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"Advancing the South African Red Cross Society role to the End TB/HIV strategy, focus on key population group and People Living with TB, HIV/AIDS (PLHIV)"

Title of proposed project	**"Advancing the South African Red Cross Society role to the End TB/HIV strategy, focus on key population group and People Living with TB, HIV/AIDS (PLHIV)"**
Organisation DUNN Number	539052319
Name of applicant organization	SOUTH AFRICAN RED CROSS SOCIETY (SARCS)
Total ZAR amount of funding being requested	R 13,865,830.00 $1,114,616.56
NPO number	000-852 NPO
Tax number	9569030845
VAT registration number	4820123018
Name of organization's Chief Executive Officer	Ms Lesley Hudson
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Acronym List

AIDS	Acquired Immune Deficiency Syndrome
ART	Anti-Retroviral Treatment
CBDSM	Community-Based Service Delivery Model
CBHFA	Community Base Health and First Aid
CCG	Core-Care-Givers
CEO	Chief Executive Officer
CISP	Community Incentive Scheme Programme
DOH	Department of Health
ECD	Early Childhood Development
FARR	Foundation for Alcohol Related Research
FAS	Foetal Alcohol Syndrome
FSW	Female Sex Workers
GA	General Assembly
GVB	Gender Based Violence
GBVL	Gender Based Violence and Leadership
HAART	Highly Active Antiretroviral Therapy
HAST	HIV/AIDS, STIs and Tuberculosis
HBC	Home Based Care
HIV	Human Immunodeficiency Virus
HTS	HIV Testing Service
HWSETA	Health and Welfare Sector Education and Training Authority
IEC	Information, Education Communication
IFRC	International Federation of Red Cross
KP	Key Population
M&E	Monitoring and Evaluation
NAP	National Action Plan
NDoH	National Department of Health
NDP	National Development Plan
NPO	Non-Profit Organisation
NSP	National Strategic Plans
OVC	Orphan and Vulnerable Children
PMTCT	Prevention of Mother to Child Transmission
PSS	Psycho-Social Services
SA	South Africa
SARCS	South African Red Cross Society
SDGs	Sustainable Development Goals
STI	Sexually Transmitted Infection
SW	Sex Workers
TB	Tuberculosis
UN	United Nation
UNICEF	United Nations International Children's Emergency Fund
USAID	United States Agency for International Development
WHO	World Health Organization
YES	Youth Economic Strengthening
YWD	Young Women in Development

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EXECUTIVE SUMMARY

Based on the increasing HIV/AIDS and TB related death in South Africa, there are echoes of rising voices to bring solution to the epidemic, creating awareness, outreach programmes to the knowledge of everyone and to ensure that everyone, government, NGOs, Civil Society Organisations (CSO) and Donors (National/International and Private/public) improve and increase their response to TB cure funding and participation to the elimination termed "End TB Strategy" by 2035. The increasing scourge of HIV/AIDS infection and HIV/AIDS related death is on the increase and it is estimated by Statistic South Africa, that the prevalence rate is 12.7%. Regionally, HIV prevalence has been estimated at 12%, and sub-Saharan Africa is seen as having the heaviest burden with combined HIV prevalence of 37%.

SARCS agree that community empowerment intervention is positively associated with reduction in HIV/AIDS, TB and STIs and increase consistency in condom use as a preventive measure. Bottom-up implementation will scale-up of community-centered approaches that removes barriers and participation in the project. While bottom-up approach is necessary, ownership of the project including piloting and pioneering the initiatives should be driven by community member living with TB/HIV/AIDS or survivors. However, the financial resources required and committed in executing this type of project is huge. Apart from finance critical challenges include funding constraints and intersecting social stigma, discrimination, and violence that include those related to occupation, sex, HIV and TB status.

SARCS hierarchy is structured in such a way that in each Province, there is a local office that reports to a Provincial Office and ultimately to the National Office in Johannesburg. The National office is the seat of administration for all Provincial offices. National office coordinate and monitor the operation of Provinces and report to the board of directors as well as relevant stakeholders.

The objective of the project is underpinned and aligned to the 90-90-90 model, South African National Strategic Plan (NSP) on HIV, TB and Sexually Transmitted Infections (STIs) 2017-2022 and is in accordance with the End HIV/AIDS and TB Strategy of the World Health Organization (WHO), and; with the United States Government's Global TB Strategy (2015-2019) and 2035. The overall project objectives are listed below;

1. Reduce new HIV and TB infection by 90% as well as other Sexually Transmitted Infection.
2. Reduce HIV and TB related stigma and discrimination.
3. Reduce the number of new HIV/AIDS and TB infection by 90%.
4. Reduce the number of death due to HIV/AIDS and TB by 90%.
5. Increase access to health care to people living with HIV/AIDS.
6. Improve care and treatment of vulnerable population of PLHIV and TB.

SARCS implementation programme plans are broadly classified into four categories;

- Services to children, families, women, older persons and persons with disabilities.
- Prevention of HIV/AIDS, TB and STIs and support to persons infected or affected.
- Community empowerment and development services.
- Youth care and development.

The implementation plan outlined above will ensure that HIV/AIDS and TB patients in the three Provinces of implementation are reached, tested, supported, cared-for, capacitated, referred to appropriate facilities (where necessary), counselled and empowered.

1. Background/Description of need

Currently in South Africa, HIV/AIDS and TB infection rate have continued to draw urgent attention from all quarters. The increasing scourge of HIV/AIDS infection and HIV/AIDS related death is on the increase and it is estimated by the Statistic South Africa, that the prevalence rate is 12.7%. Till date TB and HIV/AIDS, are considered as leading causes of death for many South Africans. This alarming record has attracted the attention of multinational and government attention in an effort to remedy the situation especially among PLHIV and TB also key population (KP) group (sex workers, transgender and men who sleep with men).

Example, it has been argued that globally, female, male, and transgender sex workers are more likely to have HIV than those who are not Sex Workers (SWs). Scholars (Baral et al., 2012b) agitate that Female Sex Workers (FSW) are prone to the infection and stigma and they estimate the chances of infection in this KP at 13.5 times more likely to live with HIV than other women. Regionally, HIV prevalence has been estimated at 12%, and sub-Saharan Africa has been classified as having the heaviest burden with a combined HIV prevalence of 37% (Baral et al., 2012a).

Various arguments have been postulated by various scholars, example, the report by SANAC in 2013, compiled and reported in 2015 indicate that in South Africa, SWs are a highly marginalized KP group with high TB and HIV and sexually transmitted infection (STI) incidence and prevalence. The report reported a moderate estimate of 150,000 SWs in South Africa with minimum to maximum estimates ranging from 131,000 to 182,000 (Constant, 2015).

A combine multi-institutional survey conducted in 2014 among FSWs in South Africa (SA) three largest metropolitan cities, (that is, Johannesburg, Durban, and Cape Town), found that at least one-third of FSW will seroconvert by age of 24, and for those 25 years of age and older, nearly four in five are HIV positive (U.S. Center for Disease Control and Prevention, The University of California San Francisco, Anova Health Institute, & Wits Reproductive Health and HIV Institute, 2014). The estimated HIV prevalence in Johannesburg was the highest at 71%, then Durban at 54%, and Cape Town with 40% (U.S. Center for Disease Control and Prevention et al., 2014).

