

Nkomazi

MUNICIPALITY

HIV/AIDS

Strategy

Document

Final Draft

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PART 1: INTRODUCTION

The South African Government in collaboration with all stakeholders involved in the fight against HIV/AIDS has developed a five year strategic plan to curb the spread of the disease. This plan has a number of programmes to reduce the spread of HIV/AIDS, but despite this, the infection rate is rapidly increasing. This increase in the infection rate is calling for renewed efforts from all South African citizens, organised formations, and organs of civil society and government bodies.

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

This document is the product of a two day workshop convened by the municipality involving a number of key role players in the fight against the pandemic, who included, among others, representatives from the Council, Government Departments, and Municipal staff, NGOs and CBOs, traditional healers and other structures in involved programme aimed at reducing the impact of HIV/AIDS within the jurisdiction of Nkomazi Municipality. This workshop was held on the 3rd - 4th August 2004 and Education and Training Unit (ETU), an NGO that works with Municipalities, Community Based Organisations and other NGOs on HIV/AIDS issues, capacity building and organisational development, facilitated it.

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

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

PURPOSE OF THE STRATEGIC PLAN:

Response to the epidemic requires the involvement of every member of our society. For all contributions to be effective co-ordination communication and planning become absolutely necessary and this document serves as such a plan.

Furthermore, the struggle against HIV/AIDS needs all sectors, formations and stakeholders of our society to be involved. Nkomazi Municipality recognises these realities and is envisaging that everyone will work together in a co-ordinated approach to maximise the efficiency and effectiveness of all efforts in the fight against this disease.

WHY SHOULD NKOMAZI MUNICIPALITY ADDRESS THE ISSUE OF HIV/AIDS

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 HIV/AIDS related sicknesses. The department of Health estimates that Mpumalanga has an infection rate among pregnant women of **27.3% (1999)**. 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.

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

Most of the people who are dying are between the ages of 20 and 45, age which should be the core of our working force and future parents. This has serious consequences for our economy and the development of the country.

AIDS can affect anyone. However, people who live in poverty are the mostly affected and this is due to a number of factors, and these include amongst many the following:

- Poor access to education.
- Lack of basic health services.
- No access to good nutrition and clean water.
- Lack of public recreational facilities.
- Unemployment.

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

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

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

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

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

National and Provincial governments 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. 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 living with AIDS and orphans.

IMPORTANT FACTS TO KNOW ABOUT HIV/AIDS

AIDS affects millions of South Africans. It is estimated that more than 4.5 million South Africans are HIV positive and about 5 000 people die every week. Infection rates differ from region to region and from province to province.

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

The infection rate amongst pregnant women is as follows: (these figures were released in 2000 by department of Health)

- | | | | |
|-----------------|--------------|-----------------|--------------|
| ▪ KwaZulu Natal | 32.5% | ▪ Northern Cape | 10.1% |
| ▪ Free state | 27.9% | ▪ North West | 23% |
| ▪ Eastern Cape | 18% | ▪ Limpopo | 11.4% |
| ▪ Mpumalanga | 27.3% | ▪ Western Cape | 7.1% |
| ▪ Gauteng | 23.9% | | |

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

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

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

THE RESPONSE OF AFRICAN MUNICIPALITIES

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

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

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

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

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

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

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

INTEGRATED DEVELOPMENT PLAN

Municipal Systems Act requires that all municipalities develop integrated development plans (IDP) in ensuring an approach that is integrated in the development of their municipalities. IDP is expected to outline short to medium term programmes for capital and operational expenditure. These plans have to be based on the vision and objectives of the municipalities in providing services and development of communities.

The IDP is expected to be a guiding and co-ordinating document for all stakeholders operating within a municipality. IDP process requires that all municipalities should focus on:

- Transformation
- Strategy and strategic planning
- Democratising the planning process
- Integration of government services
- Sustainability of delivery
- Improve quality of life
- Co-operative Governance
- Prioritisation
- Flexibility

The above background, stresses the importance of municipalities in committing themselves in ensuring that there are projects and partnerships dedicated to the fight against HIV/AIDS.

NKOMAZI MUNICIPALITY IDP

The IDP document of Nkomazi Municipality has in its priority list considered the following areas:

Education:

HIV/Aids campaigns in schools and the community at large include the focus on prevention and awareness.

HIV/Aids activist centres:

- To provide more information to communities and making HIV/Aids a noticeable disease to our communities.
- Such areas will also provide care, support and counselling to both affected and infected people.

Work Place Policy:

Familiarising all municipal employees with the HIV/Aids workplace policy for purposes of care and support and mainly the eradication of discrimination against people living with HIV/Aids.

IDP'S STRATEGIC OBJECTIVE BY 2005

- Statistical Accuracy. The Nkomazi is presently compounded with the lack of capacity in terms of human resource, technological and infrastructural development.
- The absence of the above hinders the opportunities of accurate data collection.
- We need to extend to our communities more human resources and community information centres to deal with this aspect.

COMMUNITY INVOLVEMENT

The Municipality needs to extend financial support to CBO's and other community structures providing care and support to people living with HIV/Aids.

MEDICATION

People living with HIV/Aids need medical assistance in the form of drugs. Funding is required to be accessed from potential donors in order to extend this to our clinics.

PART 2: PRESENT SITUATION IN NKOMAZI MUNICIPALITY AND POSSIBLE IMPACT

LOCALITY

Nkomazi is located approximately 350 km east of Gauteng and consist of a wedge of land between the Kruger National Park, Mozambique and Swaziland which also have an impact in the increase number of HIV/Aids. The Maputo Corridor traverses the Nkomazi area and has a significant influence on the epidemic.

STATISTICS

At the time of the workshop and compilation of this document, the statistics that indicates the HIV/AIDS prevalence in Nkomazi municipality was not available. However, the local presentation put the figure at 34%, while at the same time the Shongwe hospital strongly believes that it hovers around 40%.

Whichever figure, the infection rate appears to be alarmingly high, particularly if one compares these figures with the ones that each Home-based Care project presented as clients in their books.

In Nkomazi it is estimated that 40% of all children have lost at least one parent, and 20% of all children have lost both parents.

Certain areas are worse in terms of infection; these include such areas as Ward 27 Schoemansdal, Ward 1 Block B, Ward 2 Block A and Tonga, Ward 28 Jeppes Reef, Ward 6 Komatipoort, Ngwenyeni and Dlundluma.

