

HIV/AIDS STRATEGY
for the

**MOSSEL BAY
MUNICIPALITY**

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Draft HIV/AIDS STRATEGY FOR MOSSEL BAY MUNICIPALITY

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PART A: INTRODUCTION

1. Background

The Education and Training Unit, with financial support from USAID and SIDA, is able to offer assistance to South African municipalities to develop a strategic plan for coping with the consequences of HIV/AIDS in their areas. Local government is ideally placed to facilitate greater co-ordination at local level to ensure that the municipality, councillors, provincial and national government services, non-government organisations (NGOs) and the community work together to effectively address issues like public awareness education, care for people with AIDS and for AIDS orphans. While municipalities cannot be expected to provide all these services, they should play a pro-active role in ensuring that the needs of the community are addressed, that existing services are co-ordinated and other available services are accessed or developed.

The Mossel Bay Municipality has identified the issue of HIV/AIDS as a priority and welcomed the opportunity presented to them. The Mayor, Councillor Andre Nel, Municipal Manager, Mr C Zietsman and the Director of Community Services, Mr Colin Puren provided leadership and commitment to bring together the relevant stakeholders to discuss the challenges posed by HIV/AIDS in Mossel Bay. The thorough preparation done prior to the workshop by the municipal health department under the leadership of Mr Dan Joseph laid a solid foundation. The following draft strategy document is the result of the participative planning session held in the Mossel Bay Library Hall on 21-22 May 2002.

2. Why should the Mossel Bay Municipality address the issue of HIV/AIDS?

Quote from UNAIDS/WHO – AIDS epidemic update December 2001:

*“AIDS has become the biggest threat to the continent’s development and its quest to bring about an African Renaissance.
Most governments in sub-Saharan Africa depend on a small number of highly skilled personnel in important areas of public management and core social services.
Badly affected countries are losing many of these valuable leaders and managers to AIDS. Essential services are being depleted at the same time as state institutions and resources come under greater strain and traditional safety nets disintegrate. In some African countries, health-care systems are losing up to a quarter of their personnel to the AIDS epidemic.
People at all income levels are vulnerable to these repercussions, but those living in poverty are the hardest hit.
Meanwhile, the ability of the state to ensure law and order is being compromised, as the epidemic disrupts institutions such as the courts and the police. The risk of social unrest and even socio-political instability should not be underestimated”*

Keynote Speakers at this Mossel Bay Municipal AIDS Strategy Workshop emphasised the following points:

- **Deputy Major Cllr A Domingo, on behalf of the Mayor:** *HIV/AIDS is a reality. It is with us and is a world-wide phenomenon. It has already had a*

negative impact on our economy and the pressure as a result of the increase in HIV/AIDS is being felt in our health facilities. Tremendous pressure is being placed on families and communities. From 1992 to 2001, new cases of HIV/AIDS diagnosed in Mossel Bay have increased from 3 to 357 per year. In the year 2001 there were about 40 AIDS related deaths known to our professional staff. The total number of people in our area known to be infected with HIV stands at 936 and the total number of known AIDS related deaths in the past 10 years is 101. These numbers alone are alarming and challenge us to work together to develop strategies and plans for future action.

- **Generally, participants in the Mossel Bay HIV/AIDS Strategic Workshop agreed that:** HIV/AIDS can affect anyone. However, it is clear that it is spreading faster to people who live in poverty and lack access to education, basic health services, nutrition and clean water. Young people and women are the most vulnerable. Women are often powerless to insist on safe sex and easily become infected by HIV positive partners. When people have other diseases like sexually transmitted diseases, TB or malaria, they are also more likely to contract and die from AIDS.

