



**MINUTES OF THE KWAZULU-NATAL PROVINCIAL COUNCIL ON AIDS (PCA) MEETING
HELD ON WEDNESDAY, THE 11TH OF NOVEMBER 2015 AT THE GREY'S HOSPITAL RECREATIONAL HALL IN
PIETERMARITZBURG**

PCA CHAIRPERSON: PREMIER OF THE KWAZULU-NATAL PROVINCE, MR E S MCHUNU
PCA DEPUTY CHAIRPERSON: MR P Z MDLETSHE

SECTION 1: PROCEDURAL MATTERS		
ITEM	DISCUSSION	RESOLUTION
1.1 OPENING AND WELCOME	<p>The PCA Chairperson, Honourable Premier of KwaZulu-Natal Province, Mr E S Mchunu, declared the meeting open at 13h18. The meeting commenced with an opening prayer by Dr SM Dhlomo, Member of the Executive Council (MEC) for Health.</p> <p>The Chairperson acknowledged and welcomed all members of the PCA, observers, MECs, Heads of Departments (HODs), District Municipalities and Local Municipalities Mayors, all Civil Society Sectors, Social Partners and officials.</p> <p>The Chairperson also acknowledged members of his panel, Deputy Chair Mr P Z Mdletshe Health MEC Dr S M Dhlomo, Acting Director-General Mr F R Brooks and Miss Tryphinah Ngwenya, Senior Manager for HIV and AIDS who was sitting in for Head of PCA Secretariat Dr Fikile Ndlovu.</p>	