POSSIBLE IMPACT IN NKOMAZI MUNICIPALITY:

HIV/AIDS is no more a health issue only, but also social matter. This is indicated by the fact that it does not only stretch health services, but every aspect of our lives ranging from family to economic development of our society. The major impact can be felt in the following areas:

HEALTH SERVICES

Increase in the number of people who need medication for AIDS related sicknesses is putting more strain on the available but limited facilities. Most government health centres are not able to cope with the demands for health needs of our communities anymore. Shongwe hospital, for instance has up to 80% of its beds (medical and paediatric) occupied by people with AIDS related ailments. Working in rural areas is stressful. The doctors working in the rural hospitals are young, and doing their community in-service training. Thereafter they leave to further their training at larger tertiary training facilities. The latter fact has stretched the staff in the health sector to the limit.

Government is forced to allocate more resources for buying medicines, especially to fight the opportunistic infections; it stands to reason therefore that other areas of delivery are not getting the necessary focus.

WELFARE

With more people becoming sick and as such unable to provide for themselves, government will have to drastically increase social assistance to communities. HIV and AIDS will have adverse effect on the following areas:

- Increasingly families are headed by children who cannot support themselves; therefore government will have to provide more support for them.
- As the number of people living with AIDS increases, there will be an added need for government to ensure that they are able to get support in the form of grants.
- Need for social grants is also increasing as more people are becoming unemployed and their health condition is deteriorating, thus making it not easy for them to get jobs. In that case government has to step in and provide people with disability grants and grants that are aimed at helping orphaned children as well as food parcels.

ECONOMY AND LABOUR

Nkomazi municipality is one of those municipalities in our country that are hardest hit by the high rate of unemployment. The economic sustainability of the area revolves mainly around tourism and farming. With the HIV/AIDS adversely affecting our municipality, the following changes have to be effected:

- More money will have to be committed on buying drugs instead of investing it on job creation projects. If people are unemployed, they will commit themselves to sexual activities. Providing jobs will lessen the risk of stress for those who are infected. Job creation is a solution because people can become self supportive.
- Most productive members of the society are the ones that are highly infected with HIV/AIDS. This makes production levels of the municipality to be low and this has a negative impact on economic development of the municipality.

- More money will have to be allocated so as to increase capacity of communities to survive and acquisition of skills that will help to prevent further spread. And when this happens, investments on capital projects that have a potential of improving living conditions of the citizens of the municipality, suffer.
- With the steady rise of the unemployment rate, there is a possibility of increase in debts and poverty levels.
- Government be enticed to develop more industries in the Nkomazi.
- Nkomazi to come up with more sustainable and improved LED programme.

EDUCATION

HIV/AIDS infection is affecting both teachers and learners alike in our schools. Some of the children are developing symptoms of losing concentration in classes, since they have to deal with situations that are well beyond their abilities. This proves to be both exhausting and distracting to them.

Some of these learners end up leaving school; a number of reasons is responsible for this; some of them are:

- They have to play more of a parental role in a family that is mainly constituted by children after the death of both parents.
- Rejection by fellow learners because of their status or on the basis on how their parents died.
- Those who are HIV positive invariably have poor health conditions
- Children often have to take care of a sick parent hoping that thee parent will get well.

In some instances educators end up leaving school due to discrimination at school. There are also teachers who leave school after getting their results, feeling that social status will be dented.

Both educators and learners in most of our schools are registering high levels of absenteeism.

OTHER

- Lack of information at lower levels, inhibits people to obtain necessary documents i.e. ID documents, death certificates.
- The trucks on route to Mozambique and Swaziland are potential customers to the ladies of the night, and contributes to the further spread of HIV/Aids
- Libraries should be equipped with IT equipment to access to NET in order to retrieve vital information
- The development and transfer of basic office skills in the work place, i.e. filing, document procedures has to be transferred to the community

CRIME, POVERTY AND FAMILY LIFE

CRIME

There is an increase in HIV/AIDS related death, resulting in sharp increase of orphans who sometimes get abused by criminals and others.

There is an increase in children who are involved in the ubiquitous sex industry as means of survival and executing their responsibility of being the breadwinner in child-headed households

There is an increase in children who end up in gaols, experiencing life in prison as well as bad influences from hardened criminals in there. Some of these children are exposed to victimisation which sometimes causes lifetime scars in these children lives.

Peer pressure and exposure to consumerist culture leads the young girls to involvement in sex industry, thus being exposed to STIs and HIV infections.

In some instances, children whose parents died of AIDS related sicknesses are rejected by the community and as such become both victims and perpetrators of crime.

FAMILY AND COMMUNITY:

Communities are a reflection of individual families. In most instances what affects one family, has a bearing in the social arrangement of the entire community and HIV and AIDS are no exception.

It is found, that more and more adolescents are heading families, thus turning to be prostitutes for income to provide for the siblings. Most of the community is also practising polygamy, and promiscuity is compounding the HIV/Aids crisis.

Workshop identified that HIV and AIDS impact on how the individual families and communities interact. The current rapid spread of HIV and AIDS in Nkomazi Municipality impacts in the community and family relation in three ways. These are:

- Economic impact
- Social impact
- Emotional impact

HOUSING

More children will need shelter from government, as their parents are not able to pay their bonds because they are not working. Low cost housing has also its down side, because young women are now owners of these houses and they are unemployed. The workshop also mentioned in passing that big cars are now seen in these areas.

PWAs will not be able to access bonds; banks regard them as too risky a sector to make any long-term investment in.

Child headed families will not able access bonds or government houses, as they are not qualifying for them because of age.

Government delivery on houses for all appears to be a mere drop in the ocean, because of the ever increasing demand for them. On top of all this, people who get these houses are unable to pay for services rendered to them by the municipality.

LABOUR

Most productive sections of our community are at the cold face of HIV infection by the disease, as a result there a huge shortage of skills and that major employers have to commit large sums of money in training new employees.

PART 3: SITUATIONAL ANALYSIS

1. EDUCATION, PREVENTION, AWARENESS AND OPENNESS

EXTENT OF THE PROBLEM

Nkomazi municipality is experiencing increased numbers of infected people and high rate teenage pregnancy. Mostly people have heard about HIV and AIDS but they think it is not anywhere close to where they are. This state of affairs is as a result of a number of factors that among many include the following:

- Ineffectiveness of programmes aimed at improving people’s awareness about the impact of the disease.
- High levels of ignorance and resistance to condom use by some members of the community, which in turn leads to high rate of STIs and teenage pregnancy.
- High levels of stigmatisation that result in less people talking openly about HIV and AIDS and others would not declare their HIV status for fear of discrimination. Inherent in this foregoing fact is that there has been a gradual erosion of *ubuntu* and respect.
- Poor co-ordination of activities and efforts aimed at improving the community awareness.
- Conservative disposition of the majority of the people of Nkomazi makes it very difficult to share information with them; such that this borders on obscurantism.
- There is high unemployment rate accompanied by poverty which is a fertile ground for the spread of HIV and AIDS.
- There is a lot of peer pressure among the young people, which militates against abstinence and celibacy.
- There is always a huge age gap between the educator and the target group, this results in the message not getting conveyed and fully understood by the target. This is compounded by the cultural inhibitions.

