

# HIV/AIDS PLAN

# AMAJUBA DISTRICT MUNICIPALITY

July 2005 – June 2006

Produced by the Education and Training Unit June 2003  
Phone: 011 – 648 9430 email: [edutrain@iafrica.com](mailto:edutrain@iafrica.com)

<b>CONTENTS</b>	<b>PAGES</b>
Background	2
Imperatives for municipal involvement in HIV/AIDS work	2 - 4
Important facts to know about HIV/AIDS	4 - 6
Role of the District Municipality	6 - 7
Proposed One Year Plan	8 – 11

**NB: Sections of the contents on pages 2 to 7 is generic information contained in ETU publications and are meant for background purposes.**

## **1.A. BACKGROUND**

Formatted: Bullets and Numbering

The Education and Training Unit (ETU) was approached by the Amajuba District Municipality to facilitate the development of an HIV/AIDS strategic plan for the municipality.

Local government is ideally placed to facilitate greater co-ordination at local level, to ensure that the council, councillors, different government services, NGOs and community all work together to effectively address such issues as public education, care for people living with AIDS and care for AIDS orphans.

On 3 May 2003, Mayors councillors, officials, government departments and non-governmental organisations came together to develop this work plan for the next financial year. The workshop followed an HIV/AIDS Lekgotla convened by the District Municipality in 2002.

The workshop was opened by Councillor A.T. Zwane who called for a co-ordinated and holistic approach in the fight against HIV/AIDS. He added that there was a need to form an effective partnership between the various levels of government and civil society.

The work plan focuses on three key areas:

- Education and Awareness – Openness and Prevention
- Treatment and Care for People Living with HIV/AIDS
- Care for Children in Distress

The work plan aims to reduce the infection in the district whilst providing the best possible care and support for the infected and affected.

## **B. IMPERATIVES FOR MUNICIPAL INVOLVEMENT IN HIV/AIDS WORK**

### **1. African Mayors' Initiative for Community Action on AIDS at the Local Level**

The Alliance of mayors and municipal leaders in Africa, together with the United Nations Development Programme have developed the African Mayors' Initiative for Community Action on AIDS at the Local Level (AMICAALL).

South Africa is one of 17 countries that have adopted a declaration in Abidjan in 1997 to develop a response by municipal leaders to HIV/AIDS. The declaration recognises that municipalities and councillors are closest to the people and are responsible for addressing local problems.

It states that local government; mayors and councillors have a vital role to play to do the following:

- Provide strong political leadership on the issue

- ❑ create an openness to address issues such as stigma and discrimination
- ❑ co-ordinate and bring together community centred multi-sectoral actions
- ❑ create effective partnerships between government and civil society

**Full version of the AMICALL Declaration and other documentation on the work of the alliance is available at [www.amicaall.org](http://www.amicaall.org).**

## **2. HIV/AIDS as a Developmental Issue**

*The following section is an extract of a speech by the Deputy Minister of Provincial and Local Government, Ms NGW Botha on the launch of the Programme for the Development of Local Government Leadership in the Partnership against HIV/AIDS.*

“A local government leadership programme needs to be aimed at challenging the persistent misconception within many municipalities that HIV/AIDS is just a ‘health’ issue.

### **Role of Local Government**

Key lessons from municipalities to date include:

- The importance of establishing local AIDS Councils representing a wide range of community-based organisations, non-governmental organisations, donors, faith-based groups and local business;
- The need for a more explicit intergovernmental and multi-sectoral approach, based on a clear definition of roles and responsibilities of the different spheres and sectors of government;
- The need to move beyond pilot projects in a limited number of localities towards an equitable, municipal-wide approach for all communities, while still being sensitive to economic and geographic differences,
- The importance of ward-based programmes, involving both the ward councillor and ward committee members.

Local interventions need to be multi-faceted, dealing with:

- Prevention through education,
- Provision of a continuum of treatment, care and support, including counselling, voluntary testing, mother to child transmission prevention, wellness programmes, home-based care, hospice and estate planning, death and burial services and bereavement support,
- Targeting of vulnerable groups such as children and orphans,
- De-stigmatisation and anti-discrimination campaigns,

- The establishment of a local database on HIV infections and AIDS deaths, disaggregated on the basis of age, gender, race and geographic area,
- Ongoing monitoring and evaluation of programmes. “

*Above: An extract of a speech by the Deputy Minister of Provincial and Local Government, Ms NGW Botha*

### **C. IMPORTANT FACTS TO KNOW ABOUT HIV/AIDS**

AIDS affects millions of South Africans. It is estimated that more than 4 million South Africans are HIV positive and about 5 000 people die every week.

The research to measure how common HIV/AIDS infection is in South Africa is done among pregnant women who visit state health clinics. The infection rates quoted below are for those women.

