Mthonjaneni Municipality Local AIDS Council

HIV and AIDS Strategic Plan 2008 - 2011

Mthonjaneni Municipality Strategic Workshop

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Contents

Pages

INTRODUCTION

Background

In South Africa, many programmes exist to reduce the spread of HIV and AIDS, but despite this, the infection rate is rapidly increasing. This increase in the infection rate is calling for renewed efforts from all South African citizens, organised formations and government bodies.

Mthonjaneni municipality saw the need to develop a plan that will help it in its endeavours to fight against this disease. This strategic plan is envisaged to be a tool that will guide the municipality in co-ordinating efforts of all those that have committed their time, energy and resources to trying to reduce the impact of the disease.

In heeding the call, the municipality convened a strategic planning workshop to develop a plan for tackling this disease. This workshop was held on the **October 2008.** Education and Training Unit (**ETU**) an NGO that works with Municipalities on HIV and AIDS issues, capacity building and organisational development facilitated this workshop.

The main aim of the workshop was to develop a strategy for the municipality to deal with HIV and AIDS. This was done by focussing on the following:

- Educating the delegates on the issue
- Analyzing the situation by looking at
  - ✓ Statistics
  - ✓ Available services
  - ✓ Future impact of AIDS
  - ✓ Key needs and gaps in responding to AIDS
  - ✓ Setting an overall goal and immediate objectives
- Examining the possible co-ordination of services for better effectiveness

This workshop was attended by representatives from the Council, Government Departments, Municipal staff, NGOs and CBOs and political organisations within the jurisdiction of Mthonjaneni Municipality.

PURPOSE OF THE STRATEGIC PLAN:

Response to the epidemic requires the involvement of every member of our society. For all contributions to be effective, co-ordination communication and planning becomes a necessity and this document serves as a plan for such. Further, the struggle against HIV and AIDS needs all the sectors, formations and stakeholders of our society to be involved. Mthonjaneni Municipality recognises these realities and is envisaging that everyone will work together in a co-ordinated approach for maximized efficiency and effectiveness in fighting against this disease.

WHY SHOULD MTHONJANENI MUNICIPALITY ADDRESS THE ISSUE OF HIV and AIDS

HIV and AIDS is one of the biggest challenges we face as a country. The rate of infection is rapidly increasing and more and more people are getting ill and dying from AIDS.

The department of Health estimates that KwaZulu Natal has an infection rate among pregnant women of **39.1% (2007).**

Individuals, families and communities are badly affected by the epidemic. The burden of care falls on the families and children of those who are ill. Often they have already lost a breadwinner and the meager resources they have left are not enough to provide care for the ill person and food for the family.

Orphaned children are deprived not only of parental care, but also of financial support. Many of them leave school and have no hope of ever getting a decent education or job. The children grow up without any support or guidance from adults; this may become our biggest problem in the future.

Most of the people who are dying are between the ages of 20 and 45 – an age when most people are workers and parents. This has serious consequences for our economy and the development of the country.

AIDS can affect anyone. However, it is clear that it is spreading faster to people who live in poverty and lack access to education, basic health services, nutrition and clean water.

Young people and women are the most vulnerable. Women are often powerless to insist on safe sex and are easily infected by HIV positive partners. When people have other diseases like sexually transmitted diseases, TB or malaria they are also more likely to contract and die from AIDS.

Although AIDS has become very common, it is still surrounded by silence. People are ashamed to speak about being infected and many see it as a scandal when it happens in their families. People living with AIDS are exposed to daily prejudice born out of ignorance and fear.

We cannot tackle this epidemic unless we break the silence and remove the stigma [shame] that surrounds it. As elected representatives in communities, councillors have to provide leadership on how to deal with AIDS.

To deal with the results of the disease and the social problems it creates, we have to make sure that people living with AIDS get care and support to help them live longer and healthier lives.

We also have to make sure that those who are dying are properly looked after. For the children who are orphaned, we have to find ways of looking after them so that they do not become hopeless and turn to crime or live on the streets because of poverty.

National and Provincial government cannot fight this battle alone. They can provide health and welfare services, development programmes and information. However, municipalities, together with organisations on the ground, have to provide the type of leadership and direction that will lead to real change in people's attitudes and behavior.

Municipalities are also ideally placed to identify the needs of people in their area and to co-ordinate a coherent response to those needs. Municipalities can engage with civil society, other government departments, as well as schools, churches and so on to make sure that everyone works together to combat the spread of AIDS and to care for those affected by the disease.

Mayors and councillors should act as role models for communities and be an example to people. We should take the lead in promoting openness and ending the silence that surrounds AIDS. We should also work closely with people living with AIDS and through our action show that we accept and care for those affected. As political leaders, we should use our influence and popularity to mobilize the community and involve volunteers in projects that provide care for people living with AIDS and orphans.