AVAILABLE SERVICES AND PROGRAMMES

Who?	What?	Where?
Sisitasive HBC	20 Caregivers – 105 clients	Schoonplaas
Shongwe Hospital	VCT and Condom distribution	Nkomazi
Tonga Hospital	VCT and Condom distribution (preparation)	Nkomazi
27 Clinics – 27 are VCT sites	VCT and Condom distribution (preparation)	Nkomazi
Private Doctors	Education and prevention	Nkomazi
Siyanqoba Madoda	Awareness and education – 11 members – reaching 4 schools	Jeppes Reef
Nkomazi Youth Leadership and development organisation	Awareness and education – 10 peer educators – reaching 800 clients	1. Kamhlahwa (office) 2. Jeppes Reef 3. Driekoppies 4. Middleplaas 5. Magogeni

		6. Mgobudzi 7. Magudu 8. Sihlangu 9. Phiva 10. Langehoop
Lusitolwethfu Peer Group	Awareness and education	Buffelspruit
Masisukumeni Women Crisis	Rape crisis centre, counselling, awareness, operating from 15 clinics, 13 counsellors	Head office - Tonga
Sikhululekile Youth Groups	Education, prevention/awareness and counselling	Mbuzini
Masungulo Project	Peer education and awareness in schools	Block A, & B Buffelspruit Mbuzini
THO and Ulwandle olubumbene	Awareness and education to their clients	Nkomazi
Lethukukhanya	Education and awareness – 10 members – 53 clients	Mdladla
Youth in Action	Counselling services training, awareness Income generation projects Sport, education, Life skills	Schoemansdal 15 Villages
Peace Haven	Awareness Campaign, Treatment and support 22 Volunteers	
Department of education	Life orientation to learners	All schools in Nkomazi
Social services	Awareness and education	Nkomazi
Siyagcoba Mandonda	Male sexuality project	Jeppes Reef
Churchers	Education, prevention and awareness (life skills)	Nkomazi
Institutions	Education, prevention and awareness	1.Nkomazi municipality 2. Department of education 3. Farmers association 4.TSB

WHAT ARE THE PRIORITY NEEDS

- There is a need of volunteers to assist in the campaigns aimed at raising people's awareness.
- The municipality needs more health services and facilities such as Mobile clinics for the treatment of sexually transmitted infections.
- All stakeholders need to increase their efforts on awareness campaigns and changing people's mindset, especially among women and youth.
- Role models and political support and the establishment of support groups
- Mobilisation and involvement of influential groups

Key Gaps

- Lack of co-ordination among stakeholders (Govt, NGOs and CBOs)
- Insufficient resources
- LAC lack proper plan
- Some provincial programmes are not reaching local communities
- Lack of empowerment of parents to openly talk to their off-springs about HIV and AIDS and sex
- Moral role of the church is not clearly amplified and well developed.

2. CARE FOR PEOPLE LIVING WITH AIDS

EXTENT OF THE PROBLEM

The need for care for people living with HIV/AIDS in the Nkomazi municipality is increasing. The impact of those involved in the services aimed at reducing the effects of the disease is not being felt. This is as a result of the following factors:

- There is lack of accurate statistics of infected people, while this number has risen sharply over the past few years.
- There is poor community involvement which results in inadequate support being given to people living with AIDS.
- Poor co-ordination among those involved in this area of work, resulting in us not effectively reaching all those who need our assistance and a degree of duplication.
- There is shortage of resources and inadequate health facilities and shortage of care-givers
- There is inadequate provision of nutrition which leads to rapid deterioration of health of PWAs.
- Environment is not conducive for people living with the virus to live a positive life.
- There is ever - increasing demand for care.

AVAILABLE SERVICES AND PROGRAMMES

WHO?	WHAT?	Where?
Shongwe Hospital	Provision of medication, counselling and feeding formula.	Nkomazi
Tonga	Provision of medication, counselling and feeding formula. (Preparation)	Nkomazi
27 Clinics – 27 of which are VCT sites Private Doctors	Provision of medication, counselling and feeding formula. Provision of medication and counselling	Nkomazi
Mzinti HBC	Home visits and support - 15 caregivers – 105 clients	Mzinti
Mzamomhle HBC	Home visits and support – 23 caregivers and 122	Sikhwahlane

	clients	
Phakama HBC	Home visits and support – 25 caregivers and 137 clients	Phiva
Uthandolwamakhosikazi HBC	Home visits and support – 12 caregivers and 27 clients	Sibange
Ukukhanya kwezwe HBC	Home visits and support – 93 caregivers – 44 clients	Schoemansdal
Mananga HBC	Home visits and support – 17 caregivers – 155 clients	Mananga
Philisani HBC	Home visits and support – 15 caregivers – 4 clients	Mbangwane
Magudu HBC	Home visits and support - 15 caregivers – 25 clients	Magudu
Hlumkani HBC	Home visits and support – 21 caregivers – 156 clients	Steenbok
Block A HBC	Home visits and support – 17 caregivers – 60 clients	Block A
Sibongumusa HBC	Home visits and support – 20 caregivers – 250 clients	Masibekela
Sihlangu HBC	Home visits and support – 15 caregivers – 57 clients	Madadeni
Thandisizwe HBC	Home visits and support – 21 caregivers – 496 clients	Mbuzini
Thembaletu HBC	Home visits and support – 350 caregivers – 1600 clients	Schoemamsdal
Driekoppies HBC X 2 groups Sisonkesonke HBC	1X Home visits and support – 42 caregivers – 20 clients	Driekoppies
Inkululeko HBC	Home visits and support – 20 caregivers – 239 clients	Block B
Sentalokuhle HBC	Home visits and support - 17 Caregivers	
Thembelishle	Home visits and support 38 caregivers – 1099 clients	Mangweni
Masiphephisane HBC	Home visits and support – 20 caregivers – 135 clients	Thambokhulu
Mananga Youth In Action	Counselling, training, sports and education – 10 caregivers – clients - unsure	Mananga
Cedusizi HBC	Home visits and support – 15 caregivers – 14 critical clients	Diudluma
Insizwane HBC	Home visits and support – 20 caregivers – 76 clients	Khombaso
Senzangothando HBC	Home visits and support – 19 caregivers – 42 clients	Goba
Middelplaas HBC	Home visits and support – 20 caregivers – 125 clients	Middelplaas

