SACBC AIDS Office Report, April 2011

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The SACBC AIDS Office

The Southern African Catholic Bishops' Conference (SACBC) AIDS Office has supported projects of the Catholic Church responding to HIV, AIDS and TB in South Africa, Swaziland and Botswana since January 2000 with donor funding received through Catholic and other agencies, in particular PEPFAR (President's Emergency Plan for AIDS Relief, a programme of the government of the United States of America).

The Church's Response to AIDS

Formally and informally the Church's response to AIDS is underpinned by Catholic social teaching. The dignity of human beings, the sanctity of life and other principles are at the heart of the response of ordinary people to the plight and the needs of their families and neighbours. Some people see themselves as getting involved because of a particular call of the bishop or the parish priest, or most often that of the local religious community staffing a clinic or spearheading some other response to AIDS. Others respond to the challenges around them even when church authorities are seen to be silent and uninvolved. Women bear the burden of AIDS regarding infection, their own and those of family members, and most caregivers are women. Sometimes men are perceived as being responsible for the spread of infection, and as being willing to abdicate their responsibilities for the consequences of their actions. The challenge to both men and women, the challenge to Church and society, is enormous, if the pandemic is to be addressed in our Church and on our sub-continent .

Antiretroviral Therapy (ART) Programme

The ART programme remains the biggest AIDS programme of the Catholic Church in South Africa, utilizing the lion's share of the budget, more than half of which is spent on drugs and laboratory services. During the PEPFAR 1 funding cycle the SACBC AIDS Office supported twenty two treatment centres. In some instances government has taken over full responsibility for the patients at the sites originally initiated by the SACBC AIDS Office, and in other cases patients are now being treated at government clinics. Currently there are fourteen treatment centres with numerous satellite sites providing treatment to about 16 500 patients, and HIV care to about 22 000 people who do not yet qualify for ARV treatment. Professional and non-professional staff employed in this programme number 622. Training in all aspects of clinical management of HIV and AIDS, in project management, in data capture and in financial management have been an important underpinning of the programme, helping to build the capacity of South Africa's struggling health system. PEPFAR will in future support the SA Department of Health to provide training to clinical personnel and support staff, and technical support in the delivery of ART, and so a major challenge to Church run projects is to learn to collaborate with the Department of Health at local and provincial level in the best interests of the patients and their families. The SACBC AIDS Office is currently in negotiations in all provinces where the Church treatment

programme is operational around securing agreements between Church sites and the provincial and local health authorities for the provision of drugs and laboratory tests to patients at the Catholic sites so that patient care will not be interrupted when PEPFAR funding to the SACBC AIDS Office ends.

Orphan and Vulnerable Children (OVC) Programme

The PEPFAR-funded OVC programme is currently supporting 33 major centres throughout South Africa, each of them reaching out to over 34 000 children at 205 satellite sites. Professional and non-professional staff employed in this programme number 1155. A range of services is provided including access to health care, access to paralegal services, educational support, psychosocial support, nutrition and provision of shelter. Training in psychosocial support for children, in micro-financing, in data capture and monitoring and evaluation, and in project and financial management has been provided for project staff. Children have benefitted from peer education training and workshops, from support groups and from career camps, as well as from ongoing support in after school programmes. The SACBC AIDS Office is represented on various national and provincial task teams in the country, helping to develop guidelines and support services for children. Some funding from Europe has supported the construction of simple houses for OVC and child-headed households, and more houses are planned in the current financial year.

Tubercolosis (TB) and Home Based Care (HBC) Programme

This programme showcases what the has long been recognized as the major response of the Church to AIDS, i.e. taking care of the sick and the dying, and assisting patients to access services the Church itself is unable to provide. The HBC programme multiplied across the Catholic network in all dioceses remains the backbone of the Church's response to AIDS, providing services to patients and their family members in urban centres as well as in even remote rural areas. Often these patients are among those who continue to be denied access to treatment services, sometimes because there are no local services available within easy access of transport services, and sometimes because of family pressures and stigma. Projects in the Catholic network are increasingly screening patients for TB which is the major co-infection associated with HIV, and referring patients for the relevant follow up and treatment at district and provincial health facilities. This is an important intervention because people with HIV are less able to fight TB infection and more likely to develop active TB without treatment. The Global Fund supports part of the Church's HBC response (as well as part of its OVC response) through the National Religious Association for Social Development (NRASD), an inter-faith body with which the SACBC AIDS Office is affiliated. This interfaith collaboration is important both at grassroots level, as well as in the management and sharing of scarce resources.

Swaziland and Botswana

Swaziland and Botswana, both with small populations bear a high burden of AIDS, with rates of HIV infection the highest in the world, higher than that in South Africa. Botswana , although operating in a fairly strong economic environment, has not been spared the challenges of poverty and of migration and asylum-seeking by people from elsewhere on the continent. Swaziland is struggling under poor

leadership and with poverty and unemployment in the population. These factors either influence the spread of HIV or are influenced by the spread of HIV and AIDS. Home based care projects co-ordinated from the main local parishes are supported through the SACBC AIDS Office, as well as from donor funding available locally. In both countries PEPFAR money has been available for Church projects working with orphans, in Botswana for work in an early childhood development programme in several centres, and in Swaziland for more general OVC work. The Catholic Hospital in Siteki, Swaziland has received Global Fund money for ARV treatment, and a small ARV treatment programme supported through the SACBC AIDS Office has assisted a number of foreigners who do not qualify for the treatment available to citizens of Botswana. Funding from different donors has helped sustain a number of initiatives over several years. What does remain a key factor is, as elsewhere in the Church, the dedication and commitment of the numerous caregivers and professional staff working in these programmes.