SECTION 1: PROCEDURAL MATTERS

ITEM	DISCUSSION	RESOLUTION																																														
	<p>The Chairperson extended a special welcome to Reverend Nevhutalu Zwoitwaho and Dr Connie Kganakga both of the South African National AIDS Council (SANAC), Advocate Celumusa Zungu of the Pietermaritzburg Magistrates Courts, Mr Bernard Katz from BroadReach and Youth Representatives present namely: Ms Thabile Kunene (uThukela), Mr Nkosi Jaca (Harry Gwala), Ms Philile Ndlovu (Ugu), Ms Londeka Makhoba (uMzinyathi) Mr Thobani Ndaba (Amajuba), Ms Teddy Mnguni (iLembe), Mr Afika Tshona and Mr Nkosinathi Mpungose (eThekwini), Mr Phila Ndlovu (uThungulu) and Ms Demona Herrisa and Ms Rishada Govender (uMgungundlovu)</p>																																															
1.2 APOLOGIES	<p>Apologies were read as follows:</p> <table><tr><th>NAME</th><th>DEPARTMENT/ORGANISATION</th></tr><tr><td>Dr Fikile Ndlovu</td><td>General Manager (Priority Programmes in the Office of the Premier and Head of PCA Secretariat)</td></tr><tr><td>Dr R Ndaba</td><td>Department of Health</td></tr><tr><td>Cllr ME Ndobe</td><td>Harry Gwala District Municipality</td></tr><tr><td>Cllr DCP Mazibuko</td><td>uThukela District Municipality</td></tr><tr><td>Cllr JCN Khumalo</td><td>Amajuba District Municipality</td></tr><tr><td>Ms T Nene</td><td>Department of Labour</td></tr><tr><td>Mr Walidi Badawi</td><td>UNDP</td></tr><tr><td>Mr E Morah</td><td>UNAIDS</td></tr><tr><td>Ms N Albert</td><td>Durban Chamber of Business</td></tr><tr><td>Cllr SG Ndlela</td><td>Impendle Local Municipality</td></tr><tr><td>Cllr EN Molefe</td><td>Nquthu Local Municipality</td></tr><tr><td>Mrs ES Nzimande</td><td>Head of Department (HOD) for Arts and Culture</td></tr><tr><td>Dr SF Mkhize</td><td>HOD for Department of Agriculture and Rural Development</td></tr><tr><td>Ms S Wust</td><td>HPCA</td></tr><tr><td>Dr A Sewlal</td><td>Department of Health</td></tr><tr><td>Ms R Manickum</td><td>Department of Health</td></tr><tr><td>Ms N Shandu</td><td>Department of Home Affairs</td></tr><tr><td>Mr W Dlamini</td><td>Department of Home Affairs</td></tr><tr><td>Mr B Sikhakhane</td><td>Office of the Premier</td></tr><tr><td>Mr C Nxumalo</td><td>Office of the Premier</td></tr><tr><td>Cllr T Mnchunu</td><td>uThungulu District Municipality</td></tr><tr><td>Cllr J Nxumalo</td><td>eThekwini Metro</td></tr></table> <p>Due to unforeseen delays, the Mayor of Zululand, Cllr MA Hlatshwayo was to join the meeting at a later stage.</p>	NAME	DEPARTMENT/ORGANISATION	Dr Fikile Ndlovu	General Manager (Priority Programmes in the Office of the Premier and Head of PCA Secretariat)	Dr R Ndaba	Department of Health	Cllr ME Ndobe	Harry Gwala District Municipality	Cllr DCP Mazibuko	uThukela District Municipality	Cllr JCN Khumalo	Amajuba District Municipality	Ms T Nene	Department of Labour	Mr Walidi Badawi	UNDP	Mr E Morah	UNAIDS	Ms N Albert	Durban Chamber of Business	Cllr SG Ndlela	Impendle Local Municipality	Cllr EN Molefe	Nquthu Local Municipality	Mrs ES Nzimande	Head of Department (HOD) for Arts and Culture	Dr SF Mkhize	HOD for Department of Agriculture and Rural Development	Ms S Wust	HPCA	Dr A Sewlal	Department of Health	Ms R Manickum	Department of Health	Ms N Shandu	Department of Home Affairs	Mr W Dlamini	Department of Home Affairs	Mr B Sikhakhane	Office of the Premier	Mr C Nxumalo	Office of the Premier	Cllr T Mnchunu	uThungulu District Municipality	Cllr J Nxumalo	eThekwini Metro	
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ITEM	DISCUSSION	RESOLUTION
1.3 ADOPTION OF THE AGENDA	The meeting agenda was adopted without any amendments.	
1.4 MINUTES OF THE PREVIOUS MEETING	<p>No corrections were made on the minutes of the previous PCA meeting held on the 05 August 2015.</p> <p>They were then adopted as the true reflection of deliberations of the PCA meeting held on the 05 August 2015.</p> <p>Proposal for adoption was made by MEC for Education, Mrs NP Nkonyeni and seconded by MEC for Human Settlements and Public Works, Mr R Pillay</p> <p>Subsequent to the adoption of the minutes, Department of Social Development (DSD) HOD, Ms NG Khanyile, requested correction on Page 20 (agenda item 3.1 Orphans & Vulnerable Children- Policy Issues, care and support: challenges and way forward) of the previous minutes stating <i>“the report was actually presented on the 05 August 2015”</i> not that <i>“Members were requested to go through the document in readiness for presentation in the next PCA meeting”</i>.</p> <p>The alteration was acknowledged and accepted. The minutes of the previous PCA meeting held on the 05 of August 2015 were then accepted and signed by the Chairperson on the PCA.</p>	
1.4 MATTERS ARISING AS PER DECISION MATRIX	<p>1.4.1. Update on Condom Manufacturing Factory in KwaZulu-Natal: <i>(Update by MEC for Economic Development, Tourism and Environmental Affairs Mr M Mabuyakhulu).</i> (1) HBM-SA Health Protection Services, a partnership between a local company known as South Africa Health Protection Services and a United States of America based company HBM are to set up a plant at the Dube Trade Port. The factory will manufacture condoms for both the local market, the South African Development Cooperation (SADC) region and Nigeria, Ghana and Guinea. The Project value for Phase 1 is R60 million. The plant is expected to open in third quarter of 2016. Potential job creation is estimated at 200. The following has so far been done/is being done:</p>	Provide update in next meeting

