AN INVESTIGATION INTO THE IMPACT OF HIV AND AIDS ON MUNICIPAL MANAGEMENT: A CASE STUDY OF GEORGE MUNICIPALITY

by

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DEDICATION

This work is dedicated to my late mother JOYCE NONTSASA MFULA who, taught me about the value and importance of education. She moulded me to be what I am today.

DECLARATION

I, SINDISWA ELKA MFULA, 9853758, hereby declare that the treatise for student qualification to be awarded is my own work and that it has not previously been submitted for assessment or completion of any postgraduate qualification to another University or for another qualification.

SINDISWA ELKA MFULA

DATE: NOVEMBER 2013

ABSTRACT

The aim of this research was to provide a preliminary investigation of how the HIV and AIDS epidemic will impact on management of municipalities, specifically George Municipality. Municipalities provide a large proportion of essential basic services and also represent one of the primary opportunities for public participation and decision-making at a community level.

This paper takes George Municipality in the Western Cape as a case study of the current and potential impact of HIV and AIDS on public demand for services and on the municipality's capacity to govern and provide services. It also reviews the responses of the municipality to HIV and AIDS.

The research was conducted using a questionnaire which was distributed to municipal officials in the different departments but also included a review of relevant literature and analysis of quantitative data.

The study focused on a single case: An investigation into the impact of HIV and AIDS on municipal management of George Municipality. The study identified strategies utilised by the municipality to reduce the impact of HIV and AIDS. The study drew on people's experiences, perceptions and interpretations of the impact of HIV and AIDS on municipal management, responses and any other related factors that may have impeded the realisation of the reduction of the impact of HIV and AIDS on municipal management in the George Municipality.

Fifty questionnaires were distributed, 40 copies by hand delivery and ten copies via e-mail to employees ranging from general worker to senior management. Employees participated in the study through interviews and answering of the questionnaires. An internet search was also conducted using Wed Crawler and by visiting the official website of the George Municipality for all policies, minutes, reports and all other relevant documents regarding HIV and AIDS. The researcher also drew on personal observations because she has been in George for almost six years and is also employed by George Municipality. Participants who were selected by the researcher for interviews purposes were five councillors and five ward committee members

because councillors are decision makers in the municipality. The rest were given questionnaires to complete.

Data was analysed by using interpretation analysis, namely codes to explain data collected. Results were presented in the form of tables and conclusions warranted by the data are presented. Statistical analysis was done to check correlation between the different aspects in the questionnaire.

According to the research findings it can be confirmed that more of the budget needs to be allocated for employment of suitably qualified persons like occupational nurses, who will drive HIV and AIDS education and awareness campaigns. HIV and AIDS mainstreaming should be regarded as a priority in order make people aware about the realities of HIV and AIDS in communities. Leadership and management buy-in should be obtained to win the fight against the epidemic.

A comprehensive strategy should be compiled and implemented to reduce the spread and stigma of HIV and AIDS. Proper planning should be done for compiling the strategy. This strategy should specify the budget for HIV and AIDS and how HIV and AIDS is going to be integrated into an IDP. Prevention and management strategies used by the organisation should be explained.

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ABBREVIATIONS

ABC	Abstain, Be Faithful, Condomise
AIDS	Acquired Immune Deficiency Syndrome
ART	Anti-Retroviral Treatment
DOH	Department of Health
DPLG	Department of Provincial and Local Government
ETU	Education and Training Unit
GTZ	German Technical Cooperation Agency
HALOGEN	HIV/AIDS and Local Government Network
HAST	HIV, AIDS, STI & TB
HIV	Human Immunodeficiency Virus
IDP	Integrated Development Programme
NGO	Non- Governmental Organisation
NSP	National Strategic Plan
RSA	Republic of South Africa
SACN	South African Cities Network
SANAC	South African National AIDS Council
STI	Sexual Transmitted Infections
TB	Tuberculosis

CHAPTER 1

1.1 INTRODUCTION

Tshoose (2010: 408) stated that it is a common cause that, since the dawn of human civilisation, no other epidemic has inflicted so much suffering and misery on humankind as has the HIV and AIDS pandemic. RSA, Department of Provincial and Local Government (2007b:1) maintains that since HIV and AIDS was identified more than 30 years ago, it has become increasingly clear that HIV and AIDS is one of the most serious and important challenges that the world and particularly those in the developing world, have ever had to face. United Nations AIDS (2010) found that an estimated 5, 6 million people were living with HIV and AIDS in South Africa in 2009, which is more than any other country in the world. It is believed that an estimated 310 000 South Africans died of AIDS in 2009 (ibid). National prevalence is around 17, 8 per cent among those aged 15-49, with some age groups being particularly affected (UNAIDS, 2010). South Africa has the fastest growing HIV prevalence rate in the world and the AIDS epidemic will directly threaten the economic development and social security of the country (South African Cities Network, 2005b: 15).

HIV and AIDS have to date, been considered as a problem that relates to, and should primarily be addressed by, national and at best, provincial health departments. Yet, the primary impacts of the pandemic are being felt at the local level by households and communities (Ambert, 2004:4). What the government has to realise, however, is that through its day- to- day work, it is often directly responsible for either decreasing or increasing vulnerability to HIV infection. For example, if the State is not able to adequately deliver services like electricity, housing, water and sanitation it is failing in its role to provide the necessary services that will enable people to make safe sexual choices. For example a female who lives in an informal settlement could easily move in with an HIV –positive male that has a government subsidised house just for the sake of having a roof under her head. Thus, the government's ABC message will have little impact until it recognises the external factors that affect people's ability to negotiate safer sexual practices (RSA, 2007b:1).

The lack of access to the above resources also negatively affect the ability of HIV infected and affected individuals and households to deal with the effects of the disease.

Local government as the site of service delivery in South Africa, has an important role to play in addressing the developmental backlogs that increase vulnerability among the poor and those living on margins of society (RSA, 2007b:1).

In line with the developmental mandate, municipalities are expected to be active key-players in all efforts to curb the spread of HIV and to reduce the negative consequences of AIDS for communities (RSA, 2007a: 6).

The 1996 Constitution (RSA, 1996), entrenches local development as the concern of developmental local governance. Section 152(1) also sets the purpose of local government as the provision of democratic and accountable government for local authorities. This includes the provision of services to communities in a sustainable manner, the promotion of social and economic development within a safe and healthy environment where communities and their organisations are involved in the matters of local government. (Tomlinson, 2006:32). In other words, the role of municipalities goes far beyond adapting their own programmes and looking after their personnel. AIDS can reverse all the progress that has been made in our young democracy 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, 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. Local municipalities can engage with civil society, other government departments, as well as schools, churches and so on to make sure that everyone works together to combat the spread of HIV and AIDS and to care for those affected by the disease (RSA, 2007c: 1).

Government, together with welfare organisations, has developed responses to the AIDS crisis, but without a coherent and collective approach at local level their efforts will not achieve as much as it could (RSA, 2007c). Many people have already speculated that HIV/AIDS will have detrimental effects on democracy and democratic systems of governance.

Average life expectancy of South Africans was expected to be 57,7 years for males and 61,4 years for females in 2013 (Health 24, 2013). The 2011 census indicated that there were 2,01 million orphans in South Africa and Statistic South Africa estimates that 200 000 people will die from AIDS related complications in 2013 (ibid).

The welfare system may not be able to cope with the number of orphans who need support in the form of grants. The 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 occupied by people who are ill from AIDS (RSA, 2007c)

It is clear that HIV and AIDS is spreading faster to people who have a lack of access to education and those who live in poverty, without basic health services, nutrition and clean water. Young people and women are seen to be the most vulnerable (Tomlinson, 2006:2). Poverty is expected to increase and development to falter because of the pandemics' effects on households, governments and national economies (Whiteside and Sunter, 2000:13).

Municipalities should make sure that all projects and planning take account of AIDS and its consequences (RSA, 2007c:1). People have to change the attitude among men that leads to the rape and abuse of women and the social attitude that makes women vulnerable to men because they cannot refuse unsafe sex from a partner. With reference to the above statistics and information, it would be foolish and negligent to assume that HIV/AIDS is not having a huge impact on South African municipalities.

1.2 BACKGROUND AND RATIONALE OF THE STUDY

In South Africa, people are not certain about how the HIV and AIDS epidemic is spreading. Reliable data on AIDS cases and related deaths is not available. The HIV epidemic in South Africa is likely to remain hidden for a long time, both to the public and in statistics as the full force of the AIDS epidemic, which lags behind the HIV epidemic, has yet to be experienced (Abt Associates, 2002). Those in underdeveloped regions have been disproportionately affected by the epidemic, which has led recent research to repeatedly emphasise the role of underdevelopment and poverty, not only in increasing vulnerability to infection, but also in decreasing people's ability to develop effective coping strategies to deal with HIV infection (RSA, 2007b:1). Municipalities are placed ideally to play the facilitating and coordinating role needed to ensure that partnerships are built to bring care and prevention programmes to every community affected by AIDS. SACN, (2004:15) maintains a number of initiatives aimed at supporting local government in developing a response to HIV and AIDS have been put in place but few attempts made to assess the challenges facing municipalities in this regard. Local government cannot afford to be ignorant of the impact of HIV and AIDS, an issue which is central to the growth, economic performance and sustainability of South Africa. Individuals, families and communities are badly affected by the epidemic (RSA, 2007c). According to SACN, (2004: 22) a nationally representative household survey found significantly lower HIV prevalence rates in rural areas as compared to informal settlements in urban areas. Also, people in urban informal settlement areas showed the highest levels of self-reported sexually transmitted infections, which are a pre-cursor to HIV infection. Local government will continue to act as the delivery agent on behalf of national and provincial government, while it will also remain a key agent for socio-political transformation and local development. Analysis of threats must be done by Municipal planners and politicians off their areas and changes that can impact on communities and their service delivery needs (RSA, 2007c). By deliberately interrogating the impact of HIV and AIDS beyond the health sector and planning for its impact on a city or region's workforce, transport system, revenue base and investment climate, cities can ensure their future as efficient and well-

governed actors in South African development (SACN, 2004: 16). HIV infection is concentrated in men and women in their reproductive and economically active years and the scale and nature of the epidemic in South Africa make it a significant factor to deal proactively with the epidemic in all sectors (SACN, 2004: 17).

Poor households are disproportionately affected by HIV and AIDS with the costs of loss of income and care resulting from HIV and AIDS to municipalities extending beyond the loss of life and increased suffering. Increasing health service demands and needs for basic services are coupled with a decreasing ability to pay for municipal services. A decreasing pool of labour supply impedes the ability of a municipality to pursue goals of development and threatens its ability to provide core services.

Manning (2003: 7) suggests that there is a general consensus that the epidemic will undermine government's capacity to govern effectively. Governing and service provision capacity will be reduced because government workforces and elected officials will themselves be infected and affected by HIV and AIDS, causing rising levels of absenteeism and staff turnover within government institutions. Moreover, rising demand in sectors that are heavily affected like health may begin to drain resources from other areas. Sectors such as welfare, burial services and health will face rising demands because of HIV and AIDS while a number of other sectors such as housing and education may experience a fundamental change in the types of services that are being demanded (ibid). It is useful to understand the impact of HIV and AIDS and responses required by local government in terms of the progression of the disease from people having a negative status, through to contracting HIV and then ultimately becoming ill or dying as a result of AIDS. It is therefore critical for municipalities to know the status of the epidemic in the municipality as well as in different areas within the municipality in order to guide the specific types of services and interventions required to respond effectively (ibid). Also, the impact of HIV and AIDS on vendors needs to be taken into account when considering the ability of local governments to function and provide services efficiently. Efforts aimed at prevention and vulnerability reduction need to be put in place while people are still uninfected (Halogen, 2009)

1.3 RESEARCH PROBLEM

There has been growing recognition that many of the most significant HIV and AIDS interventions are most effectively undertaken at local level, since it is at this level of individuals, households, communities, businesses and organisations that the effects of the disease are specifically and most directly experienced. Moreover, with the recent global trend towards decentralisation of governance, attention is increasingly turning to the role that the local governments, as the structures of governance closest to people and providers of key developmental services, have to play in local-level responses to the epidemic (Isandla Institute, 2007: 6).

As the communities grapple with the impact of the epidemic and rely increasingly on providers of basic services, the very institutions that provide these services will themselves face financial strain, turnover and absenteeism as a result of the epidemic (Manning, 2003: 32). However, the particular dimensions of the impact on municipal governments are still largely unknown.

This research took George Municipality in the Western Cape as a case study of the current and potential impact of HIV and AIDS on municipal management. It also reviews the municipality’s efforts to respond to HIV and AIDS.

1.4 AIM OF THE STUDY

The aim of the research was to assess the extent of the impact of HIV and AIDS on management of George Municipality as an employer and a service provider, as well identifying the factors that escalates the impact of the HIV and AIDS pandemic. It aimed to review external and internal responses to coping with the epidemic and reducing the impact and then identifying gaps and challenges faced by the organisation and to extract lessons learnt from George Municipality’s experience in mitigating the impact and the spread of HIV and AIDS pandemic. HIV and AIDS plans of the different sector departments were examined together with HIV and AIDS and IDP.

Recommendations are presented on how to close the gaps identified in strategies used to respond to the epidemic and on how to overcome the challenges faced by George Municipality in mitigating the impact and the spread of the epidemic.

1.5 RESEARCH QUESTION

The research question for this study was: What is the extent of the impact of HIV and AIDS on management of George Municipality?

1.6 OBJECTIVES OF THE RESEARCH

The brief for the research was to document and critically reflect on the Impact of HIV and AIDS on Management of Municipality for George Municipality

The objectives of the research were:

- To understand the extent of the impact of HIV and AIDS on management of George Municipality.
- To identify factors that have promoted or impeded the impact of HIV and AIDS on municipal management.
- To identify ways and programmes to cope and reduce the impact of the pandemic on municipal management.
- To extract lessons from George Municipality's management's experience in mitigating the impact of HIV and AIDS and the spread of the epidemic.

1.7 SIGNIFICANCE OF THE RESEARCH

AIDS is affecting every element of our society. The problem of HIV and AIDS is not just a health issue but has fundamentally become a development issue mainly because the disease exacerbates existing problems such as food insecurity, poverty, strained and dysfunctional social and economic and shortage of skilled manpower situations (Chiriga, 2006). Most organisations in South Africa, whether private or public, suffer from a number of HIV and AIDS related problems. As more and more people become sick there will be pressure on families, the community, the workplace and the country's economy. Many people fall ill and lose income because they

cannot work. Their families spend money on care and treatment and lose income in acting as carers. Families and community lose their social, cultural and economic viability.

The aim of this study was to assess the impact that HIV and AIDS has on the selected organisation. The study wished to establish the impact of HIV and AIDS on the employer and employee and attempted to come up with the programmes to cope and curb the spread of the epidemic. AIDS will continue to affect economies and society at all levels, from individual to the macro-economy. Between the extremes of the individual and the macro economy there are also effects on communities, enterprises, economic and social sectors (Shaeffer, 2002: I). As more and more people become sick there will be pressure on families, the schools, the community, the workplace, government and the country's economy.

1.8 RESEARCH DESIGN AND METHODOLOGY

In this section the broad methodology that was followed in the study was described. The study focused on a single case. Leedy and Ormrod (1993:149) describe as a method suitable for learning more about a little known or poorly understood situation. A case study is a method where the researcher collects extensive data on the disease on which the investigation is focused. These data often include observations, interviews, documents like newspaper articles, past records. The researcher also records details about the context in which the case is found, including information about historical, economical and social factors that have bearing on the situation which in this case is HIV and AIDS pandemic (ibid): the impact of HIV and AIDS on management of George Municipality. This study was based on the belief that knowing the extent of the impact of HIV and AIDS on municipal management, specifically in George Municipality, could bring about effective strategies to reduce the impact of the epidemic, thereby improve and speed up service delivery to the communities. The study enabled the researcher to do an in-depth investigation of the impact of HIV and AIDS on management within George Municipality and to identify strategies that could be utilised to reduce the impact of HIV and AIDS.

The study drew on people's experiences, interpretations and perceptions on the impact of HIV and AIDS on municipal management, responses and any other factors that may have impeded the realisation of reduction of the impact of HIV and AIDS on municipal management in George Municipality. The study methodology was mainly qualitative in nature.

Fifty people ranging from general worker to senior management participated in the study through interviews and answering of the questionnaire distributed by the researcher via e-mail and hand delivery. A literature review of relevant books published from 1996 to date was undertaken as part of the document analysis in an effort to find possible solutions and interventions. An internet search was also conducted using Web Crawler and Lycos search engines and at the official website of George Municipality for all policies, reports, minutes and all other documents regarding HIV and AIDS. The researcher has been in George for almost six years now and is also employed by George Municipality. This therefore puts her in a better position to supplement the above- mentioned instrument with personal interviews, conversations and to draw on personal observations.

1.9 ASSUMPTIONS

It is assumed that there are common universal effects of HIV and AIDS which can be eliminated by curbing the spread of the epidemic. It is also assumed that the effects of HIV and AIDS are the same irrespective of the type of organisation or community.

1.10 DELIMITATION OF STUDY

Limitations are inherent in academic work. It is therefore important that the delimitation should be clearly explained. The study was limited to the investigation of the impact of HIV and AIDS on management of George Municipality. George Municipality, like many other municipalities in the country, is facing challenges of HIV and AIDS. The study covered a period of two years from 2011 to 2012.

This period was chosen as a focus of analysis because it was the time when municipalities were expected to review their HIV, AIDS, STI & TB Policies. It was therefore an opportune time to analyse and reflect on the response of the municipality to HIV and AIDS and to ascertain the appropriateness of the strategies utilised during that period.

1.10.1 Type of organisation

The study is limited to municipalities. These are organisations that are government entities established to deliver basic services like water, housing and electricity to their respective communities. Some examples are Mossel Bay Municipality and Eden District Municipality.

1.10.2 Size of organisation

An organisation employing more than 900 employees will be used in this study.

1.10.3 Geographical demarcation

The empirical component of this study is limited to an organisation lying in the Southern Cape, in the Eden District.

1.11 ETHICAL AND CONFIDENTIALITY CONSIDERATIONS

Remenyi (1998:110) asserts that there are three major ethical considerations to note when undertaking research which are further elaborated in Chapter 4 of the Research Methodology. These are: how the information is collected, how the information is processed, and finally, how the findings are used. The researcher declares that the study upheld all three major ethical considerations at all times during interviews. The identity of all the respondents was kept anonymous. Confidentiality has been upheld as far as possible. The researcher declared how the results could best be used.

1.12 DEFINITION OF CONCEPTS

Acquired Immunodeficiency syndrome

Wilson, Naidoo, Bekker, Cotton and Maartens (2002: 48) define AIDS as the term given to the constellation of opportunistic infections and malignancies as well as manifestation of HIV infection itself (encephalopathy and the wasting syndrome), that occurs when the immune system is profoundly depleted.

CD4 and opportunistic infections

CD is an abbreviation for “cluster of differentiation”, referring to cell surface molecules that are used to identify stages of maturity of immune cells. CD4 means “cluster of differentiation 4”. CD4 cells are also called T-lymphocytes, T- cells, or T-helper cells. HIV infects CD4 cells. The number of CD4 cells drops in most people infected with HIV who are not receiving treatment for the disease. The number of CD4 cells helps determine whether opportunistic infections may occur. Opportunistic infections occur in people whose immune systems have been weakened by a disease such as AIDS or by immunosuppressive drugs such as chemotherapy (WebMD, 2010).