One can assume that many of the men who are partners to these women are also HIV positive but, if a province has a 10% infection rate amongst pregnant women, it probably has around a 5% infection rate among the population as a whole.

KwaZulu Natal has the highest HIV prevalence rate in the country, 32.5%. According to the Provincial Department of Health's Strategic Framework for an AIDS Free Kwazulu Natal by 2020, the prevalence is generally higher among women, with women aged 15 -19 showing a prevalence of 43.3%, compared to males of the same age show a prevalence of 17.3%. Female prevalence peaks in the 25-29 year old age group, whereas male prevalence peaks in the 35-39 year old age group. In the next few years deaths from HIV/AIDS will exceed all other causes of death combined. The Strategic Framework further suggests that the number of people sick from AIDS will peak only around 2008/9.

The figure for the Amajuba District in 2001 indicates an infection rate of 40 % in the HIV antenatal prevalence survey.

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

Life expectancy in South Africa (the number of years the average person will live) is expected to go down from a high of around 60 years in 1994 to just over 40 years in 2005.

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

whole.

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 easily become infected by HIV positive partners. When people have other diseases like sexually transmitted diseases, TB or malaria they are also more likely to contract and die from AIDS.

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

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

The fight against AIDS has to happen on two main fronts - prevention and care. To prevent the spread of AIDS we have to educate people on how to prevent infection. We also have to change the social attitudes that make women vulnerable because they cannot refuse unsafe sex from a partner and the attitudes among men that lead to woman abuse and rape. Poverty alleviation and development are also important programmes that will limit the spread of AIDS.

To deal with the results of the disease and the social problems it creates, we have to make sure that people living with AIDS get care and support to help them live longer and healthier lives. We also have to make sure that those who are dying are properly looked after. For the children who are left orphaned, we have to find ways of looking after them so that they do not become hopeless and turn to crime or live on the streets because of poverty.

AIDS can reverse all the progress that has been made in our young democracy towards building a better life for our people. National and provincial government cannot fight this battle alone. They can provide health and welfare services, development programmes and information. However, municipalities, together with organisations on the ground, have to provide the type of leadership and direction that will lead to real change in people's attitudes and behaviour. Municipalities are also ideally placed to identify the needs of people in their area and to co-ordinate a coherent response to those needs. Local municipalities can engage with civil society, other government departments, as well as schools, churches and so on to make sure that everyone works together to combat the spread of AIDS and to care for those affected by the disease.

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

use our influence and popularity to mobilise the community and involve volunteers in projects that provide care for people who are ill and orphans.

HIV/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. Of all the people living with AIDS in the world, it is estimated that 6 out of every 10 men, 8 out of every 10 women and 9 out of every 10 children live in Sub-Saharan Africa. South Africa has one of the fastest growing rates of infection in the world.

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 meagre resources they have left are not enough to provide care for the ill person and food for the family.

Children who are orphaned are often 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 may become our biggest problem in the future.

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

Our welfare system may not be able to cope with the number of orphans who need grants. Our health system is already strained to provide basic health care for all diseases and in parts of Kwazulu Natal and Gauteng almost half of hospital beds are taken by people who are ill from AIDS.

#### **D. ROLE OF THE DISTRICT MUNICIPALITY**

The workshop confirmed that the District (organised as the District AIDS Council) needs to fulfil the following functions:

##### **Service Delivery**

The District must provide services, within its competence that local municipalities are unable to provide.

##### **Capacity Building**

The district must build capacity within its municipalities and civil; society to deal with HIV/AIDS and related diseases including tuberculosis.

**Co-ordination**

The Council will co-ordinate and oversee the activities of all organisations, Local AIDS Councils in all municipalities and government departments involved in the fight against HIV/AIDS to prevent duplication and ensure a focussed response to the pandemic.

**Development of Implementation Plans**

The Council will guide the process of developing and enhancing the implementation of action plans for projects and programmes.

**Fundraising**

The Council will mobilise resources for its own functioning and for programmes and projects that will provide care and support for the infected and affected.

**Advisory Body**

The Council will provide advice to the District and Local Municipalities on issues related to HIV/AIDS

**Liaison/Lobbying Role**

The Council will liaise with and lobby higher tiers of government to ensure the efficient delivery of existing services and for the provision of programmes and projects that contribute to improving our fight against the pandemic.

**Monitoring and Evaluation**

The Council will monitor the impact of the projects and programmes as well as evaluate its activities at the end of each financial year.

