

INTRODUCTION

HIVAN is essentially about facilitating multisectoral partnerships around HIV/AIDS in KwaZulu-Natal. Its fundamental aim is to bring together researchers, policy-makers, interventionists, service-providers and communities into meaningful and mutually rewarding alliances aimed at addressing the multiple problems heralded by the HIV/AIDS pandemic. HIVAN facilitates partnership-building around HIV/AIDS. In line with this mission, HIVAN serves as a mechanism for linking communities and community-based organisations with other organisations and individuals who can partner them in various ways (research, intervention, training, fundraising etc.) to effect meaningful responses to HIV/AIDS. It also provides a means for linking like-minded, and often isolated, community-based HIV/AIDS initiatives with one another. HIVAN attempts to achieve this in number of ways – through development of a comprehensive database of individuals, organisations, projects and literature around HIV/AIDS, i.e. web-based, hard copy and Zulu versions; through regular workshops and annual symposia that bring together different communities and CBOs for the purpose of linking them with one another and developing a unified HIV/AIDS agenda.

As time does not permit a thorough audit and study of the entire province at this juncture, localised sites have been identified in a number of KZN regions, focusing initially on communities in which HIVAN has established contacts. The community liaison process should therefore be seen as preliminary – a first point of contact and an impressionistic survey of activities, needs, priorities and strengths. These findings will then serve as a ‘launching pad’ for more extensive engagement in each of the eight geographically defined regions of the province, (as defined by the Department of Health).

It is worth noting that HIVAN is placing particular emphasis on identifying, profiling and foregrounding the activities of grass-roots-level HIV/AIDS-related initiatives. Many ‘formal’ organisations and projects are already listed in various directories, but there are numerous smaller, ‘informal’, less-publicised initiatives occurring on the ground. The Community Liaison Team (CLT) have played a key role in identifying these community-based initiatives. This report constitutes details of the audit conducted in the Embo region in KwaZulu-Natal.

Part One: OVERVIEW OF THE EMBO AREA AND THE COMMUNITY

THE GEOGRAPHICAL LOCATION

The Embo region is situated south-east of Durban in the Umbumbulu Magisterial District and covers the area from Umbumbulu, near the Durban South Coast, inland towards Pietermaritzburg (see Appendix 1). It is made up of five traditional authorities: Embo, Embo-Kwakhazela, Embo-Nksh isiMahla, Embo-Timuni and Embo-Vumakwenza. The area may be described as rural with rugged topography.

ADMINISTRATIVE AND POLITICAL STRUCTURES

The Embo area is governed by two political systems: traditional and municipal. The three tribal authorities comprise local traditional structures that include Amakhosi, Izinduna, and traditional councillors. Within each of these tribal authorities are a number of municipally demarcated wards. In these wards, committees have been created according to the new constitutional clauses on local government and the related Local Government Act. The wards overlap into four district councils: Richmond District Council, Camperdown, Ugu and Durban Metropolitan Council.

POPULATION STATISTICAL AND SOCIO-ECONOMIC INFORMATION

In compiling a socio-economic profile of the Embo area, figures presented by the Municipal Demarcation Board (SA Explorer, 2001) have been utilised. 1996 Census data has provided the majority of the indicator information, and although it is acknowledged that this data is a number of years old, it still provides valuable insight as to the living conditions of inhabitants in the area. A full account of this information is available in Appendix 2.

The Embo area population is estimated at 160 755 people with the community being dispersed over a wide geographic area. There are 20 208 inhabitants in the area who are employed and 20 943 who are unemployed. Six hundred and forty-five respondents did not specify their employment status; 60 692 people are below 15 years of age: therefore, it is assumed that they are below the employable age. With regard to the balance of the population and in the absence of statistical information, an assumption has been made through visual observation during the community audit that the remaining members of the population in Embo are engaged in subsistence farming.

In the analysis of the types of industries prevalent in the area, the dominance of farming is apparent (3 723 households). Although no data exist to enable assessment of the impact of HIV/AIDS on the farming industry in Embo, experience from other sites across Africa has proved that this impact is severe, with farm workers dying during their most productive years. Manufacturing (2 144 households) and social services (1 872 households) also play a prominent role as employers. Social services include, amongst others, teachers, and much information is available on how HIV/AIDS adversely affects education. Another category of industry that is particularly susceptible to the ravages of the epidemic is the transport industry. According to the Demarcation Board data, 760 households are engaged in transport in this area.