Human immunodeficiency virus

The human immunodeficiency virus (HIV) primarily infects and destroys cells in the immune system, particular CD4 (helper) T-lymphocytes, causing profound immune suppression that gradually develops over a period of years and ultimately renders the patient vulnerable to opportunistic infection and malignancy. The rate of viral replication is directly related to the rate at which the immune system is destroyed (Wilson et al., 2002: 54).

Free basic services

Since 2000 South Africa’s services policy has been that local governments should provide free basic services. It is self- evident that there cannot be such a thing as a free service. Free basic services therefore involve subsidies.

Care

A broad term referring to steps taken to promote a person's well -being through medical, psychological, spiritual and other means.

Pandemic

A disease, usually infectious, that spreads quickly through a population.

Evaluation

The assessment of the impact of a programme at a particular point in time.

Immune system

A complex system of cells and cell substances that protects the body from infection and disease.

Policy

A document setting out a department or organisation's position on a particular issue.

Workplace programme

An intervention to address a specific issue within the workplace, for example, providing staff access to a voluntary HIV counselling and testing programme.

Opportunistic infections

They are diseases that take advantage of an HIV-positive person's weak immune system making them ill.

Antiretroviral medication

It is the combination of medicines given to someone who is sick with AIDS, HIV and AIDS treatment.

Wellness programme

A programme designed to promote the physical and mental health as well as the well-being of employees, including components such as counselling, support groups, nutritional supplements, provision of treatment for opportunistic infections, provision of anti-retroviral therapy.

1.13 OUTLINE OF THE CHAPTERS

The research was planned to include the following chapters:

Chapter 1: **INTRODUCTION**

This chapter introduced the topic, posed the main question and definitions of terms and concepts. The aim of the study, objectives of the study, significance of the study and the research method were described. Delimitation of study and ethical and confidentiality considerations were also included and described in this chapter.

Chapter 2: **BACKGROUND OF THE CASE**

This chapter provides a brief background on George. The situation analysis of George is discussed. A brief overview of staff and management of George Municipality, incidence and prevalence of HIV/AIDS, impact of the epidemic on socio-economic development and HIV/AIDS Workplace policy and indigent policy is provided.

Chapter 3: **LITERATURE REVIEW**

This chapter provided a conceptual framework for understanding the relationship between HIV and AIDS and municipalities in terms of the macro and micro impact of HIV and AIDS. Local Government's Mandate on HIV and AIDS is presented as well as strategic approaches for reducing and coping with HIV and AIDS. Local Government's response to HIV and AIDS through mainstreaming is dealt with as was the National Strategic Plan of 2007-2011 and National Strategic Plan of 2012-2017.

Chapter 4: **RESEARCH METHODOLOGY**

This chapter deals with the empirical survey of municipal officials of the George Municipality.

Chapter 5: EMPIRICAL RESULTS

This chapter presents the findings of the research.

Chapter 6: **CONCLUSION AND RECOMMENDATIONS**

This chapter presents conclusions and recommendations regarding the impact of HIV and AIDS on management of municipalities, limitations of the study and future research.

CHAPTER 2

THE BACKGROUND OF GEORGE MUNICIPALITY

2.1 INTRODUCTION

This chapter provides a brief background of available information on George Municipality. The purpose of this chapter is to outline George Municipality's situation analysis and the epidemiological profile of Eden District, Eden sub-district. George Municipality's HIV/AIDS Workplace Policy and Indigent Policy are also discussed in this chapter. Providing an accurate and coherent picture of the status of HIV and AIDS is usually a difficult undertaking in most South African Municipalities due to lack of easily available, localised data.

2.2 SITUATION ANALYSIS

RSA, (2011a: 2) states that the area where George is situated is known as Outeniqua land. The word "Outeniqua" is derived from a Khoi word meaning "man laden with honey". It is a place not only bestowed with natural beauty, but is also well known for unparalleled development and growth. George as second drostdy, was established in 1811 and was named after King George III of England. In 1837 George achieved municipal status and by 1907 was linked by rail to Cape Town. George Municipality is a local municipality located on the south eastern coast of South Africa, approximately 440 kilometres southeast of Cape Town (RSA, 2011a: 2). It forms part of the Eden District Municipality situated in the Western Cape Province. Eden District has the third largest district economy in the Western Cape, after the City of Cape Town and the Cape Winelands District. The Eden District is also geographically the third largest district within the Western Cape Province. This district is informally known as the Garden Route, with the city of George, its hub, nestled among the slopes of the majestic Outeniqua Mountains and flanked by the Indian Ocean (George Municipality 2012:19).

George enjoys the strategic advantage of being situated on the major transport routes between Cape Town in the south and Port Elizabeth in the east. This creates investment opportunities, particularly with regard to manufacturing, logistics and warehousing. The municipal area is 5190,43 km² in extent and the municipal area includes the following: City of George, villages of Herold's Bay and Wilderness, various coastal resorts such as Victoria Bay and Kleinkrantz, rural areas such as the area around Rondvlei (east of Wilderness), Hansmoeskraal, Herold and Waboomskraal, as well as Haarlem and Uniondale (George Municipality, 2012: 19). George Municipality has the largest population in the Eden District. The population was established at 193 672 in the 2011 census, which represents a growth of 29.1% from 2001-2011 (ibid).

Table 1.1: Population groups according to race

	2001	% of population	2011	% of population
Black	36 999	27.3	54 674	28.2
Coloured	68 158	50.3	97 632	50.4
Indian/Asian	352	0.3	924	0.5
White	29 896	22.1	38 135	19.7
Other	0	0	2 306	1.2
Total	135 405	100	193 672	100

(George Municipality, 2012: 20)

Table 1.2: Population growth

	Black African	Coloured	Indian or Asian	White	Other	Total
2001	36 999	68 158	352	29 896	0	135 405
2011	54 674	97 632	924	38 135	2 306	193 672
% growth	47.7	43.2	162.5	27.5		43

(George Municipality, 2012: 20)

2.2.1 Employment and the poverty index

In 2011 nearly 48 % of the population were employed, 13% indicated they were unemployed, 35% were not active economically and 4% were discouraged work-seekers (George Municipality, 2012: 25)

RSA (2011a: 6) reported that the poverty index for the George Local Municipality is calculated as being 19.6%. The following information is important:

Female headed households	28.73%
No income	38.05%
Households living in one room	23.71%
Informal % traditional dwellings	30.11%

About 5 000 households are living in 24 informal settlements. Approximately 4 200 families are living in back yards.

The poverty index reported for the different areas in George is as follows (George sub-district plan, 2011a: 6): The remainder to this total is not reported.

Jonkersberg	0,721	Pacaltsdorp	0,645
Thembalethu	0,615	George	0,576
Protea Park	0,478	Kleinkrantz	0,394
Borchards	0,380	Maraiskamp	0,347
Hoekwil	0,330	Conville	0,313

2.2.2 Crime rate

The following are the statistics regarding the crime rate in George as reported in 2009/2010 (George Municipality 2012: 23)

No. of murders:	52
No. of drug-related crimes:	1 373
No. of sexual crimes:	280
Burglary at residential properties:	1 119

2.2.3 Household services

There are approximately 53 551 households in the George municipal areas that utilise and access the following services. (George Municipality 2012: 27).

2.2.3.1 Water supply

George municipality provides water to all households and adheres to the minimum service level requirements for the provision of clean drinkable water. The following figure indicates the various types of water sources available to households in 2011. (George Municipality, 2012:27).

Table 1.3: Water Sources

Source of water	No. of Households	% of Households
Regional /local water scheme (operated by municipality)	47 595	89
Borehole	1064	2
Spring	408	1
Rain water tank	1 513	3
Dam/pool/stagnant water	1 268	2
River/stream	401	1
Water vendor	90	0
Water tanker	546	1
Other	667	1
Total	53 551	100

(George Municipality, 2012:27).

2.2.3.2 Energy use

George municipality provides electricity and street lighting to all formal households and electricity and high mast lights to most informal areas. There was an increase of

4.4% in the use of electricity in 2011 and the use of candles declined to 3.8%. (George Municipality, 2012: 28).

2.2.3.3 Sanitation

Access to sanitation concerns the health and dignity of human beings so it is regarded as one of the most important basic services. In 2011, 82% of households had access to flush toilets, while 4.8% households had no access to any form of sanitation. The bucket system was reduced from 2.6% in 2001 to 2.1% in 2011 with 1 097 household effected (George Municipality, 2012: 30).

2.3 MANAGEMENT AND STAFF

The Municipal Manager is the Chief Accounting Officer of the Municipality. He is the head of the administration, and serves as the chief custodian of service delivery and implementation of political priorities assisted by his directors. The senior management team is supported by a municipal workforce of 983 permanent employees and non-permanent employees (George Municipality, 2012: 35).

2.4 INCIDENCE AND PREVALENCE OF HIV AND AIDS

According to RSA (2012b: 9) the Eden District had a total of 7 847 patients on antiretroviral treatment in 2011 with 9 dedicated treatment sites across the district. George had the highest patient load (2 917) in the district with six treatment facilities. Based on antenatal surveillance, which has been extrapolated to the general population, the average prevalence rate for George Municipality as a whole was estimated to be 20.8% in 2010 but was lower in 2011(16.2). However as the data in Table 1.2 indicates, prevalence rates vary dramatically across different towns in the sub-district. The highest rate of infection was found in Bitou at almost 25.2% in 2011.

George was fifth in the sub-district (RSA, 2011b:6). George has a significant proportion of residents who live in informal dwellings, which correlates with national survey findings that show that locality type with the highest rate of HIV prevalence

(25.8%) is urban informal settlements. The lowest prevalence rates tend to be found in areas with fewer informal settlements like Hessequa. One anomaly however, appears to be Oudtshoorn which has a South African National Defence Military Base and South African Police Service Training Facility and highest poverty rate in 2010 (34.1%) compared to other municipalities in the sub-district, but had a lower recorded prevalence rate at 4.0% in 2011 (RSA, 2011b: 6). One of the problems with data collected through antenatal surveillance is that it does not pick up residents who make use of private health care facilities.

It may be possible therefore, that HIV prevalence could be higher than estimated in some of the more developed towns (RSA, 2012b:9).

Table 1.4: HIV prevalence and care in Eden District Municipalities

Municipalities	ART Patient Load; June 2010	ART Patient Load June 2011	Number of Anti-retroviral treatment (ART) Sites; June 2010	Number of Anti-retroviral treatment (ART) Sites; June 2011	PCR test result-positive 2010/11	Accept PCR test 2010/11	HIV transmission rate of infants 2010/11
Eden District	6 777	7 847	9	23	34	1 005	3.4
Kannaland Local Municipality	0	14	0	1	1	14	7.1
Hessequa Local Municipality	154	184	1	2	1	32	3.1
Mossel Bay Local Municipality	1 197	1 395	1	3	10	224	4.5
George Local Municipality	2 476	2 917	2	6	12	340	3.5
Oudtshoorn Local Municipality	591	652	1	2	5	69	7.2
Bitou Local Municipality	1 004	1 212	1	5	2	130	1.5
Knysna Local Municipality	1 355	1 473	3	4	3	196	1.5

(RSA, 2012b: 9)

Table 1.5: HIV Prevalence by Sub-district 2008-2011

Sub-district	N	2008 HIV Prevalence	n	2009 HIV Prevalence	N	2010 HIV Prevalence	N	2011 HIV Prevalence
Bitou	109	14.7	153	27.4	123	19.5	107	25.2
George	417	16.8	517	16.1	448	20.8	1199	16.2
Hessequa	69	5.8	73	6.8	51	3.9	81	1.2
Kannaland	50	6.0	61	4.9	43	9.3	57	17.5
Knysna	175	14.9	192	20.8	179	20.7	174	17.2
Mossel Bay	139	22.3	183	22.4	164	17.1	175	17.7
Oudtshoorn	226	8.0	261	7.8	263	5.9	199	4.0
Eden	1,185	14.4	1440	16.3	1271	15.9	1292	14.5

(RSA, 2011b: 6)

The higher percentage in HIV prevalence recorded in George when compared to the Eden District (14.5) correlates with:

- The high level of migration into George; and
- The high urbanisation rates in George.

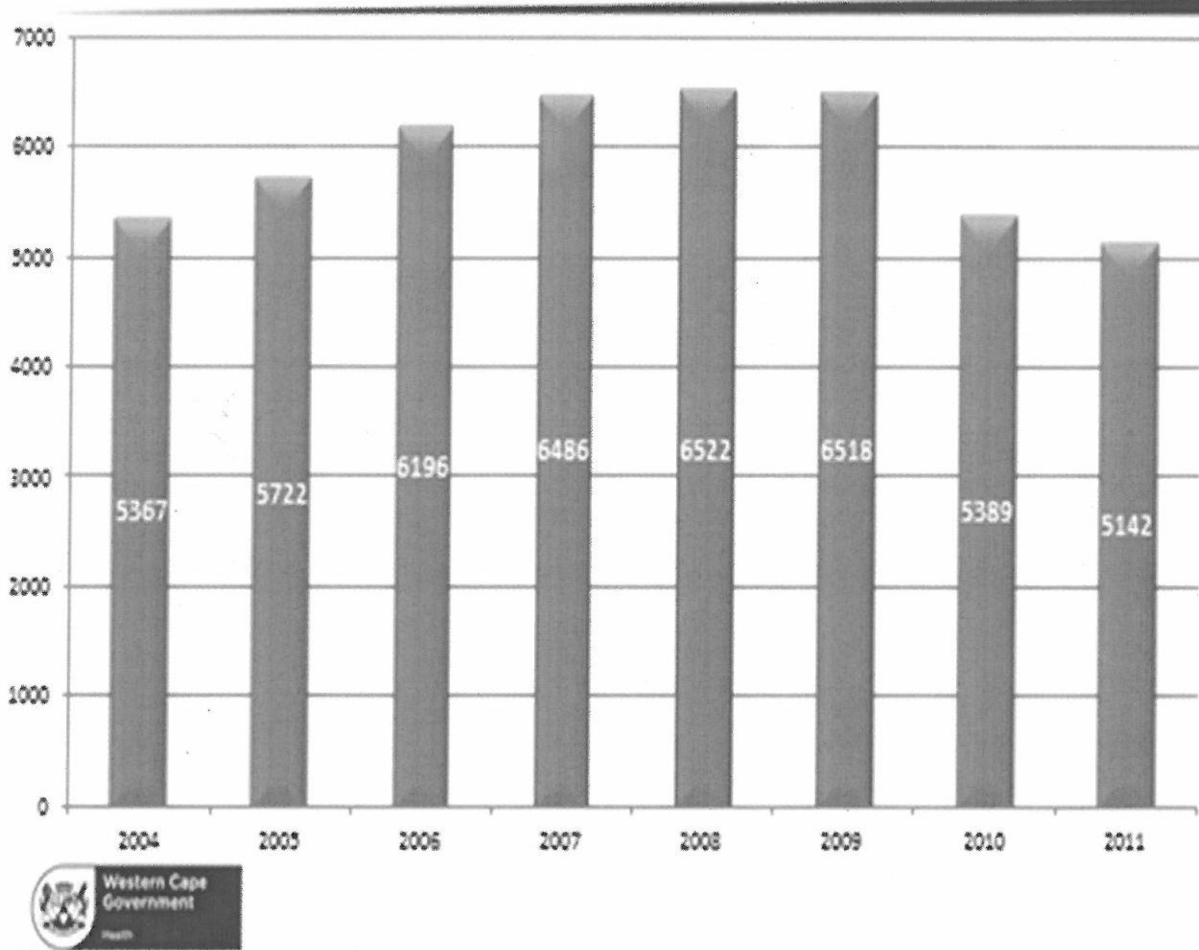
An important observation about the figures in the table above is that the epidemic is at different stages of development in different towns of the sub-district. In George where the rates of infection are the middle, the epidemic seems to be steady because there was a decline in the prevalence rate from 2010 to 2011. In 2011 the prevalence rate was estimated to be 20%. The prevalence rate in George was even above the prevalence rate of the province (15.9%) in 2011 but at least there was a slight improvement in 2011. In Oudtshoorn the epidemic is still declining with a

relatively constant reduction. In Knysna the prevalence rate appears to have declined, where the rate has dropped from 20.7% in 2010 to 17.2% in 2011.

The differences in the characteristics of the epidemic in different parts of the sub-district need to be taken into consideration in responding to the disease. Data on HIV and AIDS prevalence derived from antenatal surveys has limitations in terms of how much detail it can reveal about the characteristics of the epidemic amongst different groups and sub-groups within the society. In the case of George there is no reliable data available on HIV incidence and prevalence rates amongst different ethnic and religious groups, race groups and local gay community.

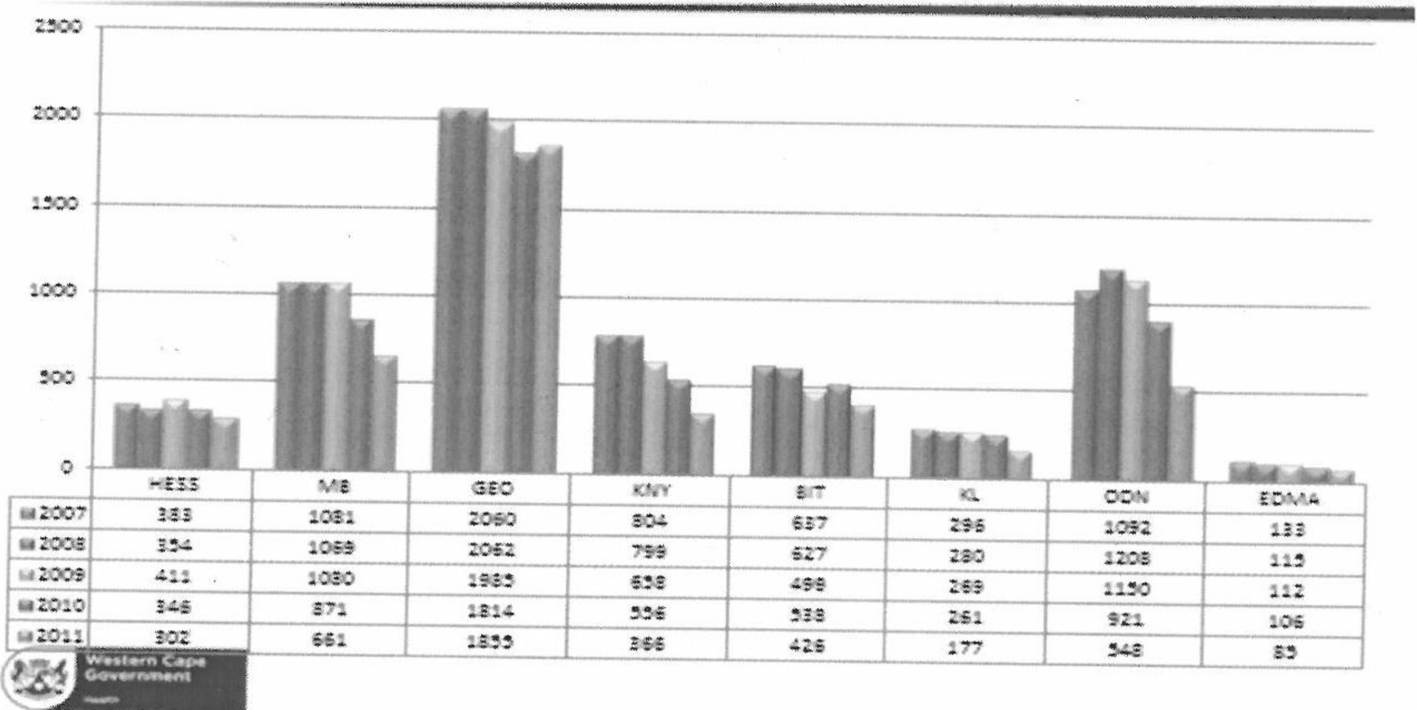
Despite the limitations of the data available, it is clear that HIV and AIDS constitutes a serious human and socio- economic threat in George. The overall estimated prevalence rate of 16.2% in 2011 is a significantly high rate. It was also clear that the epidemic has stabilised because the trend shows that it has been in the region of 16%, in 2010 it was more than 20%. The HIV prevalence rate amongst antenatal attendees in 2001 was 10.0%. By 2011 this figure had almost doubled to 16.2%. Available evidence therefore points to a high prevalence in George, which contradicts what appears to be a widespread perception that HIV and AIDS is not yet an issue of serious concern in the city.
More effective strategies must be devised to reduce prevalence in George. It is against this backdrop that the study is undertaken.

