



**MINUTES OF THE MEETING OF THE KWAZULU-NATAL PROVINCIAL COUNCIL ON AIDS**  
**HELD ON THE 02 MARCH 2011 AT 12H00 AT THE PIETERMARITZBURG CITY HALL**

Chairperson: Dr. Z.L. Mkhize (KwaZulu-Natal Premier)  
Deputy Chairperson: Prof Gqaleni

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**OPENING AND WELCOME**

**SECTION 1: PROCEDURAL MATTERS**

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- 1.2 Adoption of the agenda
- 1.3 Confirmation of the Minutes
- 1.4 Matters Arising

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- 3.2 Public Expenditure Tracking Survey for HIV and AIDS

- 3.3 New Provincial HIV and AIDS and TB Strategic Plan Development (2012-2016)
- 3.4 Food Security
- 3.5 Operation Sukuma Sakhe
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- 3.4.2 Youth Ambassador Programme
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- 3.4.4 Religious and NGO Sector Mobilisation in Response to HIV and AIDS

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- 5.2 Candlelight Memorial (22 May 2011)

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**SECTION 7: DATE OF NEXT MEETING**

**CLOSURE**

| AGENDA ITEM   | DISCUSSIONS  | RESPONSIBILITY                               |
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| <b>OPENING AND WELCOME</b>  | <p>The meeting commenced with a prayer.</p> <p>The Chairperson Welcomed everyone present.</p>  | <p>Bishop R. Phillips</p> <p>Chairperson</p> |
|   | <b>PROCEDURAL MATTERS</b>  |  |
| <b>1. 1 APOLOGIES</b>   | <p>MEC L. Johnson<br/> Cllr. B. Gwala<br/> Cllr. O. Mlaba<br/> Mr. William<br/> Ms. J. Khumalo</p> <p><i>The following members requested leave to be excused during the meeting so as to attend to urgent official matters:</i></p> <p>MEC T.W. Mchunu<br/> MEC N. Dube<br/> Mr. N.V.E. Ngidi<br/> Ms. G. Gumbi-Masilela</p> | Secretariat                                  |
| <b>1.2 ADOPTION OF THE AGENDA</b>   | <p>The agenda was adopted without change.</p> <p>The Chairperson requested, however, that all discussions and resolutions pertaining to presentations and reports be undertaken towards the end of the Agenda so as to save time.</p>  | The Chairperson and KPCA Members             |
| <b>1.3 CONFIRMATION OF THE MINUTES OF THE PREVIOUS MEETING (25 AUGUST 2010)</b> | The Minutes of the previous meeting held on 25 August 2011 were confirmed without change.  | The Chairperson and KPCA Members             |
| <b>1.4 MATTERS ARISING</b>  | The Chairperson requested that issues to be tabled as Matters Arising be raised in the following manner: instead of addressing the item Matters Arising issue by issue, members should try and align the issues which they wish to raise to the items which are tabled on the Agenda.  | The Chairperson                              |

| AGENDA ITEM              | DISCUSSIONS   | RESPONSIBILITY |
|--------------------------|---|----------------|
|                          | ITEMS   |                |
| 2.1 REPORTS BY DISTRICTS | <p>The Chairperson requested districts to present their reports. He emphasized that the Provincial Council on AIDS (PCA) has long resolved that it is the elected Municipal representatives who should be presenting these reports. Where elected Municipal representatives are not present then their delegated officials may present, however, the PCA would not like to see a situation where elected Municipal representatives are constantly in absentia at these important PCA meetings as it is Mayors who should be leading the fight against HIV and AIDS in their respective districts.</p> <p>The Chairperson stated that from the district reports they are looking to get a sense of how things are progressing in the districts with regards to HIV and AIDS, with primary focus on the programmes which are being implemented on a ward-to-ward basis. The Honourable Chairperson stated that the PCA wants to establish whether districts have proactively taken up the matter of HIV and AIDS. He would further like the PCA to establish whether there is activity in the districts, and to gain a sense of what activities are being run.</p> <p><b>ZULULAND DISTRICT PRESENTED</b></p> <p>The presenter requested the House to note the apology of the His Worship the District Mayor of Zululand, Mr. H. Gwala.</p> <p>The Zululand District's report was presented.</p> <p><b>ILEMBE DISTRICT PRESENTED</b></p> <p>The Ilembe District's report was presented.</p> <p><b>UGU DISTRICT PRESENTED</b></p> <p>The Ugu District's report was presented.</p> |                |

| AGENDA ITEM | DISCUSSIONS  | RESPONSIBILITY   |
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|             | <p><b>UMZINYATHI DISTRICT PRESENTED</b></p> <p>The Umzinyathi District's report was presented.</p> <p><b>UTHUKELA DISTRICT PRESENTED</b></p> <p>MEC T.W. Mchunu (MEC Champion of Uthukela District) stated that there are no representatives from the district of Uthukela and as a result it is left up to him to give a sense of what is happening in the district. He further brought to the attention of the House that the HOD Champion, HOD S. Khumalo is currently on sick leave. He briefly addressed the House on Uthukela District with regards to its HIV and AIDS programmes.</p> <ul style="list-style-type: none"> <li>The Chairperson expressed his disappointment with regards to the lack of progress Uthukela district is making when it comes to the fight against HIV and AIDS. He highlighted that should his memory be serving him correctly, Uthukela district is the only one which has never been represented by its Mayor at this forum. As a result the Chairperson requested that the MEC Champion now take a different approach with regards to this district. He recommended that a delegation go visit the District AIDS Council (DAC) and advise this forum that the situation facing Uthukela district is now becoming serious. The Chairperson requested the MEC Champion (MEC T.W. Mchunu), MEC N. Dube, MEC S.M. Dhlomo to be part of this delegation and to advise this forum that the PCA believes that their DAC is not doing the district HIV and AIDS situation justice in the way that they are dealing with the HIV and AIDS response in Uthukela. He further suggested that this matter be brought before the Provincial Cabinet.</li> <li>The Chairperson further highlighted that in future when dealing with reports it would be advisable to also obtain insight from members of the Flagship Programme (now Operation Sukuma Sakhe) what is happening in each district.</li> </ul> <p><b>SISONKE DISTRICT PRESENTED</b></p> <p>The Sisonke District's report was presented.</p> | <p>MEC T.W. Mchunu<br/>MEC N. Dube<br/>MEC. S.M. Dhlomo<br/>HOD S. Khumalo</p> <p>All District Flagship Task Teams</p> |



