

DEPARTMENT OF HOUSING

HIV/AIDS: FRAMEWORK DOCUMENT

1. PURPOSE

The HIV/AIDS epidemic poses a significant economic impact in developing countries and South Africa is no exception. All sectors (including housing) need to explore the risk and impacts on them and undertake analyses, both situational and responsive so that appropriate policies and strategies can be developed to reduce infection, mitigate the negative effects on the development structures and support all those households infected or affected by the epidemic where possible.

Given this, in 2001 USAID approved funding for a number of studies with the intention of highlighting the economic impacts of HIV/AIDS on various sector. Of these studies three were of particular relevance to the Department of Housing. They include firstly, the impact of HIV/AIDS on the demand for low-income housing, Perceptions of and responses to, the risk of HIV/AIDS in the low-income housing finance sector, and finally the Economic impact of HIV/AIDS on the construction sector and implications for the housing policy. Although the studies were commissioned at different times during the course of 2001 they were finalised in June/ July 2002.

Representatives from the Department have interacted with the studies in varying degrees and were particularly able to shape the methodology and approach of the study investigating the impact of HIV/AIDS on the construction sector.

Using the results from the USAID studies as well a number of other studies and reports commissioned by other government departments eg: the Department of Health and the Department of Social Development; the United Nations, NGO's and other agencies like the HSRC and the Nelson Mandela's Children Fund the Department is thus able to highlight the impacts of HV/AIDS on housing and human settlements in this paper.

This paper essentially has three broad aims.

The first is to set the context of HIV/AIDS in South Africa. This includes a review of various pieces o f research that have been undertaken, covering a range of aspects within the housing environment.

The second aim of the paper is to synthesize the various research findings with a view to highlighting the effects of HIV/AIDS on housing policy and implementation from the aspects of housing demand and affordability, tenure security, housing finance, and finally implementation capacity.

The third aim is to identify strategic interventions to be undertaken by the Department of Housing. This section acknowledges both the progression and plurality [of effects] of the disease, and therefore attempts to respond accordingly by means of a multi-faceted intervention framework.

The aims of this paper are fairly modest. It does not attempt to recommend specific policy prescripts, but rather seeks to provide a policy framework within which critical areas of work need to be explored further. At the outset is should be

noted that this paper attempts to provide a response within the broader government strategy, and not simply in dealing with the impact of HIV/AIDS on housing delivery.

2. BACKGROUND

In 2000, the HIV/AIDS & STD (Sexually Transmitted Diseases) Strategic Plan for South Africa 2000-2005 was completed by the Department of Health. The four critical areas of the plan are identified as follows:

Prevention
Treatment care and support
Human and legal rights
Monitoring, research and surveillance

Although the Department of Housing is not identified as a lead agent in driving the strategies identified for the aforementioned critical areas, the impacts of HIV/AIDS on the housing and human settlement environment are nonetheless significant and necessitates the Department articulating strategies in the above areas which are supportive of other government departments and thereby ensuring an integrated response to dealing with the epidemic.

An earlier report on HIV/AIDS and Housing was presented to the Heads of Housing Department's meeting (29/10/2002). This report highlighted the recommendations and policy implications of the three HIV/AIDS studies on housing dealing with the supply side, demand side and finance issues. At this meeting further technical issues requiring the national Department of Housing's intervention were identified as follows:

Gender related issues regarding title deeds;
Entitlement of orphaned children due to HIV/AIDS, to acquiring property even before they become eighteen years old;
In addition the meeting also recommended that additional financial sector issues (such as the N EDLAC Summit Agreement) and the trends on HIV/AIDS identified by the Department of Health be incorporated in the policy impact assessment initiative.

This document therefore attempts to incorporate these aforementioned issues and provide MINMEC with the key elements required for a strategic approach to identifying the interventions required by the Housing sector in responding to the impacts of HIV/AIDS.