Table 1.6: Total All TB Cases in Eden District



RSA, 2013:16

Table 1.7: All TB Cases per Sub-district



	HESS	MB	GEO	KNY	BIT	KL	OON	EDMA
2007	383	1081	2080	804	657	296	1092	133
2008	354	1069	2062	799	627	280	1208	115
2009	411	1080	1985	638	499	269	1130	112
2010	346	871	1814	536	538	261	921	106
2011	302	661	1855	366	426	177	548	83

RSA, 2013:17

There is a slight decline in the number of TB cases in the Eden District as compared to a slight increase in the number of TB cases in the George Municipality. The number of TB cases in the District was reduced from 5389 in 2010 to 5142 in 2011. In George, the number of TB cases increased from 1814 in 2011 to 1855 in 2011 (RSA, 2013: 17). TB was the leading cause of premature mortality (12.9%) in the Eden district in 2009 followed by HIV and AIDS (11.9%). A decline in TB cases from 2080 in 2007 to 1855 in 2011 is a clear indication that the fight against TB is making a difference in communities by reducing the rate of this infectious disease.

2.5 IMPACT ON MORTALITY AND SOCIO-ECONOMIC DEVELOPMENT

The importance of mortality information for health and municipal planning cannot be overstated. There are clear indications that an increasing number of people in George are dying from HIV and AIDS related illnesses. In 2009 the recorded percentage of adult deaths linked to HIV and AIDS was 11.9% (RSA, 2013:11). Since this percentage reflects only those cases where the cause of death could positively be linked to HIV and AIDS, the actual number of deaths could be significantly higher.

Little appears to be known about the socio-economic impact of HIV and AIDS in George. No data could be located on the current or expected impact on the local economy or on the demand for health and other services. Most accounts of impact appear to be largely anecdotal suggesting an urgent need for research into the impact across a range of social and economic sectors to guide planning and resource allocation and to reduce the impact.

2.6 HIV AND AIDS WORKPLACE POLICY

The HIV and AIDS Workplace policy was approved by the city council. The policy was developed through a consultative process between management and the two labour unions operating in the municipality, namely IMATU and SAMWU. The policy applies to employees and councillors. The specified objectives of the policy are to provide guidelines to George Municipality, employees and prospective employees on how to manage and prevent the spread of HIV and AIDS in order to ensure non-discrimination of infected and affected individuals and to create a safe working environment for all.

The policy provides legislation and principles that should be adhered to and a framework for the rights of employees and how they should be treated by other employees (George Municipality, 2010:2). The policy outlines the approach the City will follow in the event of employees being infected in the workplace. Education and

prevention programmes cover woman's rights, safer sex, sexually transmitted diseases and awareness programmes (George Municipality, 2010:3). The policy also entails employee benefit schemes, grievance procedures and the protection of employees against unfair dismissal. Lastly, the policy provides for the establishment of an HIV and AIDS Workplace Committee comprising of representatives from various stakeholders in the George Municipality (George Municipality, 2010:6). The policy does not make mention of the responsibilities of various stakeholders in the organisation in ensuring that the policy is implemented. George Municipality should look at existing gaps in the implementation of this policy and try to close them.

2.7 GEORGE MUNICIPALITY'S INDIGENT POLICY

Isandla Institute (2007:45) asserts that Municipal indigent policies are a central mechanism through which municipalities can address poverty and therefore the context of vulnerability to the impacts of HIV and AIDS.

In line with the national directives to municipalities to provide free basic services to poor households, George Municipality's Credit Control Policy and Debt Management Policy provides for a package of free or subsidised basic services to residents who cannot afford to pay them. These services have a number of direct welfare benefits for poor households, especially those in which there are people living with HIV and AIDS & TB.

Free/Subsidised municipal services

- 6kl free water per month.
- 70 units free electricity per month.
- 100% rebate on rates, should property value be less than R120 000.00.

If the valuation of the property is more than R120 000.00, the indigent consumer can apply for an additional tax rebate.

- A maximum amount of R300 up to the monthly debit raising will be credited monthly on the account of the indigent consumer.
- Arrears of indigent households can be written off as per Council decision.
- Where water leakages and electricity problems occur these can be repaired at Council`s expense and cost recovered from the equitable share grant.
- Subsidy limited to rates, water, refuse removal, electricity and sewerage disposal services.
  - In respect of water, a 100% subsidy on the basic charge per household;
  - In respect of electricity, a 100% subsidy up to 70kWh per month;
  - In respect of refuse removal , a 100% subsidy will apply;
  - In respect of sewerage disposal, a 100% subsidy will apply;

  No cash rebate in respect of unused portion (George Municipality, 2013:11)

2.8 CONCLUSION

This chapter has provided a brief background of the George Municipality, to be specific, situational analysis. In particular a brief synopsis of George Municipality has been presented in this chapter. This included a municipal profile and a brief discussion of management and staff, incidence and prevalence of HIV and AIDS, Impacts on mortality and Socio-economic development. HIV and AIDS workplace and Indigent Policies has been presented.

CHAPTER 3

LITERATURE REVIEW

3.1 INTRODUCTION

In South Africa, the HIV and AIDS epidemic is a national emergency on a scale which is difficult to fully comprehend. At present one in six adults in South Africa between the ages of 15 and 49 are HIV positive (HIV/AIDS and Local Government Network, 2009). According to Isandla Institute (2007:10) the impact of HIV and AIDS on local governments is normally understood and analysed from two perspectives; firstly, how HIV and AIDS impacts on local governments as organisations whose staff may either be infected with or affected by the epidemic and financial costs to the municipality in terms of greater spending on recruitment and training of new employees.

The impact of HIV and AIDS may also be considered in relation to political decision-making processes within the municipality, in a case where municipal councillors may be infected or affected. The second perspective from which the relationship between HIV and AIDS and local government is usually examined, is that of the impact of HIV and AIDS on the citizens of municipalities and the resulting implications for demand and supply of services that municipalities provide.

It is therefore critically important for municipalities to know the status of the epidemic in the municipality. Just as viruses do not hold back in front of national, provincial or municipal boundaries so can macro- level economic and social trends affect local circumstances.

The following section will present an explanation of how one gets HIV and AIDS and how it impacts on local development, in terms of demographic forecasts and lastly by looking at how the pandemic affects economic development. The mandate of local government and its response to HIV and AIDS will be explored to check whether local government's response to HIV and AIDS is in line with the mandate.

3.2 WHAT IS HIV AND AIDS?

Tomlinson (2006: 21) states that following initial infection, an individual may experience glandular fever-like symptoms that last for a few weeks. During this time, known as the “window period”, an individual’s HIV test result will be negative on antibody tests. It is only after the individual has seroconverted (i.e started to produce antibodies to the virus), typically 3 to 4 weeks after the initial infection, that these tests will yield positive results. Following the passing of these initial symptoms, the individual enters a prolonged asymptomatic phase, which typically lasts 4 to 6 years. The individual then starts to experience intermittent symptoms such as weight loss, diarrhoea and oral infections. Finally, when the individual’s immune system has been severely weakened by the HIV infection, they experience a variety of opportunistic infections such as Karposi sarcoma and pneumonia, which are regarded as defining AIDS.

The term AIDS refers to a range of conditions that are diagnosed in the late stages of HIV infection. In the absence of treatment, the individual typically dies within 1 to 2 years of the initial AIDS –defining illness.

3.3 HOW DOES ONE GET HIV?

RSA (2007c) reported that there are only three ways to get infected:
Unprotected sex (sex without a condom); Contact between HIV -negative blood and infected blood or body fluids; and mother to child transmission.

3.3.1 Unprotected sex

Having unprotected sex is the most common way that people become HIV positive. Having sex with an HIV positive person and to such an extent that there is direct contact between penis and vagina or anus, one can easily get infected. The virus lives in the fluids inside the penis and vagina and can easily enter the bloodstream. Using condoms properly is the only protection against this kind of infection.

3.3.2. Contact with infected blood

An open wound that is exposed to the blood of an HIV positive person, can get a negative person infected. This contact could be through using the same needles for drugs or unsafe instruments used for circumcision. It is possible to get HIV if a person uses the same razor blade or tooth brush as an HIV- positive person if there are any traces of blood on the implement. While one could easily contract HIV from blood transfusion if the blood is contaminated, all blood in SA is tested for safety. Medical workers can get it from accidentally pricking themselves with needles they have used to inject HIV positive people.

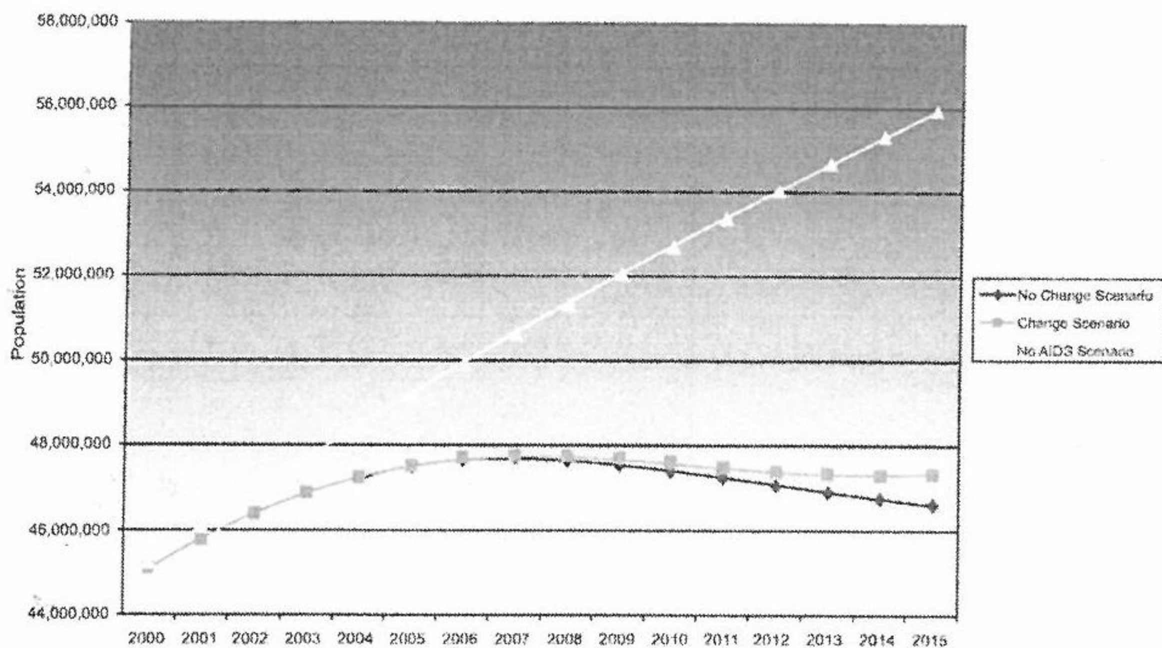
3.3.3. Mother to child transmission

RSA (2007c) established that HIV positive mothers can pass the infection to their babies. An estimated 15-30% of mothers with HIV will transmit the infection during their pregnancy or during childbirth. This happens because of the contact with blood. Another 10-20% will pass the HIV to the baby through breast milk. Nevirapine (ART) can make it half as likely that a mother will transmit the virus to her child in the womb or during childbirth. If the mother has been taking a full cocktail of antiretroviral medication the risk is reduced even more (RSA, 2007c).

3.4 HIV AND AIDS PREVALENCE IN SOUTH AFRICA

Barnett and Whiteside (2002:163) maintain that perception and estimation of the impact will depend on the perspective of those who are looking and the disciplinary moral and political lenses they employ and the degree to which those who are affected count in society. The impact on marginal population is least likely to be counted and power holders are more likely to be able to say that these people do not count.

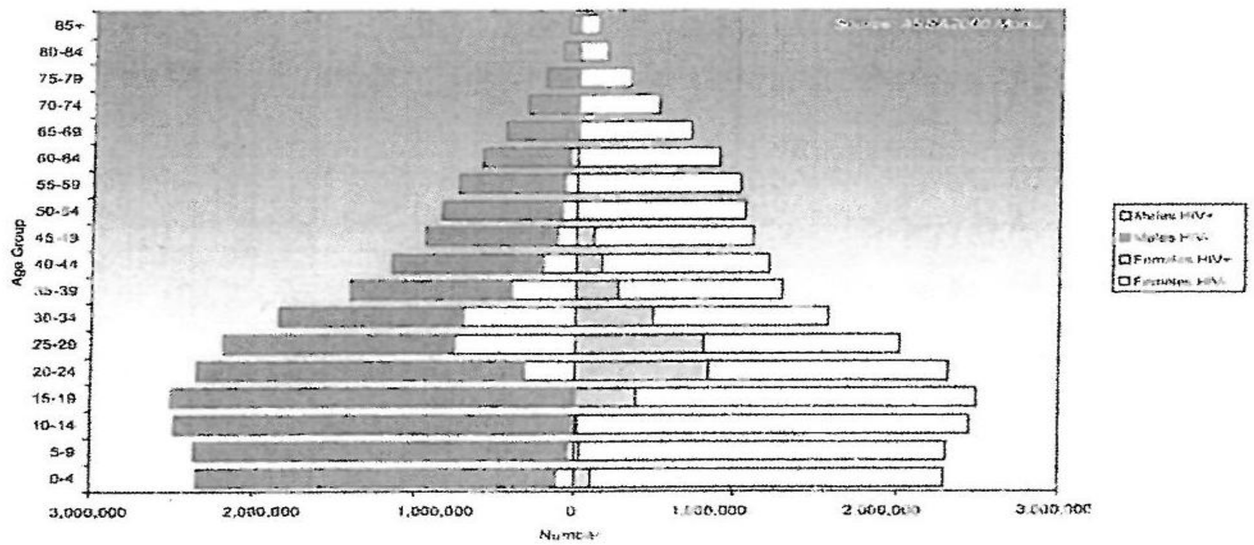
Figure 3.1: Total Population in South Africa



(ASSA, 2000)

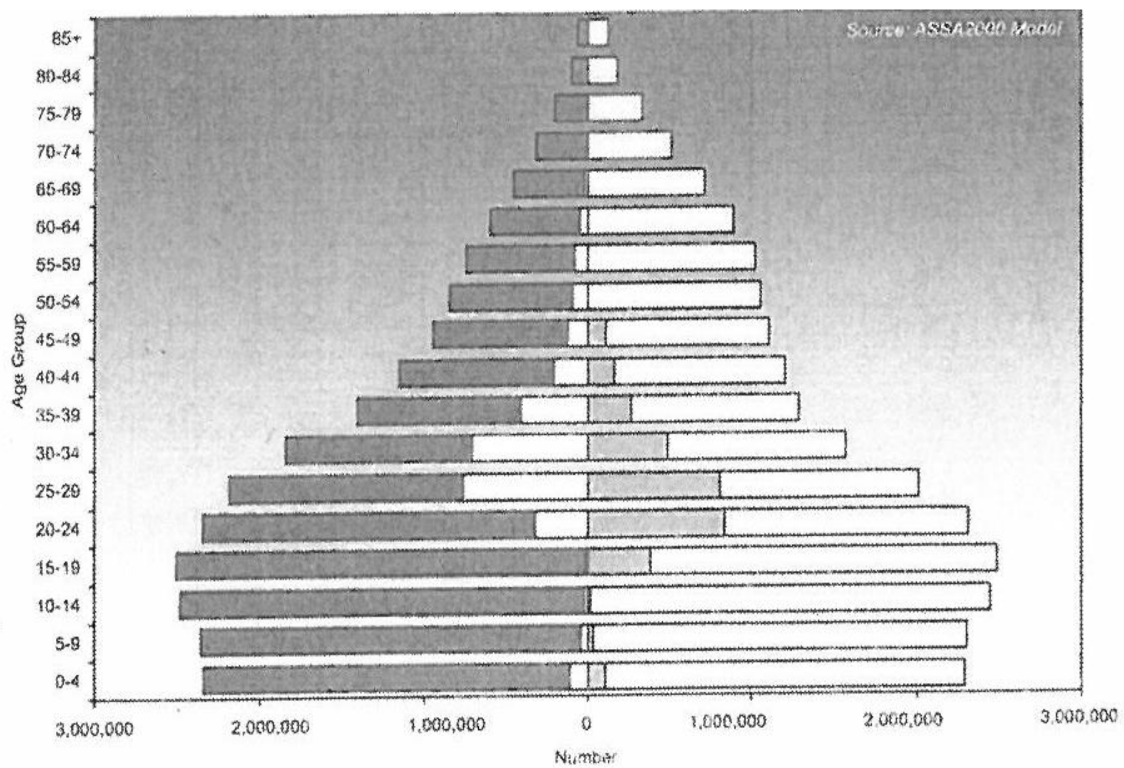
Ambert (2004:14) maintains that Figure 3.1 reveals a substantial drop in total population figures. The difference between no AIDS and the Change and/or No Change trend lines is taken to represent the total population impact. It is worth stressing that the difference, in terms of total population numbers between the Change and No Change scenarios, is minimal in the short term but accentuates from 2010 onwards. In other words, while the introduction of ART minimises to some extent the pandemic in absolute numbers, population growth patterns appear to have been significantly altered.

Figure 3.2: Population Pyramid 2015, No AIDS scenario



(ASSA, 2000)

FIGURE 3.3 Population Pyramid 2015, No change scenario



(ASSA, 2000)

In Figures 3.2 and 3.3 above, population pyramids are captured for 2015, in a No AIDS and AIDS scenario (ASSA, 2000).The two population pyramids show the change in population structure in 2015 that would be due to HIV and AIDS.

The population pyramid contained in Figure 3.2 is typical of that of a developing country with its symptomatic broad base. Figure 3.3 provides a graphic representation of the substantial shifts in population profile in 2015.