Furthermore, the survey fund a low uptake of ART, with current ART use at 24%-35%. Syphilis prevalence was also high in Johannesburg and Cape Town at 16% and 20%, respectively (U.S. Center for Disease Control and Prevention et al., 2014). There was, however, high reported condom use with their last client (76%-90%) and low reported condom use with non-paying partners. HIV prevention programming coverage in these three cities was also low with one-third of FSWs in Johannesburg having reported being reached by a peer educator in the last 12 months. In Cape Town and Durban, the number was less than 15%.

SARCS agree with this postulation that community empowerment intervention is positively associated with reduction in TB, HIV and STIs and increase consistency in condom use with clients (Kerrigan et al., 2015). This success can only be achieved through a bottom-up approach. Bottom-up implementation and scaling-up of community-centered approache, ensures that barriers to access and ownership of the project including piloting and pioneering the initiatives are driven by the PLHIV and TB. However, there are challenges that act as hindrance to implementation, they include intersecting social stigmas, discrimination, and violence that includes those related to occupation, sex, and HIV status (Kerrigan et al., 2015).

- **TB and HIV/AIDS in South Africa**

Based on the statistics and descriptive details provided above, the call for application for funding by global giving to submit a project especially of this magnitude becomes paramount. SARCS is already implementing

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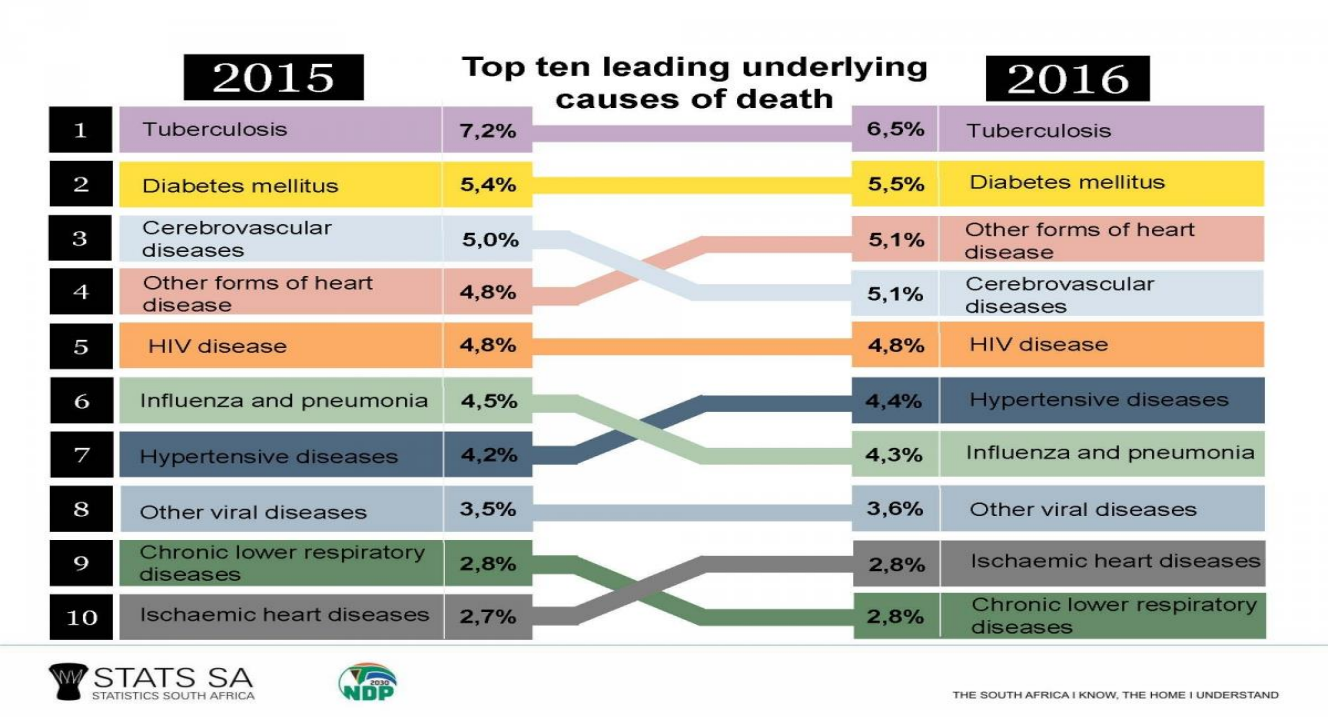
various projects of which HIV/AIDS and TB are part of. These are significant because SARCS aligns to the End TB and HIV/AIDS elimination strategy by UN and WHO. In South Africa statistics show that both HIV/AIDS and TB are the leading causes of death, please see picture below;



SARCS is an NPO with depth capacity in the field of HIV/AIDS, STIs and Tuberculosis (HAST) as well as auxiliary organisation to the South African government on humanitarian and community health. SARCS has been consistent in delivering various quality support services to HIV/AIDS and TB patients in the country. Response to the call for the application is to further strengthen and reach the yet unreached PLHIV and TB as well as new patients. SARCS provide linkages in HAST program planning between awareness, prevention, support, and treatment at both the community and facility levels.

- **Specific Province and districts of implementation**

The following implementation Provinces, districts and local communities have been carefully chosen because they are areas where SARCS are currently implementing HIV/AIDS, STIs and TB (HAST) projects. They are chosen because they have the highest rates of poverty and burden of the infection in the Provinces. Implementation areas and districts are highlighted in the table below;

Table 1: Focus Implementation Areas

PROVINCE	DISTRICT/LOCAL AREAS OF IMPLEMENTATION
Eastern Cape	Nelson Mandela Bay Metro, Alfred Nzo
Limpopo	Vhembe, Capricorn
KwaZulu-Natal	Amajuba, eThekwini

- **Knowledge and operational capacity**

Funding for this project will be utilised in the Provinces where the menace of PLHIV and TB is still very high. SARCS have full resourced local offices in the Provinces identified above. SARCS hierarchy is structured in such a way that in each Province, there is a local office that reports to Provincial office and ultimately to the National office in Johannesburg. The National office is the seat of administration for all Provincial offices. National office coordinate and monitor the operations of Provinces and report to the board of directors as well as relevant stakeholders.

This explains why this proposal is prepared from the National office on behalf of the three Provinces that will be implementing the project. The Provincial offices are situated to provide programme support and are strategically located to support the Districts and Local Department of Health (DoH), working hand-in-glove with local clinics and health facilities.

Provincial offices have full staff component, mainly, the Provincial Manager, Finance Manager, Human Resources, Administrative, Programme Management Capacity and most importantly, the volunteers – who happens to be SARCS foot soldiers in the communities where SARCS operate. Approval of SARCS fund application will ensure that our National Society will double our effort to reach, care, support, report, refer and lead in the intervention of the 90-90-90 HIV/AIDS and End TB strategy. Our community-based health promoters, lay counsellors and home-base/care-givers in the Provinces are ready to work, all we need is approval of this fund application to save lives and promote healthy living as well as positive relationships in the communities with great burden of PLHIV and TB.

