



MINUTES OF THE KWAZULU-NATAL PROVINCIAL COUNCIL ON AIDS (PCA) MEETING

HELD ON WEDNESDAY, 13 SEPTEMBER 2017 AT GREY'S HOSPITAL IN PIETERMARITZBURG

PCA CHAIRPERSON:

MR TW MCHUNU - PREMIER OF THE KWAZULU-NATAL PROVINCE

PCA DEPUTY CHAIRPERSON:

MR P MDLETSHE - DEPUTY CHAIRPERSON OF THE KWAZULU-NATAL CIVIL SOCIETY FORUM

SECTION 1: PROCEDURAL MATTERS

ITEM	DISCUSSION	RESOLUTION/ACTION
1.1 OPENING AND WELCOME	<p>The meeting was declared open at 13h20 by Dr SM Dhlomo, MEC-Health and the National Anthem was sung by all PCA Members as advised by the OTP Protocol.</p> <p>In his opening remarks Dr Dhlomo welcomed everyone present and announced that he was opening the meeting on behalf of the KwaZulu-Natal Premier, Mr TW Mchunu, who would join the meeting late due to another urgent official engagement that he had to attend to.</p>	

SECTION 1: PROCEDURAL MATTERS

ITEM	DISCUSSION		RESOLUTION/ACTION
1.2 APOLOGIES	NAME & SURNAME	DEPARTMENT / ORGANISATION / COMPANY	
	Mrs N Dube-Ncube	MEC: COGTA	
	Mr TM Kaunda	MEC: Transport, Community Safety and Liaison	
	Mr S Zikalala	MEC: Economic Development, Tourism & Environmental Affairs	
	Cllr. MJ Njilo	Mayor: Msunduzi Local Municipality	
	Cllr. NE Ndobe	Mayor: Harry Gwala District	
	Mr P Mdletshe	Deputy Chairperson (Civil Society)	
	Ms P Ncaphayi	HOD: EDTEA	
	Mr T Mdadane	Acting HOD: Public Works	
	Cllr. NCO Mqwebu	Mayor: Ray Nkonyeni Local Municipality	
	Cllr. T Zulu	Mayor: uMlalazi Local Municipality	
	Cllr. T Njilo	Mayor: uMsunduzi Local Municipality	
	Cllr. MA Chiliza	Mayor: Ugu District	
	Dr TD Moji	DOH	
	Ms M Milne	Chief Director: Strategic Management OTP	
	Mrs B Scotts	MEC: Finance	
	Mrs W Thusi	MEC: Social Development	

SECTION 1: PROCEDURAL MATTERS

ITEM	DISCUSSION	RESOLUTION/ACTION
1.4.1. Resolutions and progress made	<p>1.4.1.3.Learner Pregnancy The indicators to monitor the implementation of the PIP are in the process of being finalised. In response to the concern raised at previous PCA meetings regarding the high rate of learner pregnancy in the province, The Department of Education developed the Pregnancy Prevention Plan. The Plan was presented to the district Mayors on the 7th of July 2017, at the Dongweni youth centre in Kokstad at Harry Gwala district. The Department of Education informed PCA members that the Head of Department (HOD) has a circulated a letter to all District Managers requesting that they submit statistics to the District AIDS Councils (DACs) and Local AIDS Councils (LACs) for the first quarter, however only 5 districts submitted the information to the DACs and they were not included on the synthesis report.</p>	
	<p>1.4.1.4.The Provincial Implementation Plan Following the adoption of the PIP 2017-2022, the next step is to review the PCA constitution including its terms of reference. The process has commenced and will follow the normal procedures of approval (i.e. the reviewed constitution and terms of reference will be presented at the cluster and Civil society for approval prior to the PCA). The issue of the Mayors' attendance at PCA meetings will be included as part of the review of these documents. It is anticipated that prior to the next meeting the reviewed documentation would have gone through the required approval structures namely; cluster, civil society structure and executive council. The Legal Department in the Office of the Premier has allocated one of their legal staff to assist in this matter.</p>	Adopted
	<p>1.4.1.5. Regarding the issue of whether the Gender Based Violence (GBV) cases that are reported in the clinics find their way to the justice system. The Department of Health is responsible for following this matter and will provide a report on this issue during the next PCA meeting in November 2017.</p>	DOH to present a report

