

# **ANNEXURE A**

## **Public Participation**

**UBUNTU HIV/AIDS STRATEGY  
20-21 FEBRUARY 2002**

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## 1. INTRODUCTION

### **Why should municipalities address the issue of HIV/AIDS**

HIV/AIDS is the biggest challenge that faces this country at the moment. The rate of infection (currently at around 22 %) is increasing rapidly and people are becoming ill and dying on a daily basis as a result of AIDS. Of all the people who are living with AIDS, seven out of every ten are in sub-Saharan Africa and South Africa has the one of the fastest growing rates of infection in the world. Government and civil society organisations have begun to address the crisis but without a coherent strategy at local level not much success will be achieved.

Municipalities are ideally placed to play a coordinating role to bring all stakeholders working in this area together and to provide the necessary political leadership. Municipalities need a coherent strategy that brings together leaders of all sectors in the community, service providers and welfare organisations to halt the spread of AIDS and to provide care for people living with AIDS and their families.

Individuals, families and communities are badly affected by the epidemic. The burden of care falls on the families and children of those who are ill. Often they have already lost a breadwinner and the meagre resources they have left are not enough to provide care for the ill person and food for the family.

Children who are orphaned are often deprived not only of parental care, but also of financial support. Many of them leave school and have no hope of ever getting a decent education or job. These children who grow up without any support or guidance from adults may become our biggest problem in the future.

Most people who are dying are between the ages of 20 and 45 – an age when most people are workers and parents. This has serious consequences for our economy and the development of the country.

Our welfare system may not be able to cope with the number of orphan who need grants. Our health system is already strained to provide basic health care for all diseases and in parts of Kwazulu Natal and Gauteng almost half of hospital beds are taken by people who are ill from AIDS.

AIDS can affect anyone. But 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 AIDS has become 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 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.

The fight against 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 men that lead to woman abuse and rape. Poverty alleviation and development are also important programmes that will limit the spread of AIDS.

To deal with the result of the disease and the social problems it creates, we have to make sure that people living with AIDS get care and support to help them live longer and healthier lives. We also have to make sure that those who are dying are properly looked after. For the children who are left orphaned we have to find ways of looking after them so that they do not become hopeless and turn to crime or live on the streets because of poverty. AIDS can reverse all the progress that has been made in our young democracy towards building a better life for our people. They can provide health and welfare services, development programmes and information. But municipalities together with organisations on the ground have to provide the type of leadership and direction that will lead to real change in people's attitudes and behaviour. Municipalities are also ideally places to identify the needs of people in their area and to coordinate a coherent response to those needs. Local municipalities can engage with civil society, other government departments, as well as school, churches and so on to make sure that everyone works together to combat the spread of AIDS and to care for those affected by the disease.

Mayors and councillors should act as role models for communities and be an example to people. We should take the lead in promoting openness and ending the silence that surrounds AIDS. We should also work closely with people living with AIDS and through our action show that we accept and care for those affected. As political leaders we should use our influence and popularity to mobilise the community and involve volunteers in projects that provide care for people who are ill and orphans.

## **IMPACT OF HIV/AIDS ON LOCAL AREAS**

Municipal planners and politicians constantly have to analyse threats to their areas and changes that can impact on communities and their service delivery needs. HIV/AIDS will affect every municipality in South Africa. Here are some consequences the HIV/AIDS epidemic may have for your municipality and its people.

### **FAMILY LIFE AND CHILDREN**

Family members of people living with or dying from HIV/AIDS are directly affected by the disease. People who are ill or 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 many 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 school and lose a chance of getting an education that could lead to better employment in the future.

Families are also affected by very high costs associated with the disease – both for caring for the ill and for burying them. Many families spend a large part of their annual income paying for a single funeral (up to half in some cases). Families also suffer because of the loss in income because of 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 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.

## **COMMUNITY**

The poorest communities in our areas are often the ones that are expected to carry the heaviest burden as a result 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 – 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 areas in our country where orphans and old people outnumber the economically active adults. This also has serious implications for the elderly who rely on their own children for support in their old age.