By just a glimpse at the two figures above a few observations can be made. Firstly, the base of the pyramid has shrunk significantly, suggesting an important reduction in the rate of natural population increase due largely to increasing infant mortality as well as an overall decrease in fertility levels. Secondly, the ratio of male to female population is substantially skewed in favour of males, who are generally much less vulnerable to HIV infections than females. Thirdly there is a much more pronounced decrease in the proportion of the population aged 25 to 60, indicating a substantial shift in household dependency ratios, and suggesting a substantial rise in the number of orphans and young adults without one or two parent. For example in 2002, the national number of AIDS orphans was 279, 102 (CSA, 2002). This figure will increase substantially by 2015, arguably beyond the carrying capacity of social networks that have historically provided care and guardianship support to orphans. This will continue to give rise to household profiles that differ from the current ones. These household profiles may have substantially different abilities to engage with the municipal sphere as a provider of services and local governance systems.

3.5 HIV AND AIDS IMPACT

As the speed and extent of HIV spread differs greatly among countries and geographical areas so too will its impact on municipalities. Assessing and predicting the impact of HIV/AIDS on municipalities is difficult, for in no country has the epidemic run its course.

National, provincial and local impact is not felt until AIDS cases appear in significant numbers and the full impact on municipalities will take time to appear (Mann and Tarantola, 1996:10). The impact of HIV/AIDS is becoming increasingly visible in the hardest hit region of Sub-Saharan Africa when HIV/AIDS is now deadlier than Somalia war itself. AIDS is a major problem for labour intensive government departments and municipalities. Although the elite classes can be seriously affected the greatest impact is on the poor. Poorer families and communities spend less on nutritious food, adequate shelter, routine health measures, non- AIDS related health care, education and other basic needs (Shaeffer, 2002).

3.5.1 Workplace impact

Sehgal (1999: 5) found that since a large proportion of the HIV infected population falls in the productive age group the impact on productivity and costs is considerable. Employers in both private and public sector are likely to face increased labour costs because of low productivity, higher absenteeism, shortage of labour, shorter working hours, sick leave and other benefits, early retirement and additional training costs. The economic impact will only slowly manifest itself as the number of individual illnesses and deaths accumulate over time.

HIV/AIDS increases morbidity and mortality in populations at precisely those ages where normal levels of morbidity and mortality are low. It is from these unusual events that other impacts flow. In terms of impact, there is a great deal that is known. The Human Science Research Council has argued that it is expected that the premature death of large numbers of the adult population, typically at ages when they have already started families and become economically productive, can have a radical effect on virtually every aspect of social and economic life (FAO Corporation, 2002).

This is clearly indicated by an increase in the number of dependents relying on smaller numbers of productive household members and the increasing numbers of children left behind to be raised by grandparents or as child-headed households (FAO Corporation, 2002).

SALGA, SACN & DPLG (2005:18) maintains that HIV/AIDS affects all businesses both directly and indirectly, resulting in increased costs and reduced productivity.

Reasons for increased business costs include:

- Recruitment and training: The more skilled and unskilled employees an organisation loses due to HIV/AIDS the more time and money needs to be spent on recruiting and training new staff.
- Higher pension fund and insurance premiums: The more employees an organisation loses due to HIV/AIDS the more likely the premiums will increase.
- Administration: As more employees become affected or infected by HIV the greater the administrative workload. In some organisations a full-time person may be needed to handle the extra administrative work.
- Medical care: As more of the organisation's employees become infected by HIV, medical aid premiums will increase. If the organisation offers ill employees other kinds of healthcare support, the expenses in this regard will climb (SALGA, SACN & DPLG 2005:19).

Other reasons for reduced productivity include:

- Employees who are ill due to HIV and AIDS will need more sick leave and/ or work less efficiently.
- Training new employees to fill skills gap caused by employees lost or absent due to HIV and AIDS is unavoidably time- consuming and slows down productivity.
- Employees worrying about family or friends who are affected or infected with HIV/AIDS will not be 100% focused on their work.
- Employees having lost family and friends due to HIV and AIDS will require more compassionate/funeral leave.
- High staff turnover and the frequent loss of co-workers decreases staff moral and motivation.
- Service delivery will be negatively affected- not only due to the number of infected employees, but also due to the increased demand for certain services,

especially basic services, and the ability of Local Government to attract and retain adequate levels of skilled staff.

- Services in disadvantaged communities and remote areas will be particularly vulnerable to absenteeism or deaths among staff whilst at the same time compromising the potential for mentoring and skills transfer.
- Sick leave could increase dramatically (SALGA, SACN & DPLG 2005:19).

3.5.2 Municipal impact

The relationship between HIV and AIDS and local government can be understood in terms of municipalities being the workplace, agents of service delivery and procurers of goods and services. HIV and AIDS affect municipalities as a workplace comprising of officials as well as councillors, who may be infected or affected. This has implications for the functioning of the organisation in terms of staff absenteeism, turnover, lower productivity, loss of skills and institutional memory, reduced capacity for service delivery and financial costs such as increased spending on recruitment and training of new employees, disability and death benefits and pension pay-outs (RSA, 2007a:17). Impacts in the workplace may also be considered in relation to political decision-making processes with the municipality, where municipal councillors may be infected or affected. The impacts can negatively affect their ability to carry out their service delivery functions and the quality of services provided. The capacity of municipalities to provide services on an efficient and sustainable basis can also be affected by the impacts of HIV and AIDS on communities (RSA, 2007a, 17). HIV and AIDS may impact on sectors over which municipalities have competency or interest and specifically a planning role. Addressing HIV and AIDS impact on the sectors over which municipalities have competency should take place within the IDP framework (Ambert, 2007, 11).

Figure 3.4: Direct and indirect costs for local governments arising from HIV/AIDS

	Increase expenses / Direct costs	Lost productivity/ Indirect costs
Individual costs – from one employee with HIV/AIDS	Predictable and easy to measure • Benefits payments* • Medical care* • Recruitment of a replacement worker* • Training of a replacement worker*	Less predictable and difficult to measure • Increased leave and absenteeism* • Reduced on-the-job productivity* • Supervisor's time* • Vacancy until replacement is hired* Poorer performance due to replacement's inexperience
Organisational costs – from many employees	Less predictable and limited data • Benefits premiums*	Institutional vulnerability Production or service failures or disruptions due to missing skills,

(Tomlinson, 2006: 41)

In the case of Figure 3.4, the items marked with * were included in the costing exercise, with these being the items in the Figure where credible values could be derived. These costs mainly refer to costs to individuals, as costs to the organisation are much more difficult to determine and the necessary data is lacking. The bottom right box was labelled by the consultant as 'institutional vulnerability' and it is these factors, left uncosted, that are believed to be most important for housing and service delivery.

Tomlinson (2006: 41) maintains that the costing exercise immediately focuses attention to the direct costs and indirect costs and how they differ between managerial versus unskilled levels. Unskilled labour costs almost fully consist of direct costs. More than 50% of the cost of management consists of indirect costs. Further, unskilled labourers are believed to have highest HIV prevalence. The significance lies in the fact that the highest HIV prevalence is found among the lowest paid and easiest to replace labour force and that it is expected that few

managers and supervisors will need to be replaced because of AIDS –related terminations (ibid). The available data are shown in Table 3.1 below.

Table 3.1: HIV prevalence and cost variations according to skill level

	HIV prevalence	Expected AIDS-related terminations
Semi-skilled	11.7%	26
Skilled	7.4%	4
Supervisors	-----	5
managers	3.7%	1

(Tomlinson, 2006: 41)

To estimate the total cost of these terminations in 2004, the cost per AIDS- related termination was multiplied by the number of terminations expected in each job band and employee category (Tomlinson, 2006:42).

RSA (2007c) maintains that it is very likely that AIDS will have the following direct impact on the municipality. There will be fewer people living in the area in 10 years than earlier projections because people will not live for as long as projected (around 43 years instead of 60 years). The need for health care and poverty alleviation will increase and expenditure meant for development may have to be spent on health and welfare. Existing inequalities between rich and poor areas will become worse and as a result poor households will be less able to pay for services, rents and rates. It is likely that there will be an increase in bad debts. Economic growth will shrink since less disposable income is available for spending.

3.5.3 Impact on local communities

RSA (2007c) reported that 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 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 and who have lost their own parents. Reliance on an extended family structure has resulted in severe overcrowding, which can lead to hygiene and sanitation problems. 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 (RSA, 2007c). This also has serious implications for the elderly who rely on their own children for support in their old age (ibid).

3.5.4 Impact on family life and children

Tshoose (2010: 423) reported that families are extremely important in society and they form the glue that holds communities together. Families form natural structures in which networks of care and support exist. They constitute a very important social resource which can assist South Africa against challenges of HIV and AIDS. HIV and AIDS pose one of the greatest challenges to families in history. HIV and AIDS touches at the very heart of families drawing them closer together or driving them further apart. The illness and resulting death of fathers, mothers, children and siblings changes the very structure of this primary building block and is exacerbated further by the additional financial constraints placed on the family. Family members of people living with or dying from HIV and AIDS are directly affected by the disease. RSA (2007c) maintains that people who are ill or dying are usually parents and breadwinners. This means that children are often put in the role of caregivers of those who are ill and at the same time have to make means for the family to survive financially.

RSA (2007c) found that if both parents die many children are left heading households and looking after younger siblings. There are approximately 840 000 children in South Africa who have lost their mothers mostly because of HIV/AIDS. By 2015 it is expected that there will be three million AIDS orphans unless

comprehensive health interventions make it possible for children's caregivers to live longer. (Tshoose, 2010:427). Children not only lose financial security but also very often lose their mothers who are their primary emotional caregivers. In most families affected by HIV, 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 home. In order to cope with decreasing income and increasing expenditure households can draw on four types of coping strategies. They can utilise savings, sell assets, borrow or seek to increase income. There are also existing high levels of household debt owed by households which amounted on average to 4 times the amount of household income. Change in household size coupled with a change in dependency ratios suggests that households are becoming poorer because they have to stretch their already meagre assets to cover more members.

RSA (2007c) established that 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. Tshoose (2010: 412) maintains that problems experienced by extended families in taking care of the children relate to lack of knowledge about available social grants. In many cases children become increasingly vulnerable to malnutrition, abuse and exploitation and ill health. Families who have little contact with their extended families have a greater likelihood of orphans being abandoned should the current caregiver die.

When distant relatives are unable to work and support their family due to AIDS illnesses relatives with jobs or casual jobs are expected to play a larger role in direct

support of extended family members or indirect support providing money for medical expenses or school fees.

According to Save the Children, (2001:1) HIV and AIDS do not only affect the health of a child, or the child's family. The disease impacts upon children and youth in a number of different ways, and on a number of different basic rights. Research has shown that HIV and AIDS affects and impacts on many of the rights of the child, encroaching upon all four pillars of a child's basic rights to non-discrimination, the right to survival and development, the right to the best interests of the child prevailing in all matters concerning the child, and the right to participation of the child (ibid).

Children infected and affected by HIV/AIDS are still subjected to traumatic stigmatisation and discrimination from a wide range of sectors, including in the health care, education and welfare sectors, and more disturbingly, from their own communities and extended families.

3.5.5 Impact on education

RSA (2007c) asserts that the HIV and AIDS pandemic ravaging South Africa could lead to a decline in school enrolment and increases in drop-out rates. Absenteeism among children who are care-givers or heads of households, those who help to supplement family income and those who are ill, is bound to rise. In most countries in Southern Africa where research has been done, teachers were found to be among the sectors most affected by HIV/AIDS. The impact on school teachers is profound in terms of mortality, productivity and costs to the quality and availability of education. Some will be ill, absent and dying. Many others will be occupied with family crises. This decrease in the availability of teachers can have a serious impact on education RSA (2007c). 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. Ijumbi (2011) maintains that while HIV/AIDS has a negative impact on

education, it is also through education that appropriate mitigation initiatives can be implemented. The integration of HIV/AIDS education and life-long skills programmes in the school curricula can be an effective way of influencing changes in children from an early age.

A number of studies have shown that there is a very high infection rate in young adults at tertiary institutions. Khumalo (2010) found that the Higher Education AIDS survey shows that the HIV prevalence rate among administrative staff stands at 4,4 percent whilst 9,9 percent of service workers are HIV positive. A survey conducted on 21 of the 23 higher institutions in the country established that the national prevalence rate among students is 3,4 percent. The Eastern Cape and Kwazulu-Natal emerged as the regions with the highest prevalence while the Western Cape has the lowest figures and Gauteng, North West, Limpopo and Free State occupy the middle ground.

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.

3.5.6 Economy

According to RSA (2007c) the economic effects of AIDS are first felt by the poor 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 affected 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.

RSA (2007c) found that 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 the government's ability to invest in infrastructure like roads, sewage and piped water. Local government will also find borrowing money more costly.

RSA (2007c) has reported that 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 and in poor areas fewer people will be able to pay for basic services and this will also affect the local economy of the municipality.

3.5.7 HIV and AIDS impacts undermine the fiscal viability of the municipal sphere

Ambert (2004:17) suggests that the total consumption per capita and total income per capita may decrease instantly. In a context of globalisation where there is a decrease on formal employment in South Africa, HIV and AIDS will compound current pauperisation trends. This will mean that both at the bottom and at the top, spending will be prioritised towards fending off increasing socio-economic vulnerability. At the bottom, decreasing per capita incomes may result in situations where households that would otherwise not be eligible for state assistance that affect municipalities become eligible because of the macro-economic impact of HIV and AIDS. Ambert (2004:17) suggests further that this could result in situations where substantial resources previously allocated for municipal management and settlement development are re-allocated to fund agencies of public health and welfare. Municipalities are affected by household patterns not only for the coverage of bulk and connector infrastructure required, but also for the resources at their disposal to implement as well as operate and maintain such infrastructure.

There is an emergence of new household demographic trends. The doubling of household numbers suggests the need for a revision of the investment level required. In a context heavily impacted by HIV and AIDS the number of households eligible for indigent support measures from the municipal authorities will outstrip both the current allocation levels (Ambert, 2004:18).

3.5.8 HIV and AIDS has particular requirement for water and sanitation services

Du Preez, Makaudze and Potgieter, (2012:1) reported that people living with advanced HIV and AIDS have a much greater requirement for water than healthy people because they need it for cleaning soiled bed linen, extra bathing and medication. There are problems associated with using communal sanitation facilities or the bush. These relate to safety, basic human dignity and the potential spread of disease. The growing number of immune-suppressed people in South Africa makes the provision of water of a good microbial quality even more urgent because drinking water can contain a range of microorganisms which create health risks for HIV and AIDS infected people (Du Preez et al, 2012:1). Inadequate management of access to safe water and sanitation, which can lead to infection with worms, malaria and bilharzia which, in turn increases the infectiousness of HIV positive individuals and makes HIV negative persons more susceptible to HIV infection (RSA, 2007a:14). Settlement and housing conditions where access to water and sanitation and environmental health are either lacking or inadequate increases the likelihood of residents contracting opportunistic infections like diarrhoea complicated by parasitic infection (RSA, 2007a:15). Clean water is necessary to enable mothers to bottle-feed their babies. Home-based care of HIV and AIDS infected persons is wholly dependent on enough water and water of a good quality. Water is also used by care-givers who assist in taking care of sick people at home for washing linen and cleaning the house. Absence of adequate water and sanitation may cause families to entrust ill family members to institutions. Access to basic sanitation and effective solid waste management is essential in reducing HIV and AIDS- related morbidity and mortality. Communal toilets are often vandalised, are very dirty and long distances away from households and the sick, especially females and children, often

have to use their yard or the bush for defacation. Sharing toilets with neighbours is known to increase diarrhoea incidences in communities (DuPreez et al, 2012:2).

This consideration is important from a local governance perspective as municipalities play a decisive role in setting not only service standards but also tariffs.

3.5.9 HIV and AIDS introduce new migration patterns

Crush (2004:1) found that migration is one of many social factors that have contributed to the AIDS pandemic. Previous studies have shown that people who are more mobile, or who have recently changed residence, tend to be at higher risk of HIV infection than people in more stable living arrangements. Closeness to health centres is regarded as an important locational factor by HIV and AIDS victims. Policy responses to migration have been at worst particularly repressive and at best unaccommodating. There is no indication that HIV and AIDS implications for individual mobility are now being considered national or locally. The municipal sphere's response to one of the outcomes of migration in informal settlement processes has also been repressive.

New patterns of mobility and migration that may emerge include:

- People moving back to rural areas to receive terminal care from family members.
- People moving into urban areas to receive better medical care and ART.
- People moving to settlement and housing contexts that are more affordable to the household affected by the economic burden of HIV and AIDS.
- Passing dependents (orphans and young adults) around households in the extended families as a livelihood and survival strategy (RSA, 2007a:16).

3.5.10 HIV and AIDS morbidity have a bearing on spatial and transport planning

Research done in Khayamandi showed that people preferred government hospitals as a source of health care over other options. According to Ambert (2004:21) the emphasis on deconcentrated primary health care through the establishment of

community clinics and related services means that the spatial accessibility of the preferred source of service which is government hospitals, will be challenging for a substantial majority. This suggests that the continued peripheralisation of access to the urban core appears particularly at odds with the health requirements and preferences of HIV and AIDS victims. Municipalities play an important role in planning for public transportation services and the physical accessibility of health care facilities (Ambert, 2004:21).

3.5.11 AIDS mortality increases the demand for burial services

Disposing of the bodily remains of AIDS victims is an issue which government role-players are attempting to grapple with. The increasing demand for land for cemeteries and incidence of pauper burials and poverty relief programmes is regarded as a challenge to municipalities. Harber (2000) associates the horror of cemeteries as freshly ploughed fields, over-spilling into public open spaces and roadways and the abandonment of cadavers for pauper's burials. He forecasts that in five years' time South Africa will require 65 ha of land each month to bury the additional bodies of HIV and AIDS victims in both formal and informal burial grounds which will contaminate the land. This matter will certainly affect municipalities in a very direct and tangible manner both in respect of burial and environmental health matters.

3.5.12 Impact on governing capacity

Business Day newspaper reported that between 228 000 and 253 000 public servants nationally would have died of AIDS by 2012 (*Business Day*, 2001). In addition, the report predicts that the epidemic will impose serious costs as a result of AIDS-related absenteeism and reduced productivity. Another important impact on governing capacity is the effect of HIV/AIDS on representative institutions. This also has implications for the depth and genuineness of local-level democracy. High levels of absenteeism could undermine the representativeness of municipal councils by robbing some wards of their representation in the governing body.

Both absenteeism and turnover also represent a reduction in available skills and a loss of experience and training. The loss of personnel to HIV and AIDS is particularly problematic for municipalities given the difficulty and costs involved in recruiting and retaining skilled individuals. Municipalities are now competing with the private sector and other levels of government and civil society for skilled, quality personnel. If municipalities start losing people in key strategic positions to AIDS, it will be a serious blow to their operations because finding replacements of similar calibre will be difficult.

Councillors who are elected by wards must be replaced through by- elections, which have significant economic costs and are likely to have a lower turnout than regular elections, thereby limiting the electoral mandate of those newly elected individuals.

3.6 WHAT IS THE MANDATE OF LOCAL GOVERNMENT ON HIV AND AIDS?

SACN, (2004:17) maintains that the mandates for local government's response to HIV and AIDS are not clearly articulated due to the constitutional mandate that requires all three spheres of government to work together and function in an interdependent manner. In some instances the mandates describe the roles and responsibilities of local government in generic terms, but they do not reflect the changing needs and demands of local populations and the emerging responsibilities of local government in relation to HIV and AIDS.