CONTEXT OF HIV/AIDS IN SOUTH AFRICA

According to the Department of Health's modelling of HIV infection in the general population, it is estimated that by the year 2001 approximately 4.8 million or 11-12% of people in South Africa had become infected with HIV. This figure consists of approximately 2.65 million women and 2.09 million men between the ages of 15 and 49 who are infected and with an estimated 83 581 babies becoming infected with HIV, through the mother to child transmission route. (Department of Health: National HIV and Syphilis sero-prevalence survey of women attending public antenatal clinics in South Africa, 2001). The United Nations Aids Programme indicates that the estimated prevalence of HIV/AIDS amongst adults in South Africa is amongst the highest in the world (South Africa: Epidemiological Fact Sheet, 2002).

The more recent Nelson Mandela/HSRC Study of HIV/AIDS (2002), which constitutes the first national household survey on HIV prevalence, behavioural risks

and mass media, confirms the national HIV prevalence of 11.4% of persons who are living with HIV/AIDS. The results from this study, therefore reflects similar findings to the modelling that was undertaken by the Department of Health (2001).

Using the Metropolitan Doyle model, it is estimated that the number of AIDS deaths annually in South Africa is on the increase from approximately 120 000 deaths in 2000 ranging to between 545 000 and 635 000 in 2010. Given this scenario, projections undertaken by Abt Associates in 2000 show that the number of children younger than 15 years that will be orphaned due to AIDS is estimated to be 800 000 by 2005 increasing to approximately 1.95 million by 2010.

However a significant finding in the trends being undertaken by the Department of Health (2001) indicates that the pace at which the HIV epidemic was growing between 1990 and 1998 has slowed down and is possibly levelling off. Thus although the rate of infection of people with HIV/AIDS in South Africa is still very high, the findings indicate that there is no statistically significant growth in the epidemic. This is predominantly based on the antenatal survey information and projections that estimated that nationally 24.8% of pregnant women were infected with HIV by the end of 2001 in comparison to 24.5% recorded for 2000.

According to the Department of Health's findings on provincial HIV prevalence estimates, the highest prevalence of infections are in KZN followed by the Free State, Gauteng and Mpumalanga provinces. The more recent Nelson Mandela/HSRC (2002) study however indicates that Mpumalanga, Gauteng and the Free State provinces have the highest HIV prevalence among adults aged between 15 and 49 years.

When analysing the data on locality the Nelson Mandela/ HSRC (2002) study also reflects that Urban Informal areas have the highest level of prevalence of HIV/AIDS for people aged between 15-49 years.

The findings of the aforementioned studies together with the studies related to housing and HIV/AIDS in the subsequent section thus provides the context within which the impacts of HIV/AIDS on human settlements and housing must be analysed.

3.1 The Impact of HIV/AIDS on the Demand for Low Income Housing

The objectives of the study on The Impact of HIV/AIDS on the Demand for Low Income Housing were to gather empirical statistics of the impact of HIV/AIDS on households, identify the nature of the future demand for low-income housing, and provide recommendations for future housing policy. This study entailed the survey of a total of 2450 HIV/AIDS infected individuals from all nine provinces, 55 focus group discussions and 67 institutional surveys. Information from the demographic analysis revealed the following:

Only approximately a third of the households are composed of a core, nuclear family;
Approximately 22% of the households are single parent households;
7.7% of the households comprise of grand parents taking care of grandchildren;
4.9% of the households are child headed households
74.6% of the persons interviewed were not employed
On average approximately 40% of income received per household is obtained from the state in the form of pensions, disability grant, state maintenance grant, care dependency grant and foster care grant;

Of just over 1000 households that provided information on debt approximately 54.7% are in debt. The main source of debt is owed to banks and municipalities. The research also reflects that on average the debt earned per month is 4 times the average household income;

Expenditure on housing in the form of bond repayments and rent comprise approximately 8% of the households' average monthly expenditure. Currently majority of the income is spent on food/drink, clothing, public transport, and education;

Approximately 30.8% of the individuals interviewed knew about the governments housing subsidy, and of this 8.6% are on a waiting list.

In terms of housing design issues majority of the respondents indicated that they require housing without steps and that the house should have a bathroom and toilet inside;

The most important locational attribute for housing was identified as its closeness to health centres;

Approximately 25% of the respondents indicated the desire to have care made available to them through an institution where they would be a resident;

Approximately 16.7% of the respondents interviewed have insurance policies and only 9% have drawn up a will;

74% of the persons interviewed indicated that relatives would take care of their children when they die.

