INTRODUCTION

This Chapter encompasses the core plans of Integrated Development Plan as determined by Section 26 of the Local Government: Municipal Systems Act and Regulations 32 of 2000.

The following plans are therefore included in this document:

1. Sedibeng District Municipality Disaster Management Plan

2. Sedibeng District Municipality ITP 2008-13

3. Community Safety Strategy 2013 – 2017

4. District Aids Strategic Plan 2012-16

The Sedibeng District Municipality is aware of the potential impact of disasters and other related risks on its service delivery mandate and how they continue to threaten the day to day lives of its communities. Several extensive disaster risk management and mitigation measures are therefore executed for both strategic and operational risks in order to prevent and minimize the impact of such situations and in compliance with the Disaster Management Act. The life span of the 5 year Integrated Transport Plan ended in 2013, but was maintained in use as the District is planning to transform into a metropolitan municipality. An ITP review process shall be undertaken by the newly established administration of the metropolitan municipality.

SEDIBENG DISTRICT MUNICIPALITY

DISASTER MANAGEMENT PLAN

Endorsement

NOTICE FOR THE ADOPTION OF SEDIBENG DISASTER MANAGEMENT PLAN

The Sedibeng District Municipality is committed to the policy of Disaster Management in order to make Sedibeng a safer place for all. Therefore, the Sedibeng Disaster Management Plan is hereby adopted in accordance with the requirements of the Disaster Management Act, Act 57 of 2002 and as per Council Resolution no. 72-2013-12-11.

Signed on this day the…………month of……………...........year.................by MMC

Cllr...on behalf of and hereby representing

Sedibeng District Municipality.

Sedibeng Disaster Management Centre is the custodian of the Sedibeng Disaster Management Plan and that the Head of SDM Centre is responsible to ensure that annual review and updating of the plan is implemented.

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DISASTER MANAGEMENT PLAN

1.   INTRODUCTION

The Disaster Management Act, 2002 (Act No.57 of 2002) came into effect on the 1 of July 2004 for municipalities.

The Act inter alia, provides for-

- An integrated and coordinated disaster management policy that focuses on preventing or reducing the risk of disasters, mitigating the severity of disasters, emergency preparedness, rapid and effective response to disasters and post-disaster recovery;
- The establishment of national, provincial and municipal disaster management centres
- Disaster management volunteers; and
- Any matter relating to disaster management.

Sedibeng Disaster Management Centre/Function

Chapter 5 of the Disaster Management Act requires municipalities to-
- Develop and implement Municipal disaster management policy framework
- Establish a disaster management centre
- Appoint head of a municipal disaster management centre
- Develop and implement disaster prevention and mitigation strategies and programmes
- Deal with disasters occurring or threatening to occur within the jurisdiction
- Submit annual reports
- Establish and maintain a district disaster management advisory forum
- Prepare and implement disaster management plans
- Take full responsibilities in dealing with and declaration of disasters.

Definitions
o **Disaster**: means a progressive or sudden, widespread or localised, natural or human-caused occurrence which-
o Causes or threatens to cause-
  - Death, injury or disease;
  - Damage to property, infrastructure or the environment; or
  - Disruption of the life of a community; and
o Is of a magnitude that exceeds the ability of those affected by the disaster to cope with its effects using only their own resources.
o **Capacity:** Ability to effectively cope with any prevailing circumstance / situation. (be it manpower or resources).

Critical facilities:
- Key private and public facilities which may be utilised as emergency shelter during disasters **OR**
- Facilities because of their function, size, service area, or uniqueness have the potential to cause serious bodily harm, extensive property damage, or disruption of vital socioeconomic activities if they are destroyed, damaged, or if their services are repeatedly interrupted.

Disaster Management Centre:

A facility within the Municipal area equipped & resourced (manpower & special resources) to perform the following:

- ✓ Specializing in issues regarding Disaster & Disaster Management.
- ✓ Promoting an integrated approached to Disaster Management.
- ✓ Act as a repository of, and conduit for, information concerning Disasters.
- ✓ Act as an Advisory & consultative body on issues concerning Disaster Management.
- ✓ Promote Disaster Management capacity building, training & education.
- ✓ Disseminating information regarding Disaster Management to communities that are vulnerable to Disasters.

- ▪ **Emergency**: This is a sudden and usually unforeseen event that calls for immediate measures to minimise its adverse consequences or potential threat to health and safety, the environment or the property.
- ▪ **Hazard:** A rare, extreme, natural or human-made event that threatens to adversely affect human life, property or activity to the extent of causing a disaster. Hazards can be caused by natural occurrences, the acts of mankind or as a result of the use or misuse of technology. Hazards can be sequential or combined in their origin and effects. Each hazard is characterized by its location, intensity, frequency and probability.
- ▪ **Head of Centre:** Is a person appointed by council to perform and take directions from council pertaining disaster management.
- ▪ **Risk:** The expected losses (lives lost, person injured, damage to property and disruption of economic activity of livelihood) caused by a particular phenomenon. Risks, either man-made or natural are constant. The potential is usually measured by its probability in years.
- ▪ **Risk Assessment:** The process of determining the likelihood that a specified negative event will occur.
- ▪ **Risk Reduction:** is a systematic approach to identifying, assessing and reducing the risks of disaster. It aims to reduce socio-economic vulnerabilities to disaster as well as dealing with the environmental and other hazards that trigger them.
- ▪ **Mitigation:** in relation a disaster, means measures aimed at reducing the impact or effects of a disaster.
- ▪ **Rehabilitation:**Restoration of an entity to its normal or near-normal functional capabilities after the occurrence of a disabling event.
- ▪ **Vulnerability:** means the degree to which an individual, a household; a community or an area may be adversely affected by a disaster.

2. THE PLAN

The Aim of the Plan
The aim of this plan is to define the processes to be taken to prevent, mitigate and prepare to manage disasters or disasters threatening to occur in Sedibeng.
This disaster management plan provides for:-
- ▪ Recognition of the situations requiring specialized, incident-specific implementation of the Sedibeng disaster management plan
- ▪ Risk and vulnerability assessment in the Sedibeng region
- ▪ Roles and responsibilities of the various role-players before, during and after the occurrence of a disaster.
- ▪ Implementation of disaster risk reduction, disaster prevention and mitigation and preparedness strategies and programs
- ▪ Implementation of a uniform incident management system for all services responding to disasters in the municipality.
- ▪ Prompt disaster response.
- ▪ Implementation of emergency support mechanisms for interagency coordination during all phases of disaster management
- ▪ Prompt procurement for essential goods and services for disaster relief.

- Creation of adequate institutional capacity to deal with routine & major incident

Planning Assumptions

The Sedibeng DMP is based on the following broad assumptions:

- The district municipality, acting after consultation with relevant local municipality, is primarily responsible for the coordination and management of local disasters that occur in its area.
- The district municipality and the relevant local municipality may despite section 54 (1) b of the Disaster Management Act (Act 57 of 2002), agree that the council of a local municipality assumes primary responsibility for the coordination and management of a local disaster that has occurred or may occur in the area of the local municipality.
- Incidents are typically managed at the lowest possible geographic, organizational, and jurisdictional level.
- The combined expertise and capabilities of government at all levels, the private sector, and nongovernmental organizations will be required to prevent, prepare for, respond to, and recover from any form of disaster.
- The Sedibeng DMC will coordinate operations and/or resources during disasters that may:
- Occur at any time with little or no warning in the context of a general or specific threat or hazard;
- Require significant information-sharing at the unclassified and classified levels across multiple jurisdictions and between the public and private sectors;
- Involve single or multiple geographic areas;
- Have significant international impact and/or require significant international information sharing, resource coordination, and/or assistance;
- Span the spectrum of incident management to include prevention, preparedness, response, and recovery;
- Involve multiple, highly varied hazards or threats on a local, regional, or national scale;
- Result in numerous casualties; fatalities; displaced people; property loss; disruption of normal life-support systems, essential public services, and basic infrastructure; and significant damage to the environment;
- Impact critical infrastructures across sectors;
- Overwhelm capabilities of local governments, and private-sector infrastructure owners and operators;
- Attract a sizeable influx of independent spontaneous volunteers and supplies;
- Require prolonged, sustained incident management operations and support activities.
- Top priorities for disaster management are to:
- Save lives and protect the health and safety of the public, responders, and recovery workers;
- Prevent an imminent incident from occurring;
- Save property and mitigate damages and impacts to individuals, communities, and the environment; and
- Facilitate recovery of individuals, families, businesses, governments, and the environment.

SEDIBENG DISASTER MANAGEMENT CENTRE: VISION

To strive towards the elimination of all avoidable disasters in the Sedibeng District Municipality thereby supporting the social and economic development of our communities.

SEDIBENG DISASTER MANAGEMENT CENTRE: MISSION

To develop and implement holistic and integrated disaster management planning and practice in a cost effective and participatory manner thus ensuring the preparedness of our communities to prevent and respond to disasters.

LEGISLATION, REGULATIONS AND DIRECTIVES

The following legislations (not restricted to), govern the Disaster Management activities of the Sedibeng District Municipality (inclusive of Emfuleni-, Midvaal and Lesedi Local Municipalities):

- The Disaster Management Act (Act 57 of 2002)
- The National Water Act, Act 36 of 1998
- The National Veld and Forest Fire Act (act 101 of 1998).
- The Fire Brigade Services Act, Act 99 of 1987 as amended
- The Constitution (Act 108 of 1996)
- Municipal Systems Act (Act No 32, 2000)
- Occupational Health And Safety Act, 1993 (Act No. 85 Of 1993)
- Occupational Health And Safety Act, 1993 (Act No. 85 Of 1993) Diving Regulations, 2001
- Local Government Municipal Structures Act (Act No. 117, 1998) as amended.
- National Environmental Management Act
- The Health Act 1997 (No 63 of 1977)

AREA DESCRIPTION

The Sedibeng District Municipality is situated in the southern part of Gauteng Province. It is bounded in the west by the West Rand District; the Ekurhuleni Metropolitan Municipality to the East and the Greater Johannesburg Metropolitan Municipality to the north. Its neighbour to the south is Province of the Free State. There are three local municipalities within the Sedibeng District Municipality's jurisdiction, The Emfuleni Local Municipality; the Midvaal Local Municipality; and the Lesedi Local Municipality.
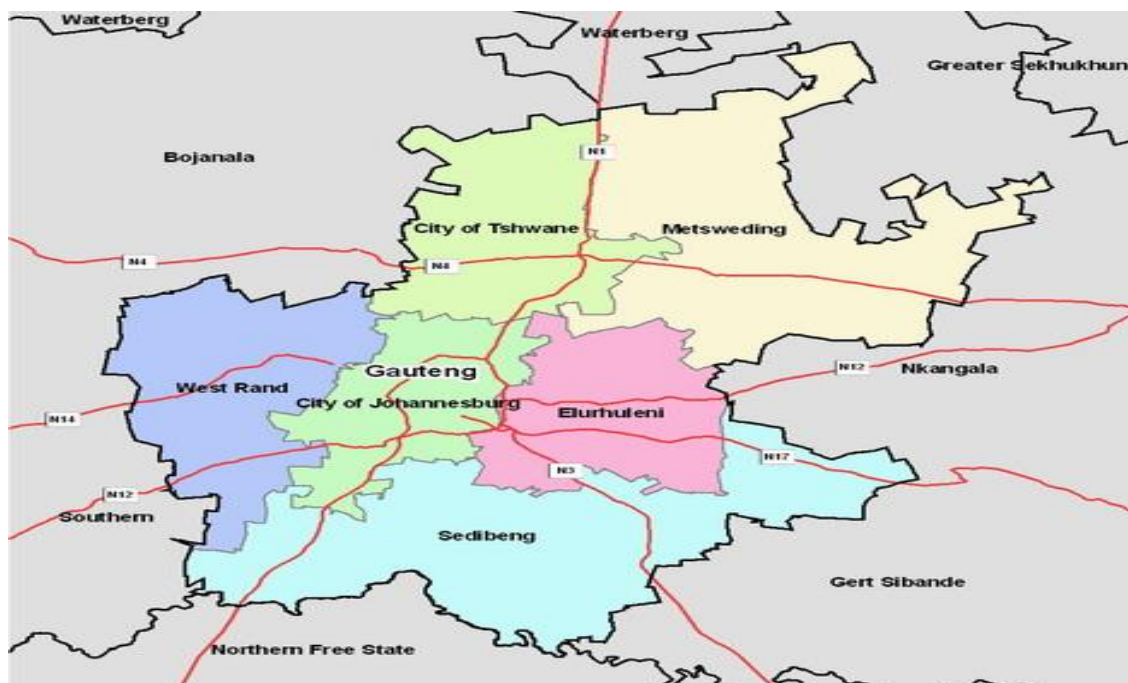
The area of the Sedibeng District Municipality is constantly threatened by hazards of natural, technological and environmental origin. It is increasingly exposed to the devastating effects of a range of severe hydro meteorological events including severe storms, floods, tornadoes, informal settlement fires and veld fires. The incidence of epidemic diseases of biological origin affecting humans and livestock are also apparent in the area. Transportation accidents and hazardous material accidents continue to pose major challenges as National/Regional/provincial Routes criss-cross the Sedibeng District Municipality area. Despite ongoing efforts to reduce the high levels of poverty and to accelerate the provision of infrastructure and access to services, large numbers of rural people continue to migrate to urban areas in seek of employment. In most instances they have no alternative but to settle in unsafe environments in extremely vulnerable conditions where they are repeatedly exposed to a range of threats including floods, water borne diseases and domestic fires. Changes in social behaviour in the rural areas also

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impact on poverty and sustainable livelihoods increasing the vulnerability of rural communities in terms of food security and sustainable dwellings.

3.   CAPACITY

3.1   Disaster Management Centre

Section 43 of the Disaster Management Act (Act 57 of 2002), stipulates that:
- Each metropolitan and district municipality must establish in its administration a disaster management centre for its municipal area.
- Sedibeng currently does not have a fully-fledged Disaster Management Centre. There are however measures put in place to supplant the powers and duties of a disaster management centre.
    - Fully-functional Emergency Communication Centre
    - Mobile Disaster management multi-purpose vehicle
    - Council has ascertained a venue that is used as a Disaster Operations Centre during incidents of major magnitudes.

3.2   Sedibeng Disaster Management Policy Framework
The Sedibeng Disaster Management Policy Framework was adopted in 2007 by council and it addresses the following core areas:
- KPA 1: Institutional Capacity
- KPA 2: Risk Assessment
- KPA 3: Risk Reduction
- KPA 4: Response and Recovery
- Enabler 1: Information & Communication
- Enabler 2: Training, Education & Research
- Enabler 3: Funding

3.3   Sedibeng Disaster Management Advisory Forum

The Disaster Management advisory forum was launched in 2007, consisting of different stakeholders, with the purpose of consulting one another and co-ordinating actions on matters relating to disaster management in the municipality. The forum is effective and sits three times annually.

3.4   NGO's Relations

The unit has established good working relations with Food Bank and Red Cross for assistance with relief during disastrous incidents.

3.5   Volunteer Unit

The unit has agreement with Community Safety department to utilise the Community Patrollers as Disaster Management volunteers. The team is already trained in Disaster Management. The unit is further envisaging to establish/recruit a specialized unit of volunteers.

3.6   Critical Facilities

The following critical facilities are identified to serve as emergency shelters during disastrous incidents:

Emergency Shelters
– Blesbokspruit Welfare Centre
– Ratanda Community hall
– Heidelburg Community hall

- Heidelburg Military base
- Vischuil Community hall
- Devon Community hall
- Meyerton Community hall
- Rothdene hall
- Whitehouse Sicelo
- Lakeside community hall
- Vaal Marina community hall
- Salem Faith centre
- Sicelo early learning centre
- Vaalhoewer community hall
- Louisrus Community hall
- Mphatlalatsane Community hall
- Zone14 Community hall
- Saul Tsotetsi hall
- Sharpeville hall
- Boipatong community hall
- Bophelong Community hall
- Mafatsane Community hall

3.6. Directorate Structure

The Sedibeng Disaster Management centre's structure comprises of:
- HOC
- 2 Managers (Planning and Operations)
- 1 Coordinator (Emergency Communication Centre)
- 23 Telecommunicators (Emergency Communication centre).

Sedibeng Disaster Team

Designation	Name	Tel No	E-mail
Director: Disaster Management & Fire Services	S Tlhapolosa	082 901 4310	samt@sedibeng.gov.za
Assistant Manager:	S Mothapo	083 631 5095	SarahM@sedibeng.gov.za
Assistant Manager:	P Nieuwenhuizen	082 901 5726	pietern@sedibeng.gov.za
Communication Coordinator:	Daniel Mosoeunyane	071 680 8436	DanielM@sedibeng.gov.za

Local Municipalities Disaster Team

Designation	Name	Tel No	E-mail
Chief Fire Officer Midvaal Local Municipality	H Steyn	082 697 0732	HannesS@midvaal.gov.za
Chief Fire Officer Emfuleni Local Municipality	S. Motlashuping	0766063601	shadrackm@emfuleni.gov.za
Chief Fire Officer Lesedi Local Municipality	H Lombard	082 564 6817	firechief@lesedilm.co.za

4.   RISK ASSESSMENT

a. Purpose of the Assessment

This section addresses the possible disaster situations that will require specialized application of the Sedibeng disaster management plan and is based on the risk assessments that provide a clear indication

of the vulnerability our communities, its infrastructure and environment, and the capacity of available services to cope with a disastrous event.

  b.   Risk Identification.

Sedibeng identified the following risks that may emanate in the region that can lead to disasters:

- Floods
- Fires (Informal settlement)
- Fires (Veld/Urban)
- Hazardous Materials Disasters
- Storms and Tornadoes
- Dolomite (Sinkholes)
- Mass casualty incidents (stampede).
- Major transport incidents
- Disease Outbreak Disasters

5.   CATASTROPHIC DISASTERS

  A catastrophic incident is any natural or manmade incident, that results in extraordinary levels of mass casualties, damage, or disruption severely affecting the population, infrastructure, environment, economy, and/or government functions. A catastrophic incident could result in sustained regional impacts over a prolonged period of time; almost immediately exceeds resources normally available to authorities in the impacted area; and significantly interrupts governmental operations and emergency services to such an extent that national security could be threatened. These factors drive the urgency for coordinated planning to ensure accelerated assistance.