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

- We cannot begin tackle this epidemic unless we can **break the silence** and **remove the stigma [shame]** that surrounds it. As elected representatives in communities, councillors have to provide leadership on how to deal with AIDS, working closely with community-based organisations (CBOs) and professionals.
- The fight against HIV/AIDS has to happen on two main fronts - **prevention** and **care**. To prevent the spread of AIDS we have to educate people on how to prevent infection. We also have to change the social attitudes that make women vulnerable because they cannot refuse unsafe sex from a partner and the attitudes among some men that lead to woman abuse and rape. Poverty alleviation and social development are also important programmes that will limit the spread of HIV/AIDS.
- **The Western Cape Government declared in its 2002 Budget that one of the key elements in the Provincial strategy is:**
 - To fight HIV/AIDS and other diseases in a co-ordinated and comprehensive manner which includes the provision of anti-retroviral drugs, lifestyle intervention and sustained action against poverty.*
- AIDS can reverse all the progress that has been made in our country towards building a better life for our people. National and provincial governments cannot fight this battle alone. They can provide health and welfare services, development programmes and information. However, **the municipality, together with community organisations on the ground, have to provide the strong, decisive leadership and direction that will lead to real change in people's attitudes and behaviour.** The Municipality is also ideally placed to identify the needs of people in the area and to co-ordinate a coherent response to those needs; it can engage with civil society, other government departments, as well as employers, schools, churches and other institutions to

make sure that everyone works together to combat the spread of HIV/AIDS and to care for those affected by the disease.

3. Important facts to know about HIV/AIDS in South Africa

AIDS affects millions of South Africans. It is estimated that more than 4 million South Africans are HIV positive and about 5 000 people die every week. Infection rates differ from region to region and in rural Kwazulu-Natal, it may be over 25% in some areas – one in every four adults.

The research to measure how common HIV/AIDS infection is in South Africa is done among pregnant women who visit state health clinics. The infection rates quoted below are for those women. One can assume that many of the men who are partners to these women are also HIV positive but, if a province has a 10% infection rate amongst pregnant women, it probably has around a 5% infection rate among the population as a whole. Figures released in 2000 indicate that the infection rate amongst pregnant women in the Western Cape is about 7.1%, and in the neighbouring Eastern Cape is about 18%.

Clear statistics for the number of "AIDS orphans" are not available since AIDS is not recorded as a cause of death on the death certificates of people who die because of AIDS. Estimates are that in the middle of 2001 around 250 000 South African children had been orphaned because of AIDS. This will probably increase to around 2 million by 2010. Life expectancy in South Africa (the number of years the average person will live) is expected to go down from a high of around 60 years in 1994 to just over 40 years in 2005, if the current trends are not halted and reversed. Most of the people who are dying from AIDS are women between the ages of 18 and 40 and men between the ages of 30 and 50. This means that the most vulnerable groups are women of child rearing and economically active age and men in their economically productive years. A recent statement by the Head of the Metropolitan Life AIDS Research Unit states that evidence is showing an increase in the mortality rate of workers between the ages of 25 and 40, and the 20% of the economically active 16-59 age group is infected. **This has potentially severe implications for our economy and our society as a whole.**

2. The response of African Municipalities

An alliance of Mayors and municipal leaders in Africa, together with the United Nations Development Programme, has developed an African Mayors' Initiative for Community Action on Aids at the Local Level. (AMICAALL). South Africa is one of 17 countries that adopted a declaration in Abidjan in 1997 to develop a response by municipal leaders to HIV/AIDS. The declaration recognises that municipalities and councillors are the political leaders closest to the people and are responsible for addressing local problems. It states that local government Mayors, Councillors and Officials have a vital role to play to:

- provide strong local leadership on the issue
- create an openness to address issues such as stigma and discrimination

- ❑ co-ordinate and bring together community centred multi-sectoral action plans
- ❑ create effective partnerships between government and civil society.

In our country, SALGA and provincial associations including WECLOGO will provide support to implement this AMILCAALL resolution in South Africa.

South Africa has also established a National Aids Council and each province has a Provincial Aids Council to help provide support and co-ordination of AIDS initiatives. In many provinces, District Aids Councils are now being set up. At a local municipal level Aids Forums or Councils do exist in some areas, providing a good vehicle for expansion and co-ordination of the local campaign.