Sivulindlela HBC	Home visits and support – 7 caregivers – 16 clients	Hectorspruit
Jeppes Reef HBC	Home visits and support – 22 caregivers – 210 clients	Jeppes Reef
Naas HBC	Home visits and support – 20 caregivers – 40 clients	Naas
Lend a hand HBC	Home visits and support – 10 caregivers – 75 clients	Tonga
1.Langeloop HBC X Groups 2.Makhundu HBC 3.Madakwane HBC	Home visits and support – 61 caregivers -340 clients	Langeloop
Tholukukhanya HBC	Home visits and support – 20 caregivers – 53 clients	Mdladla
Intamakuphila HBC	Home visits and support – 14 caregivers – 37 clients	Mandulo
Lusito lwethfu HBC and Sifisokuhle HBC	Home visits and support – 37 caregivers – 455 clients	Buffelspruit
Hoyi Sizanani HBC	Home visits and support – 20 caregivers - 58 clients	Hoyi
Izandla zethu HBC	Home visits and support – 20 caregivers – 53 clients	Ngwenyeni
Nkosisikelela HBC X 4 groups Uthanda lwamaChristo HBC	Home visits and support – 22 caregivers – 32 clients 15 caregivers – 20 clients	Jeppes Reef
Sinethemba HBC	Home visits and support – 15 caregivers – 159 clients	Kamhlutshwa
Sikhululekile HBC	Home visits and support – 20 caregivers – 15 clients	Mbuzini
Asibambaneni HBC	Home visits and support – 17 caregivers – 60 clients	Block A
Thembeke HBC	Home visits 15 caregivers – 49 clients	Mbuzini
Intutuko HBC	Home visits – 10 caregivers – 29 clients	Mbuzini
Bekezela HBC	15 caregivers-34 clients	Mbuzini
Mguni HBC	21 caregivers-150 clients	Magogeni
Ingcaba yethu	15 caregivers-157 clients	Steenbok
Khulani HBC	20 caregivers-105 clients	Mdladla
Sentalokuhle HBC	17 caregivers-350 clients	Block B
Schuzendal HBC	20 caregivers- 96 clients	Schuzendal
Siyathandana	20 caregivers-105 clients	Kamhlushwa
Sinethemba HBC	15 caregivers- 29 clients	Mbuzini

PRIORITY NEEDS

- Recruitment and training of volunteers
- Establishment of support groups and PWAs involvement in development projects.
- Enhanced community involvement and family empowerment.
- Improved co-ordination.
- Establishment of nutrition support schemes or food security programmes.
- Establishment of working referral systems.
- Recreation facilities.

KEY GAPS

- Lack of adequate counselling services and information about the disease
- Financial problems with regard to immune boosting nutrition and healthy lifestyle sustainability
- Accessibility of health services and treatment management
- Income generating projects

3. CARE FOR ORPHANS

EXTENT OF THE PROBLEM

The number of children in distress in the jurisdiction of Nkomazi municipality is on the increase and services provided for them are unable to effectively reach them. This is as a result of the following factors:

- Absence of accurate statistics, even though it is suggested that about 40% of all children in the area have lost at least one parent and about 20% of these children has lost both parents.
- Poor communication and co-ordination among the stakeholders involved in this area of work.
- There is marked absence of required documents like birth certificates and IDs, and we have a lot of foreigners. This becomes more complicated where there is no effective and efficient referral system.
- There is poor involvement of communities, as a result there is a shortage of foster parents who would take care of all the children's needs.
- There is scarcity of volunteers to assist in programmes and projects targeting vulnerable children.
- The increase of child-headed households with absolutely no source of income increases the levels of poverty.
- There has been an increase in the abuse of the child support system, where the money is spent somewhere else other than on the child. This also is viewed as encouraging the young girls to intentionally and deliberately fall pregnant.

AVAILABLE SERVICES AND PROGRAMMES

Who?	What?	Where?
Sisitasive HBC Thembaletu HBC Madakwane HBC Bekezela HBC	Education, counselling, care Vegetable gardens, food parcels, youth programmes and bursaries Documentation, feeding scheme, financial support School fees and uniforms Food parcels and burials Care Centre, medical help and food gardens 50 orphans- 20 caregivers 15 caregivers- 54 orphans	Schoonplaas Mananga Kamhlushwa Mbangwane Mandulo Langelooop Ndindindi
Thembisela HBC + Makhundu Christian Support Siphamandla HBC	Food parcels, organising grants Soup kitchen – secondary school	Mbuzini and Magudu Bosfontein
Makundu Christian Support	Feeding scheme for Aids orphans	Nkomazi
SACC Nkomazi West	Building houses for orphans Feeding Scheme	
Spar Kamaqhekeza	Food provided for orphans	Naas
Wellness Clinic	Support and rehydration therapy	Komatipoort and Malelane Clinis
Masisukumeni Womens Crisis Centre	Education, counselling. 13 counsellors visit 15 clinics	Tonga Head Office
Komatipoort Churches	Supporting HIV patients by giving food	Komatipoort
Peace Haven	Treatment, awareness, support and prevention	Boschfontein/Malelane
Sikhululekile Youth Group	Education, prevention, awareness and counselling. 4 Primaries –	Mbuzini

