



***DOOR-TO-DOOR
ALMA KRITZINGER***

CATEGORY: HIV/AIDS CAREWORK

INSTITUTION: MOSSSEL BAY MUNICIPALITY

SOUTH AFRICA SADC GENDER PROTOCOL SUMMIT

DATE : 22-24 APRIL 2013

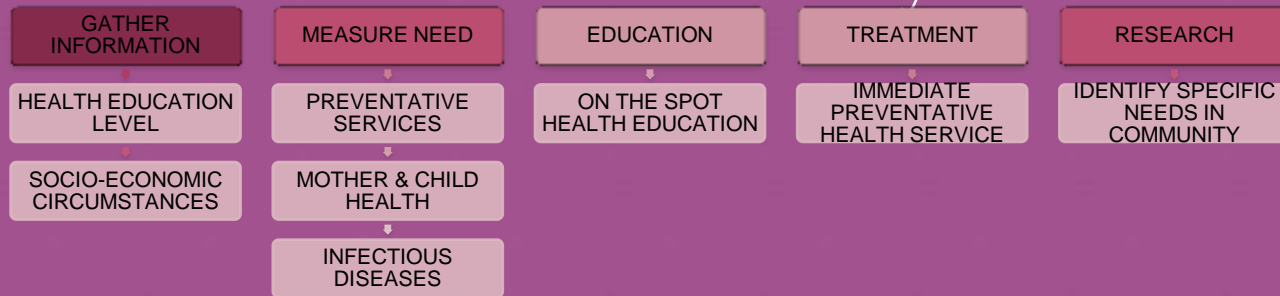
VENUE : INDABA HOTEL, JOHANNESBURG

GENDER EQUALITY BY 2015, YES WE MUST!

BRIEF DESCRIPTION OF THE GOOD PRACTICE



The Door-To-Door Activity aims to:



GENDER EQUALITY BY 2015, YES WE MUST!

WHAT IS THE PROBLEM BEING ADDRESSED? WHY?



The Door-to-Door addresses issues related to:

**HIV/AIDS & TB &
GENERAL HEALTH**

**POOR LIVING
CONDITIONS** (secondary
infections, poverty,
unemployment)

**FINANCIAL IMPACT
(Social Grants)**

**LACK OF EDUCATION
ON MEDICATION**

**LACK OF SUPPORT
SYSTEM**



GENDER EQUALITY BY 2015, YES WE MUST!

THIS PROJECT CONTRIBUTE TOWARDS ACHIEVING THE 28 TARGETS OF THE SADC PROTOCOL



Article 12-13 Governance Representation and Participation : Prevention, Treatment, Care and Support in relation to HIV/AIDS

- Treatment Care & Support
- Education – a right for all
- Overcoming stigma

- Prov. Strategic Plan 2012-2016 Sub-Objective 1.1 (Mainstream of HIV into all Directorates)
- Prov. Strategic Plan 2012-2016 Sub-Objective 1.6 Reduce HIV and TB related stigma and discrimination (Implementation of HIV/AIDS, STI's and TB Strategy)
- Prov. Strategic Plan 2012-2016 Sub-Objective 4.1 (Ensure rights are not violated, monitor any form of abuse)

Article 15-19 Productive Resources and Employment, Economic Development : Equal access to property, resources and employment

- Research to ease the burden of the multiple roles played by women.
- Prov. Strategic Plan 2012-2016 Sub-Objective 1.2 (Address socio-economic factors that are drivers of the epidemics as identified)
- Prov. Strategic Plan 2012-2016 Sub-Objective 1.4 (Mitigate the impact of HIV, TB on orphans, vulnerable children and youth) – Social Grants, care-givers etc.

Article 26 : Health : Focus to reduce the mortality ratio by 75%; programmes to address the mental, sexual and reproductive health needs of women and men

- TB Screening
- HIV/AIDS testing
- Pap Smear
- Contraceptives
- Sterilization, Circumcisions
- Prov. Strategic Plan 2012-2016 Sub-Objective 1.2 (Address socio-economic factors that are drivers of the epidemics as identified) (Life skills, Peer Education – support of primary health care PHC including OUTREACH teams in informal settlements)
- Prov. Strategic Plan 2012-2016 Sub-Objective 2.1 (Maximise testing opportunities) Sub-Objective 2.2 (Maximise coverage of condom distribution)
- Prov. Strategic Plan 2012-2016 Sub-Objective 3.1 (Access to screening of HIV, TB, STI and , SRH and support programs)

