



**MINUTES OF THE KWAZULU-NATAL PROVINCIAL COUNCIL ON AIDS (PCA) MEETING
HELD ON WEDNESDAY, 21 JUNE 2017 AT GREY'S HOSPITAL IN PIETERMARITZBURG**

PCA CHAIRPERSON: MR TW MCHUNU - PREMIER OF THE KWAZULU-NATAL PROVINCE

PCA DEPUTY CHAIRPERSON: NHLANHLA MKHIZE - ACTING DEPUTY CHIRPERSON OF THE KWAZULU-NATAL CIVIL SOCIETY FORUM

ITEM	DISCUSSION
1.1 OPENING AND WELCOME	<p>The meeting was declared open at 13h20 by the KwaZulu-Natal Department of Health MEC, Dr (Brig General) SM Dhlomo. The meeting observed a short prayer led by Advocate L Zama, the Advisor to the KwaZulu-Natal Premier.</p> <p>In his opening Dr S M Dhlomo announced that he was opening the PCA meeting on behalf of the KwaZulu-Natal Premier, Mr TW Mchunu, who would join the meeting later as a result of another urgent official engagement that delayed his early arrival at the PCA meeting. Dr Dhlomo also conveyed an apology on behalf of the PCA Deputy Chair, Mr P Mdletshe, who was also absent at the PCA meeting and was represented by Nhlanhla Mkhize, Sector Leader for LGTBI.</p>

ITEM	DISCUSSION	
1.2 APOLOGIES	NAME & SURNAME	DEPARTMENT / ORGANISATION / COMPANY
	Mrs. N Dube-Ncube	MEC: COGTA
	Mr. RT Mthembu	MEC: Department of Agriculture
	Mr. ME Dlungwane	MEC: Department of Education
	Mr. TM Kaunda	MEC: Transport, Community Safety and Liaison
	Mr. S Zikalala	MEC: Economic Development, Tourism & Environmental Affairs
	Mrs. BN Sithole-Moloi	MEC: Arts, Culture, Sport & Recreation
	Dr MJ Mfusi	Acting HOD: Department of Agriculture
	Mr MB Mnguni	Acting HOD: Department of Arts and Culture Ms N Nyawose: Acting Chief Director for Libraries, Archives & Museums attended on behalf of the Acting HOD
	Cllr PMS Ngubane	Mayor: UMzinyathi DM Deputy Mayor: Cllr NC Mdlalose attended on behalf of the Hon. Mayor
	Cllr TE Maphumulo	Mayor: UMgungundlovu DM
	Cllr MJ Njilo	Mayor: Msunduzi LM
	Cllr NR Mthembu	Mayor: KwaDukuza LM Deputy Mayor: Cllr D Govender attended on behalf of the Hon. Mayor

ITEM	DISCUSSION	
APOLOGIES	Cllr ME Ndobe	Mayor: Harry Gwala DM
	Cllr ZF Khuzwayo-Dlamini	Mayor: Maphumulo LM
	Cllr SG Ndlela	Mayor: iMpendle LM Deputy Mayor: Cllr NG Mvelase attended on behalf of the Hon. Mayor
	Cllr AS Mazibuko	Mayor: uThukela DM
	Inkosi Cllr EM Buthelezi	Mayor: Zululand DM. Deputy Mayor: Cllr MM Kunene attended on behalf of the Hon. Mayor
	Mr. S Hadebe	MM: Msunduzi LM
	Mrs. AN Dlamini	MM: Harry Gwala DM
	Mr. VM Kubeka	Acting MM: uMzinyathi DM
	Mr. F Brooks	DDG: OTP Strategic Management Branch
	Dr C Kganakga	Acting CEO: SANAC
	Ms. D Heustice	Member of PCA Secretariat
	Mr Xolani Kunene	Member of PCA Secretariat
	Ms LC Bux	Communications Practitioner: Diakonia Council of Churches
	Mr S Magagula	HOD: Provincial Treasury requested to leave early
	Mr AZ Mnqayi	ADG : Office of the premier requested to leave early
	Dr SM Dhlomo	MEC Health, indicated that he would leave early

