



**MERAUFONG CITY LOCAL  
MUNICIPALITY  
HIV/AIDS STRATEGIC  
PLAN: 2016 – 2021**

## **MERAFONG CITY LOCAL MUNICIPALITY HIV/AIDS STRATEGIC PLAN: 2016 - 2021**

### **ACRONYMS/ABBREVIATIONS**

AIDS	Acquired Immune Deficiency Syndrome
CBO	Community Based Organization
DAC	District Aids Council
FBO	Faith Based Organization
HCBC	Home and Community Based Care
HIV	Human Immunodeficiency Syndrome
IDP	Integrated Development Plan
NACCA	National Action Committee for Children Affected by HIV & AIDS
NIP	National Integrated Plan for Children Affected by HIV & AIDS
NPO	Non-Profit Organization
NSP	National Strategic Plan
OVC	Orphans and Vulnerable Children
PLHA	People Living with HIV & AIDS
SANAC	South African National Aids Council
STI	Sexually Transmitted Infection
WAD	World Aids Day

## **INTRODUCTION**

HIV status and its terminal stage, AIDS, is a condition caused by infection with a retrovirus (HIV) which systematically destroys the body's immune system, rendering it defenceless against infection and certain cancers.

AIDS is a disease that affects millions of South Africans. A virus called HIV, which stands for Human Immune Deficiency Virus, causes it. The virus slowly weakens a person's ability to fight off other diseases, by attaching itself to, and destroying important cells that control and support the human immune system (CD 4 + cells). After a person is infected by HIV, he or she, although infectious to others, can look and feel fine for many years before AIDS is developed.

There is no question among the majority of the world's scientists that HIV causes AIDS. The average period between getting infected with HIV and developing AIDS is 5 to 7 years in the absence of treatment.

Although antiretroviral drugs can prolong life and improve the general health of the Person Living with AIDS (PWA), there is no cure at present.

The aim of this policy is to be consistent with other initiatives that address responses to HIV & AIDS, including current and intended legislation and policies. In this respect the Policy Framework is expected to be cross cutting with existing and draft legislation, policies and regulations, directly or indirectly.

## **CONSIDERATIONS**

The Strategic Plan is set within the following South African legal and policy frameworks.

### **The National HIV & AIDS and STI Strategic Plan for South Africa (2012-2016)**

The main strategic direction of the HIV & AIDS response in South Africa is mainly given by the way South Africa has responded to the HIV/AIDS epidemic in a number of significant ways spearheaded by the National HIV/AIDS and STI Strategic Plan, commonly known as the National Strategic Plan (NSP).

The plan represents South Africa's multi-sectoral response to the challenge of HIV infection and the wide ranging impacts of AIDS and thus seeks to "provide continued guidance to all government departments and sectors of civil society, building on work done in the past decade. It is informed by the nature, dynamics, character of the epidemic, as well as developments in medical and scientific knowledge".

The NSP (2007-2011 and revised 2012-2016) is based primarily on the understanding that no single ministry, department or sector can be solely responsible for addressing the epidemic. The plan envisages that each department and sector would develop strategic plans and that the different efforts should be harmonized. The interventions that are needed to reach the NSP's goals are structured under four key priority areas:

- Prevention
- Treatment, care and support
- Human and legal rights, and
- Monitoring, research and surveillance

### **Patient's Rights Charter**

The South African Patient's Rights Charter provides clear and key guidance to patient rights, responsibilities and complaints procedures and is a guiding model for any providing service to patients and their families. Though it is not binding, it draws on the rights set out in the South African Constitution, where specific reference is made to rights of people living with HIV or AIDS and with disabilities.

### **Framework for an Integrated Local Government Response to HIV/AIDS 2007**

The framework tables responsibilities for different government sector and Municipal Responses to HIV/AIDS. It tables Key Performance Areas for municipalities in the context of HIV/AIDS. It also tables the processes and approach to the role that municipalities can play as part of their core planning and implementation processes, namely the IDP process, in reversing the spread of HIV and mitigating the impacts of AIDS.

### **Legislation Consideration**

South Africa has promulgated a number of legislations and regulations that have a bearing on a response against HIV/AIDS, the main ones being:

#### **The Constitution of the Republic of South Africa, 108 of 1996**

The South African Constitution, Act 108 of 1996 is the basis of human right in South Africa. All rights contained in the South African Bill of Rights apply equally to adults and children, Section 28 of the Constitution deals specifically with rights that children have in addition to all other rights contained in the Bill of Rights. These include: a range of socio-economic rights including the right to basic nutrition, and basic health care services and social services.

