36. ENVIRONMENTAL EDUCATION PROJECTS 2008/09

PROJECT NAME	BUDGET
Renovate Centre Barberton	R 500 000.00

DEPARTMENT OF WATER AFFAIRS AND FORESTRY (DWARF) PROJECTS TO BE INCLUDED IN THE MUNICIPAL IDPs OF 2008-09 FINANCIAL YEAR.

Programme: EHLANZENI DISTRICT									
Project ID	Project Name	Project Location/ Local Municipality	Project Beneficiaries	Project Objective	Key Performance Indicator	Period	Budget Allocation (Annual) R	Source of Funding	Implementing Agency
	Schools water and sanitation	All	schools	Provision of Water and sanitation infrastructure	Eradicate backlog of water and sanitation in schools	2008/2009	To be confirmed	National treasury	DWARF

37. FORMAT FOR DEPARTMENTAL PROJECTS TO BE INCLUDED IN THE MUNICIPAL IDPs OF 2008-09 FINANCIAL YEAR.

Programme: Value Adding EHLANZENI DISTRICT Department of Agriculture & Land Administration									
Project ID	Project Name	Project Location/ Local Municipality	Project Beneficiaries	Project Objective	Key Performance Indicator	Period	Budget Allocation (Annual) R	Source of Funding	Implementing Agency

	Callicom Pack house	Umjindi		Vegetable Packaging	Community Development And Job Creation		5 000 000,00	Equitable Share	DALA
Project ID	**Project Name**	**Project Location/ Local Municipality**	**Project Beneficiaries**	**Project Objective**	**Key Performance Indicator**	**Period**	**Budget Allocation (Annual) R**	**Source of Funding**	**Implementing Agency**
	Renovation of centre Barberton	Umjindi					700 000	PIG	DALA
	Verulam	Umjindi	10	Rehabilitation of irrigation system Re-establishment of citrus trees	Development of citrus enterprise, job creation and poverty alleviation. Ensure optimum use of land resources	2008/2009	5 000	Conditional Grant	DALA
	SA Renaissance	Umjindi	80			2008/2009		Conditional Grant	DALA
	Distant Star	Umjindi	2			2008/2009		Conditional Grant	DALA
	Mosley	Umjindi	48			2008/2009		Conditional Grant	DALA

38. UMJINDI MUNICIPALITY HIV & AIDS MAINSTREAMING

BENCHMARKING HIV & AIDS

1. "Unless HIV & AIDS are going to be dealt with as part of integrated development planning, it will not be adequately addressed in an integrated manner"

2. HIV & AIDS & LOCAL GOVERNMENT

Everywhere in the world there are people living with HIV or AIDS, but South Africa, with more than 5 million HIV positive people, is among the most affected countries globally. The National HIV & Syphilis Prevalence Survey from the Department of Health reported that in 2008 the overall national HIV prevalence among ante-natal women aged 15-49 years was 29.3% (2009, Department of Health). Through new infections have stabilized, the prevalence of HIV remains staggering high and continues to demand a "all hands-on –deck" approach from all sectors in society.

Local authorities are faced with particular challenges and opportunities in the fight against HIV & AIDS. Poor households are disproportionately affected by HIV & AIDS, with the costs of care and loss of income resulting from HIV & AIDS to municipalities extends beyond the loss of life and increased suffering. Increasing health service demands and needs for basic services are coupled with a decreasing ability to pay for municipal services. A decreasing pool of labour supply, skills and tax revenue also impede the ability of a municipality to pursue goals of development and threaten its ability to provide core services.

In line with their developmental mandate, municipalities are expected to be active role –players in all efforts to prevent the spread of HIV and to mitigate the negative consequences of AIDS for communities. Municipalities also need to consider the ways in which HIV & AIDS impact on their ability to govern and deliver services effectively. While many municipalities have enthusiastically taken up the mandate o respond to HIV & AIDS, some with notable success, many municipalities have also encountered challenges in term of knowing how best to direct their efforts.