## **HEALTH AND WELFARE**

South Africa's health system is not in a position to provide adequate care for everyone who is ill with AIDS. The health system barely copes with diseases in normal times and the AIDS epidemic has put enormous pressure on the availability of services. Many hospital beds are taken up by people who are ill with AIDS. Additional medicines have to be made available for people who may get opportunistic infections because of AIDS and the testing, counselling and prevention services that clinics and hospitals have to implement put an extra burden on both budgets and staff.

The welfare system run by the Department of Social Development is only beginning to cope with the consequences of AIDS. Child support grant and foster grants for orphans are available but the take-up rate is not very high. Once everyone affected

starts accessing these grants the state will have to find a large amount of extra funds to support orphans. This will put pressure on other welfare grants such as pensions. Welfare organisations at local level are also over-stretched as a result of dealing with so many more people in need.

## **EDUCATION**

In most countries in Southern Africa where research has been done, teachers were found to be among the sectors most affected by HIV/AIDS. In Zambia almost twice the number of teachers are dying from AIDS as the rest of the population. This decrease in the availability of teachers can have a serious impact on education. 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 methods will have to be found to ensure that they get back into the mainstream of schooling.

A number of studies have shown that there is a very high infection rate in young adults at tertiary institutions. This means that many of the people who are already receiving a higher level of education and who will have a vital role to play in our economy may die before they fulfil their potential.

## **ECONOMY**

The economy affects of AIDS are first felt by the families. 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 expenses for the family because of the need for medication and care and the high cost of funerals. This also affects the economy on a bigger scale. The fact that so many families have a decreased income and increased spending on funerals and healthcare means that there is less money available for spending in the economy.

The economy is also effected by the high rate of absenteeism of people who are ill or people who are caring for those who are ill. Many workplaces become less productive.

In the long term the economy is 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 training. There will also be a reduction in the number of workers available in our economy. Ultimately when less money is available in the economy there is a decrease in savings and investments. Banks have less money available to lend and this drives up the cost of borrowing money. This will have a direct effect on government's ability to invest in infrastructure. Local government will also find borrowing money more costly.

Government will also be affected by the high expenses of providing health care and welfare for people with HIV/AIDS in their families. Less money will be available in government coffers for providing basic-services. In poor areas fewer people will be able to pay for services and this will also affect the local economy of the municipality.

## **MUNICIPAL IMPACT**

It is very likely that AIDS will have the following direct impact on your municipality.

- a) There will be fewer people living in the area in 10 years than earlier projections.
- b) People will not live for as long as projected (around 40 years instead of 60 years).
- c) Infant mortality will increase because of mother to child transmission as well as a higher death rate orphans who lack parental care.
- d) There will be an increase in the need for health care.
- e) There will be an increase in the need for poverty alleviation.
- f) Existing inequalities between rich and poor areas will become worse.
- g) A large number of orphans will result from HIV/AIDS.
- h) The make up of your population in terms of age distribution will change.
- i) The number of old people who need care will increase since many of them will lose the adult children who may have been helping to support them.
- j) Economic growth will be reduced because of less disposable income being available for spending.
- k) Poor households will have a reduced ability to pay for services, rents and rates.
- l) Productivity in the economy will be affected by increased absenteeism.
- m) It will cost more to recruit, train and provide benefits for employees because of loss of skilled staff.
- n) It is likely that there will be an increase in bad debts.
- o) Municipal employees could be affected on a large scale and this could affect their ability to deliver key services.
- p) Expenditure intended for development may have to be diverted to health and welfare spending.

## **2. THE SITUATION IN OUR OWN AREA**

### **Education, prevention, awareness and openness**

There are very few public education programmes that are being run in the UBUNTU Municipality area for young people but there is no follow up support from parents who simply refuse to talk to their children. There is also the problem of ignorance on the part of parents who do not have the facts and don't know how to talk to their children about sex.

