	51,000.00	26,775.00
HBC Gardens	2,256.87	25,420.00	8,200.00	17,220.00
Support Rondavels	53,669.44	604,500.00	195,000.00	409,500.00
Information System	5,326.99	60,000.00	60,000.00	0.00
Total	168,859.65	1,901,932.50	1,291,200.00	610,732.50
Preparation				
Networking	621.48	7,000.00	7,000.00	0.00
7 x Stakeholder Workshops	1,087.59	12,250.00	12,250.00	0.00
Total	1,709.08	19,250.00	19,250.00	0.00
Training				
3 x 5 day DOH (20 p/t)	1,331.75	15,000.00	15,000.00	0.00
15 x 5 day Mamelani (10 p/t)	3,046.37	34,312.50	22,500.00	11,812.50
5 x 2 day TransCape (20 p/t)	1,263.68	14,233.33	9,333.36	4,899.97
3 x 30 day SANTA (30 p/t)	5,957.35	67,100.00	44,000.00	23,100.00
6 x 5 day SPF (20p/t)	1,877.47	21,146.67	13,866.67	7,280.00
3 x 3 day SOCDEV (30p/t)	812.37	9,150.00	6,000.00	3,150.00
Total	14,288.99	160,942.50	110,700.03	50,242.47
Surveys				
Pre and Post Clinics	264.02	2,973.75	1,950.00	1,023.75
Pre and Post Wards	1,465.59	16,507.50	5,325.00	11,182.50
Interviews HIV Pos	514.50	5,795.00	3,800.00	1,995.00
Total	2,244.11	25,276.25	11,075.00	14,201.25
Prevention Running Costs				
CommAwareness	16,247.33	183,000.00	120,000.00	63,000.00
SchoolAwareness	6,715.56	75,640.00	49,600.00	26,040.00
Soccer Tournaments	16,522.55	186,100.00	155,650.00	30,450.00
Total	39,485.44	444,740.00	325,250.00	119,490.00

Support Running Costs				
Total	24,782.05	279,130.00	127,300.00	151,830.00

HBC Running Costs				
Operational	9,009.28	101,475.00	49,500.00	51,975.00
OVC	51,376.84	578,677.50	201,150.00	377,527.50
Total	60,386.12	680,152.50	250,650.00	429,502.50

Treatment Running Costs				
Total	77,158.77	869,069.50	344,290.00	524,779.50

Information System				
Total	16,424.89	185,000.00	80,000.00	105,000.00

Total Project Costs	467,941.91	5,270,613.25	2,922,115.03	2,348,498.22
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8% Operational				
Total	37,435.35	421,649.06	200,283.30	221,365.76