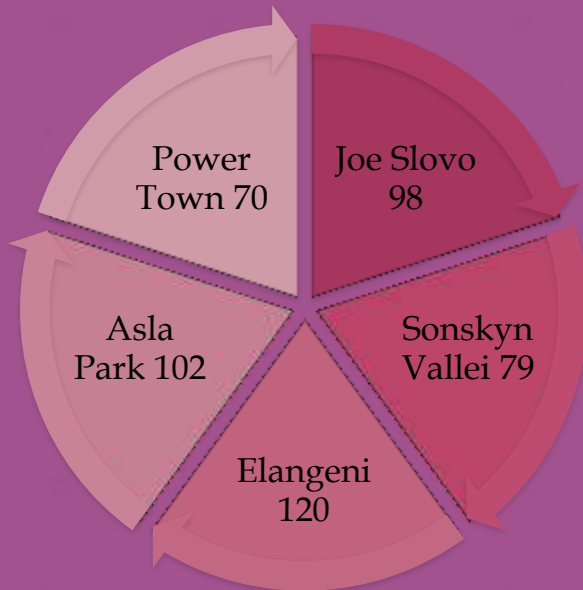


GENDER EQUALITY BY 2015, YES WE MUST!

OUR TARGET GROUP



There is a large number of people in the Mossel Bay area with very bad living conditions.



GENDER EQUALITY BY 2015, YES WE MUST!

OUR TARGET GROUP



The same focus areas were visited in 2011 to be able to have a monitoring tool for progress in the field

GENDER EQUALITY BY 2015, YES WE MUST!

OBJECTIVES



AREAS SERVED :

JOE SLOVO	149 (149)	98
POWERTOWN	61 (61)	70
SONSKYNVALLEI	70 (70)	79
ELANGENI	91 (91)	120
ASLA PARK	0	102

COMPARE 2011/2012

- Community better informed
- Only 1 household – children not birth registration
- Changed from paraffin to electricity due to education 2011

ACCES TO MOBILE SERVICE

- Outreach health services was use full due to:
- Over Crowded Clinics
- Work schedule
- Grand Parents that are unable to carry child for immunization

HEALTH : IMMUNIZATION, HIV/AIDS, TB, WOMEN HEALTH

- 85% Children are immunized
- 30% Heard about HIV – no knowledge
- 68 % Know HIV status
- 99% Knowledge of TB and know people with TB
- 80 % Don't have knowledge – breast investigation although they are on family planning and have children



GENDER EQUALITY BY 2015, YES WE MUST!

PROCESS



- JOINED ACTION PLANNED : Department of Health & Mossel Bay Municipality
- OUTREACH TEAM MEMBERS: Correctional Services, Health promoters, Fieldworkers, Counsellors and Nursing Staff of Department of Health, Nursing students and Lecturer from Bayview Hospital, SAPS, VEP Counsellors and Non Profit Organizations (Santa, Genesis, Piet Julies Aids Action Group)
- AREAS VISITED : Joe Slovo (Eyethu) 98, Sonskynvallei 79, Elangeni 120, Asla Park 102 and Powertown 70.
- SURVEY CONDUCTED :
- Focus on Health :
 - 85 % Children are immunized 99% mother/grandmother lack information on child health and reasons for immunization
 - Women do pap smear but don't know the reason for it – men see it as “women business”
 - More than 80 % women don't know how to investigate their breast for lumps lthough they are on family planning and have children.
 - 30% heard about HIV/AIDS but don't have knowledge about it.
 - 86% know HIV/AIDS Status but don't know about HIV Care Services or how to get access to ART medication.
 - Male condoms is available in community and people know how to use it. Female condom is not familiar.
 - 99% know symptoms of TB and know someone with TB or had TB themselves.
 - Need information how TB is transmitted.
 - 72 % feel staff at clinics is supportive and friendly
- Focus on Socio-Economic Information
 - 56 % brick houses RDP Houses 44 % Informal Structure in Back Yard
 - 77 % use electricity 5 % paraffin or gel 1 % fire outside
 - Average amount of people staying in house 4
 - Back Yard structures are mostly family members or friends from home owners (incommers that got work in Mossel Bay)
 - Average income per household R1000/R2000 Only 5 % earn no income (houses with no children)
 - Social grants mostly for disability or children's grant

GENDER EQUALITY BY 2015, YES WE MUST!