SECTION 1: PROCEDURAL MATTERS

ITEM	DISCUSSION	RESOLUTION/ACTION
	<p>1.4.1.6. District presentation format A standardised district presentation format was circulated to all the DAC Secretariats to guide them in the development of their Mayors presentations.</p> <p>1.4.1.7. Interventions that are looking at young boys. The provincial implementation plan and the district implementation plans that are currently being developed include targeted programmes and interventions for boys and young men. Further efforts are underway to strengthen existing programmes, such as the male medical circumcision which targets males. Traditional leaders ('Amakhosi') are encouraged to lead the programme as they are key in instilling positive values amongst the boys and young men. NGO's are currently being engaged to ensure they understand that male medical circumcision is not only a medical procedure but it can also be packaged as an integrated comprehensive prevention programme for boys and young men.</p> <p>1.4.1.8. The Convener ship of the war rooms Mr P Sibeko from Amajuba District took a submission forward in writing and the view was that community leaders should be conveners of the Operation Sukuma Sakhe War Rooms while councillors remain political champions. Amakhosi as traditional leaders should then champion the approach in their respective areas.</p>	

SECTION 1: PROCEDURAL MATTERS

ITEM	DISCUSSION	RESOLUTION/ACTION
1.4.2. Update on Global Fund Programme	<p>1.4.2.1. Update on Global fund Programme</p> <p>Miss TN Ngwenya, the Office of the Premier HIV and AIDS Director, presented the Global Fund report for the quarter. She indicated that there are Principal Recipients (PRs) i.e. NACOSA, AIDS Foundation and KZN Treasury that are working with adolescent girls and the youth within the province. Activities for the quarter included working with adolescent and youth in and out of school. Other interventions implemented by PRs include HIV prevention programmes for other vulnerable populations, implemented by KZN Treasury, community system strengthening programmes, implemented by AIDS Foundation. Prevention programme for people who inject drugs implemented by NACOSA. TB and HIV co-infection by the National Department of Health has been funded by Global fund, they are implementing EThekweni around informal settlement. MDR TB programme is also implemented by National Department of Health. Treatment care and support ART adherence club is implemented by Khethimpilo, however there is a problem that PRs at King Cetshwayo, Zululand and Ugu Districts are unable to achieve some of the targets. Geographical mapping for vulnerable groups was implemented by the KZN Treasury. The PR's will have Monthly meetings with DSD, DOH and DOE to report on activities, and the reports should be a stand-alone item in the Agenda during the DAC, and LAC meetings. Global fund programmes which are implemented should be integrated with the OSS Structures. All Mayors are to support Global Funds activities.</p> <p>Dr Dhlomo's remarks;</p> <p>He wanted to know what Mayors can do as councillors with the picture that is presented by Ms Ngwenya. He then allowed leaders if they have any comments as this talks to OSS.</p> <p>Mr S Nzimande inquired if research informed the decisions taken in coming up with such funded activities.</p>	All Mayors to support Global Fund activities in their districts