SECTION 1: PROCEDURAL MATTERS		
ITEM	DISCUSSION	RESOLUTION
1.4 MATTERS ARISING AS PER DECISION MATRIX	<ul style="list-style-type: none"> • <i>Lease Agreement:</i> The draft lease has been signed between project owners i.e. HBM-SA and the Dube Trade Port • <i>Technical Drawings:</i> The Company has been afforded technical assistance funds to finalise engineering drawings. Building plans have been finalised and are yet to be approved by the municipality. • <i>Finance:</i> Application for finance has been submitted to the industrial development corporation and to the KZN Growth Fund. • <i>Due Diligence:</i> A due diligence exercise is being conducted and will be finalised with a visit to a sister factory in China. <p>(2) TNT Medical Solutions, a medical supply business based in Mooi River, KwaZulu-Natal Province is in the process of establishing a manufacturing facility for condoms production. The project value is estimated at 20 million rands. Potential job creation is 90. The following has so far been done/is being done:</p> <ul style="list-style-type: none"> • <i>Site Acquisition:</i> A site has been acquired in Mooi River. Environmental impact Assessment (EIA) and zoning applications are still to be undertaken for the new site. • <i>Business Plan:</i> A business plan has been updated. Engagement is on-going with National Empowerment Fund on funding of this project. The Local Municipality has been engaged for the supply of bulk services. <p>Deputy Chairperson's Comment: Congratulated the MEC and expressed gratitude that KwaZulu-Natal is remains a priority in this regard (condoms supply).</p> <p>Point for Clarification (by DOH MEC, Dr Dhlomo): Clarified that condoms non-branded, perfumed flavours is a standard requirement for condoms.</p> <p>Point for Clarification (by Ms Promise Makhanya): Whether the condoms factory would produce all types of condoms and related products e.g. female dental derms and finger condoms.</p> <p>MEC Mabuyakhulu clarified that the issue of related condom products had been taken into consideration.</p>	

SECTION 1: PROCEDURAL MATTERS		
ITEM	DISCUSSION	RESOLUTION
1.4 MATTERS ARISING AS PER DECISION MATRIX	<p>Chairperson's Comment: He reiterated that the fight against HIV and AIDS should not only be about condoms but also about "Abstain, Be Faithful and Condoms (ABC). He further urged the Department of Health (DOH) and Department of Economic Development to work closely on this project.</p>	
	<p>1.4.2 Update on Global Fund Application: <i>(Update by the HOD for Provincial Treasury, Mr SL Magagula).</i> The Global Fund had approved R440 million grant funding. The Province's initial application for normal funding was R150 million. There was an incentive funding for R290 million where R200 million was for an incentive cash transfer project.</p> <p>The Global Fund team is currently in the process of finalising the required grant making documents i.e. the implementation plans, budgets, M&E plan and the Performance Framework.</p> <p>Following the grant approval, timelines are as follows:</p> <ul style="list-style-type: none"> • First submission of grant making documents - 16 November 2015 • Completing the online the Principal Recipient (PR) capacity assessment tool - 20 November 2015 • Global Fund and SANAC Budget Review - 16 to 26 November 2015 • Budget Review Meeting – 26 November to 04 December 2015 • Second submission of grant making documents – 15 December 2015 • Final submission of PR grant making documents – 10 January 2016 • Presentation to Grants Approval Committee (GAC) – Mid January to Mid February 2016 • Grant Signing – End of March 2016 • First Disbursement is 30 days after grant signing <p>Chairperson's Comment: He commended the HOD and articulated that he would like to see the project progressing professionally to the benefit of the Province.</p>	Update