ITEM	DISCUSSION
1.3 ADOPTION OF THE AGENDA	The Chairperson mentioned that the Agenda items sequence may change to allow the Premier to join the discussions during Section 2 in the agenda. The agenda was adopted by the Social Development MEC, Mrs WG Thusi, and seconded by the Mayor of Amajuba District Municipality, Cllr Dr M Ngubane.
1.4 MINUTES AND MATTERS ARISING	The Finance MEC, Ms BF Scott, adopted the minutes of the last PCA meeting held on the 16th of November 2017 and was seconded by Mr Richard Shandu, ILembe District AIDS Council (DAC) Deputy Chair.
1.4 MINUTES AND MATTERS ARISING	<p>A representative from AFSA Ms G Kasere mentioned that from the last time it was reported that there was a late start up of PR's however, a catch up plan has been done by all PR's. She mentioned all the programmes that are running in KZN. And gave a progress report for all PR's. started with NACOSA on GBV programme. She followed by KZN Treasury on keeping girls at school she reported that some of the programmes have not started however, they are doing well with HIV testing. The chairperson requested that AFSA improves their slide in future as they were not user friendly. He further requested that the presenter just do an overall for activities for each organisation not a detailed presentation. She moved to AFSA presenting TIVET programmes, CSS programme, moved to right to care presented people who inject drugs programme. She then presented the successes and challenges of all the programmes for Global Fund.</p> <p>Comments and clarity seeking questions</p> <p>MEC Thusi requested to get clarity when the presenter mentioned that they have challenges in UGU</p>