SECTION 1: PROCEDURAL MATTERS

ITEM	DISCUSSION	RESOLUTION/ACTION
1.4.2. Update on Global Fund Programme	<p>Ms Ngwenya responded by saying desktop review was done looking at those four indicators, a team went to districts to consult with the community. Two days workshop was done and the report was written based on the information gathered on a district at secondary level.</p> <p>Ms Zuma from uMgungundlovu district, reported that dialogues were conducted with communities to understand their views regarding the issue of sugar daddies and blessers. Dialogues were also conducted with learners, particularly young girls to establish what attracts them to sugar daddies. Communities and school governing bodies were engaged in dialogues. Where there is high rate of teenage pregnancy, youth friendly services were introduced with other partners. In Richmond and Umshwathi there is high rate of teenage pregnancy, but they are engaging with communities and other stakeholders in those areas. Dr Dhlomo indicated that, a report for Vulindlela done by CAPRISA showed danger zones and it is this leadership that can turn around this issue. He requested the study done by CAPRISA to be presented to the next PCA meeting so that the Council can thoroughly understand it and lesson learned can be used to turn around for Vulindlela and for other areas.</p> <p>Adv. Nzama indicated that this does not apply to just one Municipality i.e. Umdoni is not doing very well. She inquired if condom factory will give value for money since condom use has to do with an issue of power inequality hence teenage pregnancy is out of control. The Chairperson, Dr SM Dhlomo welcomed the Premier and then handed over the chairing of the PCA meeting. The Premier explained the reason for the delay in attending the meeting and apologised.</p>	

SECTION 2 STANDING ITEMS		
ITEM	DISCUSSION	RESOLUTION
2.1 District Reports 2.1.1. District synthesis report highlights 2.1.2. District Update by District and Metro Mayors:	<p>Dr NI Ndlovu explained that the report is a summary of the district performance for the quarter. She raised a concern that some of the District do not submit reports on time. The following was highlighted based on the report:</p> <ul style="list-style-type: none"> • Six Districts have less than 50% of their OVC's receiving care and support. • District should develop plans that address teenage pregnancy and young parents. • It was noted that the performance of medical male circumcision is improving <ul style="list-style-type: none"> • UMgungundlovu has shown a decrease in number of sexual assault cases reported but other Districts are above 20% of sexual assault cases. <p>The uThukela Mayor stated that the synthesis report was a true reflection of uThukela District performance, the Mayor then re-iterated the need to prioritise the issue of teenage pregnancy prevention. Part of other activities, is to ensure that children are receiving the ARV's. They are prioritising the issue of teenage pregnancy and breastfeeding. Infant death is still high in UThukela district.</p> <p>The uMkhanyakude Mayor reflected on the District which is leading in MMC and HIV testing. However, the high number of areas where uMkhanyakude is not doing very well. He stated that the OVC results are not a true reflection of uMkhanyakude. The Mayor stated that a 100% of LACs are submitting their reports. He further reported the lack of commitment from the politicians in OSS. To address this uMkhanyakude District will be having Imbizo targeting Councillors especially those who support War Rooms</p>	<p>Teenage pregnancy to be presented at the next PCA.</p> <p>Vulindlela project by CAPRISA to be presented at the next meeting</p>