| AGENDA ITEM  | DISCUSSIONS  | RESPONSIBILITY |
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| <b>2.2 REPORT BY CIVIL SOCIETY</b>                                       | <b>CIVIL SOCIETY SECTOR REPORT</b><br><br>The Civil Society Sector's report was presented.   |                |
| <b>COMMENTS BY CHAIRPERSON</b>   | The Chairperson requested all members and observers to note their questions and queries so that they can be discussed under one item once all the reports and presentation have been presented to the House.   |                |
| <b>3.1 HIV AND AIDS MAINSTREAMING</b><br><br><b>DR. S. SENABE (DPSA)</b> | <p>Dr. S. Senabe (DPSA) presented on the proposal of HIV and AIDS Mainstreaming.</p> <p><i>Recommendations on HIV and AIDS Mainstreaming were as follows:</i></p> <ul style="list-style-type: none"> <li>• Dr. S. Senabe (Department of Public Service and Administration (DPSA)) stated what defines the context of HIV and AIDS Mainstreaming by the DPSA. He stated that the National Minister of Public Service and Administration is mandated with delivery an effective and efficient public service that is development orientated. In the context of HIV and AIDS this means that the public service as a whole must have a mainstreamed response with regards to HIV and AIDS. This means that: <ul style="list-style-type: none"> <li>○ As government we will address the causes of HIV and AIDS in a sustainable manner through our usual work as defined by our mandates, and through our workplace wellness programmes.</li> </ul> </li> </ul> <p>Dr. Senabe stated that the context is further defined by the current developmental priorities (rural development, health, education, crime prevention, etc). He further stated that there are different levels of mainstreaming, such as at the national level where there are certain development narratives and plans, one of them being the National HIV &amp; AIDS, STI and TB Strategic Plan, which should be implemented in a mainstreamed manner and then filtered down to the provincial, district and local levels accordingly.</p> <p>Dr. Senabe further stated that mainstreaming takes place in two dimensions: one being an internal dimension (within the government sphere), and the other dimension being external (the client, where with Department of Education one client would be the learner, for example). Dr. Senabe stated that this should be responded to by government departments drawing up appropriate Operational Plans</p> |                |

| AGENDA ITEM | DISCUSSIONS   | RESPONSIBILITY |
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|             | <p>which respond to the specific drivers of the epidemic (eg. Social drivers, contributing drivers, key drivers).</p> <p>Dr. Senabe stated that government has initiated this process by training government departments (approximately 400 thus far) in the necessary skills to do this work. He stated that:</p> <ul style="list-style-type: none"> <li>• The Department of Cooperative Governance and Traditional Affairs (COGTA) has established guidelines for local departments on how to undertake this process.</li> <li>• DPSA has established policy guidelines on HIV and TB management for the public service. This ensures that mainstreaming is now a policy measure by government.</li> </ul> <p>Dr. Senabe further stated that leading into the 2011/12 financial year it is expected that all government department's operational plans will be constructed in a mainstreamed manner as aligned with the National Strategic Plan (NSP), that the relevant elements will be "costed", that the relevant elements will have M&amp;E plans attached, and that these M&amp;E plans will also be "costed".</p> <p>Dr. Senabe charted the way forward with regards to mainstreaming. He stated that there are guidelines on the simultaneous mainstreaming of HIV and AIDS, gender and human rights. He stated that the incorporation of gender and human rights into mainstreaming is a new approach which the South African National AIDS Council (SANAC) has stated must be mainstreamed simultaneously to HIV and AIDS. He stated that this will be implemented in the next financial year. He further stated that these guidelines are going to be incorporated into the next NSP (2012-2016) which is currently being developed. Dr. Senabe further stated that a number of policy entry points on new policy provisions which are being developed by government (eg. The National Planning Commission's National Development Plan, the New Growth Path, etc.) have been identified for mainstreaming.</p> <p>In terms of the specific projects which South Africa is to work together with the Southern Africa Development Community (SADC) on, the first project is to look at mainstreaming with regards to environmental impact assessments. For example, with regards to big capital projects such as the building of FIFA World Cup Stadia, environmental impact assessments are done. The aim here is to ensure that HIV and AIDS impact assessments are also done on the areas surrounding such projects going forward. Dr. Senabe stated that the DPSA is recommending that the KPCA recommended people they can work with to take this work forward.</p> <p>The second project is that of mainstreaming into the Free Trade Agreement (FTA). The FTA aims to facilitate an agreement within SADC with regards to the free movement of goods, capital and labour by</p> |                |



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|             | <p>2018. Dr. Senabe stated that it is expected that the FTA may have unintended consequences such as perpetuating poverty cycles in certain areas, increasing gender disparities and reduced adherence to medication, just to mention a few. He stated that here, the aim of the project is to fully understand how the FTA will impact on HIV and AIDS. Dr. Senabe stated that the DPSA is recommending that the PCA recommend people with which DPSA can work with so as to take this work forward. The findings of this project will be incorporated into the NSP (2012-2016).</p> <p>With regards to mainstreaming into the national and sector HIV and AIDS plans, there are specific guidelines and indicators which have been stipulated by SADC. As a result DPSA recommends that the unit tasked with HIV and AIDS planning in the Office of the Premier should work with DPSA on taking this work forward.</p> <p>With regards to HIV and AIDS mainstreaming in education, Dr. Senabe stated that the provinces of KwaZulu-Natal and the North West have done well in terms of mainstreaming HIV and AIDS into their education systems, primarily by means of care and support of teaching and learning. The recommendation is that DPSA and the KwaZulu-Natal Province should work together with those in the Department of Education so as to ensure that care and support for learners and teachers is implemented appropriately. Dr. Senabe recommended that the PCA recommend people whom they can work with in taking this process forward.</p> <p>With regards to the capacity development framework, this aims to ensure that government has the necessary capacity to address HIV and AIDS going forward. Here Dr. Senabe recommended that they work with the Department of Higher Education and Training so as to drive the process of ensuring that there is a plan with regards to capacitating the necessary human resources. He further stated that the New Growth Path specifically mandates the DPSA and other stakeholders to develop this. Dr. Senabe stated that this will be undertaken in the next financial year as per DPSA's operational plan.</p> <p>Further, DPSA recommended that the Province of KwaZulu-Natal mainstream, as per the guidelines indicated above, with regards to areas such as tourism, agriculture, transport, human settlements, construction (specifically construction of capital projects), education and health.</p> <p>With regards to the above the key recommendations were as follows:</p> <ul style="list-style-type: none"> <li>• That the KPCA note the concept of mainstreaming as briefly defined in his presentation.</li> <li>• That the KPCA appoint a Task Team which the DPSA can work with through the Office of the Premier to ensure that the above stated projects are implemented. This will enable the DPSA to</li> </ul> | <p>KPCA<br/>KPCA Secretariat<br/>DPSA</p> |