	<p>Slu Mtambo mentioned that she is glad to see AFSA presenting at the PCA as the relationship they had with AFSA and civil society had died, she further mentioned that there is a challenge with Global Fund and PEPFER as they bring organisations that they just balloon out of nowhere and in few years they leave. She requested it there could be a black led organisations to consider community based organisations.</p> <p>Nkosikhona Uzi Mpongose raised a concern on youth organisations that are not supported by theses big organisations and there are no local consultations when funding is being allocated. He mentioned that he feels that as civil society they are being neglected</p> <p>Chairperson commented that it looks like some of the concerns that were raised was that these partners needs to be more visible to civil society. HOD Magagula echoed what has been lamented that there is a tendency of appointing organisations that are more advanced and prominent NGO's especially because one is chasing funds. NACOSA responded that they do not implement they implement through partners and donors have demands therefore the appointment and requirements for organisations is based on the requirements for reporting. Chairperson mention that one needs to agree and accept that prominent organisations are being appointed one need not justify that but there is a need to look at how this can be rectified.</p> <p>Mr N Mpungose reported that in all INK areas they have realised that there is testing done by these organisations that have funds</p> <p>Chairperson recommended that AFSA to take this item to civil society to be discussed further as this needs civil society involvement.</p> <p>Khethimpilo representative reported that as far as they understand they don't have any challenges in</p>
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	<p>UGu district.</p> <p>Update on Provincial Implementation Plan 2017-2022</p> <p>She mentioned that after all the consultations that have been done the province is now in a stage of presenting the final draft for PIP, this plan is aligned with NSP. She mentioned that the approach that was done when developing the PIP was looking at the situational analyses for the province of the previous PIP core indicators and how these critical areas will be addressed moving forward. The methodology on focus for impact was used in developing the plan as well.</p> <p>Chairperson welcomed the premier who had just joined the meeting he then summarised what has been presented and called all members to note what has been presented and adopt it as a KZN plan. Harny Ally proposed that the plan to be accepted and adopted as lot of engagement has been involved on the plan. Nonhlanhla from Civil society explained that they propose to adopt the plan however, with their inputs as civil society that has aroused from current meeting that civil society had</p> <p>3.1. OSS Strengthening and Community Care Givers</p> <p>The chairperson mentioned that this presentation is still to be presented by Premier at the executive Council.</p> <p>Dr Ndlovu gave a brief background of the programme and that it was driven at a community level. She mentioned that when one talks about OSS some legs are left behind which then causes a challenge. She mentioned that Integration of information system at a ward level was lagging behind.</p>
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	<p><i>Comments and inputs</i></p> <p>Chairperson commented that this is presented as an advanced plan in configuring the OSS services</p> <p>Honey Ali mentioned that a lot of work is being done by business sector if the business sector can be given a template to report on so that all occupational health centres report and their work is reflecting in PCA reports.</p> <p>NGO and business sectors also have field workers she recommended that they are given template on what are the requirements</p> <p>Sithembiso Nkuna CNLR from ward 4 in UMngeni municipality welcomed the presentation and mentioned that this issue of integration has been long overdue since these CCG's are overworked and there is inconsistency at local level in terms of distribution. There should a specific time frame on when this is to be implemented.</p> <p>Mayor Gumede also welcomed the presentation she mentioned that this concept has been long overdue. She requested that if there are opportunities that are coming up such report to be shared with members</p> <p>UZI raised a concern that the involvement of counsellors at a war room is a challenge.</p> <p>Dr Ndlovu responded that the business sector report is exactly the same as the district level so that it gets integrated and reported as a performance for particular district.</p> <p>Chairperson handed over to Premier as he was acting on behalf of the Premier. He explained the reasons for him being delayed he further apologised that PCA was not able to meet in March as scheduled.</p>
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	<p>He commented on the presentation that the main issue is to identify the functionality of war rooms as if war rooms' functions properly no citizen of KZN would be suffering. He mentioned that some important issues have been identified and are still to be discussed at the executive council issues like the conveners, the councillor is temporary work in 5 years' time a new councillor comes in and had to start afresh, councillors comes from political leaders at times there is a risk of party politicising the work whereas this were community issues, from government level who is the custodian of governing programs including reporting.</p> <p>Therefore due to the above mentioned challenges the functioning at ward level needed to be interrogated further. He touched on the matter of CCG that it has caused the province bad blood with volunteers however if these cadres are standardised and formal training can be offered for the possibility of career pathing. He mentioned that there is uneven distribution of these volunteers he made an example that in one ward there was 8 volunteers in another ward there was none. Different titles being given to these volunteers needs to be looked at further.</p> <p>2.2.1. District syntheses report highlights</p> <p>Ms T Ngwenya mentioned that she will not be detailed in presenting the report she will present the summary and skip the dashboard that appears in packs as that were distributed and there after report on the coordination as district mayors will report further for their respective districts</p> <p>She mentioned that the OTP is working with HST in developing the training material that will be used in training Ward AIDS committees this will then be piloted.</p> <p>Chairperson requested districts to comment and correct if there are any discrepancies and thereafter it</p>
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	<p>will be opened to the floor</p> <p>uThukela corrected that wards were reported incorrectly it was reported 73 instead of 74 wards</p> <p>Chairperson reminded members that in the previous meeting there was a resolution that mayors are to prioritise the PCA and be prepared to present. He mentioned that he is raising this matter since the mayor of uMzinyathi has not attended although uMzinyathi matter is understandable, UMgungundlovu, Harry Gwala, uThukela, Zululand this meant that there was only 6 mayors from the 11 that were expected to be present.</p> <p>He further mention that if the champion mayor is not able to attend PCA it stands to reason that there will be challenges at ward level.</p> <p>UGu District Mayor presented he mentioned that AIDS council is functional and seats as per schedule with term s of reference that are available, there will be uGu district summit. He mentioned that poor reporting is still a challenge from some municipalities especially from DOE.</p> <p>Inputs</p> <p>there was a correction on presentation made by Ms T as there has been a reconfiguration of municipalities in UGu instead of 7 municipalities are now 5</p> <p>ILembe district</p> <p>The relationship between civil society and DAC is good hence there are few ward comities that have been launched. There is good working relations with the DAC and DOH, there are scheduled DAC meetings. The challenge they have is non submission of LAC reports from some municipalities only two municipalities have been consistently reporting. Two municipalities do not have dedicated staff for this programme which is Indwedwe and kwa Maphumulo LM. KDC LAC is doing well whereas other</p>