Such incidents may include:
- Floods
- Fires
- Sinkholes
- Storms and Tornadoes

Planning Assumptions

- A catastrophic incident results in large numbers of casualties and/or displaced persons, possibly in the tens of thousands.
- A catastrophic mass casualty/mass evacuation disaster may trigger a disaster declaration by the Mayor, immediately or otherwise.
- Multiple incidents may occur simultaneously or sequentially in contiguous and/or non-contiguous areas.
- A catastrophic incident may occur with little or no warning.
- The incident may cause significant disruption of the area's critical infrastructure, such as energy, transportation, telecommunications, and public health and medical systems.
- The response capabilities and resources of the local jurisdiction may be insufficient and quickly overwhelmed. Local emergency personnel who normally respond to incidents may be among those affected and unable to perform their duties.
- A detailed and credible common operating picture may not be achievable for 24 to 48 hours (or longer) after the incident. As a result, response activities must begin without the benefit of a detailed or complete situation and critical needs assessment.

- Support must be provided in a timely manner to save lives, prevent human suffering, and mitigate severe damage. This may require mobilizing and deploying assets before they are requested via normal mutual aid protocols.
- Large-scale evacuations, organized or self-directed, may occur. More people initially are likely to flee and seek shelter for catastrophic incident they may be faced with.
- Large numbers of people may be left temporarily or permanently homeless and may require prolonged temporary housing.
- A catastrophic incident may produce environmental impacts (e.g., persistent chemical, biological, or radiological contamination) that severely challenge the ability and capacity of governments and communities to achieve a timely recovery.
- A catastrophic incident has unique dimensions/characteristics requiring that response plans/strategies be flexible enough to effectively address emerging needs and requirements.

Concept of Operations

- The primary mission is to save lives, save property and critical infrastructure, contain the incident, and provide security;
- Pre-identified response resources are mobilized and deployed, and, if required, begin emergency operations to commence life-safety activities.
- Upon recognition that a catastrophic disaster condition exists, the Sedibeng Disaster Management Centre will institute the following immediate actions:
- Take immediate actions to activate, mobilize, and deploy incident-specific resources;
- Conduct situational assessment
- Activate the Disaster Management Centre (JOC)
- Involve all the relevant stakeholders to the JOC so as to initiate management of the prevailing circumstance.
- Take immediate actions to save life, property, and critical infrastructure by disseminating early warning information.
- Immediately commence functional activities and responsibilities established under the appropriate and applicable plan.
- Incident-specific resources and capabilities (e.g., medical teams, search and rescue teams, equipment, transportable shelters, preventive and therapeutic pharmaceutical caches, etc.) should be activated and prepare for deployment to a mobilization centre or staging area near the incident site. The development of site-specific catastrophic incident response strategies that include the pre-identification of incident-specific critical resource requirements and corresponding deployment/employment strategies accelerate the timely provision of critically skilled resources and capabilities;

- Medical facilities (e.g., hospitals) should be activated and prepared to receive and treat casualties from the incident area. Medical facilities should be directed to reprioritize services (in some cases reducing or postponing certain customary services) until life-saving activities are concluded. The development of site-specific catastrophic incident response plans that include the pre-identification of projected casualty and mass care support requirements and potentially available facilities expands the response architecture and accelerates the availability of such resources.

Prevention/Mitigation Strategies

Floods
- Implementation of flood awareness campaigns.

- The municipalities to engage in the relocation of residences located close to the identified flood lines to safer areas.
- Installation of both passive and active flood warning systems.
- Instituting community river watch systems.
- Building capacity within rescue services to enable them to adequately deal with swift water rescue operations.
- Development of contingency plans.
- Develop a profile on flood prone areas.
- Utilization of the Disaster Management SMS system as an early warning measure.
- Ensure adequate response capabilities of emergency services near high risk areas.
- Engagement of all relevant stakeholders to initiate immediate operation plans.
- Integrate specialist private organisations into swift water rescue standard operating procedures.
- Training of Community Leaders in flood prone areas.

Storms and tornadoes

- Ensure effective early warning arrangements – SA Weather service.
- Ensure precautionary measures are implemented during warning period.
- Identification of safe shelters.
- Public education and awareness.
  - Communities to listen to radio for warnings or other information
  - Suspend all outdoor activities
  - Stay away from tall trees, towers, fences, power and telephone poles.
- General readiness prior to expected storm
  - Observe a big grey cloud formation in your vicinity, which is an indication of a close thunderstorm.

  - Utilization of the Disaster Management SMS system as an early warning measure.
  - Engagement of all relevant stakeholders to initiate immediate operation plans.
  - Development of contingency plans for Storms and Tornadoes.
  - Capacity building of emergency responders to deal with storms and tornadoes

Fires
- Identification of high risk areas.
- Development of effective Public Information, Education and Relation (PIER) unit to train members of the community in prevention and fire safety.
- Intensive fire awareness programmes to be conducted with a view of reducing the number of fire incidents within the region.
- Capacitation of communities on home survival programmes.
- Ensure adequate response capabilities of emergency services near high risk areas.
- Implementation of a uniform incident management system.
- Ensure compatibility of fire fighting equipment with the existing risks.
- Assure that adequate fire suppression response infrastructure exists to meet with the full profile of fires that can occur in the region.

Provision of adequate fire hydrant infrastructure in informal settlements.

Dolomite Sinkholes

- Identification of families in high risk areas, through GIS surveys.
- Awareness campaigns.
- Identification of alternative land for residents in affected areas.
- Development of emergency evacuation plans and procedures.

- Identification and establishment of safe areas to be used for temporary relocation.
- Ensure adequate response capabilities of emergency services near high risk areas.
- Implementation of a region-wide Urban Search & Rescue system.

Mass casualty incidents (stampede)
- Proper training in event planning and management.
- Ensure safe and proper access control.
- Improved event disaster management plan.
- Establishment of a permanent task team for event management.
- Proper Traffic and security management.
- Hospital planning for multiple casualties.

Major Transportation accidents

- Effective Highway patrolling system.
- Fencing-off settlement along railway lines.
- Ensure adequate response capabilities of emergency services near high risk areas.
- Develop a unified incident management system for handling mass transportation accidents within the region.

Participate in a proactive highway management system.

6. DISEASE OUTBREAK DISASTERS

Disease Outbreak Disasters may include:
- Food and mouth disease
- H1N1
- Cholera , and others

The unique attributes of this response require separate planning considerations that are tailored to specific health concerns and effects of the disease. Specific operational guidelines, developed by respective organizations to address the unique aspects of a particular disease or planning consideration will supplement this plan and are intended as guidance to assist local public health and medical planners.

Planning Assumptions
- In a large disease outbreak, a highly coordinated response to public health and medical emergencies is required. The outbreak also may affect other regions and therefore involve extensive coordination with the disaster management centres of the regions.
- Disease transmission can occur via an environmental contact such as atmospheric dispersion, person-to-person contact, animal-to-person contact, insect vector-to-person contact, or by way of contaminated food or water.
- A disease outbreak incident may be distributed across multiple jurisdictions simultaneously, requiring a non-traditional incident management approach.
- The introduction of biological agents, both natural and deliberate, is often first detected through clinical or hospital presentation. However, there are other methods of detection, including environmental surveillance technologies.
- No single entity possesses the authority, expertise, and resources to act unilaterally on the many complex issues that may arise in response to a disease outbreak and loss of containment affecting a multi jurisdictional area. The response requires close coordination between numerous agencies at all levels of government and with the private sector.
- Response to disease outbreaks suspected of being deliberate in origin requires consideration of special law enforcement response.

Concept of Operations

The key elements of an effective disease outbreak response include (in non-sequential order):
- Rapid detection of the outbreak;
- Swift agent identification and confirmation;
- Identification of the population at risk;
- Determination of how the agent is transmitted, including an assessment of the efficiency of transmission;
- Determination of susceptibility of the pathogen to treatment;
- Definition of the public health, medical, and mental health implications;
- Control and containment of the epidemic;
- Decontamination of all affected, if necessary;
- Identification of the law enforcement implications/assessment of the threat;
- Augmentation and surging of local health and medical resources;
- Protection of the population through appropriate public health and medical actions;
- Dissemination of information to enlist public corporation;
- Assessment of environmental contamination and cleanup/decontamination of bio agents that persist in the environment; and
- Tracking and preventing secondary or additional disease outbreak.

Prevention/ Mitigation Strategies

- Implementation of an effective system to detect any potential disease outbreak disasters through disease surveillance and environmental monitoring.
- Implementation of a system capable of determining the source of possible outbreaks and populations at risk.
- Dissemination of information to the public through media on any outbreak.
- Augmentation of public health and medical services.
- Assessment of the extent of residual disease outbreak contamination and relevant decontamination requirements.
- Reinforcement of medical resources and supplies in anticipation of outbreak.
- Public awareness and education before, during and after disaster impact.

7.   HAZARDOUS MATERIAL DISASTERS

Hazardous Materials disasters includes the accidental or malicious release of any substance that is flammable, toxic, explosive, corrosive, radioactive, or readily decomposes to oxygen at elevated temperatures and, in so doing poses an unreasonable risk to the health and safety of the persons to which it is exposed to as well as having a negative impact on the environment. This includes waste materials, which by their nature, are inherently dangerous to handle or dispose of, such as old explosives, radioactive materials, some chemicals, and some biological wastes; usually produced in industrial operations.

Planning Assumptions

- The plan must provide for a coordinated response to actual or potential hazardous materials incidents by placing the hazard-specific response mechanisms within the broader structure. These plans will include the appropriate response and recovery actions to prepare for, prevent, minimize, or mitigate a threat to public health, welfare, or the environment caused by actual or potential hazardous materials incidents.
- Such incidents may lead to a severe disruption to communities, road users and even leading to a large number of casualties that will affect medical responses.

- The response capabilities and resources of the local jurisdiction may be insufficient and quickly overwhelmed. Local emergency personnel who normally respond to incidents may be among those affected and unable to perform their duties.
- A catastrophic incident may occur with little or no warning.
- Large-scale evacuations, organized or self-directed, may occur. More people initially are likely to flee and seek shelter for catastrophic incident they may be faced with.
- A large scale area along the affected area may be largely polluted, thus threatening the environment.

Concept of Operations

Appropriate response and recovery actions can include efforts to detect, identify, contain, clean up, or dispose of released hazardous materials. Specific actions may include stabilizing the release through the use of berms, dikes, or impoundments; capping of contaminated soils or sludge; use of chemicals and other materials to contain or retard the spread of the release or to decontaminate or mitigate its effects; drainage controls; fences, warning signs, or other security or site-control precautions; removal of highly contaminated soils from drainage areas; removal of drums, barrels, tanks, or other bulk containers that contain hazardous materials; and other measures as deemed necessary.

The use of specialized hazmat services will be sourced, where deemed necessary.

Prevention/Mitigation strategies

- Ensure adequate response capabilities of emergency services near high risk areas.
- Develop a unified incident management system for handling hazardous materials incidents.
- Develop guidelines for inspections and maintenance of safety equipment used in the transportation of hazardous materials.
- Ensure the enforcement of hazardous materials legislation.
- Ensure correct training of persons charged with the handling of hazardous materials.
- Identification of vehicles transporting hazardous materials and the routes used by them and notification of other role-players eg. Traffic enforcement and emergency services.
- Ensure adequate facilities are available at hospitals and other medical facilities when receiving contaminated victims of hazardous materials incidents.

3. CHAIN OF COMMAND, ROLES AND RESPONSIBILITIES DURING DISASTERS

Local & District Municipalities' Disaster Management:

In terms of section 54 (2-3) of the Disaster Management Act (Act 57 of 2002), the district municipality may agree with the local municipality that the council of the local municipality assumes primary responsibility for the coordination and management of a local disaster that has occurred or may occur in the area of the local municipality. Such municipality, having primary responsibility for the co-ordination and management of a local disaster, must deal with a local disaster in terms of existing legislation and contingency arrangements.

In the case of a localised disaster or a disaster threatening to occur within a specific local municipality in the region, whether declared or not, the local municipality concerned or affected should take over the primary responsibility of dealing with the incident. Such primary responsibility include taking immediate action to activate, mobilize and deploy incident specific resources, conduct situational assessment, establish an On-site Operational Centre to effectively deal with the disaster and its consequences.

The above does not in any way preclude the district municipality from assisting. The district municipality will be responsible for:

- Coordination and Management of Joint Operations Centre (JOC).
- Liaison with the Onsite JOC for updates and for media report.
- Direct communication with the Provincial and National Disaster Management Centre with regard to classification, declaration and even possible funding.
- Source aid from the organisations and business
- Advice the council of the district and of the municipality concerned in terms of disaster declaration and gazetting thereof.

Administrative Structure

To ensure a more co-ordinated approach pertaining to Disaster Management, it is recommended to include the Municipal Managers of Emfuleni-, Midvaal- and Lesedi in the command and control structure. Thereby implying that the respective Municipal Managers be endowed as Accounting Officers for Disaster Management in their respective Councils.

The Municipal Manager of the Sedibeng District Council will chair the District Joint Operational Committee, which consist of municipal managers of local municipalities, in the event of a crises, emergency or disaster affecting the whole area of Sedibeng. The Municipal Manager may, in his absence, delegate one of the local Municipal Managers to chair the committee.

In the case of a localized disaster, the respective Municipal Managers will chair their Local Joint Operational Committees, consisting of their Executive Directors and assisted in a co-ordinating and advisory capacity by the Disaster Management functionaries (Sedibeng and the officials from the municipality concerned).
They will prioritise and manage all resources within their area of jurisdiction and give feedback to the relevant political structure (i.e. section 80).

To further expedite Disaster Management action during crises, emergency or disaster, it is recommended that the necessary delegation of authority be granted on the Disaster Management Accounting Officer and in his/her absence the person so delegated. The responsibilities include:

- The release of any available resources of the municipality, including stores, equipment, facilities, etc.
- The release of personnel of the municipality for the rendering of emergency services.
- The regulation of the movement of persons and goods to, from or within the disaster stricken or threatened area.
- Emergency procurement procedures.
- Arrangement for Emergency funding.
- The dissemination of information required for dealing with a disaster.
- To surrender voluntarily any land or building or to deliver or make available voluntarily any article or thing referred to in that section to that local authority.

Recommendations initialised by the administrative structure should be tabled before the **Political Structure (Intergovernmental Committee on Disaster Risk Reduction: ICDRM):**

Political Structure:
The purpose of ICDRM is to provide a political forum for coordinating disaster risk management in council during disasters. The ICDRM forms a political link between Councils and is an active body during disasters that might have struck the area.
The ICDRM must consist of Councillors tasked with the portfolios of Public Safety, Protection Services and/ or Disaster Management in their respective councils. Sedibeng District ICDRM must therefore

include members of the relevant Section 80 Committee, but may also include Councillors (MMCs) in charge of responsible clusters.

The key responsibilities of the committee during disasters will be to:

- Convene immediately upon receiving information on serious disastrous situation within the jurisdiction of the areas of the municipality so as to ensure management and control of the situation.
- make recommendations to Council pertaining to the disastrous prevailing situation at political level.
- Act as political consultative body on matters pertaining to disaster management or prevailing disastrous situation.
- Assist in the monitoring of the implementation of all aspects that need to be undertaken as recovery measures during disasters.
- Establish specialized political task teams working hand-in-hand with disaster teams during disastrous situations for specific identified issues to be reported to the committee.
- Ensure that all role players and stakeholders identified are taking part in all matters that need to be resolved cooperatively during disasters.
- Act as an advisory body to the Executive Mayors so as to take appropriate decisions on the prevailing disaster situations.
- Ensure that the MEC concerned is advised accordingly of the prevailing matters of a disaster i.e. the state of the prevailing disaster, actions taken, remedies etc.
- Furnish information to the Executive Mayor on declaration of a state of Disaster.
- Assist on matters requiring;
  - Funding for the prevailing disaster.
  - Relief measures for those affected.
  - Measures on recovery.
  - Mitigation measures.
  - Reconstruction and rehabilitation measures.

9. DECLARATION OF A DISASTER AND ISSUES OF INITIAL IMPORTANCE

In the event of a local disaster, the council of the municipality, having a primary responsibility for the coordination and management of the disaster, may declare a local state of a disaster if:

- Existing legislation and contingency arrangements do not adequately provide for the municipality to deal effectively with the disaster, or
- Other special circumstances warrant the declaration of a local state of disaster.

- The declaration of a disaster has to be done after the provincial/national government has been consulted for the classification of the disaster.

A. DECLARATION OF A STATE OF DISASTER

1. Powers and duties of municipalities in the declaration disaster

Municipalities have the power to declare a local state of disaster in terms of section 55 of the Act. The following municipal councils have the primary responsibility to coordinate and manage a local state and may declare a local state of disaster:

a) A metropolitan or district municipal council; and

b) A local municipal council in the event that it has an agreement with the district municipality to coordinate and manage a local state of disaster in terms of section 54(2) of the Act. This agreement must be for the coordination and management of one occurrence or may be coordination and
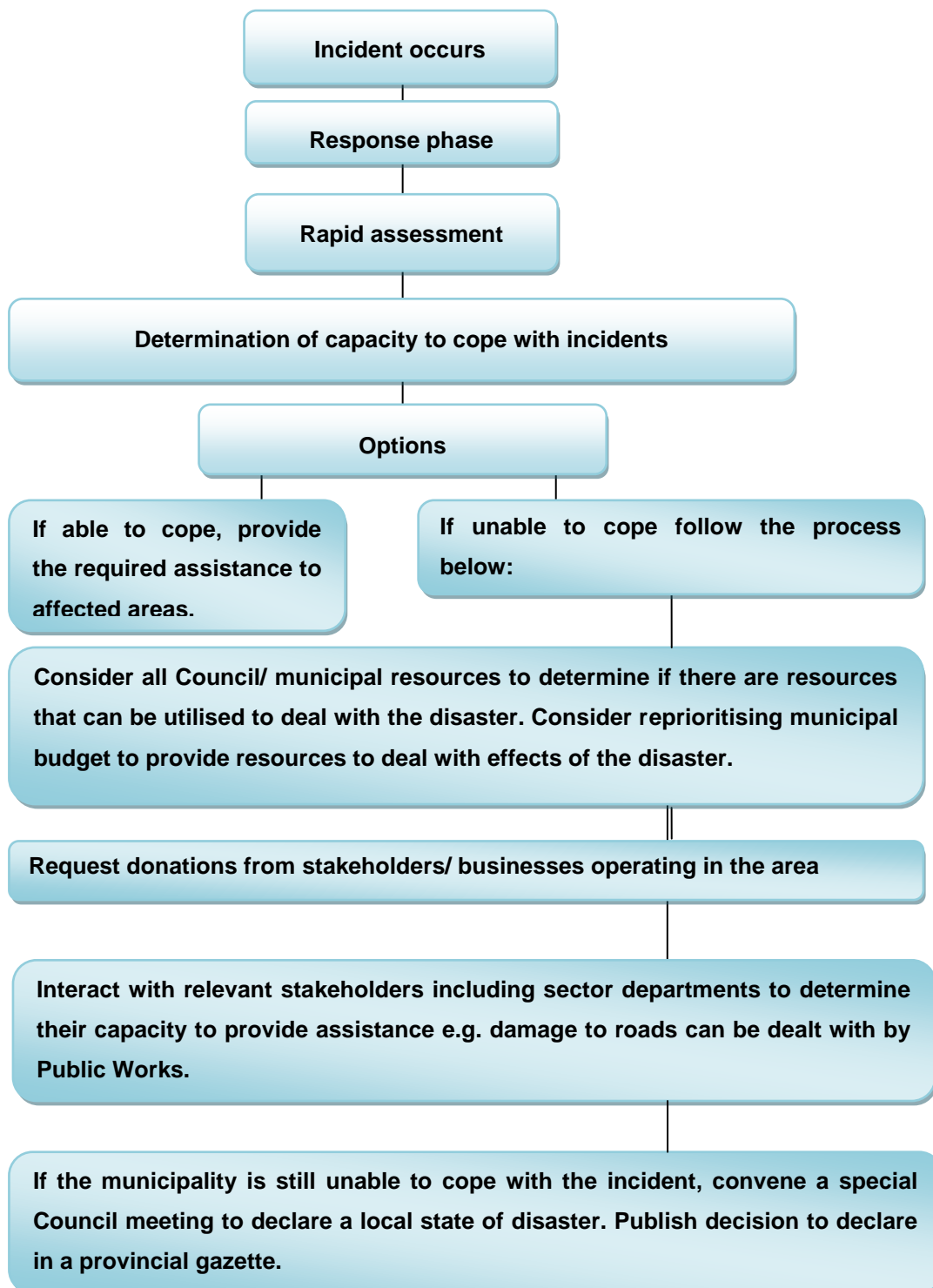
management of occurrences whenever they occur and must be in the form of a council resolution taken by both councils.