Access to communication networks is poor in the area, with a large proportion of the population having no access to telephones (10 357 people) and 8 925 relying on public telephones. Although 7 016 households have access to local authority electricity, large numbers of households use paraffin (2 218) and candles (16 535) for cooking, lighting and heating. The majority of the households use a pit latrine (17 185) as a method of sanitation and use natural sources of water (13 846 households) for cooking and

drinking. This socio-economic profile paints a picture of a rural community that has limited access to infrastructure such as communication networks, electricity and water.

Part Two: FIELDWORK

The research conducted in Embo consisted of meetings with community leaders and community organisations over a two-month period (10 November to 13 December 2001: see Appendix 3 for contact details of individuals with whom the CLT networked). HIVAN attended several discussion forums planned by local organisations, and these events culminated in a HIVAN Embo Community Workshop and representative input from Embo Community at the HIVAN Community Symposium, held on the 28th and 29th January 2002. All these activities were intended to inform local organisations of the work of HIVAN, to assist HIVAN in obtaining information on local organisations and their activities for the HIVAN database, and most importantly, to facilitate discussion and strengthen networking amongst community organisations within Embo and other areas.

HIVAN was fortunate to be given opportunities to introduce its activities and conduct preliminary discussions with different groupings and

stakeholders in the Embo community at three organised community forums:

- On 10th November 2001, the Embo Masakhane Heritage Day Celebrations.
- On 2nd December 2001, Embo Masakhane Management Committee (EMMC)/HIVAN meeting. This meeting provided HIVAN with an opportunity to meet many of the Embo Executive Committee members, which was very helpful in facilitating HIVAN's activities in the community.
- On 13th December 2001, a meeting of the EMMC with Embo Community Health Centre staff and HIVAN.

Part Three: HIV/AIDS RELATED NEEDS AND PRIORITIES

In order to ascertain the impact of the HIV/AIDS epidemic on the Embo community, the needs, priorities, assets and strengths of existing initiatives were discussed. The following categories provided a framework for this discussion: prevention, treatment, care, human rights, information, education, communication and research.

LACK OF RESOURCES:

A general lack of resources (i.e. human, financial and infrastructural) was cited by community members.

a) Staffing and operational issues:

The Embo Community Health Centre (EHC) exists to help the entire community, and although it is a sizeable facility, equipped to offer more than curative primary health care services, staffing capacity is not adequate to do so. The current nursing staff complement is overloaded, as they do not focus solely on HIV/AIDS, but also provide regular clinic services. A need was also expressed for the services of a qualified social worker to deal with social problems faced by communities as a result of the impact of HIV/AIDS.

Furthermore, the Clinic opening times do not meet the needs of the community and there is no effective referral system in place for emergencies. There are too few qualified doctors available and patients are subjected to unnecessary and potentially life-threatening delays. In providing care, health-care workers are being exposed to unnecessary risks of infection through inadequate supplies of gloves.

b) Transport:

Transport is not readily available and patients often travel long distances for treatment. As supplies of medication appropriate to patients' needs are inadequate, workshop attendants suggested the introduction of a mobile clinic service in Embo.

c) Adherence to medication:

Nursing staff mentioned that adherence to prescribed medication is poor, especially with TB and with other long-term illnesses.

d) Infrastructure:

The Embo Masakhane Community Development Organisation (EMCDO) home-based caregivers indicated that even though they are poor themselves, they often use their own meagre resources to assist affected households. Providing such assistance results in their own families often being deprived of much needed food and resources, making them vulnerable to poor health and added stress. As Embo is a rural area, most of the infrastructure typical in urban areas does not exist and this exacerbates the problems being experienced by the communities, with additional strain being placed on the already burdened services available.

LACK OF EDUCATION:

Because of a lack of resources, clinics have not been able to fulfil identified training needs such as addressing ignorance on specific health issues. As a result, clinic personnel, patients and the wider community do not resolve such problems easily. It was noted that there is a danger of decisions around HIV/AIDS being made against a backdrop of incorrect information. An example cited at the Workshop was the belief that to sleep with a virgin would cure HIV/AIDS. Moreover, concern was expressed that awareness is not enough. Although awareness campaigns have been held in Embo, no resultant change in behaviour is evident and this challenge needs to be addressed. A possible solution identified by workshop participants was to integrate HIV/AIDS into school syllabi.