	2 Secondary (OG)	
Philisani HBC	Home visits and support 15 caregivers – 78 clients	Mbangwane
Thembelihle HBC	Home visits and support – 30 caregivers – 160 clients	Mangweni
Siyatsandzana	Home visits and support 20 caregivers	Phosa villa Kamhlushwa
Mzamo HBC	Home visit and support – 20 caregivers – 125 clients	Middleplaas
Sivulindlela Community Development	Home visits, support and gardening – 16 caregivers – 20 clients	Hectorspruit
Sonke Sonke HBC	Home visit, support 20 caregivers – 125 clients	Middleplaas
Sikhululiwe HBC	Home visit and support 24 caregivers – 100 clients	Mangweni
Yinhleletto HBC	Home visit, support and prevention 25 caregivers – 100 clients	Middleplaas
Ntunda Homebase Care	Home visit and support 15 caregivers – 58 clients	Ntunda Trust
Sisitasive HBC	Home visits and support 20 caregivers – 105 clients	Schoonplas
Uthando Iwamakhosikazi	Home visit and support 12 caregivers – 20 clients	Sibange
Sihlangu 5 HBC	Home visit and support 15 caregivers – 57 clients	Madadeni
Mzamomuhle HBC	Home visit and support 23 caregivers – 122 clients	Sikhwahlane
Thembeke HBC (St Kizito Children Programme)	Home visit and support Trauma Management 15 caregivers – 49 clients	Mbuzini
Nkomazi Youth Leadership and Development Organisation	Awareness and education – 10 peer educators – 800 clients	Kamhlushwa
Youth In Action Masibekela	HIV/Aids Education and counselling – 11 caregivers	Masibekela
Ntunda HBC	15 caregivers – 58 clients	Ntuda
Mananga Youth In Action	HIV/Aids Education Sport and Training Counselling	Mananga
Mananga HBC	Home visit and support 17 caregivers – 155 clients	Mananga

Soncoba HBC	Home visit and support 44 caregivers	Mdladla
Uthandolwamakristli	28 caregivers – 100 clients	Jeppes Reef
Ingcaba yethu HBC	15 caregivers-107 orphans	Steenbok
Vlakkult HBC	20 caregivers- 50 orphans	Mdladla
Jeppes Reef HBC	22 caregivers-200 Orphans	Jeppes reef
Makhundu HBC	22 caregivers-20 orphans	Langelooop
Sinethemba HBC	15 caregivers-88 orphans	Kamhlushwa
Langelooop HBC	15 caregiver-	Langelooop
Lusitooiwethu HBC	15 caregivers-70 orphans	Langelooop
Sifiso okuhle	37 caregivers-150 orphans	Buffelspruit
Phakama HBC	25 caregivers- 50 orphans	
Magogeni HBC	20 caregivers- 92 orphans	Magogeni
Sinethemba HBC	15 caregivers- 80 clients	Mbuzini
Hlubukani HBC	20 caregivers-157 clients	Steenbok
Hoyi HBC	20 Orphans	Hoyi
Papa joe HBC	20 caregivers-168	Schoemasdal
Sihlangu 5 HBC	50 caregivers-88 orphans	Sihlangu
Siyatsanzana HBC	20 caregivers -103 orphans	Kamhlushwa
Sentalonkuhle HBC	17 caregivers- 275 orphans	Block C
Bekezela HBC	15 caregivers-12 orphans	

PRIORITY NEEDS

- accurate statistics (up to date database)
- a well-structured referral system
- shelter and care for all (orphanage centre)
- a well-functioning support systems that will take care of all the needs of orphaned children and those in distress; needs such as food, shelter, educational needs, foster parents, and the basic services.
- community involvement & commitment
- Formulation of support groups for those living with HIV/Aids

KEY GAPS

1. The process of accessing social grants becomes too long and complicated; people can wait up to 3 years.
2. There is a glaring lack of co-ordination among organisation and this leads to duplication and we do not reach all needy children. This is partly caused by the competition among organisations for scarce resources.
3. There is discrimination in schools where these orphaned children do not have uniforms.
4. Food parcels cannot be sustained.
5. Grants are abused and parents used it elsewhere.
6. Some parents die before children are properly registered, and even when they are deceased there are no death certificates.
7. There is a lack of spiritual support and counselling for these orphans.
8. There is a lot unused government structures that are gradually deteriorating to a state of dilapidation that can be used for help e.g. Shongwe High school, Old Tonga houses, Indzabu @ Masisibekela, Driekoppies Primary school, Mjokwane hostels @ Naas and other business centres @ Driekoppies and Bosfontein.
9. Carers do not have their own food to eat, how can one expect them to pass the food on to orphans.
10. Programmes of the centres do not address the children's development needs adequately
11. Children with disabilities are not catered for sufficiently.

PART 4: STRATEGY FOR THREE FOCUS AREAS

1. EDUCATION, PREVENTION AND AWARENESS

PROBLEM STATEMENT

The rate HIV/AIDS of infection in Nkomazi municipality is increasing at an alarmingly high rate. This is a sign that people still have not yet been thoroughly educated on HIV/AIDS. This increase in the infection rate is as a result of:

- Poor co-ordination.
- Ineffective programmes.
- Resistance to condom use.
- Ignorance and silence
- Stigmatisation and discrimination of people living with the virus.

LONG TERM OBJECTIVES

The community of Nkomazi would be fully empowered on HIV/AIDS that this horrible disease would be regarded as any other normal incurable disease that is openly talked about and acknowledged everywhere. As a result there would fewer infections, attributed to ignorance, which would occur.

SHORT TERM OBJECTIVES

- Enhanced awareness campaigns
- Improve condom distribution
- Improve co-ordination
- Recruitment of volunteers and increase community participation
- Identify locations/venues for centres (Vacant municipal building)

EDUCATION, PREVENTION, AWARENESS AND OPENNESS

CORE INTERVENTIONS	APPROACH	PARTNERSHIPS	RESOURCES
Enhanced awareness campaigns	Meetings, Educational programmes, Role plays/drama/contests, pamphlets	District and local Municipalities, DOH. DOE, Farmers, traditional leaders & healers, Teachers, Councillors, Churches, doctors, NGOs, FBOs, CBOs, nurses	Security, sound system, transport, phones, venues, promotional materials, catering and funds
Improve condom distribution	<ul style="list-style-type: none"> ▪ meetings with targeted groups ▪ identify strategic areas and centres frequented by the high risk groups, talk to owner/manager (distribution) 	District and local Municipalities, DOH. DOE, Farmers, traditional leaders & healers, Teachers, Councillors, Churches, doctors, NGOs, CBOs, nurses	Condoms, transport, condocans, posters and pamphlets
Improve co-ordination	<ul style="list-style-type: none"> ▪ Meetings with LAC ▪ Shared programmes 	District and local Municipalities, DOH, DOE, Farmers, traditional leaders & NGOs, healers, teachers, Councillors Churches, doctors, FBOs, CBOs, nurses	Phone, stationary, love coordinator, venues.
Establish Focus discussion groups for talk shows	Visit schools, churches, Taxi ranks and shopping malls, farms	Farmers, Taxi association, DOH, Teachers, DOA, DRT, DACE, councillors, NGOs, FBOs and CBOs	Video machines, fax, awareness material (video cassettes)
Recruitment of volunteers and enhanced community participation	<ul style="list-style-type: none"> ▪ meetings 	Communities, churches, municipality Councillors, schools, FBOs, CBOs	Sound system, transport, phones, venues, promotional materials, catering and funds
Investigate data collection for all the HIV negative people	Establish a research team to collect and collate information	District and local Municipalities, DOH. DOE, Farmers, traditional leaders & healers, Teachers, Councillors, Churches, doctors NGOs, FBOs, CBOs, nurses	Transport, telephone, stationary, computer, faxes, funds.