2. Declaration of a local state of disaster

A local state of disaster is declared in the event when existing legislation in terms of section 2(1)(b) of the Act, and contingency arrangements do not adequately provide for the municipality to deal effectively with the disaster or if other special circumstances warrant the declaration of a local state of disaster. The council of a municipality must take a resolution to declare a local state of disaster and the decision must be published in the provincial gazette.

3. How to declare a local state of disaster

Diagram 1 depicts the process that must be followed by a municipality when declaring a local state of disaster:

Incident occurs

Response phase

Rapid assessment

Determination of capacity to cope with incidents

Options

If able to cope, provide the required assistance to affected areas.

If unable to cope follow the process below:

Consider all Council/ municipal resources to determine if there are resources that can be utilised to deal with the disaster. Consider reprioritising municipal budget to provide resources to deal with effects of the disaster.

Request donations from stakeholders/ businesses operating in the area

Interact with relevant stakeholders including sector departments to determine their capacity to provide assistance e.g. damage to roads can be dealt with by Public Works.

If the municipality is still unable to cope with the incident, convene a special Council meeting to declare a local state of disaster. Publish decision to declare in a provincial gazette.

Footnote: Detailed assessments must be conducted after rapid and initial assessments

10.   Renewal of declarations

The municipal council may extend a municipal state of disaster that has been declared by notice in the provincial gazette for one month at a time before it lapse or the existing extension is due to expire.

## 6. Powers and duties of provinces in disaster declaration

Provinces have the power to declare a provincial state of disaster in terms of section 41 of the Act.

7. Declaration of a provincial state of disaster

A provincial state of disaster is declared in the event when existing legislation in terms of section 2(1) (b) of the Act and contingency arrangements do not adequately provide for the province to deal with the disaster.   Contingency arrangements refer to mechanisms to deal with the occurrence through the resources of the province, donations and other extraordinary measures. The premier of a province, after consultation with the MECs of the relevant province, may declare a provincial state of disaster. The decision to declare must be published in the provincial gazette.

8. How to declare a provincial state of disaster?

Diagram 2 depicts the process that must be followed by a province when declaring a local state of disaster:
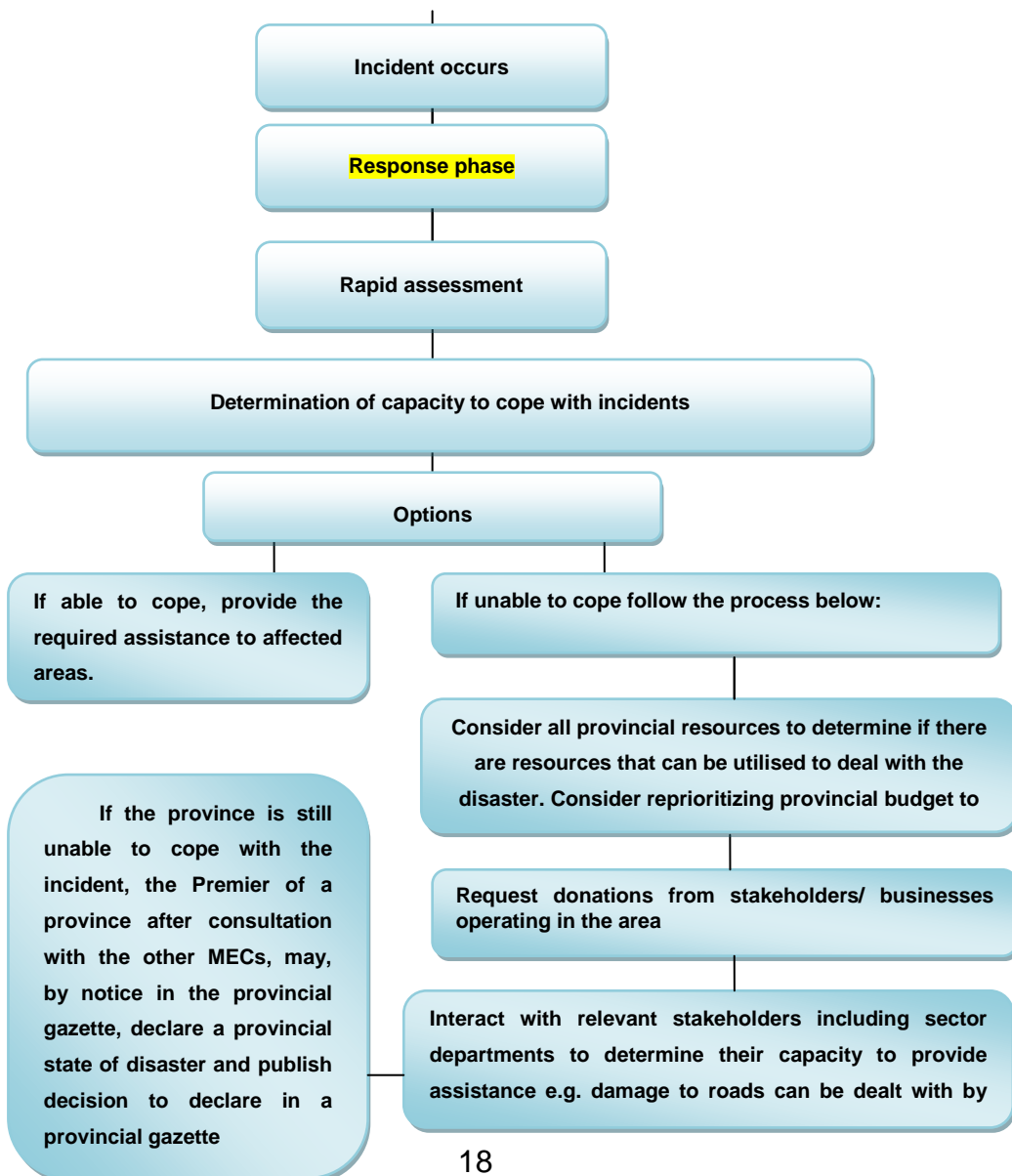
Footnote: Detailed assessments must also be conducted after rapid and initial assessments

B. CLASSIFICATION OF A STATE OF DISASTER
1. **Purpose of classifying a disaster**

The purpose of classifying a disaster is to designate primary responsibility for the coordination and management of a disaster to a particular sphere of government in terms of Section 23(8) of the Act.
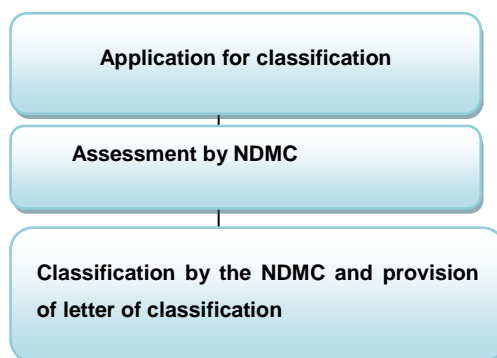
1.   Powers and duties of the NDMC

In terms of section 23, the NDMC has the power to classify and record disaster. While it is the duty of the NDMC to classify and record occurrences in terms of section 23, it remains the responsibility of all spheres of government to advice the NDMC in terms of sections 35 (2) and 49 (2) of the Act respectively. The NDMC may reclassify a disaster classified in terms of section 23 (1)(b) as a local, provincial or national disaster at any time after consultation with the relevant provincial or municipal disaster management centres, if the magnitude and severity or potential magnitude and severity of the disaster is greater or lesser than the initial assessment.

2.   Disasters that are not classified

Until a disaster is classified it remains a local disaster in terms of section 23(7) of the Act. This means that the occurrence must be dealt with in terms of section 54 of the Act.

4. **Process to be followed when requesting classification from the NDMC**

Diagram 3 depicts the process that must be followed by spheres of government when requesting classification from the NDMC:

```
┌─────────────────────────────────────┐
│     Application for classification   │
└─────────────────────────────────────┘
                  │
┌─────────────────────────────────────┐
│         Assessment by NDMC           │
└─────────────────────────────────────┘
                  │
┌─────────────────────────────────────┐
│  Classification by the NDMC and      │
│  provision of letter of classification│
└─────────────────────────────────────┘
```

11.   FUNDING OF POST – DISASTER RECOVERY AND REHABILITATION

Section 29 of the Municipal Finance management Act, 2003 provide for the use of funds in emergency situations.

When a disaster occurs the following principles apply:

1. National, provincial and local organs of state may financially contribute to response efforts and post –disaster recovery and rehabilitation.
2. The cost of repairing or replacing public sector infrastructure should be borne by the unit responsible for the maintenance of such infrastructure.
3. The minister may, in the national disaster management framework, prescribe a percentage of the budget or any aspect of a budget, of a provincial organ of state or a municipal organ of state, as

the case may be, as a threshold for accessing additional funding from the national government for response efforts.

4. Any financial assistance provided by a national, provincial or municipal organ of state must be in accordance with the national, provincial and district disaster management framework and any applicable post-disaster recovery and rehabilitation policy of the relevant sphere of government, and may take into account –

- Whether any prevention and mitigation measures were taken, and if not, the reason for the absence of such measures.
- Whether the disaster could have been avoided or minimised had prevention and mitigation measures been taken.
- Whether it is reasonable to expect that prevention and mitigation measures should have been taken in the circumstances;
- Whether the damage caused by the disaster is covered by adequate insurance, and if not, the reasons for the absence or inadequately of insurance cover;
- The extent of financial assistance available from community, public or other non-governmental support programmes; and
-

The magnitude and severity of the disaster, the financial capacity of the victims of the disaster and their accessibility to commercial insurance .

NATIONAL MUNICIPAL DISASTER GRANT

The Municipal Disaster Grant is administered by the National Disaster Management Centre in consultation with National Treasury.

The grant is allocated solely for the purpose of responding to the immediate needs after a disaster has occurred and with the aim to alleviate the immediate consequences of disasters.

The grant be can be accessed by municipalities upon the submission of the following documents through their Provincial disaster management centers:

A. A business plan which must contain the following details :

- Copy of the classification letter in terms of the Disaster Management act 57 of 2002
- Copy of the declaration in terms of the Disaster Management Act 57 of 2002
- An initial assessment which includes the number of people affected and details of infrastructure damaged.
- A cost cash flow budget indicating the items that are required to be purchased for the purposes of immediate relief and their estimated costs.
- Support that has been received from NGOs and businesses
- Support or intervention made by the municipality

B. A report which includes an initial assessment of the incident /disaster. The reports   **MUST** be signed by the Municipal Manager.

Adherence to the following Conditions **of the Municipal Disaster Grant** as stipulated in the 2013 Division of Revenue Bill are a further requirement :

A. "Funds from this grant can only be used to fund the items described in NDMC Disaster Grant Template/guide **(ANNEXURE "D")** and will only be released on request of a provincial government through the Provincial Disaster Management Centre and verification of a declared disaster as per the Disaster Management Act 57 of 2002.

B. Funds can only be released after a disaster has been declared in terms of the Disaster Management Act 57 of 2002.

C. Municipalities must fund a portion of the costs of the disaster response from their own budget or prove that they are not able to do so.

Municipalities must provide a performance report within 30 days after the end of the quarter during which funds are spent to the NDMC through the relevant PDMC.

The criterion for the allocation will be based on the location of the declared disasters and assessment of immediate needs following an assessment and verification process of the disaster by the Provincial and National Disaster Management Centre.

GUIDING PRINCIPLES

The evaluation process of the application will take a maximum of up to five working days.
The criteria for allocation will be on a case by case basis.
Section 57 of the Disaster Management Act 57 of 2002.
Funding will be allocated and must be utilized for the declared disaster only.

TIME LIMITS/ FRAMES

Applications will be accepted up to a period of 90 days (3 months) following the declaration.

GENERAL/ CONCLUSION

This grant is not incorporated in the equitable share because it is only meant for the responses to unforeseen disasters.

The criterion for the allocation is based on the location of the declared disasters and assessment of immediate needs and the proportion of a municipality's disaster response costs funded by the grant will be determined on a case-by-case basis.

Performance reports on the grant funding must be provided within 30 days after the end of the quarter during which funds are spent to the NDMC and the relevant PDMC

A detailed report of the event must be provided and submitted to the National Disaster Management Centre within 30 days after the occurrence of the disaster.

This grant is expected to continue over the medium term but will be subject to review.

DISASTER GRANT FUNDING APPLICATION GUIDE FOR PROVINCES AND MUNICIPALITIES.

1. Only the following items can be procured with the disaster funding allocation:
   1.1 Repair of infrastructure that supports the provision for basic services eg. water, sanitation.
   1.2 Search and Rescue infrastructure and services.
   1.3 Temporal shelter in the event that social services and/or human settlements are unable to provide.

1.4 Temporary structures and/or shelters that can be fully assembled within three months which may be required to ensure continued services as a result of damage caused by a declared disaster to critical infrastructure that provinces are responsible for providing and maintaining.

1.5 Mobile classrooms or temporary structures during a declared disaster in the event that the Department of Education is unable to provide.

1.6 Large scale humanitarian and other relief required that the national Departments of Social Development, Health, Agriculture Forestry and Fisheries are not responsible for providing or unable to provide. Proof must be obtained from the relevant department.

1.7 Temporary repairs to roads to ensure that communities are not cut off from services.

2....The following descriptions must be clearly outlined in the application for funding:

2.1 Name of affected Province .

2.2 Name of affected District and Local Municipality

2.3 Name of affected area/s and GPS Coordinates

2.4 A clear description of event including the time, structures and number of people affected.

2.5 Details of whether or not the damage is covered by insurance and if not, reasons why the infrastructure is not insured.

3. The following documents as outlined in 4.1.4 and 4.2.3 of the grant funding conditions must be submitted:

3.1 A business plan which must contain the following details :

- Copy of the classification letter in terms of the Disaster Management act 57 of 2002
- Copy of the declaration in terms of the Disaster Management Act 57 of 2002
- An initial assessment which includes the number of people affected and details of infrastructure damaged.
- A cost cash flow budget indicating the items that are required to be purchased for the purposes of immediate relief and their estimated costs.
- Support that has been received from NGOs and businesses
- Support or intervention made by the municipality/provincial department

3.2. A report which includes an initial assessment of the incident /disaster.

12. DISASTER MANAGEMENT COMMAND AND CONTROL GROUP - CONTACT DETAILS & FUNCTIONS

Administrative Structure (MANCO)

CLUSTER	NAME	CELL	EXT	FAX	EMAIL
MUNICIPAL MANAGER	MM: Mr. Yunus Chamda Acting Ass Manager: Ms Collette Ersterhuizen	083 308 5037 082 908 6055	016 450 3166 016 450 3165	016 455 5264	yunusc@sedibeng.gov.za colettee@sedibeng.gov.za
CHIEF OPERATIONS OFFICER	COO: Mr. Thomas Mkaza AA: Ms. Itumeleng Sello	072 573 1441	016 450 3154 016 450 3153	016 455 2188 086 743 9741	thomasm@sedibeng.gov.za itumelengs@sedibeng.gov.za
TREASURY	CFO: Mr. Brendon Scholtz OM: Ms Nthabiseng Pitso	082 889 7034	016 450 3121 016 450 3074	016 422 1546	brendons@sedibeng.go,vza nthabisengp@sedibeng.gov.za