The "Benchmarking Municipal Responses to HIV & AIDS" project has assisted municipalities to improve their developmental governance response to HIV & AIDS by a process of self –assessment, networking, and compare and exchange between peer municipalities were compared. In this process, strengths and weaknesses became clear in an enabling and constructive environment. By exchanging experiences with others, municipalities learned how to improve. Although there were variety of HIV and AIDS responses among the participating municipalities, with some taking a lead and others still finding their way, all municipalities had lessons and good practices to share. Against conventional perception, learning and exchange did not depend on the size of the municipal budget or the geographic size and location: this booklet shows that envy municipality regardless of whether it is urban or rural, poor or rich can make a difference.

For the information on national guidelines and practical tools facilitating the local Government Response to HIV & AIDS, the following documents have inspired this project and come highly recommended.

- The Framework for an Integrated Local Government Response to HIV & AIDS (DPLG, 2007)
- The Handbook for Facilitating a Development and Governance Response (MRC/INCA/DPLG/SALGA,2008)
- The SALGA Country Guideline on HIV and AIDS for Local Government (SALGA 2008)
- HIV/AIDS and Sustainable Human Settlements Development in South Africa. An Introductory Guide for Municipal Practitioners (Isandla Institute, 2007).

Some of the key challenges of the HIV epidemic proposed municipal answers as identified by benchmark participants
Whereas the focus of the documents differ, all advocate for a municipal response to the development and governance implications of HIV & AIDS, and are in line with the municipal constitution mandate to "structure and manage its administration, budgeting and planning processes to give priority to the basic needs of the community, an to promote the social and economic development of the country". In so far as the HIV & AIDS epidemic impacts on people's needs, local government thus has the inherent constitutional obligation to do everything within its assigned powers and functions to respond to the challenges related to the epidemic.

A comprehensive municipal HIV & AIDS response consists of strategies and interventions that address the different ways in which HIV & AIDS impact on local government. While it includes the implementation of programmatic HIV & AIDS interventions such as VCT and HBC projects, equally significant is to "get the basic right" and to "mainstream HIV & AIDS". Getting the basics right simply means: improving access of residents to basic services, such as water, electricity, housing and indigent support. "Mainstreaming" involves the assessment of a particular development situation through and HIV & AIDS lens, in all stages of municipal planning, implementation, monitoring and evaluation. To be practical, learn in this booklet about Umjindi's indigent policy for orphans and vulnerable children, the role of the Local Aids Council in Intsika Yethu's indigent support programme, or the Victor Khanye extended sick leave policy for people with AIDS and other chronic illnesses, to name a few examples. Read in detail about the steps to strengthen the development and governance response in the Framework, Handbook and Country Guidelines, available on the websites of SALGA and COGTA.

WHAT NEEDS TO BE DONE IN MAINSTREAMING HIV & AIDS IN THE IDP
Integrated Development Plan is a difficult process and requires capacities and time. On the other hand, in its own merits. This means, therefore, that two complex concept and processes are integrated. The two processes can however be easily combined if they use the same thinking process.

CHAPTER 2
WHAT NEEDS TO BE DONE IN MAINSTREAMING HIV & AIDS in the IDP:

IDP has its stages and very specific processes, which the Municipality must use. This cannot be changed, as it is the same in every issue that is handled in IDP. The details of HIV & AIDS programming and mainstreaming are specified in "Handbook for Facilitating Development and Governance responses to HIV & AIDS". The following are practical hints related to the IDP review:

1. IDP STAGE 1: ANALYSIS

The analysis stage is the entry point to the IDP process. It starts with analyzing the reach issues as they affect or are felt by the people and not institutions. It is about analyzing the situations as it is now: Is this stage included in your IDP?

Analysis of HIV situations in the Municipality:
Analysis stage helps to know what needs to be done and exactly where in your Municipality.

(I) Technical Analysis

(i) Issues: Did you collect and present the new information. Data on HIV & AIDS for your municipality?