LACK OF COLLABORATION:

A serious need was expressed for co-operation and communication between health service providers and other relevant government departments, such as the Department of Social Development. Collaborative relationships need also to be established with other roleplayers such as traditional healers and leaders, municipal councillors, cultural groups and the private sector, to mention but a few. A strong emphasis

was placed on traditional leaders being major “change agents” in the fight against the epidemic.

POVERTY AND UNEMPLOYMENT:

Poverty as a result of unemployment was cited as a crosscutting issue that severely undermines the ability of communities to mitigate the effects of the epidemic. Sustainable Livelihoods Development is a priority requirement in the area. A collaborative effort, involving both the private and public sector as well as small and medium enterprise initiatives, needs to be fostered and supported. Furthermore, communities are in great need of adult basic education and training as well as education in small business development and entrepreneurship.

HUMAN RIGHTS AND CULTURE:

The view was expressed that communities should respect and nurture their cultural heritage and values such as “Ubuntu”, and that this should be encouraged by community members. It was felt that only by standing together and helping one another would KZN will be able to mitigate the effects of HIV/AIDS. The rights of people, especially women and children, should be upheld and an enabling legislative environment should be created. Closely linked to

the human rights issue is that of stigma. Workshop participants indicated that programmes to reduce stigma around HIV/AIDS should be encouraged. Traditional leaders would need to become active players in this regard. In order to ensure that information dissemination is more widespread, they would require adequate and appropriate training.

Part Four: HIV/AIDS INITIATIVES

Despite these challenges, the Embo community has mobilised around HIV/AIDS and a number of initiatives are active.

The EMCDO houses a home-based care initiative that is engaged in alleviating the serious physical, emotional and spiritual impacts of the epidemic on those patients with full-blown AIDS. This organisation takes care of AIDS patients who cannot take care of themselves and also those who do not have anyone who can take care of them. They cook for and bathe patients, wash their clothing and clean their houses. They also teach families to help their affected family members. Patients are also encouraged to take their medication. The organisation helps to identify orphans and refers them to the relevant authorities for assistance. Advice is given to

students, the youth and parents and they are encouraged to participate in HIV/AIDS activities.

The EMCDO is also involved with income-generating projects as well as cultural and educational activities. Vegetable gardens and subsistence farming projects are examples of income-generating initiatives. The Youth Development Organisation forms a part of EMCDO activities. Their aim is to sustain youth awareness and commitment to behaviour change or safe behaviour around HIV/AIDS. Young people are engaged in the dissemination of information. Educational and information programmes involve the distribution of posters, pamphlets, condoms, T-shirts, stickers and ribbons. Drama, art and music also play a significant role in information dissemination.

The ECHC runs a HIV/AIDS awareness programme in addition to offering standard primary health care services. Department of Health Community Health Workers work closely with the Clinic staff, as their programme has been developed to complement the services offered by the Clinic. They perform much the same duties as those undertaken by the volunteer Home-Based Caregivers. In addition, health guidance and education is provided and condoms are distributed.

Part Five: RECOMMENDATIONS

One of the aims of the data collection process and workshops was to facilitate collective discussion amongst community representatives to determine solutions for the various problems they had outlined. The Embo community members made the following recommendations:

- The EMCDC should continue to function as a co-ordinating community structure and HIVAN should embark on promoting continued community support for and involvement in EMCDC activities;
- A proactive planned system should be devised to encourage optimal use of government-provided services by the community;
- Access to requisite resources to implement training, education and information programmes should be enabled;
- A concerted effort should be focused on organising the traditional sector that is involved with HIV/AIDS activities;
- The KZN Community-based Organisation (CBO) Network Behaviour Change Programme (BCP) should be supported in implementing its activities more widely at grassroots level;

- Immediate basic needs such as food, medication etc. should be prioritised in community activities focused on care and support – poverty being an exacerbating factor for HIV infection and death from AIDS;
- Much effort should be invested in assisting community organisations to take up area development programmes, thereby ensuring equitable access to basic infrastructure such as water, sanitation, communication and transport networks;
- Income-generating projects should receive support from both the private and public sector and mechanisms should be developed to provide access to such support.