SALGA recommends that each municipality should decide what option best suits the local situation to achieve the following goals:

- ❑ bring together the key stakeholders in civil society and local government
- ❑ ensure that there is a coherent HIV/AIDS strategy in place for the municipal area
- ❑ provide some cohesive structure to co-ordinate and manage the delivery of services to those most affected
- ❑ avoid duplication of resources and services
- ❑ mobilise agencies and volunteers to provide awareness, education and care.

PART B: PRESENT SITUATION IN MOSSEL BAY AND POSSIBLE FUTURE SCENARIOS

2. Statistics

Mossel Bay is near the South-Eastern edge of the Western Cape, the province least affected by HIV/AIDS at this stage, but on a main migration and transport route from the Eastern Cape, which has a much higher infection rate. In 1990, 1.6% of antenatal clinic attenders in the Western Cape tested HIV positive. Provincial figures from the antenatal clinics have risen to 7.1% in the year 2000 with an overall 3.5% of the provincial population being estimated as HIV positive. Ante-natal testing of pregnant women at public clinics will begin in June 2002 and staff training is now being completed. The so-called "rapid test" statistic for people who have volunteered to be tested is 20% HIV positive. **Whilst these figures cannot be used to obtain an accurate infection rate for the Mossel Bay municipality, they together with other factors indicate an increase in the rate of HIV infection, similar to trends elsewhere in the country. More accurate and actionable statistics need to be developed urgently.**

Sr Tonny Heckroodt, Chief: Comprehensive Health Services and other Mossel Bay health professionals emphasised that the two HIV programmes with which the Mossel Bay Municipality is involved are excellent examples of the proactive way to handle the growing challenges of HIV/AIDS. The mother-to-child transmission (MTCT) programme's main aim will be to reduce the occurrence of transmission of the virus from mother to baby by 50%. The Voluntary Counselling and Testing (VCT) programme provides a counselling and testing service for about 230 people a month, of which 20% have tested HIV positive in recent months. This service, as well as the soon-to-be-launched MTCT programme and help provided to people with advanced AIDS at Community Health Centres are all essential, in the light of the following trends over the past ten years:

Year	New HIV cases	AIDS deaths
1992	3 (all males)	0
1998	131 (79 female; 52 male)	7
2001	357 (219 female; 138 male)	40
2002 (Jan - March)	88	

Total cases currently on register in Mossel Bay area: 908 (373 males, 535 females) of which 28 are children up to 5 years old.

Total estimated AIDS related deaths in the period 1992 - March 2002 is 101.

Five lay counsellors are currently trained and operational in clinics (9 by end June 2002).

Ten home-based care (HBC) workers are trained and currently caring for terminally ill patients, including people with AIDS. Transport and support systems are needed, and more males must be encouraged to participate.

3. Projected future scenarios impact of AIDS on the Mossel Bay municipality

1) On individual families affected

Family members of people living with or dying from HIV/AIDS are badly affected by the disease. People who are dying are usually breadwinners and parents. This means that children are often put in the role of caregivers of those who are ill and at the same time have to find ways for the family to survive financially. If both parents die, children are left heading households and looking after younger siblings.

Children not only lose financial security, but also very often lose their mothers who are their primary emotional caregivers. In most families affected by AIDS, teenage girls are the first to step into the mother's shoes and to take over providing and caring for the family. This means that girls have to leave schools and lose a chance of getting an education that could lead to better economic activity and employment in the future.

Families are also affected by higher costs associated with the disease - both the caring for the ill and for burying them. Many Mossel Bay families spend a large percentage of their annual income on paying for funerals ... especially when they choose to have the funerals in the Eastern Cape, for family and cultural reasons.