(a) Your absolute numbers and proportionate figures on people living HIV & AIDS (how many people, prevalence rate, etc).

(b) The situation prevailing in each town

(c) The distribution by age groups

(d) Do you have information on the levels of new infection in your Municipality and per District? Who are these who are newly infected, where it is concentrated in your municipality? Which are your hotspots? – You need to know exactly where!

(e) Do you present information on trends: How have these indicators been changing over time? Or between last year and this year? Is it increasing or is it declining? Where and with whom?

Root causes: The above gives you issues to analyze. What are the issues that you identified? Does your IDP analyze the causes for each? What is causing the increase or decrease? What is causing the high or low levels of infection rate, etc?
Remember: You not only deal with symptoms, but more importantly, the root causes.

(f) What are the specific causes that sit with the people themselves> Be very specific with your causes.

(g) What are the institutional causes to the above mentioned problems? (Institutional issues are the only underlying causes of how people are affected or feel. They are not the main problem in themselves).

(h) What are the other relevant causes? Do you identify risky areas and groups?

(i) Try to go to at least three levels of root causes to each issue; this will require you to know the situation well. Use data (as much as possible) to verify what you are saying. (See the IDP Vol.IV: The Tool Box – Problem Tree)

(II) **Internal Mainstreaming**: Does your IDP look at how the Municipality itself and its Directorates are affected by HIV & AIDS? Does it look at how many workers in the municipality are living with HIV& AIDS? How many people is the Municipality losing every year from AIDS relate causes?

(a) Do you present the trend over time in your IDP?

(b) Does your IDP analyze the root causes for this in general and for each Directorate in particular?

(c) Do you present this picture and establish what it means to the Municipality?

(d) How does the Municipality and its directorate influence (positive or negatively) the spread of HIV, in its activities and the way implements its activities?

(I) People's Participation in IDP:

The second major element in IDP is people's participation in the process. This aimed at including not only the technical issues but also the people's wishes and aspirations in the IDP. It is a facility that provides with technical information in order to make informed decisions. It is the space for the dialogue between government and communities.

(i) Were people living with HIV & AIDS represented in IDP related meetings, and they were informed and prepared to present their cases.

(ii) Were the CBO, NGO, Faith Based Organizations represented in these meetings?

(iii) Was the Technical Information on HIV & AIDS, or the lack thereof, in their lists correlate with the statistical information you have from the technical assessment above?

(II) Resource Potentials:

Does your IDP process take stock available resource potential to tackle different issues raised at community, Local Government Provincial & National Level?

2. IDP STAGE 2: OBJECTIVES & STRATEGIES

To plan is to choose, but for the poor, the choice is not between priorities and luxuries, but a hard choice about priorities of priorities. The Municipality cannot do everything at once therefore it has to make choices about what will be done when. The process of coming with priorities is also a very technical one as presented in the IDP toolkit. It is about alternatives and picking up the most suitable strategic alternative for implementation.

(a) Did you identify HIV & AIDS as a priority? If not, why not? Does the data obtained in Phase 1 suggest HIV & AIDS is not major issue in your Municipality?

(b) Did you assess how the Municipality fairs regarding HIV & AIDS as compared to other Local Municipalities in the province in as far as HIV & AIDS is concerned?

(c) How does your HIV & AIDS indicators compare with national averages?

(d) Ho indicators of other priority issues compare to those of HIV & AIDS relative to other Municipalities and National Averages?

(e) How are other priority sectors (Infrastructure, LED, Tourism, Cemeteries, etc), affected by HIV & AIDS and how do they affect HIV & AIDS?

(f) Do they HIV & AIDS as part of their objectives in their Key Performance Areas or indicators?

(g) Is Municipal Internal HIV & AIDS appearing in the list of priority areas to be addressed by the Municipality? If not, is it because HIV & AIDS is not capacity of the Municipality to deliver? Or it was just forgotten?