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|   | <p>report back at the next SADC Focal Point meeting.</p> <ul style="list-style-type: none"> <li>• That the Operational Plans of the provincial government departments be mainstreamed as early as the 2011/2012 financial year.</li> <li>• Dr. Senabe requested that the KPCA assist in advocating for mainstreaming in the NSP 2012-2016.</li> </ul>  | Heads of Departments |
| <p><b>3.2 PUBLIC EXPENDITURE TRACKING SURVEY FOR HIV AND AIDS</b></p> <p><b>DR. P. OSEWE (WORLD BANK)</b></p> | <p>Dr. S. Senabe introduced Dr. P. Osewe (World Bank). Dr. Senabe stated that in its last meeting the KPCA asked the DPSA to introduce the concept to be used in the Public Expenditure Tracking Survey for HIV and AIDS. Dr. Senabe further stated that in the National AIDS Spending Assessment (NASA) presented at the last KPCA there was an issue of outstanding data in respect of the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) expenditure. Dr. Senabe stated that they have now received this data from PEPFAR.</p> <p>Dr. Osewe stated that the objective of this study is to follow the flow of resources from the source, the National and KZN Treasury, to the final destination, that being frontline service delivery.</p> <p>Dr. Osewe stated that in his presentation he would be addressing the Public Expenditure Tracking Survey (PETS) and the Quantitative Service Delivery Survey (QSDS) for HIV and AIDS in KwaZulu-Natal. Dr. Osewe highlighted the usefulness of the PETS and the QSDS methodologies, and gave three (3) examples of their application.</p> <p>Dr. Osewe stated that the NASA study, which was presented at the last KPCA, showed that public funding for HIV and AIDS in the province has doubled in the past few years, however, there is concern that funding may not be reaching the intended beneficiaries as the doubling in funding has not resulted in a marked decrease in new HIV infections.</p> <p>Dr. Osewe stated that a Public Expenditure Tracking Survey is a qualitative study that collects information on facility characteristics, financial flows, inputs and outputs of various programmes, and accountability arrangements that are in place. He further stated that this survey can assist the provincial government in determining whether funds are being spent on priorities.</p> <p>Dr. Osewe highlighted the World Bank's excitement to work on this project as the tracking of HIV and AIDS expenditure from the source to the beneficiary has never been done before. He stated that this study should achieve the following:</p> |                      |

| AGENDA ITEM | DISCUSSIONS   | RESPONSIBILITY |
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|             | <ul style="list-style-type: none"> <li>• Assist the province in identifying knowledge gaps that are lacking with regards to the response to HIV and AIDS.</li> <li>• Assist in identifying financial leakages in the system.</li> <li>• Identifying funds which are not being spent.</li> <li>• Assist in delineating how much should be spent on the various areas with regards to the response to HIV and AIDS (eg. HIV prevention, HIV and AIDS treatment, etc.).</li> <li>• Assist in identifying the resources needed in each of the above areas.</li> <li>• Assist in determining the effectiveness and efficiency of HIV and AIDS spending in the province.</li> </ul> <p>Dr. Osewe further stated that the study will also follow up with patients to determine their satisfaction with the services which they are receiving from facilities.</p> <p>The sources of funding which will be looked at will be:</p> <ul style="list-style-type: none"> <li>• The comprehensive HIV and AIDS conditional grant,</li> <li>• The provincial top-up funding to the conditional grant,</li> <li>• Work within the Departments of Education, Social Development, and Transport,</li> <li>• Work within the cross-cutting programmes that the province has, and</li> <li>• Municipal funding for HIV and AIDS.</li> </ul> <p>The phases of this studying will include:</p> <ul style="list-style-type: none"> <li>• The preparation phase,</li> <li>• Development and customization of tools,</li> <li>• Implementation of the study,</li> <li>• Institutionalise the tools should the province decide that they would want to undertake this study in other sectors.</li> </ul> <p>Dr. Osewe stated that the issue of capacity building has been discussed at length with DPSA and the KwaZulu-Natal provincial government. He stated that the World Bank will work closely with the team identified by the province so as to build capacity and thereby enable the provincial to have the necessary skills and tools to undertake this study in other areas.</p> |                |

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|   | <p>The proposed task team by the World Bank is as follow:</p> <p>Dr. P. Osewe (Task Team Leader)<br/> Dr. J. Naidoo<br/> Catalyst Research<br/> Mr. G. Van Linden<br/> Mrs. H. Brown<br/> External Survey Company</p> <p>Key recommendations with regards to this presentation included:</p> <ul style="list-style-type: none"> <li>• That the KPCA note and accept the concept of the Public Expenditure Tracking Survey,</li> <li>• That the KPCA provide guidance on the selection of the Provincial Task Team which will work with the DPSA and the World Bank in conducting of the study,</li> <li>• That the KPCA authorize the Provincial Task Team, which is yet to be formed, to share the competencies, skills and tools of this study with other provinces going forward so that this becomes a national project.</li> </ul>   | <p>KPCA</p> <p>KPCA<br/> PETS PROVINCIAL TASK TEAM</p> |
| <p><b>3.3 NEW PROVINCIAL HIV &amp; AIDS AND TB STRATEGIC PLAN DEVELOPMENT (2012-2016)</b></p> <p><b>DR. N.I. NDLOVU (OTP)</b></p> | <p>Dr. N.I. Ndlovu (OTP) presented on this item.</p> <p>Dr. Ndlovu highlighted that the background, as per the meeting packs, emanates from the Know Your Epidemic, Know Your Response (KYE/KYR) Study which was conducted and is currently in draft format. She stated that one of the most important elements of this study is where it shows where we are as a province in terms of the epidemic. She urged all members of the KPCA to examine the full report. Dr. Ndlovu stated that the new Provincial HIV and AIDS Strategic Plan (PSP) would be based on the lessons which have been learned from the KYE/KYR study.</p> <p>Why a new PSP?</p> <ul style="list-style-type: none"> <li>• The current NSP &amp; PSP (2007-2011) expires at the end of this year.</li> <li>• New PSP framework to include new medical evidence of what is proven to work.</li> <li>• New PSP to reflect the new policy direction.</li> </ul> <p>Dr. Ndlovu announced that the Deputy President of the Republic of South Africa has announced that the new National HIV &amp; AIDS, STI and TB Strategic Plan (2012-2016) will be launched on 01 December</p> |  |

