

South African

CitiesNetwork

South African Cities and

HIV/AIDS:

Challenges & Responses



MANGAUNG LOCAL MUNICIPALITY (BLOEMFONTEIN): NEW CIVIC CENTRE EXTERIOR. ©KEITH YOUNG/IAFRIKA PHOTOS

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List of Abbreviations

AIDS	Acquired Immune Deficiency Syndrome
ANC	Ante-natal Clinic
ART	Anti Retroviral Treatment
ASO	AIDS Service Organisations
ATICC	AIDS Training Information and Counselling Centre
CDS	City Development Strategy
CSO	Civil Society Organisation
DOH	Department of Health
DPLG	Department of Provincial and Local Government
DSD	Department of Social Development
GDP	Gross Domestic Product
HIV	Human Immune Deficiency Virus
HTA	High Transmission Areas
IDP	Integrated Development Planning
IEC	Information, Education, Communication
KPA	Key Performance Areas
LED	Local Economic Development
LGA	Local Government Authority
M&E	Monitoring & Evaluation
OVC	Orphans and Vulnerable Children
PEP	Post-exposure Prophylaxis
PMTCT	Prevention of Mother to Child Transmission
PHC	Primary Health Care
PLWHA	People Living With HIV/AIDS
SACN	South African Cities Network
SALGA	South African Local Government Asso
STI	Sexually Transmitted Infection
TB	Tuberculosis
VCT	Voluntary Counselling and Testing

Foreword

“South African Cities and HIV/AIDS: Challenges and Responses” is the result of a study commissioned by the South African Cities Network (SACN) on responses to HIV/AIDS by South African metropolitan municipalities. The publication contains information on the current initiatives taken by municipalities in combating what is arguably the greatest challenge facing South Africa in recent times.

Within the context of transformation South Africa is faced with the challenge of readdressing historical inequalities while creating a competitive economic environment in the face of an increasingly pervasive HIV/AIDS epidemic. The HIV/AIDS epidemic is increasingly affecting governance, and social and economic sectors nationwide. The full consequences for infected and affected populations have not yet been realised, but will be borne by all.

This report is based on information from SACN member cities. The report highlights emerging good practices and outlines the components of a possible “gold-standard response” that is based mainly on the initiatives of the nine largest cities in South Africa, as well as good practice standards suggested by international models and research. The report is devoted largely to a review of the distinct efforts on the part of municipalities that could be further strengthened by capacity building, networking and the effective utilisation of information in developing comprehensive city-level responses to HIV/AIDS. Specific questions are raised about how to build solid municipal HIV/AIDS programmes and turn good programmes into excellent programmes, thereby ensuring a well-governed, productive, inclusive, and sustainable future for South Africa.

The SACN will use the material gathered in the preparation of this report to formulate, develop and implement a support programme for the SACN member cities. In addition the material will also serve as a contribution to the larger effort to strengthen the capacities of South African municipalities to respond to the HIV/AIDS pandemic.

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SOUTH AFRICAN CITIES NETWORK

CITY OF CAPE TOWN: AERIAL OF THE CAPE PENINSULA © ALAIN PROUST / IAFRIKA PHOTOS



Executive Summary

In late 2003, the SACN commissioned a review of the HIV/AIDS strategies of South Africa's nine largest cities. These cities, listed below, form the membership of the SACN and are composed of six category A municipalities and three "aspiring metros":

1. Buffalo City Municipality (East London)
2. City of Cape Town
3. City of Johannesburg
4. City of Tshwane Metropolitan Municipality (Pretoria)
5. Ekurhuleni Metropolitan Municipality (East Rand)
6. eThekweni Municipality (Durban)
7. Mangaung Local Municipality (Bloemfontein)
8. Msunduzi Municipality (Pietermaritzburg)
9. Nelson Mandela Metropolitan Municipality (Port Elizabeth)

The purpose of the review was to identify the challenges that these urban centres have encountered as they have attempted to address the changing needs of large populations infected and affected by the HIV/AIDS epidemic. This study is intended to provide a basis of discussion for local government, particularly within large urban centres, on the challenges of managing the epidemic and emerging good practice in the management of the epidemic. The report is not intended to provide a scorecard for South African cities as to how they are dealing with HIV/AIDS, but rather to share innovative plans developed and implemented in a South African context that may yield benefits for all municipalities. SACN seeks to enrich the existing body of knowledge on responses to HIV/AIDS at a city level through shared learning and information exchange.