(h) Does HIV & AIDS appear in the stages of the other Directorates of the Municipality or Departments, other than Health and Social Welfare e.g. Institutional Development, Youth Development, Education, Housing, Infrastructure, Tourism, Finance, Sports and Recreation, etc?

(i) If you identified HIV & AIDS as a priority, do you have the three strategic objectives of such a programme (Prevention, Treatment and care) covered? Is this responding adequately to the analysis you made in Stage 1? How does it link to your other mainstreaming activities?

3. IDP STAGE 3: PROJECTS

Projects ate the means used in IDP to intervene on priority areas that serve the specified and identified strategies. Once something is missing in the Objectives & Strategies phase it will happen in the projects. The following questions are relevancy at this stage:

(I) External Mainstreaming & Programming of HIV & AIDS:

Are the projects responding to the identified HIV & AIDS issues raised in the Analysis and Objectives stages?
Do we have enough coverage of external HIV & AIDS issues, reflected in the interventions suggested>
In the delivery of their mandates, are Departments and Directorates considering the question of HIV & AIDS? e.g. Water supply close to areas that are heavily affected by HIV & AIDS , Schools providing for the orphans regarding school fees, etc, Does housing construction consider the rate of new infections in designing the programme?
The Municipality is implementing Indigent Policy; does that include HIV & AIDS?
Are the activities of different projects mindful of how they can affect HIV & AIDS?

(II) Internal Mainstreaming of HIV & AIDS

Do you have an HIV& AIDS Policy for the Municipality and is it still relevant?
Do you have an HIV & AIDS and AIDS comprehensive programme for the Municipal Staff and Councilors?
Are the activities of the different Municipal initiatives mindful of HIV & AID effects within the Municipality? Have you checked them?
Do you have HIV & AIDS specific objective and indicators for the different section for the Municipality?
Is there anyone who supports the municipality's directorates to see to that their activities are either HIV & AIDS neutral or they lead to reduced HIV infection and prolong the lives of those living with HIV?

Once al the above is ensured, the rest falls into place in the IDP Process.

CHAPTER 3

FRAGILITY EMERGING AT COUNCILLOR LEVEL?

In this regard, it is important to note that Project Consolidate recognized as far back as 2004 that there was a public "perception that some councilors are unable to provide assistance to communities, with the smallest of their problems" (Project Consolidate: 2006:8). Among other things, the project sought to build capacity for better accountability by public representatives, with regular interaction between councilors and the communities through "one-stop" government centers and Imbizos (public policy forums).

The initiatives recognized that there were major challenges associated with:

- the wide demarcation of ward boundaries and the need for creative solutions,
- limited funds for the operation of ward committees,
- administrative demands on councillors'stime, with implications on direct contact with households and communities,
- low voter turnout,
- councilor accountability, and
- Citizen knowledge of rights.

In terms of the government's 2004 electoral mandate and it 2000 local government electoral mandate, there is an obligation by government to ensure that councilors are committed and accountable to their communities. TO enforce this, the electoral mandate requires that all councilors sign a code of conduct requiring them to report back to their constituencies, fight corruption in tendering, hiring and other government functions; and declare all their assets and business interests. However, there is also recognition that there is some discontent with Councilors (ibid.11)

Popular discontent with delivery suggests that these initiatives are not as effective as communities would like. South Africa has seen dissatisfied populations take to the streets demanding the delivery of basic services to their communities, such as Khutsong (near Johannesburg), a community rejecting redrawn municipal boundaries, and the police have generated much debate and media coverage. The wave of xenophobic attacks, which culminated in mob-style murders, arson and theft in Alexandra, Primrose and Diepsloot in Gauteng, are largely speculated to be linked to dissatisfaction with service delivery, among other issues (The Star: 20/05/2008, 21/05/2008). This phenomenon has reared its head largely among historically disadvantages communities, particularly the black population in South Africa, who continue to raise concerns about the performance of local government.