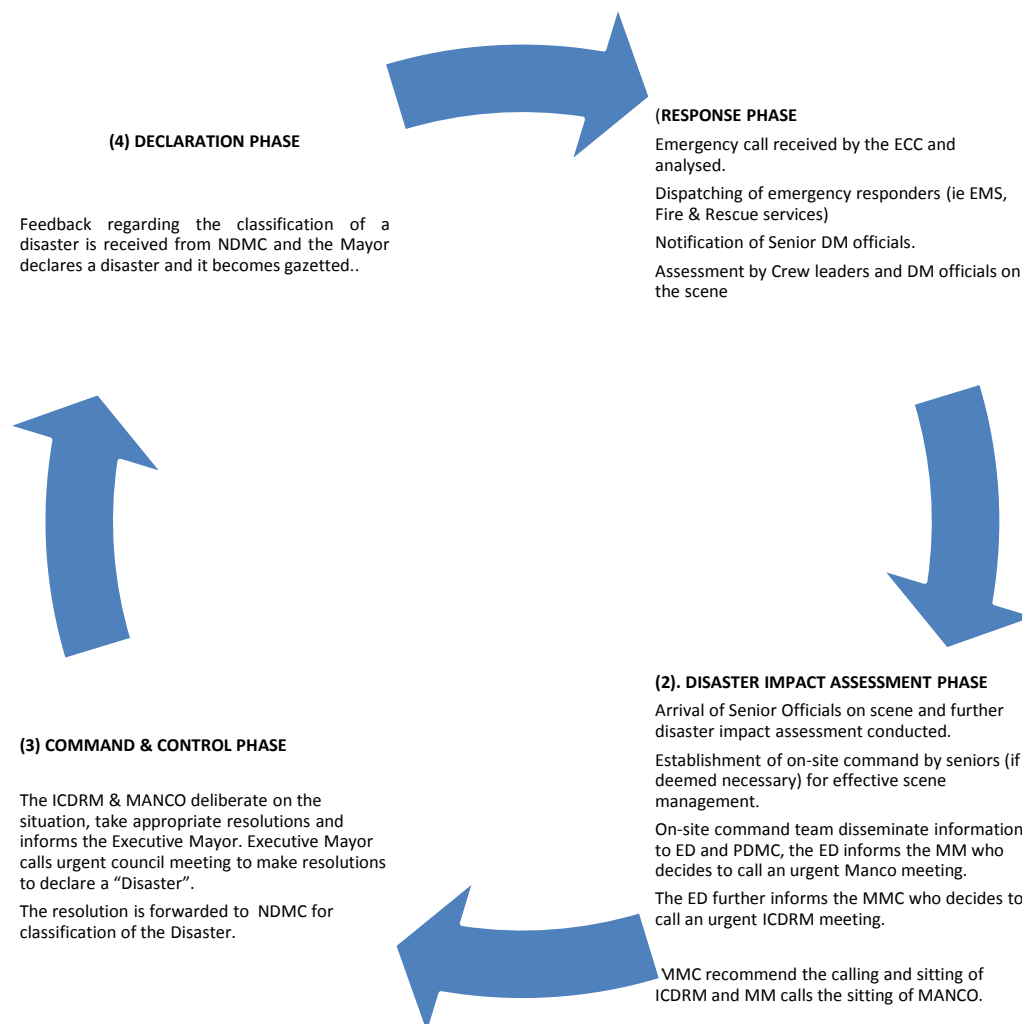| CLUSTER	NAME	CELL	EXT	FAX	EMAIL
CORPORATE SERVICES	ED: Ms Mapula Phiri –Khaole OM: Ms Queen Matsie	082 809 5121	016 450 3095 016 450 3201	016 450 3064	mapulap@sedibeng.gov.za queenma@sedibeng.gov.za
COMMMUNITY SERVICES	ED: Ms Morongwe Mazibuko OM: Ms Anita Von Burg	082 901 7959 082 853 5862	016 450 3382 016 450 3381	016 421 2543	morongwem@sedibeng.gov.za anitav@sedibeng.gov.za
TIE	ED: Mr. Sorrious Manele OM: Ms Sylvia Motsoari	082 444 1990 082 908 6154	016 450 3244 016 450 3241	016 421 2916	sorriousm@sedibeng.gov.za sylviam@sedibeng.gov.za
SPED	AED: R. Netshivhale OM: Ms Thuli Gule	073 836 3104	016 450 3305	016 422 2456	EDsped@sedibeng.gov.za nokwandan@sedibeng.gov.za
OFFICE OF THE MAYOR	DIRECTOR: Mr. Andries Mapetla AA: Ms Carol Venter	082 884 3761	016 450 3211	016 016 421 3182	andriesm@sedibeng.gov.za carolv@sedibeng.gov.za
OFFICE OF THE SPEAKER	DIRECTOR : Mr. Juluis Tsoho AA: Ms Nokowanda Nyobole	079 871 4505	016 450 3224	016 422 2456	juliust@sedibeng.gov.za friedam@sedibeng.gov.za
OFFICE OF THE CHIEF WHIP	DIRECTOR: Mr. Juda Dlamini AA: Ms Mickey Tsutsu	079 871 4501	016 450 3016	016 422 7276	judad@sedibeng.gov.za mickeyt@sedibeng.gov.za

Members of the Mayoral Committee

MMC	PORTFOLIO	ADMIN ASSISTANT	ADDRESS
Cllr. Mahole Mofokeng 082 784 6895	Executive Mayor	T Tshabalala 016 450-3017	Cnr Beaconsfield & Leslie Streets Vereeniging 1930
Cllr. Busi Modisakeng 083 454 1588	Speaker	Mapuleng Mateane 016 450-3179 082 908 6162	Cnr Beaconsfield & Leslie Streets Vereeniging 1930
Cllr. Christina Sale 083 524 9019	Chief Whip	Esther Moteka 016 450-3169 083 646 4366	Cnr Beaconsfield & Leslie Streets Vereeniging 1930
Cllr. B Mncube 078 737 5542	Administration	Sibongile Mphuthi 016 450-3157 071 346 8340	Cnr Beaconsfield & Leslie Streets Vereeniging 1930
Cllr. Maphalla 082 388 3352	Transport & Infrastructure	Julia Rasegoete 016 450-3242 073 221 1471	Donna Cheese Building Merriman Street Vereeniging 1930
Cllr. Y Mahomed 073 828 3250	Environment & Clean Energy	Bontle Dube 016 450-3242	Donna Cheese Building Merriman Street Vereeniging 1930
Cllr. P Tsotetsi 072 216 7635	Finance	Madikgomo Ramonama 083 629 3697 016 450-3225	Cnr Beaconsfield & Leslie Streets Vereeniging 1930
Cllr. Z Raikane (Mmakgomo) 082 078 7726	SRAC&H	Mosele Mohlokoane 016 450-3229 083 467 3664	Cnr Beaconsfield & Leslie Streets Vereeniging 1930
Cllr. M. Gomba 082 954 1664	Health & Social Development	Jacky Moloi 016 450-3185	Cnr Beaconsfield & Leslie Streets Vereeniging 1930
Cllr. Tsokolibane 083 501 7892	LED & Tourism	Mmatshepo Mosala 016 450-3339 071 176 8345	House & Home Building Merriman Street Vereeniging 1930
Cllr. Mshudulu 083 293 6625	Housing, Development & Planning Human Settlements	Minah Pule 016 450-3302	House & Home Building Merriman Street Vereeniging 1930

ICDRM: Political Structure Section 80 Committee: Social Services

Name	Contact Details
Cllr M. Gomba (MMC-Chairperson)	**082 954 1664**
Cllr Griffiths Tibane	073 579 6664
Cllr Daniel Hlongwane	083 677 8858
Cllr Wendy Masilo	082 905 2492
Cllr Sello Pitso	0795290779
Cllr Thandi Maseko	076 132 7672
Cllr Nkapu Ranake	079 529 0779
Cllr Yvonne Coertze	082 770 8222
Cllr Patricia Baloyi	078 523 5602
Cllr Haartman	082 565 1923
Cllr Abel Radebe	084 056 0986
Cllr S. Makhubo	0827870809
Cllr Pruce Boland (Observer)	076 5077 607

13. FUNCTIONAL PHASES TOWARDS EFFECTIVE MANAGEMENT OF DISASTERS

(4) DECLARATION PHASE

Feedback regarding the classification of a disaster is received from NDMC and the Mayor declares a disaster and it becomes gazetted..

(RESPONSE PHASE

Emergency call received by the ECC and analysed.

Dispatching of emergency responders (ie EMS, Fire & Rescue services)

Notification of Senior DM officials.

Assessment by Crew leaders and DM officials on the scene

(3) COMMAND & CONTROL PHASE

The ICDRM & MANCO deliberate on the situation, take appropriate resolutions and informs the Executive Mayor. Executive Mayor calls urgent council meeting to make resolutions to declare a "Disaster".

The resolution is forwarded to NDMC for classification of the Disaster.

(2). DISASTER IMPACT ASSESSMENT PHASE

Arrival of Senior Officials on scene and further disaster impact assessment conducted.

Establishment of on-site command by seniors (if deemed necessary) for effective scene management.

On-site command team disseminate information to ED and PDMC, the ED informs the MM who decides to call an urgent Manco meeting.

The ED further informs the MMC who decides to call an urgent ICDRM meeting.

MMC recommend the calling and sitting of ICDRM and MM calls the sitting of MANCO.

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SUMMARY

All Emergency calls of whatever nature are received through the SDM Emergency call-taking and despatching unit under the Disaster Management department. The calls' regarding every emergency becomes scrutinized by the Centre Supervisor for information gathering before despatching of emergency responders i.e. Fire & Rescue, Emergency Medical Services, Disaster Management or SAPS. These emergency responders will each do their scene sum-up about the situation and inform their principals in accordance with each protocol. They will then decide to establish an on-site command control where each will be represented and common approach to the incident becomes reached.

The thorough assessment on the situation becomes conducted i.e. to ascertain the extent of infrastructure damage if any (houses, buildings, bridges, roads, environment, animals etc.), the number of the injured, number of deaths and at the end, the extent of the catastrophic situation.

In case of a municipality, a thorough assessment report will be disseminated or forwarded to the principals which are both administration and political. They will deliberate about the situation for further possible assistance needed by the operational teams to curb the situation, be it extra resources, manpower, finances, transport, guidance, buildings, infrastructure etc. Further information will be disseminated to both Provincial and National Disaster Management Centres. It is of vital importance in particular to National as in accordance to the Disaster Management Framework they are the ones who classify the disaster at the end.

Depending on further catastrophic conditions continuing and the municipality having used all available resources at its disposal, the immediate Council meeting will have to be convened where a resolution regarding the declaration of a disaster by the Mayor will be taken.

Declaration of a disaster provides the opportunity for the municipality to acquire more assistance outside, be it from International NGOs (Red Cross, Gift of the Givers, Muslim Associations, International Rescue Association etc.), private sector, business, International governments etc.

SEDIBENG DISTRICT MUNICIPALITY

INTEGRATED TRANSPORT PLAN

FOR 2008 TO 2013 FOR THE

31 Aug 2010

DISTRICT INTEGRATED TRANSPORT PLAN FOR 2008 TO 2013 FOR THE SEDIBENG DISTRICT MUNICIPALITY

EXECUTIVE SUMMARY

Transport Vision

"The Sedibeng District Municipality enhances social upliftment, economic growth and the quality of life of people through the provision of peaceful, integrated, safe, reliable, frequent, affordable, accessible and convenient public transport services, facilities and roads infrastructure required for human, economic and social interaction and transporting goods in Sedibeng."

Transport Objectives

Focus Areas	Objectives
Pubic Transport	• To provide safe, affordable and accessible public transport to employment, education, recreation and markets • To drive transport user and provider behaviour towards public transport
Transport Infrastructure	• To provide road and infrastructure linkages to residential nodes and between key nodes which are currently lacking • To rehabilitate key roads currently in a poor condition
Land Use and Transport Integration	• To develop transport infrastructure and services to support Sedibeng's Spatial Development Framework
Environmental Protection	• To support sustainable transport solutions with ongoing reductions in environmental externalities
Congestion Management	• To implement targeted travel demand management measures
Road Safety Management	• To provide or upgrade storm water drainage, signals and other road furniture to improve traffic safety • To develop specific pedestrian safety promotion and infrastructure investment programmes
Regulation and Control	• To minimise unroadworthy public transport vehicles • To educate public transport operators about relevant legislation and buy-laws
Information Systems	• To invest in improved transport information services
Stakeholder Participation	• To actively involve interested and affected parties in shaping the transport industry and services
Non-motorised Transport	• To promote non-motorised transport solutions
Funding	• To secure appropriate funding for transport

Proposed Interventions / Programmes

Transport Element		Proposed Interventions/Programmes	
1	Spatial Planning	1.1	Support residential densification / infilling east of N1 at Evaton-Sebokeng up to CBDs of Vanderbijlpark and Vereeniging.
		1.2	Support economic and residential development along R59.
		1.3	Support infilling between Ratanda and HeidelbergTown, and formalisation of informal settlements around Vischkuil and Devon.
		1.4	Support Sedibeng Precinct developments, i.e.: regeneration of historic area of Sharpeville; creation of Government and Cultural Precincts in old Vereeniging CBD; and Waterfront Development along VaalRiver.
		1.5	Support establishing the Vaal Logistics Hub west of Arcelor Mittal Works in Vanderbijlpark.
		1.6	Support implementing Planning Framework for Southern Areas of City of Johannesburg and surrounds (i.e. Sedibeng and WestRandDistricts), including future housing developments.
2	Development Corridors	2.1	Implement Development Framework for R59 corridor.
		2.2	Implement Development Framework for R82 corridor.
		2.3	Implement Lesedi Nodal and Corridor Study.
3	Public Transport Plan	3.1	**Modal Integration**
		3.1.1	Develop a strategy that integrates mini-bus taxis, buses and trains into the public transport system operating as a single seamless system.
		3.1.2	Implement initiatives or awareness programmes to instil in the minds of operators the need for integration of different modes of transport.
		3.1.3	Set-up an institutional body or structure where representatives of different travel modes can voice their needs and concerns.
		3.1.4	Ensure that new or future upgrades of public transport facilities actively and practically promote modal integration, i.e. facilities should be designed to cater for more than one travel mode.
		3.2	**Metered Taxis**
		3.2.1	Undertake an assessment of the metered taxi industry to establish the future role or market niche of metered taxis in Sedibeng. Specific aspects to be considered include establishing a client profile and travel patterns of metered taxis (pick-up and drop-off points).
		3.2.2	Set-up an institutional body or structure (also referred to under Modal Integration) where representatives of different travel modes (including metered taxis) can voice their needs and concerns in an integrated manner.
		3.2.3	Investigate how metered taxis should be accommodated in terms of taking up space / holding bays, i.e. where to provide holding bays.
		3.3	**Learner Transport**
		3.3.1	Develop and implement strategy for learner transport
		3.3.2	Set-up an institutional body or structure (also referred to under Modal Integration) where representatives of different travel modes (including learner transport) can voice their needs and concerns in an integrated manner.
		3.4	**Transport for People with Special Needs**
		3.4.1	Ensure user-friendly new and existing public transport facilities in terms of providing for people with special needs.
		3.4.2	Use various forums and institutional structures to encourage public transport operators to be sensitive and considerate to people with special needs.

Transport Element		Proposed Interventions/Programmes	
		3.4.3	Invite representatives of people with special needs to participate in relevant forums by voicing their transport needs and concerns.
		3.5	**Management of Public Transport Facilities**
		3.5.1	Develop a policy on the management and maintenance of mini-bus taxi facilities. Draft a by-law to enforce such a policy.
4	Transport Infrastructure Plan	4.1	**Road Networks and Corridors**
		4.1.1	Support Gauteng Province with finalising main public transport corridors for Gauteng (including Sedibeng) – i.e. Integrated Public Transport Network Design project
		4.2	**Road Safety**
		4.2.1	Assist Local Municipalities to meet their responsibility towards the general public in terms of traffic safety through the phased implementation of a Road Traffic Safety Management Plan.
		4.2.2	Assist Local Municipalities to carry out independent Road Safety Audits.
		4.2.3	Assist Local Municipalities to identify hazardous road locations, prioritise these locations for remedial treatments, and systematically budget for and implement improvement programmes.
		4.2.4	Assist Local Municipalities to identify locations where there is a concentration of schools or high learner pedestrian activities to implement road safety measures.
		4.2.5	Fund safety campaigns and road safety programmes for Local Municipalities to educate and train road users regarding road safety matters.
		4.3	**Traffic Signals**
		4.3.1	Encourage and assist Local Municipalities to systematically implement the Traffic Signal Management Process as stipulated in the South African Road Signs Manual, Volume 3: Traffic Signal Design.
		4.3.2	Assist Local Municipalities with regular maintenance of traffic signals in their respective jurisdictional areas.
		4.3.3	Assist Local Municipalities with assessing the need for signalised intersections (i.e. Traffic Impact Assessments) in highly developed areas.
		4.4	**Traffic Signage and Road Markings**
		4.4.1	Assist Local Municipalities to systematically formulate and implement a Road Signs Management System as defined in the South African Road Signs Manual, Volume 2, Chapter 16.
		4.4.2	Assist Local Municipalities with improving signage and information services to tourist attractions.
		4.4.3	Assist Local Municipalities with the ongoing maintenance or replacement of outdated or damaged signs in Sedibeng.
		4.4.4	Assist Local Municipalities to identify specific locations where road markings have a higher than normal impact on the safety of road users, such as at stop signs, traffic signals or pedestrian crossings (especially where learners cross a road section). These locations will be prioritised based on among other considerations the condition of the road markings, where after high quality, durable paint will be used for road markings at such locations.

Transport Element			Proposed Interventions/Programmes
		4.5	**Upgrading and Maintenance of Roads in Strategic Roads Network**
		4.5.1	Ensure that the Pavement Management System (PMS) for Sedibeng is up to date to assist with prioritising road network improvements.
		4.5.2	Encourage Local Municipalities to ensure that the upgrading/maintenance of roads is bias towards roads having a high volume of public transport vehicles.
5	Airports	5.1	Support and cooperate with studies to investigate commercial and/or private development of Aerovaal Airport in Heidelberg and other local airports, including new airports.
		5.2	Ensure adequate road access to exiting airports/ airfields.
		5.3	Investigate opportunities to enter into a public-private-partnership for the development and operation of airfields in Sedibeng.
6	Freight Transport	6.1	Develop Freight Transport Management Plan considering overload control, abnormal loads and transporting hazardous materials
		6.2	Further explore the establishment of a centralised truck stop facility/hub in the Meyerton industrial area next to the R59 freeway to accommodate freight movements to among other places Ekurhuleni and City Deep, based on the initial investigation done by GPTRW.
7	Non-motorised Transport	7.1	Develop a course Area-wide Master Plan to provide for proper network planning for NMT purposes.
		7.2	Promote the use of bicycles and especially among learners through the project called Shova Kalula.
		7.3	Promote the principle that new roads being designed for high density areas should make provision for pedestrian sidewalks.
		7.4	Explore and use funding opportunities for the implementation of NMT projects.
8	Waterways	8.1	Investigate feasibility of using Vaal River to transport public transport users
		8.2	Undertake a course assessment of access across the Vaal River for NMT.
9	Monitoring and KPIs	9.1	Collect data and measure identified KPIs as required by Gauteng Province.
10	Funding	10.1	Explore additional and alternative sources of funding.
11	ITP Implementation: Human Resources	11.1	Confirm resources required for public transport and infrastructure planning and appoint staff.

