MATATIELE

LOCAL MUNICIPALITY

HIV & AIDS Policy

POLICY INFORMATION	
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1. DEFINITION OF TERMS

"HIV": means Human Immune-Deficiency Virus – it is a virus that weakens the body's immune system and ultimately causes AIDS.

"AIDS": means Acquired Immuno Deficiency Syndrome, which is the late and most severe stage of HIV disease and is characterised by signs and symptoms of severe immune-deficiency, where the body loses the ability fight against opportunistic infections because the immune system is weakened.

"PLWH/A": means people living with HIV & AIDS.

"Risk profile": means an element of HIV & AIDS impact assessment and includes an assessment of the following:

A profile of communities from which the MLM draws its staff and client.\

A profile of communities surrounding the MLM.

Assessment of the impact of HIV & AIDS upon the client base of the MLM

The nature of the operations of the MLM and how these may increase susceptibility to HIV infection.

"Surveillance Screening": means the anonymous, unlinked testing which is done to determine the incidence or prevalence of disease within a particular community, necessary to provide information to control, prevent and manage the disease.

2. EXECUTIVE SUMMARY

The HIV & AIDS pandemic has had a severely unequal impact on South Africa's future socio-economic development. The poor and women are most adversely infected and affected. The AIDS pandemic in South Africa, within the broader context of Saharan Africa shows 24.7 million people living with HIV, accounting for more than half (20%) of HIV infection on the African continent. Specifically, between 5, 3 million and 5, 5 million people living in South Africa in 2005 are HIV positive. Of these 1, 3 million are under the age of 25 years. In 2006, there were 571 000 new infections.

HIV & AIDS continue to pose a major challenge for the people of the Eastern Cape. According to the Department of Health, HIV & AIDS infection rate has stabilized in the MLM. HIV & AIDS nevertheless, remains a challenge and the Department is actively concentrating on the management of the antiretroviral treatment of infected people. HIV & AIDS is regarded as a large, growing threat to MLM's ability to be a productive, inclusive sustainable and well governed municipality, and is considered to be a strategic priority because of its potential to undermine development and exacerbate deep

poverty. Municipality Planning must take into consideration the needs of people infected and affected by HIV & AIDS. The municipality has developed an HIV & AIDS Strategy and a Local AIDS Council (LAC).

MLM seek to ensure mainstreaming of multi sectorial interventions in order to address the needs of the vulnerable and marginalised groups into the MLM core functions, internally and eventually as a provider of services. HIV & AIDS is a socio-economic, developmental and health problem globally and have a devastating effect on human life.

MLM acknowledges the gravity of this pandemic and affirms a need to take a stand on research and community engagement to educate and support staff, and the surrounding community so as to contribute towards preventing the spread of HIV & AIDS.

3. PURPOSE

3.1 To ensure leadership and facilitate decision making at Council level to drive and sustain an institutional response to HIV & AIDS.

3.2 Ensure that all municipal politicians and officials understand and fulfil their constitutional and legal obligations about HIV/AIDS and implement relevant governance and development response to the pandemic.

3.3 Mayors and Ward Councillors should be the role model for the community and provide moral leadership in dealing with HIV/AIDS.

3.4 To ensure that People are getting training from all Departments and Partners on HIV related issues so as to make sure that the information is reaches people and to make sure that they are empowered in terms of skills development.

3.5 Ensure that people adhere to treatment in order to reduce the burden that stable patients place on healthcare facilities, and those clinically unstable and at risk.

3.6 To prevent new HIV infections in the surrounding community, to protect the human rights and dignity of staff and community living with and those affected by HIV & AIDS as well as eradicate discrimination and stigmatisation of people living with HIV & AIDS.

3.7 Coordinate an Integrated and Comprehensive Response to HIV & AIDS pandemic through the coordination and implementation of the programmes that are effective in the prevention of HIV infections, promotion of care, support and treatment for all people infected and affected by HIV & AIDS.

3.8 Ensure that the development of relevant personal and building capacity and programme implementation.

4. PRINCIPLES

4.1 Mainstreaming of roles responses to HIV/AIDS should be incorporated into the normal functionaries and councillors and directorates must not act within their usual mandates;

4.2 Inclusion of stakeholders: all parties with the power to start or stop achievement, plus representatives of all parties committing significant resources or receiving significant benefits, should enjoy equal participation and beneficiary participation should be central to collective ownership of challenges and successes;

4.3 Consultation, advocacy & social mobilisation: networking that will assist in achieving development goals, to lobby and advocate on behalf of the community such that the community is empowered for promotion of public debate for democracy, transformation and economic growth.