Key findings

There is universal acknowledgement among the nine SACN member cities of the urgent need to address HIV/AIDS. However, there are two major structural barriers to establishing an effective HIV/AIDS response at this level. The first is the need for capacity. As a direct result of the process of transformation, many municipalities have undergone a process of amalgamation and restructuring. This response to the legacy of apartheid's unequal distribution of services has been necessary and costly. It has resulted in delays in appointments, key posts remaining vacant, and insufficiently capacitated staff being tasked with a great workload. The second is the lack of strategic planning around the impact of HIV/AIDS and its long-term consequences, both for communities and local authorities. This, coupled with financial and technical constraints, has severely hampered the ability of municipalities to adopt a proactive approach to the epidemic. The creation of this set of circumstances is not entirely the doing of local government authorities. However, as the sphere of government closest to the public, the responsibility falls largely on its shoulders to develop strategies for dealing with HIV/AIDS within its communities.

All of the SACN cities have begun developing HIV/AIDS programmes. However, progress to date shows that the most effective programmes have been those that succeeded in transcending the gap between policy development and consistent implementation. The following seven elements were found to be critical success factors in HIV/AIDS programmes at a city level:

1. Political leadership
2. Community mobilisation and capacity building
3. Partnerships
4. Co-ordination
5. Multi-sectoral focus
6. Effective use of information
7. Integration of the above six elements

None of the nine SACN cities had incorporated all the critical success factors into their local HIV/AIDS programmes. The most progressive models were found in cities with constructive inter-governmental relations and innovative partnerships with civil society organisations (CSOs). Among the nine cities there were also outstanding examples of pioneering approaches towards building the capacity and extending the reach of HIV/AIDS service-delivery organisations. These cases are described in the report.

Recommendations

The challenges highlighted in the study are likely to become more acute in the near future. Local government will continue to be the delivery agent for national and provincial government, while it will also remain a key agent for socio-political transformation and local development. With this in mind, cities are well positioned to adopt the following key strategies in the development of a comprehensive response to the HIV/AIDS pandemic:

1. Take stock of current HIV/AIDS programmes that are functioning within the municipality. As the accountable authority at local level, municipalities are well positioned to cultivate relationships with stakeholders in other sectors who have embarked on innovative approaches to mobilise funding, human resources and public support. Local authorities can identify possible links with municipal programmes or they can explore ways in which the municipality can assist these programmes to expand and become more effective.
2. Link HIV/AIDS programming to other developmental issues, such as poverty alleviation.
3. Develop clear guidelines for the mainstreaming of HIV/AIDS so that all municipal departments can identify and prioritise mainstreaming activities directly related to their core functions. Such guidelines can be included in an overall mainstreaming policy.
4. Develop stronger intergovernmental relations with provincial and national government counterparts to strengthen and improve the implementation of the national policy on HIV/AIDS.

Based on the above recommendations, the SACN will aim to support member cities through the following activities, particularly in as far as they apply to the management of HIV/AIDS:

- Promoting a shared-learning partnership between different spheres of government to support the governance of South African cities.
- Collecting, analysing and disseminating the experience of large city government in a South African context.
- Promoting innovative and strategic thinking between cities and other spheres of government.
- Fostering cooperation and exchange of good practice.

Through strategic alliances, the SACN will continue to encourage good practices in urban development and city management.



I. Introduction

DUNCAN VILLAGE,
BUFFALO CITY
MUNICIPALITY

With this report, the SACN seeks not only to identify the challenges associated with HIV/AIDS in an urban context, but also to propose solutions based upon the experience of SACN members. The purpose of the report is to encourage local authorities to develop multi-sectoral HIV/AIDS mitigation strategies based on the experience of their peers. This includes national and international good practice models and initiatives and interventions aimed at preventing HIV/AIDS and mitigating its impact on municipalities and their constituencies. It is trusted that these solutions can be replicated and scaled up by local authorities throughout the country for the benefit of all those affected and infected by HIV/AIDS.



2. Background

2.1 The Context of Local Government in South Africa

According to the Constitution of South Africa, local government is responsible for the provision of a democratic government accountable to local communities. It also has to promote a safe and healthy environment in which social and economic development can take place. The constitutional mandate of local government also includes the provision of services to communities in a sustainable manner and the involvement of communities and their representatives in local government.

Local government works in conjunction with two other spheres of government, namely national and provincial government. According to the Constitution, the nine provinces possess legislative and executive powers jointly with the national government over, among other things:

- agriculture
- education at all levels, excluding university and technikon education
- environment
- health services
- housing
- public transport
- regional planning and development
- trade and industrial promotion
- traditional authorities
- urban and rural development
- welfare services

Provinces also have exclusive competency over a number of areas, which include:

- abattoirs
- ambulance services
- liquor licences
- museums other than national museums
- provincial planning
- provincial cultural matters
- provincial recreation and activities
- provincial roads and traffic

Powers in the above areas can be exercised according to the extent to which provincial authorities have the capacity to effectively deliver on these responsibilities. The following diagram illustrates the roles and responsibilities of each sphere of government.