IMPORTANT FACTS TO KNOW ABOUT HIV and AIDS

AIDS affects millions of South Africans. It is estimated that more than 5.5 million South Africans are HIV positive and about 5 000 people die every week. Infection rates differ from region to region and from province to province.

The research to measure how common HIV and AIDS infection is in South Africa is done among pregnant women who visit state health clinics. The infection rates quoted below are for those women. One can assume that many men who are partners to these women are also HIV positive. If a province has a 10% infection rate amongst pregnant women, it probably has around 5% infection rate among the population as a whole.

The infection rate amongst pregnant women is as follows: (these figures were released in 2007 by department of Health)

- **KwaZulu Natal 39.1%**
- **Free state 31.1%**
- **Eastern Cape 28.6%**
- **Mpumalanga 32.1%**
- **Gauteng 30.8%**
- **Northern Cape 15.6%**
- **Western Cape 15.1%**
- **North West 29.0%**
- **Limpopo 20.6%**

Clear statistics of the number of AIDS orphans are not available since AIDS is not recorded as a cause of death on the death certificates of many people who die because of AIDS. Estimates are that in the middle of 2001 around 250 000 children had been orphaned because of AIDS. This will increase to about 2 million by 2010.

Life expectancy in South Africa is expected to go down from a high of around 60 years in 1994 to just over 40 years in 2005.

Most of the people who are dying from AIDS are women between the ages of 18 and 40 and men between the ages of 30 and 50. This means that the most vulnerable groups are women of child rearing and economically active age and men in their economically productive years. This has severe implications for our economy and our society as a whole.

THE RESPONSE OF AFRICAN MUNICIPALITIES

An alliance of mayors and municipal leaders in Africa together with the United Nations Development Programme has developed an African Mayors' Initiative for Community Action on Aids at the Local Level (**AMICAALL**). South Africa is one of 17 countries that have adopted a declaration in Abidjan in 1997 to develop a response by municipal leaders to HIV and AIDS.

The declaration recognizes that municipalities and councillors are the closest to the people and are responsible for addressing local problems. It states that local government; mayors and councillors have a vital role to play to do the following:

- Provide strong political leadership on the issue
- Create an openness to address issues such as stigma and discrimination
- Co-ordinate and bring together community centred multi-sectoral actions
- Create effective partnerships between government and civil society

SALGA will provide support to implement AMILCAALL resolutions in South Africa.

South Africa has also established a National AIDS Council and each Province has a Provincial AIDS Council to help provide support and co-ordination of AIDS initiatives.

In many provinces, District AIDS Councils are now being set up. At a local municipal level AIDS Forums or Councils, do exist in some areas. Each municipality chooses an option that best suits them and aims to achieve the following:

- bring together the key stakeholders in civil society and local government
- ensure that there is a coherent HIV strategy in place for the area
- provide some cohesive structure to help co-ordinate the delivery of services to those most affected
- avoid duplication
- mobilise volunteers to provide care for people living with AIDS and orphans

PRESENT SITUATION IN MTHONJANENI MUNICIPALITY AND POSSIBLE IMPACT

About Mthonjaneni Municipality:

Statistics

Location and geographical context

Mthonjaneni Local Municipality falls within the northern coastal region of KwaZulu Natal and is part of the uThungulu District Municipality. It is approximately two hours or 170km north of Durban. The Municipality is bordered to the north by the Zululand District Municipality (Ulundi Local municipality), to the west by Nkandla Local municipality, to the east by the Ntambanana Local municipality and to the south by Umlazi Local municipality, all the latter also being part of uThungulu District Municipality.

The area has a backlog of social services and facilities, particularly in the rural areas. The need for and provision of social services in this area was identified as the community's first priority especially, water and sanitation, electricity, housing, roads, schools, and clinics. The existing services to these areas were provided by the former Joint Services Board and Regional/District Councils. In terms of the Powers and functions, the District Council is responsible for most of the bulk services in these areas such as water and sanitation.
The picturesque town of Melmoth was founded in 1888 as a "gold-rush" town on a portion of the farm Golden Reef, when the British government annexed Zululand in 1887 and established several magisterial districts. It was decided to administer that of Mthonjaneni from a town named after the resident commissioner – Sir Melmoth Osborn. The former Melmoth TLC area is the only town that was incorporated by the Mthonjaneni municipality. In the past the town performed the function of a dormitory town (and still does to some extent) for those who work in the neighbouring town of Ulundi.