Many young people say they have not yet seen someone dying of AIDS therefore AIDS does not kill – but it is rather diseases such as TB and pneumonia that kill people.

Attitude problem from youth often say that teachers should not talk to them about sex because their parents don't talk to them about it. Due to financial constraints on the part of the health department they no longer have mobile clinics sent to farmers and this has resulted in a rapid increase in the number of unwanted pregnancies and STD's.

The Ubuntu Municipality is also plagued by a high number of teenage pregnancy, which is an indication that they are not practising safe sex. The high rate of STD that the clinics deal with on a daily basis is also a clear indication of carelessness.

Young people in particular do not appear to be very hopeful of the future and need to be encouraged to dream again and to set goals for their lives. The area also has a high rate of alcohol abuse, which often leads to irresponsible sexual behaviour. Unemployment and poverty leads to young women to become sex workers in order to earn money whether they know the person HIV status or not.

The municipality only really has activities on one day in the year on World AIDS Day and furthermore there are not follow ups or implementation of programmes. Teachers do a little bit of education and materials distribution in schools but this has very little impact on student because they show very little interest. The clinics and correctional services run continuous health education and condom distribution programmes but no coordination between stakeholders.

Strategies are needed to reach key target groups such as youth, sex workers, transport workers, farm workers, etc. and to coordinate the work of the various stakeholders. There is also a great need to recruit and train volunteers that can run with these programmes. More affordable educational material and condoms should be accessed and made easily available to communities.

Financial resources are lacking to deploy volunteers to various places such as farms and schools.

There is also a lack of coordination of services and stakeholder programmes. The municipality does not provide enough recreational facilities for the Youth Volunteers need to be trained to implement the education and Awareness programmes and a AIDS support centre should be set up where people can go to access information and assistance.

### **Care for people living with AIDS**

There are only 3 clinics and 2 hospitals in the Ubuntu municipal area to deal with people who are living with AIDS. According to estimates by the District Council about 10 % of a total population of 20 000 are likely to be HIV positive and these hospitals and clinics are understaffed and under resourced and cannot provide an effective service.

There is a serious lack of information that could be made available to sick people.

Stigmatisation of sick people and the silence surrounding the issues leads to increased rates of infection and the situation is further exacerbated by the non-caring attitude of people in the communities.

Unprofessional behaviour of staff leaking information and discrimination of infected people makes it very difficult to encourage people to open up about their status and living positively. Another problem with staff at medical institutions such as the

clinics and hospitals is that many of them are not able to speak Xhosa thereby making communication with the many of the patients very difficult.

Medical facilities do not have sufficient medication to treat particularly the opportunistic diseases. There is not integrated plan to deal with this area of work.

Treatment and care of people living with AIDS should be made more accessible through the establishment of home based care centres and the training of home based caregivers.

Some of the gaps that the municipal strategy will need to address are:

- No volunteer spirit as people are longer willing to work without some form of compensation.
- The various initiatives and stakeholders need to coordinate their work more effectively.
- Staff at the medical facilities need to improve on their professional behaviour and need to make every effort to have people available to communicate in the languages that most people understand.

### **Care for orphans**

Orphans and other institutions that care for orphans are stigmatised and therefore relatives and other members of the community should be encouraged to become foster parents.

Orphans are predominantly from poor areas where there is little or no financial support for these foster parents.

The biggest problem in trying to address the issues around orphans in Ubuntu Municipality is that there are not accurate statistics available so we don't know how big the problem really is.

Most orphans are currently being cared for by grandparents that struggle to look after them on a meagre pension and therefore required additional support and assistance.

The police service in Ubuntu does not have a Child Protection Unit to protect children that through circumstances end up on the street and are subject to all kind of abuse.

Many of these children become criminal juveniles and are given long term sentences due to lack of proper facilities and a lack of a proper rehabilitation programme.

Organisations and government services that work with orphans are not integrating and coordinating their services that could lead to duplication and wastage of resources.