In calculating housing demand, and in order to be able to generalise the findings of the survey to the rest of the population, the data and indicators were validated against census data, the October Household surveys and the antenatal surveillance data. The fact that the data collected did not show significant differences from the latter data and studies enabled the researchers to formulate valid assumptions that could be used in the projections.

To establish the impact of HIV/AIDS on housing demand, projections were undertaken to calculate demand in a no HIV/AIDS scenario and compared to a scenario with HIV/AIDS. The difference between these scenarios reflects the impact. According to the research it can be concluded that the combination of HIV/AIDS and the continued supply of housing will result in a decline in housing demand. Without taking the supply of housing into account the housing demand over the next 8 years is expected to increase steadily, but at a slightly lesser rate than when HIV is not prevalent and then decrease slightly until 2010. The difference between the two scenarios (no HIV/AIDS and HIV/AIDS) for the year 2005 and 2010 amounts to 58 171 and 176 414 houses respectively in the income group earning less than R3 500 per month. However the decline would vary greatly between areas and provinces.

As indicated earlier the survey undertaken in the study reflects that almost 4.9% of the households are child headed households and it is estimated that there will be approximately 1.2 million orphans by the year 2010. The largest problem with orphans is expected to be in KwaZulu/Natal with approximately 622 555 orphans by 2010 and in Gauteng with an expected 418 979 orphans. These households will definitely be more vulnerable to poverty and could eventually be homeless.

In addition this study also advocated the need to develop institutional housing models to address the housing needs of orphans.

3.2 The Calm before the Storm (1) – Perceptions and responses to the risk of HIV/AIDS in the low-income housing finance sector

This report highlights part one of a two part research, and focuses on the investigation of lenders operating in the low income market (including conventional, alternative and niche) and the degree to which they are perceiving and experiencing

the impacts of HIV/AIDS on their borrowers, the impact of HIV/AIDS on insurance requirements of new borrowers, and the approaches adopted by lenders in dealing with the impacts of HIV/AIDS on their risk profile.

A number of financial institutions were interviewed, including areas of mortgage and non-mortgage lending. In the study lenders identified the following risks due to HIV/AIDS:

mortality risk (insurance is available - main risk is increases in payments)
disability risk (for permanent disability insurance is available – main risk is increases in payments)
the risk of abscondment (insurance not available to reduce risks)
retrenchment (insurance not available to reduce risks)

The study reflected the following findings:

Lenders generally perceive that HIV/AIDS is already currently having an impact on mortgage and non-mortgage lending. This impact will be greatly exacerbated in the future;

Mortgage lenders in the low income housing market seem to be more concerned about the impacts than non-mortgage lenders, especially given the length of their loan terms;

Financial institutions interviewed indicated that there is scope for their companies to improve the management of HIV/AIDS risk;

Lenders articulated that people infected or affected by HIV/AIDS should not be discriminated against and that they should be able to borrow money;

Although lenders are aware that they currently may have HIV+ clients, they have not changed their lending practices;

Even though lenders do not have policies directly preventing them from lending to HIV+ persons, insurance requirements especially for mortgages may prevent HIV+ persons from accessing loans;

Lenders are currently using insurance to protect them from HIV/AIDS related risk;

Insurance companies are no longer including exclusionary clauses but have begun to price for HIV/AIDS risk;

Although pension backed savings can address some of the concerns of lenders, the appropriateness of pension assets as security is questionable;

Of the four risks identified with HIV/AIDS, retrenchment risk seems to be currently perceived as the most significant risk,

Presently the possible impacts of HIV/AIDS on housing finance are not being addressed. There is little co-ordination between lenders and insurers in addressing the HIV/AIDS issues.

3.3 Economic impact of HIV/AIDS on the construction sector and implications for the housing policy

This research study is based on the assumption that no sector of society or the economy is immune to the impacts of HIV/AIDS. Therefore the primary question of the research is not whether HIV/AIDS will have an economic impact on the construction sector and the implementation of the housing policy, but rather “how will the impact be felt on the different housing supply systems and their respective delivery agents?”