2. CARE FOR PEOPLE LIVING WITH HIV/AIDS

PROBLEM STATEMENT

Nkomazi Municipality does not have an integrated approach and systems to take care of the ever increasing numbers of people living with HIV and AIDS. At the same time people living with HIV and AIDS are experiencing difficulties in accessing services that would assist them in living a positive, healthy and productive life. Individuals and families are left on their own to take care of their family members. There is also a problem of people not disclosing their status because of the stigma attached to the disease, thus making their identification difficult and to assist them becomes impossible. A number of factors contribute to this state of affairs and the following can be highlighted:

- Poor community involvement and support group structures and the stigma attached to the disease.
- Insufficient resources to meet the ever increasing demand of taking care of the sick.
- Poor co-ordination among those involved in this area of work renders this valuable service ineffective.
- Absence of effective and well-co-ordinated referral systems.
- Although an anti retroviral, VCT centre is in place at Shongwe Hospital, they are understaffed and the community need is very high. Tonga Hospital has to start up their VCT centre to assist in the community demand. All HBC's to visit the ARV Centre to get proper statistics and referral.
- Thembaletu HBC will start their anti-retroviral clinic shortly. Still awaiting their approval from the Provincial department of Health.
- The referral system between Thembaletu and Shongwe Hospital to be in place between the two units before Thembaletu start up their anti-retroviral clinic.

LONG TERM GOAL

By 2009 Nkomazi would have a well-developed treatment, care and support mechanism that would be able to cater for all the needs of its PWAs. The community would be so empowered that HIV and AIDS would be accepted by everybody and families would be able to take care of their sick and dying with very limited need for outside intervention.

SHORT TERM GOALS

- Recruit and train of volunteers.
- Intensify awareness campaigns.
- Establish support groups.
- Improve co-ordination among all stakeholders
- Create of nutrition support and vegetable gardens projects.

CARE FOR PEOPLE LIVING WITH HIV/AIDS

CORE INTERVENTIONS	APPROACH	PARTNERSHIPS	RESOURCES
Recruit of volunteers	<ul style="list-style-type: none"> ▪ Word mouth ▪ Community meetings ▪ Funerals ▪ leaflets 	<ul style="list-style-type: none"> Churches Schools Clinics Support groups 	Department Health appointed co-ordinator
Intensify awareness campaigns.	<ul style="list-style-type: none"> • Workshops • Leaflets • Community meetings 	<ul style="list-style-type: none"> Health professionals, Support groups, PWAs ,Traditional Healers, Community organisations, Churches, Councillors, Teachers, Social workers. 	Venues Radio Newspaper
Establish support groups	<ul style="list-style-type: none"> ▪ Organise meetings ▪ Use leaflets. ▪ Visits to churches and schools. 	<ul style="list-style-type: none"> ▪ Community organisations ▪ Support groups ▪ Councillors ▪ Business People ▪ Traditional Healers 	Funds, venues, transport.
Improve co-ordination	<ul style="list-style-type: none"> ▪ Meetings ▪ Joint programmes ▪ Visit Red Cross Barberton ▪ Employ full-time coordinator. 	<ul style="list-style-type: none"> ▪ Municipality ▪ Councillors ▪ Government departments 	Tele-communication, operational budget, transport.
Create of nutrition support projects.	<ul style="list-style-type: none"> • Getting churches, schools and municipality to donate land. • Getting sponsorships for material and seeds • Requesting support from department of agriculture. • Making use of unused land within the community 	<ul style="list-style-type: none"> • Government departments • Churches • Schools • Communities • Clinics • Municipality • Donors and Funders. 	Thembaletu Garden scheme -Churches -Social Services (food parcel) -Food gardens in the clinics.

3. CARE FOR ORPHANS

PROBLEM STATEMENT:

The number of children in distress in Nkomazi municipality is increasing and the available services are not adequate in taking care of all their needs and improve their condition. This situation is compounded by number factors that include among many the following:

- Absence of accurate statistics and information.
- Poor co-ordination and communication among those who are involved in this area of work.
- Poor community involvement and government departments support.
- Absence of effective and efficient referral system.
- Absence of volunteers to assist in programmes aimed at improving the lives of these children.
- Shortage of foster parents.
- Grants end when the children reach the age of 18 years, but still require support and a place to stay.

LONG TERM GOAL

By 2009 Nkomazi would have a well-developed community-based orphan-care system that will be able take care of all the orphans' needs. This system would also ensure that those orphans that reach 18 years get skills that will enable them to lead normal lives as adults.

SHORT TERM OBJECTIVES

- Improve co-ordination among stakeholders
- Start conducting a survey of all orphans in Nkomazi
- Start setting up a proper referral system
- Encourage Community involvement and municipal councillors
- Help to facilitate the speeding foster care grant processes
- Recruit, train and empower would-be foster parents
- Encourage organizations to establish nutrition projects.
- Help facilitate life skills development

CARE FOR ORPHANS

CORE INTERVENTIONS	BROAD APPROACH	PARTNERSHIPS	RESOURCES
<p style="text-align: center;">Improve co-ordination</p>	<ul style="list-style-type: none"> ▪ Joint programmes Meetings ▪ Sharing of information and skills ▪ Strengthen LAC ▪ Mobilisation of resources ▪ Employ full-time HIV/Aids coordinator 	<p>Social Development Health Dept Child And Family Welfare SAPS, LAC Education Dept Other NGO's/ FBOs Municipality (Councillors) and ward committees traditional leaders and healers Schools and educators Churches</p>	<p>Telecommunication Office Infrastructure</p>
<p style="text-align: center;">Develop a referral system</p>	<ul style="list-style-type: none"> ▪ Establish a committee that will investigate and make recommendation. 	<p>Same as above</p>	<p>Transport, venues, stationery, telecommunication</p>
<p style="text-align: center;">Encourage Community involvement</p>	<ul style="list-style-type: none"> ▪ Conduct awareness campaigns ▪ Hold Meetings ▪ Undertake training workshops 	<p>Same as above</p>	<p>Rotary Club Round Table The Lions Club</p>
<p style="text-align: center;">Training and empowerment of foster parents</p>	<ul style="list-style-type: none"> ▪ Home visits ▪ House meetings ▪ workshops 	<p>Same as above</p>	<p>Transport, venue, stationery</p>
<p style="text-align: center;">Encourage organizations to establish nutrition projects.</p>	<ul style="list-style-type: none"> ▪ Sectoral work, meetings and 	<p>Same as above</p>	<p>Land, funds, seeds, water</p>