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	<p>LAC's are struggling</p> <p>eThekwini Metro</p> <p>DAC meetings working well with civil society and DAC seats every quarter, she conquer steering committee is available, nerve centres seats every quarter, poor performance on MMC there is a turnaround strategy in place which will focus on densely populated areas. Unable to get learner pregnancy data district has scheduled a meeting with MEC to intervene.</p> <p>Amajuba District</p> <p>Presented challenges like TB death rate as one of their challenges Danhauser and Newcastle have been regarded as one of the highest TB HIV, STI incident rate. Sexual assault is still high but the district has put it under achievement as there has been a bit of decline over the quarters. There is a successes of the ART programme and test and treat programme. On infants deaths there has been a steady decline there has been good mobilisation of pregnant women. TB cure rate was noted to be increasing although target has not been met.</p> <p>Honey Ali raised a concern regarding TB cure rate that has increased as compared to TB death rate</p> <p>Chairperson reported on the format of the report that it was comprehensive and commended the district. He seek clarity on the issue of budget as what was said did not tally with what was written mayor clarify that he was correct in saying they do not have implementing budget. Chairperson commented that he has been noting that there are local mayors who attends PCA more that district mayors. Mayor Nkosi from Newcastle corrected and said as Newcatle they do have implementing budget</p> <p>UMkhanyakude district</p> <p>Only two local municipalities have made attempts to organise civil society and electing chairpersons,</p>
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	<p>awareness campaigns have been done to address learner pregnancy issue and there are scheduled activities. War rooms reports was still a challenge as well as the challenge of budget as the district there was no budget for OSS although locals have budget</p> <p>Chairperson welcomed comments from all members after district presentations</p> <p>Mayor Zwide There was a comment raised that generally from all presentations there seemed to be a challenge of DOE involvement there is a challenge of obtaining data from DOE and their participation is not as it is expected at district</p> <p>The issue of MMC was noted to be very low the indicator of ages might be the cause since most parents are circumcising their children at an early stage than how the indicator is collecting.</p> <p>Phumlani Sibeko from Amajuba district commented that it is important to keep it as currently for the champions to be councillors as five years is guaranteed that they will run with the programme he recommended that councillors must be trained before training ward committees on back to basics. He recommended to strengthen door to door services.</p> <p>He commented about eThekweni that it is a metro therefore methodologies that applies in other districts cannot effective in eThekweni therefore it needs to be treated as such.</p> <p>Honney alli requested that business report directly to the province rather than to LAC</p> <p>Ms Kunene Deputy mayor from Zululand District mentioned that they feel that they have not been given a chance. Chairperson clarified that the reason Zululand District have not been allowed to report is because the mayor was not part of the meeting therefore she will not comment on behalf of Zululand</p>
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	<p>but she can only comment on general issues. He further urged that deputy chair must not leave with a thinking that Zululand is being marginalised. Deputy mayor thereafter commented on teenage pregnancy issue</p> <p>Dr Nzama from DOE Acknowledge the issue that was raised on DOE officials not cooperating and he assured members that this will be rectified. He further mentioned that he has available stats from DOE on learner pregnancy he was unable to send it before being verified. The chairperson clarified that the stats is not support to be presented here it has to feed in to the normal district data flow.</p> <p>Representative from SAPS commented that all cases that are reported to Thuthuzela centres are attended to however, the challenge is that at times the parents make arrangements with the perpetrators and cases are not reported. Chairperson mentioned that his concern is around the areas of coordination to determine whether cases that are known by hospitals are cases that have found their way to justice system (Resolution).</p> <p>Convernership of the ward committee to be debated further. Requested Phumlani Sibeko the person who raised the issue to document it as a submission and send it to the secretariat (Resolution)</p> <p>The issue of nonattendance from mayors needed to be addressed by the executive council to interrogate if these mayors are useful to this system (Resolution)</p> <p>The issue of stipend has been noted and will be escalated to relevant</p> <p>Interventions that are looking at young boys needed to be explored further as it appeared as if there are many interventions looking at young girls but for boys it was only MMC programme what can be done better to get a mind-set change of boys</p> <p>Dr Ngubane to compare and merge the provincial report with the one he presented for the district (resolution)</p>
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	<p>2.2. Civil society report</p> <p>Highlighted the area around women control preventative program, she also touched on what has happened in the conference with regards to a memorandum that was submitted to DOH MEC sanitary pads in line with the keeping the girl child in school has been championed by the women sector</p> <p>1. 4. 2 Update Global Fund Programme by AIDS Foundation South Africa (AFSA)</p> <p>A representative from AFSA, Ms Geraldine Kasere, presented on Global Fund Programme in KwaZulu Natal. She mentioned that the global fund programmes started late by the Principal Recipients (PRs) however; the PR's are working on a catch up plan on all programmes. She outlined the South African Principal Recipients which are as follows: National DOH 39%, NACOSA 13%; KwaZulu-Natal Provincial Treasury 12%; Right to Care 11%; Western Cape DOH 7%; Khethimpilo 6%; Soul City 5% and AFSA with 5%.</p> <p>The programme modules in KwaZulu-Natal are as follows: Prevention programs for adolescents and youth, in and out of school; Prevention programs for other vulnerable populations; Community Systems Strengthening; Prevention programs for Men who have Sex with Men (MSM) and Transgender; Prevention programs for people who inject drugs (PWID) and their partners; TB/HIV; MDR-TB and Treatment, care and support.</p> <p>Under the successes and innovations achieved by the PR's, NACOSA's sex worker programme increased performance; High Transmission Sites training for Sub-Recipient (SR) staff to become High Transmission Sites counsellors has been conducted. The National She Conquers Campaign continues to be the driving force for creating buy-in into the Young Women and Girls programme in the districts. The joint communication aligned with 'She Conquers Campaign' has been developed and working with existing district and local municipality coordination structures such as Operation Sukuma Sakhe. The</p>