| AGENDA ITEM  | DISCUSSIONS   | RESPONSIBILITY   |                 |   |                               |  |      |                             |                        |  |             |  |  |  |  |  |  |  |   |  |
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|  | <p>2011.</p> <p>Dr. Ndlovu highlighted the following areas as being key when developing the new PSP:</p> <ul style="list-style-type: none"> <li>• An assessment of the provincial and district responses as per the PSP 2007-2011.</li> <li>• The new PSP will be costed, with a costed multi-sectoral implementation plan forming part of it.</li> <li>• The issue of resource mobilisation will also be addressed in the plan.</li> <li>• Male Medical Circumcision.</li> <li>• Communication of high risk elements of the epidemic.</li> <li>• Greater investment in prevention.</li> <li>• Education having a more critical, long-term role to play (this stemming from the KYE/KYR study stating that school has an important role to play in prevention).</li> </ul> <p>Dr. Ndlovu stated that the following structures will need to be created, or are currently existing:</p> <table border="1"> <thead> <tr> <th><u>STRUCTURE</u></th><th><u>FUNCTION</u></th><th><u>RECOMMENDED RESPONSIBLE PERSON / STRUCTURE</u></th></tr> </thead> <tbody> <tr> <td>Provincial Steering Committee</td><td>Strategic Direction and Overall oversight of the PSP Development</td><td>KPCA</td></tr> <tr> <td>Interdepartmental Committee</td><td>Coordinating Committee</td><td>Focal HIV individuals within departments</td></tr> <tr> <td>Secretariat</td><td>Administration, technical and logistical arrangements.</td><td></td></tr> <tr> <td>Technical Working Groups <ul style="list-style-type: none"> <li>• Prevention</li> <li>• Treatment, care and support</li> </ul> </td><td></td><td> <ul style="list-style-type: none"> <li>• (Chairs: DOH, DSD, DOE, DAC)</li> <li>• (Chairs: DOH, DSD)</li> </ul> </td></tr> <tr> <td>Priority Areas: <ul style="list-style-type: none"> <li>• Managing and Monitoring of Support</li> </ul> </td><td></td><td> <ul style="list-style-type: none"> <li>• OTP</li> </ul> </td></tr> </tbody> </table> | <u>STRUCTURE</u>   | <u>FUNCTION</u> | <u>RECOMMENDED RESPONSIBLE PERSON / STRUCTURE</u> | Provincial Steering Committee | Strategic Direction and Overall oversight of the PSP Development | KPCA | Interdepartmental Committee | Coordinating Committee | Focal HIV individuals within departments | Secretariat | Administration, technical and logistical arrangements. |  | Technical Working Groups <ul style="list-style-type: none"> <li>• Prevention</li> <li>• Treatment, care and support</li> </ul> |  | <ul style="list-style-type: none"> <li>• (Chairs: DOH, DSD, DOE, DAC)</li> <li>• (Chairs: DOH, DSD)</li> </ul> | Priority Areas: <ul style="list-style-type: none"> <li>• Managing and Monitoring of Support</li> </ul> |  | <ul style="list-style-type: none"> <li>• OTP</li> </ul> |  |
| <u>STRUCTURE</u>   | <u>FUNCTION</u>   | <u>RECOMMENDED RESPONSIBLE PERSON / STRUCTURE</u>  |                 |   |                               |  |      |                             |                        |  |             |  |  |  |  |  |  |  |   |  |
| Provincial Steering Committee  | Strategic Direction and Overall oversight of the PSP Development  | KPCA   |                 |   |                               |  |      |                             |                        |  |             |  |  |  |  |  |  |  |   |  |
| Interdepartmental Committee  | Coordinating Committee  | Focal HIV individuals within departments   |                 |   |                               |  |      |                             |                        |  |             |  |  |  |  |  |  |  |   |  |
| Secretariat  | Administration, technical and logistical arrangements.  |  |                 |   |                               |  |      |                             |                        |  |             |  |  |  |  |  |  |  |   |  |
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|   | <table border="1" data-bbox="537 207 1661 342"> <tr> <td data-bbox="537 207 915 342"> <ul style="list-style-type: none"> <li>• Research and Surveillance</li> <li>• Human Rights and Access to Justice</li> <li>• Enabling Environment</li> </ul> </td><td data-bbox="915 207 1293 342"></td><td data-bbox="1293 207 1661 342"> <ul style="list-style-type: none"> <li>• DOH, Academic Institutions</li> <li>• OTP (Human Right Unit), DOJ</li> <li>• Civil Society</li> </ul> </td></tr> </table> <p data-bbox="537 378 1247 407">Key recommendations with regards to this presentation included:</p> <ul data-bbox="537 443 1661 638" style="list-style-type: none"> <li>• That the KPCA take note of the work done thus far with regards to the development of the new PSP.</li> <li>• That the KPCA approve the PSP development process.</li> <li>• That the KPCA approved the proposed structures.</li> <li>• That the KPCA mandate the Chairpersons of the various proposed technical working groups to develop the required work.</li> </ul>  | <ul style="list-style-type: none"> <li>• Research and Surveillance</li> <li>• Human Rights and Access to Justice</li> <li>• Enabling Environment</li> </ul> |  | <ul style="list-style-type: none"> <li>• DOH, Academic Institutions</li> <li>• OTP (Human Right Unit), DOJ</li> <li>• Civil Society</li> </ul> | <p data-bbox="1686 436 1749 557">KPCA<br/>KPCA<br/>KPCA<br/>KPCA</p> |
| <ul style="list-style-type: none"> <li>• Research and Surveillance</li> <li>• Human Rights and Access to Justice</li> <li>• Enabling Environment</li> </ul> |  | <ul style="list-style-type: none"> <li>• DOH, Academic Institutions</li> <li>• OTP (Human Right Unit), DOJ</li> <li>• Civil Society</li> </ul>              |  |  |  |
| <p data-bbox="186 711 415 735"><b>3.4 FOOD SECURITY</b></p> <p data-bbox="237 776 415 833"><b>MR. J. MCHUNU (DAERD)</b></p>                                 | <p data-bbox="537 711 1047 735">Mr. J. Mchunu (DAERD) presented on this item.</p> <p data-bbox="537 776 1661 865">Mr. Mchunu stated that the Food Security Programme led by the Department of Agriculture has two sub-programmes: the Empowerment for Food Security Programme, and the Comprehensive Food Security Programme.</p> <p data-bbox="537 906 1661 995">He highlighted that the Empowerment for Food Security Programme is a pilot project with is currently being implemented in four districts and eight local municipalities. Mr. Mchunu stated that he will be presenting a study which has been undertaken with regards to the impact of this programme.</p> <p data-bbox="537 1036 1472 1060">Mr. Mchunu highlighted that the current interventions within this programme include;</p> <ul data-bbox="537 1101 814 1230" style="list-style-type: none"> <li>• Community Gardens,</li> <li>• Broiler productions,</li> <li>• Agricultural Training,</li> <li>• Homestead Gardens.</li> </ul> <p data-bbox="537 1271 1661 1328">He further summed up the overall state of food security in the areas where the Food Security Programme is being piloted:</p> |   |  |  |  |

| AGENDA ITEM                             | DISCUSSIONS  | RESPONSIBILITY |
|---|--|----------------|
|   | <ul style="list-style-type: none"> <li>• A study conducted in 2007 established that 40% of people in these areas were severely food insecure. Mr. Mchunu stated that a follow up study conducted in 2010 established that this picture has worsened since 2007.</li> <li>• With regards to the training being run in partnership with IDT, approximately 8,500 beneficiaries have been trained in agricultural processes, with the target being 40,000 beneficiaries being trained before the end of the financial year.</li> </ul> <p>Key recommendations with regards to this presentation included:</p> <p>That the KPCA take note of the above presentation.</p> | KPCA           |
| <b>3.5 OPERATION SUKUMA SAKHE</b>       |  |                |
| <b>3.5.1 BACKGROUND</b>                 | <p>The Chairperson informed the house that the programme formerly referred to as the Flagship Programme is now being rebranded as Operation Sukuma Sakhe. This is being done as the Provincial Government wants the programme to focus on partnerships with communities. The Premier highlighted that the programme is not the work of government, the Programme is based on Government assisting communities.</p> <p>Ms. Simelani-Zulu highlighted the three legs to Operation Sukuma Sakhe Programme, they being:</p> <ul style="list-style-type: none"> <li>• Food Security</li> <li>• Fighting Diseases</li> <li>• Empowerment of Women of Youth</li> </ul>      |                |
| <b>3.5.2 YOUTH AMBASSADOR PROGRAMME</b> | <p>Ms. N. Simelani-Zulu presented on this item.</p> <p>Ms. Simelani-Zulu stated that a number of problems existed with regards to the Youth Volunteer Programmes in the province. These included:</p> <ul style="list-style-type: none"> <li>• Youth Volunteer programmes were previously not implemented by all departments as required by government policy.</li> </ul>  |                |