In this study three primary delivery or supply systems - the developer/ contractor, peoples housing process and the institutional supply system - were reviewed. In turn these individual systems were investigated by disaggregating them into the following relevant components: bridging finance, end user finance, land assembly and planning, services, top structure, materials sub component, and housing management.

The demographic findings emerging from the study reflects:
That of the number of people currently working in the construction sector, approximately 16% are infected with HIV/AIDS. This is expected to rise to 24% by 2015 (1 in every 4 employees);
Unskilled labour is projected to be the most susceptible;
The impact on semi-skilled and skilled labour is also likely to be significant. Skilled labour and especially highly skilled labour is difficult to source and the demographic impacts related to this category makes the supply systems vulnerable;
The impact on onsite professionals, technicians and other professional support (NGO 's, government, housing management institutions) appear to be limited. However the research indicates that the occupational category of professional support is currently affected by limited institutional capacity and this may have a detrimental effect on the supply systems.
The materials occupational category is also projected to suffer a substantial impact although the findings reveal that this sector is best equipped to deal with the demographic impacts. This sector has developed strong mechanisms for institutional capacity and is actively managing impacts such as absenteeism.

In addition the economic impacts reveal that:
Although HIV/AIDS will incur systematic costs over the next decade it is not seen as the dominant cost driver in terms of the subsidy. The research reflects that other existing inefficiencies, delays and cost drivers in the supply system are likely to be more significant;
Having said this there is still a need to manage the effects of HIV/AIDS as the impacts could increase total workforce costs by 4.5% by 2006;
Although the capping of the subsidy deflects some of the short term costs associated with HIV/AIDS, the underlying cost increases could lead to declining quality in the construction of housing;
HIV/AIDS is more likely to increase the costs of the institutional model more than the PHP and contractor/developer model;
The high level of casualisation of the construction sector hides the true social costs that HIV/AIDS will have on the low-income housing workforce.

IMPACTS ON HOUSING POLICY AND IMPLEMENTATION

Given the findings of the various research studies the following impacts on housing policy and implementation have been identified. These impacts can be grouped under the following issues, housing demand; affordability; security; finance and capacity.

4.1 Housing Demand

Given the statistics and projections for HIV/AIDS deaths in South Africa, a simplistic view would be to assume that the impacts of HIV/AIDS on housing would be to substantially decrease the demand for housing. However, issues such as the stabilisation in the infection rate, the use of medication to prolong the life of HIV infected persons and the fact that all members of a particular household are not infected indicates that although the demand for housing will decline there will not be a substantial reduction. Of greater significance is the fact that the epidemic has introduced other dimensions to housing demand such as:
the phenomena of child-headed households; and
the increase in the number of extended family structures (grand parents caring for orphaned grandchildren, and relatives living with HIV/AIDS)

4.2 Housing Affordability

With some households reprioritising their expenditure in favour of medical costs etc it would be difficult for households to pay the required financial contribution of R2479 to access the housing subsidy scheme. The Peoples Housing Process may only provide limited alternatives, as many of these households may be too sick to provide sweat equity on projects.

With the ever-increasing debt (owing to medical expenses and loss of income) that households are accruing, the payment for and delivery of services to households and housing projects could be compromised.

4.3 Tenure Security

HIV/AIDS could also impact on the housing development processes where approved beneficiaries die prior to taking registered ownership of their properties, leaving the surviving family with tenuous tenure situations;

The research indicates that women and children are particularly vulnerable groups as a result of the epidemic. In addition to their susceptibility to HIV infection they are also extremely vulnerable to the development impacts. In the housing environment this is evident especially in relation to security of tenure, where women and children are displaced from their homes by unscrupulous relatives once the husband or parents have died or where child headed households are evicted due to their inability to pay for services.

4.4 Housing Finance

With the lack of co-ordination in the housing finance sector (between lenders and insurers) around the impacts of HIV/AIDS, households are not able to effectively access additional finance and are increasingly becoming dependent on the housing subsidy to satisfy their housing needs.

HIV/AIDS will increase the costs of housing production by 0.95% to 0.58%, depending on the supply system, over the next four years. However the extent to which extra costs will affect the implementation of the housing policy must be considered in relation to the systems' intrinsic vulnerabilities' (eg inefficiencies in processing claims or draw down payments) and the provinces in which they are applied. If these vulnerabilities are not addressed they could result in the medium to long-term costs of HIV/AIDS being more significant.