Mossel Bay families also suffer because of the loss in income and the loss of productive time that members who are caring for the ill can spend outside the home. The additional stress of looking after someone who is ill and dealing with the emotional trauma of a parent or relation dying can put a great burden on the psychological well-being of family members. At the best of times, losing a parent is a difficult thing for a child to deal with. **When it happens in an atmosphere of insecurity, financial problems and surrounded by the stigma, secrecy and suspicion created by AIDS it becomes even more difficult.**

2) On the Mossel Bay community

The poorest communities in our municipal area are often the ones that are expected to carry the heaviest burden because of HIV/AIDS. It is in poor communities where more people die and where relatives, neighbours and grandmothers are expected to provide the extra care, money and food needed by AIDS orphans. The burden of looking after the ill, who cannot afford medical care also falls on the poor. While so many people are dying from AIDS, poor families are getting bigger because those families that are intact often take in children who are related to them who have lost their own parents. **It is in the poorest communities where orphans also pose a potential threat in terms of social stability.**

Children living in child-headed households or on the streets lack adult parental guidance, support and discipline. Out of desperation, they may turn to crime. There are already some areas in our country where orphans and old people outnumber the economically active adults.

3) On the Mossel Bay economy

Several leading Mossel Bay employers were represented at the workshop. Typically families first feel the economic effects of AIDS. Almost all families with relatives dying of AIDS have a decreased income because the affected person may have been employed or because another person may have to leave employment to become a caregiver. At the same time, there is an increase in the family economic burden because of the need for medication and care and the high cost of funerals. This also affects the Mossel Bay economy on a bigger scale. The fact that many families have a decreased income and increased spending on funerals and healthcare means that there will be less money in the consumer economy in our municipal area.

The local economy is also affected by the rate of absenteeism of people who are ill or people who are caring for those who are ill. In the longer term, the economy will be affected by the fact that trained and skilled workers will die and that it will cost a lot of money to replace people in terms of recruitment and training. There will also be a reduction in the number of skilled workers available in our economy. This point was strongly made by the employer representatives, including Petrosa, Nestlé and the Municipal Council.

Ultimately, as less money is available in the economy, there will be a decrease in savings and investments. Banks will have less money available to lend and this will drive up the cost of borrowing money. This will have a direct effect on government's ability to invest in infrastructure. Government will also be affected by the high expenses of providing health care and welfare for people with HIV/Aids and their families. **Less money will be available in local government coffers for providing basic services. In poor areas, fewer people will be able to pay for basic services and this will affect the local economy and viability of the municipality.**

4) On education in the Mossel Bay area

No specific statistics are currently available for Mossel Bay schools. In most countries in Southern Africa where research has been done, it was found that teachers were among the sectors most affected by HIV/Aids. In Zambia, almost twice the number of teachers are dying from Aids than the rest of the population; and similar trend appears to be evident in South Africa, based on recent research. This decrease in the availability of teachers will have a serious impact on educational standards and opportunities for our children.

At the same time, the demand for schooling will change in areas where child-headed households cause young girls and boys to drop out of school. This decrease in a demand for education does not mean that fewer teachers are needed. In most areas, it simply means that children have dropped out of school and other innovative methods will have to be found to ensure that they get appropriate schooling.

A number of studies in Southern Africa have shown that there is a very high infection rate in young adults at secondary and tertiary institutions. This means that many of the young people who are already receiving a further or higher level of education and who will be the future leaders of our community may die before they fulfil their potential.

5) On the Mossel Bay municipality, service delivery and housing

The AIDS epidemic will change the composition and ages of Mossel Bay residents. This will have implications on the design and structure of future housing and community services. Fewer single units may be required but larger housing units may be needed to cater for extended families.

The increasing number of economically active residents becoming infected or dying will inevitably reduce current payment levels; this will in due course affect service capacity and delivery.

Municipal management and staff will also be affected and productivity may therefore decrease due to increasing absenteeism, loss of skilled staff and higher recruitment and training costs.