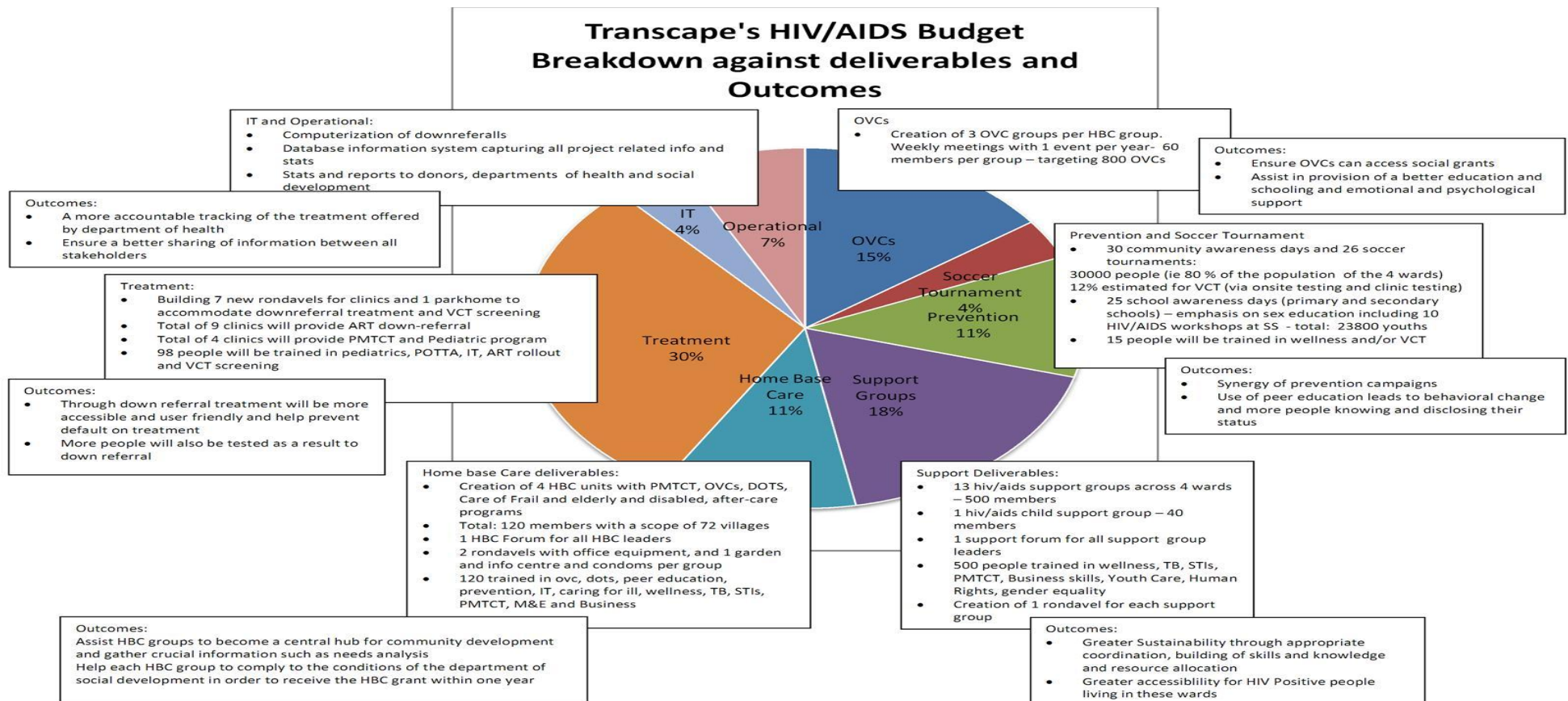
Total Program Costs	505,377.26	5,692,262.31	3,122,398.33	2,569,863.98
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Per Project Costs	Euro	Rand	Percentage
OVC's	75,772.86	853459.39	14.99
Soccer Tournament	17,771.92	200172.13	3.52
Prevention	55,024.98	619767.97	10.89
Support Groups	89,379.77	1006719.41	17.69
Home Based Care	57,852.48	651615.15	11.45
Treatment	151,261.90	1703722.07	29.93
IT	20,878.00	235157.13	4.13
Operational	37,435.35	421649.06	7.41
Total	505,377.26	5,692,262.31	100.00



Conclusion

The graphic below summarizes the different aspects of our HIV/AIDS Program against deliverables and outcomes.



Hereby we, as TransCape, are requesting **R5,692,262.31 (€ 505,377.26)** to undertake this programme over two years. We will ensure that the programme creates a positive impact in the lives of patients and community members, combats HIV/AIDS rates, and develops a successful model for rural communities to tackle HIV/AIDS through participatory means. We will account thoroughly for our inputs and outputs and tediously monitor and evaluate the progress of the project.

Given the high need for prevention, treatment and support in the O.R.Tambo district of the Eastern Cape, this project is necessary to educate areas we have not reached yet and to improve the current access to treatment and support for people with HIV/AIDS. TransCape is the ideal organization to undertake this project as our offices are locally based and we have spent several years developing working relationships with community members, which allows insight into local problems, meaningful community involvement, and effective action. The sustainability of this project is ensured as we are not only working closely with the government, but the project has evolved out of previous successful community efforts. This program could not only benefit the wider community we work in, but can also be used as a model for rural communities to successfully implement a participatory HIV/AIDS programme.

A detailed proposal for our Prevention Strand is available upon request

Please do not hesitate to contact me should you require any further information.

Erin Stern

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Attachments and other documentations

Financial information:

1. A copy of your organisation's latest audited financial statements
2. A copy of your organisation's latest budget
3. A list of donor (grantmakers) and the amounts contributed
4. Reports to other donors
5. A detailed project budget

Legal information:

6. A copy of your registration certificate(s)
7. A signed copy of the organisation's constitution with a list of trustees/management

Project specific material:

8. Governmental Meetings minutes
9. Participatory workshop reports
10. Report templates, posters and programs
11. Graphical Time line
12. Time Line
13. IT Proposals
14. Interviews

Supporting material:

15. Annual reports
16. Minutes of meetings
17. Minutes NGO Forum
18. Organogram
19. References