SECTION 1: PROCEDURAL MATTERS		
ITEM	DISCUSSION	RESOLUTION
1.4 MATTERS ARISING AS PER DECISION MATRIX	<p>1.4.3 Update on Budget for War Rooms: <i>(Update by Miss NT Ngwenya, Senior Manager: HIV and AIDS Directorate).</i> The Provincial Treasury had made available 14 million rands to strengthen War Rooms. The main focus is on five most deprived Local Municipalities namely Vulamehlo, Umsinga, Nkandla, Maphumulo and uMhlabuyalingana. The intention is to reach 169wards as identified by the Poverty Eradication Master Plan (PEMP). The funding has been utilised to procure stationery, war room furniture and information technology (IT) gadgets for profiling.</p>	Provide update in next meeting
	<p>1.4.4 Update on Abstract Workshop for AIDS 2016 Conference: <i>(Update by Miss Irene Maina, UNAIDS Senior Advisor seconded to HIV and AIDS Directorate)</i> The HIV & AIDS Directorate will be hosting a series of abstract development workshops for the 2016 AIDS conference. The purpose of the Workshops is to ensure the Province develops and submits as many conference abstracts as possible with the view to having the abstracts presented during the conference. Each District is expected to submit at least two abstracts. The Province will be seeking collaboration and partnerships with academic and research institutions to ensure quality abstracts are written and submitted. Timelines are as follows:</p> <ul style="list-style-type: none"> • Formation of Provincial Abstracts Coordination Team December 2015-July 2015 • Training on abstract development: 16 – 20 November 2015 • Mentoring: Nov 2015 – January 2016 • Peer review and submission of abstracts: 27-28 January 2016. • Production of KZN AIDS 2016 Abstracts Booklet – April 2016. • KZN Exhibition Stall at the Conference – July 2016. • KZN OSS Symposium session during the conference– July 2016. <p>Comment <i>(raised by DOH MEC, Dr Dhlomo):</i> Nurses have played a pivotal part in anti-retroviral treatment (ART) in making the Province reach the 1 million mark of patients on ART. Nurses should be part of abstract writing and share their experiences.</p>	Provide update in next meeting

SECTION 1: PROCEDURAL MATTERS		
ITEM	DISCUSSION	RESOLUTION
1.4 MINUTES AND MATTERS ARISING AS PER DECISION MATRIX	<p>Comment (raised by Mabalane Mfundisi): Positive stories on HIV need to be followed up and be told “let the people tell their own stories”.</p> <p>Comment (raised by Miss NT Ngwenya): In response she stated that abstracts workshops are planned and will include representatives from all districts. Participants will include provincial HAST programme managers, district AIDS councils members, Health wellness officers, youth, district health care workers, NGOs and civil society groups.</p>	
	<p>1.4.5 Update on the World AIDS Day (WAD) 2015: (Update by Rev Zwoitwaho Nevhutalu) The Chairperson of the South African National AIDS Council (SANAC) had requested the Province to host the commemoration of National World AIDS Day (WAD) 2015. The reason for commemorating the day in KwaZulu-Natal was as follows:</p> <ul style="list-style-type: none"> • The Province remains the epicenter of HIV and AIDS and has the highest prevalence of Tuberculosis (TB) in South Africa. • The Commemoration of WAD 2015 in KZN will be used as build up to the 2016 International AIDS Conference that will be hosted in the Province. • This will be an opportunity to further showcase Operation Sukuma Sakhe (OSS) - the KwaZulu-Natal service delivery model that puts communities at the center of service delivery. <p>KZN had chosen that the event be held in Ugu where its commemoration will be decentralised to 23 wards in order to reach more people and to highlight the AIDS response at the local level. The proposed wards are as follows:</p> <ul style="list-style-type: none"> • Ezingoleni Municipality: Ward 1, 2, and 5; • Hibiscus Coast Municipality: Ward 4, 9, 10, 14, and 21; • Umdoni Municipality: Ward 1, 2, 5, 6, and 8; • Umuziwabantu Municipality: Ward 1, 2, 6, 8, and 10; and • Umzumbe Municipality: Ward 1, 2, 3, 6 and 10 	Provide update in next meeting

