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ABBREVIATIONS AND ACRONYMS

ABC	Abstain, be Faithful and Condomize
AIDS	Acquired Immune Deficiency Syndrome
ANC	Antenatal clinic
AMICAALL	Alliance of Mayors' Initiative for Community Action on AIDS at the Local level
ARV	Antiretroviral
ART	Antiretroviral treatment
CBD	Central business district
CHC	Community Health Centre
COGTA	Department of Cooperative Governance and Traditional Affairs
DAC	District AIDS Council
DoH	Department of Health
DPLG	Department of Provincial and Local Government
HAST	HIV/AIDS, STI's and TB
HCT	HIV Counseling and Testing
HIV	Human Infection Virus
LAC	Local AIDS Council
MLM	Mthonjaneni Local Municipality
MSA	Municipal Systems Act (2000)
MDGs	Millennium Development Goals
NGO	Non-Governmental Organization
NSP	National Strategic Plan
OVC	Orphaned and Vulnerable Children
PLWHA	People Living with HIV and AIDS
PMTCT	Prevention of Mother-to-Child transmission

PSP	Provincial Strategic Plan
SALGA	South African Local Government Association
UN	United Nations
VCT	Voluntary Counseling and Testing

KEY CONCEPTS

Concepts	Definitions
A person Living with HIV or AIDS	Refers to a person who is infected with HIV.
Acquired Immune Deficiency Syndrome (AIDS)	A disease of the human immune system that is caused by infection with HIV and characterized by a reduction in the numbers of CD4-bearing helper T-cells to 20% or less of normal, thereby rendering the subject highly vulnerable to life-threatening opportunistic infections.
Activity	Actions taken or work performed through which inputs such as funds, technical assistance, and other types of resources are mobilized to produce specific outputs.
Affected Person	A person whose life is changed in any way by HIV and AIDS due to the broader impact of this epidemic
Antiretroviral Therapy	A treatment consisting of drugs that work against HIV infection in the body.
Civil Society Organizations	A generic term used to refer collectively to NGOs, FBOs and CBOs.
Effectiveness	The extent to which an intervention has attained or is expected to attain its major relevant objectives efficiently in a sustainable fashion and with positive institutional development impact
Epidemic	An outbreak of disease that is in excess of usual background levels.
Gender	All attributes associated with women and men, boys and girls, which are socially and culturally ascribed and which vary from one society to another and over time.
Human Immuno-deficiency Virus (HIV)	A virus that weakens the body's immune system, ultimately causing AIDS.
Infant Mortality Rate	The number of children less than 12 months old who die annually per 1000 live births.
Intervention	A specific activity or set of activities intended to bring about change in some aspect(s) of the status of the target population.
Mainstreaming	Mainstreaming implies that HIV and AIDS responses are aligned with the core mandate of the sector, and not considered an 'add-on' issue. Mainstreaming HIV and AIDS means all sectors determine how the spread of HIV is caused or contributed by their sector; how the epidemic is likely to affect their sectors goals, objectives and programs and where their sector has a comparative advantage to respond to limit the spread of HIV; and to mitigate the impact of the epidemic.
Marginalised or Disadvantaged	These two terms are used almost interchangeably, and refer to those people in society who are deprived of opportunities for living a reasonable life and for self-respect which is regarded as normal by the community to which they belong. Thus, these concepts are defined in the context of a particular community.
Orphan	A child whose parent or parents have died. The child may be classified as a maternal orphan (one who has lost a mother) or paternal orphan (one who has lost a father) or a double orphan (one who has lost both parents
Opportunistic Infections	Infections caused when the immune system is weakened by HIV such as TB, pneumonia.
Post-Exposure Prophylaxis (PEP)	Treatment available to reduce the risk of infection in an individual immediately after exposure to HIV through sexual contact, blood transmission or needle sticks injury.

Psychosocial Support	Physical, economic, moral or spiritual support provided to an individual under any form of stress.
Stigmatization	Refers to the process of labelling people with the intent of treating them differently.
Sustainability	The continuation of benefits from a development intervention after major development assistance has been completed.

EXECUTIVE SUMMARY

The HIV and AIDS pandemic is a major challenge facing our communities and society in general. This pandemic manifests itself in different ways and it thrives in poverty stricken communities with high rate of unemployment. This pandemic has a potential to alter the household and community configuration, with many families characterized by children who have lost either one or both parents. Most of the families have lost the only breadwinner. In responding to the challenges posed by the HIV / AIDS , STIs and TB, government working with civil society organizations has to develop strategies and plans to ensure the reduction and negative impact of the pandemic in our communities.

Local government as the sphere at the coal-face of service delivery and located closer to the people, is strategically placed to co-ordinate and facilitate local responses to immeasurable challenges posed by HIV, STIs and TB. As part of their co-coordinating responsibilities, municipalities are expected to bring together all stakeholders and role-players involved in initiatives that seek to reduce the spread and impact of the pandemic in our communities. Working collectively, the municipality and the locally based organizations are expected to develop multi-sectoral and multi-pronged strategies and programs that will serve as guide to all those involved in this battle for human survival.

The municipal response to HIV/AIDS, STI and TB has to adopt a mainstreaming approach.
The mainstream approach focuses on two main fronts, which are:

Internal mainstreaming: mainly focuses on municipalities addressing the challenges in their capacity as employers by developing and implementing policies and strategies to address the identified challenges.

External mainstreaming: whereby municipalities consider appropriate mechanisms and effective approaches that relate to their core- mandate and business to reduce the negative impact of the identified challenges in the local communities.

To ensure that the above tasks and objectives are realized, Mthonjaneni Local Municipality initiated a process of developing HAST Strategic Plan to guide the municipality on wide response on HIV/AIDS related diseases. This strategic plan will be reviewed on regular intervals. This document is a product of vast consultation processes initiated by the municipality in 2017-2018 Financial Years. The objective of the strategic plan is to ensure and facilitate a coherent approach towards the implementation of programs and strategies that seek to reduce the spread and impact of HIV/AIDS, STIs and TB within Mthonjaneni Local Municipality' jurisdiction.

The inputs and contributions made by the different stakeholders and role-players provided different perspectives that enrich the strategies and approaches that seek to ensure the realization of the Local Aids Council goals. The HAST Strategic Plan is divided into eight (8) sections that address different aspects of the strategy and these sections are:

1. **Introduction and background:** in this section of the document, we provide an outline of the areas covered by the strategic plan. This section also provides some basic information on the challenges that the HIV pandemic, STI and TB create within the communities.

2. **The HIV/AIDS STIs and TB prevalence and impact in the Mthonjaneni Local Municipality:** This section of the document looks at the HIV- prevalence of the identified disease from National, Provincial and District Levels. c) Health, welfare and education services

3. **Legislative and policy framework:** to provide a framework for the municipal response, section two (2) of the HIV, STI and TB strategic plan outlines basic international, national and local policy and legislative imperatives. This section lays the foundation for all policy making institutions and those who have to implement them the grounds for local government and others to positively respond to the negative impact and challenges posed by the pandemic.

4. **Mthonjaneni Local Municipality Geographic Profile:** In this section, the focus is on giving a brief analysis on the following:

   a) Municipal demographic profile

b) Gender population profiling

c) Municipal economic profile

d) Access to basic services

e) Access to Health services

5. **Situational analysis:** This section of the multi-sectoral strategic plan analyses the different socio-economic conditions and situations that contribute towards the spread of HIV, STIs, and TB in our communities.

6. **Mthonjaneni Local Municipality HAST Strategic Plan (2018-2022):** In line with the National Strategic Plan 2012 – 2016 (NSP) and Provincial Strategic Plan (PSP) the primary goals of the Mthonjaneni HAST strategic Plan are to:

    a) Halve new infections.

    b) Ensure that at least 80% of people who need treatment for HIV are receiving it. At least 70% of these people should be alive and still on treatment after five years

    c) Half the number of new infections and deaths from TB.

    d) Ensure that a legal framework exists and is used to protect the rights of people living with HIV and AIDS.

    e) Halve the stigma related to STIs, HIV and TB.

7. **Coordinating the Local wide response:** The realization of the strategic goals and objectives as outlined in the Mthonjaneni HAST Strategic Plan depend on the creation of effective partnerships, collaboration and cooperation between all those involved in the fight against the negative impact of the identified diseases. The last section of the strategic plan unpacks the structures, the roles and responsibilities as well as the mandate of each of the levels of the Local AIDS Council (LAC)

8. **Conclusion:** This is the last section which provides directions towards the implementation process of this HAST

SECTION 1: INTRODUCTION AND BACKGROUND

1.1 Introduction

The United Nations (UN) General Assembly has declared the HIV and AIDS pandemic as the most formidable challenge ever to face humankind. The devastating impact on development, especially in the African continent is felt across all sectors and societies. Its rapid spread tends to undermine our labour force, business productivity, exporting capacity, ability to attract investments and general economic development.

Local government is the sphere of government that is closest to the people and is mandated to deliver the best quality services aimed at improving the quality of people's lives, thus creating and maintaining a climate and environment that would support the socio-economic development of all citizens. In aggravating situations such as the one the AIDS pandemic currently presents, municipalities are legitimately expected to provide decisive leadership and help facilitate the creation of partnerships, both within and beyond the immediate community in the process of development. An effective response to the HIV and AIDS pandemic and the challenges it poses in the political and socio-economic development of our communities requires leadership, community ownership, and greater involvement of all sectors of our society.

This approach has to put people at the centre of all actions and activities, especially the infected and affected individuals and their families. The response has to ensure both respect for and protection of human rights as the foundation of all actions and activities. Local governments' responses to the HIV and AIDS and Cancer challenge have to take place in two main fronts; and these are:

a) **Internal mainstreaming:** At this level municipalities have to respond to HIV and AIDS and Cancer in their capacity as employer by developing and implementing workplace policies and programs that promote prevention, care and support for employees and Councilors. This response should be based on the protection of and respect for human rights, non-discrimination and confidentiality.

b) External mainstreaming: municipalities have to consider most appropriate mechanisms and effective approaches in which HIV and AIDS relate to their core mandate and business. Therefore, municipalities must develop and implement relevant strategies that seek to reduce the pandemic's rapid spread and minimize its devastating impact, as well as increasing the ability of the communities that they serve to respond to the challenges poses by HIV and AIDS.

In line with this understanding, Mthonjaneni Local Municipality has correctly identified the pressing need to develop a local wide HIV and AIDS multi-sectoral strategy, which will assist in guiding its and those of its partners that are involved in rolling out initiatives and programs in response to the challenges posed by the pandemic.

The Mthonjaneni HAST Strategic Plan (2018-2022) is a product of extensive consultations with the different role-players and key stakeholders that are actively involved in noteworthy initiatives and programs seeking to reduce the rapid spread of HIV/AIDS, STIs and TB and mitigate its impact on communities. This Local multi-sectoral strategy embraces innovative strategies and plans that are based on existing and new partnerships. It also acknowledges the existing experiences and programs that are driven by government, the private sector and community based structures.

The purpose of this strategic plan is to guide the district-wide response to HIV and AIDS and it is organized, accordingly, into four different but interrelated sections which are:

Policy and legislative framework: The response to HIV/AIDS, STIs, and TB is guided by a number of policies and legislative prescripts that oblige governments, civil society organizations and other key stakeholders to develop and implement strategies and programs that are aimed eliminating the spread and negative impact of the identified diseases. These prescripts range from international declarations and commitments, continental declarations, national and local framework documents. This section outlines these basic documents that inform all programs implemented by the multi-sectoral body.

The HI/AIDS, STIs and TB prevalence and impact in the Mthonajneni Local Municipality: This section of the strategic plan document looks at the prevalence of the identified diseases and how they affect the broader society especially the marginalized and vulnerable sections of our

communities. In doing this, the document outlines the trends and the landscape of these diseases over a period of time.