| AGENDA ITEM   | DISCUSSIONS  | RESPONSIBILITY |
|---|--|----------------|
|   | <ul style="list-style-type: none"> <li>• Stipends were not standardized.</li> <li>• Training of volunteers was not standardized, and sometimes even not relevant.</li> <li>• There were cases of volunteers being involved in more than one Volunteer Programme.</li> </ul> <p>Ms. Simelani-Zulu stated that the new volunteer programme, now named the Youth Ambassador Programme, is centrally coordinated with the stipends received by the youth ambassadors being standardised (R1,500). She further stated that the Youth Ambassadors will be receiving SETA accredited training. Ms. Simelani further stated that the Youth Ambassadors will have clear exit opportunities, with all provincial departments expected to provide these opportunities. This programme will take two years.</p> <p>With regards to roll-out of the Youth Ambassador Programme, Ms. Simelani-Zulu stated that the Provincial Cabinet resolved that the programme should be piloted in Umgungundlovu district. This decision was informed by the high HIV prevalence rate in this district. The next districts to be targeted are Uthungulu and Umkhanyakude.</p> <p>Ms. Simelani-Zulu stated that there are currently 255 Youth Ambassadors who have been employed since 01 March 2011, and these Youth Ambassadors are currently based in Ward 13, Umsunduzi Local Municipality.</p> <p>Ms. Simelani-Zulu stated that this is a new programme and the province will find its feet as it goes along, however, this programme will provide young people with opportunities, yet at the same time teach them that we all have a responsibility in our respective communities.</p> |                |
| <b>3.5.3 INTEGRATED<br/>COMMUNITY CARE<br/>GIVER (CCG)<br/>PROGRAMME</b><br><br><b>MR. L. LANGA<br/>(DOH)</b> | <p>Mr. L. Langa (DOH) presented on this item.</p> <p>Mr. Langa gave the background to the Integrated Community Care Giver programme. He advised that the Integrated Community Care Giver Programme aims to enhance the relationship between each individual households and service delivery, and ensure that each household is connected through a seamless connection of services which arrive at the appropriate time so as to ensure the optimum delivery of services. It further aims to ensure that the most major and important services are provided nearest to households, and that these services are available to each and every household. The aim is also to ensure an effective <i>referral system</i> so as to ensure each citizen obtains optimum services at each point in the system.</p> <p>Mr. Langa highlighted problems experienced with regards to the Community Care Giver Programme in</p>   |                |



| AGENDA ITEM | DISCUSSIONS  | RESPONSIBILITY |
|-------------|--|----------------|
|             | <p>the past. He stated that there has been a lack of reliable evidence with regards to the qualitative impact with regards to the Community Care Givers programme. He further added that there has been a lack of uniform approach in the integrated development of social services. There has been no generic model for responsibility matrix between government departments, and there has been a problem with the availability of baseline information and poor monitoring and evaluation and reporting systems.</p> <p>So as to address the above issues the Provincial Cabinet took a decision that the Integrated Care Giver Programme will now be led by the Department of Health (DOH) and the Department of Social Development (DSD). They have developed a volunteer-based care services model for needy households. Mr. Langa further stated that when referring to these volunteers the title “Youth Ambassador” will no longer be used, but rather “Community Care Giver”. He stated that the lead departments have decided that the implementation of the Integrated Community Care Givers Programme will be staggered, with the programme starting in Umgungundlovu district. Further, he stated that an implementation plan has been developed, and a situational analysis has been undertaken.</p> <p>Mr. Langa stated that success of the programme will be demonstrated by the following criteria:</p> <ul style="list-style-type: none"> <li>• Accessibility</li> <li>• Turnaround</li> <li>• Overall Satisfaction</li> <li>• Qualitative Impact on Clients</li> <li>• Cost of Delivery of Services</li> <li>• Economies of Scale and Scope</li> <li>• The 80/20 Principle</li> <li>• Rate of Return</li> <li>• Value for Money</li> <li>• The extent to which total budget for services are met.</li> </ul> <p>Key recommendations with regards to this presentation included:</p> <p>That the KPCA take note of the progress made thus far with regards to this programme.</p> | KPCA           |

| AGENDA ITEM   | DISCUSSIONS  | RESPONSIBILITY |
|---|--|----------------|
| <p><b>3.5.4 RELIGIOUS AND NGO MOBILISATION IN RESPONSE TO HIV AND AIDS</b></p> <p><b>REV M. KHUMALO</b></p> | <p>Rev M. Khumalo (OTP) presented on this item.</p> <p>Reverend Khumalo stated that the core mission for the mobilisation of the religious and non-governmental organisation (NGO) sectors is to promote participatory democracy and accountability through stakeholder engagement, participation, empowerment and coordination.</p> <p>He stated that this mission encompasses the following sectors:</p> <ul style="list-style-type: none"> <li>• The NGO Sector.</li> <li>• The sporting fraternity.</li> <li>• The religious sector.</li> <li>• The traditional leadership sector.</li> <li>• The business sector.</li> </ul> <p>He stated that the envisaged operational plan will include the setting up of a Stakeholder Forum comprising of representatives of the above stated sectors. He further stated that this stakeholder forum will be linked with AIDS Councils and War Rooms at all levels. Reverend Khumalo stated that the first step to be undertaken is to schedule meetings with individual sectors where sector representatives will be identified and nominated. He stated that the activation of this stakeholder forum will take place at the launch of the rebranding of the Flagship Programme (Operation Sukuma Sakhe).</p> <p>Reverend Khumalo highlighted that the Stakeholder Forum will be used as a tool for stakeholder engagement and community mobilisation. He further added that Youth Ambassadors and Chaplains in the office of the Premier will be instrumental in this process.</p> <p>Key recommendations with regards to this presentation included:</p> <p>That the KPCA note the plans, as stated above, for the mobilisation of various sectors with regards to the response to HIV and AIDS.</p> | <p>KPCA</p>    |
| <p><b>4.1 HIV COUNSELING AND TESTING CAMPAIGN</b></p> <p><b>MRS. H. NGOBESE (HAST DOH)</b></p>              | <p>Mrs. H. Ngobese (HAST DOH) presented on this item.</p> <p>Mrs. Ngobese presented a progress report on the HIV Counseling and Testing (HCT) Campaign in the province. She provided the council with the following key statistics:</p>  |                |

| AGENDA ITEM  | DISCUSSIONS   | RESPONSIBILITY |
|--|---|----------------|
|  | <ul style="list-style-type: none"> <li>• The total KZN population eligible for HCT: 6,244 million (people aged 15-49 years).</li> <li>• The KZN HCT target: 3,059,234 people to be tested by June 2011.</li> <li>• Total number of people tested thus far: 1,731,552 people</li> <li>• Total positive: R360,105 (21%).</li> </ul> <p>As per the above the province has achieved 57% of its HCT target. Mrs. Ngobese further stated that districts plans have been developed to accelerate efforts towards achieving the province's target.</p> <p>Mrs. Ngobese further gave progress reports on the Public Service Sector HCT Campaign and the School HCT Campaign.</p> <p>Key recommendations with regards to this presentation included:</p> <p>That the KPCA note of the progress made with regards to the HIV Counseling and Testing Campaign.</p>  | KPCA           |
| <b>4.2 MALE MEDICAL CIRCUMCISION</b><br><br><b>DR. S. TSHABALALA (DOH)</b> | <p>Dr. S. Tshabalala (DOH) presented on this item.</p> <p>Dr. Tshabalala stated that he would present an overview of where the implementation of the Male Medical Circumcision (MMC) campaign currently stands. He further gave the background to the campaign, stating that it was launched by His Majesty, King Goodwill Zwelithini. in April 2011 and since then it has been integrated into the province's programmes of HIV prevention.</p> <p>He stated that the methods being used in the province are the forceps guided method and the tara klamp method. He further stated that there is a Research Steering Committee which is looking at which method is faster, safer, and other elements which would add to the overall success of the campaign.</p> <p>Dr. Tshabalala stated that the total number of circumcisions performed under this campaign currently stand at 27,490. He further added that of the total number of circumcisions undertaken most of the males are HIV negative. He stated that a key aim of the province is to ensure that these males remain HIV negative.</p> <p>Dr. Tshabalala highlighted that in the beginning of the campaign a problem which was faced was that of a shortage of staff. He stated that this has now been dealt with through roving teams. He further stated that by the beginning of the following month the programme will have all the resources it requires to succeed.</p> |                |