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	<p>Memorandums of Understanding (MOUs) between Government and Sub Recipients have been signed.</p> <p>Khethimpilo's adherence programme reached a total of 86 KwaZulu-Natal facilities. The PR also implemented an individualised care model which assists in identifying barriers to taking treatment at very early stages of patients in treatment. Through Adherence Advocates the programme is able to trace and refer back unstable patients;</p> <p>AFSA; A total of 16 772 students were reached in quarter 4, of which 13 994 (83%) were aged 15-24 years through a catch-up strategy implemented by the Sub-Recipient; the PR established a linkage between Gender Based Violence programme and Young Women and Girls programme; and further established a partnership between NICRO/AFSA/NACOSA for the upcoming SAPS Training.</p> <p>The challenges of Global Fund programmes were:</p> <ul style="list-style-type: none"> • Lack of understanding from Government staff on the implementation of adherence module; • Recruitment process of patients to the adherence clubs takes longer than anticipated; • Difference between program assumptions and implementation for the Gender Based Violence programme shelter program; • TCC protocol implementation and role of Civil Society in Thuthuzela Care Centre; • Integration of TB into all program components; • Management of shared SRs and alignment of indicator measurements across all PRs. <p>The Chairperson requested that in future AFSA to provide a summary of Global Fund activities in the province as opposed to a detailed presentation that outlines activities per PR.</p>
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	<p>Social Development MEC, Mrs WG Thusi wanted clarity if there were challenges in Ugu District Municipality as mentioned by presenter. Khethimpilo indicated that there was a challenge before but had been resolved.</p> <p>Ms Slungile Mtambo appreciated the presentation from AFSA at the PCA meeting as the relationship between AFSA and Civil Society had collapsed. She further mentioned that there is a challenge with Global Fund and PEPFAR as they keep bringing organisations in the Province that use civil society for information but hardly acknowledge them for their contribution. She emphasized that there are black women led organisations (NGO's) that may be considered for community based work.</p> <p>Mr Nkosikhona "Uzzi" Mpungose raised a concern that there is lack of communication or no consultation at all with the Youth Sector at local level when funding is allocated. Youth organisations are not supported by large donors such as the Global Fund. He mentioned that in his view the Youth Sector is being neglected deliberately.</p> <p>The Chairperson resolved that Donors Organisations and their NGO's such as PEPFAR organisations and Global Fund PR's need to work more with Civil Society and have proper consultations and assist in funding.</p> <p>The Provincial Treasury HOD, Mr S Magagula, acknowledged that there is a trend to appoint larger organisations (NGO's) that are more advanced and prominent. He recommended that moving forward this should be discouraged and committed Provincial Treasury as a Global Fund PR that they will look at this issue.</p>
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	<p>Ms Stella Zulu from NACOSA responded that implementation is based on the partners' specific needs and outcomes. Donors have specific demands; therefore the appointment of community based organisations tends to be based on the capacity assessments.</p> <p>In response, the Chairperson highlighted that it should be accepted that prominent organisations (NGO's) are being appointed by donors and rather than justifying the reasons, solutions should be made to rectify this issue as a matter of urgency.</p> <p>Thula Masondo reported that in the INK (Inanda, Ntuzuma, KwaMashu) areas HIV and TB testing is conducted by these large organisations that have funds without any proper consultation with district stakeholders providing examples where children were tested for HIV without getting consents from parents. The Chairperson recommended that AFSA should take this item to Civil Society to be discussed further as this needs their involvement.</p> <p>1. 4. 3 Update Provincial Implementation Plan (PIP) 2017-2022</p> <p>Presented by Miss T N Ngwenya, Acting Chief Director for Priority Programmes Chief Directorate. She sought approval of the draft PIP from PCA stakeholders. She further mentioned that after all the consultations have taken place the Province will be ready to present the final draft PIP which is aligned to National Strategic Plan (NSP) 2017 -2022. The development of the PIP involved the review of the HIV response situational analysis for the Province, review of the previous PIP core indicators and the identification of critical areas that need to be addressed moving forward. Furthermore, the Focus for Impact approach was used in the development of the plan.</p> <p>The Chairperson welcomed the KwaZulu-Natal Premier, Mr TW</p>
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	<p>Mchunu, who arrived at 14h20 to join in the discussions of the PCA meeting. The Chairperson then commented that the draft PIP will now be used as the main guiding document on HIV matters for the Province and urged the PCA members to note what was presented and adopt it as the KwaZulu-Natal plan.</p> <p>Ms Honey Allee proposed that the draft PIP 2017-2022 be accepted and adopted. She commended the team for the hard work, engagements done and mentioned that consultations held with all provincial sectors were done respectfully. Ms Nonhlanhla Mkhize also proposed adoption of the plan, stating that they have contributed their inputs as the Civil Society and any other inputs could be accommodated. The Chairperson, DOH MEC, Dr SM Dhlomo, declared the Provincial Implementation Plan (PIP) 2017-2022 adopted.</p> <p>The Chairperson, Dr SM Dhlomo, then handed over the chairing of the PCA meeting to the Premier. The Premier welcomed all present and further apologised that the PCA meeting did not take place in March 2017 as previously scheduled.</p> <p>1. 4. 4 Update on presentation of the teenage pregnancy plan to District Mayors by the Department of Education</p> <p>The matter is to be presented to Mayors and the Social Cluster and update provided in the next meeting.</p>
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TEM	DISCUSSION
2.1 DISTRICT REPORTS	<p>2.1.1 Provincial synthesis report highlights</p> <p>Miss T N Ngwenya presented a summary of the provincial and district performance of the core HIV and AID, TB and STI indicators. She mentioned that the Office of the Premier will be working with Health Systems Trust (HST) in developing training material that will be used to train Ward AIDS Committees (WACs). She raised a concern that the Local AIDS Councils (LACs) are not submitting reports on time to the District AIDS Councils (DACs) thus making it difficult to consolidate district reports for final presentation to the PCA meeting. UMgungundlovu District was highlighted as one of the Districts that reports on time.</p> <p>The Chairperson applauded those Districts that are reporting well and encouraged the other Districts to increase their efforts in improving their reports. Thereafter, the Chairperson provided all Districts with the opportunity to comment on the presented provincial synthesis report. The uThukela District Municipality Deputy Mayor raised a point of correction that the number wards presented for the district (i.e., 73) was incorrect and that the correct number of wards is 74 wards. The Chairperson reminded the PCA members that in the previous meeting there was a resolution that all District Mayors are expected to prioritise attendance to the PCA meeting and be prepared to present their District reports.</p> <p>The Chairperson mentioned that he was raising this matter as most District Mayors were absent; only six of the eleven District Mayors were present. He further mentioned that if the District Mayor is not attending the PCA meetings then there will be challenges in the district and at ward level; it was resolved that district reports will not to be presented at the PCA meeting if the District Mayor is absent.</p>