SECTION 1: PROCEDURAL MATTERS		
ITEM	DISCUSSION	RESOLUTION
1.4 MINUTES AND MATTERS ARISING AS PER DECISION MATRIX	<p>Comment (raised by MEC Mabuyakhulu): Commended the WAD 2015 organising committee and urged the Province to support WAD events at all levels.</p> <p>Comment (raised by Youth Representative): Youth need to be involved in writing abstracts as well as on the build-up events to the 2016 International AIDS Conference.</p> <p>Comment (raised by MEC Dhlomo): It vital that the youth be involved in the build-up events, especially eThekweni youth.</p> <p>Chairperson's Comment: It is crucial that Districts organise their own WAD 2015 commemorations in their respective District Municipalities. This should however not be held on the same date as the National event i.e. on December 1.</p>	
	<p>1.4.6 Orphans and Vulnerable Children Report: (Update by the DSD HOD, Ms N Khanyile) EThekweni Metro, UMgungundlovu and Harry Gwala have the largest numbers in child headed homes and foster care parents. There are projects in place to assist those children and also the foster families.</p>	
	<p>1.4.7 HEAIDS HIV and AIDS on Higher Education Presentation: (Presentation by Dr Ramneek Ahluwalia, Director at HEAIDS) The Higher Education and Training HIV/AIDS Programme (HEAIDS) is a national facility to develop and support the HIV mitigation programmes at South Africa's public Higher Education Institutions (HEIs), and Further Education & Training Colleges (FETs). HEAIDS supports higher education institutions in responding to the HIV and AIDS through their core functions of learning and teaching, research and innovation and community engagement. The programme is rooted in a concept of the responsibility of HEIs to address the HIV/AIDS on a human rights basis on at least five fronts:</p> <ul style="list-style-type: none"> Developing HIV prevention programmes and facilities for the treatment, care and support of students and staff including a comprehensive workplace HIV/AIDS programme for staff. 	<p>(1) Provide update on interventions being implemented in the Province in next meeting</p> <p>(2) Provide update on Peer Education Training in Mangosuthu University in next meeting</p>

SECTION 1: PROCEDURAL MATTERS		
ITEM	DISCUSSION	RESOLUTION
1.4 MINUTES AND MATTERS ARISING AS PER DECISION MATRIX	<ul style="list-style-type: none"> • Educating and equipping students to make a contribution to the national HIV/AIDS response in their future career fields. • Conducting research that will strengthen society's ability to resist and ultimately overcome the HIV & AIDS. • Providing HIV & AIDS services to related communities through outreach projects and practical training programmes. <p>HEAIDS implements the following programmes and projects in partnership with a range of public and private role players: (1) First Things First (HIV/STI/TB) campaign. (2) Brothers for Life/Masculinity campaign (3) Curriculum development and integration (4) Men who have Sex with Men (MSM) and LGBTI Programme, (5) ZAZI, (6) Balance Your Life and (7) Future Beats Campus Radio Pilot project.</p> <p>These activities are monitored through a sector wide Monitoring and Evaluation framework designed to measure progress against the objectives of the <i>Policy and Strategic Framework on HIV and AIDS for Higher Education</i>, which was launched on 29 November 2012. It provides for 23 routine indicators and 10 periodic indicators.</p> <p>Dr Ahluwalia urged for support from partners, both private sector and NGO stating that it was vital to reach more vulnerable teenagers in institutions of higher learning.</p> <p>Comment (raised by a Peer Educator in the Inanda, Ntuzuma KwaMashu Area area): Commented that he would like to see the First Things First Campaign being launched in high schools to prepare matric students for tertiary.</p> <p>Comment (raised by Honey Allee from Islamic Medical Association): Offered to assist tertiary institutions especially Mangosuthu University of Technology with Peer Education and training.</p>	

SECTION 1: PROCEDURAL MATTERS		
ITEM	DISCUSSION	RESOLUTION
1.4 MINUTES AND MATTERS ARISING AS PER DECISION MATRIX	<p>Comment (raised by MEC Dhlomo): The programme should be more visible in the institutions of Higher Learning in the Province.</p> <p>Deputy Chairperson's Comment: Thanked the youth in attendance for their time and dedication and urged the youth to work hard in achieving positive goals.</p> <p>Chairperson's Comment: Thanked Dr Ahluwalia and the work HEAIDS is doing.</p>	
SECTION 2: STANDING ITEM		
2.1 DISTRICT REPORTS	<p>2.1.1 Analysis of the District Reports April 2015 to September 2015: (Presentation by Miss TN Ngwenya) The districts synthesis report was presented, based on the implementation of the Provincial Strategic Plan (PSP) 2012-2016. From a coordination perspective, 60 % of Local AIDS Councils reported to District AIDS Councils. Generally Ward AIDS Committees were not reporting to Local AIDS Councils.</p> <p>Districts Mayors present at the meeting were satisfied with the contents of the synthesis report in terms of their district information.</p> <p>Deputy Chairperson's Comment: Commented on the issue of poor quality of reports, late reports and those that do not report at all and urged improvement.</p> <p>2.1.2 Presentation on implementation of accelerated plans for HIV and AIDS, TB, STI and Maternal and child health for EThekwini and Zululand District The PCA Deputy Chairperson visited EThekwini and Zululand to assist with strengthening support on implementation of the response activities. Zululand and EThekwini presented their reports and were applauded for the work done thus far.</p>	

