



## **7. CRITICAL ELEMENTS OF HIV AND AIDS PLAN**

- Effective leadership of Bavarians Municipality
- Effectiveness of secretariat
- Total commitment of stakeholders
- Leadership of professional staff of Department of Health
- State departments to communicate and co-ordinate their programs
- Breakdown of negative barriers surrounding HIV and AIDS

## **8. PROPOSED WAY-FORWARD**

- Refinement and finalisation of the document
- Integrate interventions into the 2010/2011 IDP and the budget thereof
- The appointments of local persons in Bavarians Municipality area, serving on the secretariat
- Secure buy-in from the Council
- Communication strategy to inform communities in the Bavarians
- To be effective within the next 6 months on HIV and AIDS in the Bavarians

#### **5.4 Research, monitoring and evaluation**

- Develop and Implement a Municipal Monitoring and Evaluation framework for defined, relevant indicators
- Support research in the development of new prevention strategies
- Development and promotion of research on behavior change
- Conduct policy research on HIV and AIDS

#### **5.5 Human rights and access to justice**

- Ensure public knowledge of and adherence to the existing legal and policy provisions
- Mobilise society, and build leadership of people living with HIV and AIDS in order to mitigate against stigma and discrimination
- Identify and remove legal, policy, religious and cultural barriers to effective HIV prevention, treatment and support
- Focus on the human rights of women and girls, including people with disabilities, and mobilize society to promote gender and sexual equality to address gender-based violence

#### **5.6 Mainstreaming HIV and AIDS into IDP**

- Knowledge of local situation
- HIV and AIDS programming
- HIV and AIDS workplace strategy
- Mainstreaming HIV and AIDS programs in IDP and Service Delivery
- Leadership (advocacy and mobilisation)

## **5. KEY PRIORITY AREAS OF THE HIV AND AIDS PLAN**

### **5.1 Prevention**

- Reduce vulnerability to HIV infection and the impacts of AIDS
- Reduce sexual transmission of HIV
- Reduce mother-to-child transmission of HIV
- Minimise the risk of HIV transmission through blood and blood products

### **5.2 Treatment, care and support programming and streamlining interventions**

- Increase coverage to voluntary counselling and testing and promote regular HIV testing
- Enable people living with HIV and AIDS to lead healthy and productive lives
- Address the special needs of pregnant women and children
- Mitigate the impacts of HIV and AIDS and create an enabling social environment for care, treatment and support

### **5.3 Care and Support of Orphans and Vulnerable Children (OVC)**

- Address special needs of vulnerable groups care
- Create and enable social environment for care, treatment and support of OVCs
- Strengthen the implementation of OVC policy and programs in targeted areas

- *The Local AIDS Council (LAC)*

It is also recommended that the LAC be linked to the IDP steering committee in order to ensure that HIV is integrated in the IDP. (The same applies to district AIDS councils.) The LAC is also the most powerful instrument to coordinate the municipal response.

- *IDP manager and HIV coordinator*

They should be given the time and power to drive the HIV and AIDS response in the municipality.

- *Municipal senior managers and Councillors*

They must through leading by example and having local HIV and AIDS prevention campaigns and events, communicating the risks associated with multiple concurrent partnerships and intergenerational relationships.

#### **4.4 Effective Baviaans LAC**

- Improve co-ordination among stakeholders
- Ensure availability of treatment and care services to ensure that HIV and AIDS is effectively mainstreamed in the IDP
- Ensure availability of support and rehabilitation services
- Ensure development and implementation of awareness education programs and community awareness and engagement
- Ensure a conducive environment for the infected and effected people
- Ensure improved municipal response through better integration of HIV and AIDS programs

## **4. BAVIAANS MUNICIPALITY'S RESPONSE**

### **4.1 Know the pandemic in your area**

Each LAC member should read, disseminate and discuss the latest district antenatal prevalence data and the trends highlighted by the HSRC survey to help municipal HIV stakeholders better understand the social and behavioral determinants of the disease. There is an urgent need to identify underserved areas. The LAC could put in place a system asking members to systematically report on emerging challenges.