		campaigns	
Core intervention	Broad approach	Partners	Resources
Facilitate life skills development	Identify training providers Organise training session	Social Development Health Dept Child And Family Welfare SAPS, LAC Education Dept Other NGO's/ FBOs Municipality (Councillors) and ward committees traditional leaders and healers Schools and educators	Venue, transport, stationery Media
Conduct orphan survey Create database with orphan details	Set up a research team Conduct survey	Social Development Health Dept Child And Family Welfare SAPS, LAC Education Dept Other NGO's/ FBOs Councillors Traditional leaders and healers Schools and educators	Councillors Social Services. Ward Committee Funds
Help processing grant access	Co-operate and assist DOS	Same as above	Social services, caregivers, Department of Home Affairs
Develop children's Foundation	Co-ordinate stakeholders' meeting	Same as above	Venue, transport, stationery
Help ensure children's charter is implemented	Liaise with provincial leaders	Same as above	Venue, transport, stationery
Investigate establishment of adequate shelter	Link with provincial govt, explore different options and NGO's	Same as above	Venue, transport, land
Monitor the placement of children, preferably	Establish Nkomazi	Same as above	Venue, transport,

to be kept in one family	Child care committee		telecommunications. Funds
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PART 5: KEY RESPONSES NEEDED

The incidence of HIV/AIDS has thrown at our leaders and communities seemingly insurmountable problems like nothing has ever done since Black Death. This crisis requires all of us to work together and work extremely harder than we have ever done before. Careful planning of our work and alliances are essential. The following are key priority actions that need to be taken immediately to reduce the impact of AIDS in Nkomazi.

1. Education, Awareness, Openness and Prevention

HIV/AIDS is a preventable disease whose infection rate can be reduced. We can help our people to protect themselves, by equipping them with the knowledge that will make them change their behaviour and attitudes.

Education effort that is conducted by various service providers has to be co-ordinated to maximise impact and avoid duplication. The conduct of this education we should be sensitive to peculiarities of tradition, language, culture, religion, gender, age and social standing. A special effort has to be made to reach out to people living in farms, in rural areas and the youth.

Education, awareness and prevention programmes can only succeed if they are conducted in an open environment, where HIV/AIDS is treated, not as a scandal and shame, but as any other disease. Councillors therefore become crucial as strategic leadership at a local level in destigmatisation of HIV/AIDS. They have to lead in opening our communities to break the silence around the disease.

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

The process of setting up projects and structures that promote positive and fruitful living by people living with AIDS must be quickened. In this respect, more and more home-based caregivers, especially the male caregivers and counsellors have to be recruited and trained.

Support groups for PWAs have to be launched speedily and be supported by the municipal leadership. A Hospice has to be considered to help the dying to die in dignity, knowing that they have not done anything horrible.