Primary and secondary schools are evenly distributed throughout the municipal area. Schools in the farming and tribal areas are located further apart from one another and learners are forced to walk long distances to get to school. A high school has been built in the District. The St Mary's KwaMagwaza Hospital is the only hospital within the municipal boundaries. The hospital operates 24 hours a day, and has 141 beds. It has recently been tasked with providing mobile clinics to the Mthonjaneni area.
Other facilities provided within the boundaries of the municipality are in the form of permanent/residential, clinics and mobile clinics.
Apart from a scenic golf course, the town offers a variety of sporting clubs, namely cricket, rugby, bowls, soccer, squash, tennis, korfbal and a pony club. The spiritual side of the community is well catered for with more than 8 different churches. The area embraces one of the largest conservancies in KwaZulu-Natal, plus a major bird sanctuary of the Zululand Birding Route.
The municipality falls within the northern coastal region of KwaZulu Natal, and is part of the uThungulu District municipality. It is approximately two hours or 170km north of Durban. Access to the area from Durban is gained from the N2 freeway in a northerly direction, and the R66 in a north westerly direction. The R66/R34 is also a major link between the coastal

towns and inland to Ulundi, Vryheid and Gauteng. The municipality is bordered to the north by the Zululand District Municipality (Ulundi Local municipality), to the west by Nkandla Local Municipality, to the east by the Ntambanana Local municipality and to the south by Umlalazi Local municipality, all the latter also being part of uThungulu District Municipality.

Demographics

The Mthonjaneni Municipality IDP Report notes that although it was agreed at district level to use the 1996 population report to establish a broad overview of each municipality and issues and gaps which had to be addressed; that report is now five years old and commonly acknowledged to be under-enumerated and unreliable. The Report therefore records both facts and figures obtained via the 1996 Census and estimates made by the Municipality.

Population numbers and distribution

According to the 1996 Census the municipal area had a population of 25 715, however the Council has estimated that there is about 246% difference between the two sets of statistics. The largest differences occur in Wards 1 and 4 in Kwamsane, the surrounding Ingonyama land and at Dukuduku.

Gender and age distribution and dependency profile

Between 43 – 44% of the population is under the age of 19 which together with the elderly population suggest that just over half the population is dependent.

The highest dependency occurs in those municipal wards where the monthly income is less than R1500,00 – that is within the formal urban areas of Kwamsane, Nordale and Khula Village; within the traditional settlements around Kwamsane and in the Msane area and within the informal Dukuduku Forest settlement. Plan 6 of the IDP reflects that the people of the Mthonjaneni Municipality are largely poor and dependent.

PRESENT PROJECTS AND SERVICES AVAILABLE IN MTHONJANENI MUNICIPALITY

The workshop broke into three commissions and focused on the available services, key gaps and problems and developing strategy to become more effective in preventing the spread of HIV and AIDS and providing care for people infected and affected by the pandemic.

1. Education and Prevention Programmes and Projects

The following education and awareness programmes are available in the municipality:

Target Area	Project / Programme Name	Programme / Project Description
Kwamsane	Unkulunkulu Unathi Siyathokozisa Inkanyezi yokusa	Sexuality education in church and community
Kwamsane	Department of Welfare Crèches Employee Support programmes Faith Based Holy Banner Drop in Centre	Community awareness programmes at pay points, meetings and schools
Khula Village	Senzangokuhle Senzangothando Awareness Project	Speeches and distribution of material at schools, Imbizos and Churches Home Based Care
Mthonjaneni Town	SANDF Mpilonhle	Internal education programme for army personnel Counselling and Testing
Riverview	Ushukela Wethu Milling	Internal education programme for employees
Riverview	Mthonjaneni Child Welfare Society	Life skills programme in Umfolozi Primary School
All Schools In Mtuba	Department of Sports and Recreation Social Orientation	Love Life programme in all schools
Mthonjaneni	Department of Welfare	Community awareness programmes at pay points, meetings and schools Sexuality programmes at crèches for children and parents Organising Women's Day functions Establish Community Care Centre Drop in Centres Provide funding for Skills programmes Luncheon clubs Life skills programmes for youth headed households
Mthonjaneni	SAPS	Visits schools doing Peer Education and crime awareness campaigns

Mthonjaneni	Department of Education	Lifeskills programme at all schools
Mthonjaneni	Clinics	Group education for pregnant women as part of a Health Promotion programme

Voluntary Counselling and Testing (VCT)

Voluntary counselling and testing is available at:

- All Clinics (Mobile and Residential)
- Traditional Healers VCT Project
- South African Catholic Bishops Conference (SACBC)
- Africa Centre
- Dr R. Naicker and other General Practitioners
- Ithembalesizwe

In addition, counselling services are provided by:

- Department of Welfare
- Mthonjaneni Child Welfare Society
- Unkulunkulu unathi
- Africa Centre
- Traditional Healers

Condom Distribution

Condoms are currently distributed at:

- Mtuba Municipality
- Mtuba Farmers Association
- All Clinics
- Africa Centre
- 121 Battalion for army personnel
- Department of Welfare at AIDS related public functions
- Caltex Garage Mthonjaneni
- Department of Home Affairs
- Unkulunkulu unathi
- Community Based Organisations (CBOs)
- Faith Based Organisations (FBOs)
- Non-Governmental Organisations (NGOs)
- South African Police Services (SAPS)
- School Health

Key Gaps and challenges

a) Despite the education and awareness programmes, many people have been reached and people's sexual behaviour still does not demonstrate any change.

b) Many parents refuse to play a role in the sexuality education of their children.

c) The lack of co-ordination between the various education and awareness programmes has contributed to:

- Behavioural change
- Mixed and confusing messages being sent to the community
- Duplication of work
- Unsustainable projects that are relegated to once off events
- Effective tools to measure effectiveness in changing sexual behaviour
- Lack of co-ordinated research

d) Gate-keeping in farm workers prevents educators from conducting their work in some parts of the municipality.

e) Local Government councillors are not playing a sufficient role in education and awareness programmes and co-ordinating structures.

f) Projects and programmes lack human and material resources to implement their objectives and strategies.

g) There is resistance to condom use by some people. This is perpetuated by the many myths associated with condoms.

h) Female condoms are not readily available.

i) Many people still travel long distances to access the service.

j) Some people refuse to test because they remain unconvinced that there are benefits of being aware of their status.

k) Insufficient counsellors.

l) Discrimination, victimisation and the stigma associated with HIV and AIDS contribute to people living with HIV and AIDS not living openly.

2. Treatment, Care and Support for People living with HIV and AIDS

a) Ongoing counselling and treatment of opportunistic infections are available at:

- Dr Naicker and General Practitioners
- Mobile Clinics
- Mthonjaneni Clinic
- Zwenelisha
- Unkulunkulu unathi

b) Support Groups

- Ezwenelisha (Ward 4)
- Siyazithokozisa (Ward 1)

- Thathezakhe
- Inkanyezi yokusa (Ward 3)
- Senzokuhle (Khula Village)
- The Siyazithokozisa HIV and AIDS Support group is the support group for people living with HIV and AIDS in the municipality.

c) Home base care services is rendered by the following organisations:

Department/ Organisation	Type of Support	Target area
Health	▪ Support NIP sites ▪ Training care-givers ▪ Financial support ▪ Food parcels ▪ Home Based Care kits, condoms ▪ Treatment ▪ Food supplements ▪ Identify people in need	▪ Mthonjaneni
Welfare	▪ Grants ▪ Food parcels ▪ Pauper's burial ▪ Soup kitchen ▪ Support NIP sites	▪ Mthonjaneni
UNkulunkulu Unathi	▪ Care-givers training and support ▪ Burial support ▪ Primary Health care ▪ Treatment ▪ Food supplements ▪ Identify and link orphans	▪ KwaMsane
Faith Based Organisation	▪ Care and support ▪ Spiritual counselling	▪ Mthonjaneni
Non-Governmental Organisation	▪ Care and support (OVC)	▪ Mthonjaneni
General Practitioners and Dr Naicker	▪ Identify people in need of grants	▪ Mthonjaneni

Key Gaps and Problems

a) Access to treatment care and support for people living with HIV and AIDS is often difficult for the poor particularly in the most rural areas.

b) The increasing number of people presenting themselves with opportunistic infections and HIV and AIDS related illness has contributed to long queues and overworked health workers at public service facilities. This contributes to some health workers treating patients outside the spirit of Batho Pele.

c) People have to travel long distances at great monetary cost to access treatment.

d) Poverty contributes to people taking medication on empty stomachs and this leads to other medical complications.

e) Public health facilities often run short of medication because of problems related to delivery.

f) Home base caregivers lack basic resources to carry out their work effectively.

g) There are insufficient home base caregivers and many areas in the municipality are not covered by existing programmes.

h) There are few male caregivers.

i) There is no step down facilities in the municipality for people who cannot be cared for at home.

j) Most people are unaware of the existing welfare services and how to gain access to these services.

3. Care for Orphaned and Vulnerable Children

The following organisations are involved in providing care and assistance to orphans and their caregivers:

Target Area	**Name of Service Provider**	**Nature of Service**	**No of Staff/ Volunteers involved in Programmes**
Mthonjaneni	Department of Welfare	▪ Identification of orphans ▪ Bereavement counselling ▪ Assessment of child and care givers ▪ Placement ▪ Ongoing monitoring ▪ Foster care Grants ▪ Child Dependency grants ▪ Awareness Programmes and meetings with community leaders to provide information on available	11 Social Auxiliary workers and 4 volunteers

		services provided by the Department	
Kwamsane Khula Village Duku Duku	Community Health Workers	▪ Identification of orphans through door to door work ▪ Treatment ▪ Referral to Department of Welfare	
Kwamsane Duku Duku	Unkulunkulu Unathi	▪ Identification of orphans through home base care programme ▪ Provision of food, clothing and medication	
Mthonjaneni	Africa Centre	▪ Assist with application for Identity Documents ▪ Referral to Department of Welfare	
Kwamsane Duku Duku Khula Village	Mthonjaneni HIV and AIDS Support Group	▪ Identification of orphans through door to door work ▪ Referral to Department of Welfare	
Mthonjaneni	Mthonjaneni Child Welfare Society	▪ Life skills programme for children ▪ Placement of orphans through children's commissioner at court ▪ House of Hope to accommodate 6 children ▪ Provision of food and clothing	1 Social worker

Mthonjaneni Municipality NGO Forum

How it started, proposed and adopted

The Municipality was still in the process of identifying stakeholders that constitute the Local AIDS Council. Due to partnership and networking with AMREF, an urgent need to establish an NGO forum that will address the needs of OVCs collectively, was realised as an urgent matter therefore;

AMREF played a facilitation role in identifying the relevant NGOs that are involved in OVCs in Mthonjaneni Municipality areas. A stakeholders meeting was then held, the vision, mission and objectives were identified and the expected outcomes agreed upon by the participants. The gaps in OVC service delivery within the municipality were identified.

In addition, AMREF further committed herself in assisting the forum on their efforts to establish the Local AIDS Council.

Mission

To strengthen service delivery that will result in a co-ordinated approach / effort by the NGOs to support poverty stricken, HIV and AIDS infected and affected by HIV and AIDS community and the OVCs in Mthonjaneni.

Vision

To uplift the standard of healthy living by providing holistic approach and support for Mtuba community by 2020.

Service Package

- Isibindi – NACCW (National Association for Child Care Workers) OVC support programme
- Home Based Care
- Orphans and Vulnerable Children
- Nutrition
- HIV and AIDS prevention and education
- Food parcels
- Feeding scheme
- Psychosocial support
- Referrals

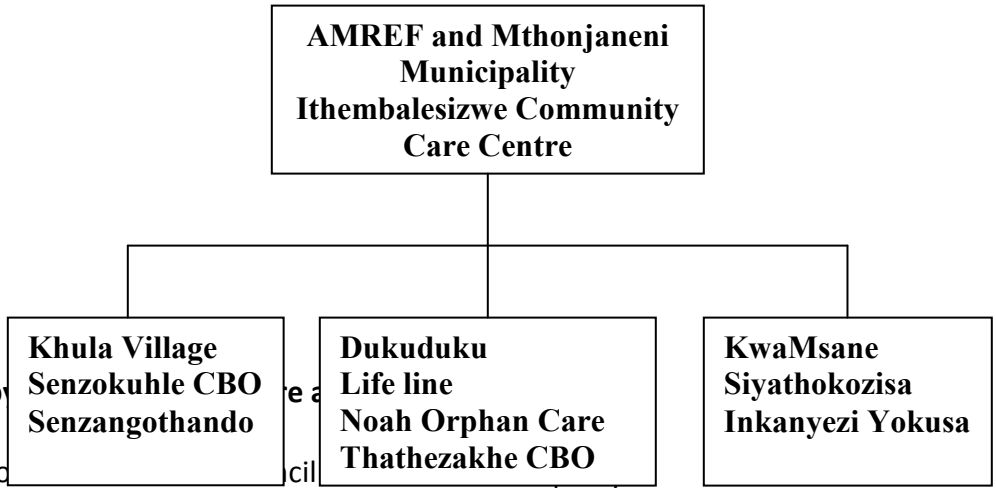
Area of operation

- Wards : 1, 2, 3, 4 and 5

Successes

- A working structure in the form of the NGO Forum exists.
- CBO have access to capacity building programmes from fully fledged NGOs like AMREF, Ithembalesizwe and Department of Welfare service offices (KwaMsane)
- The CBOs and NGOs have reached a total number of seven thousand and sixty seven (7 067) OVCs.
- The co-ordination of services enables the forum to provide reports on statistics of OVC in the Municipality can be obtained.
- AMREF facilitated the improvement of communication channels among all the GO and NGO sectors
- Access was improved for caregivers to apply for social documents and grants.
- Information sharing e.g. Isibindi model made other OVC programmes to realise the gap that can be filled in the households where Isibindi is not operational.

Partnership Structure



Challenges identified by **e a**

- The establishment o cil
- Insufficient resources.
- Children that are discharged from foster care grant financial assistance to tertiary education.
- Youth headed households are not given enough attention and support.
- Insufficient skills to operate (NPO) registered CBO including compliance with NPO registrar.
- The working policies / reporting system by CBOs is not yet developed.
- Facilities to implement OVC programmes are inadequate / not available.