SEDIBENG

DISTRICT

MUNICIPALITY
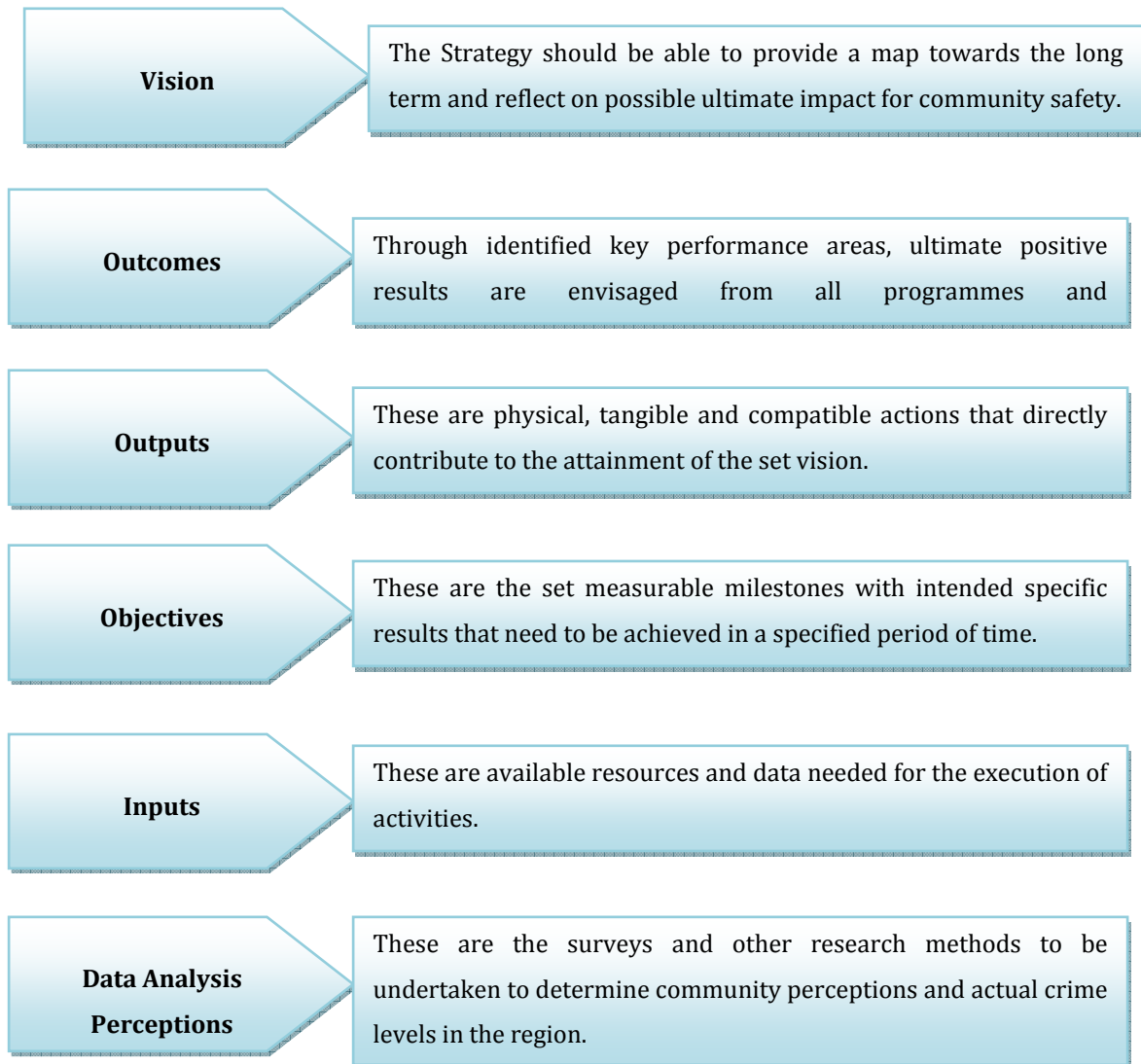
SUMMATIVE

COMMUNITY SAFETY

STRATEGY

2013 - 2017

How the Strategy is structured

Vision
The Strategy should be able to provide a map towards the long term and reflect on possible ultimate impact for community safety.

Outcomes
Through identified key performance areas, ultimate positive results are envisaged from all programmes and

Outputs
These are physical, tangible and compatible actions that directly contribute to the attainment of the set vision.

Objectives
These are the set measurable milestones with intended specific results that need to be achieved in a specified period of time.

Inputs
These are available resources and data needed for the execution of activities.

Data Analysis Perceptions
These are the surveys and other research methods to be undertaken to determine community perceptions and actual crime levels in the region.

Furthermore; monitoring and evaluation of the strategy will be based on indicators and results generated through adopted processed, performance and attached outputs.

Portfolio of evidence will be build for accountability purposes, with emphasis being on the measurement of programmes impact, outcomes and efficiency levels.

Alignment with National and Provincial Strategies

The strategy seeks to support and promote other community safety intervention plans and programmes as endorsed at national and provincial governments. This illustration below displays the various levels of interventions across various strategies.

Inter Governmental Relations	Promote Schools Safety	Advocacy for Social Crime Prevention	Support Community Corrections Programs

Sedibeng Community Safety Strategy

Improving Quality Policing	Promoting Social Crime Prevention	Developing Institutional Arrangements	Encouraging Community Participation

Gauteng Community Safety Plan

Criminal Justice Process	Environmental Design	Public Values and Education	Trans-National Crime Participation

National Crime Prevention Strategy

Through the *National Outcome 03: All People in South Africa are and feel safe*; this strategy aims to achieve the under-mentioned:

- Promote and sustain a safe and secure environment for communities and visitors of Sedibeng
- Maximize societal participation in community safety intervention programs and projects
- Build and sustain strategic partnerships and networks
- Manage and improve society's perception on levels of crime and roles of law enforcement services
- Intensify focus towards the elimination of gender based violence and trio crimes in the region
- Build investor confidence and provide enabling environment for the promotion of tourism in the region

This is further supported by the National Development Plan – Vision 2013 through its Chapter 12, which seeks to *Build Safer Communities.*All these strategies are developed and implemented on the foundation of the *NationalCrime Prevention Strategy of 1996*, and the *White Paper on Safety and Security of 1998* which emphasis on a multi-agency approach in the fight against crime.

National Crime Prevention Strategy

The National Crime Prevention Strategy has provided a national vision and framework for crime prevention initiatives. As a result this strategy will ensure that Sedibeng is providing support to other

participating stakeholder through a coordinated approach towards the implementation of community safety programs.

<u>White Paper on Safety and Security</u>

The White Paper on Safety and Security has put emphasis on local government to align itsinternal resources and objectives within a crime prevention framework. To achieve this objective, Sedibeng through this strategy's key priority one, has established a Community Safety Forum which is comprised of various stakeholders from safety and security sector. Through this structure, joint planning and joint resources are formulated to avoid duplication of resources and programs.

<u>National Development Plan</u>

The NDP requires that requires an effective integrated strategy to address pervasive problem of violence and crime in general. Through this strategy, an integrated approach through active community involvement will be pursuit.

<u>Sedibeng Community Safety Strategy</u>

To ensure that these afore-mentioned national and provincial strategies are achieved, SDM developed these customized pillars as key strategic performance areas for the development and implementation of community safety programmes in the region.

Strategic PriorityArea 01: Inter-Governmental Relations

- This pillar aims to strengthen strategic partnerships and networks through which best practice models related to community safety can be acquired and implemented.

Strategic Priority Area 02: Promote Schools Safety

- Safety and security at our schools is of paramount importance to generate enabling environment for learners and educators to acquire operate within their areas of responsibility.

Strategic Priority Area 03: Advocacy for Social Crime Prevention

- The principle underlining this objective is to fight crime by exposing and addressing socio-economic factors deemed as causal and prevalent contributors of crime within our society.

Strategic Priority Area 04: Support Community Corrections Programs

- The key approach for this pillar is to promote restorative justice and re-integration processes through utilization of ex-offenders within the society.

Disaster Management Framework

Disaster Management Policy Framework is aimed at ensuring an integrated and uniformed approach to disaster management and other community safety related incidents within the region.

It is imperative to integrate, align and recognize the role of Disaster Management, Fire Rescue and Environmental Health processes within this Community Safety Strategy as it plays essential proactive and reactive roles in the implementation of community safety measures.

This Disaster Management Policy framework is aimed at achieving the following objectives:

- Preventand/or reduce the risk of disasters
- Mitigate the severity and/or consequences of disasters
- Provide emergency preparedness
- Provide rapid and effective response to disasters, and
- Provide post-disaster recovery and rehabilitation

Multi-Agency Stakeholders

It is vital to note that the police and community safety departments at various spheres of government cannot win the fight against crime on their own. Hence; the support and active participation of other sectors as mentioned below is essential:

Departments	Description of responsibilities
Human Resources	Provide knowledge and skills through training and capacity building workshops in community safety sector.
Urban Design	It is important that prior and during the construction of new developments, the principle of Crime Prevention through Environmental Design (CPTED) be recognized.Vacant and under-utilized land and buildings often becomes prey for criminals and are used hide-outs and/or storage places. Street-lighting should also be improved to provide adequate illumination at night as a deterrent measure against possible criminal activities.
Marketing	It is about time that community perceptions towards safety and security sector be engaged and positively improved. Not only bad publicity against these agencies should be upheld, but their achievements too should be highly publicized and promoted within communities.
Emergency Services	Provide emergency treatment and counseling to victims of crime and make referrals and/or disseminate relevant information to victims with regard to available processes and programs for information purposes.
Local Economic Development	Create and provide job opportunities and reduce unemployment and poverty levels within communities. A working society will automatically withdraw from participating in criminal activities as a means of survival tactics.
Treasury	Conducting forensic audits to identify corruption and oversee

	correct procurement processes and contract awards.
Licensing Service Centres	Provide and enhance security measures around licensing stations, tackle corruption and provide enabling environment for business operation.
Transport, Roads, etc	Commuters' safety should be upheld at all times. Necessary measures should be in place to improve in-transit and off-transit safety of commuters, especially at bus terminals and train stations.
Parks	They must respond positively towards reported areas deemed as contributing factors towards criminality. Thick and high vegetation, long grass often are prevalent to criminal activities. Safety of the public should be upheld at all times at the facilities.
Housing	Standing and vacant houses should be eliminated and avoided at all costs. It is common that unoccupied houses always attract vandalism and/or illegal occupation. House numbering is also important as it enables law enforcement and emergency medical services to find their targets much easier.
Sports, Culture and Recreation	Youth is associated with sports and recreation. It is therefore; essential to ensure that these facilities are made available for usage as programs that will defocus youth and children from criminal minds.
Social Welfare	They must provide parental, educational, treatment and counseling programs to victims of crime with special needs.

Events Safety Management Framework

Events Safety Planning is a very important component which is often neglected during plenary proceedings for events that are being held. To mitigate for possible incidents that may be detrimental to the lives and safety of people including assets at planned mass events, Ministry of Sports and Recreation developed legislation in the form of Safety at Sports and Recreational Events Act No. 02 of 2010.

This Act provides provisions and stipulations which need to be complied with for every scheduled mass event. The Act requires that measures to safeguard the physical well-being and safety of persons and property at sports, recreational, religious, cultural, exhibitions, organizational or similar events held at stadiums, venues or along a route be considered and put in place at all times.
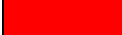
The Act requires that Events Safety Plans be developed in accordance with the below-mentioned guidelines:

- The nature of the event – (type of planned activities)
- Nature of the venue – (fixed or temporary, open air or inside a building)
- Nature of patrons – (type of people who will be attending)
- Nature of an environment around the venue (volatile or not)
- Availability of safety and security capacity

CRIME ANALYSIS REPORT: 2007 - 2012

Types of Crimes	VEREENIGING CLUSTER				
	Vereeniging 2007/12	**De Deur** 2007/12	**Meyerton** 2007/12	**Kliprivier** 2007/12	**Heidelberg** 2007/12
Murder	-66.9%	-26.3%	-19.1%	-55.4%	-79.4%
Attempted Murder	-11.2%	-27.2%	-12.3%	-28.8%	-57.3%
Robbery Aggravating with Firearm	-40.8%	-10.4%	+15.5%	+14.4%	+92.3%
Common Robbery	-51.0%	-21.7%	-30.0%	-29.6%	-51.6%
Assault GBH	-6.3%	-25.9%	-17.0%	-71.0%	-77.3%
Common Assault	-32.4%	-35.6%	-31.1%	-37.8%	-60.1%
Total Sexual Offences	-29.6%	-38.6%	-12.7%	-40.5%	-80.5%
Burglary Residence	-34.9%	-24.9%	-0.9%	-10.8%	-58.2%
Burglary Business	-14.4%	+99.3%	+1.7%	+14.4%	-24.5%
Theft of M/V	-30.5%	-25.9%	-13.6%	-12.1%	-11.4%

🟩	Decrease (-) in crime

🟥	Increase (+) in crime

NB: It should be noted that the above information exclude Ratanda and Vaal Marina as they fall outside the five (05) years period of this data analysis. Ratanda only became a fully fledged station in 2009 and Vaal Marina in 2012.

SEBOKENG CLUSTER

Types of Crimes	Sebokeng	Evaton	Sharpeville	Boipatong	Vanderbijlpark	De Barrage
	2007-2012	2007-2012	2007-2012	2007-2012	2007-2012	2007-2012
Murder	+10.3%	-33.8%	+26.3%	-9.1%	-44.9%	-10.7%
Attempted Murder	-49.3%	-66.9%	-44.6%	-11.3%	-54.7%	+12.1%
Robbery Aggravating with Firearm	-28.7%	-50.5%	-8.3%	+6.0%	-42.1%	+56.3%
Common Robbery	-38.8%	-27.7%	-20.6%	-31.8%	-60.3%	+46.9%
Assault GBH	+5.9%	-43.7%	+16.6%	+15.8%	-52.5%	+111.5%
Common Assault	-34.8%	-10.6%	+8.7%	-18.3%	-32.1%	+12.2%
Total Sexual Offences	-31.9%	-33.1%	-14.3%	-31.9%	-38.5%	-38.7%
Burglary Residence	+8.3%	-22.5%	-9.5%	-20.2%	-38.7%	+6.5%
Burglary Business	+127.8%	+72.4%	+519.3%	+6.3%	-31.6%	+78.9%
Theft of M/V	-33.6%	-13.6%	+17.7%	+50.0%	-12.4%	+127.3%

▇ Decrease (-) in crime

▇ Increase (+) in crime

IMPLEMENTATION PROCESS PLAN

PRIORITY 01: INTER-GOVERNMENTAL RELATIONS				
Key Focus Area (KPA)	**Action Plans**	**Outcomes**	**Performance Measurements**	**Measuring &Monitoring Tools**
Strengthen strategic partnerships and networks for safer communities	Enhance and sustain Community Safety Forum through regular meetings that deliberate on safety and security issues in the region	Active and effective CSF with informed general communities and stakeholders in safety and security programs and services	Number of participants at the CSF meetings	• Attendance Registers • Minutes • Reports (Quarterly)
	Support our partners towards successful implementation of respective programs and events aimed at addressing community safety in the region.	Strong and effective partnerships	Number of external programs supported and implemented	• Attendance Registers • Minutes
	Actively participate at local, provincial and national gatherings for the purpose of acquiring advanced skills and best practices models.	Best IGR structure in the Province which is benchmarked for best practice models	Number of external visit and/or invitation received for sharing of best practices	• Invitation letters • Minutes • Presentations & Reports
	Participate in business sector platforms which promote crime prevention through economic empowerment and intervention.	Reduced crime levels that negatively impact on economic investment and growth.	% level reduction of crimes such as business robbery, shoplifting and general theft.	• Attendance Registers • Minutes • Reports

PRIORITY 02: PROMOTION OF SCHOOLS SAFETY				
Key Focus Area (KPA)	**Action Plans**	**Outcomes**	**Performance Measurements**	**Measuring & Monitoring Tools**
Provide safe and secure environments for both the learners and educators	Coordinate the establishment and revival process of Schools Safety Teams at all schools within Sedibeng region in partnership with Gauteng Department of Education and other stakeholders	Informed, active and effective Schools Safety Teams at various schools level.	Number of functional SST in the region	• Attendance Registers of the SST Meetings • Minutes • Reports • Composition of the SSTs
	Conduct advocacy programs at schools to address issues of criminality, teenage pregnancy, substance abuse, etc. at schools and within the general society	Crime free schools premises	% decrease of criminal activities at schools level.	• Schools Visitors Registers • Letters of Confirmation of Attendance from Schools • Reports
	Support law enforcement services in efforts to eliminate and eradicate criminality at schools	Improved visible policing at and around schools premises	Number of special operations conducted.	• Schools Visitors Registers • Consent letters from District Offices • Reports
	Promote Road Safety in our schools	Reduced road crashes and fatalities	Number of road crashes and fatalities recorded	• Accident Reports

PRIORITY 03: ADVOCACY FOR SOCIAL CRIME PREVENTION				
Key Focus Area (KPA)	**Action Plans**	**Outcomes**	**Performance Measurements**	**Measuring & Monitoring Tools**
Combat crime by addressing and reducing socio-economic factors deemed as prevalent towards criminality within our society	Conduct gender based violence awareness programs through 365 days of activism on no violence against women and children principles and approach	Reduction in gender based violence, and informed communities on gender based violence issues	% reduction of gender based violence in the region	• Attendance Registers • Photos from events held • Crime Statistical Reports
	Support community policing relations principles through utilization of Community Policing Forums structures	Improved working relations between communities and the police, including improved information sharing networks	Number ofCPF stakeholders' meetings and public meetings held.	• Attendance Registers of CPF meetings • Photos from events held • Crime Statistical Reports • Public Meetings
	Conduct environmental scans to identify vulnerable open spaces and unused buildings	Improved street-lightning in the townships and CBDs, and clear	% reduction of incidents related to common	• Working Street lights • Clear Open Spaces

			robberies, rapes and murders	• Crime Statistical Reports
	Support law enforcement and road safety educational programs with an effort to eliminate non-compliance of traffic management regulations on our roads	Reduced road crashes and fatalities	Number of road crashes and fatalities recorded	• Accident Reports
	Monitor criminal, traffic, EMS and other activities through CCTV cameras in identified and unidentified areas.	Improved investments and tourism in the region as a result of crime free CBDs and other strategic areas	% reduction of crimes as a result of the existence of CCTV cameras	• Crime Statistical Reports • Functional CCTV Systems • Number of Arrests made • Number of convictions achieved

PRIORITY 04: SUPPORT COMMUNITY CORRECTIONS PROGRAMS				
Key Focus Area (KPA)	Activities	Outcomes	Performance Measurements	Measuring & Monitoring Tools
Promote Restorative Justice and re-integration of	Support ex-offenders by providing them with public participation and schools level platforms to render motivational talks as a proactive measure to possible criminal	Informed learners on the dangers of getting involved in criminal activities	Number of schools visited.	• Schools Visitors Registers • Letters of Confirmation of Attendance from

offenders in the communities.	minds.			Schools • Reports
	Conduct visits to correctional facilities to conduct awareness programs for incarcerated juveniles and problematic learners from various schools.	Reduction in re-offending and increased number of ex-offenders in community services awareness programs	Number of ex-offenders participating in community awareness programs Number of learners tours to correctional facilities conducted	• Attendance Registers • Photos from events held • Reports • Letters of Confirmation from DCS
	Support community corrections programs; such as cleaning campaigns and community outreach initiatives.	Reduction of incidents such as rapes and robberies taking place at remote and open spaces	Number of incidents reported at remote and open spaces	• Clear Open Spaces • Photos • Crime Statistical Reports
	Conduct awareness campaigns to educate community about its role with regard to its participation in community corrections activities.	Informed communities in community corrections services, including reduction of stigma towards ex-offenders.	Number of community imbizos held	• Attendance Registers • Photos from events held • Reports • Public Meetings

SEDIBENGDISTRICT AIDS STRATEGIC PLAN

2012-2016:

SEDIBENG RESPONSE TO HIV&AIDS, STIs & TB

"MAINSTREAMING IN MOTION"

"...Towards - HIV free Community"

2012-2016 STRATEGY

1. INTRODUCTION

Since the bubonic plaque and the influenza epidemic in the fourteenth century and the 1917 respectively, never in the global history has all nations and countries converged in pursuit of a common goal; to reduce enroute to ultimately eradicating Human immune-deficiency Virus and Acquired Immune Deficiency Syndrome (HIV&AIDS). The HIV&AIDS pandemic has taken the lives of millions of people like never before in the history of mankind.