| AGENDA ITEM   | DISCUSSIONS   | RESPONSIBILITY  |
|---|---|---|
|   | <p>Key recommendations with regards to this presentation included:</p> <p>That the KPCA note of the progress made with regards to the Male Medical Circumcision Campaign.</p>   | KPCA  |
| <b>COMMENTS BY MEMBERS</b>                                  | <ul style="list-style-type: none"> <li>MEC Dhlomo stated that there were queries raised by NGO partners regarding funding which they had applied for. This funding was not paid directly to them and they queried this. MEC Dhlomo stated that this matter is getting attention from Minister Motsoaledi (National Minister of Health) and should be resolved soon.</li> </ul> <p>The KPCA resolved the following:</p> <ul style="list-style-type: none"> <li>There should be an assessment of all NGO's that submitted a proposal to Global Fund.</li> <li>There should be a delegation to SANAC and Minister Motsoaledi led by MEC Dhlomo and Prof Gqaleni. This delegation is to include high level officials to enquire about the funding of this Province from Global fund.</li> <li>There should be a consolidation of all the work to be done in wards working with Civil Society so that a consolidated business proposal can be compiled for the next round of Global Fund to support this work in KZN.</li> </ul> | <p>MEC DHLOMO<br/>PROF GQALENI<br/>KPCA SECRETARIAT</p> |
| <b>4.3 PARTNERSHIP AGAINST HIV AND AIDS 2010 CONFERENCE</b> | <p>Dr. Ndlovu provided information on this item:</p> <p>She stated that the Partnership Against HIV and AIDS 2010 Conference went well with all key stakeholder groups having been represented.</p>   |   |
| <b>4.4 WORLD AIDS DAY 2010</b>                              | <p>Dr. Ndlovu provided information on this item:</p> <p>Dr. Ndlovu stated that the KwaZulu-Natal World AIDS Day 2010 events were decentralized as per the KPCA resolution. She stated that participation in all districts was good.</p>   |   |

| AGENDA ITEM   | DISCUSSIONS   | RESPONSIBILITY |
|---|---|----------------|
| <b>4.5 BENCHMARKING BY LIMPOPO PROVINCIAL COUNCIL ON AIDS</b> | <p>Dr. Ndlovu provided information on this item:</p> <p>Dr. Ndlovu stated that the Limpopo province will be in KwaZulu-Natal to benchmark on the work of the KwaZulu-Natal Provincial Council on AIDS. She further stated that they have already benchmarked with some of the province's District AIDS Councils.</p>  |                |
| <b>5.1 LOCAL MUNICIPAL LEADERSHIP CONFERENCES</b>             | <p>Dr. Ndlovu provided information on this item:</p> <p>Dr. Ndlovu stated that the provincial government is working in partnership with the Zululand district to ensure that their Wards AIDS Committees are in place, but most importantly, that there are appropriate activities in each ward. She stated that as a result there will be a Local Municipal Leadership Conference held in each of the five (5) municipalities in the Zululand district to ensure that these issues are in place. She stated that these conferences would be taking place within the next two months.</p> |                |
| <b>5.2 CANDLELIGHT MEMORIAL (22 MAY 2011)</b>                 | <p>Dr. Ndlovu provided information on this item:</p> <p>Dr. Ndlovu stated that the annual Candlelight Memorial Day event, which is a memorial day held in remembrance of those individuals who have passed-on as a result of HIV, will be taking place on Sunday, 22 May 2011 in Pietermaritzburg, KZN. All members of the KPCA were invited to this event.</p>   |                |

## **RESOLUTIONS OF THE KWAZULU-NATAL PROVINCIAL COUNCIL ON AIDS: 02 MARCH 2011**

| ITEM   | RESOLUTIONS   | RESPONSIBILITY   |
|--|---|--|
| <b>REPORTS BY DISTRICTS<br/>AND BY CIVIL SOCIETY</b> | <ul style="list-style-type: none"> <li>The Chairperson expressed his disappointment with regards to the lack of progress Uthukela district is making with regards to the fight against HIV and AIDS. As a result the Chairperson requested that the MEC Champion now take a different approach with regards to this district. He recommended that a delegation go visit the District AIDS Council (DAC) and advise this forum that the situation facing Uthukela district is now becoming serious. The Chairperson requested the MEC Champion, MEC T.W. Mchunu, MEC N. Dube, MEC S.M. Dhlomo to be part of this delegation and to advise this forum that the PCA believes that their DAC is not doing the district HIV and AIDS situation justice in the way that they are dealing with the HIV and AIDS response in Uthukela. He further suggested that this matter be brought before the Provincial Cabinet.</li> <li>The Chairperson highlighted that in future when dealing with reports it would be advisable to also obtain insight from members of the Flagship Programme (now Operation Sukuma Sakhe) what is happening in each district.</li> <li>The Chairperson voiced his concern over the absenteeism of the Uthungulu District Mayor at the PCA meetings. He recommended that in this case as well a delegation be set up, led by the MEC Champion of Uthungulu, MEC S. Mchunu, to address the Uthungulu Municipality regarding this issue.</li> <li>The KPCA resolved that all districts should be given their Millennium Development Goal (MDG) targets. This will assist District AIDS Councils (DACs) in monitoring their progress in terms of achieving these goals.</li> <li>With regards to the KPCA district reporting template, the Chairperson highlighted that a number of districts have been submitting these to the KPCA with blank items (eg. STI Treated – New Episode = Not Stated). The KPCA resolved that districts are to ensure that no items are returned as blank when submitting these reports. The KPCA further resolved that DACs and Municipalities should table and discuss these reports at their meetings as doing so will ensure that they are in touch with what is going on in their respective districts. Further, these reports should have comments under each item which give an indication of whether the situation is improving or worsening with regards to a specific item.</li> </ul> | <p>MEC T.W. Mchunu<br/>MEC N. Dube<br/>MEC S.M. Dhlomo<br/>HOD S. Khumalo</p> <p>All District Flagship<br/>Task Teams</p> <p>MEC S. MCHUNU</p> <p>DOH</p> <p>DACs<br/>Municipalities</p> |