The combined reading of the Constitution of South Africa and local government statutes inherently mandates our system of developmental local government to play both an active and proactive role in HIV and AIDS prevention and mitigation (City of Jo' burg, Undated, DPLG, 2007).

Firstly, the mandate of local government in relation to HIV and AIDS is stated in Section 152 of the constitution in relation to the objectives of developmental local government then followed by Section 153 (a) that requires municipalities to structure and manage their administration, budgeting and planning processes to give priority

to the basic needs of their communities and to promote the social and economic development of the community (RSA, 1996:84).

HIV and AIDS, as well as development, are both human rights issues. Developmental local government like any other sphere of government, therefore, has a role in upholding citizens' rights as enshrined in the Constitution. Accordingly, the mandate of local government in relation to HIV and AIDS can be seen in subsequent local government statutes.

The White Paper on Local Government outlines the vision for developmental local government and requires municipalities to ensure that all citizens receive at least the minimum levels of basic services, that democracy and human rights are promoted, and that economic and social development are facilitated (RSA, 1998:23).

Secondly, the Municipal Systems Act 32 of 2000 establishes a clear framework for the core processes of planning, performance management, resource mobilisation and organisational change within municipalities (RSA, 2000: 2).

Lastly municipalities as work places are regulated by specific labour laws such as the Employment Equity Act 55 of 1998; Labour Relations Act 66 of 1995, Occupational Health and Safety Act 85 of 1993 and Compensation for Occupational Injuries Act 130 of 1993 that require employers to implement in the workplace, measures that respond to HIV and AIDS (RSA,2007b:26).

According to SACN, (2004:18) since 1998, the mandate of local government has been to maximise social development and economic growth by alleviating poverty, enhancing job creation and providing basic services. Local government is expected to do this without efficient financial support from provincial government.

Simultaneous growth in population, geographic territory and the steady growth of the HIV and AIDS epidemic have translated into an increasing gap between the range of services needed and the revenue available at municipal level to finance these services. This results in a large and growing "unfunded mandate" which refers to the

implied responsibilities of local government for which additional resources from central revenue are not made available (SACN, 2004:19).

3.7 HIV AND AIDS STRATEGIC PLANNING AT LOCAL LEVEL

Kelly and van Donk (2009:13) suggest that provinces and municipalities have to work out how to support local responses and to come up with ways of co-ordinating their efforts. The Framework for an Integrated Local Response to HIV and AIDS document launched by the Department of Local Government (DPLG) promotes a common understanding of what development and governance responses to HIV/AIDS entail. It specifies the role of municipalities and provides guidance on what they can do to respond to HIV/AIDS within their existing mandates, programmes and strategies, and defines a strategy for supporting municipalities and other role-players towards these ends. According to Kelly and van Donk (2009:13) the Framework, with its accompanying implementation plan (RSA, 2007a:19) is a clear attempt to locate local government's maximising social development and economic growth on municipalities and their responses to localised HIV/AIDS epidemics.

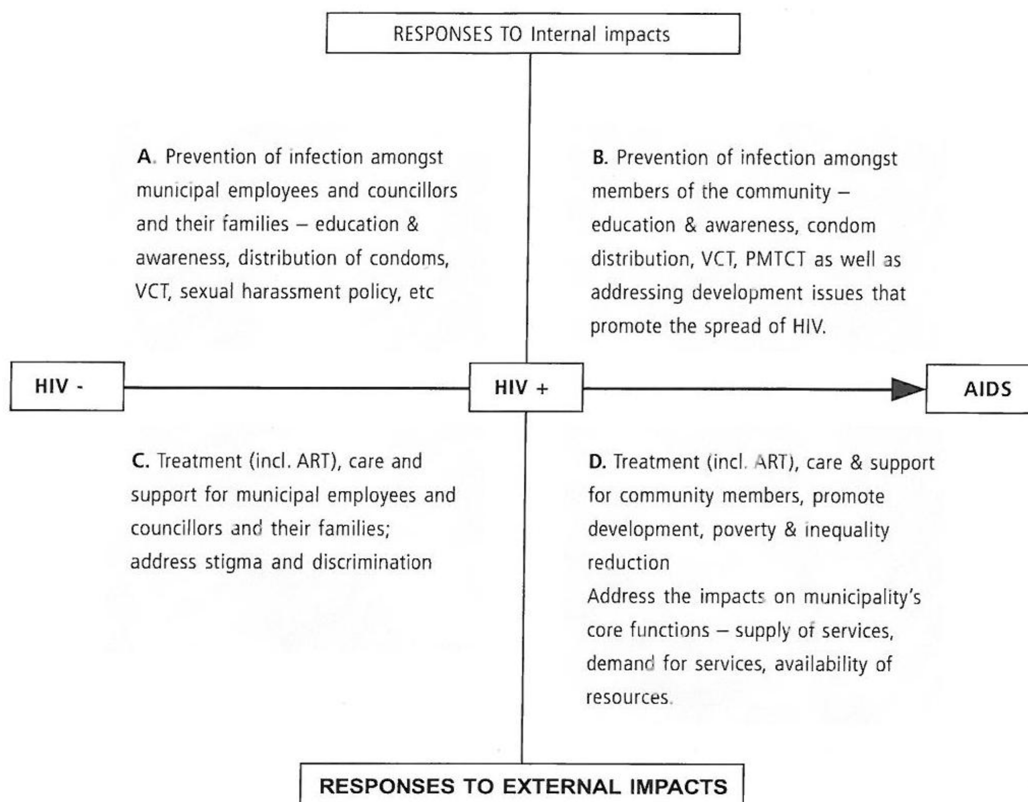
The mandate for local government HIV/AIDS responses, might however be regarded as implicit within the more general set of mandates around, ensuring the provision of basic services, maximising social development and economic growth, promoting a healthy environment, encouraging the involvement of communities and community organisations in local development, assessing and responding to development needs of communities, establishing bringing together coalitions and networks of local interests that co-operate to realise shared visions, planning and co-ordinating local development, establishing sustainable and liveable settlements, responsive problem-solving and a commitment to working in open partnerships with business, trade unions and community-based organisations, and directing community energies into programs and projects which benefit the entire area.

Kelly and von Donk (2009:14) maintain that in terms of the Municipal Systems Act of 2000 all municipalities must begin planning processes to produce an Integrated development plans (IDP) for a five-year period. Kelly and von Donk (2009:14)

suggest that the IDP process holds the promise of facilitating and embedding integrated and collaborative local –level response to HIV/AIDS. Few IDP documents reflect what could be called effective mainstreaming of HIV/AIDS into municipal functioning.

Isandla Institute (2007:10) found that it is critical for municipalities to know the status of the epidemic in their municipality, as well as in different areas within the municipality in order to inform the specific types of services and interventions required to respond effectively. HIV is predominantly transmitted through sexual relations between men and women. Therefore, prevention efforts should be targeted at changing sexual behaviour that puts individuals at risk of HIV infection. Behaviour is very difficult to change and sexual behaviour is seen as personal and as a result most people are embarrassed to discuss it. The prevention of transmission from mother to child is also a critical element of any prevention strategy. Figure 3.5 below shows responses to internal and external HIV and AIDS impacts.

FIGURE 3.5: Prevention of infection



Source: Adapted from Barnett and Whiteside (2002: 298)

As indicated in Figure 3.5, it is useful to understand the impact of HIV and AIDS, and the responses required by local government in terms of the progression of the disease from people having an HIV negative status through to contracting HIV and then ultimately becoming ill or dying as a result of AIDS (horizontal axis). The vertical axis indicates internal impacts and external impacts of HIV and AIDS, and the responses required at different stages of the disease. Each box, A to D, indicates the key responses required from a municipality as the disease progresses amongst individuals within the municipality and within the broader community within the municipality's jurisdiction.

3.7.1 Prevention

Padayatchi, Naidoo, Dawood, Kharsany and Abdool (2010) reported that while South Africa progresses towards the Millennium Development Goals on HIV and AIDS, recognition exists that a generic approach to address the epidemic is not successful without integrating local knowledge, culture and conditions to create awareness among communities.

According to RSA (2007c) a very important area to focus on is preventing the further spread of HIV. AIDS is preventable and people who are not yet infected can be protected. The vast majority of people do not have HIV/AIDS and more can be done to ensure that they stay safe. The South African government is stepping up its fight against HIV and AIDS by promoting various measures, including medical male circumcision and prevention of mother -to- child infections, HIV and AIDS Awareness, HIV and AIDS Education and Training, Condom Promotion and Distribution and Voluntary Testing and Counselling (SALGA, SACN & DPLG (2005:99) .

3.7.2 HIV and AIDS Education and Training

SALGA, SACN & DPLG (2005:101) asserts that ignorance and incorrect information are two factors that contribute to the spread of HIV and AIDS. They are also reasons why people living with HIV and AIDS are so often stigmatised and do not receive the

support they need both at home and at work. By providing staff and community at large with factually correct information on HIV and AIDS issues the municipality will address these problems. This will also prevent further infections in the municipality.

3.7.3 Testing and counselling

Another important response is the provision of testing and counselling facilities so that those who are already infected can find out about their status and play an active part in preventing the further spread of the disease. Testing is only effective when confidentiality is guaranteed and when people who come for voluntary testing are assured that no one will find out. Counselling is very important to help deal with the emotional effect of finding out that one is HIV positive as well as choices that one has to make to change a lifestyle so that one does not spread further the disease (RSA, 2007c).

3.7.4 Research and monitoring

A monitoring and evaluation system must be developed and implemented by municipalities. Support should be given by the government for research of microbicides and vaccines and male circumcision. Research should be conducted to identify cost-effective forms of treatment and prophylaxis. Effective partnerships should be created between government and civil society (RSA, 2007c).

3.8 MUNICIPAL MAINSTREAMING

In this section mainstreaming HIV and AIDS as part of municipal planning and programmes will be discussed.

3.8.1 What is mainstreaming?

SACN (2005:20) suggests that while there is consensus that individualised efforts by stakeholders do make a valuable contribution in the fight against HIV and AIDS, there is also recognition that through collective planning and programming more could be achieved. This goes for cooperation between external stakeholders as well as between departments within a municipality. One way to achieve this is through

mainstreaming. Mainstreaming can be defined as the process of analysing and contextualising how HIV and AIDS impact on all sectors now and in the future, both internally and externally, to determine how each sector should respond, based on its comparative advantage (HEARD, 2003). Mainstreaming means bringing something into the main areas of work, as opposed to treating it only as a special side-issue with its own dedicated programmes. It is often used to describe what has to be done to achieve integration of gender issues in all policies and programmes.

Isandla Institute (2007:12) asserts that HIV and AIDS mainstreaming is an approach whereby HIV and AIDS is seen through a development and government lens. Mainstreaming as an approach to HIV and AIDS requires municipalities to analyse how HIV and AIDS impacts on themselves as organisations and on their core work, and to determine how they should respond.

The concept of mainstreaming is based on the understanding that HIV and AIDS is not merely a health issue and that education and awareness around prevention is not enough to stop the rapid spread of the disease and deal with its consequences. To deal with the negative impacts of the epidemic, sustained, equitable and inclusive socio-economic development is needed. This means that all sectors, including those that traditionally are not considered to have a bearing on health issues, have a role to play in responding to HIV and AIDS. Mainstreaming requires all municipal departments to look at their core work through the lens of HIV and AIDS and to take HIV and AIDS causes and effects into account during all stages of the municipal planning, implementation, budgeting, monitoring and evaluation.

One of the key implications of adopting a mainstream approach to HIV and AIDS in municipal planning, governance and service delivery is that more attention needs to be paid to the human geography of HIV/AIDS. This implies recognising when there is uneven distribution of HIV within municipal boundaries and paying attention to spatial and built environment considerations that are important in providing local responses to HIV/AIDS. It is here where the municipality can make the strongest impact in both

reducing vulnerability to HIV infection and in strengthening coping capabilities and social cohesion in the face of the epidemic (Isandla Institute, 2007).

Dlamlenze (2012:15) suggests that mainstreaming should be taking place in both the internal functioning of a municipality, and the externally focused service delivery work. Successful HIV/AIDS mainstreaming as a development activity must accomplish two things. First, it must reframe the way organisations work internally given the impact of the epidemic. Secondly, mainstreaming should ensure that developmental programmes are accessible and do not further marginalise vulnerability to the virus. According to SALGA, SACN & DPLG (2005) local government has external and internal areas of focus when dealing with HIV and AIDS. The external focus is outward- looking and targets communities served by municipality. The second area is the inward- looking internal focus on staff issues. The DPLG Framework on HIV and AIDS proposes two approaches, the internal and external mainstreaming of HIV and AIDS. This section will discuss both approaches.

3.8.1.1 Internal mainstreaming

According to RSA (2007a:23) internal mainstreaming requires local government to ensure that the work environment is HIV and AIDS conscious through implementing measure to reduce the likelihood of employees getting infected and to reduce the vulnerability of the organisation to the impacts of the pandemic. This approach entails working with all staff to educate them about HIV and AIDS and ensuring access to ART.

It also entails reviewing and adapting internal systems and procedures to reduce the negative impact of HIV and AIDS on the organisation. The aim of internal mainstreaming is to ensure that the organisation operates effectively and continues to fulfil its mandate functions irrespective of an HIV and AIDS presence. Internal mainstreaming deals with measures to reduce the susceptibility of municipal staff to HIV infection, and to reduce the vulnerability of the organisation to the impacts of the epidemic. It includes working with staff to educate them about HIV and AIDS, conducting VCT and providing, or facilitating, access to ART. It also means re-

examining and adapting internal systems and procedures to reduce the negative impact of HIV and AIDS on the organisation, for example, reviewing HR policies and succession planning. The aim of internal mainstreaming is to try to ensure that the organisation can continue to operate effectively in the face of HIV and AIDS and to continue to fulfil its functions.

3.8.1.2 External mainstreaming

External mainstreaming deals with the work of the municipality in the community. It entails that every line department within municipalities should adapt their core work to take into account susceptibility to HIV infection and vulnerability to the impact of AIDS amongst the communities within the municipal area. Adapting core work does not mean fundamentally changing what municipalities do, but rather identifying the possibilities that exist within their core work for reducing susceptibility and vulnerability in communities.

Mainstreaming is meant to complement HIV and AIDS programming, as it is about planning and implementing development and governance interventions that support educational, preventative, and care and treatment programmes.

For example, mainstreaming interventions that aim to promote the safety of women and children assist in reducing the risk of women and children’s exposure to sexual violence and hence the potential transmission of HIV. To use another example, lack of access to clean water and sanitation can severely compromise the health and comfort of those living with HIV and AIDS. At the most basic level, mainstreaming means ensuring that developmental local governance proactively tackles conditions of marginalisation and vulnerability in the municipal area.

3.9 MAINSTREAMING HIV AND AIDS IN THE INTEGRATED DEVELOPMENT PLANNING

The Local Government: Municipal Systems Act of 2000 introduced a fundamentally new approach to planning and budgeting at local government level in South Africa, known as Integrated Development Planning (IDP). In terms of the Act, it became compulsory for all municipalities to formulate a single IDP document that would apply

to the entire area under the municipality's jurisdiction and which would be the principal strategic planning instrument which guides and informs all planning and development, and all decisions with regard to planning, management and development in the municipality (RSA, 2000:44). The IDP should be the principal planning vehicle for mainstreaming HIV and AIDS, since it is the overall plan that is supposed to guide all development that takes place within a municipal area (Isandla Institute, 2007:16).

Integration of HIV and AIDS into a municipality's IDP is critical since all municipal budget allocations should be made directly on the basis of the contents of an IDP. Incorporation of HIV and AIDS responses into an IDP posed a challenge for most municipalities in the country (Isandla Institute, 2007:16). Often there is little understanding evident from municipal IDP's of the impact of HIV and AIDS on service delivery capacity of municipalities or the role that sector departments can play in the reduction of vulnerability, prevention and mitigation of the impacts of the disease (Isandla Institute, 2007:16).

3.10 MAINSTREAMING HIV AND AIDS THROUGH PARTICIPATION

RSA (2007a:16) maintains that preparation for the IDP review process must ensure that participation mechanisms enable marginalised and vulnerable people, including people residing in informal settlements and those living with HIV and AIDS, to participate. Without effective participation for target groups, municipal planning will not meet their development needs.

Chapter Four of the Local Government: Municipal Systems Act, 2000 deals specifically with community (public) participation in all processes of municipal governance. In this chapter municipalities are required to develop a form of municipal governance that will complement formal representative government with a system of participatory governance (RSA, 2000:265). Participation should also include the major role-players in the municipal economy, and provide a platform for identifying how these role-players are affected by HIV and AIDS, what they are doing about it and what opportunities exist for establishing partnerships.

3.11 HIV AND AIDS STRATEGIC PLAN FOR SOUTH AFRICA, 2007-2011

In 2003 the South African government approved a comprehensive National Plan on HIV and AIDS Care, Management and Treatment. This plan was evaluated and revised in 2006 and a new strategy was published (RSA, 2007c).

S.A. News (2013) reported that South Africa is making progress towards achieving the target set by the United Nations of reducing the number of new infections by 50% by 2015. The plan also had a strong focus on reducing the number of infections among young people.

However, the government faced a big challenge in meeting those goals and needed a great deal of cooperation from civil society and local communities. The strategy was based on the principles of partnership, effective leadership and good communication. It sought to promote social change and to make sure that funding was available for key programmes.

The strategy was holistic and also addressed issues like poverty reduction and social safety nets, the empowerment of women and the promotion of testing. It also focused on human and legal rights, medical research and monitoring and evaluation of programmes and projects.

3.12 NATIONAL STRATEGIC PLAN 2012-2017

The NSP is the strategic guide for the National response to HIV, STI's and TB for the next five years. The plan addresses the drivers of the HIV and TB epidemics and builds on the achievements of the previous NSPs to achieve its goals. Unlike its predecessor, the NSP 2012-2017 aims to inform national, provincial, district and community –level stakeholders on strategic directions to be taken into consideration when developing implementation plans (RSA, 2011c).

This new NSP strategic objective seeks to mainstream HIV and TB and its gender- and rights dimensions into the core mandates of all government departments

including local government and all other sectors of SANAC; an issue that was not dealt with in the NSP 2007-2011. Finally, the NSP will guide all stakeholders in the development of implementation plans that will reflect their specific contributions to the achievement of NSP. These plans will be costed and resources mobilised to support implementation (RSA, 2011c).

3.13 CONCLUSION

Effort to restrain the labour force costs of HIV and AIDS contributes to sustaining institutional capacity. High turnover and deskilling of staff will reduce the effectiveness of local government and will diminish capacity to reduce service delivery backlogs and focus on needs arising from HIV and AIDS. Sarzin, (2013:2) established that there are three strategies that a municipality can employ to manage the impact of HIV and AIDS on municipal human resources and service delivery. Firstly they can invest in prevention activities, including information and education programmes and the promotion and distribution of condoms in the workplace. Secondly, they can invest in the treatment and care of sick employees. Thirdly, they can invest in broadening the skills of employees to facilitate re-allocation of responsibilities and ensure that there are adequate career development and succession plans for key staff functions. It is against this backdrop that effective strategies must be devised to mitigate the impact of HIV and AIDS on municipalities.