When HIV&AIDS first emerged in the eighties, they were perceived purely as health issue and the approach to mitigate them was biomedical. However the complex nature of the cause and effect, including macro and micro socio-economic impacts of this scourge, has prompted countries to earnestly and continuously revise their approaches to mitigate the spread of HIV&AIDS. HIV&AIDS have in most instances nullified many hard earned human developmental gains and in some countries further pushing poverty and unemployment to unprecedented levels.

As this pandemic continues to ravage the society, lives of skilled, semi-skilled employees are lost; this also includes the loss of institutional memory. This deprives young people an opportunity to tap onto these skills. As a result HIV&AIDS related costs increase and cause strain to households and government budget, thus exacerbating poverty and employment. Hence HIV&AIDS is counter-productive to the developmental agenda of the society.

This document therefore seeks to reflect and advance Sedibeng Regional HIV&AIDS, STIs & TB 2012-2016 Strategy, which is hoped that will form part of ongoing regional dialogue for the current political term of office. This strategy is aligned to the National Strategic Plan 2012-2016 and focuses on how local government plays a critical role in mobilizing all stakeholders towards tangible output–oriented programmes. The strategy also calls for a shift in paradigm regarding HIV&AIDS, STIs & TB and local government.

2. BACKGROUND

HIV&AIDS pandemic constitutes one of the most formidable challenges to social, economic and development successes and progress, while in other parts, this scourge has undermined economies and is threatening to destabilize and profoundly affect social fabric.

According to The Joint United Nations programme on HIV&AIDS (UNAIDS), Sub Saharan Africa still bears the inordinate share of the global HIV burden and South Africa is the only country globally with the largest number of adult living with HIV. Encouraging is that there is evidence that HIV has reached plateau/maturity and the HIV-prevalence is beginning to stabilize and that more and more people are receiving antiretroviral therapy.

Since HIV&AIDS emergence in the eighties, there have been new opportunities aimed at stopping HIV-incidences and mitigating the HIV-prevalence rates. The opportunities include developing new programmes to improve, amongst others, access to and the utilization of HIV Counseling and Testing (HCT), Prevention of Mother to Child Transmission (PMTCT) services; and the provision of ART, while addressing stigma and discrimination.

In the past decade, local municipalities' policy makers have shown the will to mitigate the spread of HIV and manage the socio-economic impacts of AIDS. The impacts of HIV&AIDS at municipality level are illustrated from two perspectives viz. a) how do HIV&AIDS impact on a municipalities as organization i.e. currently and in the future, where staff and politicians may be infected or affected; with the resultant absenteeism, low staff morale, staff turnover, job hopping, poor quality of service, increasing costs of recruitment, retraining of new staff and loss of human capital; b) how do HIV&AIDS impact on the residents who may be infected and/or affected and the resultant burden for demand and supply of goods and services that

municipalities provide, amongst others, services for health (more demand for palliative care); poverty alleviation (more grants budget); indigent assistance (more budget) and land use (graves/cemeteries).

Higher rates of unemployment and poverty may increase the chances of less revenue collection by municipalities for services provided. There is also a likelihood of low economic growth due to businesses losing expertise and valuable skills. Hence there is a critical need for municipalities to know the status of this pandemic within and outside the workplace so that they can respond appropriately and effectively.

There is global recognition that effective HIV&AIDS, STIs and Tuberculosis (TB) interventions are best employed at local government level, since it is at this level where individuals, households, families, organisations and business most feel the wrath of these pandemics. Therefore mainstreaming and programming of HIV/&AIDS, STIs and TB are best suited for this level of government.

As mandated by the vision of developmental government, local municipalities are expected to actively take a lead in all endeavors to prevent the spread of and manage the social and economic impacts of HIV&AIDS, sexually transmitted infections (STIs) and TB to their communities.

If not for legislative obligation; municipalities have very good reasons to participate in the fight against this pandemic; first as human beings, there is a moral duty to help fellow men and women and secondly municipalities should strive towards a stable and vibrant society as the impacts of HIV&AIDS increase the cost of doing business both in the world of work and government.

Therefore, municipalities should increasingly seek innovative ways and approaches to manage HIV&AIDS, at the same time utilizing their core areas of expertise and embed the management of this scourge into an everyday business practices. This is premised from the fact that municipalities are doers, enablers and coordinators.

3. SEDIBENG BACKGROUND

3.1. Our Area

The Sedibeng District Municipality is a category C municipality found in Gauteng Province, comprising of Emfuleni, Midvaal and Lesedi Local Municipalities. It is the only area of the Gauteng Province that is situated on the banks of Vaal River and Vaal Dam in the Southern most part of the Province, covering the area formerly known as the Vaal Triangle. It includes the towns of Vereeniging, Vanderbijlpark, Meyerton and Heidelberg as well as the historic townships of Evaton, Sebokeng, Boipatong, Bophelong, Sharpeville, and Ratanda, which have a rich political history and heritage.

Total size of geographical area (km^2)

Emfuleni Local Municipality	Midvaal Local Municipality	Lesedi Local Municipality	Sedibeng District
968 km^2	1,728km^2	1,489km^2	4,185km^2

(**Source: Global Insight, 2009**)

The SDM covers the entire southern area of Gauteng Province. The total geographical area of the municipality is 4,185 square kilometers. The SDM comprises of three Category B Municipalities, namely; Emfuleni, Lesedi and Midvaal Local Municipalities and is surrounded by the following municipalities:

- City of Johannesburg (Johannesburg) to the North;
- Ekurhuleni (East Rand) to the North-East;
- Nkangala (Mpumalanga) to the North-East;
- Gert-Sibande (Mpumalanga) to the East;
- Northern Free State (Free State) to the South;
- Southern District (North-West) to the West and West Rand to the North West

Map of Sedibeng District

3.2.   *Our People*

Sedibeng has a population, according to Stats SA 2010, of approximately 800 819, who live in a total geographical area of 4,185 square kilometers, with the population density of 192 km^2. Sedibeng population pyramid has a broad apex, where economically active population between 25-54 years still dominates. However, the pyramid is skewed a little towards males compared to
women; which may be as a result of HIV&AIDS and other illnesses.

Despite all odds, Sedibeng prides itself with high literacy level of 78.8%; which in itself illustrates
a likelihood of people's understanding of HIV and the impacts AIDS have on the socio-economic fabric.

Distribution of population per Municipality

		Emfuleni Local Municipality	Midvaal Local Municipality	Lesedi Local Municipality	Sedibeng District
Africans	Males	276,709	26,520	32,890	336,118
	Females	273,743	26,040	31,473	331,255
Whites	Males	42,934	11,642	5,027	59,603
	Females	44,102	11,073	5,126	60,302
Coloured	Males	3,713	652	641	5,007
	Females	3,924	673	578	5,176
Asians	Males	3,325	188	379	3,892
	Females	3,264	168	385	3,818
Total		**651,713**	**75,957**	**76,498**	**805,168**

4. POLICY AND LEGISLATION AND HIV&AIDS, STIs & TB IN LOCAL GOVERNMENT

4.1. The Constitution

The constitution of the Republic of South Africa provides, in its preamble that "we therefore, through our freely elected representatives, adopt this Constitution as the supreme law of the Republic so as to...and establish a society based on the democratic values, social justice and fundamental human rights" and that "we believe that South Africa belongs to all who live in it, united in our diversity", (Constitution of the Republic of South Africa, 1996).

The South African constitution endorses every citizen's right to participate in the governance of the country and that its citizens' needs, including HIV&AIDS, should be responded to; and that all citizens should be encouraged to participate in the policy-making process, at the level of local government (Chapter 10 section [195] [e], Chapter 7 section [152] [a] of the Constitution of South Africa, 1996). Moreover, the constitution gives pre-eminence to the addressing of "the [felt] basic needs of the community, and to promote the social and economic development of the community" (Chapter 7 section [153] [a] of the Constitution of South Africa, 1996, The White Paper on local government, 1998). Thus, in order to fulfil its duties and accurately identify and assuage the needs of its citizens, municipal structures should be in place to manage its administration, budgeting and planning processes to give priority to the basic needs of the community (DPLG, 2007).

4.2. The White Paper on Local Government

The White paper invariably postulates that the "Local government's core function needs to be understood as part of the functioning of the state and its three sphere government system as a whole. It further asserts that the constitutional definition of local government's powers and functions in relation to provincial and national government, is, however, ambiguous in some respects, and requires further clarification. This situation is further complicated by the fact that most powers and functions have several components, not all of which are best performed by the same sphere of government. Hence the assumption that the governance and socio-economic aspects of HIV&AIDS, and not biomedical, are assumed to be core functions of Local Government and that of other spheres of government (White Paper on Local Government, 1998). "...it is inherent of local municipalities to support individual and community initiative and to direct community energies into projects and programmes which benefit the area as a whole".

The general themes and/or goals in the White Paper on Local Government are of change, democratic community governance, restorative justice, and ultimately the striving for a local government that "stimulates sustainable social and economic development" (White Paper on Local Government, 1998). The document puts forth four key elements to addressing these injustices, namely, maximizing social development and economic growth, integrating and coordinating – with the aid of an IDP, democratizing development, and leading and learning.

In the White Paper on Local Government it is posited that local government structures should Endeavour to adopt inclusive approaches, including that of HIV&AIDS, so as to remove obstacles associated with impeding citizens' participation in the activities of local government. It speaks of local government developing strategies to address communal needs ranging from

subsidies for households to addressing the diverse needs of those groups designated as vulnerable, including for HIV&AIDS. Furthermore, the White Paper challenges local government to raise awareness on human rights and environmental issues.

4.3.   The Municipal Systems Act, 2000

In its broadest sense the Municipal Systems Act outlines service delivery standards that should be observed by municipalities so as to realize the rise of a developmental local government (MacKay, 2004). The Municipal Systems Act (2000) espouses the development of a culture that encourages communities to participate in the affairs of a given municipality. It thus speaks to the delivery of basic municipal services and the addressing of basic communal needs, where for reference purposes; basic human needs include access to adequate housing, healthcare, food, and social security (Constitution of the Republic of South Africa, 1996).

The legislation makes explicit that communities should be consulted about their perceptions of the standards of municipal services provided by a local municipality; this would include HIV&AIDS external mainstreaming. Through meetings between ward councilors and members of the public, including organized community-based organisations, such grievances should be procured and explored, and strategies to addressing the identified needs put forth by the local municipality. However, active participation by communities in creating an integrated development plan, which is one of the vehicle used to drive HIV&AIDS mainstreaming and programming, is more than a mere consultative process, it talks about capacitating the marginalized social groups who are often excluded in favor of those who possess power/wealth

4.4.   The 2007 DPLG Framework for an Integrated Local Government Response to HIV&AIDS

In 2000, several municipalities accepted their mandate to be active role players in the local response to HIV&AIDS and have since adopted an array of strategies to tackle the issue (DPLG, 2007). Subsequent to study, a follow-up in 2004 revealed that municipalities had started to identify and acknowledged the epidemic as a subject that needed an appropriate response. Some of the key findings of the studies were that municipalities were not institutionally ready to embark on developmental roles; planning lacked an overview of root causes of the epidemic and instead focused on the symptoms of the disease; a lack of consultation resulted in infected and affected citizens' needs not being met; HIV&AIDS was still a sensitive issue associated with stigma and discrimination; and a lack of expertise to plan and facilitate interventions related to HIV&AIDS existed (DPLG, 2007).

Indeed, HIV&AIDS epidemic in South Africa has been depicted as one of the worst in the world, as illustrated by UNAIDS AIDS Epidemic report 2010 asserting that while the Southern Africa is the epicenter of HIV&AIDS, South Africa still lead the pack with the most number of adults infected with HIV in the whole world (UNAIDS 2010). HIV&AIDS have obvious development and social implications.

4.5.   Integrated Development Plan

Integrated development planning refers to "an approach to planning that involves the entire municipality and its citizens in finding the best solutions to achieve good long-term

development" ('Integrated development planning for local government', www.etu.org.za). This 'super plan' provides a given municipality with a means of devising future plans and foster sustainable, particularly communal development. Moreover, the main impetus to the development of the Integrated Development Plan (IDP) was to redress past inequalities and disparities engendered by the then apartheid government. The previous apartheid dispensation espoused policies that entrenched, for example, racially divided business and residential areas and huge disparities in the levels of services between the rich and poor areas.

Another concept integral to this evaluation is developmental local government. The shift to developmental local governance came about with the inception of the first local government election on December 5, 2000 ('Developmental local government', www.etu.org.za). Active democratic citizen participation of particularly the most vulnerable for instance, the aged, marginalized for instance, the women, and formerly disenfranchised groups for instance, Black, Coloured, Indian race groups in the planning and devising of sustainable ways to address their socio-economic and material needs; in theory, was conceived to be a defining feature of a developmental local government (The White Paper for Social Welfare, 1997).

Local government in the form of local municipalities is the political decision making structure closest to communities. It is regarded as being the best positioned and attuned to communal needs and having the political power needed to advocate on behalf of the communities it serves. Other defining features of a developmental local government include maximizing social development and economic growth, integrating and co-coordinating, democratic development and reading and learning. To ensure accountability and the shift towards a system of governance that is developmentally inclined, the following legal and policy framework has a strong bearing on the quality and relevance of HIV/AIDS programmes; and on their development and delivery.

4.6. *Department of Public Service and Administration (DPSA) regulation on HIV&AIDS*

This department had developed and introduced guidelines on integrated human resources planning. Subsequently the department amended the Public Service Regulation to include the management standards in managing HIV&AIDS and other diseases in the workplace. The Regulations now require head of departments to take reasonable steps to minimise exposure to HIV and other diseases infection.

4.7. *The King II Report*

The report encourages corporate governance that reflects a commitment to preventing occupational diseases. The report is specific in recommending that local government becoming familiar with the implications of HIV&AIDS and actively participating in responding to this scourge.

5. EPIDEMIOLOGY OF HIV/STIS & TUBERCULOSIS IN SEDIBENG

Sedibeng has always been associated with HIV-prevalence. This perception changed from 2006, when the prevalence rate was 35%. The introduction of the District Strategy 2007-2011

in 2007 significantly contributed to the HIV-prevalence within the region to decline from 35% (2006), 33.9% (2007), 31.8% (2008) and 28.9% (2009). However, the 2010 HIV-prevalence for the district has revealed that HIV-prevalence in the region has increased to 30.9%, a significant increase of 2%. Other municipalities in Gauteng, especially West Rand, Metsweding, COJ and Tshwane, also have their HIV prevalence rates gone up, as illustrated by the graph below for five year period. This leaves Ekurhuleni being the only municipality in Gauteng to reduce their HIV-prevalence rate from 34.0% (2009) to 33.8% (2010), decrease of 0.2%

Gauteng province is ahead of other provinces in terms of programmes implementation and monitoring. There is also a body of evidence that attests that around 98% of the people of Gauteng have high level of knowledge of HIV&AIDS. However, Gauteng province did not do well in 2010 as HIV-prevalence in the province increased from 29.8% (2009) to 30.4% (2010), an increase by 0.6%.

The results for 2010 may, although to a lesser extent be attributed to the FIFA Soccer World Cup and the fact that the province, as the economic hub of the country is troubled and infiltrated migration of people into the province; who to an extent nullify good intentions and programmes employed.

Compounding the situation is the number of untreated sexually transmitted infections, which according to numerous research evidence, predispose people to HIV infection. The province has also recorded high prevalence of sexually transmitted infections; a wakeup call for the province, Sedibeng in particular to go back to the basic of intensifying awareness campaigns against sexually transmitted infections.

The results, as extrapolated from the National HIV and syphilis prevalence Survey 2010, also calls for more concerted efforts, infiltration of every stratum of the society and mainstreaming of HIV&AIDS, STIs & TB in every walk of life in Sedibeng.