### **4.2 Know the responses in your area**

The LAC is essential to coordinate the response and organize referrals. A fact sheet can be developed and regularly updated. Regular meetings of the LAC are essential to better identify the local situation. This directory needs to be kept up to date and to reflect the spatial areas served in order for it to be useful for referrals.

### **4.3 Using existing municipal mechanisms to plan, coordinate and evaluate**

- *Integrated development plan (IDP)*

HIV and AIDS must be mainstreamed through the IDP process and integrated in all IDP planning, monitoring and evaluation stages. The information gathered on the local pandemic and response must be included in the IDP situational analysis.

### **3.3 Prevalence of HIV in Baviaans**

Willowmore Hospital and Clinic – 7.51% tested positive in 2009

Steytlerville Clinic – 3.92% tested positive in 2009

### **3.4 Most risk population (2008 HSRC study)**

#### 3.4.1 High school girls

- Early sexual activity
- Teenage Pregnancies

#### 3.4.2 Woman aged 20-34 and men aged 25-49

#### 3.4.3 People who drink excessively

#### 3.4.4 Recreational drug users

#### 3.4.5 Men who have sex with men

#### 3.4.6 People with disabilities

### **3.5 Ignorance of the existence of the HIV and AIDS pandemic**

According to monthly statistics received, it is clear that most of the residents in the two areas are reluctant to have themselves tested.

The amount of women tested for the past five months were 309. Of this 309, 264 were tested for medical reasons. This means that 85.4% of women tested were for antenatal, tuberculosis or other medical reason.

The amount of men tested for the past five months were 133. Of this 133, 109 were tested for medical reasons. This means that 82% of men tested were for tuberculosis or other medical reason.

This brings us to the conclusion that there is still a lot of hard work to motivate communities to have them tested.

### 3.1.1.4 HIV prevalence by district

The 2006 survey is different from previous surveys in that the sample size was increased to enable an adequate statistical power to obtain HIV prevalence estimates for each district of South Africa. The district estimates provide more information for planning at district level.

Table 4 and Figure 5 show the distribution of HIV prevalence by District in 2006. HIV prevalence rates in districts show variations in district prevalence rates within districts. It is interesting to note for example that the district with the lowest HIV prevalence is recorded from the Northern Cape (5.3%) where the variation between the lowest and highest district in approximately 17%. Intra-provincial variations are equally wide for provinces such as Free State and KwaZulu-Natal, (19.7% to 34.1%; 27.9% to 46.0%; respectively). Maps showing the HIV prevalence by district for each province are shown in Annexure 1.



### 3.1.1.3 HIV prevalence by age group

There are different trends in HIV prevalence between the younger and older age groups. An important finding of this study was the significant decline in HIV prevalence amongst participants under the age of 20 years. In this group HIV prevalence was estimated at 13.7% in comparison to 15.9% in 2005. This observation may be an indicator of declines in HIV incidence in this age group. HIV prevalence in the 20 to 25 year age group has also decreased in comparison to 2005. There was however, an increase in HIV prevalence amongst women in the 30 to 39 year age group as shown in Table 3 and Figure 4. This could be partly attributed to a cohort effect referring to the fact that women in the younger age groups who may already be infected, move into an older age cohort.

Figure 1: National HIV prevalence trends among antenatal clinic attendees in South Africa: 1990 to 2006

3.1.1.2 Provincial HIV prevalence

The pattern of provincial prevalence shows that the pandemic has progressed at a different pace in the different provinces. Table 2 and Figure 2 show that the trends remain similar to those observed in previous years with KwaZulu-Natal having the highest prevalence and the Western Cape followed by the Northern Cape reporting the lowest estimated rates.

In comparison with figures for 2005, HIV prevalence has not changed significantly in six provinces. No increases were noted apart from a slight upward trend in the Free State.

- Municipal Community Services
- Local HIV&AIDS coordination
- 3 x Professional Representatives: Steytlerville clinic, Willowmore clinic and Willowmore Hospital
- Municipal Manager
- Social Worker
- Mayor or assigned councillor

This team will ensure that all HIV&AIDS programs are well coordinated. They will also ensure that the LAC is well prepared for when it meets.