The following are some of the programmes and services available in Ubuntu Municipality:

- People against misuse are currently serving 6 children –lack of funds and human resources: no support from the community.

- Victims empowerment programme – no involvement of role players therefore not effective.
- Assessment programme by social workers once children caught for crimes – shortage of staff.
- Social grant from Department Social Service – identified children do receive the grants but not all.
- 2 social workers and 1 development worker – too few for the area.

Some of the gaps that the municipal strategy would need to address: The broader community would need to be much more involved in the care of orphans.

A system should be developed in order that orphans are easily identifiable. The municipality in conjunction with other stakeholders should make available and access from other sources the necessary financial and material resources. Foster parents should undergo training to capacitate them to effectively look after orphans.

The police services should ensure that they set up Child Protection Unit to look out for the orphans that fall through the cracks and land up on the streets. All community organisations and government services working with orphans should ensure that they work together to care for orphans and to protect their rights.

### **3. THE DISTRICT AIDS COUNCIL**

The Karoo District Aids Council (DAC) was launched in December 2001 and is comprised of all municipalities and sectors that are nominated to the structure. Different NGO's, Correctional Services, SAPS, Health, Welfare, Education Departments, etc. also form part of this structure. Municipalities are represented by their mayors and councillors who should also form part of the local AIDS council in order to ensure effective coordination between the various structures and to ensure that the necessary support can be accessed. The aim of the DAC is to develop a district AIDS plan which will take into account the needs and programmes of the various municipalities in order to provide the necessary support and assistance.

The DAC has realised that everybody wants to do something about AIDS but small organisations and projects are working on their own and are not coordinating their work and can therefore not assess the impact that they are on the linkages between HIV and TB. They have not yet managed to raise the necessary funding but it is hoped that they will be able to get Belgian funds for training of personnel to run the HIV/TB programme. The target of this programme is that 85 % of TB patients should be cured because TB is a curable disease if treated timeously.

In terms of fighting HIV/AIDS the DAC will focus on the following:

- A public education programme and see the schools as playing a very important role in this programme.
- Encourage people to go for testing (rapid testing facilities will be made available).
- Every town should have a facility or clinic where VTC can take place linked to pre-counselling, rapid test and post-counselling (results available within 15 minutes).
- Training of volunteer counsellors (ten-day training programme).

- Care for patients.
- Home based care-taking care of sick people who want to be at home with their families: training of home based caregiver.
- Multi-skilling of volunteers, caregiver, giving medication, other support, counsel and train families to look after patients.
- NGO needed to coordinate the programme – e.g. link Hospice to load home based care programme; link home based caregivers in all areas with Hospice to allow for incentive for volunteer work done.
- Problem with care-giving because of confidentiality policy – caregivers not sure where to provide support.

#### **4. IMPACT OF HIV/AIDS ON OUR MUNICIPALITY**

##### **Statistics**

Statistics for the entire Ubuntu Municipality is not readily available. The following numbers are available only for Victoria West.

Children under 5:	3
Children over 5:	4
Teens under 20:	3
20 – 30:	31
31 – 40:	26
41 – 50:	5
50 and above:	2
Total:	72
Deaths:	27 (known)

Long term implication for health services, welfare, economy, etc.

##### **Health**

It is shocking to note that 90 % of people that HIV positive do not know this and run the risk of infecting others without knowing.

Statistics from clinics show and increase in teenage pregnancy and STD's meaning that people are not using condoms and so more people are becoming infected.

Because people do not have themselves tested and are therefore unaware of their HIV status they do not learn how to manage diseases and illnesses and are dying of curable diseases and opportunistic illnesses. The fact that so many more people are becoming ill puts a strain on particular medical resources.

##### **Economy**

The workforce is in constant need of health benefits and because they are ill more often it also affects productively levels. From statistics available for Victoria West area it is clear that economically active people between the ages 30 – 40 are the ones who are ill and this will kill the economy. It will also lead to more support needed for older people. Orphans who receive a grant of R450 per month also places a huge burden on resources.