APPENDIX 1: Map of Embo region

Map 1: Indication of Embo region position within KwaZulu Natal

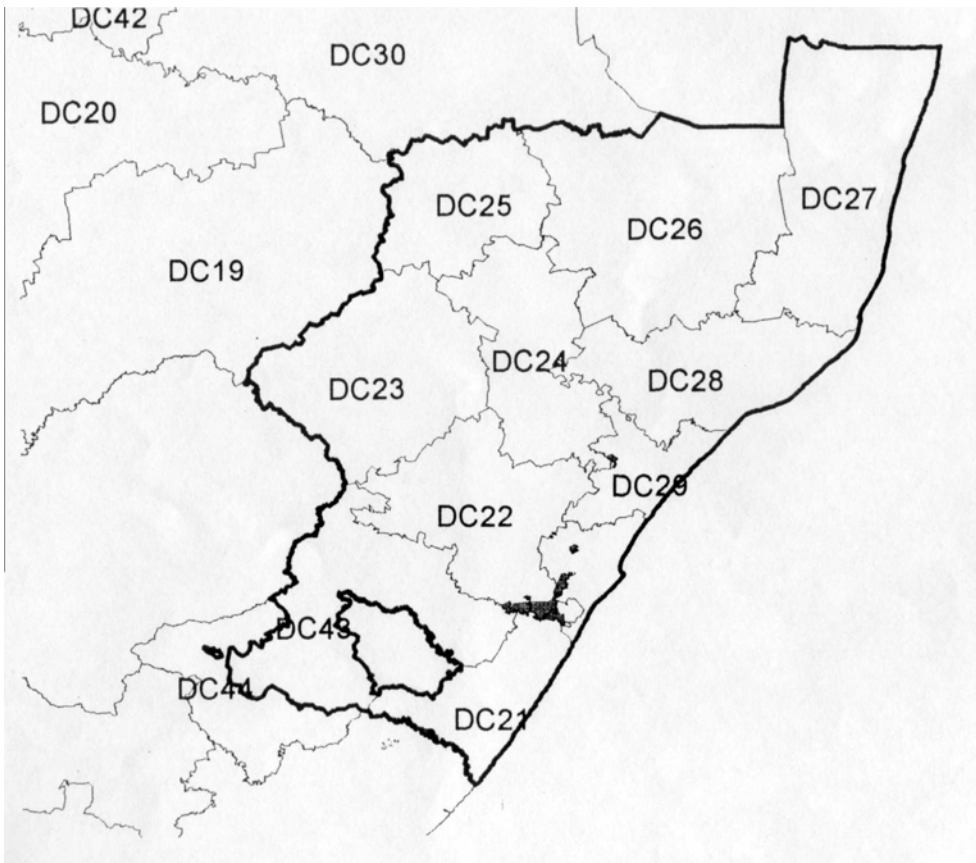
CONCLUSION


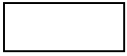

Although this report reflects a lack of resources and collaboration in Embo, it is important to note that there is ample willingness and strong commitment from all organisations to assist households in mitigating the effects of HIV/AIDS on affected households. HIVAN can play a prominent role in facilitating networking between key stakeholders and in sustained provision of much-needed information to community organisations on matters relevant to HIV/AIDS.

REFERENCES:

Municipal Demarcation Board, 2001. SA Explorer.

Available: <http://www.demarcation.org.za>



- Legend:**
-  KwaZulu Natal
 -  Municipal boundaries
 -  Embo tribal authority

DC 28 – UTHUNGULU	DC 22 - MIDLANDS	DC 26 – ZULULAND	DC 29 – ILEMBE
DC 25 - AROUND NEWCASTLE	DC 23 – UTHUKELA	DC 43 – SOUTHERN DRAKENSBERG	DC 27 –
UMKHANYAKUDE	DC 21 – UGU / OGWINI	DURBAN – DURBAN METROPOLITAN COUNCIL	

* Kindly note that DC 44, DC 19, DC 20, DC 42 and DC 30 are in the Free State and as such are not relevant to this report. Their district names have not been listed