	<p>The Premier then read a previous memo, signed by the Acting DG, which was sent to all District Mayors citing the importance of their attendance at PCA meetings. The Premier expressed his disappointment on this matter and urged those representing the absent District Mayors to inform them</p>
<p>2.1.2 DISTRICT MUNICIPALITIES: REPORTS, INPUTS AND COMMENTS</p>	<p>Ugu District Municipality</p> <p>A point of correction was made regarding the presentation made that the number of Local Municipalities in Ugu District is not five (5) it is seven (7). This is as a result of change municipal configuration and demarcation policies.</p> <p>The Mayor mentioned that the AIDS Council is functional and sits as per the scheduled dates with terms of reference (TORs) that are available. The Office of the Premier conducted orientation for the entire council. The Mayor announced that there will be Ugu District Summit taking place in the district on the 27-28 June 2017. The lack of reporting is still a challenge from some Local Municipalities.</p> <p>Mr Nkosikhona “Uzzi” Mpungose requested additional support, for example, transport, for the Youth Sector to attend the PCA meetings as they do not receive stipends for the community work they do. As a result they have to spend their personal finances to attend meetings. Miss T N Ngwenya responded that OTP provides transport for those who require it and are members of the PCA. At this point, 16h06, Dr SM Dhlomo requested to leave the meeting.</p> <p>ILembe District Municipality</p> <p>The relationship between Civil Society and the District AIDS Council (DAC) is excellent as result a number of Ward AIDS Committees (WACs) have been launched. There are good working relations between the DAC and the Department of Health. Scheduled DAC meetings dates are honoured. The</p>