The HAST Strategic Plan also looks at how these diseases, particularly the HIV/AIDS and TB, negatively affect different households, individuals and the communities in general. In analyzing the impact of these diseases, the document focuses on the following critical areas:

a) Impact on local economic development;
b) Impact on Labour force;
c) Impact on education sector;
d) Impact on social cohesion; and
e) Impact on provision of services

Mthonjaneni Local Municipal Situational Analysis: HIV and AIDS thrive in poverty conditions; these are areas where there are pronounced socio-economic challenges as well as the absence of social cohesion. Responses and strategies that seek to address the negative impact of these diseases must be based on the analysis of socio-economic conditions as well political and demographic situation of the broader municipal area. Critical areas of importance in situational analysis are:

a) Geographic profiling of the Mthonjaneni municipality.
b) Population profiling.
c) Local Economy development profiling.
d) Access to health, education and welfare services.

In each of these priority areas, the document focuses on the following areas:

a) Problem analysis
b) Strategic goal
c) Specific objectives
d) Outputs needed to ensure delivery or implementation

Co-ordination of the local wide multi-sectoral response*:* The fight against the spread and impact of the HIV and AIDS pandemic requires a well co-ordinated effort that brings together all sectors of society and stakeholders including the infected and affected. The last section of the strategic plan deals with the co-ordination mechanisms, role and responsibilities of the different sectors. In this section, we also look at the mandate, the roles and responsibilities of the district and local municipalities, both as lead facilitators and coordinators of the municipality wide response.

SECTION 2: HIV/AID TRENDS AND IMPACT ON MTHONJANENI LOCAL MUNICIPALITY

2.1 HIV/AIDS Trends

2.1.1 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.

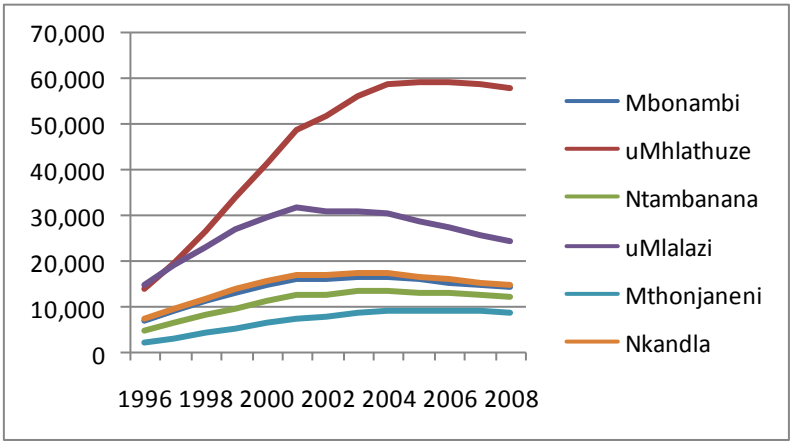
Orphaned children are deprived not only of parental care, but also of financial support. Many of them leave school and have no hope of ever getting a decent education or job. The children grow up without any support or guidance from adults; this may become our biggest problem in the future. AIDS can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

Mthonjaneni Municipality is ideally established to identify the needs of people in their area and to co-ordinate a coherent response to those needs. The Municipality 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. Mayor and Councilors should act as role models for communities and be an example to people. They should take the lead in promoting openness and ending the silence that surrounds AIDS. The LAC should be established to work closely with people living with AIDS and through action show that they accept and care for those affected.

2.1.2 HIV/AIDS Rates

HIV/ Aids figures are currently collected by the Department of Health at a district level by testing all mothers visiting state facilities. The 2008 study indicates an infection rate of 36% for the KCDM. The KZN infection rate currently stands at 38.7% which makes the DM's rate below the provincial rate. Quantec Research (2006) in the King Cetshwayo IDP (2009/2010) indicated that the Mthonjaneni HIV/ Aids rate was higher than the DM's average. This is further confirmed by the Global Insight data which estimates the infection rate in the Mthonjaneni municipality in 2008 at 14.88% which is higher than the DM's average of 13.94%. It is, however, encouraging to note that these figures appear to be down from the peak experienced in 2006.

Figure 1: HIV / AIDS Infections Rates in the KCDM (KCDM, 2009)



2.2 The Impact of HIV and AIDS impact on Mthonajneni Local Municipality

The disease does not only affect communities, public and private institutions are also affected by the scourge of HIV and AIDS. Private and public service delivery spending patterns are high affected by the spread and impact of the disease. The pandemic mainly affects our society in various ways, which include among the following:

- Impact on local economic development;
- Impact on Labour force;
- Impact on education sector;
- Impact on social cohesion; and
- Impact on provision of services

2.2.1 Impact on Local Economic Development

Municipalities are obligated by the South African constitution to create an environment for social and economic development. The municipal economic development can only be achieved through cost effective and efficient provision of essential services. This objective can only be achieved if municipalities develop an integrated approach in planning and utilization of available resources including human resource.

HIV and AIDS and TB are a big challenge that stands on the way of achieving this objective. Most municipalities are facing service delivery challenges and HIV and AIDS and TB is compounding them. These diseases do not only affect human resource aspect of service delivery, they also have an impact on other resources such as budget, material and land use. Most municipalities are forced to alter their spending patterns to cater for social assistance programs such as food parcels and indigent policy programs targeting the poor sections of the communities.

HIV and AIDS coupled with high rate of poverty and unemployment have drastically changed the social and economic configuration of our society and its economy. Most companies are experiencing drop in productivity levels. Mthonjaneni Municipality is one of the poor municipalities in the country and HIV and AIDS is contributing to the situation. The most economic active section of the society is highly affected by the pandemic. Most institutions within the jurisdiction of the municipality are registering high levels of employee absenteeism due to poor health, attending funerals or providing care and support for family members who are sick. Most institutions are losing specialized expertise due to poor health and death. This is costing public and private institutions.

2.2.2 Impact on Labor Sector

The economic development of any society depends mainly on its labor force. HIV and AIDS pandemic have made a negative impact in the health situation of our labor force. Most institutions are experiencing employee related challenges such as high levels of absenteeism, drop in productivity levels associated with poor health and high stress levels caused by continued exposure to situations and conditions that affect the psychological conditions of workers. Due to

an increase in the number of people dying as a result of HIV /AIDS and TB related sicknesses, institutions both in the private and public sector are unable to meet the skills requirements needed by the local economy. Institutions are forced to spend more resources on recruitment and training of new staff to replace those that are sick or dead. The high level of absenteeism by employees has resulted in other employees being overworked and demoralized.

2.2.2 Impact on the Education Sector

Education is the cornerstone of the social and economic development of any society. The education sector is one of the sectors in our communities that are hardest hit by the impact of the HIV and AIDS and Cancer pandemic. The negative impact of the pandemic is further exacerbated by the high level poverty conditions that prevail in the district and learners are always victims of such social challenges.

Most schools within the jurisdiction of Mthonjaneni Municipality are experiencing high levels of absenteeism among educators and learners. Some learners have lost both parents and in some instances they have to attend school without having eaten any meal. This situation has resulted in learners losing concentration during lesson times. Some learners are expected to play a parental role due to the loss of parents as a result of HIV / AIDS and TB related sicknesses. Schools within the district are registering poor performance by learners. Both educators and learners are showing high stress levels which are a result of experiencing stressful situations at home and at school.

Our country is experiencing serious challenges in the shortage of teachers. Rural areas because of their peculiar situation of poor development, this challenge is always acute. HIV and AIDS have compounded this challenge. Most schools are registering big numbers of teachers who are always absent from school due to poor health. Schools are experiencing an increase in the rate of substance abuse among teachers and learners. This situation results in learners to be exposed to dangerous situations and in some cases they end up engaging in unprotected sex. Suicidal tendencies are on the increase among teachers and learners in schools. These suicidal incidences are mainly caused by the lack of acceptance by the individuals, the society or community of a person who tested positive for HIV. Failure rate and dropout has increased among learners especially females because of the loss of parents or having to spend time caring and support a

sick and dying parent. These children are sometimes expected to play a parental role since parents have died.

2.2.3 Impact on Individuals, Families and Communities

Families are the nucleus of the society and nations. HIV and AIDS have shaken that foundation. Families are broken, disintegrated and children displaced due to HIV and AIDS. Poverty and unemployment has resulted in some families abusing substances as means of finding sanctuary and comfort. Children and elderly are usually victims in situation like these. Some families are divorced.

Individuals that have tested positive on HIV are generally isolated by the communities and they feel lonely and dehumanized. The isolation and ill-treatment that individuals living with the virus are experiencing in our communities contribute towards the deterioration of their health and end up dying. Some of the infected individuals end up abusing substances as result of absence of care and support from families and communities in general. Even though there is a lot of work that is being done to remove the stigma associated with HIV and AIDS, people living with the virus are still experiencing discrimination and stigmatization. Individuals tend to hide their status in fear of discrimination and isolation by their families and communities.

Families are losing providers and people who are central to the survival and development of the family. As result of this situation, some families solely rely on the state support and community members. In some instances the grants relieved by individual members of the family are divided to cover the different household needs. In certain cases the pandemic result in broken families since some parents regard infection of one of their children as inability to discipline their children. This results in domestic violence and conflicts between parents to an extent of breaking up.

The emergence of the HIV and AIDS and Cancer pandemic has threatened the social cohesion of our communities. In some communities, families of individuals infected with the virus are isolated and ill-treated by the communities which sometimes result in disputes and conflicts. Role models and leaders are loss to the communities as a result of the pandemic. Communities are feeling the pressure that is caused by loss of economically active members of the

communities. This has resulted in the economic drain of most of our communities. Societies are losing people with skills that are needed by the communities. Some members of the communities have ill-informed beliefs that have resulted in the degeneration of family and societal values. Children and senior citizens are raped by people who think that such acts will cure the disease. They do not want to talk about Cancer as it is a myth that they will contract cancer if they do.

2.2.4 Impact on Children

Children are one of the most important assets of the society. They represent a better future that is full of hope and better life. Social challenges always impact negatively on the future as represented by the children since they are the most vulnerable sectors of our society. Most community workers in the jurisdiction of Mthonjaneni Municipality are reporting an increase in the number of street children and child-headed families. Most of these children are seen roaming around streets during school hours. Children who have lost one or both parents due to HIV and AIDS related sicknesses are stigmatized and in some cases feel isolated.

Orphaned and vulnerable children end up being victims of scrupulous individuals who abuse them psychologically and physically. Some of these children are drawn in illegal activities such as selling drugs and other illegal substances. Children's schooling gets disrupted and some of the children end up dropping out of school. Poverty conditions and absence of support forces young girls and boys to engage in transactional sex very early in their lives. Absence of good parental guidance results in some of the children engaging in criminal activities. Some of the children get displaced and in some instances they are victimized and are exploited for personal gains. These children require psychological and emotional support.

2.2.5 Impact on Service Delivery

Government institutions are expected to provide citizens good quality services with minimum disruptions. The emergence of HIV and AIDS and Cancer has affected the manner government institutions and its employees provide services. Most government institutions are forced to alter their priorities in favour of social and health related community needs. Most health workers are experiencing an increase in their services and this has affected their capacity to deliver. In the field of social development, institutions are experiencing an increase in the demand for care and

support for both children and elderly. Communities are putting more pressure in the on government institutions by demanding more services from them.

Most municipalities are experiencing an increase in the number of orphans and vulnerable children and this puts more pressure in the limited resource. At municipal level budgets are redirected to cater for the needy communities in the form of indigent policy and poverty alleviation programs such as food parcels. Due to the increase in the demand of health and social services infrastructural development is compromised. The quality of services provided by the private and public institutions is compromised due to staff shortages and limited skills.