4.4 Human rights and dignity: People infected and affected should not be discriminated against

4.5 Accountability and responsibility: the responsibility of and the credit to achievements should be assigned to individuals with authority to commit resources and influence, recognise protocol to provide oversight critical roles.

4.6 Community engagement and collaboration: establishment of community partnership and outreach programmes for creating HIV & AIDS awareness and prevention.

5. LEGISLATIVE REQUIREMENTS

5.1 The White Paper of Local Government (1998) mandates that developmental local government needs to be committed to working with communities in order to find sustainable ways of meeting their social, economic and material needs and, in doing so, specifically target those members and groups within communities who are most vulnerable, marginalised or excluded from participating in and shaping their own destiny.

5.2 In terms of The Municipal Systems Act, No. 32 of 2000: Chapter 6, the performance management system of MLM must aligned with the municipal's IDP priorities, objectives, indicators and targets and contain the key performance indicators, namely:

5.2.1 The municipality's financial viability as expressed by the prescribed ratios.

5.2.2 The percentage of the municipality's budget actually spent on implementing its workplace skills plan.

5.2.3 The number of people from employment equity target groups employed in the three highest levels of management in compliance with MLM's approve Employment Equity Plan.

5.2.4 The number of jobs created through the municipality's LED initiatives including capital projects.

5.2.5 The percentage of municipality's capital budget actually spent on capital projects identified for a particular financial year in terms of the MLM's IDP.

5.2.6 The percentage of households earning less than R1 110 per month with access to free basic services.

5.2.7 The percentage of households with access to basic levels of water, sanitation, electricity and solid waste removal.

5.1 THE FOLLOWING PRESCRIPTS GUIDE THE DEVELOPMENT AND IMPLEMENTATION OF THE MLM HIV & AIDS CROSS-CUTTING STRATEGY.

5.1.1 INTERNATIONAL LEGISLATION

- WHO/ Global Programme on AIDS, 1992.
- Millennium Developmental Goals, 2010.

5.1.2 NATIONAL LEGISLATION

- South African Constitution, Act No. 108 of 1996.
- Department of Provincial & Local Government Workplace Toolkit and HIV & AIDS Handbook, 2008.
- Promotion of Equality and Prevention of Unfair Discrimination Act No. 4 of 2000.
- National Health Act, No. 61 of 2003.
- National HIV, & AIDS & STI Strategy Plan 2007 -2011.
- Labour Relations Act, No. 66 of 1995.
- Compensation for Occupational Injuries Act, No. 130 of 1993

6. SCOPE OF APPLICATION

In order to achieve the above objectives, the committee, in close cooperation with other local structures and the surrounding community, human resources department will ensure that:

6.1 The implementation of the HIV & AIDS strategy should be supported and championed by the Council, including the Mayor, Chief Whip, and Chair of Portfolio, members of the council as well as all other departments of the municipality.

6.2 All the directorates of the municipality, its units and unions are briefed on the policy, its content and its implementation.

6.3 This policy has been developed to include both municipality staff and the for the community, taking into account employment equity and equity law.

6.4 A coordinated internal and external referral system should be established, referral and linkage system of the HIV positive clients from counselling and testing services to chronic care.

6.5 Ignorance, stigma and prejudice should be comprehensively addressed in both staff and community population.

6.6 All staff of the municipality and greater community members should be exposed to similar high risk levels of contracting HIV & AIDS.

6.7 Responsible education programmes for community, staff and relevant stakeholders should reduce prejudice and ignorance so that HIV & AIDS should be treated in the same manner as other chronic diseases, with no burden or stigma placed on those living with the virus.

7. STRATEGIC OBJECTIVES

a. To create a healthy and safe environment that is based on ethical principles, legal norms and human rights in line with the local municipality.

b. To develop a comprehensive and Integrated response to the impact of HIV & AIDS pandemic through coordinating research agenda for prevention, care and support of infected and affected local municipality staff and community.

c. To provide strong, committed leadership to manage and coordinate the implementation of policy and strategic plan through the local municipality's role of service delivery through the IDP framework.

8. VISION

8.1 To forge a strategic cross cutting partnership with regard to mitigating the impact spread of HIV & AIDS, the vulnerable and marginalised groups that have been excluded from participating in and shaping their destiny in order to find sustainable ways of meeting their social, economic and material needs.