CHAPTER 4
RESEARCH METHODOLOGY

4.1 INTRODUCTION

In this chapter the researcher describes the research design and research methodology of this study. The research methodology determined the methods the researcher used to collect information. A sample from the entire relevant population was used to obtain the required information. Identification of the instruments employed in data analysis was done as well as reliability and validity of those instruments. Both qualitative and quantitative research approaches were used in this study. McMillan and Schumacher (2006:9) define methodology as a design where the researcher selects data collection and analysis procedures to investigate a specific research problem. Leedy (1993:139) states that both the nature of the data and the problem being researched will dictate the research methodology. The objectives of the research determine the methodology and the design of the research (Cohen, Manion & Morison; 2000:73).

4.2 RESEARCH METHODOLOGY OF THE STUDY

A combination of qualitative and quantitative research methodology was used in this study. A survey was administered to a selected sample from a specific population identified by the researcher. Survey methods gather primary data through the direct questioning of respondents using questionnaires to structure and record the data collection. A survey was conducted through face- to- face interviews and questionnaires. Questionnaires are less expensive and easier to administer as they lend themselves to group administration and they allow confidentiality to be assured.

4.3 RESEARCH DESIGN

Mouton (1996:175) defines research design as an exposition or plan of how the researcher purposes to execute the research problem that has been formulated. Leedy & Ormrod (2001:91) assert that design provides the overall structure for the procedures that the researcher follows, the data that the researcher collect and the data analyses that the researcher conducts. Aspects of the qualitative and quantitative approach were followed in this study.

4.3.1 Qualitative research design

Frankel and Wallen (2003:430) define qualitative research as the studies that investigate the quality of relationship, activities, situations, or materials. McMillan and Schumacher (2006:315) maintain that qualitative research describes and analyses people's individual and collective social actions, beliefs, thoughts and perceptions. The qualitative approach is suitable for this study because it describes in detail the impact of HIV and Aids on Municipal Management at George Municipality. The qualitative research design that the researcher used in this study, were interviews. Case studies are suitable for learning more about a little known or poorly understood situation (Leedy & Ormrod, 2005:135). People in the George Municipality have little information about the impact of HIV and Aids in the municipality. The results of the study will address the impact of HIV and Aids in the municipality.

Data was collected by conducting interviews. During interviews, participants who were selected by the researcher, were five councillors and five ward committee members from the George local municipality to discuss the impact of HIV and Aids.
In this study, data analysis was done simultaneously with data collection.

4.3.2 Quantitative research design

A quantitative design which is a questionnaire was used to answer questions about relationships among measured variables with the purpose of explaining, predicting and controlling phenomena (Leedy and Ormrod, 2005:94). McMillan and Schumacher (2006:117) state that the designing of quantitative research involves

choosing subjects, data collection techniques, procedures for gathering the data, and the procedures for implementing treatments.

According to Fraenkel and Wallen (2003:431), the emphasis in quantitative design is to break down complex phenomena into manageable pieces for study and to eventually reassemble them into a whole. Babbie (2007:244) points out that survey research is the best method available to the researcher who is interested in collecting original data for describing a population too large to observe directly in its totality.

In this study, the descriptive (survey) method was used.
Descriptive research was used to:

- Determine the impact of HIV/Aids on management in George Municipality;
- Examine the strategic response of the municipality to mitigate the spread of the epidemic.

The researcher used questionnaires to collect data. Descriptive analysis was employed to describe the research results.

4.4 THE POPULATION

Wegner (2012:5) defines a population as the collection of all possible data values that exist for the random variable under study. In this study the population comprised of employees and councillors associated with the municipality. This survey addressed the impact of HIV/Aids on management in George Municipality. This area was chosen since a review of relevant literature revealed that George is the economic hub of the Southern Cape. Social and economic factors here facilitate the spread of HIV/Aids more than in most other areas in the Southern Cape.

4.5 SAMPLE

A sample is the subset of the whole population which is actually investigated by a researcher and whose characteristics will be generalised to the entire population

(Bless & Higson-Smith, 2000:84). The sample should be chosen carefully in that the researcher can see all the characteristics of the total population (Leedy,1993 :204) Stratified Random sampling is the best single way to obtain a representative sample because the probability is higher for this procedure than any other. The sample was compiled by using the following participants:

20 skilled /unskilled staff members

10 ward committee members/ ward councillors

10 middle/senior managers

5 ward councillors

5 ward committee members

The total sample selected to participate in this research was 50 people. Stratified random sampling is a common variation of simple random sampling where the population is divided into subgroups on the basis of a variable chosen by the researcher, such as gender, position in the organisation or level of education (McMillan & Schumacher, 1993:162).

4.6 DATA COLLECTION

In this study, the researcher used a variety of methods and techniques of data collection. Qualitative data was collected by using interviews and observation. During data collection, the researcher identified the techniques that were used to gather information. Quantitative data for this study was collected by using questionnaires to determine the success of the strategies that the municipality had been implementing to deal with the employees who are infected or affected by HIV and Aids. A literature study was also used to collect data.

Bless and Higson-Smith (2000:20) identified seven purposes of literature reviews:

- To sharpen and deepen the theoretical framework of the research.
- To familiarise the researcher with the latest research developments.
- To identify gaps in knowledge, as well as weaknesses in previous studies.

- To discover connections, contradictions or other relevant relations among different research results by comparing various investigations.
- To identify variables which need to be considered in the research.
- To study the definitions used in previous work, as well as the characteristics of the population being investigated.
- To study the advantages and disadvantages of the relevant research methods.

4.6.1 The Questionnaire and interviews

Hofstee (2010:133) describes questionnaires as a form of structured interviewing where all respondents are asked the same questions and are often offered the same options in answering them like 6 “yes/ no”s. A total of 50 questionnaires were handed to participants. The same list of questions was used to conduct face- to- face interviews with 10 participants. An interview is a data collection technique based on a series of questions relating to the research topic to be answered by research participants (Bless & Higson-Smith, 2000:155). The nature of the study was explained to the participants by the researcher as well as the plan for using the results. During the interviews, the participants felt free to share their opinions. The layout of the questionnaire was simple to encourage participation of the respondents. The questionnaire was divided into two sections. Section A dealt with classification data and Section B dealt with the respondents’ understanding of HIV and AIDS, strategies utilised by the organisation to reduce the impact of the pandemic, management of the pandemic and the respondents’ suggestions to the organisation to improve the current status quo. A covering letter accompanied the questionnaires (See Annexure B). The letter informed the participants about the purpose of the study and what was expected of them. Responses to questionnaires were analysed, discussed and interpreted by the researcher with the help of the statistician.

4.6.2 Types of questions used

The researcher used closed-ended questions, as well as open-ended questions to collect data. Bless and Higson-Smith (2000:122) state that closed-ended questions provides quantification in the results. Open-ended questions are also suitable for this study as they leave the participants completely free to express their answers as they

wish (Bless and Higson-Smith, 2000:120). This gave the respondents opportunities to express their personal opinions about HIV/Aids. Answers to open-ended questions are difficult to interpret and analyse. They allow for more in- depth answers when required (Hofstee 2010:133).

4.6.3 Literature study

A literature study was done by the researcher to obtain relevant information about the HIV/Aids pandemic. The literature study provided a substantially better insight into the dimensions and complexity of the problem (De Vos, 1998:65). The researcher accessed books, Government Gazettes, circulars and periodicals.

4.6.4 Pilot Study

In order to identify and rectify problems and shortcomings relating to the questionnaire, a draft questionnaire was tested on 4 respondents of George Municipality. The response from the 4 respondents indicated that the data likely to be collected would enable investigative questions to be answered. The researcher therefore, saw no need to amend the questionnaire.

4.6.5 Administering the questionnaire

The questionnaire was personally delivered or e-mailed to the respondents and was collected by researcher after completion respondents were assured of confidentiality and anonymity in the covering letter.

4.7 ETHICAL CONSIDERATION

According to Wellington (2000:54), ethics refer to the moral principles guiding conduct, which are held by a group or even a profession. Babbie (2007:62) identifies the following important ethical guidelines that prevail in social research:

- Voluntary participation
- No harm to the participants
- Anonymity and confidentiality

- No deception.
- Confidentiality and anonymity should be maintained at every stage, especially in the publication.

Anyone involved in social research needs to be aware of the general agreements shared by researchers about what is the proper and improper conduct for a specific inquiry (Babbie, 2007:62).

4.8 DATA INTERPRETATION AND ANALYSIS

According to Cohen et al. (2006:147), data analysis means making sense of the data in terms of the participants' definition of the situation, noting patterns, themes, categories and regularities. Data was analysed by using interpretation analysis, namely codes, to explain the data collected. The findings were communicated by analysing and reflecting on the narratives. Leedy and Ormrod (2001:161) identified four stages of data analysis called a data analysis spiral:

- Organization

  During this stage, data is filed to create a computer database and breaking large units into smaller ones.
- Perusal

  Getting an overall sense of the data. Jotting down preliminary interpretations.
- Classification

  Grouping the data into categories or themes. Finding meaning in the data.
- Synthesis

  Offering hypothesis or propositions and constructing tables, diagrams and hierarchies.

The data collected from the survey was interpreted and analysed quantitatively and qualitatively by means of tables and discussions. The data collection and data analysis was done simultaneously. The researcher first read all the data collected in order to be acquainted with the content of the data. Data segments were categorised according to an organised system of topics from the collected data. Material that belonged to one category was gathered in a file. The researcher coded the content

of each category in order to identify the similarities and distinctions between categories. The categories were used as a result.

Descriptive statistics were used to analyse the quantitative data. According to Leedy and Ormrod (2005:257), descriptive statistics describe a body of data. The data were analysed and presented by means of tables, and the percentages were calculated.

Quantitatively the objective of the research was to clearly define how the information was going to be used. Respondents were allowed to complete the questionnaire at a convenient time. Qualitatively, the researcher would be able to communicate the findings in an appealing and easily understood manner (Wright and Crimp 2000:399).

4.9 SOURCES OF INFORMATION

Information was obtained from various sources like Legislation and policy documents related to local government responses to HIV and AIDS, prevalence statistics from Department of Health. Electronic (World Wide Web) was used to obtain more information and insight on the subject of HIV and AIDS.

4.10 RELIABILITY AND VALIDITY

Bless and Higson-Smith (2000:125) define reliability as the extent to which the observable measures that represent a theoretical concept are accurate and stable when used for the concept in several studies. Babbie (2007:313) states that validity ascertains whether measurements actually measure what they are supposed to, rather than measuring something else. The construction and control of the test as and the method evaluating the test and personal factors determine reliability of the research. The questionnaire was simply worded. Instead of a straight 1-5 Likert scale on many of the questions the choice of answers was actually worded 'Strongly agree and strongly disagree'. The closed-ended questions left little room for doubt and many were validated by the open-ended additional comments at the end of the

question. The questionnaire was made available in English only, which from the researcher's point of view could not affect responses as respondents could speak, write, and read the language. In this study, the research methods which the researcher used were reliable. They resulted in assisting the researcher to collect accurate and reliable data. In data analysis, the measuring instruments have great value and need to be relevant to the type of data collected. For this study, reliable and valid research strategies were generated.

4.11 SUMMARY

The purpose of this chapter was to describe the research methodology of this study, explain the sample selection, describe the procedure used in designing the instrument and collecting the data, and provide an explanation of the statistical procedures used to analyse the data.

CHAPTER 5

EMPIRICAL RESULTS

5.1 INTRODUCTION

This chapter presents analysis of data followed by the discussion of the results obtained from the survey questionnaire of the study. The objective of this chapter is to reveal the core issues about the impact of HIV and AIDS on municipal management. The results are divided into three sections. The first section deals with classification data and background information of the respondents by looking at gender, age, ethnic group, experience and qualifications. The second section deals with the analysis and discussion of data from the survey questionnaire (both closed and open-ended questions. The third section presents a summary of the results.

5.2 RESPONSE RATE OF THE SURVEY

During the survey a total of 50 questionnaires were distributed by hand and email to George Municipality's officials and councillors in various departments. Of the 50 questionnaires 20 were either lost or not completed, which means that a response rate of 60% was produced. A follow- up was made personally to those that did not return their completed questionnaires 20 were still outstanding.

Hussey and Hussey (1997:164) clarify questionnaire non-response bias as being of two types:

- Questionnaire non-response, whereby the questionnaires are not returned at all.
- Item non-response, where some of the questions in the questionnaire have not been answered.

Of the 50 questionnaires distributed, 30 completed questionnaires were returned, while 20 respondents (40 percent) failed to respond. This renders a response rate of 60 percent.

40% Questionnaire non-response

60% Questionnaire response

5.3 METHODS OF DATA ANALYSIS AND PRESENTATION OF DATA

Descriptive statistical analysis was used to identify frequencies and percentages to answer all questions in the questionnaire. Not all respondents answered all of the questions, due to lack of knowledge about the subject in question, therefore percentages reported correspond to the total number of municipal officials answering the individual questions.

5.4 DATA ANALYSIS AND INTERPRETATION

5.4.1 Classification data –Section A

Although it was not part of the purpose of the study, this set of data was intended to describe classification data of the sample and to assess for any influence on the research findings. The classification of data age, sex, years of experience and qualifications

Section A

Classification Data

The response to Section A involved classification information

5.4.1.1 Age

Respondents were asked to tick the age category appropriate to them (see Table 5.1 below). All respondents responded to the question (30 responses or 100%). The table below illustrates that the majority 43.3% (13) of the respondents fall within the bracket of 40 to 49 years of age; respondents between 20 to 29 years made up 13.3% (4 responses) of the participants; 36.7% (11 responses) were between 30 to 39 years old; and 6.7% (2 responses) were between 50 to 59.

Table 5.1: Age

		Frequency	Percent
Valid	20-29 years	4	13,3
	30-39 years	11	36.7
	40-49 years	13	43.3
	50-59 years	2	6.7
	Total	**30**	**100.0**

5.4.1.2 Gender

This section provides information on the distribution of participants by gender. Participants were asked to indicate their gender by placing a tick next to the relevant option provided (male or female). All 30 participants (100%) responded. Of the 30 respondents 15 (50%) were males and the remaining 15 (50%) were females. This indicates that both gender groups were interested in participating in the study which could help in mitigating the impact of HIV and AIDS in their organisation.

Table 5.2: Gender

		Frequency	Percent
Valid	Male	15	50.0
	Female	15	50.0
	Total	30	100.0

5.4.1.3 Ethnic group

The data analysis outcome indicates that a significant number 50% (15) of respondents were black; 16.7% (5) respondents were white and 33.3% (10) respondents were coloured. More black people responded to the research, probably because they would like to find solutions to reduce the impact HIV and AIDS in their organisation as blacks appear usually the most affected group.

Table 5.3: Ethnic group

		Frequency	Percent
.Valid	Black	15	50.0
	White	5	16.7
	Coloured	10	33.3
	Total	30	100.0

5.4.1.4 Position

43.3% (13) of respondents were unskilled municipal officials; 40% (12) of respondents were skilled; 13.3% (4) were middle management and lastly 3.3% (1) of the respondents were senior management. More unskilled municipal officials were more interested in participating in the study probably because they are highly affected by HIV and AIDS.

Table 5.4: Position

		Frequency	Percent
Valid	Unskilled	13	43.3
	Skilled	12	40.0
	Middle Manager	4	13.3
	Senior Manager	1	3.3
	Total	30	100.0

5.4.1.5 Years of experience

This section provides information on the distribution of respondents by their experience. Again, 100% response rate was achieved (30 responses). The findings indicate that 16.7% (5) of the respondents reported 0 to 5 years of local government experience. Many of the respondents 53.3% (16) have reported 6 to 10 years length

of local government experience; 20% (6) of the respondents have 11 to 20 years of experience while 10% (3) of the respondents have 21 years of experience. This shows that respondents with few years of experience were interested in participating in the study to try and assist in ways of reducing the impact of HIV and AIDS in their organisation so that they can perhaps have more years of experience without being infected or if already infected to

Table 5.5 : Years of experience

		Frequency	Percent
Valid	0-5 years	5	16.7
	6-10 years	16	53.3
	11-20 years	6	20.0
	21+ years	3	10.0
	Total	30	100

5.4.1.6 Qualification

The findings indicate that the majority 36.7% (11) of respondents who participated in the study had matric; 13,3% (4) of them had only attended school up to grade 10 or equivalent; 26.7 (8) had matric plus diploma; 20% (6) had a university degree; 3.3% (1) had masters. The deduction is that probably they do not have sufficient information about HIV and AIDS more HIV and AIDS education is needed.

Table 5.6: Qualification

		Frequency	Percent
Valid	Gr10 or equivalent	4	13.3
	Matric	11	36.7
	Matric + Diploma	8	26.7
	Matric + 1st degree	6	20.0
	Masters	1	3.3
	Total	30	100.0

5.4.2. SECTION B

Section B of the questionnaire had questions based on the understanding of the HIV/AIDS, strategies utilised by the organisation to reduce the impact of the pandemic, opinions about how the George Municipality is managing HIV/AIDS issues, HIV/AIDS Policy and practice.

5.4.2.1 Understanding of HIV/AIDS

Close ended dichotomous questions

The respondents were asked to put an X to the YES, NO or NOT SURE options at each question.

Section B

Question 1. *Can HIV/AIDS be cured?*

The findings to the above question are shown in Table 5.7 below. The responses revealed that 10.0% (3) of the respondents believe that HIV/AIDS can be cured. The majority of respondents 73.3% (22) HIV/AIDS cannot be cured while 16.7% (5) were not sure whether it can be cured or not. It can then be concluded that the majority of respondents are aware that HIV/AIDS cannot be cured.

Table 5.7: HIV/AIDS and cure

		Frequency	Percent	Valid Percent
Valid	Yes	3	10.0	10.0
	No	22	73.3	73.3
	Not sure	5	16.7	16.7
	Total	30	100.0	100.0

Question 2 *Does HIV cause AIDS?*

Participants were asked to indicate their view on whether HIV causes AIDS by placing a tick next to the relevant option provided (yes, no , not sure). The findings of the above question revealed that 80% (24) of respondents agreed that HIV cause AIDS. 6.7% (2) did not agree while 13.3% (4) revealed that they are not sure whether HIV cause AIDS. The findings revealed that the respondents have sufficient information that AIDS is caused by HIV.

Table 5.8: The cause of AIDS

		Frequency	Percent	Valid Percent
Valid	Yes	24	80.0	80.0
	No	2	6.7	6.7
	Not sure	4	13.3	13.3
	Total	30	100.0	100.0

Question 3. *Do sexually transmitted infections increase your chances of contracting HIV?*

Respondents were asked to indicate their opinions on whether sexually transmitted infections increase one's chances of contracting HIV. The findings indicate that 76.7% (23) of respondents agreed that sexually transmitted infections increased

chances of contracting HIV; 6.7% (2) Did not agree that sexually transmitted infections increase chances of contracting HIV while 16.7 (5) revealed that they were not sure that sexually transmitted infections increase chances of contracting HIV. It can therefore be deduced that respondents will seek treatment when they have sexually transmitted infections to reduce their chances of contracting HIV or they will use a condom.