National HIV and syphilis antenatal survey (2006-2010)
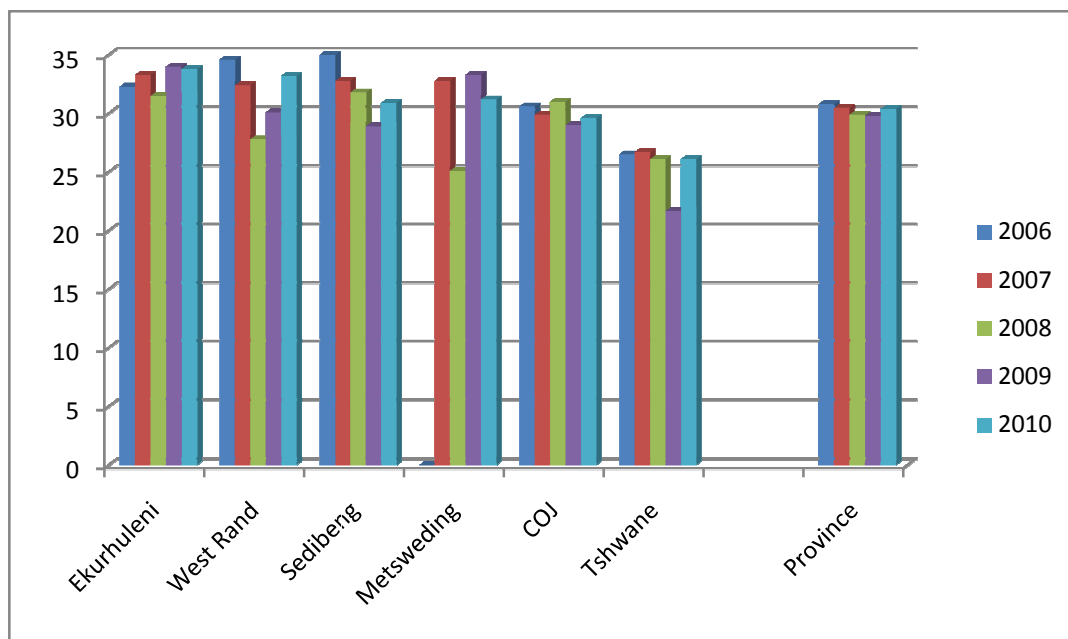
HSRC population-based HIV survey
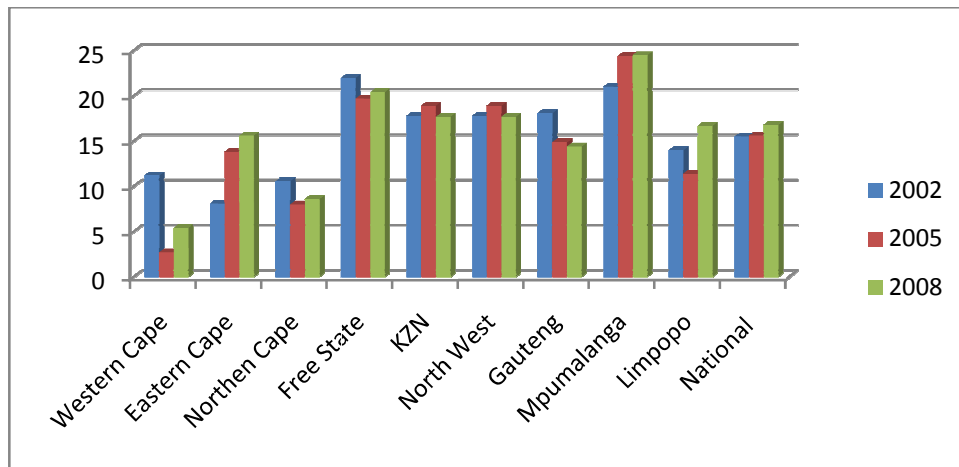

Since 2002, Human Sciences Research Council has been conducting population-based surveys. The results so far until 2008 have shown a steady statistically significant reduction of HIV-prevalence in Gauteng. The survey is comprehensive in nature in that it focuses on all individuals within society. This includes demographical perspective and socio-economic status, as opposed to national antenatal survey that surveys pregnant women that present themselves at health facilities.

According to the HSRC survey, the province has managed to infiltrate most sectors and the community in terms of prevention, treatment, care and support programmes. The challenge still remain with the fact that, unlike the national survey, this survey does not zoom into different districts, of which it would provide district policy-makers to understand the burden and determine relevant plan of action.

6. FACTORS CONTRIBUTING TO THE SPREAD OF HIV&AIDS/STIS & TB

Over the years of scientific research, evidence have shown that factors contributing to the spread of HIV&AIDS, STIs and TB in a particular area, Sedibeng included, are categorised into three layers at the least. These layers, a) attitudinal drivers (male attitudes and behaviours, intergenerational sex, gender and sexual violence, untreated sexually transmitted infections and inconsistent carrying and usage of condoms); b) socio-structural drivers (migration, population density and mobility, inequality, and cultural factors and c) primary/key drivers (multiple and concurrent partnerships by both sexes, unprotected sex and low levels of circumcision), portray life's experiences at local community level, compounded by the socio-economic fabric of the members of the community. Below is the figure that depicts these layers;

Figure: Layers of drivers of HIV

Attitudinal Drivers:
Male attitudes and behaviours, intergenerational sex, genderand sexual violence, untreated sex...

Socio-cultural drivers:
Migration, population density and mobility, inequality and male patriarchal domina...

Primary drivers:
Multiple and concurrent partnerships by both sexes, unprotected sex and low levels of circumcisions

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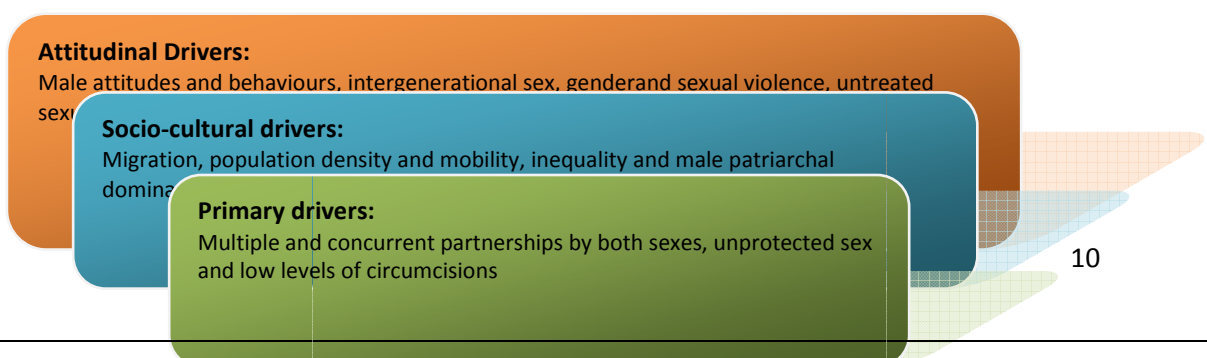
6.1. Multiple and concurrent partnerships

Multiple and concurrent multiple partnerships has different meanings. However, the most definition agreed upon by most experts relates to" where an individual has two or more sexual relationships that overlap in/with time.' This is differentiated from serial monogamy and polygamy.

Serial monogamy relates to an individual engaging in a series of long- or short-term, exclusive sexual relationship entered into consecutively over a lifespan; and the two partners need not be married; while polygamy is a practice of having more than one spouse.

Coupled with low levels of consistent carrying and use of condoms, multiple and concurrent partnership is linked with the spread of HIV and STIs. People who engage in this practice are susceptible to infections and unwanted pregnancies, threatening to nullify all good interventions employed. The more individual sexual partners an HIV-negative a person has, the greater the chances of exposure to a person infected with HIV and sexually transmitted infections. The fact that HI viral load and thus infectivity is higher during the "acute infection" exacerbates the risk posed by multiple and concurrent partnerships.

6.2. Unprotect sexual encounters

Having unprotected sex with someone infected with HIV is very risky. Despite the fact that the persons may be infected with sexually transmitted infections, the frequency and the viral load at the time of sexual encounter play a crucial role in transmitting HIV and/or re-infection. Consistently carrying and using a condom correctly every time one engages in sex drastically reduce chances of sexually transmitted and HIV infections, including unwanted pregnancies, the latter leading to unnecessary risky practice of termination of pregnancies. This is assisted by circumcision and the reduction of multiple and concurrent partnerships.

6.3. Physical and sexual violence

South Africa has high women and children abuse, which is a major problem as it renders them vulnerable to emotional and psychological trauma, which are the vehicles to infections. Women with a history of being sexually abused are more likely to risk unsafe sex, have multiple partners, and trade sex for money. Men who are violent to their partners are also more likely to have sexually transmitted infections. These factors combine to put women who suffer sexual violence at very high risk of being infected with HIV.

6.4. Gender inequality and male dominance

Although South African culture is said to be male-dominated, according to statistics South Africa, Sedibeng has a balanced gender distribution. However, women status is still inferior and this affords them little power to negotiate sexual preferences. This is exacerbated by lack or inferior economic power women find themselves; which makes them to accede to unsafe sexual demands by working husband to avoid been financially isolated and also to protect their relationships and marriages.

Women are also expected to play the role of baby-making, home-making, satisfying the husband and nurturing children, although at times there is evidence that the husband is not faithful, increasing chances of HIV and sexually transmitted infections. Women who insist of request safer sexual practices are labelled as having too much knowledge about sex and/or being unfaithful to their husbands.

At the same time men, although the trends is steadily changing, are socialised to believe that women are inferior and should be under their control. There are also common, although wrong, perceptions that sex is part of the relationship or marriage deal; that there more sexual violence the more passion and affection and that men naturally have high sexual urges than women. Multiple and concurrent partnerships by both sexes also increase the spread of HIV and sexually transmitted infections.

6.5.   Stigma and discrimination

The stigma attached to HIV seriously hinders prevention efforts, and makes HIV-positive people wary to seek care and support for fear of discrimination. People who are infected may also be reluctant to adopt behaviour that might signal their HIV-positive status to others. For example, a married HIV-positive man may not use a condom to have sex with his wife; an HIV-positive mother may continue to breastfeed her baby. Many people might not want to get tested for fear of their community finding out.

Ironically, socio-economic development and poverty relief can, in fact, sometimes drive the epidemic. This is particularly the case when development is linked to labour migration, rapid urbanization, and cultural modernization. Thus although poverty contributes to the spread of HIV/Aids, alleviating poverty can do likewise. For example, improved infrastructure such as new transport routes and improved access are seen as positive developmental goals. However, this often results in a larger migrant population, and facilitates the spread of Aids to previously inaccessible parts of the country.

6.6.   Commercialization of sex

The country has seen the rapid development of a relatively affluent black middle class with a desire for material goods, and a sexual culture that associates sex with gifts. Men gain social prestige by showing off material possessions and being associated with several women.

Young women are often persuaded to have sex with "sugar daddies" – older, wealthier men – in exchange for money or gifts. Some girls enter the sex industry for similar reasons. Young women infected with HIV by sugar daddies then infect younger men, who in turn infect other young women and in time become HIV-positive older men themselves – and so the cycle continues. Older men also infect older women, usually their wives. Both younger and older women give birth to children, some of whom will be HIV-positive.

7. IMPACT OF HIV&AIDS

7.1.Impacts on government
In most countries, government is an employer and the provider of services to its citizens. However the advent of HIV&AIDS threatens government, especially local government in that expenditure increases as revenue decreases due to reduction in the economically active product age group.
### 7.2. Impacts on the population

HIV&AIDS knows no boundaries. As the wrath of this scourge continues, population size and distribution becomes distorted. According to global insight 2009, in the absence of data for 2012, the structure of the pyramid portrays uneven structure and composition in Sedibeng. The active productive age group and the young ones diminish, the major contributing factors being HIV-related deaths. The pyramid shows the community with the elderly, who are not employable and as such the growth and the economy suffer. Mortality rates increases and life expectancy (expected years of life form birth), becomes reduced to 48 years. Gender distribution becomes skewed as women are more vulnerable than men and their deaths rob families of the primary caregivers creating an employment gap.

7.3. Impacts on households

The household impacts begin as soon as a member of the household starts to suffer from HIV-related illnesses in the form of loss of income of the patient, mainly the breadwinner, household expenditures for medical expenses may increase substantially; other members of the household, usually daughters and wives, may miss school or work less in order to care for the sick person; death which results in a permanent loss of income, funeral costs and the removal of children from school, and increase in orphans, child- and elderly households.

7.4.   Impacts on workplace

The impact of HIV&AIDS at the active productive age group threatens the supply of labour and increase in direct and indirect costs. Employers are hard hit by the loss of skilled and experienced employees, absenteeism and low morale. In addition, employers are burdened by costs of recruiting, training and retraining as more employees die or take early retirement. Because most companies incur the rising costs of providing health-care benefits (including the expensive AIDS drugs) and the payment of death benefits, most lay employees off and thus increase unemployment levels within the district. This inadvertently shies away potential investors and discourages economic growth. Below is an illustration of the impact HIV&AIDShave in the world of work if nothing or very little is done at an area of generalised HIV-prevalence.

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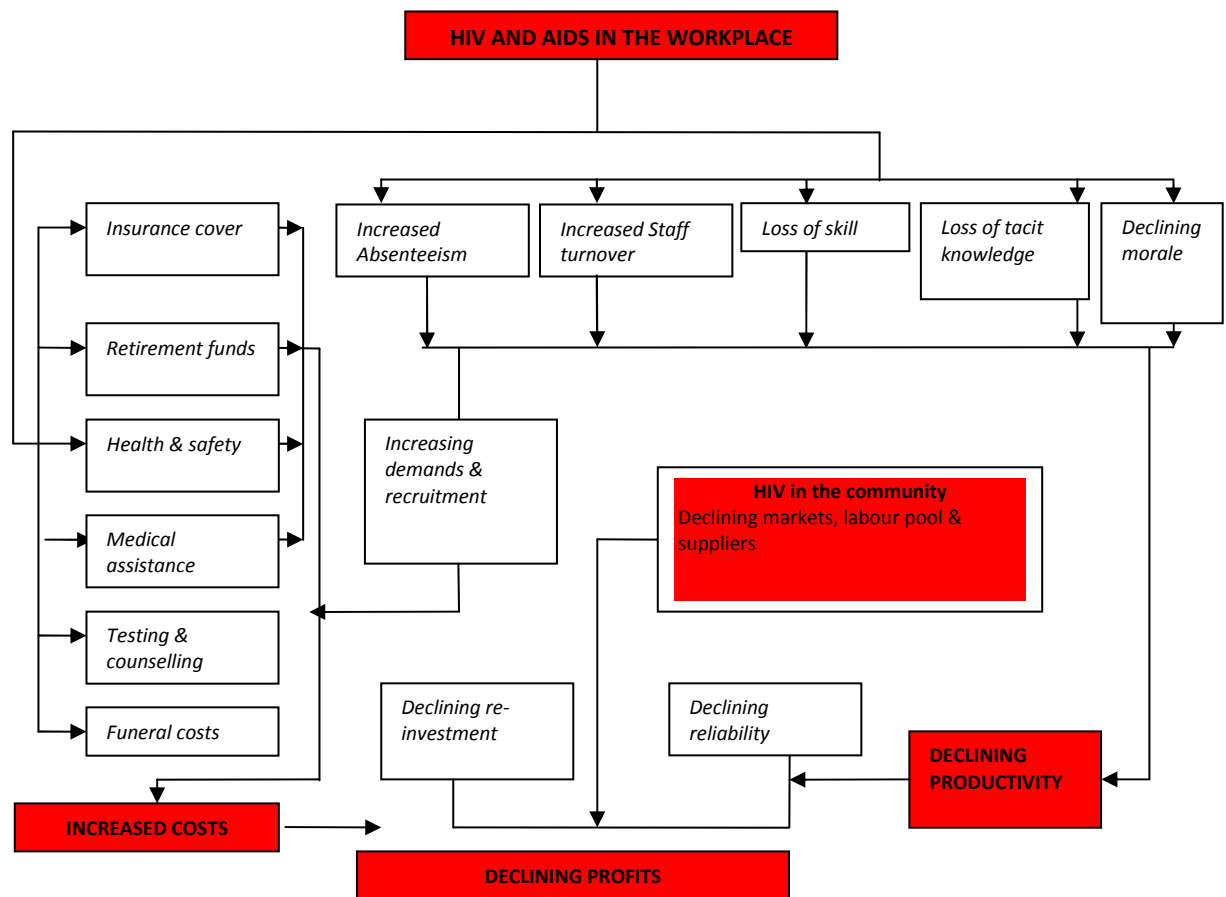
7.5. Impacts of HIV&AIDS on the Millennium Development Goals

	Millennium Development Goals	Impacts of HIV&AIDS
Goal 1	■ To wipe out extreme poverty and hunger	■ Households' capacity to improve socio-economic status ■ Food security ■ Orphans and vulnerable children
Goal 2	■ To ensure primary education for all	■ Child Labour ■ Child-headed households, orphans and vulnerable children ■ Loss of teachers
Goal 3	■ To promote gender equality and empowerment of women	■ Girls withdraw from school ■ Women's higher vulnerability and transactional sex ■ Poverty
Goal 4	■ To reduce child deaths	■ Increased need for prevention HIV transmission from mother to child (PMTCT) ■ Paediatric/child antiretroviral therapy
Goal 5	■ To improve maternal health	■ Increased need for prevention HIV transmission from mother to child (PMTCT) ■ Costs of antiretroviral Therapy
Goal 6	■ To combat HIV&AIDS, malaria and other	■ HIV&AIDS nullify most of government endeavours to improve

	diseases	lives

8 HIV&AIDS/STIs & TB IN MUNICIPALITIES' CONTEXT

The South Africa's late entry in the fight against HIV&AIDS cannot justify the new HIV infection rates and the impacts AIDS has in the country. Since the re-admission to the world arena, most African Countries regard South Africa as the economic hub of Africa; however South Africa has yet to make significant progress in the fight against the AIDS epidemic. South Africa is one of the highest adult HIV prevalence at 30.2%, (National HIV and Syphilis sero-prevalence survey 2010).

There is enough evidence that confirms that an increased number of economically productive age groups in the workplace opt for early retirements and others die as a result of AIDS-related illnesses. Business is beginning to feel the wrath of this ruthless monster as they experience an increase in medical aids contributions, absenteeism rates, and low staff morale. The pressure in the government departments to deliver quality services is mounting as employees' often take compassionate leaves to attend to funerals of family members, colleques and friends.

8.1. Key Performance Areas in Municipalities' Response to HIV&AIDS, STIs & TB

8.1.1. Mainstreaming

The launch of South African National AIDS Council in the nineties is aimed at bringing all stakeholders together, each playing a prominent role to mitigate HIV&AIDS. This shift in paradigm in a way demonstrated that for long HIV&AIDS had been a health problem. However the complexity of this scourge warrants that only biomedical aspect of HIV&AIDS becomes the primary focus of Health, while the socio-economic and governance aspects are shared by all sectors and departments.

Mainstreaming of HIV&AIDS has emerged as a response to the limitations of a health-led approach. It involves sectors and departments, as actors, bringing the issues surrounding this pandemic into strategic planning, all day-to-day operations, through internal, external mainstreaming programmes and programming (relationships with others).

Mainstreaming is a process that addresses the course and effects of HIV&AIDS, as they relate to the development and governance conditions in the society; both through their usual work and their workplace, in an effective and sustained manner. Mainstreaming means thinking differently and wearing HIV&AIDS lens.