2.3 Mthonjaneni HAST Strategy

There is no strategy in place. The Community Services Directorate 2017/2018 SDBIP has set a clear target to develop this strategy. It was decided that the document be compiled in house. There is no LAC Structure in place, However all HIV/AIDS activities are run by the Office of the Special Program. There are means to erect the structure which will be led by the Mayor. The Major focal areas are on the following:

- Education, awareness, openness and prevention
- Treatment , Care and Support for the people living with HIV and AIDS
- Care and Support for OVS
- Tuberculosis
- Medical Male Circumcision

SECTION 3: LEGISLATIVE AND POLICY FRAMEWORK

The South African government's developmental orientation provides the political and developmental framework for the municipal response to HIV/AIDS, STIs and TB. As part of this agenda, municipalities are expected to play a central role in the development of strategies and programs that are aimed at improving the people's lives.

The local governments' role in responding to the HIV, AIDS, STI and TB challenges, is centered on the facilitation and creation of partnership, strengthening of the existing ones as well as the co-ordination of all local initiatives. The municipal response to HIV, STIs, and TB pandemic is informed by different policy and legislative requirements that include the international declarations, developmental goals and policy statements. The table below discusses some of these imperatives:

3.1 Global Imperatives

Imperative	Requirements/Provisions	Implications for MLM
United Nation's(UN) Developmental Goals (MDGs)	The United Nations declared HIV and AIDS pandemic as one of the major challenges ever to face human kind. The declaration provided member states with a strong mandate especially to scale up access to HIV prevention, treatment, care and support. The UN Assembly adopted the MDGs, in particular the goal on combating HIV and AIDS, Malaria and other diseases which has set the following key targets: a) To begin to halt and reverse the spread of HIV and AIDS by 2015 b) To ensure access to treatment for all those who are HIV positive and are in need of treatment	The MLM as a constituent of the Republic of South Africa which is an indirect member state of the UN and is required to contribute to the country's effort to meet the MDG targets.

	by 2015 c) To halt and begin to reverse the incidences of malaria and other diseases by 2015	
Alliance of Mayors' Initiative for Community Action on AIDS at the Local Level (AMICAALL)	AMICAALL calls on municipalities to work on the: a) Promotion of actions that contributes towards reducing the spread of HIV and alleviates its social and economic impact on communities in Africa b) Promotion of an expanded, multi-sectoral response to the pandemic at local level and work with government, civil society organizations, the private sector and local communicates c) Contribution to the creation of an enabling environment in which fear, denial and stigma can be overcome, and enhanced management and co-ordination mechanisms for better service delivery and use of existing limited resources	As part of the global community and a constituent member of SALGA that subscribes to the AMICAALL Declarations, the MLM is expected to work with its citizens, other spheres of government and civil society to reduce the spread of HIV and minimize its impact on communities by creating and enabling environment.

3.2 National Imperatives

Imperatives	Requirements/Provisions	Implications for Mthonjaneni L Municipality
RSA Constitution (1996)	The RSA Constitution (1996) calls for the improvement of the quality of life of all South	HIV and AIDS directly impacts on the lives of communities. It impacts on

	African citizens and freeing of the potential of each person. Chapter 2, Section 27 of the Constitution focuses on the health rights of all citizens of South Africa whilst Section 153 (a) and (b) of speaks to developmental duties of municipalities	their ability to break out of the poverty cycle and presents itself as a key challenge that requires a response from government closest to the people, namely local government.
White Paper on Local Government(1998)	The White Paper outlines the vision for developmental local government and requires municipalities to ensure that all citizens receive at least minimum levels of basic services, that democracy and human rights are promoted, and that economic and sectoral development are facilitated	HIV and AIDS impacts negatively on the quality of life. If the consequences are not mitigated it becomes an obstacle to democracy, human rights and achieving sustainable development. As such any development planning has to be informed by the impact of HIV and include actions that seek to deal with this impact.
The South African Local Government Association (SALGA) Country Guide (2008)	The goals of the Country Plan are defined as: a) To promote an effective leadership response for HIV and AIDS b) To enhance local government input into policy development c) To increase local capacity for an effective internal response d) To increase local capacity for an effective external response e) To promote effective partnerships According to the plan local government in response to HIV and AIDS challenge, needs to focus on the following broad areas: a) Mitigating the impact of	

	HIV and AIDS in our communities b) Program co-ordination and management for effective response c) Provision of prevention, care and support to the infected and affected d) Creation of enabling environment for effective responses	
Municipal Systems Act (2000)	Provides a framework for the national government, provincial governments and local governments to facilitate coordination in the implementation of policy and legislation including: ▪ coherent government ▪ effective provision of services ▪ monitoring implementation of policy and legislation ▪ realization of national priorities-	The spirit of the act requires the Mthonjaneni Municipality to work with other spheres of government to develop a coherent approach that includes co-ordinating cooperation amongst local stakeholders to support the roll out of national and provincial programs and the provision of services within its own competence
The South African National HIV /AIDS and STI strategic Plan (2012 -16)	The National Strategic Plan (NSP) guides all those that involved in the fight against the spread of HIV and AIDS pandemic in South Africa. The NSP sets targets and goals that should be achieved in responding to the HIV and AIDS pandemic. The NSP also set key principles that should guide all sectors and stakeholders in their engagement in the fight against the spread and impact of this pandemic. The NSP describes the role of the South African National Aids Council as to: a) Advise government on	The main implication thereof is for the LM to establish a fully functional HIV and AIDs Council incorporating all stakeholders to ensure coordination and monitoring and evaluation of efforts of government departments, civil society and NGOs

	HIV, AIDS and STI policy, strategy and related matters b) Create and strengthen partnerships for an expanded national response to HIV and AIDS in SA c) Receive and disseminate all sectoral interventions to address HIV and AIDS, and consider challenges d) Oversee continual monitoring and evaluation of all aspects of the NSP. The NSP recommended that Provinces duplicate appropriate national structures, such as SANAC, at provincial and local level and further recommends the establishment of appropriate structures at district level. It specifically recommends that District HIV and AIDS Committees be established. These district structures should include all local role players within communities.	
Department of Provincial and Local Government (now COGTA) framework for municipal response to HIV and AIDS (2007)	The Framework suggests that municipal responses should be guided by the existing development, governance and policy framework. It should also be informed by the developmental, governance and health agenda for South Africa.	The implications for the municipality is that its efforts in tackling HIV and AIDS must: a) Support the national and provincial efforts to meet the MDGs. b) Focus on supporting the efforts of national and

		provincial government to meet the key developmental priorities of South Africa that includes HIV and AIDS

3.3 KwaZulu/Natal Provincial Government Level

Imperative	Requirements/Provisions	Implications for MLM
KwaZulu/Natal AIDS Council **AIDS Council(KZN PAC)-Provincial Strategic Plan (PSP)**	KZN PAC provincial strategy objectives are defined as: a) Address social and structural barriers to HIV and TB prevention, care and treatment – the primary objective is to address societal norms and behaviors through structural interventions to reduce vulnerability to mitigate the impacts of HIV and TB b) Prevent new HIV, STI and TB Infections – the primary objective is to ensure a multi-pronged approach to HIV, STI and TB prevention which includes all biomedical, behavioral, social and structural approaches in order to reduce new HIV, STI and TB infections. c) Sustain health and wellness – the primary objective is to ensure access to quality treatment, care and support services for those with HIV, STIs and/or TB and to develop programs to focus on wellness, inclusive of both physical and mental	As described in the previous imperative the MLM has to support the efforts of District, and provincial government by: a) Developing its approach to HIV and AIDS in the district that seeks to reduce the infection rate, and mitigate the impact thereof on communities. i.e. this strategy document b) Develop a multi-sectoral structure that incorporates all Stakeholders. i.e. the LAC c) The approach should include action plans with time frames and indicators d) Mainstream HIV into the planning and implementation processes of the ANC

	health; and d) Ensure protection of human rights and increase access to justice – the primary objective is to address issues of stigma, discrimination, human rights violations and gender inequality.	

3.4 KDM DAC

Imperative	Requirements/Provisions	Implications for MLM
HAST STRATEGY	The KDM HAST Strategy commits the KDM to: a) To effectively manage the impact of the HIV and AIDS epidemic and other communicable diseases in the District with the aim of to reduce the rate of new infections as well as the impact of HIV and AIDS on society. b) To facilitate and support the process of improving service delivery in public health facilities. c) To facilitate and support the improvement of governance and management of the health system in the region.	The MLM has to give expression to these commitments by: a) Aligning its HAST with the District one and implementing the actions in the strategy document b) Work towards the revitalization of the LACs c) Work with Department of Health and other role players in the DAC and LAC to improve service delivery in public health facilities

	d) To ensure the realization of these objectives the municipality undertook to engage the following strategies: □ to fully implement the District HAST Strategy □ to resuscitate and strengthen the District and Local AIDS Councils. The KDM has also committed itself through the IDP to improve strategic partnerships between various stakeholders. In this regard the municipality seeks to build partnerships between all stakeholders involved in the provision of prevention, care and support	

SECTION 4: MUNICIPAL GEOGRAPHIC PROFILE

4.1 Who are we?

Mthonjaneni is located in the central north eastern part of the province of KZN. It comprises of Melmoth which serves as the Central Place Town for its surrounding rural areas. The larger part of the areas that forms the sphere of influence of Melmoth is deep rural with the majority of the people ranging from low to middle income earners. Most of the area under Mthonjaneni Municipality is own by Ingonyama Trust under the leadership of INkosi Biyela of Obuka, INkosi Zulu of Ntembeni and INkosi Biyela of Yanguye. Part of the area is privately owned with vast areas being owned by white farmers.

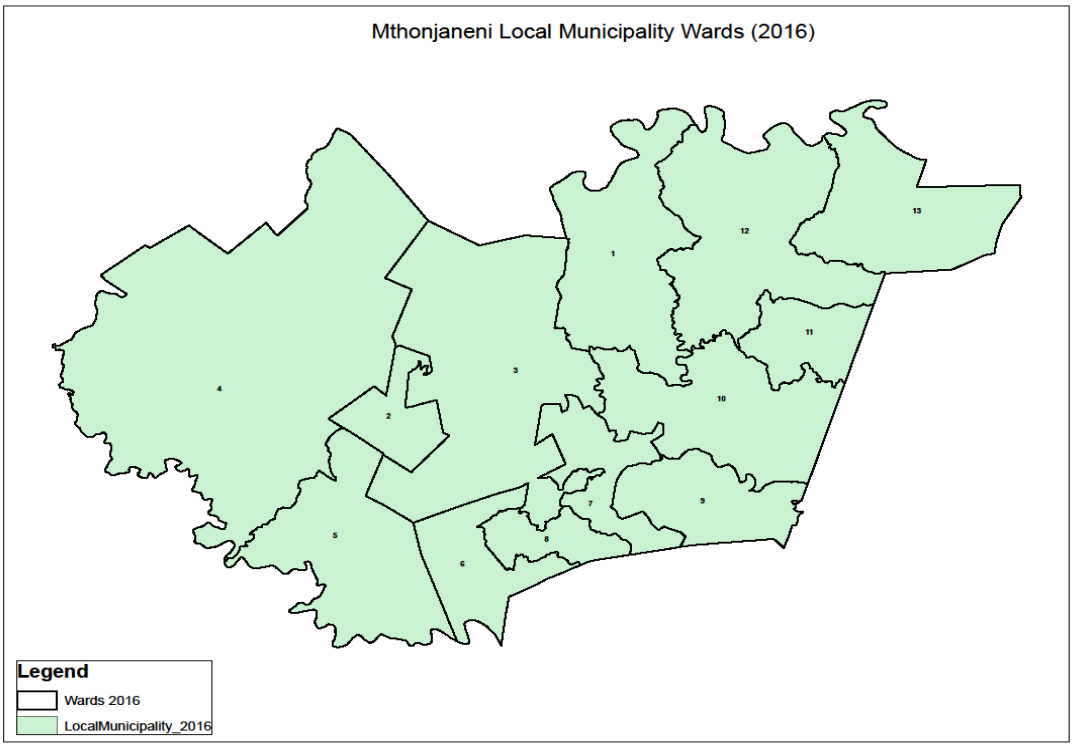
Mthonjaneni Municipality experiences warm humid climate with more rainfall being experienced during the summer season. This becomes the favoring factor towards agricultural production. Forests and sugarcane production are the major commercial agricultural practices and livestock farming which is mostly subsistence in most surrounding rural areas.