Notwithstanding the prospect that the roles and responsibilities of Councilors may be Ill-understood by their constituencies, the blame seems to lie squarely at the elected official's doorstep. We infer from these developments and from Afro barometer public opinion surveys that councilors are seen as agents of change/development as well as local legislators. The adult population of South Africa would hence expect their material well-being to be advanced by the councilors whom they elect every five years through the Mixed Members Proportional (mmp) system. The roles and responsibilities of municipal councilors in South Africa are embedded in several pieces of legislation. However, the specific role of councilors in the Municipal Systems Act 2000, in Schedule 1 on the code of conduct for councilors, which states:

> *Councilors are elected to represent local communities on municipal councils, to ensure that municipalities have structured mechanisms of accountability to local communities, and to meet*

the priority needs of communities by providing services equitably, effectively and sustainably within the means of the municipality. In fulfilling this role, councilors must be accountable to local communities and report back at least quarterly to constituencies on council matters, including the performance of the municipality in terms of establishment indicators.

Given this description, public expectations on their local representatives may be assessed to some extent, within the bounds of reality.

To fully appreciate this discussion on public perception, we again turn to the Afro barometer studies, which show that just under half of South Africa's adult population believe local government is working well (Bratton & Sibanyoni : 2006). The levels of satisfaction are lower among rural folk than urban populations. Black people are the least satisfied of the races. The study shows that all South ficans judge local government performance in terms of their perceptions of whether the elected councilor is doing a good job. Bratton & Sibanyoni (2006 underline this impression in their study. The assert that African s relate democratization to socio –economic delivery. IN South Africa, historically disadvantaged communities view democratic reforms as a means to ending economic and social exclusion institutionalized by apartheid. Afro barometer expects that confidence levels in local government will decline over time. While conceding that the period 2004 -2006 was too short to anticipate any significant trends, the study shows that the number of South Africans who believe the government is handling affairs well at local level is in decline.

Source: Bratton & Sibanyoni (2006)

The largest declines were recorded for service delivery. Satisfaction with road maintenance, for instance, declined 15 points from 56% in 2004 to 41% in 2006. An 11 – point decline was registered for refuse collection over the same period.

Downwards trends were also registered for fiscal performance. Bratton & Sibanyoni (2006) attribute this apparent decline in confidence to four factors.

- The postpostment of local elections from early 2005 to March 2006, which projected a sense of disorganization.

- Political protest at lack of service, delivery puncted low- Income Township of key metropolitan municipalities, including those in Gauteng, Durban and Cape Town in the 2004 -2006 period. The wide media of coverage was taken as a measure of mass discontent with the performance of incumbent political leaders.

- Media response prominent cases of corruption regarding housing and local government programmes in Matjhabeng and Phomolong Free State.

- Service delivery decifics took centre stage in the local government election campaigns in 2006.

There are variations across provinces in terms of satisfaction levels, but the four provinces without metropolitan councils – Mpumalanga, Limpopo, North West and Northern Cape – reported the highest dissatisfaction.

On the contrary, the four provinces in terms of metro councils – Gauteng, KwaZulu- natal, Eastern Cape and Western Cape – indicate satisfaction with delivery of public services. Afro barometer explains these variances as emanating from a number of factors:

- Demographic factors, where people's assessment is based on their social background. Hence urban whites are deemed to be more positively inclined than historically disadvantaged rural blacks.

- Individual attitudes. All individual are rational beings who decide whether their council or councilors is performing based on their personal experience of the world around them.

- The most critical factor, they assert, is whether people think councilor is doing a good job.

- This last factor is so influential, the study reports, as to cause people to make positive or negative judgment of the performance of the entire system of local government. (Bratton & Sibanyoni: 2006:12). Afro barometer concludes that South Africans experience political authority directly and intimately through the functions of local government characterized by the payment of annul property rates and monthly household bills. Government of which may lead to negative judgment on performance (Ibid.14).