	<p>where they will be orientated on OSS.</p> <p>The Zululand Mayor sincerely apologised for not showing up in the previous PCA Meetings. He then reported that they are doing well in terms of OVC's receiving care and support and even exceeding their target. With regard to the high rates of teenage pregnancy, he supported the recommendation that they need to develop a plan to reduce teenage pregnancy. He further mentioned that Zululand is one of the poor Districts in KZN and that this could be one of the main driver of high teenage pregnancy. He raised a concern that there is a high number of learners who are on drugs. With regard to increasing infant death at facilities he regrettably agreed with the results. They need to mobilise Amakhosi take a lead on MMC.</p> <p>Dr Dhlomo raised a concern regarding the PMTCT programme performance that is decreasing, as performance shows an increase in the 10 weeks PCR positivity rate from 0.5% in the previous quarter to 1% in the current quarter.</p> <p>Amajuba: The Amajuba Mayor highlighted few areas that are important, he indicated that he was not pleased with learner pregnancy data which was not submitted to Secretariat in time, he then presented a district report for Amajuba and indicated that OVC number is decreasing. The following indicators showed an increase during the quarter in sexual assaults of 12 year olds, learner pregnancies and number of clients testing HIV positive.</p> <p>Uzzi suggested that presentations be limited to a specific time so that when the presenter exceeds, he/she is stopped.</p> <p>ILembe: The Mayor confirmed the improvement on registered OVC's who received</p>	
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	<p>care and support because there are number of programmes that the district is involved in, however, there is a shortage of care workers so they are unable to cover all the wards in the districts.</p> <p>In terms of Learner pregnancy, it is decreasing as indicated there is a problem with data collection. Action plan is in place to improve the statistic in order to report accordingly. They hope for improvement on MMC moving forward. Maternal deaths increase due to teenage pregnancy, mix feeding, defaulting on treatment and not booking early for ANC.</p> <p>UMgungundlovu:</p> <p>The HIV and AIDS Coordinator, Mr Lesley Sakuneka, presented on behalf of uMgungundlovu District Mayor, he indicated that OVC registration is doing well. Taxi rank outreach conducted to reach more men for HIV testing. Dreams project targets young women and girls. Civil society is working well with other structures. The district recently trained WAC's that will work in collaboration with War Rooms. He also stated that the district has challenges with budget constraints. Participation of other departments has been very challenging but remain appreciative of the participating departments.</p> <p>EThekwini:</p> <p>The eThekwini Mayor mentioned challenges with the issue around contract workers, sexual assaults and maternal deaths. EThekwini needs to increase and strengthen their campaigns in awareness, otherwise she is quite happy with the presentation.</p> <p>Mr S Nzimande stated that he is happy about their presentation however, sexual assault cases remain a problem in higher education and this needs an intervention. We would like to see the plan of action moving forward but it is something that is quite alarming.</p> <p>Dr Dhlomo indicated that eThekwini is recording the highest number of maternal deaths, the reason for that is that Durban is a big city, some of these might be the referrals, and there is a need to locate municipalities</p>	
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<p>2.2 Civil Society report</p>	<p>where the referrals are coming from and the reasons for maternal deaths.</p> <p>King Cetshwayo: The Mayor Mkhulisi indicated that in terms of learner pregnancy there is no data at the moment but will engage with Department of Education in closing those gaps. In terms of sexual assault there is an increase but will strengthen awareness campaigns in partnering with other stakeholders.</p> <p>UMzinyathi: The Mayor indicated that they see a slight improvement on their report. The District is also liaising with Amakhosi, using izimbizo to convey the messages, doing all it can, to address the issues of Antenatal Care (ANC) and also holding campaigns.</p> <p>Dr Dhlomo requested that in our next meeting, the Office of the Premier presents teenage pregnancy and the consequences thereof on economic, social and physical challenges for teenagers.</p> <p>Ms N. Mkhize gave a summarised version of the Civil Society Report. She further highlighted the following:</p> <ul style="list-style-type: none"> • She saluted Mr S Nzimande and Mr P Mdletshe for having participated in International Leadership Visitors Programme supported by United State. • Mr U Mpungose, Civil Society Sector member, represented us at the Ghana Youth Conference in August 2017 and he came no.3 in the whole country, out of 200 young people. <p>Hon Premier commended a comprehensive Civil Society report and allowed comments from the floor.</p> <p>Comments;</p>	
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	<p>Uzzi, on behalf of the youth sector, commended the Department of Education for distributing sanitary pads for young girls in schools, he also requested that School Governing Body (SGB) representatives be invited in the PCA meeting so that they will be cap in order to engage with parents.</p> <p>Hon. Premier thanked the MEC Education. He said DOE needs to be engaged to configure what their current SGB structural arrangements are and then look at how they could be fitted in. Otherwise, this is not an issue for debate but we all think this is a very good suggestion.</p> <p>Ayanda Ngcobo from the youth sector raised a question to the Department of Education saying there is a high rate of school dropout, is there anything done, is there any follow-ups made with these learners on what causes them not to come back to school? The high dropout rate increases youth unemployment and poverty in the community.</p> <p>Hon. Premier indicated that this is a challenge that the youth is engaging the government on and suggested that the DSD respond on behalf of the Social Cluster.</p> <p>HOD: DSD, Ms Khanyile responded on the issue of teenage pregnancy and school drop out that it is a concern on government. She said the Social Cluster particularly DSD, DOE and DOH have agreed that they will have an integrated intervention in schools where there is high prevalence working with Operation Sukuma Sakhe Unit in the Office of the Premier.</p> <p>DSD has identified through the PCA the four Districts where there is high prevalence of teenage pregnancy (King Cetshwayo, Zululand, UMkhanyakude and Ugu). Service providers have been called upon to do a comprehensive profiling of the teenagers who are pregnant. The data is available from the DOH. DSD wants to prevent recurrent pregnancy working with the Department of Health and they also want to find out about these children who are falling pregnant if they have parents or not, so that if they do not have parents, then that becomes the function of DSD to</p>	
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	<p>support them through various programmes including a programme called Isibindi model which is a community based programme. The other stream is profiling, will look at who are the fathers of these kids born by the teenagers so that they are roped in and make sure that they participate in the upbringing of the children and alleviate the burden from the state to pay support grant where these fathers can afford. Hon. Premier encouraged the interaction by the Social Cluster with the youth sector that is part of this Civil Society Forum to improve the efforts directed at dealing with teen pregnancy.</p> <p>MEC Education supported the Premier's comments and indicated that there are a number of programmes that they are running such as Soul Buddyz etc. The issue is to make sure that these programmes get into the lowest level on the ground. There is no discrimination in terms of the system whether one is pregnant or have given birth. It's very open but what is lacking is the involvement of the parents. As mentioned earlier there is really a need of the engagement of SGB's ensuring that they understand their role so that the parents can be more active in the education of their children who are the learners at school.</p> <p>Hon. Premier thanked the Civil Society report presentation and also the work that has been done by district support partners.</p>	
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SECTION 3 STRATEGIC MATTERS		
ITEM	DISCUSSION	RESOLUTION
3.1. Implementation of Department of Basic Education HIV and AIDS Policy	<p>HIV and AIDS policy by Dr EV Nzama</p> <p>Dr EV Nzama greeted and introduced his colleague Dr Chonco from DOE who was going to</p> <p>Present a policy on the implementation of the department of basic education - HIV and AIDS policy.</p> <p>Hon. Premier clarified that the presentation for today will highlight the main features of the policy but the policy itself will be tabled so that sectors can interrogate it.</p> <p>At the next meeting we can start engaging and hear what the inputs are, even though it is a National policy but we also need to hear stakeholders input in the Province, find their wisdom and see what they have to say about the policy.</p> <p>Dr Chonco presented the highlights on the policy and also mentioned that the policy is aligned to the National Strategic Plan for HIV and AIDS, STI, and TB 2017-2022.</p> <p>The policy focuses on four main areas that is addressing HIV and AIDS, STI, TB and unwanted learner pregnancy.</p> <p>The chairperson thanked Dr Chonco and further mentioned the need for each sector to thoroughly interrogate the policy and for stakeholders to identify their respective roles within the policy.</p> <p>Comments and Questions on policy</p> <p>HOD L. Magagula thanked the presentation on the policy and the fact that in their projects it does not violate anything that they need to achieve as far as Global fund is concerned. He indicated that he hopes that the policy will assist in King Cetshwayo District to pick up speed because</p>	Stakeholder engagements on the policy.