SARCS share similar priorities with the National Department of Health (NDoH) as highlighted below;

- Reduce new TB and HIV infection by 90% as well as other Sexually Transmitted Infection.
- Reduce TB and HIV/AIDS related stigma and discrimination.
- Reduce the number of new HIV/AIDS infection by 90%.
- Reduce the number of death due to TB and HIV/AIDS by 90%.
- Increase access to health care to PLHIV/AIDS and TB.
- Promoting safe (no-death) Male Medical Circumcision.
- Information, Education Communication (IEC) Material outreach promotion, distribution and campaigns.
- Strengthen community systems that improve quality provision of primary health care; that enhance food security effort/programmes and that contribute substantially to the national agenda of poverty alleviation.

Although the management of this project will be decentralised to respective Provincial offices, the Chief Executive Officer (CEO) shall be the point of contact and the accounting officer of this project.

The contact details are as follows:

The CEO: Ms Lesley Hudson
Address: 103 – 11th Street, Parkmore, Sandton-Johannesburg, 2196
Telephone: +27 10 020 2516
Mobile: +27 83 325 1701
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2. Goal/Purpose of the project

The goal of the project is to ensure that SARCS continues to play integral role, in the fight to eliminate HIV/AIDS and End TB in South Africa. As an organisation with partner affiliations such as the International Federation of Red Cross (IFRC) and Red Crescent Societies, gigantic approaches has been and it is still adapted by SARCS to implement care and support programmes in-line with other organisations such DoH, USAID, WHO and the United Nation (UN) in responding to the HIV/AIDS scourge. The IFRC has developed a Community-Based Service Delivery Model (CBDSM) that adapted in the implementation of HIV/AIDS project in all the Provinces of implementation in South Africa.

This model is drawn from the United Nation 2015 Sustainable Development Goals (SDGs) and the provision of the National Development Plan (NDP), National Strategic Plans (2017 – 2022) of South Africa. It is therefore, anticipated that the potential funder(s) will allow SARCS through the approval of this funding application to continue to provide basic services to the TB and PLHIV/AIDS. Importantly, for SARCS to continue to align our TB and HIV/AIDS project with the above mentioned international and national strategy partners to respond to the call to End TB and eliminate HIV/AIDS scourge.

3a. Overall objectives of the project

The objective of the project is underpinned and aligned to the 90-90-90 TB and HIV/IADS model, South Africa National Strategic Plan (NSP) on HIV/AIDS, TB and Sexually Transmitted Infections (STIs) 2017-2022 and is in accordance with the End HIV/AIDS and TB Strategy of the World Health Organization (WHO), and; with the United States Government's Global TB Strategy (2015-2019). The overall project objectives are listed below;

2. Zero New HIV/AIDS and TB infection.
3. Zero transmission of HIV on mother to child infection.
4. Zero TB and HIV stigma and discrimination.
5. Zero new infection due to vertical transmission.
6. Reduce TB infections.
7. Increase the sustainability of effective TB response systems; and
8. Improve care and treatment of vulnerable populations.

3b. Specific objectives

Specific objectives to the project is listed as primary and secondary objectives. The diagramme below depicts the outlined objectives.

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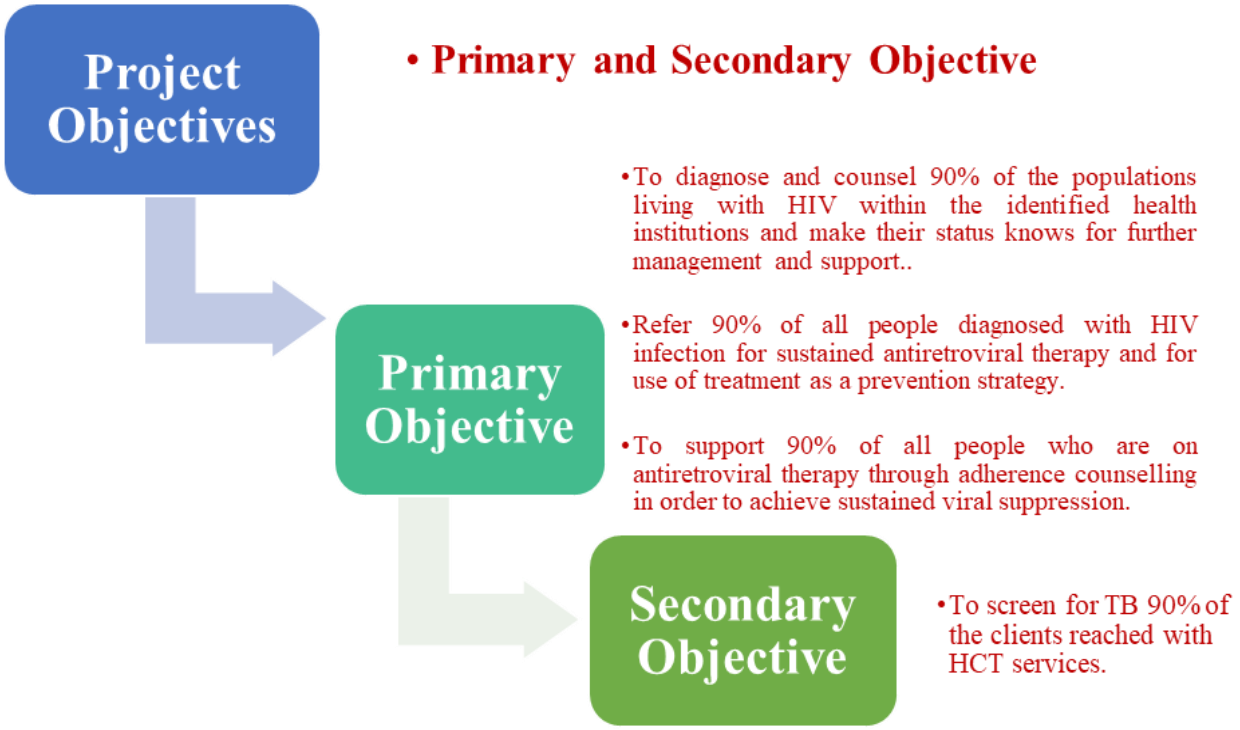
Diagramme 1: 90-90-90 Model Objective



Source: SARCS

SARCS has adopted the above mentioned objectives to assist the HAST South Africa Project to fulfil its mandate.

The significance of aligning SARCS work with the development priorities of the National Department of Health, USAID, WHO and UN is that, it will create multiple opportunities to address both socio-economic ills that are worsened by poor access to primary health care services. The collaboration between the SARCS, WHO, USAID, UN and the National Department of Health will result in triggering inflow of foreign donor funds which would ultimately reduce the cost of rolling-out HAST response programmes. SARCS objectives comes with measurable goals, activities, indicators and itemised budgets for this project.

4. Implementation plan

The South African Red Cross Society - (SARCS) is an implementer of primary health and community development programmes. SARCS is an organisation with in-depth structure, knowledge and expertise to implement sustainable programmes anywhere human-being(s) exist. SARCS incorporates community outreach and awareness programmes, Psycho-social support and Counselling trainings as well as collaboration with relevant stakeholders such as the Department of Health (DoH) in alleviating human (primary health) challenges in their communities.

