Model communities to demonstrate an integrated approach to HIV/AIDS and poverty in KwaZulu-Natal



UN Trust Fund for Human Security



 Fast Facts

 Country: South Africa

 Duration: August 2003 to November 2008

 Implementing UN Agencies: UNDP

 Other Implementing Partners: Paste special text here; paste special text here; paste special text here

 Budget: \$1,030,000

 Key Words: HIV/AIDS; multiple human insecurities; capacity-building

BACKGROUND

By 2003, HIV/AIDS cases in South Africa had reached epidemic levels. Vulnerable youth and the poor were disproportionately impacted by the virus, with young women between the ages of 20 to 30 affected most severely. Data from the government estimated that in the absence of appropriate interventions, the average life expectancy of South Africans could fall from 60 to 40 years by 2008. In the rural province of KwaZulu-Natal, historically one of the poorest areas in the country, the situation was especially dire with rising infection rates not only a threat to the health security of the communities but also a severe concern in terms of economic, personal and community security. Accordingly, an integrated and comprehensive response by all sectors of KwaZulu-Natal, including the impacted communities, municipal institutions, regional councils and provincial administration entities, was needed in order to effectively respond to the epidemic.

PROGRAMME OVERVIEW

GOALS AND OBJECTIVES

The project sought to mitigate the overall impact of HIV/AIDS by (i) building the capacities of provincial and municipal institutions in order to strengthen and expand on existing prevention and awareness programmes; (ii) reducing stigma and discrimination associated with HIV/AIDS and improving institutional care and support for

BENEFICIARIES

The main beneficiaries were governmental and non-governmental entities of KwaZulu-Natal, including municipal institutions, regional councils, provincial administration and people living with the virus; (iii) improving cooperation between provincial departments and regional councils in order to promote a more integrated response; and (iv) scaling up the fight against HIV/AIDS at the community level by engaging community-based groups.

community groups who participated in capacitybuilding activities enabling them to deliver integrated and comprehensive responses to those impacted by the HIV/AIDS epidemic.