6) On our local Health Services

Unless the current trends are stopped and reversed, the increased need for HIV/AIDS-related health care will lead to overcrowding and poorer quality care at local health facilities, both public and private.

Currently the Mossel Bay clinics and hospital are experiencing an increase of attenders presenting themselves with HIV/AIDS related diseases and infections. The increasing queues and the waiting periods at clinics and hospitals will lead to overcrowding and poorer quality care, unless these facilities are strategically expanded and upgraded.

Additional medicines will have to be made available for people who get opportunistic infections. This together with testing, counselling and prevention services that clinics and hospitals have to implement will put an extra burden on both budgets and staff. The trends and budgetary implications (both Capital and Operational) need to be thoroughly analysed and projected for inclusion in the Mossel Bay Municipal Integrated Development Plan (IDP) and Budget.

Local Health services for problems other than AIDS may start to suffer unless IDP planning and budgetary provisions are made. Because of the increased pressure of work, staff turnover in the Mossel Bay area health services will increase and recruitment will become more difficult, as HIV takes its toll on health workers, both through infection and burnout.

7) On our local Welfare Services

The welfare system run by the Department of Social Services is only now beginning to grapple with the consequences of AIDS. Child support grants and foster grants for orphans are available but the take-up rate is not very high. When take-up increases this will put a huge administrative and financial strain on the Department. Social Services

management and staff are actively involved in planning the next phase of fast-tracking and roll-out of their administration, which is to be highly commended.

PART C: PRESENT HIV/AIDS SERVICES AND PROJECTS AVAILABLE IN MOSSEL BAY

Existing Local Projects in the Mossel Bay Area The wide range of existing local projects and services for the 85 000 people in the Mossel Bay Municipal area is captured in the participants' list of 30 delegates to the strategic planning workshop, including national, provincial and local government functions, as well as many active NGOs, employers and community-based organisations. The Piet Julies AIDS Committee, Creating Effective Families (CEF) and ACVV have provided valuable training and care services in several communities within the Mossel Bay area. The opinion was expressed, however, that more effective integration and co-ordination of the various governmental health services, and a closer linkage of TB and AIDS strategy and services will be to the benefit of the whole community.

1. Openness and Awareness

It was unanimously agreed that a largely negative attitude to talking about the HIV/AIDS epidemic and its causes seriously hampers creation of the necessary conditions for awareness of the issues and openness in getting to grips with possible solutions. A stigma is attached to people who are infected, whatever the cause. Most participants mentioned that the veil of secrecy and denial makes it very difficult to identify people or families who may need education or care and support.

Key Gaps

1. There are insufficient examples of openness from Mossel Bay leaders for communities to promote openness about HIV/AIDS, provide role models and to communicate clear messages of awareness and prevention.
2. Community Health workers and volunteers need more promotional/ awareness material and transport to become more effective in their work.
3. Lack of resources, volunteers and co-operative action seriously hampers the expansion of awareness campaigns, particularly in the most at risk sectors.
4. There is minimal culture of voluntary HIV/AIDS counselling and testing within the municipality. Only those that visit the clinics or hospital are encouraged to have themselves tested; this programme needs to be vigorously expanded.

2. Education and Prevention Programmes and Projects

Some education programmes within the municipality are conducted by staff from the municipal clinics, the trade unions, employers, NGOs and CBOs. Several excellent local projects and programmes were highlighted.

Some employer representatives took part in this strategic planning workshop and further information needs to be gathered and shared on what is available in local Workplace

Education or Prevention programmes in Mossel Bay. Concern was expressed that education and prevention campaigns in the local Prison may need to be reinforced. Condoms (male and female) are distributed at the municipal clinics, hospital, and by some NGOs and CBOs. Condoms are said to be available at the truck stop where many long distance drivers stay over. No information is available regarding awareness or usage by sex workers in the Mossel Bay area.