SECTION 2: STANDING ITEM		
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2.2 CIVIL SOCIETY REPORT	<p><i>Report presented by the Deputy Chairperson Mr P Mdletshe:</i> The KwaZulu-Natal Civil Society Sector met on the 19 August 2015 through the PCA Secretariat to review the National Strategic Plan (NSP)</p> <p>He stated that the dashboard presented in the meeting will help Civil Society in identifying where the hot spots are and that Civil Society can visit those areas and develop programmes to respond.</p> <p>Mr Mdletshe thanked all members who responded to the special request to donate sanitary pads. The pads have been received and will be distributed accordingly.</p>	
SECTION 3: STRATEGIC ISSUES		
3.1 PRESENTATION ON SEXUAL OFFENCES AND RELATED MATTERS AMEDEMMENT ACT 5 OF 2015	<p>The presentation is in response to a PCA resolution in the meeting of 05 August 2015.</p> <p><i>Presented by the Advocate Celumusa Zungu:</i> The purpose of purpose of the presentation is to highlight the provisions of Sexual Offences and Amendment Act 5 of 2015 and its impact on regulation of consensual sexual intercourse among adolescents.</p> <p>According to the Constitution and the Sexual Offences and Related Matters Amendment Act 5 of 2015 a child is a person under the age of 18. According to section 15 and 16 of Act 32 of 2007 a child is a person under the age of 16. Sexual Act means an act of sexual penetration or an act of sexual violation. Sexual penetration refers to penetration of sexual nature. Sexual violation refers to violation of sexual nature e.g. kissing and fondling. Consensual sexual act is a sexual act (penetration or violation) that takes place with the consent of both parties.</p> <p>Before the amendment section 15 and 16 of Act 32 of 2007 prohibited consensual sexual penetration with children (Section 15). Section 16 prohibited consensual sexual violation with children. The provisions was where a sexual act between an adult and a child and between a child and a child were all considered criminal offences.</p>	

SECTION 3: STRATEGIC ISSUES		
ITEM	DISCUSSION	RESOLUTION
3.1 PRESENTATION ON SEXUAL OFFENCES AND RELATED MATTERS AMENDEMENT ACT 5 OF 2015 (cont.)	<p>There was criticism of Act 32 in a case known as the Teddy Bear Case where it was argued that it was a violation of the constitutional rights of children (Right to Dignity and Right to Privacy and that it disregarded the principle that the best interest of the child must prevail in all situations.</p> <p>2015 Act 5 amendments followed where the act of sexual penetration or sexual violation between a child and a child constituted no criminal offence whilst sexual act between an adult and child was criminal. For sexual acts between children aged 16 or 17, there was no criminal prosecution unless the age gap was above two years. The implications are as follows:</p> <ul style="list-style-type: none"> • Children from 12 to 15 years are not criminally liable for consensual sexual intercourse between themselves. • Children aged 16 and 17 years are not criminally liable for sexual activities with other children (17 years and younger) unless the age gap is more than two years. • A person aged 18 and above commits a criminal Act if he engages in consensual sexual activity with a child under the age of 16. <p>The act further points out to the following:</p> <ul style="list-style-type: none"> • Details of a child convicted for sexual offence must not be entered in the National list for sex offender unless: (1) the public prosecutor has made an application for such (2) probation officer's report has been obtained (3) the child has been give opportunity to address the court on that aspect and (4) exceptional and compelling circumstance exist. <p><i>Conclusions:</i></p> <ul style="list-style-type: none"> • Non-consensual sexual intercourse still constitutes a crime of rape; even if committed by a child. • Consensual sexual intercourse between an adult and child is a criminal offence on part of the adult. • Only in exceptional circumstance can child's name be entered on registry for sex offenders. 	