Mthonjaneni (KZ 285) is one of the five local municipalities that make up King Cetshwayo District together with Mfolozi (KZ 281), uMhlathuze (KZ 282), uMlalazi (KZ 284) and Nkandla (KZ 286). The Mthonjaneni Municipality consist of 13 wards as per the new demarcations after the 2016 Local Government Elections.

King Cetshwayo is a district municipality situated in the north eastern region of KwaZulu-Natal province on the eastern seaboard of South Africa. King Cetshwayo covers an area of approximately 8213 square kilometres, from the agricultural town of Gingindlovu in the south to the uMfolozi river in the north and inland to the mountainous beauty of rural Nkandla.

Map 1: King Cetshwayo District Map

Map 2 : Mthonjaneni Local Municipality Map



4.2 Municipal demographic profile

According to the latest census that was conducted in 2016 there was a total population of 78 884 people residing in municipal area of jurisdiction. According to the 2016 there is an increase in the total population which is a result of the wards that were inherited from Ntambanana municipality. There is an overrepresentation of females in Mthonjaneni LM, with females accounting for 54.0% of the municipal population in 2016, whilst males only accounts for 45.9%.According to 2011 Statistics the total labour force for the Municipality was 13 534. Using the escalation of 7%, it indicates that the current labour force in the municipality is 14 481 people

4.3 Current Employment Statistics

The 2011 statistics reflect that a large amount of people in Mthonjaneni area of jurisdiction are either unemployed or discouraged work seekers. The table below shows the number of persons in the respective municipal wards that are employed and unemployed. The highest percentage of employment is in Ward 2. This ward is located in the developed urban area Melmoth.

Table 1: Employment statistics

Ward	Employed	Unemployed	Discouraged work-seeker	Other not economical active	Not applicable
1	3036	797	**265**	1640	8259
2	2088	284	**352**	1745	7117
3	331	690	**365**	3143	8845
4	988	523	**450**	2184	7722
5	747	206	**521**	3719	9960
6	379	520	**356**	1898	5914
Total	**7569**	**3020**	**2309**	**14330**	**47818**

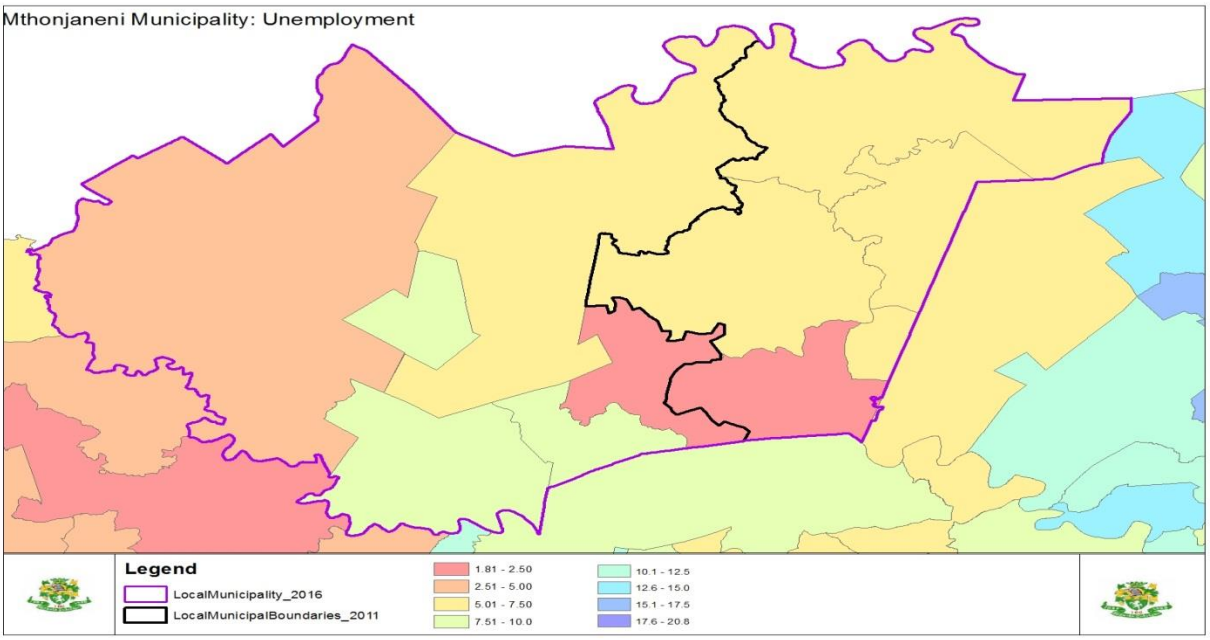
(Source: stats 2011)

The employment statistics for the new wards that were inherited from the Ntambanana Municipality decreased slightly from 54% in 2001 to 46% in 2011. This is considered to be considerably high when one takes into account the number of the active labour force within the area. The fact that these wards are all rural with poor infrastructure is one of the factors that contribute to the unemployment figures. In order to find employment opportunities, the economically active population has to travel to areas such as Richards Bay and Empangeni.

Table 2: Wards inherited from Ntambanana

Geography by Official employment for Person weighted (Wards inherited from Ntambanana)							
	Employed	**Unemployed**	**Discouraged work seekers**	**Other not economically active**	**Age less than 15 years**	**Not applicable**	**Grand total**
Ward 1	295	359	575	2307	-	3466	7002
Ward 2	508	509	430	3688	-	4385	9520
Ward 3	622	659	566	3631	-	4818	10296
Ward 4	559	188	444	3062	-	3810	8063
Total	**1984**	**1715**	**2015**	**12688**	**-**	**16479**	**34881**

Map 3: Showing Unemployment within the Mthonjaneni Municipality

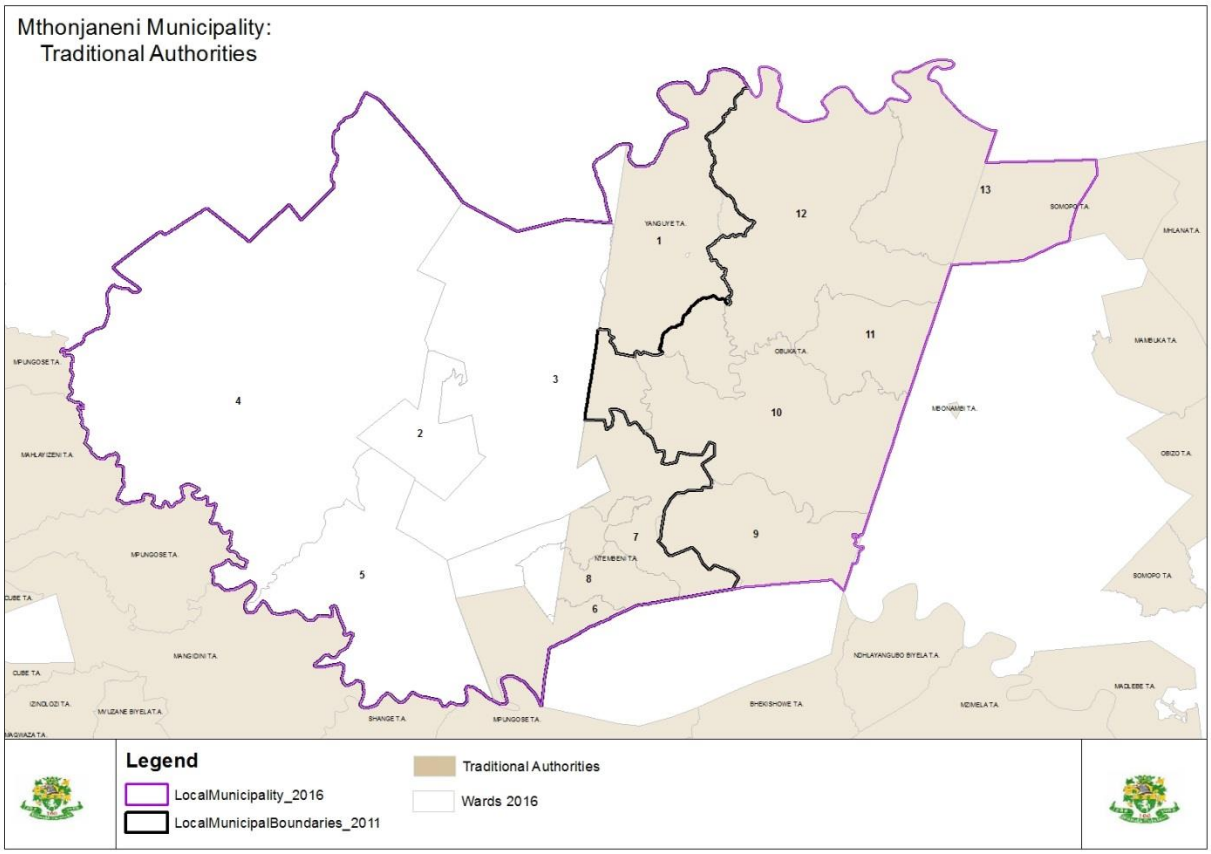


4.4 Traditional Authorities

There are currently three Traditional Authority areas within the Mthonjaneni Municipality. All these Traditional Authority areas are solely owned by Ingonyama Trust. The Biyela-Kwanguye Traditional Authority is located to the north-east of the

municipality and incorporates the KwaYanguye area and surrounding settlements. The Zulu-Entembeni Traditional Authority is located to the south-east of the municipality and incorporates Makasaneni and Ndundulu and surrounding settlements. The Biyela-Obuka Traditional authority is located towards the East of the municipality and incorporates areas like Sqhomaneni, Upper Nseleni and other surrounding rural settlements.

Map 4: Traditional Authorities



4.5 What are the Challenges we face?

- The projections indicate that approximately **3, 1** % of households (317) within the municipal area, are in the homeless and informal dwelling/shack category.
- The population is highly dependent on the agricultural sector for employment opportunities whilst there is opportunity to develop other development sectors including the service sector, Industry and commercial sectors.

- Unresolved Land claims that impact on future development.
- Limited access to basic household and community services.
- Increased incidents of HIV/AIDS and communicable diseases.
- High rate of unemployment which leads to poverty and low economic growth.
- Depletion of infrastructure due to variations in climatic conditions.

SECTION 5 : SITUATIONAL ANALYSIS

5.1 Contextual Factors and Social drivers

5.1.1 Poverty

Poverty operates through a variety of mechanisms as a risk factor for infection with HIV and AIDS. Its effect needs to be understood within a socio-epidemiological context. It works through a myriad of interrelations, including unequal income distribution, economic inequalities between men and women which promote transactional sex, relatively poor public health education and inadequate public health system. Poverty-related stressors arising from aspects of poverty in townships such as poor and dense housing, and inadequate transportation, sanitation and food, unemployment, poor education, violence, and crime, have also been shown to be associated with increased risk of HIV transmission. Mthonjaneni Municipality is one of the poverty stricken municipalities in the country. Most of the families live through grants and the highest percentage of the population are without clear means of financial support due to some policy gaps.