Key Gaps

The consensus reached by participants in the workshop on the current situation in Mossel Bay was that:

3. There is an inadequately co-ordinated approach to primary health care education and promotion of HIV prevention in the municipal area.
4. Education does not reach all people of all ages. Only a limited number of people who use the municipal clinics, hospital or attend HIV/AIDS awareness programmes are being effectively reached at this stage.
5. There is a significant gap in facilities and resources (financial, educational materials and trained volunteers) to ensure effective education on the causes and prevention of HIV infection.
6. Religious groups appear to be inadequately involved in awareness and prevention programmes for their congregations.
7. A strong feeling was expressed that if HIV was declared a "notifiable disease" like TB, this would empower health professionals to counsel sexual partners of HIV positive clients and so limit the risk of spread of the infection. It was agreed to discuss this opinion further, before deciding whether to lobby government to change the current legislation.
8. Treatment and Care for People living with HIV/AIDS

The hospital and municipal clinics offer testing and counselling services. Some counselling, support services and home based care are provided by enthusiastic and committed local NGOs. Various support groups exist within the municipal area for people infected by HIV/AIDS, but co-ordination is often inadequate, to ensure sustained success. The hospital and municipal clinics provide treatment for opportunistic infections.

The secrecy/confidentiality of HIV/AIDS information, coupled with the social stigma attached to sufferers, makes it very difficult to identify people and families who may need care and practical help.

Key Gaps

8. Transport is needed for lay counsellors and home-based caregivers to enable them to be more mobile and productive.
9. More lay counsellors, able to use all three local languages, are needed to cope effectively with the growing numbers of people living with AIDS.
10. Health workers at hospital and clinics are not able to function at full effectiveness without the assistance of support groups including well-trained counsellors.

11. There is a limited database and referral system within the municipal area to channel people living with HIV/AIDS to the appropriate authorities and organisation for the required support and assistance. This is compounded by the fact that there is poor co-ordination between the various service providers in this area of work.
12. There are few programmes that promote wellness and a church-based programme to distribute food to indigent families is on a limited scale, at present.
13. Rape survivors don't have necessary access to support and health services.
14. The need for home-based care is far greater than what is currently available. A programme of further recruitment and training of HBC workers from all communities and language groups (including males) needs to be promoted.
15. The lack of funds and other resources makes the work of NGO and CBO caregiving organisations difficult. A fundraising strategy is required.

9. Care and support of AIDS orphans

The commission dealing with this aspect of the current situation in Mossel Bay indicated that a few AIDS orphans are known of in the municipal area, but there are probably many more. The stigma and ignorance factors probably stop many families from disclosing relevant information. There are few professionals or voluntary groups working in this sector and very limited planning was reported for researching the true facts. The trends elsewhere indicate that AIDS orphans are likely to become street children and ultimately potential criminals or sex workers.

Without further information, appropriate planning for the housing, care and education of AIDS orphans is not possible in Mossel Bay.

Key Gaps

1. Lack of information on the current extent of the need for facilities and care of orphans.
2. Need for families, educators and social workers to know how to expedite grants and to get necessary documentation (e.g. copies of birth certificates, affidavits etc).
3. As further information becomes available, planning of foster care, accommodation and health care facilities must be co-ordinated throughout the municipal area.

PART D: DRAFT STRATEGY FOR FOUR FOCUS AREAS OF HIV/AIDS

Based on the perceptions and needs analysis of the participants in the Strategic Planning Workshop the following strategic goals and priority actions should be considered, to reduce the future impact of HIV/AIDS on the Mossel Bay Municipality and its people.

1. Openness and Awareness

1.1 Problem Statement Too few people in the target groups at grassroots level receive the right messages. To achieve this, the Co-ordinating Forum must define a clear communications strategy to change people's attitudes and behaviour about HIV/AIDS.