APPENDIX 2: Socio-economic profile of Embo district

Table 1: Socio-economic indicators for the Embo district

SOCIO-ECONOMIC INDICATOR	Embo	Embo-Kwakhabezela	Embo-Isimahl	Embo-Timuni	Embo-Vumakwenza	TOTAL
Population	29974	20691	76253	16774	17063	160755
Employment						
Employed	1618	4214	9511	1907	2958	20208
Unemployed	3150	3633	11490	1261	1409	20943
Employment Unspecified	97	54	316	88	90	645
Under 15	11945	6671	28994	6499	6583	60692
Industry						
Farming	251	79	796	755	1842	3723
Mining	5	1	10	0	4	20
Manufacturing	73	404	1502	48	117	2144
Utilities	12	44	100	6	5	167
Construction	77	273	584	18	81	1033
Trade	239	325	910	97	135	1706
Transport	81	161	449	27	42	760
Business Services	49	172	338	4	49	612
Social Services	256	633	856	25	102	1872
Private Household	263	1274	1155	55	154	2901
Exterritorial	0	0	14	0	2	16
Diplomatic	0	1	0	0	0	1

Telephone Services							
Dwelling	28	573	1062	31	146	1840	
Neighbour	128	119	839	78	336	1500	
Public Phone	515	1961	5502	644	303	8925	
Other Nearby	114	89	745	251	461	1660	
Not Nearby	1186	113	597	77	68	2041	
No Access	3254	479	3682	1101	1841	10357	

Electricity							
Local authority	198	2223	4150	85	360	7016	
Other	26	14	81	3	4	128	
Gas	26	31	233	18	27	335	
Paraffin	716	57	595	150	700	2218	
Candles	4237	1016	7300	1921	2061	16535	

Sanitation							
Flush	22	622	1701	31	318	2694	
Pit Latrine	3204	2338	8028	1288	2327	17185	
Bucket Latrine	43	8	18	2	13	84	
None	1941	376	2138	861	499	5815	

Water							
Water Dwelling	3	731	1894	29	323	2980	
On Site	23	732	969	461	182	2367	
Public Tap	6	1463	3014	16	308	4807	
Tanker	173	18	55	1	9	256	
Borehole	362	21	881	191	450	1905	
Natural	4608	357	5525	1480	1876	13846	

Source: Compiled by author using Municipal Demarcation Board figures, 2001

APPENDIX 3: Contact details of organisations, individuals and projects in Embo

COMMUNITY HEALTH WORKERS ORGANISATION					
SURNAME	NAME	POSTAL AND EMAIL ADDRESS	PHONE AND FAX	POSITION IN THE ORGANISATION	AREA WHERE ORGANISATION IS BASED
Gwala	Constance	Baniyena School	Not provided	Volunteer	Not provided
Lembede	Nombuso	Nolanola H. P. School P. O. UmBumbulu 4105	Cell: 083 9684 709	Volunteer	ESijwini
Majola	Nozipho	Funundu High School P. O. Box 71 3750 Mid Illovo	Not provided	Volunteer	Vumukwenza
Mchunu	Emmanuel	Ismont, Box 93 Mid Illovo 3750	Cell: 072 416 1278 Cell: 083 6688 261	Volunteer	Embo, Ismont
Mhlongo	Bekayena	St. Bernard Mission, P. O. Box 281 Richmond 3780	Cell: 072 313 8169	Volunteer	St. Bernards Mission, INhlazuka
Mtungwa	Promise	P.O. Box 60 Ismont 3750	Not provided	Volunteer	Embo, Ismont
Ndlovu	Minenhle	Bridgeman School P. O. Box 96 UmBumbulu 4105	Tel: 031 - 915 9390 Cell: 083 311 7502	Volunteer	Embo, ESijwini
Ngidi	Sfundo	P. O. Box 18 Mid Illovo 3750	Not provided	Volunteer	Not provided
Shezi	Nomathemba	P. O. Box 63 3750 Ismont	Not provided	Volunteer	Embo, Ismont

EMBO COMMUNITY HEALTH CENTRE					
SURNAME	NAME	POSTAL AND EMAIL ADDRESS	PHONE AND FAX	POSITION IN THE ORGANISATION	AREA WHERE ORGANISATION IS BASED
Khumalo	Nelly	Not provided	Cell: 072 237 8061	Professional nurse	Embo community
Langa	Tshengi	73 Finsburg Court Kearsney Road Durban	Tel: 031 – 509 2362 Cell: 083 262 4967	Professional nurse	Embo community
Makhedama	Balindile	Box 969 Port Edward 4295 V 635 Umlazi Umlazi Township Durban	Cell: 083 335 9078	Embo Professional nurse	Embo Thimuni
Khuzwayo	Sbongile	P. O. Box 18 Mid Illovo 3750	Cell: 072 265 9816	General Assistant	Church of England in SA