SARCS implementation programme plans are broadly classified as follows;

- ❖ Services to children, families, women, older persons and persons with disabilities.

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- ❖ Prevention of HIV/AIDS, TB and STIs and support to persons infected or affected.
- ❖ Community empowerment and development services.
- ❖ Youth care and development.

By implementing these programmes in the Provinces, SARCS will contribute to the achievement of the NDP/NSP 2017 - 2022 and ultimately enhance human lives and dignity. A breakdown of each programme implementation plan is presented below;

Programme Implementation Plan One: Service to children, families, women, older persons and persons with disabilities

The following programmes will be provided by SARCS in the Provinces. Services to render include but not limited to, Psycho-Social Services (PSS), Orphan and Vulnerable Children (OVC), Early Childhood Development (ECD), Feeding Scheme, Eye on the child, Foetal Alcohol Syndrome (FAS), Gender Based Violence and Leadership (GBVL), Counselling, Tracing, income generating activities and support group formation.

Time frame October 1, 2018 – September 31, 2019. Please see cost as attached.

Programme Implementation Plan Two: Campaign for the prevention of HIV/AIDS, TB and STIs and support to persons infected or affected

SARCS will train and capacitate volunteers to adequately engage and scale up skill development and transfer, peer-led outreach, Community Base Health and First Aid (CBHFA), condom distribution, provision of primary healthcare, HIV Testing Service (HTS), TB screening and STIs counselling, Tracing, referrals, services for testing and treatment for STIs, door-to-door awareness outreach programmes, linkage to ART for those testing positive, Tracing of medication defaulters and support group formation, ART for HIV-positive patients including adherence support and services to prevent mother-to-child transmission. Continue engagement with partners/stakeholders and government departments, to strengthen and complement each other on campaigns and services to curb and reduce the spread of HIV/AIDS, TB and STIs.

Time frame October 1, 2018 – September 31, 2019.

Programme Implementation Plan Three: Community empowerment and development services partnering with DoH, DoE, existing NGOs and DSD

Continue collaboration and engagement with partners/stakeholders and government departments to empower beneficiaries in their communities and capacitate them for development. SARCS will use the 10-core volunteer system, Tracing, support group formation to reach out to them. Furthermore, there will be increase health campaigns in the communities and schools, resource mobilization, Community Incentive Scheme Programme (CISP) and working together with stakeholders to combat the incidences of Foetal Alcohol Syndrome (FAS).

Time frame October 1, 2018 – September 31, 2019.

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Programme Implementation Plan Four: Youth care and development

To provide youth and adults with Youth Economic Strengthening (YES) within the communities of the Provinces where SARCS exists through Financial Education and money savings strategies to enhance SWs future livelihood.

Programmes are not limited to Young Women in Development (YWD), peer education, capacity building, Tracing of FSW, support group formation, counselling and income generating activities. These programmes will ensure that PLHIV/AIDS and TB are adequately engaged in productive way to achieve the objective of the YES. Through capacity building and development, PLHIV/AIDS and TB patients will are capacitated to be economically and financially dependent and articulative.

Time frame October 1, 2018 – September 31, 2023. Please see cost as attached.

5. Results/Impact expected

Expected results/impact of the project are as follows;

Outcomes

i. Increased life expectancy of patients, Decreased maternal and child mortality for PLHIV/AIDS an TB.

ii. Improved health conditions of people living with HIV/AIDS and TB.

iii. Combated TB in line with HIV/AIDS, and reduced the burden of disease from TB people living with HIV/AIDS and TB.

iv. Reduced sexually transmitted infections among key population group.

v. Inform and capacitate people living with HIV/AIDS and TB and related illnesses.

vi. Provided support and care to the vulnerable children and orphans.

vii. Report and monitor trend of infection and areas of highest prevalence.

viii. Capacitated and trained home care givers with coping skills.

ix. Contribute to real data on people living with HIV/AIDS.

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6. Risks/Assumptions

Log	*Risk*	*Risk Prevention Strategy*	*Indicator*
I.	People living with HIV/AIDS and TB refusing testing and counselling.	Improved communication with People living with HIV/AIDS and TB, involve family members, community leaders, local institutions and relevant authorities in planning stages of the project.	% number of PLHIV/AIDS and TB reached with pre-project implementation consultation forums in all the Provinces, Districts and local areas.
II.	People living with HIV/AIDS and TB not turning for organized events and campaigns.	Thorough engagement with PLHIV/AIDS and TB and planning with local stakeholders.	% number of PLHIV/AIDS and TB turning up for awareness campaigns and outreach programmes.
III.	PLHIV/AIDS and TB not turning up for support groups due to fear of discrimination and stigma.	Application of SARCS IEC approach, peer-education, support group formation, youth activities, counselling, home based care and HTS counselling.	% no of PLHIV/AIDS capacitated and turning up for support groups.
IV.	Less physical material support to the orphans and vulnerable children.	Engage more potential donors and child support organizations, especially psychosocial support service organizations.	Number of physical and none physical support received from identified and engaged organizations.
V.	PLHIV/AIDS and TB not attending and finishing trainings identified and capacity building initiatives.	All CCG's to sign a binding capacity development contract, that they will attend the trainings and capacity building initiatives arranged for them.	Number of community care givers attending the identified trainings.
VI.	PLHIV/AIDS and TB not adhering to treatment and defaulting.	Counselling, creating platform for engagement and interaction, keeping close contacts with the infected and affected.	No. of defaulters reached, referred, returned to treatment and successfully reintegrated and capacitated.

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- **Project implementation examples**

Current implementation is focussing on HTS in Limpopo and KZN, OVC in Eastern Cape. To demonstrate SARCS capacity on HAST, below table present the three Provinces and implementation areas;

PROVINCE	DISTRICT/LOCAL AREAS OF IMPLEMENTATION
Eastern Cape	Nelson Mandela Bay Metro, Alfred Nzo
Limpopo	Vhembe, Capricorn
KwaZulu-Natal	Amajuba, eThekwini

7. Provincial Activities

➢ Limpopo Province Project

In Limpopo Province, the table below present the year end 2017 report on the facilities where HTS sessions took place.

Table 2: HTS services

Total number of facilities where HTS services are offered including non-medical service points						72
HTS	**Hospitals**		**Clinics**			Non-Medical service points
	Govt/Public	Health Centre	Government /Public	MDR TB Unit	Gateway Clinic	
Total Number	08	02	56	0	03	03

Table 3: Human Resource

Total Lay- counsellors receiving stipends	120	Total counsellors not receiving stipends	0
Total number of Lay-counsellors			120

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Table 4: Facilities

Facility	Clients Pre Counselled	Clients Tested	Tested Positive	Couple Counselling	Ongoing Counselling	Adherence Counselling	Targets Monthly-DHIS	Uptake	Positivity Rate
Bela-Bela LM	2566	2726	267	72	344	163	0	106%	10%
Lephalale LM	6000	5999	834	157	1407	349	0	100%	14%
Modimolle LM	6454	6277	664	152	313	457	0	97%	11%
Mogalakwena LM	41478	41421	2385	686	13451	15307	0	100%	6%
Mookgophong LM	7001	6883	565	244	322	2391	0	98%	8%
Thabazimbi LM	8943	8912	1053	284	613	490	0	100%	12%
Hospitals	22037	22005	2731	208	2633	6932	0	100%	12%
Waterberg District	99 619	99 307	8 734	1 828	19 161	26 151	0	100%	9%

❖ Narrative Report

- Total number of clients reached on Pre- counselling is 99619.
- A total of 99307 agreed to take part in the HTS test.
- Only 8734 of the tested were reactive.
- There was 293 M & E visits conducted in different institutions to review the HTS program 'impact.
- Conducted 469 Quarterly reviews to HTS Counsellors.
- There was 1157 HTS individual mentoring sessions conducted during the year.