1.2 Long term Goals (by June 2005)

- The goal is to have a 100% informed community, which
 - knows about the causes and effects of HIV
 - knows where to find information and help
 - is committed to being involved in fighting AIDS, through community and personal responsibility

1.3 Short term Objectives (by June 2003)

- Implement a range of community communications programmes through local media, e.g. Advertiser, Review, church and club newsletters, community radio.
- Focus on changing the sexual activities of teenagers through information and awareness campaigns in our 7 public and private high schools and the technical college. The objective is to delay sexual activity from current age 14 to age 16 at least.
- Draw up a financial budget and seek funding for these objectives.

Action Steps (by June 2003)	Broad Approach and Leadership	Target Date	Existing and needed resources
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Create a Co-ordinating AIDS Forum	Broaden the representation and scope of the Piet Julies AIDS Committee	end June 2002	All delegates to participate

Action Steps (by June 2003)	Broad Approach and Leadership	Target Date	Existing and needed resources
2. Contact 7 high schools and tech college for awareness and training	Meet with principals and staff to gain commitment and co-ordination	Begin by September 2002, complete by March 2003	Identify 10 learners per school as peer counsellors in terms of information and training. Use CEF for counselling skills training.
3. Target 5-9 year olds in 13 primary schools	Use "poppekas" (puppets/ dolls) to create awareness of body functions and respect for body, blood and body fluids.	Begin by end 2002	Consult with school principals and staff to develop programme. Total estimate R50 000
4. Review Progress and set new objectives		June 2003	

2. Education and Prevention

1.4 **Problem Statement** There is a serious lack of comprehensive and relevant information which needs to be communicated to all sections of the community, especially vulnerable groups.

1.5 Long term Goal (by June 2005)

- All residents of Mossel Bay municipal area must be properly informed and educated about the causes and prevention of HIV/AIDS.

1.6 Short term Objectives (by June 2003)

- Identify and train key stakeholders and leaders in all sectors of the community, especially the main target groups.
- Develop a Train the Trainers Programme with community teams in all areas, linked to an Education and Prevention Task Team.

Action Steps (by June 2003)	Broad Approach and Leadership	Target Date	Existing and needed resources
1. Identify and train key stakeholders and leaders in all sectors of the community	Led by Mossel Bay AIDS Forum and Municipality - select existing and potential roleplayers in target areas and organisations, including:	Identify main roleplayers by July 2002 and begin education programmes soon thereafter	

	youth, churches, service organisations, NGOs, drug dealers, employers, unions, civics, creches and prisons.		
2. Develop a Train the Trainers Programme with community teams in all areas, linked to an Education and Prevention Task Team	Training workshops in various sectors and areas; information packs to be provided to all trainers.	Begin July 2002 Complete before June 2003	Estimate between R50/100 000 for pamphlets, video and audio tapes. Seek funding from Council and Dept of Social Services. Focus use of NGO funding. Seek advice from local marketing consultant.
3. Review Progress and set new objectives		June 2003	

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

3.1 Problem Statement

There are only 10 home-based carers for people living with AIDS in the whole Mossel Bay municipal area; and there is no support system for people tested HIV positive.

3.2 Long term Goals (by June 2005)

- To provide effective support and care for all people living with HIV/AIDS in the greater Mossel Bay community.

3.3 Short term Objectives (by June 2003)

- Train 12 volunteer counsellors.
- Recruit and train 3 support families, in KwaNonqaba, D'Almeida and Great Brak River. Selection criteria will be formulated and the families will be part of a monitoring and supervision support structure.

Action Steps (by June 2003)	Broad Approach and Leadership	Target Date	Existing and needed resources
1. Arrange training for volunteers	To be led by competent NGO eg CEF	Start by August 2002, Complete before June 2003	Recruit and select 12 volunteers from target sectors
2. Recruit 3 support families, in target communities	Arrange recruitment and selection through AIDS Forum	By September 2002	Consult community structures for selection process
3. Arrange training and	Develop NGO capacity for training and support	Training and support in	

ongoing support for 3 families		place by September 2002	
4. Families of dying patients to arrange for wills, housing transfers and other practical issues	AIDS Forum to produce Information Pack for families	By December 2002	
5. Arrange ongoing fundraising	Co-ordinate through AIDS Forum	From August 2002 ongoing	R50 000
6. Review Progress and set new objectives		June 2003	

4. Care of AIDS Orphans

1.7 Problem Statement

The current lack of an information system makes it impossible to identify the actual number of AIDS orphans in the Mossel Bay Municipal area, and to plan effectively for their future needs, including housing and care.