	<p>they are so behind and running a risk of losing the grant allocation from Global fund. HOD Magagula urged the DOE to start consultations in King Cetshwayo.</p> <p>Ms H Ally, on behalf of Islamic Medical Association, requested that DOE needs to involve the Muslim Society and would like to be part of the team who will present to the Muslim Society.</p> <p>Ms D Khumalo, from Office of the Premier commended the policy that it is a positive step, especially because it accommodates health and wellness and it considers the spiritual aspect of HIV and AIDS.</p> <p>Mr U Mpungose applauded the policy and will therefore take it to their level as the youth and that the Muslim Society needs to assist in implementing the policy at Muslim schools.</p> <p>He mentioned that the Mayors promised to assist Civil Society at the district level in terms of budget allocation but no Mayors mentioned this during their presentations. Lastly, he requested that they be employed permanently in order to carry out their duties effectively and efficiently, also to be motivated to work harder as they love their Civil Society work.</p> <p>Hon. Premier applauded the achievement obtained by Mr U Mpungose because it is not for an individual but the Province of KwaZulu-Natal. He also requested that we need to have a method of reporting and that Dr Ndlovu should draft a submission in collaboration with Youth Directorate so that they can accommodate the youth sector.</p> <p>MEC Dhlomo supported Ms H Ally by saying the issue of the acceptance of vaccination amongst the Muslim community is a challenge. He said there are 4 countries in the world that do not accept vaccination of children. The involvement of the Islamic Medical Association and all the people who have this cultural belief is going to be extremely helpful but also we should not undermine the Catholic community. This is a very good policy but there is still a need for wider consultation. The chairperson also raised an issue about cultural diversity and the need for</p>	
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	engagement with different sectors through dialogues.	
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SECTION 4 METIONS AND CLOSURE		
ITEM	DISCUSSION	RESOLUTION
The Chairperson Closing remarks	<p>The chairperson thanked all who contributed and further noted the improvement of Mayors attendance except two Districts (Ugu District and Harry Gwala) are not present. He further expressed his concern that whilst Mayors attendance improved, there is poor attendance among MEC's. A number of MEC's had tendered apologies, MEC Dube was released two weeks ago due to a certain challenge as well as MEC Sithole-Moloi who was sick. MEC Thusi is at NCOP on behalf of the Premier and MEC Zikalala was released by Government to engage with International guests on behalf of the Province. MEC Pillay was also sick and was released from the PCA Meeting.</p> <p>MEC Kaunda requested to be released early to meet some delegates who were going to arrive at the airport. MEC Scott, no formal apology was received, whilst on the point her apology was tendered.</p> <p>The Hon. Premier also indicated that they will check thoroughly as to which HOD's tendered apologies and which did not, the same with Municipal Managers because we should not single out one sector. He further encouraged everyone from government to participate because Civil Society has always been efficient in attending.</p> <p>The chairperson requested the District Mayors to improve on the submission timeline and not be allowed to submit after the deadline or in the PCA Meeting but he also thanked them on behalf of the Provincial Council in AIDS that they have got 100% submissions.</p>	