Mainstreaming moves from the premise that HIV&AIDS are problems of underdevelopment and that a long-term solution lie in sustained, equitable and inclusive socio-economic development. This means that sectors and departments must look at their core work through the lens of HIV&AIDS and take HIV&AIDS causes and effects into account when planning, implementing, budgeting, monitoring and evaluation.

8.1.1.1. Internal Mainstreaming

The primary aim of internal mainstreaming is to ensure that the municipality can continue to operate effectively and fulfil its mandated function in the face of impacts of HIV&AIDS. This requires municipalities to implement measures to reduce the susceptibility of municipal employees to HIV infection and the vulnerability of the municipality with regard to HIV&AIDS at the workplace. The implementation and the knowledge of the burden, assists the municipality to adapt internal systems, which include succession planning.

   a) **Important question to ask for internal mainstreaming are:**

- What is the impact of HIV&AIDS on employees (absenteeism, low staff morale, loss of institutional memory etc?)

- What can the municipality do to reduce susceptibility, and support employees that are living with or/and are affected by HIV (prevention, treatment, care and support)

- How can the impact of HIV&AIDS on the municipality be minimised (policies, plans, systems)

8.1.1.2. External Mainstreaming
This entails that municipality and every line department and management within the municipality adapting their core work/business to consider HIV&AIDS susceptibility and vulnerability to the communities they serve. They look at service delivery to their communities through HIV&AIDS lens.

a)   Important questions to ask for external mainstreaming are

- How do HIV&AIDS affect people (clients, customers, associates) that the department/cluster works with?

- What are the changing needs of these clients/customers/associates as a result of HIV&AIDS?

- What can be the department/cluster do, as part of the core business to respond to these needs?

- How might the work of the department/cluster reduce susceptibility and vulnerability of individuals, households, families, communities and associates to HIV&AIDS?

- What are the comparative advantages of the department/cluster in responding to HIV&AIDS?

b) Key factors for the success of Mainstreaming HIV&AIDS

- HIV&AIDS has to be understood as a developmental issue

- Commitment and active support of decision-makers

- Sufficient allocation of resources

- Knowledge, compassion and the will to do good to fellow men and women

- Expertise and support

- The willingness to learn, reflect and share experiences

8.1.2. HIV&AIDS Programming

HIV&AIDS programming by municipalities relates to all working very closely with:

▪ Government departments:

Department of Health and Social Development, Department of Education, Department of Correctional Services, Department of Labour, South African Revenue Services, South

African Police Services, Department of Home Affairs, Department of Justice, Department of Agriculture, Department of Sports, Recreation, Arts, Culture and Heritage and Parastatals.

■ **Civil society structures:**

Faith-based organisations, traditional health practitioners, youth, women, children, the elderly, people with disabilities, people living with HIV, SANCO, Organised Business, business, private sector and commercial sex workers.

The collaboration and partnership include developing, implementation, monitoring, evaluation and conducting operational research programmes that are aimed at reducing new HIV, STIs and TB infections, both internally in their departments and externally to their clients, consumers, end-users and business associates.

Programming means effective interdepartmental collaboration that aims to reduce duplication and "silo syndrome". This approach, more often encourage effectiveness, efficiency and cost effectiveness.

8.1.3. Ward-Based approach

There has been increasing pressure for communities to participate and play a critical role in developing an "HIV-free communities and AIDS competent communities"; where everyone within the community is able to assess and make decisions about factors related to the causes and impacts of HIV&AIDS.

The process suitable to achieve competent communities is underpinned by an evolution through a spiral of community learning, action and reflection; challenging problems and making the best use of available resources. By embarking on ward-based approach, HIV&AIDS, STIs & TB programmes become fully mainstreamed at every stratum of the community i.e. individuals, households, families and the community. The focus of ward-based is based on these intertwined tasks:

- Increasing community participation
- Supporting the development of partnerships
- Identifying indigent and households that need assistance
- Assisting ward-councilors with programmes
- Encouraging existing and new networks

The benefits of ward-based HIV&AIDS, STIs & TB programmes implementation are:
- Raising awareness of responsibility
- Community ownership of programmes
- Broadening access to services
- Improving openness and transparency
- Allows community inputs to government programmes

Therefore ward-based implementation is the fundamental and essential building block enroute to reduction of stigma and discrimination, reduction of multiple and concurrentpartnerships, improved condom usage, increased utilization of HCT services, Improved TB treatment outcome etc.

8.1.4. AIDS Council

The launch of the South African National AIDS Council in the late nineties is a sign of the government seriousness in mass mobilization and the mitigation of this pandemic. The AIDS Councils, at every level, serves to coordinate and provide an oversight to the implementation of HIV&AIDS programme. The AIDS Council should be an embodiment of good governance and stakeholders relations.

9   SEDIBENG HIV&AIDS, STIs & TB 2011-2007 STRATEGY

9.1.   Summary of achievements

9.1.1   Forums
- AIDS Councils have been established and are fully functional and have undertaken some major projects which include Candlelight commemoration relay and handing out vegetable hampers to more than 1 500 orphans and vulnerable children across the district
- IDC (Interdepartmental Committee) fully functional and meets quarterly
  -This is the committee comprising all government departments within Sedibeng i.e. Health, Social Development, Education, SAPS, SARS, Labour, Home Affairs, Correctional Services, Local municipalities and Justice
- The following forums are fully functional
  Faith-Based Organisations, Traditional Health Practitioners, people with disabilities, people living with HIV and men's forum

9.1.2. Programme management

9.1.2.1. Biomedical

- Although for 2010 report the HIV-prevalence in Sedibeng has increased by 2 as allude earlier, there has been statistically significant reduction in HIV-prevalence over the four-year period i.e. 35% (2006); 33.9% (2007), 31.8% (2008) and 28.9% (2009).
- The HCT services utilisation is at 102%, surpassing the target of 312 530 which was set for Sedibeng in 2011.
- There has been an increase in the enrolment to Comprehensive Care, Management and Treatment (CCMT) of those clients who are eligible. By the end of 2011, 80% of clients with CD4 count less than 350 had received treatment, more than 94% of them still on the first regimen.
- The district has one of the lowest HIV-positive children in the province. The district has reached 4.4%, which implies that only four children born from ten HIV-positive mother (are HIV-positive (4 in 10), as compared to 9 in 10 in 2006, as sign that if used correctly and on time, combination treatment for pregnant mothers works.
- Improvement in diagnosis of new TB patients/client. In 206 the district diagnosed 4 648 patients, increasing to 5 244 in 2010 and reaching 4 844 in 2011. The TB cure rate was 63.7% (2006) and currently stands at 78.9% (2011), while the treatment defaulter rate decreased from 7.5% in 2007 to 5.3% in 2011.

9.1.2.2. Programming

- Three out of four municipalities have conducted HIV&AIDS employees' impact studies
- All municipalities have workplace policies, although some are in drafts

- Most government departments are doing well with their internal programmes; most have trained Peer Educators
- Ward-based approach is functional (45 ward-based coordinators have been appointed and are on monthly stipend)
- Youth Development centers have contributed in youth participation in HIV&AIDS activities, including HIV testing.
- Most of the companies are collaborating well regarding HIV&AIDS in their workplaces.
- Increased financial support (burials) for indigent households
- Trained approximately 60% of civil society structures, especially FBOs and THPs in accredited (University of Pretoria) HIV&AIDS comprehensive and project management courses
- Bophelo/Impilo project and Project-WIN have yielded positive results (contributed to reduction of health problems such as STIs, HIV, teenage pregnancies and other chronic illnesses in the areas where they operated.
- Conducted community-based Knowledge, Attitudes and Practices Survey in 2011 to determine the effectiveness of the strategy and its interventions.

9.2.   Summary of Challenges

- Lack of/or insufficient conceptual understanding of how municipalities should respond to HIV&AIDS
- Municipalities internal and external HIV&AIDS Mainstreaming
- Insufficient financial support from municipalities
- Consistent delay from province in transferring gazette HIV&AIDS Grants
- No funds to assist indigent households with burials(policy available)

10 SEDIBENG HIV&AIDS, STIs & TB 2012-2016 STRATEGY

10.1   Vision

- Zero new HIV and TB infections

- Zero new infections due to vertical transmission

- Zero deaths associated with HIV and TB

- Zero discrimination associated with HIV and TB

10.2   Goals

- Reduce new HIV and STIs infections by at least 50%

- Reduce new TB infections by 50%

- Reduce stigma and discrimination associated with HIV and TB

10.3   Strategic Objectives

- To address social, economic, structural and behavioural barriers to HIV, STIs &TB prevention, treatment, care and support

- To prevent new HIV, STIs and TB infections

- To sustain health and wellness

- To protect human rights

- To monitor, evaluate and conduct research

10.4. Guiding Principles for the implementation of the Strategy
- Access to services

- Equity

- Capacity Building

- Participation

- Partnership

10.5   The Approaches/Vehicles to achieving the goals and objectives

10.5.1. Mainstreaming

10.5.2. Programming

10.5.3. Ward-Based

10.5.4. AIDS Council

The approaches are illustrated below:

FIVE LEVELS OF THE STRATEGY

Economic, structural & behaviours

, STIs & TB infections

nd Wellness

ights

Monitoring, evaluation & Research

WARD-BASED

Ad

Pre

Sus

Pro

11 MONITORING AND EVALUATION

MONITORING

EVALUATION

Inputs — Activities — Output — Outcome — Impact

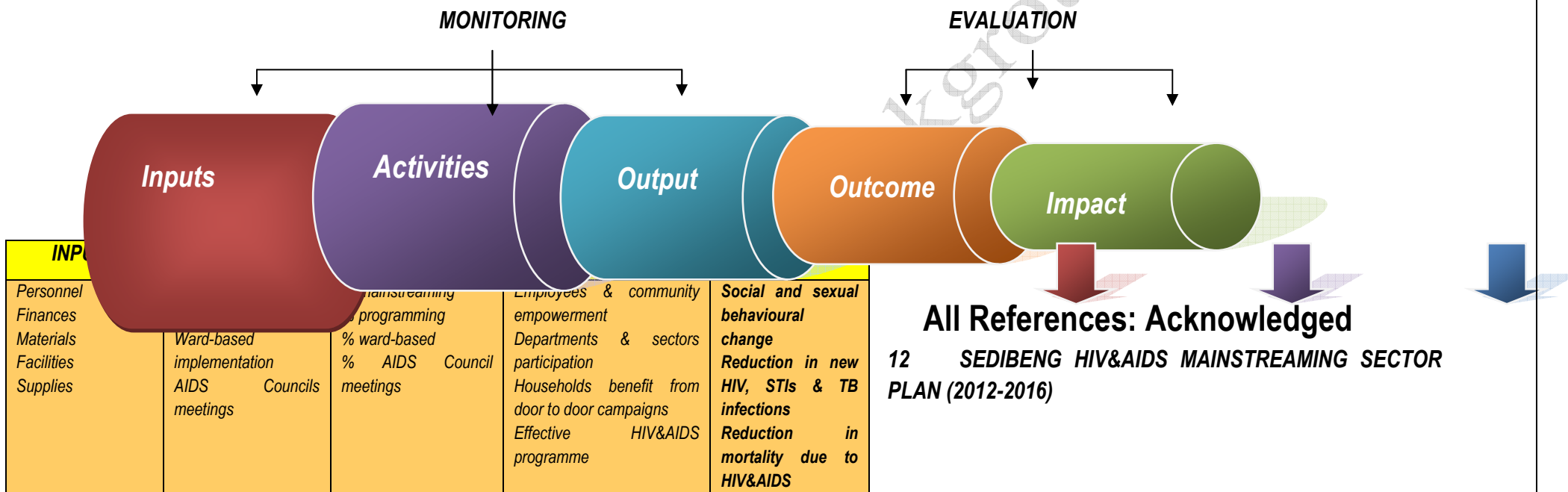| INPUTS				
Personnel	Mainstreaming programming	% ward-based meetings	Employees & community empowerment	Social and sexual behavioural change
Finances	Ward-based implementation	% AIDS Council meetings	Departments & sectors participation	Reduction in new HIV, STIs & TB infections
Materials	AIDS Councils meetings		Households benefit from door to door campaigns	Reduction in mortality due to HIV&AIDS
Facilities			Effective HIV&AIDS programme	
Supplies				

All References: Acknowledged

12   SEDIBENG HIV&AIDS MAINSTREAMING SECTOR PLAN (2012-2016)

4 YEAR HIV&AIDS/STIs & TB SECTOR PLAN								
4 year programme	**Project**	**Baseline**	**4 Year Target**	**Total estimated 4 year budget**	**Delivery Targets**			
					2012/2013	**2013/2014**	**2014/2015**	**2015/2016**
1. **Strategic Objective**: To mainstream HIV&AIDS/STIs & TB programmes to municipalities' employees (internal) • **Indicator 1:** Signed off District HIV&AIDS workplace policy • **Indicators 2:** Signed off District HIV&AIDS KAP survey report • **Indicator 3:** Signed off District HIV&AIDS workplace plan								
Internal mainstreaming of HIV&AIDS/STIs & TB (Workplace not EAP)	Coordinate the review and adoption of HIV&AIDS workplace policy	Draft workplace policy is available	Municipality promoting, implementing and monitoring HIV&AIDS policy to employees	**R 225 000**	Coordinate the review, adoption and partial (25%), promotion and implementation of HIV&AIDS workplace policy **= R 50 000**	Promote and implement and monitor 25% of the workplace policy, cumulatively (50%) **= R 25 000**	Promote, implement and monitor 25% of the workplace policy, cumulatively (75%) **= R 50 000**	Promote, implement and monitor HIV&AIDS workplace policy on a full scale, cumulatively (100%) Progress report. **= R 100 00**
	Facilitate the process for conducting employees' HIV&AIDS Knowledge,	Draft survey is available	Reduce new HIV/STIs and TB infections among employees	**R 375 000**	Facilitate the process and conduct employees' HIV&AIDS/TB Knowledge, Attitudes and	Implement 25% of the findings of employees' HIV&AIDS/TB KAP survey report. **= R 50 000**	Implement 25% of the findings of employees' HIV&AIDS/TB KAP survey report, cumulatively 50%,	Implement the remainder of the findings of KAP survey report, cumulatively 100%

	Attitudes and Practice survey				Practice survey = **R 150 000**		= **R 75 000**	Progress report. = **R 100 000**
	Coordinate the review and adoption of HIV&AIDS Workplace Plan	Workplace plan draft plan is available	Increased employees' participation in HIV&AIDS/STIs & TB activities, especially HCT and ART programmes	**R 325 000**	Coordinate the processes towards the review, adoption, partial implementation (25%) and monitoring of HIV&AIDS Workplace Plan = **R 50 000**	Partial implements (25%) and monitor HIV&AIDS Workplace Plan, cumulatively (50%) = **R 75 000**	Partial implements (25%) and monitor HIV&AIDS Workplace Plan, cumulatively (75%) = **R 100 000**	Implements and monitor the remainder of the HIV&AIDS Workplace Plan, cumulatively (100%) Progress report. = **R 100 000**
2. **Strategic Objective**: To mainstream HIV&AIDS/STIs & TB programmes within clusters and departments (external)								
Indicator: Number of clusters implementing HIV&AIDS/STIs & TB mainstreaming to end-users and partners linked to the municipality								
External Mainstreaming of HIV&AIDS/STIs & TB (municipalities' departments)	Coordinate and facilitate employees' capacity building on HIV&AIDS, STIs & TB external mainstreaming	No workshops have been conducted	Departments develop, implement and monitor HIV&AIDS plans	**R 700 000**	Facilitates the processes towards training of trainers on the concept HIV&AIDS, STIs & TB mainstreaming. Partial training of 25% of employees on mainstreaming = **R 100 000**	Partial training of 25% of employees on mainstreaming, cumulatively 50% Partial (2 clusters) implementation of mainstreaming = **R 150 000**	Partial training of 25% of employees on mainstreaming, cumulatively 75%. Partial (2 clusters) implementation of mainstreaming, cumulatively 4	Partial training of 25% of employees on mainstreaming, cumulatively 100%. Implementation of mainstreaming by the remainder of the clusters, cumulatively 6. Progress report.

							clusters **= R 200 000**	**= R 250 000**
	Coordinate ward-based programme	Ward-based strategy is available	All the wards implement HIV&AIDS/STIs & TB programmes	**R 4,993,500**	Coordinate the appointment of 20 additional ward coordinators Implement and monitor ward-based HIV&AIDS programmes on a full scale **=R 1, 468,800** (including the then ward-based coordinators)	Coordinate the appointment of t 10 additional ward coordinators Implement and monitor ward-based HIV&AIDS programmes on a full scale **= R 1,555,200** (including the then ward-based coordinators	Coordinate the appointment of 6 additional ward coordinators Implement and monitor ward-based HIV&AIDS programmes on a full scale **= R 1,641,500** (including the then ward-based coordinators	Implement and monitor ward-based HIV&AIDS programmes on a full scale Progress report. **= R 1,728,000** (including the then ward-based coordinators)

3. **Strategic Objective**: To coordinate, monitor and evaluate HIV&AIDS/STIs & TB programmes within Sedibeng Region

- **Indicator 1:** Number of government departments that implement HIV&AIDS/STIs & TB programme within the region

- **Indicator 2:** Number of sectors and business that implement HIV&AIDS/STIs & TB programme within the region

HIV&AIDS, STIs/ & TB Programming	Coordinate Interdepartmental Collaboration	Intergovernmental departmental	All government departments implement	**R 900 000**	Facilitates the development and adoption of IDC	Jointly plan and execute three HIV&AIDS	Jointly plan and execute three HIV&AIDS	Jointly plan and execute three HIV&AIDS

(coordination, monitoring and evaluation outside the municipality)	(all government departments within the municipality jurisdiction)	committee has been established	HIV&AIDS programme		Guiding Document **= R 50 000** (part of partnership)	calendar events **R 200 000** (part of partnership)	calendar events **R 250 000** (part of partnership)	calendar events Progress report **R 300 000**. (part of partnership)
	Coordinate AIDS Council meetings and projects	District AIDS Council is established	All stakeholders and civil society structures implement HIV&AIDS/STIs & TB programme within the region	**R 320 000**	Coordinate the processes towards the review, promotion and adoption of District AIDS Council Guideline **= R 50 000**	Facilitates the development, adoption, implementation, monitoring and evaluation of the District AIDS Council annual plan of action **R 80 000**	Facilitates the development, adoption, implementation, monitoring and evaluation of the District AIDS Council annual plan of action **R 90 000**	Facilitates the development, adoption, implementation, monitoring and evaluation of the District AIDS Council annual plan of action Progress report **R 100 000**

Legislation and Background