	<p>challenge the DAC has, is the non-submission of LAC reports from some of Local Municipalities, only two (2) municipalities have been consistent in their reporting. Two (2) municipalities do not have dedicated staff for this programme which is Ndwedwe and KwaMaphumulo Local Municipalities. KwaDukuza LAC is doing well. The District will consult with the Youth Sector and improve communication with the Sector.</p> <p>EThekwini Metro</p> <p>The District AIDS Council (DAC) meetings are taking place and every quarter. The “She Conquers” steering committee and nerve centre committee sits every quarter. There is a turnaround strategy for the poor performance on Male Medical Circumcision (MMC) in densely populated areas. The metro has challenges in accessing learner pregnancy data. To address this, the District has scheduled a meeting with the MEC’s office to intervene.</p> <p>Amajuba District Municipality</p> <p>The Mayor announced that the TB death rate has been noted as a challenge in the district. However, TB cure rate was noted to be increasing although the target had not been met. Dannhauser and Newcastle Local Municipalities have been regarded as having one of the highest in TB, HIV and STI incidence rates. Sexual assault is still high but the District has noted it as an achievement as there has been a decline in cases reported over the quarters.</p> <p>The Universal Test and Treat Programme is progressing well. There has been a steady decline in infant death rates and the mobilisation of pregnant women has contributed to the success. Ms Honey Allee raised a concern regarding the TB cure rate that has increased in Amajuba as compared to TB</p>
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	<p>death rate challenge.</p> <p>UMkhanyakude District</p> <p>Only two Local Municipalities have made attempts to organise their local Civil Society and elect Chairpersons. Awareness campaigns have been conducted to address the issue of learner pregnancy and there are scheduled activities planned.</p> <p>War Room reporting remains a challenge, as well as a budget for Operation Sukuma Sakhe (OSS) programmes. The Chairperson commended the Districts for their reports stating that they were comprehensive. He sought clarity on the issue of no budget for OSS programmes in uMkhanyakude District since this did not correlate with the understanding the PCA members had based on a previous report provided by the District. The Mayor responded and confirmed that the District does not have a budget for co-ordination. The Chairperson commented that he noted that there are Local Mayors who attend PCA meetings more than District Mayors.</p> <p>The Chairperson welcomed comments from all PCA members on the district presentations.</p> <p>Mayor Mkhathshwa raised a concern, that from all the district presentations, there seemed to be a challenge regarding the involvement of the Department of Education. Districts stated challenges in obtaining data from DOE and that their participation was poor at the district level. It was also noted that the woman and child abuse cases attended at hospitals have increased as opposed to those cases reported to SAPS at Police Stations.</p> <p>The Chairperson requested the representative from the office of the SAPS Provincial Commissioner to comment on this matter.</p> <p>MMC was noted to be low, however it was noted that some parents had started to circumcise their</p>
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	<p>children at an early stages and this may be a contributing factor to the low MMC rates.</p> <p>Mr Phumlani Sibeko from Amajuba District commented on the importance of maintaining Councillors as War Room Champions as they have a guaranteed five (5) years to champion the programme. Also raising a point on the importance of community leaders being convenors of war rooms thus ensuring the full participation of communities. He recommended that Councillors should be trained. He further recommended that Door to Door services be strengthened.</p> <p>Miss H Allee requested that the Business Sector report be sent directly to the Provincial Secretariat rather than the LAC.</p> <p>Adv L Nzama, the Premier's Advisor, commented that more commitment is needed in order to succeed as a Council in fighting the HIV and AIDS scourge in the Province. Overall from the presentations she noted that participation is poor and urged members to use the advantage that South Africa is a resourceful country compared to other African countries that are showing improvement in their HIV and AIDS outcomes.</p> <p>The Zululand Deputy Mayor, Miss MA Kunene, stated that they feel that they had not been given the recognition they deserve as a District that is the centrepiece of KwaZulu-Natal Province.</p> <p>The Chairperson responded that Districts had not been allowed to present their report if their district mayor was not present at the PCA Meeting as this had been a resolution of the Provincial Council on AIDS. The resolution was that District Mayors were expected to attend the PCA meeting in order to present their report and that representatives would not be allowed to present District reports on their behalf. Therefore the Deputy Mayor could not present on behalf of Zululand District Mayor but she could only comment on the general issues and she was not being singled as other Deputy Mayors did</p>
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	<p>not present either.</p> <p>The Zululand Deputy Mayor acknowledged and thanked the Chairperson for the clarity he provided, thereafter she commented on the teenage pregnancy issue that it would be of assistance if DOE could support schools with transport in order to address the issue of learners travelling long distances, especially girls as this is when the learners have the opportunity to become ill-disciplined and mingle with males on a wrong level.</p> <p>Dr EV Nzama, the DOE HOD, acknowledged the concerns raised about DOE officials who are not cooperating and he assured PCA members that this will be rectified. He further mentioned that he had data available on the learner pregnancies. The Chairperson clarified that this data should to be made available at the district level for DAC and LAC reporting and thereafter to the PCA meeting.</p> <p>Ms MJ Makhoba, a representative from SAPS, commented that all cases that are reported to the Thuthuzela Centres are attended to, however, the challenge is that more often the parents make arrangements with the perpetrators and also some cases are not reported.</p> <p>The Chairperson raised a few points</p> <ol style="list-style-type: none"> 1. His concern about coordination of cases that are known by hospitals in whether they find their way to justice system. 2. Convenorship of the war rooms should be further debated. He requested Phumlani Sibeko, who raised the issue of War Room champions, to document this as a submission and send it to the PCA Secretariat. 3. The issue of non-attendance from District Municipality Mayors needed to be addressed by the Executive Council. The issue of stipend for the Youth Sector was noted and would be escalated
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to the relevant parties.