Data on OVC indicators

- Total number of OVCs = 7 067

Strategy 1

Strengthen and support the capacity of the CBOs, to provide quality service to care for orphans and vulnerable children as a result of HIV and AIDS.

No.	Objective (Broad action)	Indicator	Total
1.1	Ensure sustainable food security systems for OVC and their families.	Number of OVCs on nutrition	789
		Number of OVCs trained in income generation activities	157
		Number of households with supplementary income	2 079
1.2	Mainstreaming succession planning into intervention programmes for OVC.	Number of NGOs and other service delivery agencies trained	03
		Number of OVCs with inheritance rights of OVC protected	18
1.3	Support vocational and skills training programmes for child headed	Number of child headed households receiving vocational skills training	209

	households		
1.4	Ensure the mechanisms are in place to provide psychosocial support OVC and their families	Number of OVC receiving psychosocial support Number of child care forum and organisations trained in psychosocial support Number of care givers receiving comprehensive support	5 579 14 34

Strategy 2

Ensure that legislation on Children's Rights, support strategies and development programmes are implemented to satisfy the needs of orphans and vulnerable children.

Sources on Information

- The Mthonjaneni Municipality
- AMREF
- Ithembalesizwe Community Care Centre
- Senzangethemba Orphan Care
- Senzokuhle CBO
- Isibindi NACCW Programme
- Department of Social Development

Key Gaps and challenges

- There are no accurate statistics on the number of orphans or child headed families.
- Many orphaned children have neither birth records nor immunisation certificates. This makes the process of accessing the child support grants and placement difficult. This problem is compounded by the long queues at the magistrates' court.
- There are often family disputes over the future of the newly orphaned child. Many families reluctant to accept children that are HIV positive.
- Service providers lack the necessary human and material resources to effectively function.
- There is inadequate monitoring of children in foster care. This opens the door to abuse.

KEY RESPONSES NEEDED IN MTHONJANENI

There are key priority areas of intervention that can be taken to reduce the impact of HIV and AIDS on the municipality and its people.

1. Education, awareness, openness and prevention

AIDS is preventable and we can protect people who are not infected by equipping them with the knowledge that will help them change their attitude and behaviour.

It is important that education and awareness programmes conducted by various players in the municipality be co-ordinated to avoid duplication.

Education, awareness and prevention programmes can succeed only if it is conducted in an environment of openness. As long as HIV and AIDS is treated as a scandal and people living with HIV and AIDS are discriminated against, these programmes will not help change peoples attitude and behaviour.

Councillors, as the political leadership in the municipality, have to play a central role in ensuring that the disease is destigmatised.

2. Treatment and care for people living with HIV and AIDS

The existing health care facilities in the municipality barely provide the necessary medical treatment for people living with HIV and AIDS. More has to be done to provide a comprehensive treatment and support regime for sufferers.

More has to be done to initiate programmes that promote wellness and poverty alleviation amongst the HIV and AIDS infected population.

Special attention has to be paid to recruitment and training of more based carers and counsellors.

More support groups for people living with AIDS have to be launched in the municipal area.

3. Care for Orphans

As more children become infected and affected by HIV and AIDS, the need to develop and extend the services currently available will increase.

DRAFT STRATEGY

1. Overall Co-ordination

There is currently an existing group co-ordinating the fight against HIV and AIDS in the municipality and surrounding areas.

The workshop acknowledged that it would be futile exercise to create a new structure and encouraged the municipality to get involved in the work of the co-ordinating structure.

The draft strategies for the three focus areas reflected below can be used by the municipality to make an input into the work of the of the existing co-ordinating structure.

2. Draft Strategy for Education, awareness, openness and prevention

Despite the many education and awareness programmes, the infection rate continues to increase. Large sections of the population refuse to change their behaviour and people living with HIV and AIDS face discrimination and victimisation.

Five-Year Overall Goal

A Mthonjaneni with people that:

- Are well informed on the facts about HIV and AIDS
- Accept, support and care for people living with HIV and AIDS
- Conduct their personal lives in ways that discourage the spread of the disease.(Abstain, Be faithful or Condomise)

Key Tasks for Next twelve Months

a. Set up a co-ordination committee to co-ordinate HIV and AIDS education and awareness programmes in the municipality.

b. Lobby provincial government to provide more resources for the implementation of programmes, VCT sites in the municipality and upgrade existing ones.

c. Increase the number of condom distribution points in the municipality and target high-risk areas like taverns, hotels and nightclubs.

3. Treatment and care for people living with HIV and AIDS

The existing provider of treatment and care and under resourced and over burdened. As more people become infected and fall sick, service standards will continue to drop.