9. INSTITUTIONAL ARRANGEMENTS

9.1 The MLM Council should take the lead in creating partnerships, supporting (Local AIDS Council) LAC initiatives, facilitating buy-in from all concerned and securing the resources needed to achieve the goals.

9.1 INTERNALLY

9.1.1 The strategy must be driven by the Special Programmes Unit being accountable to the Municipality Manager's Office.

9.1.2 The strategy should embrace and nature inter-sectorial initiatives through partnership.

9.1.3 The mainstreaming of HIV & AIDS issues should ensure integration of the strategy into functional activities where possible all of Directorates within the MLM.

9.1.4 The Council will designate a person responsible for ensuring implementation of the policy in each faculty and to represent the municipality at District AIDS Committee where s/he will be required to report on activities on a quarterly basis to the portfolio committee.

9.1.5 The committee will act in an advisory capacity to the Council and communicate relevant concerns from and to the community.

9.2 EXTERNALLY

9.2.1 The committee will seek to collaborate with other public entities and NGO's and establish partnership with organisation that will implement a monitoring and evaluation processes which can track the impact of HIV & AIDS on local structures as well as the impact of interventions.

9.2.2 The composition of the LAC shall consist of seven (7) members.

9.2.3 The duly constituted committee will consist of all stakeholders including internal and external people.

10. ALIGNMENT TO THE IDP

10.1 The external or community component has the directorate: Health and Safety as its custodian and includes both the Primary Health Clinics and Health Promotion including the AIDS Training Information Centre and Health Promotion Officers.

10.2 The internal component shall focus on employees and councillors with the custodian being the Directorate: Corporate Services.

10.3 In addition, custodian Directorates, the Office of the Municipal Manager's Office is the custodian championing the mainstreaming vulnerable groups within the IDP as well as being the custodian of the Youth, Disability and Older Persons Forums along with MLM AIDS Council.

11. RESPONSIBILITY MATRIX (RIGHTS, ROLE & RESPONSIBILITY).

11.1 STAFF

i. An HIV test should not be a prerequisite for employment, nor should an applicant be made to disclose his/her HIV status.

ii. If the status of the staff is known, it shall neither be on the basis for refusal to enter or renew an employment contract, nor is it a criterion for refusal to provide, train and develop a staff member.

iii. With regard to sick leave and continued employment, HIV related illness will be treated no different to other comparable chronic or life threatening conditions, if staff, in the opinion of the line manager is unable to continue working because of ill-health, the usual conditions pertaining to disability, ill-health retirement or incapacity procedures will apply.

iv. If duties are amended to accommodate staff with HIV & AIDS who can no longer perform his/her duties, this agreement shall remain a confidential agreement between the employer and staff and cannot be release to the public.

v. Staff may not be dismissed or have his/her employment terminated merely on the basis of HIV positive status, nor shall HIV status influence retrenchment or early retirement.

vi. Personnel files will not reflect the HIV status of a staff member, should there be a need for disclosure, and written/informed consent should be obtained from the staff in question.

vii. The trustee and administrator of retirement, provident and medical scheme funds may not discuss the identity of a staff member living with HIV & AIDS to the municipality without members.

viii. Staff and prospective staff living with HIV & AIDS shall be treated in a just, humane and life-affirming way, free from prejudice and stigma.

ix. The municipality should provide a working environment in which occupational exposure to HIV is minimised, by providing the necessary protective equipment and by arranging access to post occupational prophylaxis.

x. Staff health condition is private and confidential and a staff living with HIV & AIDS is under no obligation disclose his/her condition to a manager or any other staff.

xi. Staff shall not discriminate against other fellow staff member who are living with HIV & AIDS.

xii. Staff shall endeavour to play a supportive role towards a fellow staff living with HIV & AIDS.

xiii. The staff who is aware of their positive HIV status shall take every precaution to not accidentally infect a fellow staff.

xiv. Every staff must take precautions not to come into contact with other people body fluids without protection.

xv. It is imperative that all staff should prevent the spread of HIV infection.

12. COMMUNITY

12.1 No community member both from rural or urban will be required to reveal his/her HIV status for purpose of community participation and employed by the municipality.

12.2 Community members living with HIV & AIDS will not be prevented from attending ward committee meetings, residing in the formal and informal settlements and participate in the municipality activities.