<b>Core Interventions</b>	<b>Beneficiaries/Target groups</b>	<b>Approach</b>	<b>Indicators</b>	<b>Timeframes</b>	<b>Partnerships</b>
<b>1.Establish Local AIDS Councils in all municipalities.</b>  <b>1.1</b>	General Population	<ol style="list-style-type: none"> <li>Local Mayors to initiate process</li> <li>Ensure representation of government and civil society organisations</li> <li>Develop strategic plan in line with the district strategy</li> </ol>	<p>LACs in all local municipalities</p> <p>Minutes of meetings of the LACs</p> <p>A strategic and work plan</p>	End of September 2005	Local Municipalities and District Aids Council
<b>2.Develop a comprehensive approach to education and awareness in all municipalities</b>  <b>2.1 Distigmatisation campaign</b>  <b>2.2 Day of older persons</b>  <b>2.3 16 days of activism</b>	<p>General Population</p> <p>Dannhauser Community</p> <p>Older persons</p> <p>Woman and Children</p>	<ol style="list-style-type: none"> <li>Develop plans to reach every part of the municipality on an ongoing basis through events and direct contact with residents</li> </ol>	<p>A working plan with timeframes and activities focusing on education and awareness in all municipalities</p> <p>Well informed older Persons</p>	End of September 2005	Department of Health, Department of Welfare, Department of Education, other stakeholders, Asibambimpilo committee and SAPS
<b>3.Establishment of district MIPAA.</b>	Men	<ol style="list-style-type: none"> <li>Utilize man who attended a provincial MIPA event.</li> </ol>	<p>Minutes of meetings of the structure.</p> <p>Action plan.</p>	End of October	Department of Health. NGO's, FBO's CBO's Amajuba District Municipality.
<b>4.Training of HIV/AIDS Counselors in all municipalities.</b>	PLWHA General Population.	<ol style="list-style-type: none"> <li>Recruitment of Counsellors</li> <li>Work with Department of Health to provide training</li> <li>Decide on approach to deployment, monitoring and mentorship on</li> </ol>	<p>Record of one trained counselor in each ward</p> <p>Records of the number of people counseled per ward</p>	End of November 2005	Department of Health, Department of Welfare.

<b>4.1 Training on HIV/AIDS</b>	Local Industry, community leaders, Councillors and municipal officials	<p>completion of training</p> <p>4. Assist ward councilors in convening meeting to elect them</p>			Nedupola trust
<p><b>5.Strengthen and support community based and home-based care.</b></p> <p><b>5.1 To form support groups for child headed households. And motivate adult headed households to adopt child headed households</b></p> <p><b>5.2 placement of vulnerable children in foster care</b></p>	<p>People living with HIV/AIDS (PLWHA)</p> <p>Families of People Living with HIV/AIDS</p> <p>Child headed households</p>	<p>1. Do an audit of current HBC programmes</p> <p>1. Check areas covered and gaps /and do mapping of those programmes.</p> <p>2. Work with Department of Health to recruit and train caregivers in areas of need.</p> <p>3. Set up at least 1 HBC project per ward</p>	<p>A core group of ward based caregivers providing ongoing and uninterrupted services in all wards</p>	<p>End of November 2005</p> <p>31/03/06</p>	<p>Department of Health, Department of Welfare, and other stakeholders.</p>
<b>6.Develop a comprehensive approach to poverty alleviation</b>	General Population	1. Audit and Identify all wellness and poverty alleviation programmes	A list of wellness and poverty alleviation programmes	End of September 2005.	Department of Welfare, and the Youth Council,

<p><b>and wellness programmes.</b></p>		<p>within the district</p> <ol style="list-style-type: none"> <li>2. Work with the Departments of Health, Welfare, Agriculture and Land affairs to develop a comprehensive programme for the district</li> <li>3. Mobilise families and people in need to access the various grants and services provided by the Department of Welfare</li> <li>4. Encourage all people within the municipality to obtain ID documents and register the birth of children</li> </ol>	<p>A work plan to the Departments of Health, Welfare, Agriculture and Land Affairs to address poverty within the municipality</p> <p>All families and people in need with access to the relevant welfare support</p>		<p>Umsobomvu youth Fund, Department of Health, Amajuba District Municipality and other stakeholders.</p>
----------------------------------------	--	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--	----------------------------------------------------------------------------------------------------------

Core Interventions	Beneficiaries/Target groups	Approach	Indicators	Timeframes	Partnerships
<p><b>7. Establishment of N.I.P. Site in each Local Municipality, progressively.</b></p>	<p>Orphans</p>	<ol style="list-style-type: none"> <li>1. Identify volunteers and caregivers to staff the facility</li> <li>2. Work with the Department of Health to equip the building</li> </ol>	<p>Establishment of the N.I.P. Site</p>	<p>End of September 2005</p>	<p>Department of Education, Department of Health, Department of Welfare, Department of Agriculture.</p>