Five-Year Overall Goal

People living with HIV and AIDS receiving the best possible care and treatment to live a long and positive life style.

Key Tasks for Next twelve Months

a. Work with the Department of Health to ensure the effective and continuous supply of medication at all health care facilities.

b. Launch more support groups for infected and affected people, close to their homes with well structured poverty alleviation and wellness programmes.

c. Work with the Department of Health to ensure the roll out of the home base care programme to all parts of the municipality.

4. Care for Orphans

Problem statement

Poor monitoring and the lack of support services contribute to OVCs being neglected and abused.

Five-Year Overall Goal

A caring community that provides care, support and security for all OVCs, especially those who are orphans as a result of HIV and AIDS.

Key Tasks for the next twelve Months

a. Develop a system to co-ordinate information on the number of orphans in the municipality.
b. Network with other organisations to develop alternate care models in respect of all the needs of OVCs.
c. Lobby the Department of Welfare to clarify issues of demarcation and areas serviced by social workers as well as the available services available for caring for orphans.
d. Develop programmes that promote ongoing counselling and monitoring for children and their caregivers.

ISSUES FOR THE MUNICIPALITY

The municipalities' involvement in dealing with the consequences of HIV and AIDS has been limited. However, this workshop has provided the municipality with an opportunity to come to terms with the impact of the pandemic and what is required to reduce the infection rate and care for those who are infected and affected.

In addition to actively participating in group co-ordinating the fight against HIV and AIDS, the municipality must consider the following:

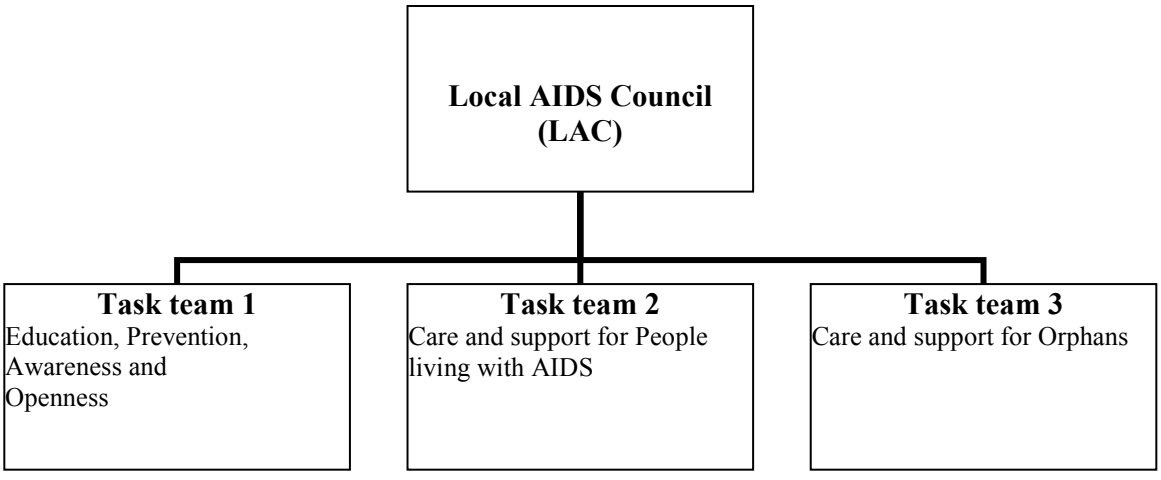
a. Read, review and make the necessary amendments before adopting this document as a HIV and AIDS working document for the municipality.

b. Employing a full time HIV and AIDS co-ordinator to:

    - Liaise with all stakeholders involved I HIV and AIDS programmes
    - Roll out Education, awareness and prevention programmes for employees of the municipality
    - Develop a referral system of available services / programmes and projects in the municipality and how to access them.

c. Encourage Councillors to play a leadership role in education, awareness and prevention programmes and encouraging the community to be accepting of people living with HIV and AIDS.
d. Ensure the establishment of a LAC structure and adopt terms of reference as proposed below:

LAC Recommended Structure



Composition of the above-recommended structure

- The Mayor

- Councillor – who is heading the Health and Social development portfolio
- The Manager for Health and Social development
- The HIV and AIDS coordinator
- All the government departments
- NGOs, CBOs and FBOs
- Traditional health practitioners
- Traditional leaders
- Local business
- Task team coordinators
- Taxi and transport operators
- Youth and Women organisations
- Support groups for PLWAs

Terms of references

TASKS FOR THE CO-ORDINATING STRUCTURE:

Co-ordinating structure/ Local Aids Council	**Education, Prevention and awareness task team**	**Caring for PWA**	**Caring for Orphans**
▪ Responsible for overall co-ordination ▪ Work towards establishment of Municipal AIDS council ▪ Serve as a forum for sharing ideas ▪ Mobilise resources for the implementation programmes ▪ Ensure that there is common understanding and sharing of ideas and information between different task teams	▪ Serve as a forum to develop and share programmes among those who are involved in this area of work. ▪ Ensure that there is no duplication of programmes. ▪ Liaise with all that are involved in this area of work. ▪ Work closely with the co-ordinating structure and Local AIDS council	▪ Serve as forum for sharing ideas and programmes ▪ Co-ordinate the work of volunteer care-givers ▪ Work towards elimination of duplication ▪ Work towards establishment of a permanent haven for PWA. ▪ Work closely with co-ordinating structure/ local AIDS council ▪ Ensure recruitment and training of volunteers.	▪ Develop programmes that are aimed at improving the living conditions of orphans/OVCs. ▪ Recruitment of volunteers and ensure their training. ▪ Work towards the formation of AIDS council. ▪ Ensure that data base on orphans is up to date ▪ Work closely with coordinating structure/LAC

Terms of Reference

The Constitution of the Republic of South Africa and the Municipal Structures and Systems Acts stipulates that the Local Municipality has a mandate and the responsibility to ensure that communities receive services.

1. The Strategic Framework

- Ensure a comprehensive, co-ordinated, integrated, holistic, cost-effective, and evidence- based and Local wide response to the HIV and AIDS epidemic.
- Mainstreaming HIV and AIDS-Planning and Budgeting.
- Capacity building – establishing and developing a programme of consistence capacity building for managing and implementing the local wide response.
- Resource mobilisation – ability to anticipate the need for resource, where they might be obtained and to secure them as quickly as possible
- Monitoring and evaluation.

2. Objectives of the Local AIDS Council

- To bring together all Local HIV and AIDS stakeholders.
- To allow sharing of knowledge amongst stakeholders.
- To align projects and avoid duplications.
- To access and evaluate projects
- To mobilise resources for Council partnership activities.
- To receive reports of all sectors on responses on HIV and AIDS for the purpose of the monitoring and evaluation of the effectiveness and impact of all sector efforts.
- To review the implementation of programmes and strategies of the Local multi-sectoral response to HIV and AIDS developed within the set frameworks, International, National, Provincial and District.
- To facilitate and support the establishment of the Ward AIDS Councils.

3. Structure and Composition of the Local AIDS Council

- The structure of the Council consists of the Council, Executive Committee and Secretariat.

4. General Council

The following people shall constitute the general council:

NAME OF INSTITUTION	REPRESENTATIVES

Local Municipality – X3	The Mayor, HIV and AIDS Co-ordinator, Nominated Councillor
Department of Health / Hospital – X3	Hospital Manager, HIV and AIDS Co-ordinator, Health Services
Department of Social Welfare – X1	Sub-District Manager
Department of Education – X1	Sub-District Manager
Department of Agriculture – X1	Sub-District Manager
Department of Home Affairs – X1	Sub-District Manager
Department of Labour – X1	Sub-District Manager
Department of Public Works – X1	Sub-District Manager
Department of Safety and Security – X1	Sub-District Manager
Department of Local Government and Traditional Affairs	Sub-District Manager
House of Traditional Leaders – X4	Regional Authority Chairperson
Non-Governmental Organisation – X2	
Civic Based Organisation – X1	
Faith Based Organisations – X4	
Business Sector – X2	
Private Health Sector – X1	
Youth Groups – X2	
Women Groups – X2	
Traditional Healers – X2	
People Living With AIDS (PLWA) – X1	
Unions Representatives – X3	
PLWDs – X1	
Other co-opted members – X6	
Department of Housing/ Justice, Media, OVC	

5. Executive Committee

The following positions have been identified

The Executive Chairperson ……His Worship the Mayor
Deputy Chairperson (2)
The Secretariat
The Internal Secretary
Additional EXCO members (5)

6. The Business of Local AIDS Council

The Council will decide on the number of meetings to be held per year.
The Council will also decide on the kind of capacity building necessary

7. The Funding

It will be the responsibility of the Mtuba Local Municipality to source out funding necessary for the running of the council.

8. Term of Office

The term of office of the Local AIDS Council will be two (2) years; provision should be made to ensure continuity there after.

9. Relationship to District AIDS Council (DAC)

In the absence of a formal or legislative framework that can harness the relationship between the District AIDS Council and the Local AIDS Council effort will be made to forge good working and strengthen relationship in the fight against HIV and AIDS.

10. Relationship to the Ward AIDS Council (WAC)

To strengthen the working relationship with the WAC, the Local AIDS Council should strive to render the following:

- To provide leadership to the WACs and assist in mobilising the resources for WACs activities.
- To ensure an ongoing communication and information dissemination to the WACs.
- To promote joint undertaking of programmes, activities, campaigns, etc. With the WACs