SECTION 3: STRATEGIC ISSUES		
ITEM	DISCUSSION	RESOLUTION
3.1 PRESENTATION ON SEXUAL OFFENCES AND RELATED MATTERS AMENDEMENT ACT 5 OF 2015 (contd)	<p>Comment (raised by MEC Ms BF Scott): Was concerned as this will among others things contribute to increasing the already high pregnancy rate amongst the teenagers at school.</p> <p>Comment (raised by Mr Richard Shandu): It would be difficult to curb the high teenage pregnancy rates in this Province.</p> <p>Comment (raised by Dr Ngoetjana): There seemed to be a contradiction on the legal content and conclusion of the Act.</p> <p>Comment (raised by Ms P Ngcobo): This law will also increase the HIV rate.</p> <p>Comment (raised by MEC WG Thusi): There is need to strengthen education at home and at school.</p> <p>Chairperson's Comment: No parent was comfortable with the Act. There was need for the legal experts in the council and the Province to further examine the Act and advise the Council. He proposed that this be led by Advocates Linda Nzama and Celumusa Zungu. He also proposed that education campaigns against this act be organised and that the province should fight for good values Legislature, Amakhosi, business sector, young people etc should come together to fight this. He further stated that he saw contradiction a where a child below 18 years cannot vote or even get a driver's licence, but, in this case they can have sex.</p>	<p>(1) Legal Experts to further examine the act</p> <p>(2) Organise Education Awareness campaigns on the Act.</p>
SECTION 3: STRATEGIC ISSUES		
3.2 DREAMS Project	<p><i>Presented by the Dr Connie Kganakga from SANAC:</i> The U.S. President's Emergency Plan for AIDS Relief (PEPFAR), in partnership with the Bill & Melinda Gates Foundation and the Nike Foundation, has launched a new initiative to significantly reduce new HIV infections among adolescent girls and young women in selected high HIV-burden countries. South Africa is one of the countries identified for the DREAMS Initiative.</p> <p>The new initiative is called DREAMS, reflecting PEPFAR's vision that girls should be Determined, Resilient, Empowered, AIDS-Free, Mentored and Safe - assets critical to prevention of new HIV infections among adolescent girls and young women (AGYW). <i>The goal of the project is to reduce new HIV infections in 15-24 year old adolescent girls and young women (AGYW). 25% by end of 2016. 40% by end of 2017. The estimated budget for the project is USD 24 414 482.</i></p>	Provide update in next meeting

SECTION 3: STRATEGIC ISSUES		
ITEM	DISCUSSION	RESOLUTION
3.2 DREAMS Project (cont.)	<p>The project will be implemented in five districts of which three eThekwini, uMgungundlovu and uMkhanyakude are in KwaZulu-Natal Province. It will focus on the high burden and high transmission sub-districts.</p> <p>Deputy Chairperson's Comment): Urged that local communities be brought on board through OSS. In response Dr Kganakga stated that SANAC has and will continue to involve Civil Society Sectors and people on the ground through all the platforms including OSS</p> <p>Comment (raised by Mfundisi Mabalane): Urged support for the project by the province. This project is in line with building capacity and the implementation outcome must represent all.</p> <p>Comment (raised by Dr Ngoetjana): Was concerned with the short implementation time span and how effective it would be.</p> <p>Comment (raised by Chalane Savant from PEPFAR): PEPFAR have noted the comments and concerns. Will work towards a productive partnership.</p>	
SECTION 4: MENTIONS & CLOSURE		
4.1 CABINET OSS DAY	The Chairperson announced that the next Cabinet OSS day will be held on the 25 th of November 2015 at eThekwini Metro.	
4.2 DATE OF NEXT MEETING: 16 MARCH 2015	The date of the next Provincial Council on AIDS (PCA) meeting is the 16 th of March 2016.	

THE MEETING WAS CONCLUDED AT 17H16.

MINUTES CONFIRMED AND SIGNED AT THE MEETING HELD ON (DATE) (MONTH) (YEAR)

CHAired BY: (SIGNATURE)