The rise of HIV & AIDS infections may complicate this scenario by causing the very people in whom public trust resides to neglect their mandates due to illness, to be reluctant to attend public engagements if they are emaciated, , and to be unable to respond to the immediate needs of the constituencies if constantly ill. Their effectiveness may not only be undermined in this regard, but they may also be deemed to be unaccountable to the population that voted them in. Given that restive rural populations have already demonstrated some elements of dissatisfaction across South Africa, we cannot possibly underestimate the plausibility of these arguments. Deaths that regularly cause wards to go unrepresented may present an even more frustrating situation for the mass of expectant people. Few would turn up to vote in subsequent by- elections due to myriad reasons: fatigue, illness, care-giving, job seeking, or prioritizing issues of survival. In summary, the large number of people infected with HIV/AIDS is especially significant to local democracy in several ways:

- There may be erratic levels of productivity among councilors living with HIV & AIDS, impacting on decision-making processes at a local level.
- Long sick periods may result in interruptions in meaningful representatively.
- With deaths, there may be shifts in voting patterns and, potentially the power dynamics in the locality (see, for example, Strand & Chirambo: 2005).
- Increasing by elections numbers of by-elections due to the early death of councilors are likely to impact to impact on time, money and people to set up and conduct the election, (electoral infrastructure and the division of labour between the national IEC and the local authority)
- Frequent changes in councilors could impact on council training programmes, training new councilors, loss of institutional memory. In smaller parties, this will have a more adverse effect.
- The shifts in councilors may also impact on the operation and functioning of the municipal council.
- There is the likely impact of illness and death on continuity of planning, implementation and monitoring.
- Providing basic service becomes a matter of life and survival, and illness caused by HIV& AIDS decrease the ability of affected households to pay for these essential services.
- There are fewer income- generating options for people who fall ill with opportunistic infections.
- Transient populations and migratory labour hinder the capacity of municipalities to plan properly and may create fluctuations in community service demands.
- In Chapter Three we begin to unravel mortality among ward councilors and their communities, particularly registered voters in South Africa, in order to glean some understanding of what the governance implications might be and how they may be dealt with.

The chapter places mortality within the context of fragility by relating its findings to the three key indicators: effectiveness, accountability and legitimacy.

CHAPTER 3

VOTER MORTALITY (1999 – 2006)

Data released in 2007 by the IEC indicates that 2 679 713 registered voters dies between 1999 and 2006. This means that South Africa loses, on average, 27 914 registered voters on a monthly basis.

The data also shows that the 30 – 39 and 40-49 age groups are the two most affected age cohorts. Deaths among 30-39 year olds rose steadily between 1999 and 2002, and peaked in 2004 before stabilizing marginally in 2005 and 2006. More than 90 000 individuals in this age cohort died prematurely (before age 40).

The 40-49 age cohorts experienced a few dips between 2000 and 2002, but peaked around 2004 and continued on an upward trend. Causalities translated into 80 000 in terms of absolute number of deaths. These trends are less evident in 20 -29 years olds. The trends in deaths among male and female voters, when aggregated, exhibit the same upward spiral since 1999, with only marginal stability between 2002 and 2004. More than 20 000 of each gender died during the 1999 -2006 period, with the number of female deaths slightly higher than that of males.

The experience of increased deaths among poor South African of a voting age may be attributable to an irregular health system inclined towards servicing upper –middle and upper class society's higher quality care.