Table 5.9: Sexually transmitted infections and HIV

		Frequency	Percent	Valid Percent
Valid	Yes	23	76.7	76.6
	No	2	6.7	6.7
	Not sure	5	16.7	16.7
	Total	30	100.0	100.0

Question 4. *Is HIV only spread by having unprotected sex with an infected person?*

This section indicates clearly that a significant number of respondents are aware that HIV is spread only by having sex with an infected person. There are other ways of getting infected like blood transfusion and mother to child transmission. Table 5.10 below illustrates that the majority 83.3% (25) did not agree that HIV is spread only by having sex with an infected person; 16.7% (5) agreed that HIV is spread by having sex with an infected person. None of the respondents indicated that they were not sure that HIV is spread only by having sex with an infected person.

Table 5.10: HIV and unprotected sex

		Frequency	Percent	Valid Percent
Valid	Yes	5	16.7	16.7
	No	25	83.3	83.3
	Total	30	100.0	100.0

Question 5. *Is it dangerous to work / live with a person who is HIV Positive or who has AIDS?*

In this section participants were required to give their views about working and living with a person who is HIV positive. The findings indicate that 86.7% (26) agree that it is not dangerous to work/live with a person who is HIV positive or who has AIDS while 10.0% (3) said it is dangerous , and 3.3% (1) are not sure whether it is dangerous or not. This means that municipal employees will work freely with HIV positive co-workers without fearing being infected by them. HIV positive employees will not be discriminated against.

Table 5.11: Working with an HIV positive person

		Frequency	Percent	Valid Percent
Valid	Yes	3	10.0	10.0
	No	26	86.7	86.7
	Not sure	1	3.3	3.3
	Total	30	100.0	100.0

Question 6 *Can you tell if someone has HIV/AIDS without an AIDS test?*

Respondents were asked to indicate their views by ticking next to the relevant answer on whether one can tell if someone has HIV/AIDS without an AIDS test. Data analysis (Table 5.12) revealed that 80% (24) respondents agree that you cannot tell if someone has HIV/AIDS without AIDS test, while 6.7% (2) did not agree they believe that by just looking at a person they can tell if such a person has AIDS AND 13.3% (4) indicated that they were not sure. This means that municipal officials are aware that only an HIV/AIDS test can determine that the person is HIV positive or not but not by just looking at them.

Table 5.12: Appearance of an HIV positive person

		Frequency	Percent	Valid Percent
Valid	Yes	2	6.7	6.7
	No	24	80.0	80.0
	Not sure	4	13.3	13.3
	Total	30	100.0	100.0

Question *7 Can HIV positive people remain an active part of society?*

The findings (Table 5.13) of the above statement indicate that 90.0% of the respondents agreed that HIV positive people can remain an active part of society, while 3.3% did not agree and 6.7% of the respondents indicated that they were not sure.

Table 5.13: HIV positive person in society

		Frequency	Percent	Valid Percent
Valid	Yes	27	90.0	90.0
	No	1	3.3	3.3
	Not sure	2	6.7	6.7
	Total	30	100.0	100.0

Question 8 Does the window period last for 12 weeks?

The data analysis outcome indicates that a significant number of participants (65.5%) are not sure that window period lasts for 12 weeks, while 24% agreed that it is 12 weeks and 12% did not agree that window period is 12 weeks. This means that more education about the window period is needed to make municipal officials aware about the window period.

Table 5.14: HIV and the window period

		Frequency	Percent	Valid Percent
Valid	Yes	7	23.3	24
	No	3	10.0	10
	Not sure	19	63.3	66
	Total	29	96.7	100.0
Missing	System	1	3.3	
Total		30	100.0	

Question 9 Does using a condom during sex reduce the chance of getting HIV?

In this section data concerning condom usage is provided. The majority (82.3%) of the respondents indicated that they agree with the statement that using a condom during sex reduces the chances of getting HIV 13.8% of the respondents did not agree with the above mentioned statement while 3.4% indicated that they were not

sure that using a condom during sex reduces the chance of getting HIV. It can then be deduced that most of the respondents agree that using condoms during sex thus reduces the chances of getting HIV.

Table 5.15: Condom usage reduces HIV/AIDS risk

		Frequency	Percent	Valid Percent
Valid	Yes	24	80.0	82.8
	No	4	13.3	13.8
	Not sure	1	3.3	3.4
	Total	29	96.7	100.0
Missing	System	1	3.3	
Total		30	100.0	

5.4.2.2 Strategies utilised by the organisation to reduce the impact of the pandemic

Respondents were asked to place an X in the appropriate block

Has the municipality participated in any of the HIV/AIDS campaigns to reduce the stigma attached to HIV/AIDS in the last financial year?

The findings of the study indicate that a significant number of respondents (60.0%) agreed that George Municipality participated in the HIV/AIDS campaigns to reduce the stigma attached to HIV/AIDS in the last financial year, while 20.0% did not agree that George participated in any of the HIV/AIDS campaigns to reduce stigma attached to HIV/AIDS, and 20% were not sure whether the municipality participated or not. This means that HIV positive people will not be stigmatised because of their status because municipal officials indicated that they were educated about stigmatising HIV positive individuals.

Table 5.16: HIV/AIDS campaigns to reduce stigma

		Frequency	Percent	Valid Percent
Valid	Yes	18	60.0	60.0
	No	6	20.0	20.0
	Not sure	6	20.0	20.0
	Total	30	100.0	100.0

Does the municipality have an approved HIV/AIDS policy or strategy?

The results of the findings indicate that 46.6% of the respondents agreed that the municipality has an approved HIV/AIDS policy, while 16.7% did not agree that the municipality has an approved policy, and 36.7% were not sure whether the municipality has such a policy.

Table 5.17: HIV/AIDS policy

		Frequency	Percent	Valid Percent
Valid	Yes	14	46.6	46.6
	No	5	16.7	16.7
	Not sure	11	36.7	36.7

Does the municipality have policies or systems in place to retain HIV/AIDS infected and affected people employed in the organisation?

43.3% of the respondents were not sure that the municipality had policies or systems in place to retain infected or affected employees, while 40.0% agreed that there were policies and systems in place to retain infected and affected employees, and 16.7% did not agree that there were policies and systems in place. George Municipality has to put in place policies and systems to retain infected employees and workshop employees about these policies so that they are sure that they exist.

Table 5.18: Policies and systems for employee retention

		Frequency	Percent	Valid Percent
Valid	Yes	12	40.0	40.0
	No	5	16.7	16.7
	Not sure	13	43.3	43.3
	Total	30	100.0	100.0

Has the municipality integrated HIV/AIDS policy into existing employee wellness initiatives?

The findings of the survey indicate that majority of the respondents (51.7%) agreed that the George Municipality has integrated its HIV/AIDS policy into existing employee wellness initiatives. 20.7% disagreed that GM has integrated HIV/AIDS policy into existing employee wellness initiatives, and 27.6% of the respondents indicated that they were not sure. It can then be deduced that George Municipality has to integrate HIV/AIDS policy into existing employee wellness initiatives.

Table 5.19: Integration of HIV/AIDS policy into existing wellness initiatives

		Frequency	Percent	Valid Percent
Valid	Yes	15	50.0	51.7
	No	6	20.0	20.7
	Not sure	8	26.7	27.6
	Total	29	96.7	100.0
Missing	System	1	3.3	
Total		30	100.0	

Has the municipality implemented any of the HIV/AIDS guidelines or frameworks provided by SALGA or DPLG in the workplace?

A significant number of respondents (51.7) indicated that they were not sure that GM had implemented any of the guidelines or frameworks provided by SALGA or DPLG in the workplace, while 27.6% agreed that the George Municipality had done so, and

20.7% of the respondents did not agree with the above statement. They believed that George Municipality has not implemented any of the guidelines or frameworks provided by SALGA or DPLG. It can then be deduced that George Municipality has not implemented the HIV/AIDS guidelines or frameworks provided by SALGA or DPLG in the workplace.

Table 5.20: HIV/AIDS workplace guidelines or frameworks provided by SALGA

		Frequency	Percent	Valid Percent
Valid	Yes	8	26.7	27.6
	No	6	20.0	20.7
	Not sure	15	50.0	51.7
	Total	29	96.7	100.0
Missing	System	1	3.3	
Total		30	100.0	

Has the municipality participated in any Local AIDS Council in the last financial year?

The results of the research indicate that a significant number of respondents (44.8%) were not sure that the George Municipality participated in any Local AIDS Council in the last financial year while 41.4% of the respondents agreed that the George Municipality participated in Local AIDS Council in the last financial year. The George Municipality has to educate employees about its involvement in Local AIDS Council.

Table 5.21: Participation in Local AIDS Council

		Frequency	Percent	Valid Percent
Valid	Yes	12	40.0	41.4
	No	4	13.3	13.8
	Not sure	13	43.3	44.8
	Total	29	96.7	100.0
Missing	System	1	3.3	
Total		30	100.0	

Does prioritisation and roll-out of basic services (water, sanitation, refuse, roads and power) explicitly reflect consideration of HIV/AIDS infected and affected people as beneficiaries?

The findings of the survey indicate that 64.3% of the respondents were not sure that prioritisation and the roll-out of basic services explicitly reflected consideration of HIV/AIDS infected and affected people as beneficiaries, while 21.4% of the respondents indicated that prioritisation and roll-out of basic services did not reflect consideration of HIV/AIDS infected and affected people as beneficiaries. Only 14.3% of the respondents agreed that prioritisation and roll-out of basic services reflected consideration of HIV/AIDS infected and affected people as beneficiaries. Employees must be educated on George Municipality's indigent policy and that prioritisation and roll-out of basic services should reflect consideration of HIV/AIDS infected and affected people as beneficiaries.

Table 5.22: Consideration of HIV/AIDS infected and affected people during prioritisation and roll-out of basic services

		Frequency	Percent	Valid Percent
Valid	Yes	4	13.3	14.3
	No	6	20.0	21.4
	Not sure	18	60.0	64.3
	Total	28	93.3	100.0
Missing	System	2	6.7	
Total		30	100.0	

Are HIV/AIDS education and prevention programme integrated into municipal training programmes for staff and councillors?

A significant number of respondents (48.3%) agreed with the above statement that the HIV/AIDS education and prevention programme is integrated into municipal training programmes for staff and councillors, while (37.9%) did not agree that it is integrated. The rest of the respondents (13.8%) indicated that they were not sure that it is integrated.

Table 5.23: Integration of HIV/AIDS prevention programme into municipal training programmes

		Frequency	Percent	Valid Percent
Valid	Yes	14	46.7	48.3
	No	11	36.7	37.9
	Not sure	4	13.3	13.8
	Total	29	96.7	100.0
Missing	System	1	3.3	
Total		30	100.0	

Does the tariff and rates policy of the municipality make provision for relief to those households whose livelihoods are negatively affected by HIV/AIDS?

The responses to this item indicate that the majority (46.7) of the respondents were not sure that the tariff and rates policy of the municipality made provision for relief to those households that were negatively affected by HIV/AIDS. A few respondents (20.0%) agreed with the above statement, while the rest of the respondents (33.3%) did not agree with the above - mentioned statement. More workshops on municipal policies should be done for municipal officials so that they are aware of what is entailed in the tariff and rates policies.

Table 5.24: Provision for relief to those households whose livelihoods are negatively affected by HIV/AIDS in tariff and rates policy.

		Frequency	Percent	Valid Percent
Valid	Yes	6	20.0	20.0
	No	10	33.3	33.3
	Not sure	14	46.7	46.7
	Total	30	100.0	100.0

Does the IDP Review document include explicit assessment of progress against targets related to HIV/AIDS?

The findings of the survey reveal that 60% of the respondents were not sure that the IDP Review document included an explicit assessment of progress against targets related to HIV/AIDS, while 23% did not agree with the above mentioned statement, and 16.7% agreed that the IDP Review document did include an explicit assessment of progress against targets related to HIV/AIDS. This means that a significant number of municipal officials are not sure of what is entailed in the IDP document. Municipal officials must be made aware of information included in the IDP Review document. They must visit the organisation’s website to view the document.

Table 5.25: IDP review document and inclusion of explicit assessment of progress against targets related to HIV/AIDS

		Frequency	Percent	Valid Percent
Valid	Yes	5	16.7	16.7
	No	7	23.3	23.3
	Not sure	18	60.0	60.0
	Total	30	100.0	100.0

5.4.2.3. Your opinion about how the George Municipality (GM) is managing HIV/AIDS issues, HIV/AIDS Policy and practice

Question 1*. I am aware of the positive benefits of knowing my HIV status.*

60.0% of the participants (n-18) reported that they were aware of the positive benefits of knowing their HIV status (4-5 rating on the Likert scale).

Table 5.26: Benefits of knowing one's HIV status

		Frequency	Percent	Valid Percent
Valid	SD	4	13.3	13.3
	3	2	6.7	6.7
	4	6	20.0	20.0
	SA	18	60.0	60.0
	Total	30	100.0	100.0

Question 2. *I believe GM is promoting HIV/AIDS awareness in a positive manner*.

30.0% of the respondents (n-9) reported that they were not sure that they believed that the George Municipality is promoting HIV/AIDS awareness in a positive manner. (3 rating on the Likert scale). More work needs to be done so that a significant number of employees strongly agree with the above- mentioned statement .

Table 5.27: Promotion of HIV/AIDS awareness in a positive manner

		Frequency	Percent	Valid Percent
Valid	SD	5	16.7	16.7
	2	3	10.0	10.0
	3	9	30.0	30.0
	4	8	26.7	26.6
	SA	5	16.7	16.7
	Total	30	100.0	100.0

Question 3. *I am aware of the GM workplace Policy on HIV/AIDS.*

30.0% of the participants reported that they were aware of the George Municipality's work place policy on HIV/AIDS (4-5 rating on the Likert scale). Workshops must be held on HIV/AIDS work place policy so that majority (above 50%) can strongly agree with the above statement.

Table 5.28: Knowledge of GM's workplace policy on HIV/AIDS

		Frequency	Percent	Valid Percent
Valid	SD	6	20.0	20.0
	2	5	16.7	16.7
	3	2	6.7	6.7
	4	8	26.7	26.6
	SA	9	30.0	30.0
	Total	30	100.0	100.0

Question 4. *I believe that GM's increase of voluntary counselling and testing will be a positive step forward in fighting the HIV/AIDS pandemic.*

40.0% of the participants (n-12) reported that were unsure that they believed that GM's increasing voluntary counselling and testing would be a positive step forward in

fighting the HIV/AIDS pandemic (3 rating on the Likert scale. HIV/AIDS campaigns to educate employees about the benefits of knowing your status should be held on regular basis.

Table 5.29: GM's increase of voluntary counselling and testing is a positive step in fighting the HIV/AIDS pandemic

		Frequency	Percent	Valid Percent
Valid	SD	1	3.3	3.3
	2	3	10.0	10.0
	3	12	40.0	40.0
	4	9	30.0	30.0
	SA	5	16.7	16.7
	Total	30	100.0	100.0

Question 5. *I understand what Anti-retroviral treatment entails*.

The findings of the survey indicated that 33.3% of the respondents (n-10) strongly agreed that they understood what the ARV treatment entailed (4-5 rating on the Likert scale).

Table 5.30: Understanding of an Anti-retroviral treatment

		Frequency	Percent	Valid Percent
Valid	SD	4	13.3	13.3
	2	5	16.7	16.7
	3	3	10.0	10.0
	4	8	26.7	26.7
	SA	10	33.3	33.3
	Total	30	100.0	100.0

Question 6. *I feel that Anti-retroviral Treatment should be available to all employees*.

48.3% of the respondents (n- 14) reported that they strongly agreed with the above statement that ARV treatment should be available to all employees (4-5 rating on the Likert scale).

Table 5.31: Availability of Anti-retroviral treatment to all employees

		Frequency	Percent	Valid Percent
Valid	3	8	26.7	27.6
	4	7	23.3	24.1
	SA	14	46.7	48.3
	Total	29	96.7	100.0
Missing	System	1	3.3	
Total		30	100.0	

Question 7. *I think that GM should not treat you differently if you get HIV/AIDS*.

A significant number of the participants (63,3%) (n-19) reported that they strongly agreed that the George Municipality should not treat someone differently if they contracted HIV/AIDS (4-5 rating on the Likert scale)

Table 5.32: Treatment of GM to HIV positive people

		Frequency	Percent	Valid Percent
Valid	2	2	6.7	6.7
	3	1	3.3	3.3
	4	8	26.7	26.7
	SA	19	63.3	63.3
	Total	30	100.0	100.0

Question 8. I am aware of the HIV/AIDS support and treatment offered to HIV/AIDS workers and their families.

23.3% of the participants (n-7) reported that they strongly agree with the above statement, while another group of participants, 23.3%, strongly disagree (4-5 rating on the Likert scale) that they are aware of the HIV/AIDS support and treatment offered to HIV/AIDS workers and their families (1-2 rating on the Likert scale). Information sessions should be held to inform employees about the HIV/AIDS support and treatment offered to employees, if any.

Table 5.33: HIV/AIDS awareness, support and treatment for workers

		Frequency	Percent	Valid Percent
Valid	SD	7	23.3	23.3
	2	5	16.7	16.7
	3	5	16.7	16.7
	4	6	20.0	20.0
	SA	7	23.3	23.3
	Total	30	100.0	100.0

Question 9. *I am aware of HIV/AIDS campaigns done by GM.*

53,4% of the participants (n-11) reported that they were aware of HIV/AIDS campaigns done by the George Municipality (4-5 rating on the Likert scale). George Municipality should increase the number of awareness campaigns to reach a significant number of employees.

Table 5.34: Awareness about GM's HIV/AIDS campaigns

		Frequency	Percent	Valid Percent
Valid	SD	6	20.0	20.0
	2	4	13.3	13.3
	3	4	13.3	13.3
	4	11	36.7	36.7
	SA	5	16.7	16.7
	Total	30	100.0	100.0

Table 5.35: Descriptive Statistics

	N	Minimum	Maximum	Mean	Std. Deviation
B3_1_1	30	1	5	4.13	1.383
B3_1_2	30	1	5	3.17	1.315
B3_1_3	30	1	5	3.30	1.557
B3_1_4	30	1	5	3.47	1.008
B3_1_5	30	1	5	3.50	1.456
B3_1_6	29	3	5	4.21	.861
B3_1_7	30	2	5	4.47	.860
B3_1_8	30	1	5	3.03	1.520
B3_1_9	30	1	5	3.17	1.416

Table 5.36
Correlations

	B3_1_1	B3_1_2	B3_1_3	B3_1_4	B3_1_5	B3_1_6	B3_1_7	B3_1_8	B3_1_9
B3_1_1	1.000								
B3_1_2	0.550	1.000							
B3_1_3	0.695	0.669	1.000						
B3_1_4	-0.196	0.326	0.031	1.000					
B3_1_5	0.762	0.516	0.699	0.018	1.000				
B3_1_6	0.456	0.118	0.397	0.164	0.448	1.000			
B3_1_7	0.578	0.228	0.414	-0.072	0.588	0.396	1.000		
B3_1_8	0.577	0.819	0.652	0.316	0.531	0.209	0.360	1.000	
B3_1_9	0.635	0.851	0.620	0.201	0.426	0.139	0.297	0.775	1.000

Red indicates statistically significant correlations (p<0.05)

The relationship is non-linear, meaning it is a strong negative linear relationship. This means that r = is close to -1. The slope is a negative straight line as variable x increases variable y decreases.