12.3 Providing municipality basic services will not be based on HIV status

12.4 HIV & AIDS status should not be used as a justification for preferential provisioning of municipality basis services.

12.5 No community member shall be tested without the informed and written consent and the HIV & AIDS counselling services must be made available to all community members.

12.6 The community should be provided with the learning environment whereby accidental exposure to HIV is minimized by providing the necessary equipment, and arranging access to post exposure prophylaxis (PEP) medication so that community members who tested HIV positive are provided with prophylaxis monthly.

12.7 Should discrimination occur as a result of HIV status, the victim shall have recourse to agreed mechanism for redress such as existing structures to lodge a complaint.

13. IMPACT ASSESSMENT

12.1 To effectively assess staff and financial implication of HIV/AIDS for MLM, it is necessary that the municipality conduct thorough periodic HIV/AIDS impact assessment and forecasting.

12.2 The following cost to the municipality may flow from the above assessment and forecasting: Direct Cost, Indirect Cost & Human Capital Cost.

12.3 Must ensure that all staff members are aware of and understand the content of the policy.

12.4 Is responsible for implementing this policy and ensuring compliance with knowledge of its terms.

12.5 Must open and maintain communication channels to raise awareness concerning HIV & AIDS, including providing active support for staff and Peer Education Programmes.

12.6 Must take careful precautions to protect the confidentiality of information regarding any staff's health condition.

12.7 Should ensure that any member of staff who is unduly concerned about contracting HIV & AIDS is assisted through individual counselling.

12.8 Must ensure that immediate and appropriate corrective action is taken where necessary.

12.9 It is the responsibility of the staff and community to become informed about HIV & AIDS and to lead healthy lifestyles, which will not put themselves and others at risk of contracting HIV.

12.10 The rights of community members should be respected at all times, as such there should be no prejudicial or discriminatory attitude or behaviour towards people living with HIV & AIDS (PLWA's).

12.11 To prevent unfair discrimination, the municipality will ensure that staff living with AIDS will enjoy same benefits with regard to access to employment and other staff benefits. However, the municipality recognises that the governance and rules of these funds are not entirely within its control.

13.ADVOCACY, COMMUNICATION AND MARKETING

13.1 The SPU should develop an integrated approach to communication in order to sensitize, raise awareness and encourage the full participation of all staff and community.

13.2 Regular and recognisable publications, media about the programmes and activities in the response to HIV & AIDS should be developed.

13.3 Gender dimension of HIV & AIDS should be recognised since women and young girls are more likely to become infected and affected by HIV & AIDS pandemic.

13.4 Programmes directed to this group should be encouraged to empower them to protect their partners and families against contracting HIV & AIDS.

13.5 A copy of this policy should be kept at the SPU for HIV & AIDS and be available to all departments/units, for copying and perusal.

14. COMMUNITY ENGAGEMENT AND COLLABORATION.

14.1 MLM through LAC recognises that the HIV & IDS scourge is not restricted to only its staff and officials but that wider community involvement and participation is required to combat the spread of the disease.

14.2 MLM through its commitment to community development must accordingly establish community partnerships and outreach programmes for creating HIV & AIDS awareness and prevention.

14.3 It must also coordinate its effort with other Non-Governmental Organisations (NGO's), Community Based Organisations (CBO's), Faith-Based Organisation, other tertiary education institutions and relevant government departments.

15. IMPLEMENTATION, MONITORING & EVALUATION

15.1 Studies should focus on the socio-cultural and economic aspect of HIV in order to determine attitude and behavioural patterns.

15.2 The results of the research study should recommend approaches suited to the realities of a humane environment.

15.3 Research should deal with matters that affect the people with HIV in areas related to social, economic and participation issues.

15.4 Impact assessment process and monitoring tool should be established and implemented in order to ensure general human rights of people with HIV are upheld and that programmes and services are rendered efficiently and effective manner.

15.5 A framework to promote, protect and monitor the implementation of this policy should be developed in accordance to the legal and administrative system at local municipal level.

15.6 A monitoring tool will serve as a guide to determine the satisfaction rate of the recipient as well as an educational tool to create awareness.

MR. L. MATIWANE
MUNICIPAL MANAGER

19/10/2021
DATE

CLLR. M.M. MBEDLA
MAYOR

20/10/2021
DATE

CLLR. N. MSHUQWANA
SPEAKER OF COUNCIL

21/10/2021
DATE