THE MAIN SUCCESSES



The Door-to-Door activity helps us to focus and bring about change in our community:

	2011	2012
Mortality rate	478	394
Medical Male Circumsitions Till 3 quarter	226	373
TB Defaulters	6.3	3.7

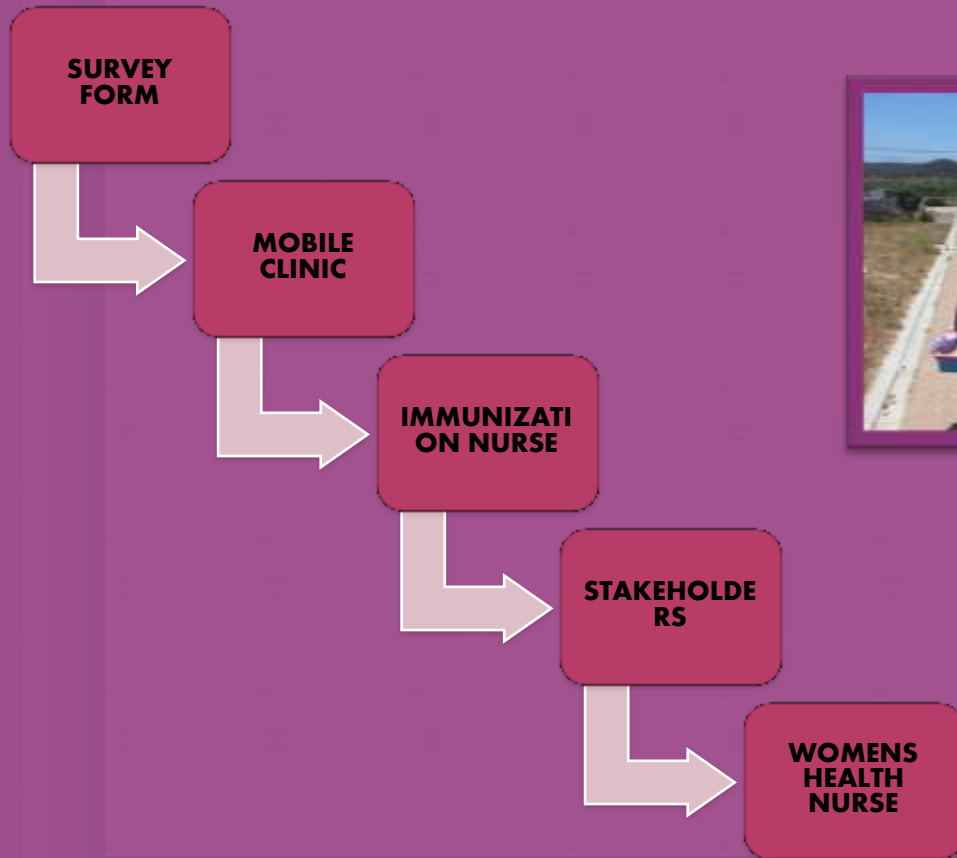


	2010	2011
Pt's on ART Rx	1199	1665
ART Defaulters	102	149
ART pt's died	48	40



GENDER EQUALITY BY 2015, YES WE MUST!

KEY OUTPUTS



GENDER EQUALITY BY 2015, YES WE MUST!

KEY OUTCOMES



RESEARCH

COMPARATIVE SURVEY'S

STARTING POINT FOR
IMPLEMENTATION OF STRATEGIC
PLAN TO OVERCOME THE
PROBLEMS IDENTIFIED

COLLECTIVE APPROACH TO THE
HIV/AIDS PROBLEM IN THE
MOSELBAY COMMUNITY



GENDER EQUALITY BY 2015, YES WE MUST!

CHANGING LIVES



Asazani Street

	Informal settlement units	Sanitation Shortfall
Asazani (Mossel Bay)	550	24

Asazani/Izinyoka Project start 2013:

Water & Toilets Asazani Street

5 Family per toilet (24 toilets)

The minimum requirement of five households per sanitation facility will be achieved as well as a higher minimum requirement of one water and wash basin will be provided. The basic services for water will exceed minimum requirements as each sanitation unit will be provided with a water point to ensure hygienic water borne service that is connected to the Municipal Sewer and Water systems. This will result in better and healthier living conditions that will ensure social upliftment of the informal settlements. It is anticipated that this will also reduce bacterial sicknesses as gastro, cholera and other waterborne diseases.



- Included with each unit shall be a heavy duty padlock, each padlock should have 5 keys to issue to 5 families allocated to the facility.



GENDER EQUALITY BY 2015, YES WE MUST!

LESSONS LEARNT



- ❑ Accurate mapping of progress can only be achieved if we return to the same areas annually.
- ❑ Challenge of championing HIV/AIDS must be a slower process with gained trust to ensure all stages (awareness, education, prevention, treatment and care) are covered thoroughly and have a sustainable outcome.



WAY FORWARD



- ❑ Ward based training for social reservists to assist with ongoing survey's and outreaches.
- ❑ Increase in areas covered – more time on the ground
- ❑ Implement projects in the MLAC/MSAT structure with all stakeholders to work towards the NSP.