### **3. CHALLENGES OF HIV AND AIDS IN SOUTH AFRICA; EASTERN CAPE CACADU AND BAVIAANS MUNICIPALITY**

#### **3.1 Results of study done in 2006**

##### Prevalence of HIV in South Africa

##### 3.1.1 HIV Prevalence

##### 3.1.1.1 National HIV Prevalence

This survey is designed to provide trends in HIV prevalence. Based on the results of the survey; it is estimated that nationally, **29.1%** (CI 28.3% - 31.2%) of pregnant women were HIV positive in 2006. This is in comparison with a prevalence rate of **30.2%** (CI 29.1% - 31.2%) in 2005 (Department of Health, 2005). This finding suggests for the first time that the South African epidemic may be beginning a downward trend as suggested by the UNAIDS Spectrum model (annexure 2). This trend will need to be observed carefully for confirmation in the next few years.

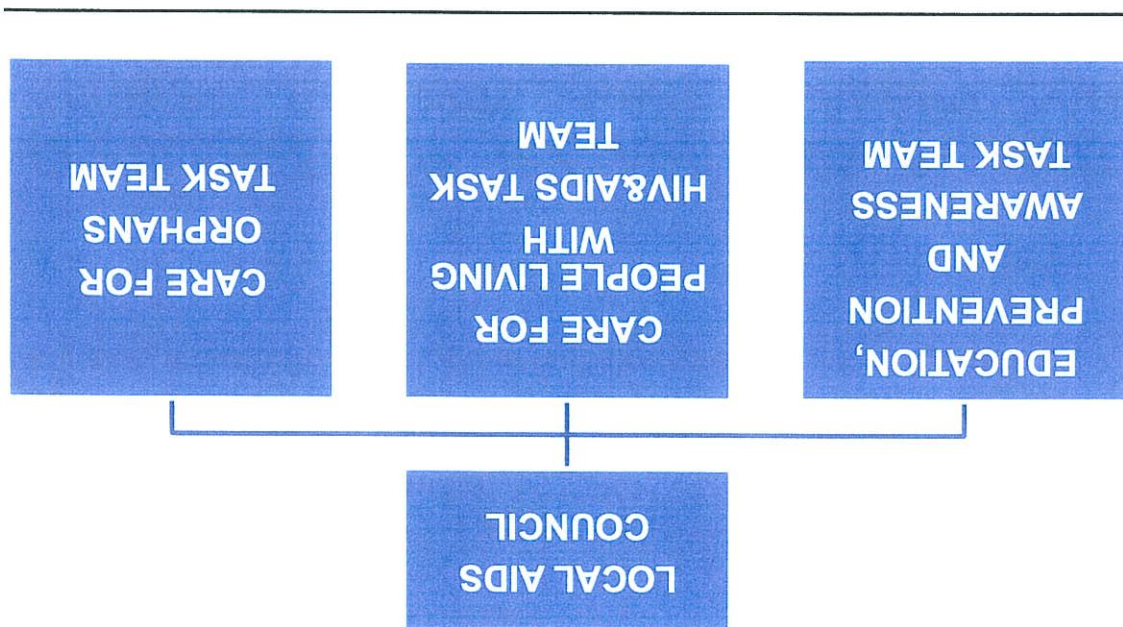
For efficient and effective co-ordination and implementation of local AIDS programs, LAC shall establish a secretariat composed of:

**2.6 Secretariat**

- Serve as a forum to develop and share programs around the specific work environment
- Ensure that there is no duplication of programs
- Create a platform for effective liaison and co-ordination among those involved in this area of work
- Work closely with the Local AIDS Council

Task teams are composed of different stakeholders/organisations involved in that particular work environment. The role of each task team is to do the following:

**2.5 Role of different task team**



**2.4 Local Aids Council Structure**

Membership to the Local AIDS Council shall be by application submitted to the Chairperson (Mayor), who together with the Council, shall decide on the approval or non-approval of the application.