5.1.2 Gender -based violence

South Africa has one of the highest rates of violence against women, with over 53 000 rapes reported to police in 2000, translating into a rape reporting rate of 123 women per 100 000 population31. Sexual violence is linked with a culture of violence involving negative attitudes (e.g. deliberate intention to spread HIV) and reduced capacity to make positive decisions or to respond appropriately to HIV prevention Campaigns. More significantly, the experience of sexual assault has also been linked to risks for HIV infection

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Equally interesting, in the interviews conducted with SAPS and in clinic both showed that men with a history of sexual assault were also at significantly higher risk for HIV transmission than their counterparts without such a history. In the district, the gender system fosters power imbalances that facilitate women's risks for sexual assault and sexually transmitted infections (STIs). District men, like men in most societies, possess greater control and power in their sexual relationships. Women with the least power in their relationships are at the highest risk for both

sexual assault and HIV infection, both stemming from the inability of women to control the actions of their sex partners.

Men who have limited resources and lack the opportunity for social advancement often resort to exerting power and control over women. Importantly, sexist beliefs and negative attitudes toward women are held by men who have not been sexually violent as well as men who have a history of sexual violence. In fact, negative attitudes toward women are so pervasive there is evidence that they are often held by women themselves. Power and control disparities in relationships create a context for men to have multiple concurrent partners and fuel their reluctance to use condoms.

Unfortunately, men's attitudes toward women impede HIV preventive actions and can culminate in the acceptance of violence against women. Men believe they are more powerful than women and that men are expected to control women in their relationships. There is also evidence that men often hold attitudes that accept violence against women including beliefs that women should be held responsible for being raped. Studies show that One in three men receiving STI clinic services endorsed the belief that women are raped because of things that they say and do and half of men believed that rape mainly happens when a woman sends a man 'sexual signals'.

5.1.3 Cultural Attitudes and Practices

There is some evidence that cultural attitudes and practices expose communities to HIV infections. Firstly, gender inequalities inherent in most patriarchal cultures where women are accorded a lower status than men impact significantly on the choices that women can make in their lives especially with regards to when, with whom and how sexual intercourse takes place.

Such decisions are frequently constrained by coercion and violence in the women's relationships with men. In particular, male partners either have sex with sex workers or engage in multiple relationships, and their female partners or spouses are unable to insist on the use of condoms during sexual intercourse for fear of losing their main source of livelihood. Secondly, there are several sex-related cultural beliefs and behavioral practices such as rites of passage to adulthood especially among male youth, rites of marriage such as premarital sex, virginity testing, fertility and virility testing, early or arranged marriages, fertility obligations, polygamy, and prohibition

of post-partum sex and also during breastfeeding, and rites related to death such as levirate (or spouse inheritance) and sorority (a widower or sometimes a husband of a barren woman marries his wife's sister) are also believed to spread HIV infection. HIV infection is also believed to occur during some of the traditional health practices conducted by traditional healers when they use unsterilized sharp instruments such as knives, blades, spears, animal horns and thorns during some of the healing practices and/or recommend sex with a virgin as part of their treatment of patients

5.1.4 Stigma, denial, exclusion and discrimination

HIV and AIDS is perhaps one of the most stigmatized medical conditions in the world. Stigma interferes with HIV prevention, diagnosis, and treatment and can become internalized by people living with HIV and AIDS. In the UNGASS declaration, governments committed themselves to, among other things, confront stigma, denial and eliminate discrimination. Although still prevalent, AIDS stigma appears to be declining in South Africa as shown by the findings of the 2005 national HIV and AIDS household survey, when compared to the 2002 survey. A recent study conducted among people living with HIV (PLHIV) in the district found high levels of internalized stigma.

This is mostly due to the fact that HIV infection, as with other STIs, is widely perceived as an outcome of sexual excess and low moral character, with a consequent strong culture of silence by PLHIV because of fear of rejection and isolation by close relatives and the community at large. Stigma appears to be more severe for women than for men. One of the consequences of the problem of stigma, exclusion and discrimination of people living with HIV and AIDS is that it forces people who are infected to hide their condition and to continue engaging in high-risk behavior

Another consequence is denial. Both silence and denial about HIV and AIDS are lethal because they prevent people from accurately assessing their own personal risk of infection as well as accessing the broad range of available services in this regard.

5.1.5 Mobility and labor migration

Poverty and unemployment are linked to economic disempowerment and this affects sexual choice-making and exposure to wider sexual networks. Over and above gender vulnerability that flows from economic disempowerment, individuals who engage in work-seeking, mobile forms of work or migrant labor are at increased vulnerability to HIV as a product of higher likelihood to have multiple sexual partners, higher exposure to sex for exchange of money, amongst other risk factors.

Mobile individuals include informal traders, sex workers, domestic workers, cross-border mobility, seasonal agriculture workers, migrant workers (e.g. mine-workers, construction workers, and soldiers), long-distance truck, bus and taxi drivers, travelling sales persons and business travellers 4 These forms of mobility are pervasive in the district. Migration patterns in the district have shifted from being predominantly male migration, to a trend towards increasing mobility and migration by women. Mobility and migration not only increase vulnerability to HIV of mobile individuals, but also sending and receiving communities. Due to lack of industries in Mthonjaneni Municipality, most of people live the area and migrate to big cities like Johannesburg, Durban, Richards-bay and many more for better opportunities living their spouses at home. This contributes to likelihood to have multiple sexual partners.

5.1.6 Informal settlement

Informal settlement is associated with higher levels of HIV prevalence in the municipality with HIV prevalence for people aged 15-49 in urban informal area being nearly twice that of prevalence in rural areas. There is often social fragmentation within informal settlements that may increase the likelihood of exposure to unsafe sex. In addition there is a greater likelihood that individuals at higher risk of HIV including work-seekers, temporary workers, and labour migrants are resident in these areas. Informal settlements frequently lack adequate housing, sanitation and health service access, and these exacerbate overall health risks. Likewise Mthonjaneni Municipality has informal settlement in ward 2.

5.2 Population at higher risk

5.2.1 Women

Women, especially black women, have been on the bottom rung of the ladder in terms of participation in the economic, social, and political life of the municipality. For many years black women have experienced triple oppression – discriminated against on the basis of their class, race and gender. Some practical challenges facing women because of these three forms of oppression relate to violence against and abuse of women, poverty and poor health status in general.

In additional to biological, economic, social and other cultural vulnerabilities, women are more likely to experience sexual abuse, violence in particular domestic violence including rape. They bear the brunt of caring for sick family members and are the soldiers at the forefront of community-based HIV and AIDS activities. The HIV epidemic and AIDS is clearly feminized, pointing to gender vulnerability that demands urgent attention as part of the broader women empowerment and protection. In view of the high prevalence and incidence of HIV amongst women, it is critical that their strong involvement in and benefiting from the HIV and AIDS response becomes a priority. Teenage females have been underemphasized as a target group, even though pregnancy levels are high in this age group. The fact that the burden of the epidemic falls more on women and girls than on men and boys remains a central challenge to the local municipal response

Acknowledging the fact that gender inequality hinders social and economic development, the current government has made great strides towards empowerment of women. Gender equality is one of the critical elements of the transformation agenda of the Mthonjaneni Municipality. In the Municipality we have a Gender Forum. Through this forum women are beginning to regain their appropriate place in society and are taking responsibility for their lives. Patriarchal attitudes are changing, with men participating in efforts to address challenges such as violence against women.

5.2.2 Adolescents and young adults (15-24 years)

HIV/AIDS Prevalence in the age group 15-19 has decreased in the municipality due to HIV/AIDS program run by the Department of Health and Education, while in the 20-24 age groups it has risen slightly. Although current HIV prevention programs in the municipality have invested significantly in this age group, they are yet to demonstrate the desired impact. Continued investment in and expansion of carefully targeted evidence-based programs and services focusing on this age group remain as critical as ever. Young people represent the main focus for altering the course of this epidemic. Positive behavior change is more likely in this group than in older ages.

The greatest increase in pregnancy and HIV infection is associated with school leaving. School-leaving is a time of insecurity for young people. Often the aspirations that existed in school of getting a job and earning an income are dashed. Personal motivation to achieve and the psychological rewards of school achievement are no longer there. In addition there are family pressures to contribute to household income or to leave. In the absence of career opportunities, many young women find fulfillment and affirmation in being a mother – by definition requiring unprotected sex.

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5.2.3 Children 0 – 14 years

Nearly half of all orphans in the municipality are estimated to have lost parents as a result of AIDS related diseases. Some of the worst affected children, those in deeply impoverished households may experience various forms of physical, material and psychosocial deprivation and assaults on their health as a result of poverty and/or a lack of parental care and nurturing environment.

Often these children are separated from caregivers and siblings and sent to stay with other relatives or other careers or social networks. A significant number of children in the municipality even though their parents died out of HIV/AIDS related conditions but are not living with HIV and AIDS due to the positive impact of Prevention-Mother-to-Child Transmission Program spearheaded by the Health Department. Those few children living with HIV usually do not have sufficient access to AIDS treatment and care because available services are mostly designed for

adults in rural health facilities. Serious challenges around the skills of health workers and capacity to manage and treat children with AIDS, including lack of appropriate ART formulations, for treating children remain a serious challenge. Children are also vulnerable to HIV infection through child sexual abuse.

5.2.4 People with disabilities

People with disabilities, constitute a significant part of the municipality population, Yet, this group has been particularly neglected in the AIDS response. There are often erroneous perceptions that people with disability are asexual. To date the national, provincial and district response has not addressed the special needs of the various categories of people with disability in terms of prevention, treatment, care and support programs. Many local municipalities are silence about this as well. People with disability suffer double stigma arising from discrimination as result of their disability and their HIV status.

Increasingly, AIDS is a cause of disabilities and the more people's lives are prolonged while infected so this will become a significant issue and it will be necessary to provide for care, support and treatment. The disabilities sector is actively involved in ensuring that people with disabilities respond to the challenges of HIV and AIDS that are facing them often with little support. The special needs of people with disabilities demand conscious efforts to ensure equitable access to information and services.

5.2.5 Mobile, casual and a typical forms of work

Truck driving, military service and other uniformed services such as security service provision may require regular and sustained travel and may in turn increase the likelihood of multiple sexual partnerships. Such activities have been linked to increased risk of HIV infection. Whilst very little is known about prevalence in these sectors in the Mthonjaneni local municipality, it is likely that risk of infection is higher, and these groups also overlap with the broader epidemic as a product of linked sexual networks. The availability of R34 road which cut across in certain wards of the municipality increases the risk.

5.3 Sexual HIV transmission and biological risk

The likelihood that an individual will become infected with HIV through sexual contact depends on the mechanism of sexual contact, the viral load of the HIV positive person and the susceptibility of the individual. Whilst the probability of HIV transmission through a single coital act is relatively low, risk increases through repeat exposure and higher risk is strongly associated with higher viral load in the infected partner, co-infection with sexually transmitted infection(s), genital ulceration, genital maturity, and anal sex, amongst other factors.

Prevalence data in health facilities have illustrated the higher biological vulnerability of women and younger women and girls in particular. Biological factors include underdevelopment of the genital tract in young women and girls, a greater surface contact area within the vagina, retention of fluids for a longer period, and the higher possibility of undetected STIs. Both males and females are biologically more vulnerable in the case of receptive anal intercourse, and uncircumcised males are also more vulnerable. Concurrent sexual partnerships increase the likelihood of exposure of sexual partners to high viral load and consequently, higher likelihood of infection. High viral load in the late phases of HIV is reduced through antiretroviral therapy

5.4 Sexual HIV transmission and individual risk factors

5.4.1 Early sexual debut

Earlier sexual debut is significantly associated with increased risk of HIV infection. Risks of earlier sexual debut also include higher likelihood of having multiple partners, lower likelihood of condom use at first sex and higher overall numbers of sexual partners, not to mention higher biological susceptibility to infection of adolescent and young girls. Orphan hood, which increases as a result of deaths of parents from AIDS, has been found to increase the likelihood of earlier sexual debut.