## Present services and projects

The only service that is currently available at the clinics is pre-test counselling and testing. There is no proper post-test counselling that takes place. Medical services at clinics are under resourced. There are very few orphans that are placed in foster care by welfare workers. There are no hospice facilities in Victoria West and closest facility is only available in De Aar. Volunteer are required to be trained as home based care on counsellors.

## Key gaps

The municipality and the community have no clear vision of what is expected from them. Limited resources and lack of capacity make it very difficult to provide the necessary support and assistance. There is great need to extend some initiatives of Victoria West to the neighbouring towns within the boundaries of the Ubuntu Municipality.

## 5. STRATEGY DEVELOPMENT

### COMMISSION 1: EDUCATION, PREVENTION, AWARENESS AND OPENNESS

#### Problem Statement

- People are dying of AIDS as a result of ignorance and lack of knowledge.
- Many people particularly the youth in this area have a don't care attitude.
- Many people living in denial about the existence of AIDS and the impact that it will have on their lives.
- There is not effective coordination of activities between the various organisations and initiatives working in this area.

#### Overall Goal

- Reduce the rate of infection
- There should be a visible change in people's attitude and their behaviour
- Everybody in Ubuntu Municipality should know what HIV/AIDS is
- Reduce levels of all violent and sexual crimes against men, women and children in the area.

Short term objectives	Broad approach	Possible partnership	Existing potential resources
Establish coordinating structure	Overall coordinating structure under leadership of mayor Role: ensure that programmes are implemented and that support provided when needed	Municipality, religious groups, community based organisations, schools, correctional services, farmers, association, health, welfare, education, counsellors, home based caregivers.	Municipality, religious groups, community based organisations, schools, correctional services, farmers, association, health, welfare, education, counsellors, home based caregivers.

	Task teams to deal with specific tasks such as education; treatment and care orphans.		
Awareness and public education campaigns	Organise rallies, drama performances, door-to-door campaigns, talks and performances at schools, pamphlet and poster campaigns	Departments of Health, Welfare, District Council, CBO's, National Aids Council, District Aids Council, (DAC) Municipality, Treatment Action	NGO's local business, clinics, correctional services, dept of health, DAC media churches
	Information tables, creative writing competitions	Campaign (TAC), Churches, media	
AIDS Support Centre	Make use of available municipal (hospital) building	Municipality, trained volunteers counsellors	Equipment/furniture donated from schools and municipality educational materials from department of health, welfare and education tea/coffee donated from local business
Training and retraining of volunteers	Training courses, materials and other resources will be provided by the departments of health, welfare and education Hospice	Dept. Health, Welfare, Education, Hospice	Dept. Health, Welfare, Education, Hospice
Education programmes for farm workers	Will negotiate access with farmers associations and deployed trained volunteers to farms	Farmers associations. AIDS counsellors and volunteers	Taxi assoc to provide transport to farms, municipality vehicles, Lion Club
Education programmes for sex workers	Will make use of trained volunteers to run health education programmes with sex workers	AIDS counsellors, volunteers, transport companies	Transport companies, Dept. of Health, Welfare, municipality
Fundraising	Will organise a range of events to raise funds in order to implement the above programmes Examples of events: concerts, disco's, choir competitions, sport tournaments, collections from business people and churches	Schools, churches, municipality, business choirs, youth groups, drama groups, sport clubs	Schools, churches, municipality, business, choirs, youth groups, drama groups, sport clubs

## COMMISSION 2: CARE FOR PEOPLE LIVING WITH AIDS

### Problem Statement

The Ubuntu Municipality has a shortage of facilities and resources to treat people living with AIDS. No accurate statistics of people living with AIDS and the picture is bleak.

### Overall Goal

To ensure that people living with HIV/AIDS have access to treatment and proper care and are able to talk openly about their status and their needs.