5.4.2.4 Your opinion about how the George Municipality should manage HIV/AIDS issues HIV/AIDS Policy and practice

Question 1 What two things should your organisation be doing to reduce the impact of HIV/AIDS in the work place, but has failed to do?

The findings of the study indicated that the respondents believe that George Municipality should dispense condoms in toilet facilities on regular basis to reduce infection through unprotected sex. Sign boards about HIV/AIDS should be placed in public facilities to remind the public about the existence and the dangers of the disease. The results of the study indicated that there is -0.196 correlation between the belief that George Municipality is increasing voluntary counselling and testing as a positive step forward in fighting the HIV/AIDS pandemic and awareness of the positive benefits of knowing one’s HIV status. More visible educational and awareness programmes should be done within communities and in the workplace.

Information sessions around HIV/AIDS should be made available for all employees so as to ensure that the majority of the employees have been reached. The findings of the study indicated that there is a significant correlation of 0.635 between awareness of HIV/AIDS campaigns done by George Municipality and awareness of the positive benefits of knowing one's HIV status. This means that if one is made aware of how one get HIV infection and is also aware of one's HIV status, that person will be able to prevent HIV infection. Regular voluntary counselling and testing should be done within the organisation so that employees become aware of their HIV status in order for employees to prevent one from getting infected with the disease. Roll-out programme to reduce stigma around HIV/AIDS should be done within the organisation. Voluntary counsellors should be trained to offer counselling services to infected and affected employees and their families. There is a strong belief that George Municipality should make treatment available to all infected employees especially those without medical aids.

Question 2 What, in your opinion, should your organisation do to assist local communities who are facing challenges of HIV/AIDS?

Empirical findings indicated that majority of the respondents believe that distribution of HIV/AIDS information brochures should be done, while support should be provided to affected families by reducing overdue municipal accounts. Respondents believed that HIV/AIDS infected and affected citizens should be considered for similar benefits given to indigent households, especially in cases where the breadwinner is sick and unable to work to support the family. The findings of the survey indicates that 0.031 correlation between belief that George Municipality's increase of voluntary counselling and testing is a positive step forward in fighting the HIV/AIDS pandemic and awareness of George Municipality's workplace policy on HIV/AIDS. Enough funding should be provided for HIV/AIDS awareness programmes, door to door campaigns and treatment. The findings of the survey indicated that there is a significant correlation of 0.851 between awareness about campaigns done by George Municipality and the belief that George Municipality is promoting HIV/AIDS awareness in a positive manner.

There is a correlation of 0.762 between understanding of what the antiretroviral treatment entails and the awareness about the positive benefits of knowing HIV status. The findings of the study indicated that there is a strong correlation of 0.775 between awareness of employees about HIV/AIDS campaigns done by George Municipality and awareness of the HIV/AIDS support and treatment offered to HIV/AIDS workers and their families. The findings of the study through conversation with HIV co-ordinator and Senior Human Resources Officer indicated that there is no Anti-retroviral treatment offered to workers by the George Municipality. The findings of the survey indicates that a significant correlation of 0.699 exist between understanding of what anti-retroviral treatment entails and awareness of the George Municipality's work place policy on HIV/AIDS. Support groups should be created to provide a platform where infected and affected employees can share experiences and get support from colleagues going through similar experiences. Respondents also believed that the George Municipality should also work together with the Province and the District in the fight against HIV/AIDS programmes. Lack of expertise and manpower to drive HIV/AIDS initiatives is also seen as another reason for HIV/AIDS not receiving attention and budget it deserves. Ignorance and the lack of co-ordination from the management side is seen as one of the reasons that prevented the implementation of HIV/AIDS programmes. The political situation is also indicated as one of the blocks to implementation of HIV/AIDS programmes. Funds are allocated to projects that are regarded as a priority instead of HIV/AIDS. HIV/AIDS is not regarded as the core function of local municipalities.

Question 3 What could be done to address the stumbling blocks highlighted in Question 2 above?

George Local Municipality should enter into Service Level Agreements with other organisations and sectors like NGO's and the Department of Health so that qualified health practitioners can be utilised for counselling and testing and during HIV/AIDS awareness campaigns so as to increase the 0.118 correlation between the feeling among respondents that ARV Treatment should be available to employees and the belief that George Municipality is promoting HIV/AIDS awareness in a positive

manner. All the necessary funding or budget should be made available to drive the process. Budget for recruiting and appointing staff should be made available. Training and development of current staff should be provided from the same budget. Political buy-in is encouraged to gain support of councillors. Councillors are decision-makers, their support is necessary for implementation of each and every plan to go ahead. Better implementation of policies is encouraged. Many policies are just on paper, proper implementation is lacking. Management should be trained on how to deal with HIV/AIDS and HIV-positive employees like providing support and care, and they should pro-actively participate and lead awareness programmes. Counselling, testing and treatment should be provided to infected or affected employees. Employment of skilled and innovative people to drive these initiatives is encouraged. Prevention and education should be the main topics to reduce the impact of HIV/AIDS. Research on what can be done to reduce the impact is encouraged.

CHAPTER 6

CONCLUSIONS AND RECOMMENDATIONS

6.1 INTRODUCTION

This chapter presents conclusions and recommendations drawn in terms of the aims and rationale of the study. Recommendations are proposed in terms of theory and empirical findings. Areas of future research are also suggested.

The aim of this study was to determine whether HIV and AIDS have an impact on the management of municipalities. The results did not show any statistically significant impact on management of municipalities. This could be due to the small sample size and unavailability of sufficient data.

6.2 CONCLUSIONS

Research findings confirm that the epidemic will present a unique and serious challenge to institutions of local government because staff will either be infected with or affected by the epidemic and financial costs to the municipality. HIV and AIDS increases morbidity and mortality in populations at precisely those ages where normal levels of morbidity and mortality are low. The literature review in Chapter three was used to provide a theoretical perspective on what is the impact of HIV and AIDS on management of municipality. Discussions on HIV and AIDS prevalence in South Africa, impact on governing capacity, local communities, municipal impact, workplace impact, impact on family life, children, education and economy has been presented. HIV and AIDS strategic planning at local level and mainstreaming was presented as the response against the pandemic. The particular dimensions of the impact on municipal governments are still largely unknown, and more in-depth and comparative research is needed to better understand the nature of the threat to municipal management, and to help municipalities adequately plan for and minimise the epidemic.

6.3 RECOMMENDATIONS

The recommendations that followed are offered as suggestions for reducing the impact of HIV/AIDS on municipal management. Strategy development on an organisational level without sufficient information, labour and data to enable informed policy and strategy formulation would be detrimental to the effectiveness of any such policy and or strategy for the organisation. The main aim of these recommendations is not to formulate an actual workable strategy but rather to highlight possible steps in the formulation and implementation of a proposed strategy. Absenteeism is viewed as a problem at George Municipality and as a result an email was sent to all employees warning them about abusing sick leave. In that email it was mentioned that employees were taking sick leave to such an extent that they end up having no sick leave left before the end of the leave cycle. It is recommended that an investigation should be done about the reasons employees are taking sick leave to the maximum. Employees do submit Medical Certificates but management need to do their own investigation even if it means offering counselling to affected employees.

This strategy should include, writing the strategy, obtaining leadership and management buy- in, knowing about HIV /AIDS and the law, developing HIV/AIDS workplace policies (implemented and communicated to all employees), on-going formal and informal education, availability of condoms, diagnosis, treatment and management of sexually transmitted diseases for employees, programme monitoring and monitoring and evaluation checks.

In order to mitigate short, medium and long term impact of HIV and AIDS on the organisation the components should be divided into six distinct focus areas in order to address the recommended strategy components.

6.3.1 Planning

In 2003 the South African government approved a comprehensive National Plan on HIV and AIDS, Care Management and Treatment (RSA, 2007c). After that plan the

new NSP 20120-2017 strategic objective was formulated and it seeks to mainstream HIV and TB and its gender and rights dimensions into the core mandates of all government departments including local government and all other sectors of SANAC (RSA,2007c). The NSP 2012-2017's aim is to inform national, provincial, local and community-level stakeholders on the strategic direction to be taken into consideration when developing implementation plans (ibid). Isandla Institute (2007:16) maintains that the IDP should be the principal planning vehicle for mainstreaming HIV and AIDS, since the overall plan that is supposed to guide all development that takes place within a municipal area.

(i) Writing the strategy
(ii) Obtaining leadership and management buy-in
(iii) Appoint a HIV and AIDS task team
(iv) Allocate adequate resources
(v) Integrate HIV/AIDS into plans that are to be included in the IDP
(vi) Allocate enough budget for HIV/AIDS programmes

6.3.2 Prevention

Barnett and Whiteside (2002:298) suggest that it is important to know external and internal impact of HIV and AIDS and the responses required at different stages of the disease. According to RSA (2007c) the vast majority of people do not have HIV/AIDS and more can be done to ensure that they are safe. Prevention of infection amongst municipal employees and councillors and their families should be done through the following approaches;

(i) Sharing of factually correct information through education and awareness is encouraged
(ii) Condom dispensing in the public toilets should be done on regular basis.
(iii) Resource centre should be established where pamphlets on HIV/AIDS will be made freely available to public.
(iv) Treatment of Sexually transmitted diseases (STD) like gonorrhoeal, care and support should be provided to municipal employees.

(iv) Knowledge, attitude and perception (KAP) studies should be done. It is important that the employer is aware of the amount of knowledge employees possess about HIV and aids like how it is contracted and how it affects municipalities, family , economy and education.

(v) Socio-economic context of residents to be considered. FAO Corporation (2013) maintains that premature death of large numbers of the adult population, especially when they become economically productive and have already started families can have a radical effect on every aspect of social and economic life. This is indicated by an increase in the number of child-headed households and orphans left behind to be raised by grandparents.

6.3.3 Management of employees

Dread disease policy cover

Voluntary counselling and testing

(i) Counselling and support should be provided to employees. Counselling is very important to help deal with the emotional effect of finding out of ones' HIV-positive status (RSA, 2007c).

(ii) Treatment (ART) should be made available to all HIV-positive employees. RSA (2007c) maintains that if a mother has been taking a full cocktail of antiretroviral medication the risk of the child contracting HIV is reduced.

(iii) Prevention of re-infection of HIV- positive people can be achieved by encouraging the use of condoms.

(iv) Impact of HIV and AIDS on municipality should be understood in terms of municipalities being the workplace, agents of service delivery and procurers of goods and services. Addressing HIV and AIDS impact on municipalities should take place within the IDP framework (Ambert, 2007: 11).

(v) Re-evaluation of policies and procedures should be done to close gaps as there is an IDP review.

Confidentiality and elimination of discrimination.

(i) Destigmatise HIV and AIDS
(II) Guest speaker programme stakeholder engagement
(III) Participate in existing HIV/AIDS forums and AIDS Council

6.3.4 Capacity building

(I) Train all directorates in terms of their roles in HIV/AIDS because SALGA, SACN & DPLG (2005:101) suggests that ignorance contribute to the spread of HIV and AIDS. By providing staff with training on HIV and AIDS the municipality will address these problems.
(II) Train HIV/AIDS counsellors to provide counselling to infected and affected employees. Counselling is very important to help deal with the emotional effect of finding out that one is HIV –positive as well as choices one has to make to change a lifestyle so that one does not spread the disease further (RSA:2007c).
(III) Human Resources personnel to be trained on implementing HIV/AIDS policies and processes
(IV) Participation of people living with HIV/AIDS to be encouraged. RSA (2007a: 16) maintains that preparation for the IDP review process must ensure that participation mechanisms enable marginalised and vulnerable people, including those residing in informal settlements to participate. Participation should also include the major role-players in the municipal economy, and provide a platform how these role-players are affected by HIV and AIDS and what they are doing about it.

6.3.5 Consolidate understanding of HIV/AIDS

(i) Have a sophisticated system for collecting data on HIV/AIDS

(ii) Have information about current and projected future impacts of the epidemic

(iii) Package information so that it is easily accessible to stakeholders. By providing staff and the community at large with factually correct information on HIV/AIDS

issues the municipality will address the problem of ignorance and incorrect information (SALGA, SACN & DPLG, 2005:101).

6.4 LIMITATIONS OF THE STUDY

There are limitations to this study that must be highlighted. Firstly, there was limited access to current information on HIV prevalence within the municipality, due to the absence of a central information management system. Secondly, although every effort was made to have face- to- face interviews with randomly selected councillors and ward committee members, these did not materialise due to their busy and tight programme and some not turning up on the day of the interview. That resulted in interviews not being done as were planned for the study. The short time-frame was also another significant limitation on the extent of research undertaken.

6.5 FUTURE RESEARCH

This research probably generates more questions than answers, and points to a number of valuable avenues for future research. Perhaps the most obvious of these is the question of mainstreaming HIV/AIDS in Municipal Integrated Development Plans**.** I think by mainstreaming HIV/AIDS in an IDP some of the effects of HIV/AIDS on municipal management can be reduced.

6.6 SUMMARY

This study raises a specific question about the extent of the impact of HIV and AIDS on management of George Municipality. There are no statistical documents or records available where the extent of the impact that HIV and AIDS has on management of George Municipality can be viewed. Attempts should be made to keep records of HIV and AIDS statistics so that they act as evidence to support or counter the views of the public on the HIV and AIDS impact on the management of George Municipality.

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ANNEXURE “A” PERMISSION LETTER

Dear Sindiswa

Your request to conduct your research has reference.

Permission is hereby granted for you to conduct your research. Please ensure that it does not interfere with activities of Council in such a way that Council is compromised.

Regards

WALTER HENDRICKS
ACTING DEPUTY DIRECTOR: STRATEGIC SERVICES

Hester Aspeling
Senior Admin Support Officer
Office of the Municipal Manager
Tel: (044) 801 9433
Faks: (044) 801 9105 hester@george.org.za

Always welcome a new day with a ...
'Smile’ on your lips,
'Love' in your heart &
Good thoughts' in your mind... Have an awesome day!

>>> Sindiswa Mfula 04/12/2013 11:52 >>>

ANNEXURE “B” QUESTIONNAIRE

HIV / AIDS QUESTIONNAIRE

IMPACT SURVEY ON MUNICIPAL MANAGEMENT: A CASE STUDY OF GEORGE MUNICIPALITY, IN THE WESTERN CAPE

SINDISWA ELKA MFULA

MBA RESEARCH PAPER

ANNEXURE B: QUESTIONNAIRE

Dear Respondent

I am studying towards my MBA (Masters in Business Administration) degree at the Nelson Mandela Metropolitan University Business School. I am conducting research to ascertain the impact of HIV/AIDS on municipal management through a case study of George Municipality, I believe that my study will make an important contribution towards reducing the impact of HIV/AIDS and outline steps that can be taken to respond to and to reduce the impact.

Your participation in this study will enable a clearer understanding of what needs to be done to reduce the impact of HIV/AIDS. Your participation will be strictly confidential.

There are no correct or incorrect answers. Please answer the questions as accurately as possible.

Thank you very much

This is anonymous – your form cannot be traced. Do not provide your name.   It is 100% voluntary.

INSTRUCTIONS

Use a pencil or pen

For each question tick or cross the box that shows your answer.

Only one form per person.

PLEASE NOTE: ANSWER ALL QUESTIONS

SECTION A

CLASSIFICATION DATA

Place an "X" in the appropriate block.

1. Indicate your Age

20-29	30-39	40-49	50-59	60

2. Indicate your Gender

Male	Female

3. Indicate your Ethic Group

Black	White	Coloured	Other

4. indicate your position

Unskilled	Skilled	Middle Manager	Senior Manager	Director

5. Indicate your years of service

0-5	5-10	11-20	21+

6. Indicate your education/professional qualification

Grade 10 or equivalent	Matric	Matric plus Diploma	Matric plus 1st degree	Honours degree	Masters degree	Doctoral degree or equivalent

SECTION B

1. YOUR UNDERSTANDING OF HIV/AIDS

Place an "x" in the appropriate block.

	Yes	No	Not sure
1. Can HIV/AIDS be cured?			
2. Does HIV cause AIDS?			
3. Do sexually transmitted infections increase your chances of contracting HIV?			
4. Is HIV only spread by having sex with an infected person?			
5. Is it dangerous to work/live with a person who is HIV Positive or who has AIDS?			
6. Can you tell if someone has HIV/AIDS without an AIDS test?			
7. Can HIV positive people remain an active part of society?			
8. Is the window period 12 weeks?			
9. Does using a condom during sex reduce the chance of getting HIV?			

2. STRATEGIES UTILISED BY THE ORGANISATION TO REDUCE IMPACT OF THE PANDEMIC

Place an "x" in the appropriate block.

Has the municipality participated in any of the HIV/AIDS campaigns to reduce stigma attached to HIV/AIDS in the last financial year?

yes	No	Not sure

Does the municipality have an approved HIV/AID policy or strategy?

yes	No	Not sure

Does the municipality have policies or systems in place to retain HIV/AIDS infected and affected people employed in the organisation?

yes	No	Not sure

Has the municipality integrated HIV/AIDS policy into existing employee wellness initiatives?

yes	No	Not sure

Has the municipality implemented any of the HIV/AIDS guidelines or frameworks provided by SALGA or DPLG in the workplace?

yes	No	Not sure

Has the municipality participated in any Local AIDS Council in the last financial year?

yes	No	Not sure

Does prioritisation and roll-out of basic services (water, sanitation, refuse, roads and power explicitly reflect consideration of HIV/AIDS infected and affected people as beneficiaries?

yes	No	Not sure

Are HIV/AIDS education and prevention programme integrated into municipal training programmes for staff and councillors?

yes	no	Not sure

Does the tariff and rates policy of the municipality make provision for relief to those households whose livelihoods are negatively affected by HIV/AIDS?

yes	no	Not sure

Does the IDP Review document include explicit assessment of progress against targets related to HIV/AIDS?

yes	no	Not sure

3.1 Your opinion about how the George Municipality (GM) is managing HIV/AIDS issues HIV/AIDS Policy and practice

		Strongly Disagree		------	Strongly Agree	
No	statement	1	2	3	4	5
1.	I am aware of the positive benefits of knowing my HIV status.					
2.	I believe GM is promoting HIV/AIDS awareness in a positive manner.					
3.	I am aware of the GM work place Policy on HIV/AIDS.					
4.	I believe that GM's increase of voluntary counselling and testing is a positive step forward in fighting the HIV/AIDS pandemic.					
5.	I understand what Anti-retroviral treatment entails.					
6.	I feel that Anti-retroviral Treatment should be available to all employees.					
7.	I think that GM should not treat you differently if you get HIV/AIDS.					
8.	I am aware of the HIV/AIDS support and treatment offered to HIV/AIDS workers and their families.					
9.	I am aware of HIV/AIDS campaigns done by GM.					

3.2 Your opinion about how the George Municipality should manage HIV/AIDS issues HIV/AIDS Policy and practice

1. What two things should your organisation be doing to reduce the impact of HIV/AIDS in the work place, but has failed to do?

   ____
   ____
   ____
   ____

2. What, in your opinion, should your organisation do to assist local communities who are facing challenges of HIV/AIDS?

   ____
   ____
   ____
   ____

3. Why has your organisation not been doing the things you highlighted in question 1 above? (What has prevented implementation? What are the stumbling blocks ?)

   ____
   ____
   ____
   ____

4. What could be done to address the stumbling blocks highlighted in Question 3 above?

   ____

   ____

   ____

   ____