| ITEM  | RESOLUTIONS  | RESPONSIBILITY  |
|---|--|---|
|   | <ul style="list-style-type: none"> <li>The KPCA resolved that the above stated reporting template, when submitted to the KPCA, should have the schedule of the DACs meetings (past and future). Should the meeting date have passed then the schedule should state whether that meeting was held or not.</li> <li>The KPCA further resolved that the reports should also include the schedule of meetings for the District AIDS Council, Local AIDS Council (LAC), and the Ward AIDS Committee (WAC) meetings so that the KPCA can keep track of the functioning of these structures.</li> </ul>   | <p>DACs<br/>Municipalities</p> <p>DACs<br/>LACs<br/>WACs</p>  |
| <b>HIV AND AIDS MAINSTREAMING</b>                                 | <ul style="list-style-type: none"> <li>The KPCA noted the concept of mainstreaming as briefly defined in Dr. Senabe's presentation.</li> <li>The KPCA approved the appointment of a provincial task team which will work with the DPSA to ensure that the mainstreaming projects, as outlined in Dr. Senabe's presentation, are implemented.</li> <li>The Operational Plans of provincial government departments are to be mainstreamed as early as the 2011/2012 financial year.</li> <li>The KPCA will assist in advocating for mainstreaming in the NSP &amp; PSP 2012-2016.</li> </ul>   | <p>KPCA Members<br/>KPCA Secretariat<br/>Office of the Premier</p> <p>HODs</p> <p>KPCA Members</p>  |
| <b>PUBLIC EXPENDITURE TRACKING SURVEY (PETS) FOR HIV AND AIDS</b> | <ul style="list-style-type: none"> <li>The KPCA noted and accepted the concept of the Public Expenditure Tracking Survey as presented by the World Bank.</li> <li>With regards to the forming of a Provincial Task Team to work with DPSA and the World Bank, the KPCA resolved that: <ul style="list-style-type: none"> <li>The co-chairs of this provincial task team are to be the Provincial Treasury and the Office of the Premier. CFOs of relevant departments are also to form part of this forum. The departments to form part of this provincial task team are as follows: <ul style="list-style-type: none"> <li>Office of the Premier: KZN</li> <li>Provincial Treasury</li> <li>Department of Health</li> <li>Department of Education</li> <li>Department of Social Development</li> <li>Department of Transport</li> <li>Department of Cooperative Governance and Traditional Affairs</li> </ul> </li> </ul> </li> </ul> <p>Further, various categories of professionals from various departments to be included in this task team. Approximately 10 officials are to form part of this task team.</p> | <p>KPCA Members</p> <ul style="list-style-type: none"> <li>Provincial Treasury</li> <li>Office of the Premier</li> <li>CFOs of relevant departments</li> <li>Appointed Officials</li> </ul> |

| ITEM  | RESOLUTIONS  | RESPONSIBILITY   |   |                               |      |                             |  |             |  |                          |  |  |   |                |  |  |  |  |
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|   | <ul style="list-style-type: none"><li>The KPCA authorized this Provincial Task Team to share its competencies, skills and tools with regards to this study with other stakeholders and provinces going forward so that this becomes a national project.</li></ul>  | <ul style="list-style-type: none"><li>PETS Provincial Task Team</li></ul>  |   |                               |      |                             |  |             |  |                          |  |  |   |                |  |  |  |  |
|   |  |  |   |                               |      |                             |  |             |  |                          |  |  |   |                |  |  |  |  |
| NEW PROVINCIAL HIV & AIDS AND TB STRATEGIC PLAN DEVELOPMENT (2012 – 2016)                               | <ul style="list-style-type: none"><li>The KPCA noted the work done thus far with regards to the development of the new PSP (2012-2016).</li><li>That the KPCA approved the forming of the proposed structures.</li></ul>   | KPCA Members<br><br>HIV and AIDS CD (OTP)  |   |                               |      |                             |  |             |  |                          |  |  |   |                |  |  |  |  |
|   | <table><tr><th><u>STRUCTURE</u></th><th><u>RECOMMENDED RESPONSIBLE PERSON / STRUCTURE</u></th></tr><tr><td>Provincial Steering Committee</td><td>KPCA</td></tr><tr><td>Interdepartmental Committee</td><td>Focal HIV individuals within departments</td></tr><tr><td>Secretariat</td><td></td></tr><tr><td>Technical Working Groups</td><td></td></tr><tr><td><ul style="list-style-type: none"><li>Prevention</li><li>Treatment, care and support</li></ul></td><td><ul style="list-style-type: none"><li>(Chairs: DOH, DSD, DOE, DAC)</li><li>(Chairs: DOH, DSD)</li></ul></td></tr><tr><td>Priority Areas</td><td></td></tr><tr><td><ul style="list-style-type: none"><li>Management and Monitoring of Support</li><li>Research and Surveillance</li><li>Human Rights and Access to Justice</li><li>Enabling Environment</li></ul></td><td><ul style="list-style-type: none"><li>OTP</li><li>DOH, Academic Institutions</li><li>OTP (Human Right Unit), DOJ</li><li>Civil Society</li></ul></td></tr></table> | <u>STRUCTURE</u>   | <u>RECOMMENDED RESPONSIBLE PERSON / STRUCTURE</u> | Provincial Steering Committee | KPCA | Interdepartmental Committee | Focal HIV individuals within departments | Secretariat |  | Technical Working Groups |  | <ul style="list-style-type: none"><li>Prevention</li><li>Treatment, care and support</li></ul> | <ul style="list-style-type: none"><li>(Chairs: DOH, DSD, DOE, DAC)</li><li>(Chairs: DOH, DSD)</li></ul> | Priority Areas |  | <ul style="list-style-type: none"><li>Management and Monitoring of Support</li><li>Research and Surveillance</li><li>Human Rights and Access to Justice</li><li>Enabling Environment</li></ul> | <ul style="list-style-type: none"><li>OTP</li><li>DOH, Academic Institutions</li><li>OTP (Human Right Unit), DOJ</li><li>Civil Society</li></ul> |  |
|   | <u>STRUCTURE</u>   | <u>RECOMMENDED RESPONSIBLE PERSON / STRUCTURE</u>  |   |                               |      |                             |  |             |  |                          |  |  |   |                |  |  |  |  |
|   | Provincial Steering Committee  | KPCA   |   |                               |      |                             |  |             |  |                          |  |  |   |                |  |  |  |  |
|   | Interdepartmental Committee  | Focal HIV individuals within departments   |   |                               |      |                             |  |             |  |                          |  |  |   |                |  |  |  |  |
|   | Secretariat  |  |   |                               |      |                             |  |             |  |                          |  |  |   |                |  |  |  |  |
|   | Technical Working Groups   |  |   |                               |      |                             |  |             |  |                          |  |  |   |                |  |  |  |  |
|   | <ul style="list-style-type: none"><li>Prevention</li><li>Treatment, care and support</li></ul>   | <ul style="list-style-type: none"><li>(Chairs: DOH, DSD, DOE, DAC)</li><li>(Chairs: DOH, DSD)</li></ul>  |   |                               |      |                             |  |             |  |                          |  |  |   |                |  |  |  |  |
|   | Priority Areas   |  |   |                               |      |                             |  |             |  |                          |  |  |   |                |  |  |  |  |
|   | <ul style="list-style-type: none"><li>Management and Monitoring of Support</li><li>Research and Surveillance</li><li>Human Rights and Access to Justice</li><li>Enabling Environment</li></ul>   | <ul style="list-style-type: none"><li>OTP</li><li>DOH, Academic Institutions</li><li>OTP (Human Right Unit), DOJ</li><li>Civil Society</li></ul> |   |                               |      |                             |  |             |  |                          |  |  |   |                |  |  |  |  |
| <ul style="list-style-type: none"><li>The KPCA approved the proposed PSP development process.</li></ul> | KPCA<br>HIV and AIDS CD (OTP)  |  |   |                               |      |                             |  |             |  |                          |  |  |   |                |  |  |  |  |