➢ Eastern Cape Province OVC Project

In Eastern Cape, Psycho-Social Support (PSS) for Orphaned and Vulnerable Children (OVC) infected and affected by Tuberculosis (TB) and HIV/AIDS project is implemented in Maluti area which is a large area near Matatiele town in Alfred Nzo District Municipality. Maluti is choosen for this project because, in the area, there are significant number of child-headed homes as a result of the devastating effects and deaths of parents from HIV/AIDS and TB. The deaths leaves these children Orphaned and Vulnerable. The implementation area is very unique as well because, it shares border with Lesotho and many immigrants cross into South Africa from there, truck drivers and movement of goods. Migration increases the risks of infection and vulnerability of the area. With the truck drivers traveling through the borders, Sex Workers become prey for sex and sex related activities. The project is implemented in the area with the aim, to minimize SW HIV/AIDS infection, child headed homes by creating awareness of the impact of HIV/AIDS and TB. It is also aim to, provide support to allow families and communities to build protective environment that improves the confidence, safety that SWs, orphans and vulnerable children require.

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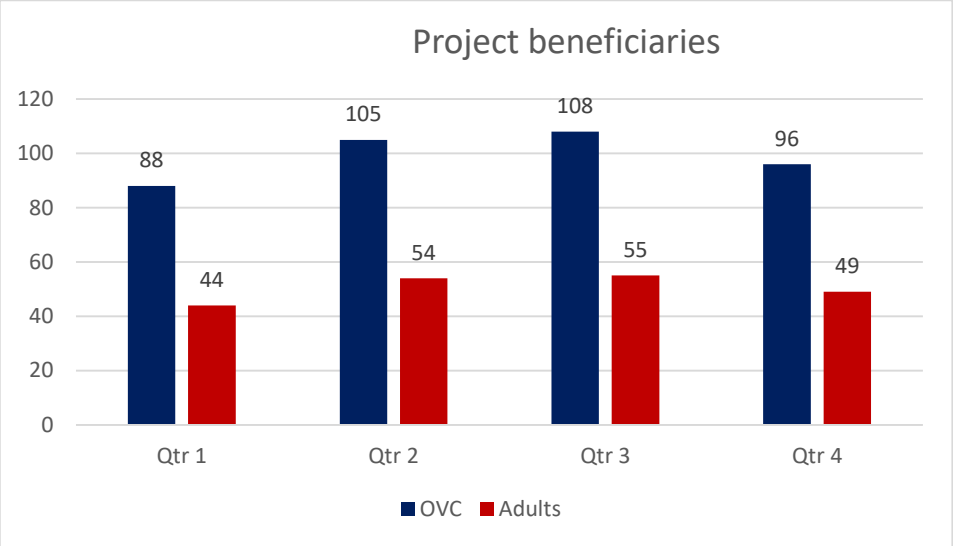
Table 5: OVC in Maluti

Number of Health Care Workers	Number of Peer Educators	Number of facilitator	Number of Sub-Villages	Number of OVC	Number of Schools Attached	Number of Support Groups
There are currently 18 SARCS health care workers that are working and living in the sub-villages within Maluti.	Currently there are 15 SARCS peer educators, attached to a school and 1 team leader coordinating them	There are 3 facilitator overseeing the project in Maluti	The project is implemented in 9 sub-villages	Currently 324 OVC's that are registered into the project with a minimum of 30 OVC's per sub-village under each health care worker.	The project is attached to 10 schools with health care workers responsible for the schools.	27 support groups are held within each sub-village. Support groups are open to the OVC's as well as their family contacts.

These numbers are growing and more resources are needed to support the vulnerable.

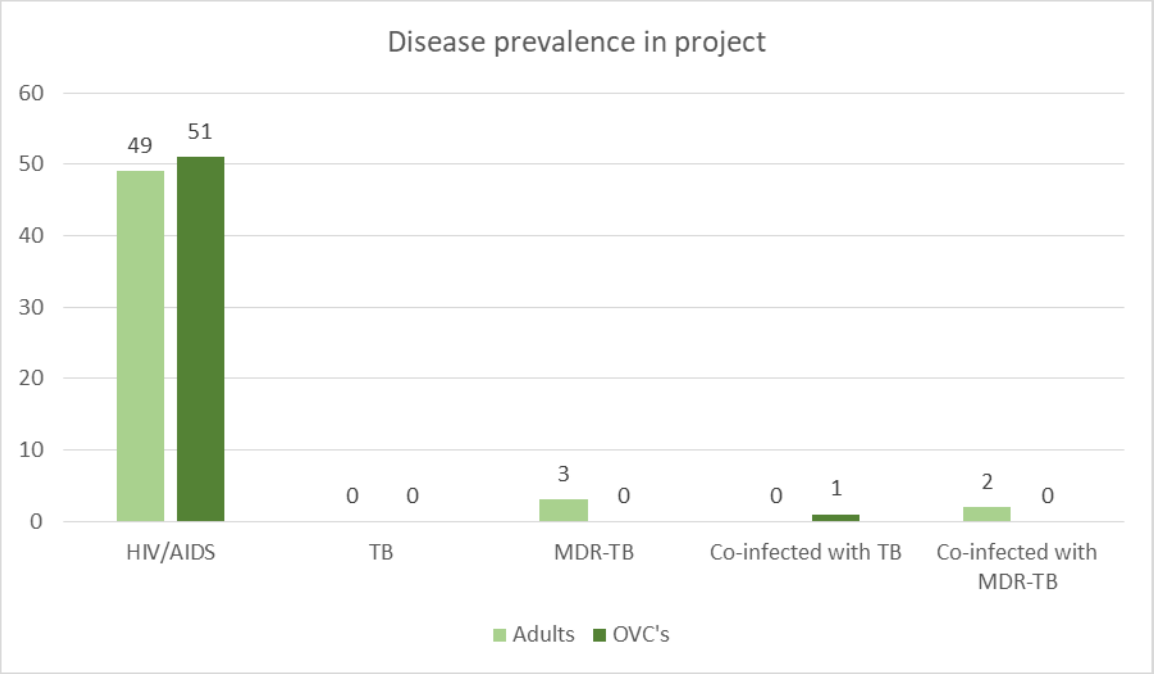
The project not only focus on OVC's but also supports their primary care givers (adults) that live in the same household as them. We believe that having an adult in the household that either has TB or HIV/AIDS can also increase the child's vulnerability and risk of infection.