	<p>He encouraged the Zululand, UMkhanyakude, EThekweni and UThukela Districts to strengthen their programmes and work very hard to improve on the OVC's. DSD HOD was requested to assist these Municipalities.</p> <p>In terms of Learner pregnancy and teenage deliveries, champions must play their roles because their role can strengthen the functioning of District AIDS Councils (DAC) as well as other programmes. DSD, DOH and DOE should avail necessary information to engage on strengthening efforts on teenage pregnancy especially learner teenage pregnancy. In MMC, there can be a lot done on strengthening that area.</p> <p>Regarding sexual assault statistics, HOD for Community Safety and Liaison was not in the meeting but HOD for Transport who works in the under same Ministry was present therefore will inform the HOD Community Safety and Liaison on resolutions taken. Community Safety and Liaison must work with the DSD and Social Cluster as a whole in addressing the sexual assault cases. District Mayors must also get involved in the issue of sexual assault cases. There must be a thorough analysis of what is happening in each ward because if we do not monitor and coordinate reports, we will come back to these platforms yet see minimal improvement where a lot had been done. Dr NI Ndlovu, Ms T Ngwenya and the team must work towards clarify the role of moral regeneration in addressing HIV and sexual assault prevention.</p> <p>He said we must make the funding of programmes a key issue for discussion and debate. He also said there are two sources of funding and that is donor funding and self-funding. He appreciated funding and donor generosity but funding must relate to the effectiveness of our programmes. Within that funding, what assistance goes to Civil Society?</p> <p>Hon. Premier's closing remarks; The chairperson thanked all the partners present, NGO's, those that are still present and already left. The United Nations Population Fund was also thanked by the chairperson for their presence.</p>	<p>DCS and L, DSD, Social Cluster and Mayors to address the sexual assault cases.</p>
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	<p>The Mayor of King Cetshwayo was requested to close in prayer.</p> <p>The next PCA meeting to be on 8 November 2017</p> <p>Meeting adjourned at 18h11</p>	
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BY THE PCA CHAIRPERSON: (Signature) (Date

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