5.4.2 Older sexual partners amongst youth

For young people, particularly girls under 20, having older partners is a significant risk factor for HIV infection as it exposes them to a pool of higher HIV prevalence. Both young males and

females are more likely to be HIV positive if they have sexual partners five or more years older than themselves. There is also a significant “Ben 10 Syndrome within the district.

5.4.3 Transactional sex

Transactional sex involves the exchange of sex for material gain. Transactional sex further disempowers women and may include a reduced ability to negotiate safer sex – particularly condom use. Transactional sex amongst females with a non-primary male partner was associated with lifetime experience of partner violence, problematic alcohol and drug use, and substandard housing, amongst other factors

5.4.4 Partner turnover and concurrent sexual partnerships

Having a higher overall number of sexual partners, having a high turnover of sexual partners and having concurrent sexual partners (or having a partner who has concurrent sexual partners) are all risk factors for HIV infection. People settle into permanent sexual relationships and marry at relatively older ages in the district. This results in a higher likelihood of having numerous life-time sexual partners. The length of the period of risky sexual activity prior to marriage has been shown to be closely correlated with HIV prevalence in a country and declines in HIV prevalence have been associated with declines in number of sexual partners in the past year .

5.4.5 Condom use

When used consistently and correctly, male and female condoms prevent HIV infection and other STIs. Consistent, but not necessarily correct condom use is estimated to provide 80% protection in comparison to non-use, whilst inconsistent use is not significantly protective. Male latex condoms are widely distributed in the district including via the public sector, social marketing programs and high transmission areas like taverns. Quality control and related logistics for public sector condoms is managed by the Department of Health and over 50-million condoms annually have been distributed on a demand basis in past two years.

Public sector distribution includes hospitals and clinics as primary distribution sites, with secondary distribution extending to non-governmental organizations, workplaces, and other locations. Female condoms are distributed to selected sites. Access to male condoms is perceived to be high. Reported levels of male condom use at last sex are high in the district, particularly amongst youth. However, high levels of reported use have not translated into reductions in antenatal HIV prevalence over the past years. Increases in condom distribution do not really mean condoms are widely used; some are taken for wrong reasons.

5.4.6 Male Circumcision

Epidemiological analyses have demonstrated correlations between circumcision and HIV prevalence. Male circumcision reduces the risk of HIV infection of males through female-to-male transmission. However it is not yet clear whether it reduces male-to-female transmission, although there are likely to be long-term epidemiological benefits .Even after circumcision it remains necessary for men to practice consistent condom use, as well as adopting or maintaining other HIV prevention strategies such as limiting numbers of sexual partners, whether or not they are circumcised. Males are recruited through clinics within the Mthonajneni Municipality and there is good working relationship between the traditional leadership and Department of Health. Attempts are still made to fully engage the traditional healers on the subject.

5.4.7 Alcohol and drug Use

Alcohol and drug use have a disinhibiting effect on safer sex as a product of diminishing rational decision-making. Alcohol use has been associated with higher risk of HIV infection, with heavy alcohol consumption being linked to higher likelihoods of having unprotected sex with a non-monogamous partner, having multiple sexual partners, and paying for or selling sex.

5.4.8 Knowledge of HIV status

Knowledge of HIV status appears not to lead to increased adoption of HIV prevention practices amongst people who tested HIV negative, but has been linked to increased prevention behaviors amongst those who test HIV positive .Interventions focusing on people living with HIV who

know their status – sometimes referred to as positive prevention – have also shown increases in the adoption of preventive practices.

SECTION 6: MTHONJANENI HIV/AIDS, STI AND TB STRATEGIC PLAN 2018-2022

6.1 Introduction

The development of the Mthonjaneni HIV/AIDS, STI and TB (HAST) Strategic Plan is aimed at providing a broad guidance to all those involved in the response to the negative impact of these diseases. The convergence by the municipality and the wards representatives as well as the representatives of the civil society organization is an indication of the commitment to eliminate completion and duplication associated with rendering of services.

6.2 Vision and Mission of Mthonjaneni LAC

Mthonjaneni Local Municipality has set a twenty year vision of zero new HAST infections, zero new infections due to vertical transmission; zero preventable deaths associated with HIV and TB and zero discrimination associated with HIV, STI, and TB. Through this vision the people of this municipality commit to putting in place a well-coordinated, managed and demonstrably effective response to HAST that is informed by evidence and geared towards eliminating new infections and ensuring the infected and affected enjoy a high quality of life. In achieving the vision, the province is cognizant of the values that will propel it to achieve this vision.

6.2.1 Vision

A Local Municipality that has zero new HAST infections, zero new infections due to vertical transmission, zero preventable deaths associated with HIV and TB and zero discrimination associated with HIV and TB.

6.2.2 Mission

Communities within the Mthonjaneni Municipality at work to put in place a well-coordinated, managed and demonstrably effective response to HIV and AIDS, STI and TB informed by evidence and geared towards completely eliminating new infections and ensuring a high quality of life for the infected and affected.

6.2.3 Principles and Values

In striving to achieve the HAST vision and mission, the municipality will be guided by the following principles and values:

- Transparency and Accountability
- Partnerships, Collaboration and Collective Accountability
- Public Participation and Involvement
- Upholding Human Rights and Equity
- Integrity and Sincerity
- Maturing and Innovative

6.3 Implementation Plan and Priority Areas of the HAST Strategic Plan

Mthonjaneni Municipality's response to the challenges posed by the identified diseases is informed by the information obtained through the situation analysis as well as the broader responses by the different role-players and stakeholders. This analysis resulted in the identification of four priority areas for the HAST Strategic Plan for 2018-2022. The priority areas for this strategic plan are:

- Education, Prevention and Awareness
- Treatment, Care and Support for People Living with HIV and AIDS
- Care for Orphans and Vulnerable Children
- Tuberculosis (TB).
- Medical Male Circumcision (MMC)

6.3.1 Priority Area 1: Education, Prevention and Awareness

6.3.1.1 Broad Goal:

To reduce the HIV/AIDS, STI and TB infections include teenage pregnancy through public and private education including one-on-one interventions, awareness programs and campaigns on HIV, STI and TB targeting all sections and sectors of our communities.

6.3.1.2 Problem analysis

Government and community based organization are running HIV and AIDS awareness programs with specific focus on Testing Counseling but these programs are not able to reach maximum interests in communities due to fears of stigmatization and discrimination.

The quality of service provided by the public institutions does not provide the necessary confidence that people need. Government is making all efforts to provide free condoms and improve their quality but their accessibility in certain parts of the municipality is still a challenge and this is working against the reduction of the infection rate efforts. The increase in the spread of the HIV and STIs is compounded by resistance to use condom by some men. Access to female condoms is still a challenge in most areas within the municipality

Government working with civil society organizations is rolling out programs that seek to reduce spread and impact of HIV, STIs and TB. These programs include community involvement in providing care and support for the infected and affected. The major challenge that we are facing is the availability and active participation of men in these programs. There is an increase in the number of young people who are falling pregnant and those who are infected by STIs and HIV. School programs to address and educate children on sexuality and dangers of being involved in unprotected sex are not making the necessary expected impact. There is a minimum involvement of parents and teachers in the rolling out sexuality education in schools and in the households and this make the fight against the high rate of pregnancy to be a difficult one.

6.3.1.3 Outputs needed and approach to implementation

Outputs: What must we put in place to achieve our goal? (Clear and measurable specific objective)	Broad approach: How will we implement?	Drivers and possible partners – who Co-ordinates and who does the work?	Timeframe/ dates
To ensure the reduction of new HIV, STIs and TB infections by 80% by 2022	a) Conducting education and awareness programs targeting deep rural areas and informal settlements. b) Develop an education and awareness programs targeting young people. c) To develop a clear communication strategy on prevention and awareness targeting communities especially those in the rural areas d) Rollout traditional education and preventative programs including the 'circumcision' and moral regeneration programs. e) Conduct education and awareness campaigns targeting the young people and sexually active young	**Driver:** LAC, WAD, DoH, DoE **Partners:** CBOs, NGOs, Traditional Leaders, Traditional Health Practitioners	2018-2022

	adults. f) Mobilize and distribute educational material g) Accessing and distribution of educational material h) Initiate programs targeting schools.		
To Increase the HCT uptake from the current levels to higher targets by the end of the 2022	a) Initiating awareness and educational programs targeting all wards in the municipality b) Lobby for an increase in the number and access to testing sites. c) Develop an education and awareness programs targeting young people both in schools and out of schooling.	**Driver:** LAC, WAD, DoH, DoE **Partners:** CBOs, NGOs, Traditional Leaders, Traditional Health Practitioners	
To recruit and capacitate about 20 Lay Counselors per ward in all wards of Mthonjaneni Municipality	a) Ensure that all councilors are ward champions for HIV and TB in their wards. b) Recruit and train more counselors	**Driver:** LAC, WAD, DoH, DoE **Partners:** CBOs, NGOs, Traditional Leaders, Traditional Health Practitioners	2018-2020
To facilitate the HIV, STI and TB mainstreaming processes by all	a) Conduct mainstreaming sessions for political and	**Drivers:** Local AIDS Co-ordinators, Councilors, LAC	2018-2020

sectors and other institutions within the municipal jurisdiction by the end of 2020.	administrative leadership. b) Engage the IDP forum to include HIV, STI and TB in their planning, implementation and evaluation processes. c) Identify programs and projects that the mitigation of HIV,STIs and TB to be implemented by local government and d) Conducting HIV integration, programming and mainstreaming. e) Creating a platform for the voices of HIV and AIDS in the IDP and other municipal programs	**Partners:** Civil society, private sector. NGOs and CBOs and all other stakeholders.	
To create a networking and a referral system linking all the organizations involved in the response to HIV, STI and TB by the end of 2019.	a) Facilitate the establishment of ward aids councils to co-ordinate wards responses to HIV, STIs and TB in all wards within the Mthonjaneni municipality jurisdiction. b) Develop a program to ensure that ward committees integrate HIV and AIDS related issues in their programs.	**Drivers:** Local AIDS Co-ordinators, Councilors, LACs. **Partners:** Civil society, private sector. NGOs and CBOs and the broader civil society	2018-2022

	c) Develop a program for the induction and capacity building of ward based structures.		

6.3.2 Priority Area 2: Treatment, Care and Support for PLWHA

6.3.2.1 Broad Goal:

Ensure that the people living with HIV and TB have access to quality care and support and are protected from all forms of discrimination and prejudice with communities mobilised to provide care and support.

6.3.2.2 Problem Statement

The number of people who are infected by HIV, STIs and TB is on the increase and the lack of access to quality support and services result in a number of them dying without getting the necessary help. The high levels of discrimination against those who are living with the disease has resulted in a number of individuals not disclosing their status and thus

The number of people who are getting sick of HIV and AIDS related diseases is on the increase and that those who happen to open disclose their status are exposed to unacceptable discrimination and stigmatization. This situation has resulted in the increase in the number of people who are defaulting on their treatment. People living with the HIV and AIDS are not receiving the necessary support and care from the community and some from their immediate families.

The high levels of stigmatization and discrimination has resulted in many individuals being afraid to go for testing. In addition, people are afraid to test because of lack of information, being stigmatized and ignorance. As a result many of them go for testing when they are already ill, with a very weak immune system. There is a lack of emotional support systems as there are not enough lay counselors and functional support groups with sustainable programs. As a result there is often a lack of follow up support for patients. Families are ill equipped to offer adequate support and care for infected family members There are not enough people who volunteer (especially men) for Home Base Care services. There is a lack of a co-ordinated approach to the

delivery of health services and support and many people fall through the cracks after testing positive.