Chat 1: Project beneficiaries



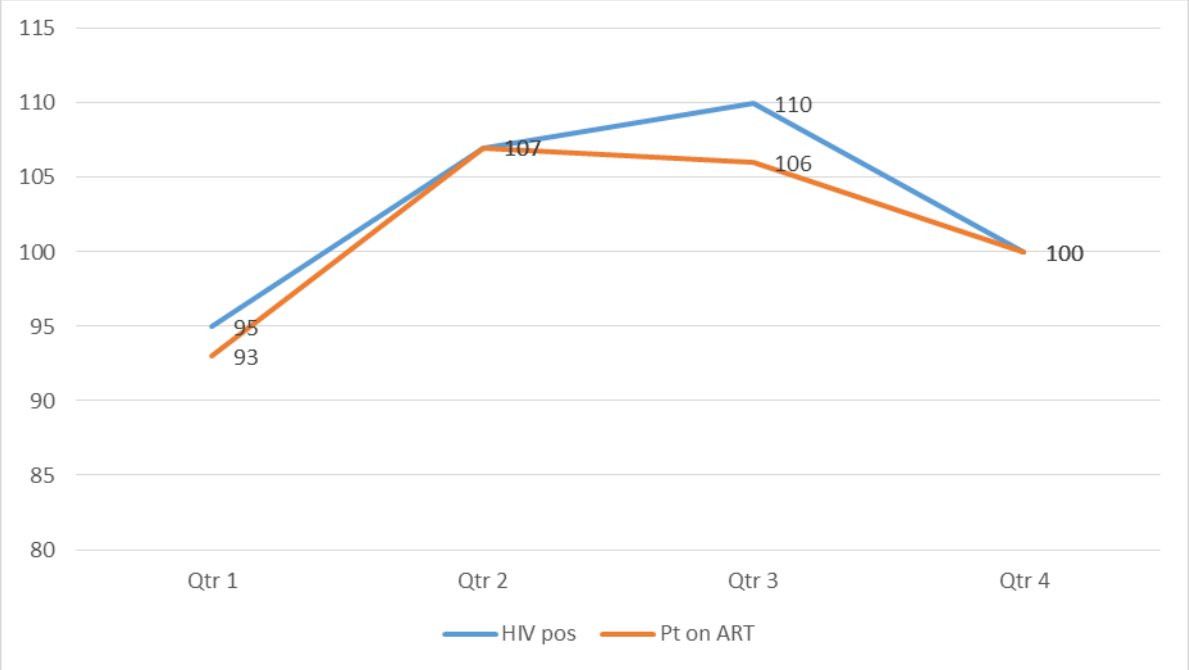
The average annual disease prevalence of OVC's and adults registered in the project are reflected in the chart below.

Chat 2: Disease Prevalence



Below is a graph that depicts the number of clients that are infected with HIV, who are receiving HIV treatment through the project.

Chat 3: Level of infection



As shown in chat 3 above, over 50% of the OVC's enrolled in the project are infected with HIV/AIDS with all adults registered also infected. Though not all are on treatment, this is forms one of the challenges in the project. The initiative of the project is to ensure that all beneficiaries infected are on

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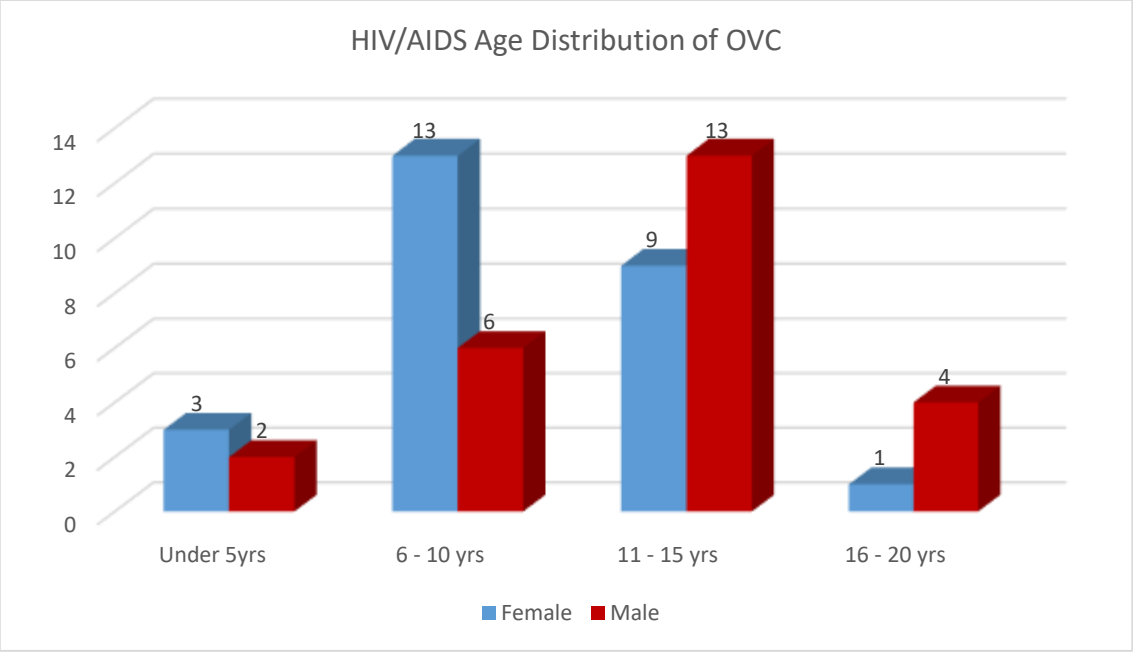
treatment as per Department of health protocol. The chat below' shows the age distribution of the OVC's that are infected with HIV/AIDS in the area.

Chat 4: Age Distribution



- **Kwazulu-Natal HIV/AIDS Project**

Kwazulu-Natal Province project is on HIV/AIDS, TB and STIs. The Table below presents HTS conducted from various districts and local areas in KwaZulu Natal during the period 2016/2017.

Table 6: HIV Counselling & Testing conducted in the community

Project Site	Number of people referred for HCT
UMzimkhulu	26830
Howick	21480
Pietermaritzburg	28187
Port Shepstone	41968
Zululand	52457
Newcastle	18541
Total	**189463**

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- **Prevention of Mother to Child Transmission (PMTCT)**

With adequate care and treatment, women with HIV can deliver HIV free healthy babies. Women with good prenatal care who took part in the Highly Active Antiretroviral Therapy (HAART) drugs show that the risk of miscarriage or stillbirth is about the same as in uninfected women.

Home pregnancy test is one of the strategies the DoH (not all clinics) started embarking on since December 2016, promoting PMTCT at an early stage. Nine (9) sites in Pietermaritzburg, UMzimkhulu, Port Shepstone and Newcastle respectively have been given home pregnancy test kits by local clinics. SARCS CCG use these kits when they meet women who are unsure if they are pregnant and want to test for pregnancy during SARCS routine door to door visits. Care-givers are trained on the procedure and application as well as the ethics involved in these processes. Since the initiative started, care-givers have tested 368 women and 39 tested positive and were referred to the clinic for further checkup and HIV testing. Although not all of them share their HIV status after being referred to the clinic, out of the 39 who did pregnancy test, 15 became SARCS PMTCT clients.