EMBO MASAKHANE YOUTH DEVELOPMENT ORGANISATION					
SURNAME	NAME	POSTAL AND EMAIL ADDRESS	PHONE AND FAX	POSITION IN THE ORGANISATION	AREA WHERE ORGANISATION IS BASED
Mkhize	Ngoh	Gcewu High School P. O. Box 131 UmBumbulu 4105	Not provided	Member of Steering Committee	Embo Thimuni
Mkhize	Siya	P. O. Box 69 UmBumbulu 4105	Cell: 083 992 1251	Arts and Cultural Development Officer	Embo Thimuni
Shezi	Aubrey	Ezimwini Reserve P.O. Box 131 UmBumbulu 4105	Cell: 073 145 4091	Youth Field Co-ordinator	Ogwini, Ezimwini
Gumede	Mzo	Singele J. S. P. O. Imfume, 4160	Cell: 073 178 4795	Youth Organisation Chairperson	Embo, Esimahlani – Emgangeni

Ngidi	Bongekile	Gcewu High School P. O. Box 131 UmBumbulu 4105 P. O. Box 24441 Isipingo 4110	Tel: 031 – 909 8975 Cell: 083 337 1816	Youth Organisation Secretary	Esimahleni, Embo Thimuni, Vumukwenza
Mkhize	Senzeni	St. Bernard Mission P. O. Box 281 Richmond, 3780	Cell: 083 331 5678	Director	Vumukwenza
Mtungwa	Domnic	Ngilanyoni School P. O. Box 18 Mid Illovo, 3750	Not provided		
Mhlongo	Pat	Not provided	Not provided	Chairperson	KwaZulu Natal
Mchunu	Sandile	Ismont Location P. O. Box 93 Mid Illovo, 3750	Cell: 083 588 8285	Secretary of Ismont Development Committee	Embo – Ismont
Mkhize	B	St. Bernard Mission P. O. Box 281 Richmond 3780	Cell: 082 537 1861	Not provided	Vumukwenza & St. Bernard Mission
Ngcongco	Nonsikelelo	Thokozwayo High School P. O. Box 6 Richmond, 3750	Cell: 072 241 9177	Projects Manager	Vumukwenza

CHURCH OF NAZARETH					
SURNAME	NAME	POSTAL AND EMAIL ADDRESS	PHONE AND FAX	POSITION IN THE ORGANISATION	AREA WHERE ORGANISATION IS BASED
Mhlongo	Pat	Not provided	Not provided	Chairperson	KwaZulu Natal

EMBO MASAKHANE PROJECT					
SURNAME	NAME	POSTAL AND EMAIL ADDRESS	PHONE AND FAX	POSITION IN THE ORGANISATION	AREA WHERE ORGANISATION IS BASED
Mchunu	Sandile	Ismont Location P. O. Box 93 Mid Illovo, 3750	Cell: 083 588 8285	Embo Projects Manager,	Embo – Ismont

EMBO MASAKHANE YOUTH ORGANISATION					
SURNAME	NAME	POSTAL AND EMAIL ADDRESS	PHONE AND FAX	POSITION IN THE ORGANISATION	AREA WHERE ORGANISATION IS BASED
Mchunu	Sandile	Ismont Location P. O. Box 93 Mid Illovo , 3750	Cell: 083 588 8285	Member of Youth Management Committee	Embo - Ismont
Zondo	Fana	Gcewu High School P. O. 4031	Cell: 083 487 0195	Member	Embo Thimuni
Muthwa	Delly	Box 131 UmBumbulu, 4105	082 4293 794	Member	Embo Thimuni

ZAMANI POULTRY PROJECT					
SURNAME	NAME	POSTAL AND EMAIL ADDRESS	PHONE AND FAX	POSITION IN THE ORGANISATION	AREA WHERE ORGANISATION IS BASED
Mhlongo	Vincent	St. Bernard Mission P. O. Box 281 Richmond 3780	Not provided	Secretary	St. Bernard Mission Nhlanzuka