In addition the cost of long- term credit will increase owing especially to high insurance premiums.

Finally provincial housing budgets will also be affected by the impacts of HIV/AIDS. Due to capacity constraints etc, provincial departments will not be able to spend their capital budgets. They may need to spend more in terms of their operating budgets to maintain additional capacity/ human resources to make up for absence from work by personnel living with HIV/AIDS.

4.5 Housing Capacity

In their housing development planning processes, many provinces have refocused their implementation targets in favour of the PHP and institutional supply system (mostly social housing). Given their historical implementation track record and their capacity problems, and especially in the context of HIV/AIDS this strategy may have to be revisited.

HIV/AIDS will aggravate the current capacity constraints of delivery agents and will hinder implementation and delivery of housing.

PROPOSED INTERVENTIONS

In responding to the impacts of HIV/AIDS on housing and human settlements the interventions that are to be implemented must be in line with the following principles:

That the response to the impacts of HIV/AIDS must be based within a human rights framework.

That HIV/AIDS should be looked at holistically, rather than viewed as a predominantly medical issue, and therefore demands a multi-sectoral response.

That although the Department of Housing is not identified as a lead agency in government's integrated strategy to address the impacts of HIV/AIDS, the Department has a responsibility to address the impacts in housing in a manner that is supportive of the broader strategies being articulated by other government departments. An example of this is to ensure that the Department's responses are in line with community based initiatives that remain the most favoured approach in terms of addressing impacts of HIV/AIDS.

Strategies identified for addressing the impacts and challenges posed by HIV/AIDS should not be limited to scenarios of HIV/AIDS. Strategies and interventions must be responsive to broader needs in society, although these needs may be aggravated by HIV/AIDS. An example of this is to formulate an overall strategy for child-headed households or orphans irrespective if their situation is directly related to HIV/AIDS or not. In addition in certain situations the direct impacts may not be clear because of a lack of disclosure or fear of stigmatisation. This approach should include investigations into a capital subsidy scheme for the creation of institutional care facilities.

That the provision of housing and the housing programme have a critical role to play in fostering improved access to health (by the provision of healthy living conditions including potable water and sanitation), promoting prevention as well as enhancing the quality of life of persons infected or affected as a result of HIV/AIDS.

Given the aforementioned principles upon which the Department needs to locate its HIV/AIDS response, the following interventions are proposed - and are broadly categorised into Prevention, Institutional Capacity, Appropriate Delivery Models, and Asset Protection. In addition, the section concludes with recommendations in respect of monitoring and implementation strategies.

5.1 HIV Prevention

The Department and the housing sector can benefit a great deal by promoting and facilitating HIV Prevention programmes. These programmes can assist in retaining capacity in government and housing delivery agents (eg housing institutions, contractors and households, especially in the peoples housing processes).

The Department should therefore work with the Departments of Health and Social Development to facilitate HIV Prevention programmes in the housing sector. Housing Support Centres can be a focus point for providing information on HIV prevention.

5.2 Institutional Capacity

Research has highlighted a number of intrinsic vulnerabilities in the administration and implementation of the housing subsidy system ranging from capacity constraints, inefficiencies in procedures to provincial anomalies in terms of norms and standards etc. Although these vulnerabilities in the system are not necessarily as a result of HIV/AIDS, in the medium to long term they may be aggravated by the impacts of HIV/AIDS. The response here would therefore be for the National Department of Housing and the Provincial Housing Departments to further investigate these areas of intrinsic vulnerabilities and develop a plan to address the same.

Principle among the institutional vulnerabilities identified by the research is the lack of capacity in government and other delivery agents to implement the housing programme. These capacity levels are further aggravated by the demographic impacts of HIV/AIDS. To this end, it is proposed that the current capacity building programme implemented by the Department be reviewed in order to build capacity in areas that could assist in reducing the impacts of HIV/AIDS eg. in the processing of subsidy applications or payment draw downs etc.