## **Other Relevant Acts**

The National Health Act No 61 of 2003  
Medical Schemes Act No 131 of 1998

Employment Equity Act No 55 of 1998  
The Non-Profit Organizations Act No 71 of 1997  
Promotion of Equality and Prevention of Unfair Discrimination Act 2000  
The Child Care Act No 74 of 1993  
The Sexual Offences Act of 1957

## **THE MUNICIPAL HIV/AIDS STRATEGIC PLAN**

This Strategic Plan proposes to create and promote an enabling environment in which the municipal response to HIV/AIDS can be adequately crafted and implemented in a sustainable manner. The Plan is expected to guide stakeholders of municipality to develop effective preventative programmes that respond to the National Strategic Plan of halving new infections.

### **VALUES**

This Strategic Plan subscribes to the following values: Honesty, integrity, confidentiality, professionalism, efficiency, accountability, transparency and participation.

### **PRINCIPLES**

Professionalism must be promoted and maintained for HIV/AIDS programmes.  
HIV/AIDS services must be provided impartially, fairly, equitably and without bias.  
Efficient, economic and effective of the resources must be promoted in all HIV/AIDS programs.  
HIV/AIDS challenges must be responded to and the public must be included to participate in HIV/AIDS policy making and general response programmes.  
The District Aids Council must be accountable and transparent.

## **OBJECTIVES OF THIS HIV/AIDS STRATEGIC PLAN**

To reduce new HIV infections;  
To promote longer productive lives for PLHA;  
To support affected children and their families;  
To change community behaviour: safer sex, self-care and social support for affected families and vulnerable children;

To improve utilisation of services health services for diagnostic and early treatment purposes;

To improve the livelihoods of those engaged in the prevention programme through training on skills that can be used post HIV/AIDS function.

## **ROLE OF MERAUFONG LOCAL MUNICIPALITY ON HIV/AIDS**

### **Budgeting and Reporting**

The municipality must ensure that HIV/AIDS prevention programs are one of the priorities in the municipal IDP programs;

To ensure that HIV/AIDS prevention programs are budgeted for along all other programs such as the SPORTS, ARTS etc for identification clothing and bags to carry the media material;

The municipality to submit costed business plans to the region for facilitation of grant funding;

The municipality, through Local AIDS Council, to coordinate and consolidate reports from the stakeholders and submit to the District AIDS Council,

The municipality to ensure timeous and appropriate reporting in line with the provided guidelines of the grant.

### **Communication and Branding**

The municipality should prioritise the communication and branding of HIV/AIDS awareness within the municipal buildings,

Communication and branding awareness should also be prioritised to reflect on all media sources of the municipality such as the website, notice boards, media handouts e.t.c,

Every office of the municipality, receptions, toilets e.t.c to have signs of HIV/AIDS awareness,

The municipality, especially the Department of Human Capital, to pledge and assured confidentiality to the employees in relation to HIV/AIDS status,

### **Programming of the prevention activities**

The municipality to maintain and sustain the municipal office coordinating the HIV/AIDS programs in terms of adequate staff and other resources,

The municipality to quantify the need and recruit the required number of volunteers for the prevention programme at ward level;

The municipality will ensure that rural and farming areas are covered with the programs of HIV/AIDS;

The municipality to support, access and coordinate the capacitation programs of the volunteers to qualifies them in executing their tasks and roles;

The municipality must commemorate the World AIDS Day commemorated internationally,

The municipality to sustain and report on door to door campaigns conducted by the volunteers at ward based level,

The municipality to comply with all procedure expected to adhered to in terms of programs and reports,

The security of the volunteers in terms of conducting door to door campaigns and health risk-infections be of priority.

### **Monitoring and Evaluation**

Merafong municipality to draw up plans and attach time frames for monitoring and evaluation of ward based programs,

The municipality to adhered to the guidelines and time frame to maintain the standard of HIV/AIDS programs,

The monitoring and evaluation program of the municipality should also indicates the corrective measures.

### **Impact Assessment**

The municipality through the LAC (stakeholders) should able to determine the impact of the HIV/AIDS programs in terms of:

The fluctuating statistics of people living with HIV/AIDS in the community,

The supply and demand of the medication and treatment for HIV/AIDS,

The social factors that influencing the defaulting of the epidemic treatment,

The level of HIV/AIDS awareness in the community, especially publicised at the community amenities,

The state of partnership and relationship amongst the community stakeholders in fighting HIV/AIDS.

## **Resource Mobilization**

The resource mobilization is the responsibility of every stakeholders participating in the LAC,

The municipality will engage with other stakeholders and business society to contribute towards the programs HIV/AIDS,

Lead in drawing up of Terms of Reference for engagement with the stakeholders (in taxi associations about how the volunteers should be credited for transport while on duty).

## **Local Stakeholder coordination and support**

The municipality will ensure a close working relationship with all local stakeholders dealing with HIV/AIDS to increase impact and avoid duplication;

Ensure all stakeholders are clustered according to their functions and provide joint reports to the Local Aids Council;

The office of the Speaker of Council, to coordinate the role of ward councillors, ward committees and Community Development Workers for HIV/AIDS programs in the community,

The ward councillors public meetings prioritise the programs of HIV/AIDS awareness,

The municipality to avail council resources such as venues and transport for trainings and meetings on request.