6.3.2.3 Specific objectives:

The following specific objectives were identified to ensure the realization of the above goal:

- To ensure the scaling up of a comprehensive care, support and treatment package targeting 80% of the People Living with HIV and AIDS over the next five years

- To ensure community competence in order to facilitate utilization of good quality services targeting the broader community

- To facilitate strengthening of the health system including the deployment of competent health workers to rural areas and to remove barriers to service delivery over the next two years

- To ensure that 70% of all affected households within our district receive education on ARV – adherence and responsibility by the end of 2016

- To facilitate establishment and capacity building of support groups and their attachment to local clinics and other health care centres

6.3.2.4 Outputs needed and approach to implementation

Outputs: What must we put in place to achieve our goal? (Clear and measurable specific objective)	Broad approach: How will we implement?	Drivers and possible partners – who coordinates and who does the work?	Timeframe/dates
To ensure the scaling up of a comprehensive care, support and treatment package targeting 100% of the People Living with HIV and AIDS over the next five years	• Integrate PMTCT and nutrition. • Training ANC, baby's defaulters.	**Drivers:** DoH **Partners:** CBOs and NGOs	2018-2022
To ensure community competence in order to facilitate utilization of good quality services targeting the broader community	• Conduct education and awareness campaigns targeting the broader communities. • Monitor and provide support to health care providing institutions.	**Drivers:** DOH **Partners:** LAC Stakeholders	2018-2022
To facilitate strengthening of the health system including the deployment of competent health workers to rural areas and to remove barriers to service delivery over the next two years	• Engage DoH to recruit and deploy health workers in areas where there are shortages. • Engage NGOs and CBOs to recruit and mobilize volunteer community health workers	**Drivers:** DOH **Partners:** LAC Stakeholders	2018-2022
To ensure that 100% of all affected households within our	• Conduct intensive door to door visits by the trained	**Drivers:** DOH **Partners:** LAC Stakeholders	2018-2022

municipality receive education on ARV – adherence and responsibility by the end of 2022	community health care workers		
To facilitate establishment and capacity building of support groups and their attachment to local clinics and other health care centres	• Train support group facilitators in all wards of the Mthonjaneni Municipality • Mobilize affected individuals for establishment of relevant support groups	**Drivers:** DOH **Partners:** LAC Stakeholders	2018-2022
Ensure that the municipality, government departments and the private sector develop workplace policies and implement workplace wellness programs.	• Facilitate the process of workplace wellness committees. • Engage the institutional management to get their buy in. • Ensure that resources are allocated for wellness	**Drivers:** LAC, Labour Movements . **Partners:** All LAC stakeholders	2018-2022

6.3.3 Priority Area 3: Care and support for Orphaned and Vulnerable Children (OVCs)

6.3.3.1 Broad Goal:

To ensure that orphaned and vulnerable children are provided with assistance to receive the necessary guidance, care and support to ensure their complete human potential.

Mobilize communities and forge partnerships towards education programs and awareness campaigns to highlight the plight of OVCs and ensuring development support addressing obstacles to eliminate development constraints for a better life.

6.3.3.2 Analysis

The constituency communities are facing a challenge of OVCs in the district. Strategic partnerships are developed at resourcing OVCs programs to improve human living conditions and quality of life.

6.3.3.3 Specific objectives

- To develop a comprehensive database of OVCs within the Mthonjaneni Municipality jurisdiction by December 2019
- To initiate the establishment of a OVCs fund that will be functional by 2022.
- To facilitate the establishment of OVCs centres in all the wards linked to other available programs of the municipality by 2022
- To ensure that all wards within the municipality jurisdiction establish OVCs committees linked to ward committees and headed by local councilors by 2020.
- To develop a comprehensive monitoring and evaluation tool to monitor and assess the conduct, impact and activities of all stakeholders involved in providing care and support to OVC within the next three years.
- To create an all-inclusive and properly maintained stakeholder referral system by the end of December 2020.

Outputs needed and approach to implementation

Outputs: What must we put in place to achieve our goal? (Clear and measurable specific objective)	**Broad approach:** How will we implement?	**Drivers and possible partners** – who co-ordinates and who does the work?	**Time frame/dates**
To develop a comprehensive database of OVCs within the Mthonjaneni jurisdiction by 2019.	a) Collate data of the OVCs receiving services from the CBOs, NGOs and government departments on quarterly basis. b) Establish a team to drive the process of data collection. c) Mobilize resources to fund the project	**Drivers:** Social Development**,** LACs **Partners:** CBOs, NGOs and all other stakeholders.	2018-2022
To initiate the establishment of an OVCs fund that will be functional by 2020.	a) Formulate conceptual frame work for the fund. b) Get political buy-in c) Establish a technical team to work on the matter. d) Mobilize influential people and politicians to support the initiative.	**Drivers:** Social Development**,** LACs **Partners:** CBOs, NGOs and all other stakeholders.	2018-2022
To facilitate the establishment of OVCs centres in all wards	a) Mobilise and engage local communities and	**Drivers:** Social Development**,** LACs	2018-2020

	leaders b) Identify OVCs	**Partners:** CBOs, NGOs and all other stakeholders.	
To ensure that all wards within the municipal jurisdiction establish OVCs committees linked to ward committees and headed by ward councilors by 2019.	a) Convene ward meetings through ward councilors. b) Recruit and capacitate community child-care committees. c) Market and popularize the childcare committees	**Drivers:** Social Development**,** LACs **Partners:** CBOs, NGOs and all other stakeholders.	2018-2020
To develop a comprehensive monitoring and evaluation tool to monitor and assess the conduct, impact and activities of all stakeholders involved in providing care and support to OVC within the next three years.	Implementation of the Integrated Monitoring and Evaluation Tool by all stakeholders working OVC in the wards.	**Drivers:** Social Development**,** LACs **Partners:** CBOs, NGOs and all other stakeholders.	2018-2022
To create an all-inclusive and properly maintained stakeholder referral system by the end of December 2019.	a) Mobilize resources for the development and implementation of the comprehensive referral system. b) Obtain and consolidate the information from relevant stakeholders. c) Develop systems and	**Drivers:** Social Development**,** LACs **Partners:** CBOs, NGOs and all other stakeholders.	2018-2019

	mechanisms for the effective use of the referral system d) Compile, circulate and maintain the referral system.	

6.3.4 Priority Area 4: Tuberculosis (TB)

6.3.4.1 Broad goal

The main aim of this focus area is defined as that of prevention of TB infection and disease through intensified TB case finding, control, policy development, prevention therapy, immunization and reduction of TB related stigma.

6.3.4.2 Problem statement

The rate of tuberculosis (TB) infections continues to increase despite the efforts and initiatives to educate and raise community awareness. There is an increase in the death rate of those infected by TB due to late presentation to the health care centres. The effectiveness of prevention programs is weighed down by the poor co-ordination and tracing of TB patients. The HIV and TB co-infection further complicates and exacerbates the challenge of TB control and minimization of the spread and impact of the disease that result in an increase in the death rate.

6.3.4.3 Specific objectives

This goal can be realized through the implementation of a set of objectives that include:

- Enhancement of education and awareness programs targeting communities in the next five years.
- Integration of TB with HIV and AIDS in education and awareness programs targeting all communities within the municipality jurisdiction in the next five years.
- To ensure that at least 80% of the targeted population of municipality undergoes voluntary testing for TB on annual basis in the next five years.
- To encourage employees to undergo TB screening and testing on an annual basis in the next five years.
- To strengthen the support provided to Primary Health Care -outreach teams in the next five years.
- To enhance the capacity of directly observed Treatment Support (DOTS) in order to effectively ensure treatment adherence.

Outputs needed and approach to implementation

Outputs: What must we put in place to achieve our goal? (Clear and measurable specific objective)	**Broad approach:** How will we implement?	**Drivers and possible partners** – who co-ordinates and who does the work?	**Time frames**
Development of education and awareness programs targeting all sections of the community over the next five years.	a) Roll out education and awareness programs targeting areas with high infection rate. b) Develop and implement education and awareness programs targeting schools.	Drivers: DOH Partners: All stakeholders	2018-2022
Integration of TB within the education and awareness programs targeting all stakeholders and role-players within the municipality jurisdiction over the next five years.	a) Implementation of PHC outreach program. b) Involve community based organizations in the education and awareness programs	Drivers: DOH Partners: All stakeholders	2018-2022
Ensuring that at least 80% of the population of Mthonjaneni municipality undergoes voluntary testing for TB in the next five years.	a) Conduct education and awareness programs. b) Distribution of educational material and conduct workshops targeting vulnerable communities	Drivers: DOH Partners: All stakeholders	2018-2022
Strengthening the education and awareness programs (EAP) in the workplace wellness programs over the next five years.	a) Health awareness to be implemented b) Wellness program to be initiated in all workplaces.	Drivers: DOH Partners: All stakeholders	2018-2022

Enhancing the support provided to outreach teams doing intensive care case findings door-to-door campaigns over the next five years.	a) Recruitment and training of volunteers b) Initiate door-to- door programs and campaigns.	Drivers: DOH Partners: All stakeholders	2018-2022
Expansion of DOTS – treatment adherence avoid defaulting.	a) Training of DOT b) Involvement of all stakeholders	Drivers: DOH Partners: All stakeholders	2018-2022

6.3.5 Priority Area 5: Medical Male Circumcision (MMC)

6.3.5.1 Broad Goal

The main aim of this focus area is defined as that of reducing opportunities of transmission of HIV/AIDS and STI to other sexual partners through intensified prevention therapy, immunization and reduction of the spread of this malicious disease.

6.3.5.2 Problem statement

In 2007, WHO and UNAIDS issued recommendations on medical male circumcision as an additional HIV prevention strategy based on strong and consistent scientific evidence. Three randomized controlled trials undertaken in Kisumu, Kenya, Rakai District, Uganda, and Orange Farm, South Africa have shown that medical male circumcision reduces the risk of sexual transmission of HIV from women to men by approximately 60%. The most recent data from Uganda show that in the five years since the Uganda trial was completed; high effectiveness has been maintained among the men who were circumcised, with a 73% protective effect against HIV infection

6.3.5.3 Specific Objectives

Medical male circumcision (MMC) is the surgical removal of the thin layer of skin that covers the head of the penis. Getting circumcision is the right thing to do for male's health and the health of their partners and loved ones because it has the following objectives:

- Reduces your risk of contracting HIV if you are an HIV-negative man
- Reduces your risk of some sexually transmitted diseases/sexually transmitted infections (STIs) whether you are HIV-negative or HIV-positive
- Reduces partner's risk of cervical cancer
- Makes the penis easier to clean
- Lowers risk of penile cancer

Outputs needed and approach to implementation

Outputs: What must we put in place to achieve our goal? (Clear and measurable specific objective)	Broad approach: How will we implement?	Drivers and possible partners – who Co-ordinates and who does the work?	Timeframe/ dates
To ensure the reduction of new HIV, STIs and TB infections by 80% by 2022 through Medical Male Circumcision Program	a) Develop an education and awareness programs targeting young men in the wards. b) Rollout traditional education and preventative programs including the 'circumcision' and moral regeneration programs. c) In partnership with traditional leaders, recruit possible beneficiaries of the medical male circumcision program. d) Conduct education and awareness campaigns targeting the young people and sexually active young adults. e) Mobilize and distribute educational material f) Accessing and distribution of educational material	**Driver:** LAC, WAD, DoH, DoE **Partners:** CBOs, NGOs, Traditional Leaders, Traditional Health Practitioners	2018-2022

	g) Initiate programs targeting schools.		