In addition the department needs to facilitate access to capacity building programmes by delivery agents eg contractors to assist them in understanding and managing the impacts of HIV/AIDS in their operations.

5.3 Review of Housing Delivery Models

5.3.1 While the Department of Social Development does not reject an institutional response to care for people infected or affected by HIV/AIDS their primary focus presently is on promoting and sustaining the community home based care model - a model where the emphasis of care is shifted from institutions to households and communities.

The role of the Department of Housing therefore is to support these households and communities by addressing their housing needs. This requires government, especially the Provincial Housing Departments and Municipalities to actively develop effective public-private partnerships with Non Governmental Organisations, Community Based Organisations, Faith Based Organisations and the private sector.

The Gauteng and KwaZulu Natal Provincial Housing Departments have already provided housing subsidies to NGO's and Faith Based Organisations that are currently caring for people infected or affected by HIV/AIDS This was done on the basis of the provision of the Transitional Housing Subsidy. Although in most instances this maybe seen as an institutional response rather than a community home based response, it is believed that such a model can be replicated at a much smaller scale in communities. This model entails the Departments of Housing providing a capital subsidy to construct facilities linked to NGO's, CBO's, the private sector or Department of Social Development providing the operating costs and administrative support to run such facilities. This support by Housing can assist in addressing the housing needs in a number of situations including care facilities for HIV/AIDS infected people, and foster care for children.

The Department of Housing together with the Provincial Housing Departments need to develop appropriate guidelines to implement this model and ensure adequate co-ordination with other government departments such as the Departments of Social Development and Health.

5.3.2 Given the impacts of HIV/AIDS on household formation, the current housing subsidy criteria is not always flexible in addressing housing need. Investigations need to be undertaken with the Department of Social Development to identify mechanisms for allowing single persons and children etc to access housing through an institution (NGO, CBO etc).

It is proposed that the Department of Housing assist the Department of Social Development with shelter requirements and solutions.

5.3.3 From the research it is evident that the structure of households are changing, and that this change has been accelerated by the HIV/AIDS epidemic. Increasingly the number people (both infected and affected) being looked after by grandparents,

neighbours and relatives have put a strain on the available space and facilities in low-income households. It is therefore recommended that an additional subsidy be investigated for the building of additional rooms and services to accommodate this need. By providing such a programme the Department will be supporting the community based initiatives of the other departments in attempting to promote foster care as well as care of infected persons within their community.

5.3.4 The research into the housing supply systems has identified that the impact of HIV/AIDS will definitely increase the costs in the delivery of housing. Therefore, it is proposed that further investigation is undertaken to verify these additional costs and that they are accommodated in the annual adjustments of the housing subsidy.

5.3.5 At the National Summit on the Financial Sector hosted by NEDLAC in August 2002 it was articulated that in addition to race, gender and socio economic status, HIV/AIDS is also a basis of discrimination in the financial sector. As part of the Declaration for the Summit the following clause was inserted: ‘ The parties are particularly concerned about the need to end unfair discrimination against people with HIV and develop appropriate services for them. Following the Summit, they will work together to achieve this end, and especially to ensure that people with HIV have improved access to housing finance and other services.’ Given this willingness it is important for the Department to initiate discussions via NEDLAC and ensure that people living with HIV/AIDS have access to housing finance.

5.4 Asset Protection

The projections for child headed households are alarming. Although this phenomenon is not always directly a housing issue, it does impact greatly on the implementation of the housing programme especially when it comes to transfer of property and in social housing projects. Currently through the Law of Succession, children are able to inherit a house from their deceased parents. The difficulty arises however when relatives may move in and assume de facto ownership of the house. Such incidents can be averted by possibly holding the house in trust for the children until they are able to run the household themselves.

In addition there is urgent need to demystify and look favourably at will making. Although a written will does not necessarily prevent unscrupulous persons from taking advantage of orphans, the absence of a will to guide ownership and guide transfer serves to weaken the bona fide survivors claim.

An important strategy for the provision of housing to communities is to promote the notion of housing as an asset and it is therefore imperative that department introduce mechanisms to ensure that the household is also able to protect that asset.