39. SUBMISSIONS RECEIVED FROM SECTOR DEPARTMENTS FOR 2009/2010 FINANCIAL YEAR

NAME OF THE DEPARTMENT: DEPARTMENT OF EDUCATION

PROJECT NAME	1ST QUARTER PLANNED OUTPUT	2ND QUARTER PLANNED OUTPUT	3RD QUARTER PLANNED OUTPUT
1.NATIONAL SCHOOL NUTRITION:OPERATIONAL AND ADMINISTRATIVE COSTS AND MEETINGS(WORKSHOPS)	5331 learners of Umjindi Municipality	5331 learners of Umjindi Municipality	5331 learners of Umjindi Municipality
2.BUILDING OF 2 LABORATORIES	Commenced building of 2 laboratories	Progress in terms of awarded projects	Progress in terms of awarded projects
3.BUILDING OF 1 LIBRARY	Commenced building of 1 Library	Progress in terms of awarded projects	Progress in terms of awarded projects
4.CONSRUCTION OF 12 CLASSROOMS IN PRIMARY SCHOOLS	Commenced construction of 12 classrooms in primary schools	Progress in terms of awarded projects	Progress in terms of awarded projects
5.RENOVATION OF 1 ADMINISTRATION BLOCK	Commenced construction of 1 administration block	Progress in terms of awarded projects	Progress in terms of awarded projects
6.CONSTRUCTION OF 1 COMPUTER CENTRE	Commenced of 1 computer centre	Progress in terms of awarded projects	Progress in terms of awarded projects
7.CONSTRUCTION OF 1 SCHOOL HALL, 1 KITCHEN, 3 SPORTS GROUNDS AND 1 CAR PARK	Commenced of 1 school Hall	Progress in terms of awarded projects	Progress in terms of awarded projects
8.ERECTION OF 18 TOILETS AND 1 RAMP & RAIL	Commenced erection of 18 Toilets.	Progress in terms of awarded projects	Progress in terms of awarded projects
9.SUPPLY OF FENCE TO 1 SCHOOL	Commenced supply of 1 school with fence.	Progress in terms of awarded projects	Progress in terms of awarded projects
10.SUPPLY OF 1 SCHOOL WITH ELECTRICITY	Commenced supply of 1 school with electricity.	Progress in terms of awarded projects	Progress in terms of awarded projects
11. SUPPLY OF 1 SCHOOL WITH WATER	Commenced supply of 1 school with water	Progress in terms of awarded projects	Progress in terms of awarded projects
NAME OF THE DEPARTMENT:	**DEPARTMENT OF HEALTH**		
12. UMJINDI-SHEBA CHOLERA INTERVENTION	Facilitate the installation of Mobile Package Plants for 4 communities with no access to safe clean water and currently at risk at Esperado1,2 (Disabled Persons Freedom /Project)	4 Village mobile purification system(500hh)	The availability and allocation of resources to fund and support the projects

	& 3 and Mashayane Village		
13.VIP HIGH IMPACT INTERVENTION PILOT –SHEBA AREA	Install waterless composting toilet units at 500hh in the Sheba area as part of cholera intervention	Maintain and treat 12,000VIP's as per municipal requests with bio augmentation in order to address contamination of water sources. Project link to community initiative in terms of job creation, beneficiation and capacity building	The availability and allocation of resources to fund and support the projects
NAME OF THE DEPARTMENT:	**DEPARTMENT OF SAFETY AND SECURITY**		
14.SOCIAL CRIME PREVENTION	1 Awareness campaign on illegal mining Umjindi (Verulam)	1 Awareness campaign on illegal mining : Umjindi (Sheba)	None
			2 Campaign against gender based/domestic violence: Umjindi Ext 10
			1 Moral Regeneration Campaign in Umjindi (Emjindini Trust)
	1 Border Security campaign in Umjindi (Josephsdal)		
			Collection and analysis of information in Ka-Mhola Secondary and Emjindini Secondary School
		Workshop in Umjindi (Barberton)	
			1 Workshop of Tavern and Shebeen owners in Umjindi (Barberton)
			2 Tourism Safety Campaigns in Umjindi (Chief Funwako, Ka-Mhola,Mjindini,Louieville, Hoer Skool)
	Revive Community Policing Forums at Umjindi		
			1 Workshop of the Community Policing Forum structure at Barberton police station
	Monitoring the functioning of CPFs structures in Umjindi		
			Monitor the functionality of CPFs at Barberton

		Establish and implement 2 local MAM POA at Umjindi	