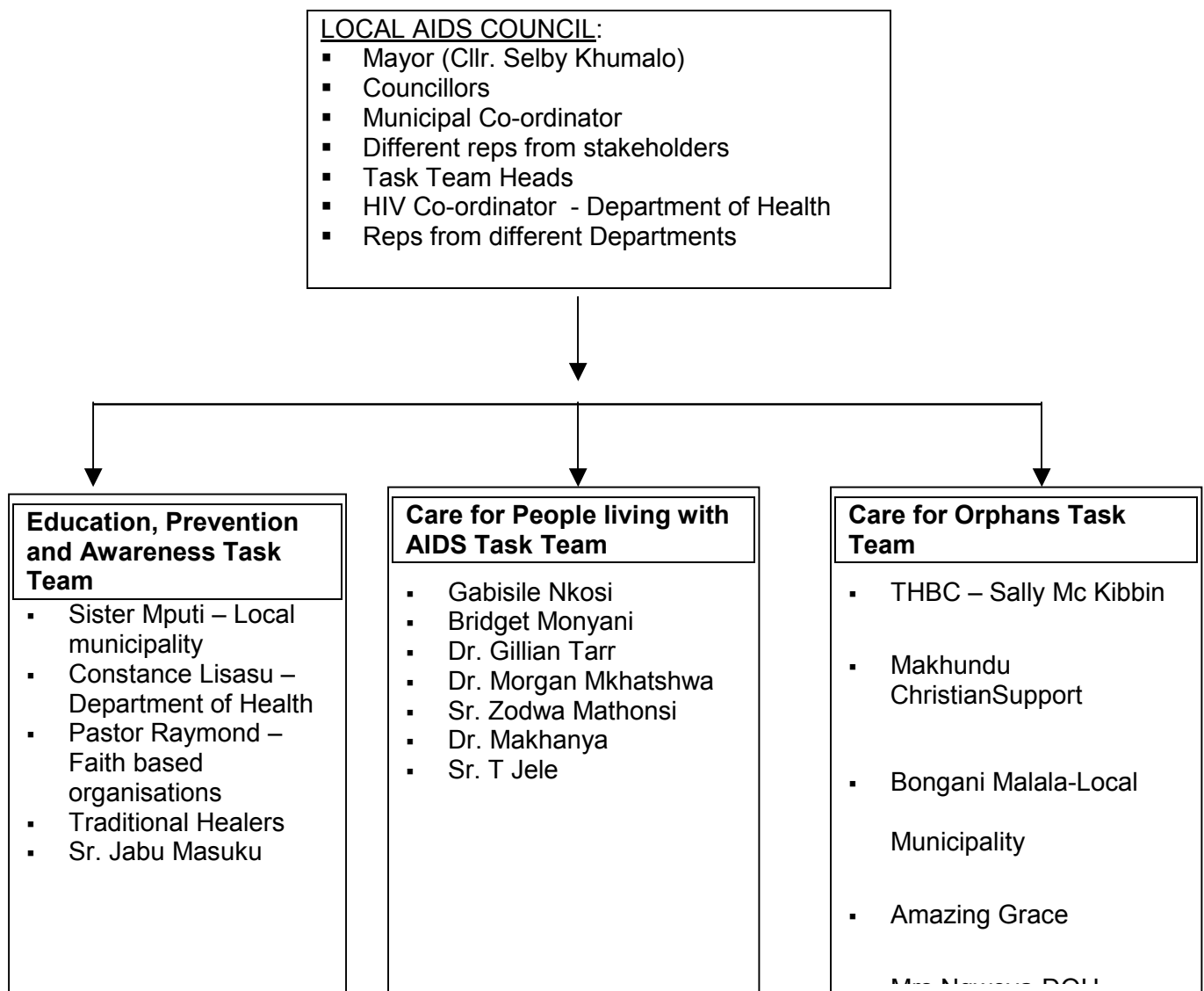
3. Care for orphans

Orphans are our responsibility; we cannot wish them away or hope that somebody else will take care of them while we are not bothered by their plight. These orphans may pose a very real challenge to our social stability by becoming criminals with no compassion for their victims. They would be treating the society that was unmoved by their plight, a society that could not care less about their famished little tummies asking for food and their frail little frames asking for shelter. Lack of community and church involvement in taking good care of orphans has to be immediately addressed. The absence of a co-ordinating structure that monitors the treatment and wellbeing of orphans in foster care and in orphanages can only lead to one conclusion, and that is the orphans in foster care may be exposed to abuse.

PART 6: CO-ORDINATION AND STRUCTURES

The role of the AIDS council among other things will be to do the following:

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



TASKS FOR THE CO-ORDINATING STRUCTURE:

Local AIDS Council	Education, Prevention and awareness Task Team	Caring For PWA Task Team	Caring for Orphans Task Team
<ul style="list-style-type: none"> ▪ Responsible for overall co-ordination ▪ Serves as a forum for sharing ideas ▪ Mobilise resources for the implementation programmes ▪ Ensure that there is common understanding and sharing of ideas and information between different task teams 	<ul style="list-style-type: none"> ▪ Serves as a forum to develop and share programmes around this kind of work. ▪ Ensure that there is no duplication of programmes. ▪ Liaise with all that involved in this area of work. ▪ Work closely with the co-ordinating structure and Local AIDS council 	<ul style="list-style-type: none"> ▪ Serves as forum for sharing ideas and programmes ▪ Co-ordinate work of volunteer care-givers ▪ Work towards elimination of duplication ▪ Work towards establishment of a permanent haven for PWA. ▪ Work closely with co-ordinating structure/ local AIDS council ▪ Ensure recruitment and training of volunteers. 	<ul style="list-style-type: none"> ▪ Develops programmes that aimed at improving the living conditions of orphans. ▪ Strengthening of volunteers and ensure their training. ▪ Mentorship of volunteers later in the project. ▪ Work towards the formation of AIDS council. ▪ Survey for orphans regarding statistics

IMMEDIATE TASKS

Tasks	Persons responsible	Timelines
Strategy review	ETU,GTZ, EDM and Nkomazi Municipality	1 st March 2005
Report review	Task team members	14 March 2005
Councillor Briefing	Secretariat, HOD and ETU	1st council meeting for 2005
Nkomazi Local Aids Council Relaunching	Secretariat, HOD, ETU and the Mayor's office	1 st April 2005

HIV/AIDS HOME BASE CARE DATABASE			
PROJECT NAME	AREA	TELEPHONE	CLIENTELE
Amazing Grace	Malelane	013 7901413	Orphans
Asibambaneni HBC	Block A	0827160279	60
Bekezela HBC	Mbuzini	0824815197	
Cecil Mohlala	Nyldo	0823586292	0
Cedusizi HBC	Dludluma	0735123713	95
Christina Mkhabela (Ward Committee)	Magudu	0848963249	0
Department of Health	Phiva	0826451487	137
Driekoppies HBC	Driekoppies	0721368433	250
Emabondweni HBC	Langelooop	0727099466	328
Hlulukani HBC	Steenbok	0725381016	156
Inkululeko HBC	Block B	0727600555	239
Intamakuphila HBC	Mandulo	0724921730	37
Intfutfuizo	Mbuzini	0826426320	49
Izandlidlazethu HBC	Ngwenyeni	0827447896	60
Hoyi HBC	Hoyi	0820641103	
Jeppes Reef HBC	Jeppes Reef	0727522393	500
Lend a Hand HBC	Tonga	0842841685	73
Lethukuhanya HIV/Aids Awareness	Mdladla	0727578595	53
Lusitolwethu HBC	Buffelspruit	0829614310	285
Magudu Umzambo HBC	Magudu	0825034491	25
Malelane Support Group	malelane	0828068858	60
Mananga HBC	Mananga	0722578863	200
Masiphephisane HBC	Thambokhulu	0727438229	135
Masungulo Organisation	Nkomazi Schools	0721465795	5000
Mzamo HBC	Middle Plaas	0721077813	135
Mzamomuhle HBC	Sikhwahlane	0724009080	92
Mzinti HBC	Mzinti	0847397948	105
Naas HBC	Naas	0733169967	360
Nkomazi Advice Centre	Schoemansdal	013 - 7810483	12
Nkomazi Community Support & Dev. Org	Kamaqhekeza	0732599861	Orphans
Nsizwane HBC	Khombaso	0731787503	76
Phakama HBC	Phiva	0827956190	137
Philisani HBC	Mbangwane	0726948267	78
Schoemansdal HBC	Schoemansdal	0734391041	180
Senzangothando HBC	Goba	0724932566	42
Sibongimusa HBC	Masibekela	0727796514	352
Sihlangu - 5 HBC	Sihlangu	0725169299	67
Sikhululekile	Mbuzini	0822960790	15
Sinethemba HBC	Kamhlushwa	0827415441	153
Siphamandla HBC	Boschfontein	0825063688	100
Sisitasive HBC	Gomora	0721495176	180

Sivulindlela Community Development	Hectorspruit	0833418569	18
Siyanqoba Madoda	Jeppes Reef	0732663511	4 schools
Sizanani HBC	Hhoyi	0722155020	58
Thandisizwe	Mbuzini	0721021729	496
Themba lethu HBC	Schooemansdal	0824648973	1600
Thembeke	Mbuzini	0723238861	42
Thembelihle HBC	Mangweni	0837497032	130
Themba lethu HBC	Schoemansdal	826888472	Orphans
THO Litiko Letinyanga	Magudu	0724011461	6
Uthando lwama Khosikazi	Sibange	0823587874	12
Wellness Clinic (Support)	Komatipoort	0828085962	75
Schulzental HBC no. 2	Schulzental	0823481668	202
Lusito lwetfu HBC	Buffelspruit	0736115660	150