## **2.3      Composition**

The National Strategy Plan identifies a number of sectors, stakeholders and formation as possible partners in the establishment of a Local AIDS council. Amongst those identified, the following can be identified:

- Mayor
- Chairperson Health Standing Committee
- Local council/Community Services
- Government Dept Representatives
- Religious sector
- Business sector
- Transport industry people
- Civics Representative
- Clinic Representatives
- Traditional Health Practitioners
- Local Health authority Representatives
- NGO Representatives
- People with Disabilities
- Labour movement Representatives
- Political organisations Representatives
- Youth organisations/commission Representatives
- Media
- Tertiary Institutions
- Women organisations
- Any other stakeholder that is or may play an important role on HIV&AIDS

To promote a co-ordinate and combined effort among all those involved in the fight against HIV and AIDS and to work towards alleviation of the social, economic, cultural and political challenges resulting from it.

## 2.1.2 Mission

Creation of an environment where the spread of HIV and AIDS is minimised, with the infected and affected people having full access to relevant treatment, care and support service and living a life that is free from discrimination and stigma.

## 2.1.1 Vision

- To create a platform that brings together all stakeholders within the municipal area
- Develop a unified approach by focusing and combining all efforts to fight HIV&AIDS
- Advise municipal council on all matters that are HIV&AIDS related
- Co-ordinate all programs that are HIV&AIDS related
- Do situational analysis of the local area and planning according to the situation analysis
- Community mobilization
- Organise capacity building programs for organisations involved in HIV&AIDS programs
- Develop campaigns that are targeting the communities
- Involvement in life skills education for in- and out- school youth
- Be involved and develop programs that are HIV&AIDS related
- Solicit resources that can assist in programs that are HIV&AIDS related

## 2.2 Terms of Reference

# BAVIAANS MUNICIPALITY

## HIV AND AIDS PLAN

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### **1. LEGAL BACKGROUND**

#### **1.1 Legislative Framework**

- The National Strategic Plan on HIV and AIDS, STI's 2007-2011
- The White Paper on Local Government
- The Municipal Systems Act
- The IDP guides – Sections and Dimensions: HIV and AIDS a priority issue for all spheres of government
- The credible IDP's framework
- The framework for an Integrated Local Governance Response to HIV and AIDS (DPLG)

#### **1.2 Labour Legislation**

- E.G employment Equity act
- SALGA Workplace Policy

### **2. BAVIAANS LOCAL AIDS COUNCIL**

#### **2.1 Vision and Mission**

<b>4. Researched Monitoring and Evaluations</b>	Establish a Secretariat	Report to L <sup>A</sup>	Decision makers	-Secretariat -LAC	Nazima BM	BM	Stats at all BAC meetings
<b>5. Human Rights &amp; Justice</b>	Information to relevant role players	Road shows	-Community -Women -Children -Affected People	-Social development; - Bavians Municipality; -SAPS -NGO			Discuss at next meeting
<b>6. Mainstreaming</b>	Co-ordinate all knowledge and programs for mainstreaming into IDP	Meeting between Secretariat and IDP steering committee	Leadership	-Secretariat -Professional staff; -IDP Official; -Municipal Manager; -Mayor	BM	None	Ms L de Beer to coordinate



KPA'S	TASK	ACTIVITIES	TARGET GROUP	PARTNER-SHIP	Responsible persons to execute	RE-SOURCES	WHEN
2. Treatment and care	Co-ordinate all treatment and care methods	<p>a) Establishment of a trauma and counseling centre in Steyterville &amp; Willowmore</p> <p>b) Supply water tanks for food gardens -Encourage the making of food gardens</p> <p>c) Expanding services at ARV site Willowmore</p>	<p>-HIV and AIDS clients -Cancer and ARV clients -Raped and abused children</p> <p>- Old aged and disabled people - poor households -All households</p> <p>-Infected People and ARD clients</p>	<p>a) SAPS -Willowmore hospital -Department of Social Development -Baviaans Municipality -CMR</p> <p>b) Department of Housing -Cacadu District -Baviaans Municipality -Department of Agriculture</p> <p>c) Willowmore Hospital -Social development of health -CMR</p>	<p>WM Hospital CMR</p> <p>BM to invite mng of the Nursery to next BAC meeting to report on vegetables available for households In need</p> <p>Hospital Manager</p>	<p>Dept Health</p> <p>None</p> <p>Dept of health</p>	<p>Centres are in place – ongoing trauma &amp; counseling</p> <p>Next BAC meeting 3 Mch 10 Letter to Mr P Korkee on 19/2/10</p> <p>Report at next BAC meeting 3/3/10</p>
3. Orphan care and vulnerable children	Make sure orphans and vulnerable people are looked after	<p>Establish support structure</p> <p>Identify orphans and vulnerable people</p>	Orphans and vulnerable children	<p>-Social Development; -CMR; -Professional staff -NGO</p>	<p>CMR Love Life</p>	<p>Departments</p>	<p>Ms Schoeman will report at next BAC meeting 3/3/10</p>