SECTION 7: CO-ORDINATING THE HAST STRATEGIC PLAN

7.1 Introduction

The increase in the infection rate of HIV may lead to a situation where these institutions may be undermined and face serious threats to their stability. It is against this background that the Alliance of Mayors and Municipal Leaders on HIV, STIs and TB in Africa (AMICAALL) and South African Local Government Association (SALGA) made a call to all municipalities to ensure that they respond positively to the challenges posed by the HIV and AIDS pandemic.

The municipality response is informed by the National Key Performance Areas on Local Government (KPA's) which are as follows:

- Good governance and public participation
- Institutional transformation.
- Basic service delivery
- Local economic development
- Economic and Financial viability

In relation to the municipal KPAs as adopted by government local and district Municipalities are expected to:

a) Ensure that municipal systems and procedures are made increasingly accessible to users and constituencies.

b) Ensure that management and governance systems are made more accessible to users within the municipal jurisdiction and that institutional memory is retained in local government.

c) Ensure that development interventions acknowledge place specific development priorities whilst ensuring adequate balance.

d) Ensure that role-players involve in the provision of social safety nets are effectively performing their roles.

e) Ensure that efforts are made to foster practices of partnership-driven development in planning and implementation.

f) Ensure that access by NGOs and CBOs and other role-players in the field of HIV and AIDS is facilitated and supported.

7.2 Role and Responsibilities of Municipalities in Response to HIV and AIDS

The fundamental role and responsibilities of local government institutions is defined as that of:

a) Providing municipal services.

b) Promoting the local economic and social development.

c) Providing good governance to local communities in a manner that is responsive, inclusive, efficient, democratic and accountable.

7.3 Facilitation of Local Stakeholders

District and local municipalities have a critical role in the co-ordination and facilitation of local stakeholders. There are specific and common roles and responsibilities that guide municipalities in their response to HIV, STI and TB. The following are some of their shared and specific roles and responsibilities:

a) Avoid further infection through effective prevention efforts by challenging the underlying development conditions driving HIV and AIDS in the community.
b) Ensure that the Key Performance Areas (KPAs) for developmental local governance in the context of HIV and AIDS are prioritized.

c) Develop and monitor Key Performance Indicators (KPIs) for officials and Councilors that is related to their specific roles in response to HIV and AIDS.

d) Entrenching the HIV and AIDS roles and responsibilities across the municipality by using the existing structures and mechanisms.

e) Ensure an effective response by planning and delivering services associated with the powers and functions each municipality.

f) Ensure that HIV, STIs and TB are mainstreamed into the core functions of the municipality.

7.4 Collective roles of both district and local municipalities

Collectively, district and local municipalities have the following roles and responsibilities:

a) Collaboratively deciding how to respond to HIV and AIDS on the basis of the local HIV and AIDS context as well as institutional capacity.
b) Collaboratively engaging provincial and national sector departments to identify institutional arrangements for local level response in the district jurisdiction.
c) Obtain and analyse information and knowledge on the local landscape of HIV and AID and its implications for service delivery and governance.
d) Identifying the HIV prevalence and incidence within the municipalities and the implications this will have for service delivery and governance capacity.
e) Formulating and implementing responses to HIV and AIDS.
f) Mobilization, distribution and utilization of the available resources to meet the needs of the infected and affected individuals.

7.5 HAST Strategic Plan Implementation and Co-ordination

Central to the municipal response is the creation of HIV/AIDs structures that bring together government and its institutions, civil society organizations and the private sector to create a strong force against the spread and impact of the HIV and AIDS. The District and Local AIDS Councils are expected to develop a coherent plan and to ensure effective implementation of programs aimed at eliminating duplication, competition and waste of the scarce resources. As part of its broad goals, District and Local AIDS Council should ensure that all sectors of the society are mobilized to:

a) Collaborate in building the capacity of locally based organizations in ensuring an effective response to HIV and AIDS challenges.
b) Ensure positive response to HIV and AIDS in a cost-effective way with maximum impact to ensure the reduction of spread of the pandemic.
c) Ensure improvement of prevention programs through information and programs that seek to reduce the stigma and discrimination of the infected and affected.

The District AIDS Councils and Local AIDS Councils are established to co-ordinate and facilitate a coherent response between government, civil society organizations and business sector within the municipal jurisdiction: Theses councils operates in three levels which are:

a) LAC and District AIDS Council (chaired by the Mayor).
b) Four(4) Sub-committees:
    - Education, prevention and Awareness.
    - Treatment, care and support for people living with HIV and AIDS
    - Care for Orphans and Vulnerable children (OVCs)
    - Tuberculosis(TB)
c) Technical Task Team (TTT) responsible for the day to day implementation and coordination of the district and local AIDS councils.

The District and Local AIDS Council structures are a very important pillar in the implementation of a country response to HIV and AIDS. The tasks of the District and Local AIDS councils are three-fold and are defined as to:

a) Act as a voice for HIV and AIDS in the broader municipal development and in the IDP planning, implementation and monitoring processes.

b) Take responsibility for the co-ordination, planning, implementation, monitoring and evaluation of HIV, STIs and TB programming and interventions led by the municipality.

c) Leverage, co-opt and support role-players outside the municipality who are providing programming services.

7.6 Composition of Local AIDS Council

The Local AIDS Council comprises of the following individuals, sectors, officials and government departments:

- Mayor (Champion)
- Ward Councilors
- Local AIDS Councils Chairpersons.
- Municipal manager
- Community services Managers
- Men sector
- Organizations of People living with HIV and AIDS
- Business sector
- Children organization
- Sporting community
- Women sector
- Youth sector
- Non-Governmental organizations (NGOs)
- Community-Based Organizations (CBOs)
- Religious sector
- Traditional Leaders
- Traditional Practitioners
- Labour Movement
- Transport industry
- Disability sector.
- Older Persons.
- Government Departments
- Other relevant stakeholders

7.8 Roles and Responsibilities for the Local AIDS Council Structure

As a broad approach based on the global, provincial and local imperatives informing the ORTDM involvement in HIV, STIs and TB, the role of the role of the ADM is to:

a) Facilitate the integration and co-ordination of programs between all stake-holders and role-players involved in the fight against the spread of HIV and AIDS pandemic

b) Bring together all role-players and stakeholders within the jurisdiction of the local municipality.

c) Ensure the development of a HAST Strategy to respond to the impact of the pandemic.

d) Build the capacity of all wards initiatives and projects.

e) Monitor and evaluate the implementation of projects and initiate new ones if they do not exist

7.8.1 LAC Sub-Committees

To ensure effective co-ordination and implementation of its programs, the District AIDS Council will establish sub-committees that will be constituted by representatives from different role-players and stakeholders that will among other things will be responsible for:

a) Building partnerships among stakeholders and role-players.
b) Convene all role-players and stakeholders according to priority areas as outlined in the strategic plan document.
c) Improving communication and co-ordination among stakeholders and role-players.
d) Setting up of cross referral systems.
e) Development of joint plans and programs.
f) Developing a broad programs and ensure involvement of all organizations and community at large in the LAC programs.

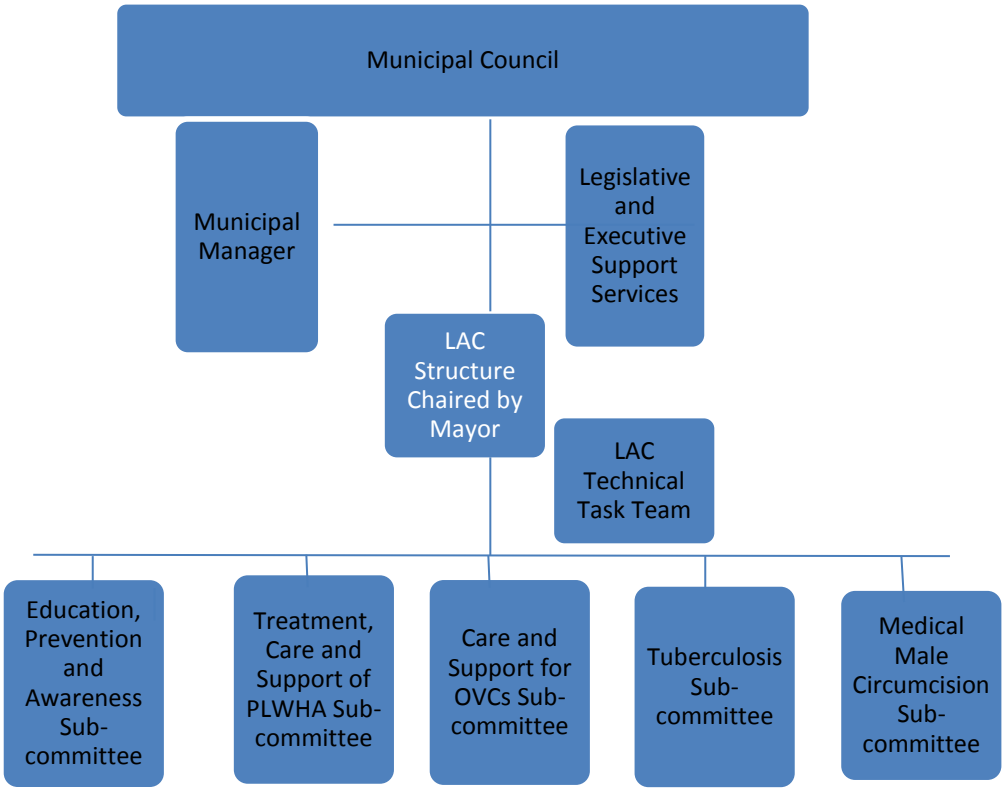
g) Monitoring and evaluation of the implementation and impact of the LAC programs.

7.8.2 Technical Task Team

To ensure effective co-ordination and implementation of its programs, the Local AIDS Council will establish a Technical Tasks Team constituted by sub–committee convenors and other resource persons that will among other things will be responsible for:

a) Providing administrative support to the AIDS council and the council committees
b) Providing the council with technical advice
c) Collate reports
d) Minutes of all council and task teams meetings
e) Correspondence management
f) Assisting task teams with logistical preparations
g) Responsible for the general co-ordination and preparation and logistical arrangements of the LAC and its sub-structures.
h) Monitor and evaluate the implementation and impact of LAC programs.
i) Mobilization, distribution and utilization of available resources.

7.9 LAC Structure



SECTION 8: CONCLUSION

Mthonjaneni Local Municipality' HAST Strategic Plan 2018-2022 is the culmination of extensive consultation and deliberation over several months with a wide range of stakeholders. These processes were key to determining the strategic priorities and the appropriate way forward in dealing with the scourge of HIV and TB in the municipality.

The Department of Health, King Cetshwayo DAC and Provincial Departments were intensively consulted and provided the overall guidance and framework for the HAST. The Local AIDS Council played an important role in this process. The HAST 2014 Strategic Plan 2018-2022 will provide strategic guidance for HIV, STI and TB activities for the next five years. It focuses on the drivers of the HIV and TB epidemics to achieve the goals defined below.

It builds on the achievements of the previous SPU plan, scaling up what has been done well, and improving the quality of services, while at the same time integrating new and proven strategies. As such, it does not repeat many of the interventions that are now considered to be part of the routine package of services for HIV and TB prevention, care and treatment (e.g.home-based care and support groups). This HAST Document is intended to respond to the rapid changes in the epidemics and will therefore be reviewed regularly for relevance and effectiveness. It is located within the broader development plan of government.

It is a multi-sectoral, overarching guide that will inform the wards, local, and community-level stakeholders about the strategic directions to be considered when developing implementation plans. It will also be used by LAC as the framework for coordinating and monitoring the implementation of the plan