1.8 Long term Goal (by June 2005)

- To develop and implement a system that will identify the numbers and locality of AIDS orphans so that their current and future needs can be analysed, planned for and met.

1.9 Short term Objectives (by June 2003)

- Develop a database of role-players involved with orphans, in order to plan and co-ordinate needs and facilities.

Action Steps (by June 2003)	Broad Approach and Leadership	Target Date	Existing and needed resources
1. Initiate a database of service providers involved with orphans and child care	Mossel Bay AIDS Forum, Mayoral Office and social service providers	Start by July 2002 (link with other AIDS Forum publicity and database work)	AIDS Forum Mayoral Office publicity and Municipal newsletter.
2. Arrange with Social Services Dept to prepare a co-ordinated needs analysis and service plan, including alternative care	Co-ordinate through Social Services and healthcare sector. Fast track administrative processes. Arrange for parents to make a will and	Processes in place by August 2002	Provincial/municipal social services and other departments

programmes	transfer house, finances and other valuables		
3. Develop and implement care programmes	Implement fostercare selection, training and monitoring programme	Implement from August 2002, review monthly at Forum meetings	Social Services Dept expertise, supported by local NGOs and religious groups.

4. Establish support group for foster parents	Led by Social Services and specialist NGOs	Establish by August 2002, review monthly at Forum meetings	
5. Maintain and support data bank of child-headed families	Led by Social Services Dept	Ongoing from August 2002	Liaise with Nicolette van der Walt for information base
6. Ensure security of orphans and child-headed families	Municipal Council to ensure security of tenure in municipal housing	Resolve legal issues by Sept 2002	
7. Review Progress and set new objectives		June 2003	

PART E: IMMEDIATE WAY FORWARD AND CAMPAIGN CO-ORDINATION

Because of limited time and representation of Mossel Bay's community groups, businesses and government agencies at the initial Strategic Planning Workshop, it was agreed that a more in-depth action planning session should be convened by the Mayor, Municipal Manager and Task Team, with representation from all key sectors and communities. It is also recommended that Council adopt this report and confirm their full commitment to cost-effective implementation of a co-ordinated AIDS Forum and strategy in the Mossel Bay Municipality.

The above draft proposals should be carefully reviewed and refined and an AIDS Forum Task Team nominated to take the action planning forward. Whatever specific organisational action plans are agreed, the following key principles are recommended:

- Expansion of the Piet Julies AIDS Committee or launch of a new Mossel Bay AIDS Forum, representing all stakeholders.
- Specific focus / action groups for e.g. education, awareness, care, youth, business, women's groups, religious groups, etc.
- Visible public support from the Office of the Mayor as Patron of the Forum, so that Municipal officials can be directed to provide necessary professional support and other communities leaders and role models will join the campaign.
- Involvement of professionals, community opinion-formers and service clubs (e.g. Councillors, political leadership, religious leadership, sport and cultural leaders, youth leaders, medical and traditional healers, Rotary, Round Table etc.).

Suggested deadline date for Mayor / Task Team to convene Forum planning session: 30 June 2002.

Thereafter, liaison and co-ordination between Mossel Bay and the neighbouring municipalities of Plettenberg Bay, Knysna and George is strongly recommended, as similar needs and strategies have emerged in their strategic planning workshops which took place during May 2002.

The Education and Training Unit will be glad to facilitate a follow-up/progress review workshop for Mossel Bay, possibly together with these neighbouring municipalities in a "Southern Cape AIDS initiative" in September/October 2002.