KPA'S	TASK	ACTIVITIES	TARGET GROUP	PARTNER-SHIP	Responsible persons to execute	RE-SOURCES	WHEN
		e) Voluntary counseling and testing for the Ingcibi and Amkhankatha; Educating the Amakrwala about the myths of HIV and AIDS  f) Know your status campaign	Young boys; Ingcibi; Amkhankatha  All community members	-Department of health -Ingcibi -Amakhankath  -Department of Health -Baviaans Municipality -WGO -Churches -Social Development	Dept Health  All BAC stakeholders to have themselves tested at BAC meeting	Ms Plaatjie  BAC	Letter to Ms Plaatjeon 19/2/10  BAC Meeting on 18 Aug 10

<u>KPA's</u>	<u>TASK</u>	<u>ACTIVITIES</u>	<u>TARGET GROUP</u>	<u>PARTNER-SHIP</u>	<u>Responsible persons to execute</u>	<u>RE-SOURCES</u>	<u>WHEN</u>
		d) Days of prayer and commemoration	-Community members -Young people -Infected people -Families	-Dept of health; -Baviaans Municipality; -LAC		Baviaans Aids Council	
		-World AIDS Day		Willowmore Steytlerville Baviaanskloof Mobile WM Mobile SV	J van Staden V Sampies G vd Berg G vd Berg Sis Nappies	R8000 R8000 R2000 R2000 R2000	1 <sup>st</sup> week Dec 2010
		-T.B day		Willowmore Steytlerville Baviaanskloof	J v Staden V Sampies G vd Berg	R4000 R4000 R2000	24 Mch 10
		-Candle light memorial services		Willowmore Steytlerville	J v Staden V Sampies	R5000 R5000	17 May 10
		-STI Day		Willowmore Steytlerville	J v Staden V Sampies	R4000 R4000	Mch10
		-Pregnancy week		Willowmore Steytlerville	J van Staden V Sampies		Mch10

# Implementation plan

February 2010

KPA'S	TASK	ACTIVITIES	TARGET GROUP	PARTNER-SHIP	Responsible persons to execute	RE-SOURCES	WHEN
1. Prevention of HIV and AIDS infection	Comprehension approach on distributing of info and awareness on HIV and AIDS in the Bavians.	<p>a) Sports day and educational talks on HIV and AIDS with teachers in partnership</p> <p>b) Visiting taverns; Educate tavern owners &amp; people in taverns on the effects of alcohol and drug abuse; Condom contribution and effective use of condoms</p> <p>c) Door to door campaign; Inviting inmates to talk about the dangers of being infected</p>	<p>Learners</p> <p>-Tavern owners and middle age group</p>	<p>-Love Life</p> <p>-Education, SAPS, SASSA,</p> <p>-Dept of Health;</p> <p>-Churches;</p> <p>-Sport organisations</p> <p>-Churches</p> <p>-Safety and Security;</p> <p>-Education;</p> <p>-SASSA;</p> <p>-Dept of Health;</p> <p>-Churches</p> <p>-Business;</p> <p>-LAC;</p> <p>-Churches;</p> <p>-Department of health;</p> <p>-Social development</p> <p>-CMR</p>	<p>BM</p> <p>Member of inter-churches forum</p>	<p>BAC</p> <p>Love Life R1500</p> <p>BAC</p>	<p>Discuss at next Secretariat meeting</p> <p>Discuss at next Secretariat meeting – 14/04/10</p> <p>Determine how many volunteers need training and Ms Savage will arrange with NGO for provision of training</p>