Short term objectives	Broad approach	Possible partnership	Existing potential resources
Integrated plans and programmes of existing stakeholders	Setting up a task team to call a meeting of all stakeholders and set up co-ordinating structures	Mayors, councillors, women's organisations, dept. of health, education, welfare, justice, NGO's	Municipality (will draw on other resources)
Encourage people to open up and form support groups	Use volunteers to go door to door distributing material and talking to people Use trained counsellors and NAPWA to talk to people	Volunteers, department of health, social workers, DOSS	Human resources in terms of trained volunteers and counsellors
Identify land for a vegetable garden	Approach the municipality and small farmers in the area to allocate some land	People living with AIDS Farmers organisations Municipality	Farms, Municipality
Educate the communities about caring for people living with AIDS	Run workshops for community members printing and distribution of materials, pamphlets	Municipality can provide facilities to make materials and their venues to run training. Home based caregivers Nurses, Counsellors to run training Dept. of Health Social Services, Correctional Services	Venues Volunteers Dept. of Health Social Services Correctional Services
Develop a training and counselling programme for affected people	Identify and recruit volunteers through ward/community meetings and inform Dept. Health thereof to provide necessary support. Train volunteers Identify service provider that can provide training Identify place for them to work from Set up a programme of work and monitor regularly	Councillors Church leaders Dept. of Health Dept. of Social Services	Councillors Church leaders Dept. of Health Dept. of Social Services

## COMMISSION 3: CARE FOR ORPHANS

### Problem Statement

Ubuntu community has a number of orphans that cannot be accounted for a number of reasons:

- No accurate statistics
- Some of them are not able to access grants
- Some orphans are living on streets and has no access to education
- Uncaring community living in a poor environment as a result children are abused and end up in jail
- Foster parents lack capacity and ability to look after these kids effectively.

### Overall Goal

To establish an enabling environment in which orphans will live to become productive adults that will contribute to their communities.

Short term objectives	Broad approach	Possible partnership	Existing potential resources
Sensitive community On the rights of and care for orphans	Develop an audit of all stakeholders Identify organisations that will help with training of volunteers Recruit and train volunteers Develop a common programme with priorities areas based on statistics	Department of Welfare and Social Workers that are already working with orphans. Use ward committees and Councillors to identify volunteers and to involve Welfare department in training of volunteers	Foster parents Department of Welfare Municipality
Integration of government services and departments involved	Do an audit of all organisations working with orphans Bring these organisations, services and departments together into a central coordinating structure and set up a task team to focus on this specific area of work look at the programmes of various stakeholders and develop a common programme for implementation	Municipality CBO's and NGO's Working with orphans	Municipality CBO's and NGO's Working with orphans DAC
Develop statistics and profile of orphans	Bring together all stakeholders to discuss and develop a data base of all orphans	Department of Welfare and Health CBO's and NGO's	Department of Welfare and Health CBO's and NGO's
Explore opportunities To establish a rehabilitation	Work with Correctional Services and SAPS to identify	Correctional Services and SAPS to play key role	Churches Counsellors Youth Groups

programme	the street kids and others that have a criminal record and get them into a rehabilitation programme		Youth development projects
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## 6. SUGGESTED STRUCTURE

### Interim LAC

#### Overall coordinating structure

Mayor Mr KJ Arens

Councillor dealing with health sub-committee – Mr. LL Adams

Ms. Amanda Immelman – Dept. of Health or Sis. Botha

Mr. M. Gqagqa – Dept. of Welfare

Mr. John Rathenam – Dept. of Education

#### Task Teams

Education: Sandile Manene,

Treatment and Care: Josephine Lodewyk, Helen Bailey

Orphans: Rita Stevens, A Gongotha

## 7. IMMEDIATE TASKS

Overall coordination from municipality side – Martin Fillis, X Malgas to ensure that the interim structure does their work.

That training is conducted before end of July 2007

Report submitted to Council and approved – beginning August 2007.

After approval of the report by Council the task teams to call meetings with all stakeholders working in that field of work, develop programme and ensure regular feedback to the overall coordinating structure – mid August

Invitation to all stakeholders to prepare for the launch – September 2007

Launch of LAC: end September 2007.