- **HIV testing for babies born by HIV mothers**

In many African settings, pregnancy is still viewed as women affair which becomes even more difficult if one is HIV positive. Stigma also play a big role and other women become scared to disclose their status. During this period 277 babies born by HIV positive mothers tested for HIV and sadly 4 became HIV positive. These cases were from UMzimkhulu and Zululand branches.

Table 7: PMTCT

Branch	2016 / 2017		
	Number referred PMTCT	Number attended PMTCT	% went as advised
UMzimkhulu	1969	1574	79%
Howick	1009	781	77%
Pietermaritzburg	1413	1155	81%
Port Shepstone	1650	1275	77%
Zululand	3249	2709	83%
Newcastle	1306	1070	71%
Total	**10596**	**8564**	**80%**

In total, the number of beneficiaries collecting outside the clinic is 8182.

Table 8: Beneficiaries

Project Site	Number of Adult clients on ART
UMzimkhulu	3097
Howick	4513
Pietermaritzburg	3594
Port Shepstone	3373
Zululand	2858
Newcastle	2691
Total	**20126**

8. **Required item**
    - Implementation Structure and Capacity

Governance Structure: SARCS is governed by an eight member board which are elected every three years in accordance with SARCS MOI at the General Assembly (GA) being the highest decision making body of the organisation. The Society also has a statutory Finance Committee which advises the Governing Board on all financial matters.

Management Structure: Management is led by the Provincial manager and a team of senior qualified and skills personnel such as the Health and Care, Finance, Administration, Youth and Training as well as Core-Care-Givers in each Province. They are responsible for leading and guiding all projects and programmes implementation, strategic and operational imperatives, as set by the governing structure, in alignment with the global agenda of the International Red Cross and Red Crescent Societies Movement and the strategic direction of the South African Government.

Facility: SARCS have vehicles and fleets in all the Provinces. This is one of the strong areas that has enhanced SARCS project implementation in all the Province of South Africa in deep communities and outlay areas.

Partnership: SARCS has a broad network and partnership with relevant stakeholders including local municipalities, civil society organisation, and community based organisations as well as community police forums in local communities.

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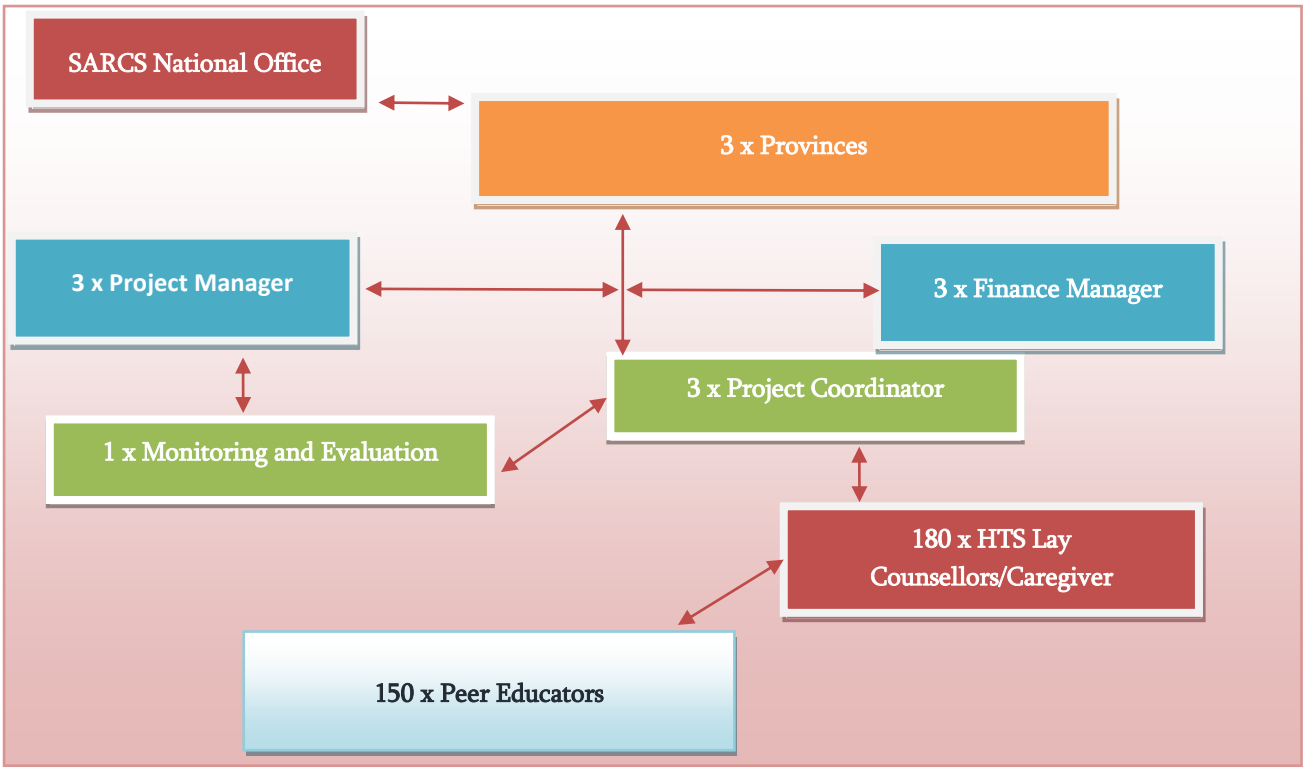
Diagramme 2: Implementation organogramme



9. Monitoring and Evaluation

- ✓ SARCS National Office is the administrative office for this project, providing overall supervision and guidance, on implementation, reporting and accountability.
- ✓ The project managers are the Provincial managers where the project will be implemented. The Provincial Managers work directly with the Provincial finance, office admin, coordinators, peer educators, caregivers and counsellors. Provincial offices report directly to the National Office.
- ✓ Three Finance managers in three Provinces ensure proper utilisation of funds, transparency, accountability and cost effectiveness of the project.
- ✓ The caregivers/Home Based Care, peer educators, counsellors apply data collection tools provided by SARCS M & E in various locations of service. It is through this tool that data is generated and project is evaluated. Data collected by the care-givers is used to measure impact and progress made; each Caregivers are responsible for compiling weekly plans, weekly activity report and monthly reports.