| ITEM  | RESOLUTIONS  | RESPONSIBILITY                           |
|---|--|--|
|   | <ul style="list-style-type: none"> <li>The KPCA duly mandated the various proposed technical working groups to develop the required work.</li> </ul>   | PSP Development Technical Working Groups |
|   |  |  |
| <b>FOOD SECURITY</b>  | <ul style="list-style-type: none"> <li>The KPCA noted the presentation with regards to Food Security in KwaZulu-Natal.</li> </ul>  | KPCA Members                             |
|   |  |  |
| <b>YOUTH AMBASSADOR PROGRAMME</b>                                 | <ul style="list-style-type: none"> <li>The KPCA noted the presentation with regards to the Youth Ambassador Programme in KwaZulu-Natal.</li> </ul>   | KPCA Members                             |
|   |  |  |
| <b>INTEGRATED COMMUNITY CARE GIVER PROGRAMME</b>                  | <ul style="list-style-type: none"> <li>The KPCA noted the progress made thus far with regards to this programme.</li> </ul>  | KPCA Members                             |
|   |  |  |
| <b>RELIGIOUS AND NGO MOBILISATION IN RESPONSE TO HIV AND AIDS</b> | <ul style="list-style-type: none"> <li>The KPCA noted the presentation with regards to the mobilisation of various sectors.</li> </ul>   | KPCA Members                             |
|   |  |  |
| <b>TASK TEAM ON PARTNERSHIP WITH CIVIL SOCIETY</b>                | <p>The Chairperson stated that even if there are PCA, DAC, and LAC structures but no tangible improvements on the ground with regards to HIV and AIDS and related activities, then the aforementioned structures mean naught. As a result he recommended that the KPCA form a task team of government and civil society with the following mandate:</p> <ul style="list-style-type: none"> <li>To ensure that there is meaningful, effective, transparent and equitable interaction between government and civil society on the ground with regards to the fight against HIV and AIDS.</li> </ul> <p>The Chairperson stated that government should not work on its own, civil society should be there every step of the way. He stated that not much has been heard from the various organs of civil society specifically because this area needs to be sorted out. He stated that the tasks of this structure will include:</p> |  |

| ITEM | RESOLUTIONS   | RESPONSIBILITY                                   |
|------|---|--|
|      | <ul style="list-style-type: none"> <li>• To interact with relevant stakeholders and align responsibilities of government and civil society.</li> <li>• To direct the budgeting processes to cover the AIDS Council interventions in all regions.</li> </ul> <p>The Chairperson stated that the interventions provided by AIDS Council structures are to ensure that Ward AIDS Committees are supported with regards to the following issues:</p> <ul style="list-style-type: none"> <li>• Reduction of Defaulter rate – TB &amp; HIV and AIDS</li> <li>• Treatment Compliance</li> <li>• Support, Care and Compassion</li> <li>• Fighting Stigma</li> <li>• Awareness and Advocacy</li> <li>• Teaching Ward Committees</li> <li>• Comprehensive Response to HIV and AIDS</li> <li>• Teenage Pregnancy and Family Planning</li> <li>• Distribution of Condoms</li> <li>• Human Rights and Gender - Mainstreaming</li> <li>• Domestic Violence and Rape</li> <li>• Intergenerational Sex</li> <li>• Orphan and Vulnerable Care (Disability/Senior Citizens/Youth in distress)</li> <li>• Youth Awareness – Adolescent and Reproductive Health</li> <li>• Substance Abuse – Alcohol and Drugs</li> </ul> <p>The Chairperson stated that the duty of this task team is to ensure that WACs are supported and that these issues are discussed in every ward in the province.</p> <p>The structure of this task team is to be as follows:</p> <p><b>Chair:</b> Prof Gqaleni<br/> <b>Deputy Chair:</b> Bishop Rubin Phillip</p> <p><b>Members:</b></p> <p>OTP<br/> DBE</p> | <p>Task Team<br/> NGOs<br/> Religious Groups</p> |

| ITEM                               | RESOLUTIONS  | RESPONSIBILITY                                 |
|------------------------------------|--|--|
|                                    | DOH<br>DSD<br>DCSL<br>DAC<br>DSR (As resolved sport personalities are to be incorporated into the activities by this task team)<br>DEDT<br>DOT<br>Municipalities<br>Business<br>NGO<br>Traditional Leaders<br>Traditional Healers<br>Organised Labour  |  |
| <b>HIGH HIV TRANSMISSION ZONES</b> | <p>The Chairperson further stated that a project which is going to be piloted by the Department of Transport (DOT), Department of Health (DOH) and Department of Social Development (DSD) is that of focusing on the High Transmission Zones along the N2 and N3 where taxi operators and long distance drivers would make use of Commercial Sex Workers. Here the aim is to have centres along these routes where these groups can be pulled aside and spoken to.</p> <p>The KPCA resolved that the above stated departments setup sites from Durban to Phongolo where long distance drivers, taxi operators and commercial sex workers can be interacted with effectively.</p> | DOT<br>DOH<br>DSD                              |
| <b>GLOBAL FUND ENQUIRY</b>         | <p>The KPCA resolved the following:</p> <ul style="list-style-type: none"> <li>• There should be an assessment of all NGO's that submitted a proposal to Global Fund.</li> <li>• There should be a delegation to SANAC and Minister Motsoaledi led by MEC Dhlomo and Prof Gqaleni, and include high level officials to enquire about the funding of this Province from Global fund.</li> <li>• There should be a consolidation of all the work to be done in wards working with Civil Society so that a consolidated business proposal can be compiled for the next round of Global Fund to support this work in KZN.</li> </ul>   | MEC DHLOMO<br>PROF GQALENI<br>KPCA SECRETARIAT |

| ITEM                     | RESOLUTIONS  | RESPONSIBILITY  |
|--------------------------|--|---|
| <b>NEXT KPCA MEETING</b> | <p>The Chairperson stated that in the upcoming KPCA meeting the key items which are to be dealt with are as follows:</p> <ul style="list-style-type: none"> <li>• Activities of the Councils (DACs, LACs, WACs)</li> <li>• Results Achieved</li> <li>• Activities on the Ground</li> </ul> <p>The KPCA will then consider the above items and intervene where necessary.</p> | <ul style="list-style-type: none"> <li>• KPCA Members</li> <li>• DACs</li> <li>• LACs</li> <li>• WACs</li> <li>• Civil Society</li> <li>• District Operation Sukuma Sakhe Task Teams</li> </ul> |
| <b>CLOSURE</b>           | There being no further business the meeting was closed by the Chairperson.   | Chairperson   |