4. Interventions addressing young boys needed to be explored further as it appeared there were many interventions for girls and young women but for boys it was only MMC programme and more work is needed around changing the mind-set of boys and young men.

The Chairperson applauded Dr M Ngubane for his presentation, also enquired as to what extent the DOH staff (e.g. doctors and nurses) participate in assisting their DACs and LACs and recommended that they should be encouraged to participate.

2.2 Civil Society Report

Nhlanhla Mkhize, Sector Leader for LGTBI, presented the Civil Society report on behalf of Mr Patrick Mdletshe, PCA Deputy Chair.

When reporting, Nhlanhla placed emphasis on preventative programs controlled by women. She highlighted the programme initiated by Women's sector of provision of sanitary pads. The importance of accountability within the Civil Society structures was also highlighted as important. The Chairperson commented that he was recently exposed to the work of the LGBTI Sector assisting him to him understand their challenges.

Mr Nkosikhona "Uzzi" Mpungose proposed that the Civil Society report be the first report on the PCA Agenda, as it always the last item on the agenda and yet there are critical matters that are reported and need to be discussed. He pointed out that it is a concern that people always leave early before this report is presented. The Mayor of uMkhanyakude enquired on how Civil Society can assist the DAC and LAC.

	<p>Miss T N Ngwenya responded that the Office of the Premier has a budget to support the PCA Secretariat which consist of Civil Society to travel to Districts to assist them with DACs and LACs. Furthermore the Behavioral Change Campaign (BCC) vehicles are available to support the DACs during their community work.</p> <p>This agenda item was presented before the KwaZulu-Natal Premier, Mr TW Mchunu, arrived.</p> <p>The Chairperson requested that the presentation be made to him at the upcoming Executive Council meeting. It was presented at the PCA meeting for the members to note the progress.</p> <p>Dr NI Ndlovu, gave a brief background of the programme and the thrust of the presentation was OSS being driven by community leaders.</p> <p>Ms Honey Allee mentioned that a lot of work is being done by the Business Sector. She requested that the Business Sector be given a template to report on. She stated that NGO's and Business Sectors also have fieldworkers.</p> <p>Cllr Sithembiso Nkuna from Ward 4 in uMngeni Municipality, welcomed the presentation and mentioned that this issue of integration of CCG's has been long overdue since these CCG's are overworked and there is inconsistency at local level in terms of the distribution of fieldworkers. There should be a specific timeframe of when this should be implemented. EThekweni Metro Mayor also welcomed the presentation and also echoed that this process has been long overdue. She requested that if there are employment opportunities that are coming up that these be shared with the CCG's first.</p>
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ITEM	DISCUSSION
	<p>Dr N I Ndlovu responded that it is encouraged that the Business Sector report be integrated in the DAC reports so that it reflects the performance of the district. The Chairperson commented on the presentation that the message is to ensure the functionality of War Rooms; indicating that if War Room were functioning properly the citizen of KwaZulu-Natal will be well serviced.</p> <p>The discussions will be deliberated further at the Executive Council meeting. He further stated that Councillors are politicians and sometimes they politicise the work in the community, hence the thinking that community leaders such as religious leaders should be leading to ensure that even after elections war rooms continue to function and are not disturbed by elections. The issue of CCG's has caused problems between the Province and the volunteers, however if these cadres are standardised and formal training is offered with possibility of career pathing this may address the current challenges.</p> <p>He mentioned the uneven distribution of the volunteers is a challenge. He made an example that in one ward there were eight (8) volunteers whereas in another ward there was none. Also, different titles being given to the volunteers needs to be addressed. The Chairperson indicated that the discussion on CCG integration and OSS strengthening will be thoroughly discussed and approved by the Executive Council.</p>

ITEM	DISCUSSION
4.2 CABINET OSS DAY	EThekwini Cabinet OSS Day to be held on the 12 July 2017.
4.3 GENDER BASED VIOLENCE MARCH	Gender based violence to be held on the 07 July 2017
4.4 DATE OF THE NEXT MEETING	The next PCA meeting is on 13 September 2017.

BY THE PCA CHAIRPERSON: (Signature) (Date).

BY THE PCA DEPUTY-CHAIRPERSON: (Signature) (Date).