- ✓ Project Evaluation is conducted on quarterly basis based on set criteria, effectiveness, efficiency, impact and relevancy focusing on the goal and specific objectives of the project.
- ✓ The Department of Health Guidelines and Code of Ethics is followed to ensure proper implementation and work performance.
- ✓ Red Cross agrees to ensure that funds are spent appropriately and accurately in accordance with General Acceptable Accounting procedures.
- ✓ Project Manager, M&E and Coordinator conduct planned and announced supervision visits in ensuring quality of services which community home care givers, peer educators and counsellors provide.
- ✓ Quarterly individual performance reviews is conducted to check progress made by care givers, peer educators, counsellors and project staff.
- ✓ Counsellors are responsible for counselling, HAST testing, screening and working with the local clinics for both TB and HIV testing and other related clinic issues. They report and assist with door to door testing and awareness campaigns. They also monitor patient's medication compliance.
- ✓ Caregiver support identified HAST, OVC, and other vulnerable key population groups like Sex Workers. They provide beneficiaries with needed care and support. They assist to make referrals, health and social services, accompany patients to clinics when necessary and provide records of their activities. They assist with home base care visits.
- ✓ Peer Educators conduct peer education in and out of schools. Distribution of IEC materials, participate and initiate youth clubs programmes as well as income generating activities. Conduct health aware interactive programmes such as substance abuse, crime prevention as well as Gender Based Violence (GVB) and report as well.
- ✓ Facilitator: They oversee the work of the peer educators, counsellors and the caregivers, ensure proper reporting, submit weekly, monthly and quarterly reports for evaluation and measurement purposes.

10. Estimated Project budget/cost

Expected project cost is estimated at $1,000,000.00 for over three years (2018-2019).

11. Project sustainability

- SARCS have viable income generating strategy where different donors are approached for specific projects and programs.

- The organization raises funds through the commercial training initiatives. The Red Cross is an accredited body with the Health and Welfare Sector Education and Training Authority (SETA).
- The organization will sustain the project through support from raised internal funds, and support from the other national societies such as Belgian Red Cross, British Red Cross and American Red Cross.
- SARCS will continue to explore further partnerships and collaboration from other donors nationally and internationally to continue to sustain the project.

12. Other sources of funding

South African Red Cross Society has been the major funder of this project. It is in the spirit of partnership and collaboration with relevant stakeholders and organisations with common interests that this proposal has been prepared. To continue to provide needed support, care, and referrals as well as contribute to the achievement of South African National Strategic Plan, UN and WHO STOP TB 90-90-90 HIV/AIDS elimination "End TB strategy 2035.

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"Always Needed, Always There"

South African Red Cross Society

"Advancing the South African Red Cross Society role to the End TB/HIV strategy, focus on key population group and People Living with TB, HIV/AIDS (PLHIV)"

Personnell	Title :	Annual salary	Percentage Effort	Total Requested
Management Staff Position	**Name**			
Project Manager	3 Project Manager for 12 months	R 585,000.00	25%	R 146,250.00
Finance Officer	3 Finance Officer for 12 months	R 780,000.00	25%	R 195,000.00
M & E Officer	3 Monitoring & Evaluation Officer for 12 months	R 780,000.00	25%	R 195,000.00
Total Management			**18%**	**R 536,250.00**
Clinical Staff				
Nurse	9 Nurses for 12 months	R 2,340,000.00	100%	R 2,340,000.00
Facilitators	3 Facilitators for 12 months	R 97,500.00	100%	R 97,500.00
Total Clinical			**82%**	**R 2,437,500.00**
Total Personnell				**R 2,973,750.00**
Project Activities	**Details**			
Community dialogues	1 community dialogue every 2 months - 3 provinces	R 396,000.00	100%	R 396,000.00
Awareness Campaigns	2 awereness campaign every 3 months - 3 provinces			
	24 March - World TB Day (IEC materials distribution, radio jingles, public speaking, door to door)	R 102,000.00	100%	R 102,000.00
	7 April - World Health Day	R 102,000.00	100%	R 102,000.00
	8 May - Red Cross Day	R 102,000.00	100%	R 102,000.00
	28 May - International Day of Action for Women's Health	R 102,000.00	100%	R 102,000.00
	18 July - Nelson Mandela International Day (TB Awareness)	R 102,000.00	100%	R 102,000.00
	9 August - Women's Day	R 102,000.00	100%	R 102,000.00
	15 - 19 October - School Health Week	R 102,000.00	100%	R 102,000.00
	1 December - World Aids Day	R 102,000.00	100%	R 102,000.00
Bi-weekly information session door to door	Weekly information session with patients and family members carried out by Lay Counsellors / Care Givers and Peer Educat	R 237,600.00	100%	R 237,600.00
DR-TB/HIV and TB/HIV training	Quarterly training sessions for Lay Counsellors / Care Givers and Peer Educators conducted by the KZN Health Department	R 554,400.00	100%	R 554,400.00
Screening and support - TB/HIV Hygiene Kits	Hygiene Kits purchased every quarter	R 52,800.00	100%	R 52,800.00
Lay Counsellors / Care Givers stipend	180 Lay Counsellors / Care Givers	R 5,508,000.00	100%	R 5,508,000.00
Peer Educators stipend	150 Peer Educators	R 1,530,000.00	100%	R 1,530,000.00
Uniforms	82 uniforms per quarter	R 324,720.00	100%	R 324,720.00
Airtime	0,5 gig per each Care Giver & Peer Educators per month	R 594,000.00	100%	R 594,000.00
Subtotal Project Activities				**R 10,013,520.00**
Activities Travel				
Transport for collection and delivery of sputum	R1 000 monthly allowance for fuel	R 36,000.00	100%	R 36,000.00
Transport for nurses to carry injectibles to patients	R1 000 monthly allowance for fuel	R 36,000.00	100%	R 36,000.00
Transport for Project Manager	R1000 monthly allowance for fuel	R 36,000.00	100%	R 36,000.00
Transport for Lay Counsellors / Care Givers and Peers Educ	R50 monthly travel allowance per volunteer	R 198,000.00	100%	R 198,000.00
Transport for community dialogue events	R1 000 event fuel allowance for 12 events	R 36,000.00	100%	R 36,000.00
Transport for community awareness campaign	R1 000 event fuel allowance for 8 events	R 24,000.00	100%	R 24,000.00
Subtotal Activities Travel				**R 366,000.00**
Total Project Activities				**R 10,379,520.00**
Operational Costs				
Utilities and water	Percentage allocation	R 20,400.00	74%	R 15,000.00
Telecommunication	Percentage allocation	R 171,000.00	15%	R 26,000.00
Office stationery	Percentage allocation	R 6,000.00	59%	R 3,560.00
Audit	Percentage allocation	R 200,000.00	9%	R 18,000.00
Bank charges	Percentage allocation	R 228,000.00	18%	R 40,000.00
Insurance	Percentage allocation	R 312,000.00	19%	R 60,000.00
Vehicle Leasing	Percentage allocation	R 80,000.00	100%	R 80,000.00
SARCS headquarter costs	National Finance Officer	R 30,000.00	100%	R 30,000.00
	National Monitioring and Evaluation Officer	R 30,000.00	100%	R 30,000.00
	National HR Manager	R 30,000.00	100%	R 30,000.00
Subtotal Operational Costs				**R 332,560.00**
Total Operational Costs				**R 332,560.00**
Fixed Assets				
Gazebo	4 Gazebo and equipment	R 120,000.00	100%	R 120,000.00
Laptop	1 Project Manager laptop	R 30,000.00	100%	R 30,000.00
Laptop	1 Monitoring and Evaluation Officer	R 30,000.00	100%	R 30,000.00
Total Fixed Assets				**R 180,000.00**
	Exchange Rate	1 USD	=	R 12.44
	Total budget requested in ZAR			**R 13,865,830.00**
	Total budget requested in USD			**$ 1,114,616.56**