The Department should therefore further interrogate the aspect of securing the asset/s of remaining spouses/partners and family. This may include the provision of wills, family title, etc as part of the documentation that housing beneficiaries sign when applying for a housing subsidy from government. Further, consideration should be given to the inclusion of the female partner or spouse on all title deeds. The latter may require legislative adjustment and will require that the Department interacts with the Departments of Social Development and Justice to develop interventions to address these issues.

In addition to the above, further critical interventions are identified.

5.5 Providing Leadership

An important [institutional] prerequisite in dealing with the impacts of HIV/AIDS is to ensure that there is appropriate and committed leadership. This leadership is necessary in integrating the provision of services and funding streams to address the needs of people living with HIV/AIDS. To this end, two interventions are recommended: firstly that the national Department of Housing, together with the Provincial Departments to be mandated to set up a task team to specifically address the impacts of HIV/AIDS in housing and human settlements, and implement and monitor the proposals already identified in this document. Further, currently certain provinces eg KwaZulu Natal and Gauteng together with housing and welfare NGO's in these provinces have initiated projects to address some of the impacts of HIV/AIDS. Evaluating and analysing these projects and sharing their successes and identifying growth areas will greatly enhance the Department's response to the epidemic.

Secondly, the Interdepartmental Committee on HIV/AIDS – a committee of HIV/AIDS co-ordinators of national government departments - presents an ideal forum not only to solicit support for the above-mentioned interventions, but also to co-ordinate and integrate the same as part of government's broader strategy against HIV/AIDS.

5.6 Prioritisation of the Upgrading and Redevelopment of Urban Informal areas/ informal settlements

The research undertaken by the Nelson Mandela/ HSRC reflects that the incidence of HIV infection is most evident in the urban informal areas or informal settlements. This can be attributed to the transitory nature of the settlements as well as lack of access to services and facilities. To ensure that the housing programme is responding to the housing needs of persons living with HIV/AIDS it is important that the Department continues to prioritise the development of these areas.

RECOMMENDATION

It is acknowledged that interventions proposed by the various research studies the strategies as well as those identified in this report are not exhaustive. However, those that have been proposed are deemed to be the most significant in addressing the impacts of HIV/AIDS in housing and which the department can initiate in the short term. It is therefore recommended that MinMec approve the following interventions for implementation by the national and provincial housing departments.

6.1 HIV Prevention

The Department should work with the Departments of Health and Social Development to facilitate HIV Prevention programmes in the housing sector. Housing Support Centres can be a focus point for providing information on HIV prevention.

6.2 Institutional Capacity

National Department of Housing and the Provincial Housing Departments should further investigate areas of intrinsic vulnerabilities within their respective organisations and review their capacity building plans to address the same, thereby reducing the impacts of HIV/AIDS.

6.3 Review of Housing Delivery Models

It is recommended that the formulation of an additional subsidy be pursued for the building of additional rooms and services, consistent with government's home-based Care Strategy.

It is further recommended that where home/community-based care is not a viable alternative the Department of Housing will assist the Department of Social Development with shelter requirements.

It is proposed that further investigation is undertaken to verify the suggested increase in the delivery costs of housing and that these are accommodated in the annual adjustments of the housing subsidy.

The Department should initiate discussions via NEDLAC and ensure that people living with HIV/AIDS have access to housing finance.

6.4 Asset Protection

The Department should further interrogate the aspect of securing the asset/s of remaining spouses/partners and family. This matter may require legislative adjustment and will require that the Department interact with the Departments of Social Development and Justice to develop interventions to address the matter of asset protection.

6.5 Leadership

The Interdepartmental Committee on HIV/AIDS (IDC) – a committee of HIV/AIDS coordinators of national government departments - presents an ideal forum not only to solicit support for the above-mentioned interventions, but also to co-ordinate and integrate the same as part of government's broader strategy against HIV/AIDS. The Department's engagement at the IDC should be actively pursued.

The national Department of Housing, together with the Provincial Departments should be mandated to set up a task team to specifically address the impacts of HIV/AIDS in housing and human settlements.

6.6 Upgrading Urban Informal Settlements

Given the fact that the incidence of HIV infection is most evident in the urban informal areas or informal settlements, the Department should continue to prioritise the development of these areas.