Partnerships with the Departments of Health and Social Development

Catholic health care facilities were severely diminished in number and effectiveness during the apartheid era, and AIDS has been a catalyst in many ways for helping to re-establish some of these facilities, and for getting totally new initiatives off the ground. In some measure Catholic health care has been re-vitalised, in resource poor settings, and despite the challenges of poor capacity and often unskilled and semi-skilled staff.

AIDS has proved a major challenge to the region, with particular calls for collaboration among all the role players, some of whom have not in the past had the experience of such collaboration. Staff at Church projects have had to learn that unless they collaborate with their counterparts in government facilities some services may not be sustainable in the future. This is particularly true of the provision of treatment for TB and AIDS in the long term, given that external donor funding may not always be available, and for the present, and until a cure for AIDS is discovered, people on treatment will need it for the rest of their lives. New partnerships between Church and Department of Health facilities make provision for drugs and laboratory services to be paid for by the Department of Health, and for the care and follow up patients to be provided for by Church personnel.

Church OVC projects are working increasingly with the Department of Social Development and the Department of Education to ensure that children benefit from as many services as are available to them in their areas. Often what the Church can provide is insufficient, and often the government department services are not reaching the very people who are meant to benefit from them. Good collaboration can help address this.

Church home based carers are being drawn into Department of Health programmes as the Department recognizes its own inadequacies around reaching into local communities where it has no presence. Over the past number of years the Church has been instrumental in the training of thousands of caregivers, many of whom are now on the payroll of the Department of Health.

The condom-debate

While the condom-debate rages on *"ad eternum*" in the media and in certain Church circles, it is recognized that for people in the field it is scarcely the issue it was ten years ago. The SACBC AIDS Office, and the Church projects with which it works, promotes the teaching of the Church around abstinence from sex before marriage, and fidelity within marriage, but also promotes accurate information, rather than disinformation, about the use and effectiveness of condom use. This position is helpful also to caregivers and other personnel (many of whom are not Catholics) who accompany patients and their families and who are not burdened with having to make decisions for those they serve (who may or may not be Catholics).

Challenges for the Church

- Learning to collaborate with Government, NGOs and others involved in the fight against AIDS in the interests of a sustainable response
- Working ecumenically and on an interfaith basis
- Raising the needed funding, and spending it in the most cost effective ways
- Building human capacity on the ground in AIDS projects, especially in resource -poor settings
- Working, with others, to address the structural injustices that fuel the spread of HIV and AIDS; poverty, unemployment, inadequate health and education services, gender inequalities
- Working, with others, to address the attitudes and behaviours that fuel the spread of HIV and AIDS, and stop people from seeking help: stigma and discrimination, irresponsible sexual behaviours, unhelpful cultural beliefs and practices

PEPFAR OVC Statistics Jan- Mar 2011

(This does not include OVC statistics from non-PEPFAR programmes).

	Oct- Dec 2010	**Jan - Mar 2011**
Total number of children registered	29,956	34,023
Total number of children who received services during the period.	19,330	22,332
New children registered during the period	2,638	4,053
Services		
1. Child protection services	2,753	3,790
2. Clinical nutrition (new indicator)	1,215	887
3. General health care (were successfully referred for health care)	2,950	3,249
4. Access to ARV (once off registration or adherence support)	980	713
5. Psychological support (new indicator)	646	632
6. HIV prevention education	7,961	8,788

7. Received Educational support	11,261	13,701
Children attended school	10,344	12,813
8. Household economic strengthening (HES)	1,040	986
Additional		
Children on ARV	574	1,230
Child headed households	387	313
Non-clinical nutrition (food plates or parcels)	11,226	11,031
Shelter interventions	2,011	2,371
Psychosocial support	12,620	12,244

PEPFAR ART Statistics, March 2011

(There are 14 sites, down from the original 22, and   satellite sites.

Indicator		**End Feb 2011**	**End Mar 2011**
Testing	HCT (VCT)	2,115	2,024
	New HIV +	573	548
	New HIV +, screened for TB	533	453
	% of HIV + screened	93%	83%
	New HIV +, did CD4	445	364
	% of HIV + CD4 done	78%	66%
HIV Care	LTFU (missed appointment with 90 days)	504	352
	Total in Care end of the month	21,644	21,542
	Cotrimoxazole	7,251	6,810
	Nutritional Supplements	2,515	2,391
	Eligible person not on ART yet	732	761
	Screened for TB (All in Care)	11,868	12,572
	Positive screen for TB	704	728
	TB treatment (All in Care)	1,175	1,150
ART	New on ART	321	322
	Default on ART (missed appointment with 14 days)	652	649
	Transferred out	185	283

	Died while on ART	41	30
	Total on ART at the end of the month	16,314	16,226
	Target reached	95%	95%