DIAGRAM 1: ROLES AND RESPONSIBILITIES OF THE THREE SPHERES OF GOVERNMENT

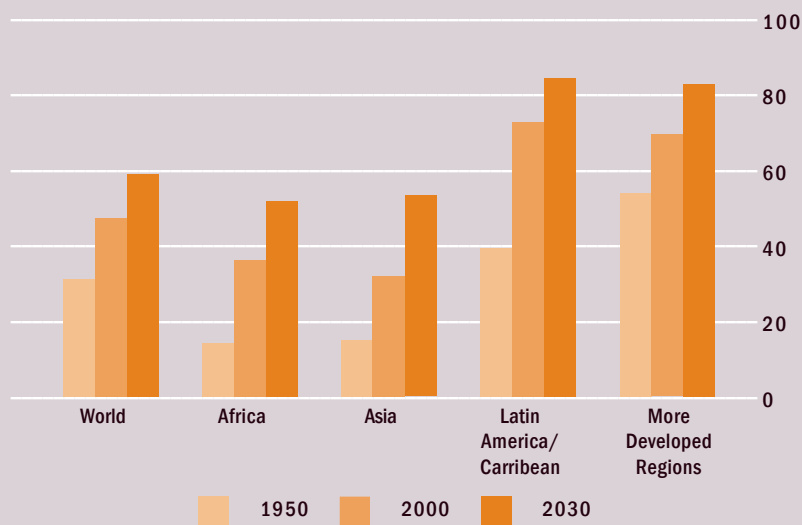
SPHERES OF GOVERNMENT	MAIN ROLES AND RESPONSIBILITIES WITH REGARD TO HIV/AIDS
National	Strategic direction
	Policy development
	Guidelines and protocols
	Resource mobilisation
	International liaison
Provincial	Adapt policies to provincial context
	Create environment for implementation
	Capacity development and training
	Hospital services
	Primary Health Care
Local	Implementation of policies
	Sustainable service delivery
	Community involvement
	Local integrated planning
	Promotion of a safe and healthy environment

2.2 South African Cities

In line with international trends (see Figure 1), increasing urbanisation is a characteristic of the South African demographic profile. Real and perceived economic opportunities in South African cities are the main demographic pull factors in a country where unemployment (official definition) was around 29% in 2002¹. In 1996, approximately 54% of South Africa's population were living in urban areas. By 2002, this figure had grown to 58%.

¹ Based on the expanded definition of unemployment, almost 41% of South Africa's population were unemployed in 2002.

FIGURE 1: REGIONAL TRENDS IN URBANISATION, PERCENTAGE OF GROWTH IN URBAN POPULATION



SOURCE: United Nations, *World Urbanization Prospects: The 2001 Revision* (medium scenario), (2002).

According to the 2001 South African census, almost 40% of South Africa’s population live in the nine member cities of the SACN. Currently, the member cities of the SACN are as follows:

- Buffalo City Municipality (East London)
- City of Cape Town
- City of Johannesburg
- City of Tshwane (Pretoria)
- Ekurhuleni Metropolitan Municipality (East Rand)
- eThekweni Metropolitan Municipality (Durban)
- Mangaung Local Municipality (Bloemfontein)
- Msunduzi Municipality (Pietermaritzburg)
- Nelson Mandela Metropolitan Municipality (Port Elizabeth)

CAPE TOWN MOTHERS 2 MOTHERS 2B



The urban concentration of population results in increased demands for basic services and infrastructure. Despite dramatic progress in recent years, this is clearly still a challenge for local government in SACN cities. Large cities and towns in South Africa are the backbone of the national economy, with over 80% of South Africa’s Gross Domestic Product (GDP) generated in urban centres. However, South Africa’s nine largest cities are not only centres of vital economic activity, but also concentrations of poverty. Large proportions of these urban populations are poorly educated and unemployed (see Annex 3). Poverty limits access to services, appropriate housing and sufficient nutrition. In the nine SACN member cities, an average of 26,4% of the combined populations live in informal housing and 24,6% are without piped water in their dwellings. Rapid urbanisation, often associated with the growth of informal settlements, appears to provide a favourable environment for the spreading of disease, including HIV/AIDS.

It should therefore not be surprising that, worldwide, there appears to be a higher prevalence of HIV in urban areas as compared to non-urban areas. In an international survey of countries with the highest HIV prevalence rates, UNAIDS² found a strong trend towards higher HIV prevalence rates in urban areas as compared to non-urban areas. Sub-Saharan countries where the differences are particularly significant are Botswana, Congo, Ethiopia, Lesotho, Mozambique, Namibia, Rwanda, Uganda and Zambia (see Figure 3). The only sub-Saharan countries where HIV prevalence rates in non-urban areas were found to be higher than in urban areas were Liberia and the Democratic Republic of Congo.

FIGURE 3: COMPARISON OF URBAN AND NATIONAL HIV PREVALENCE AMONG PREGNANT WOMEN BETWEEN THE AGES OF 15 AND 24 (SELECTED COUNTRIES, 1999 - 2001)



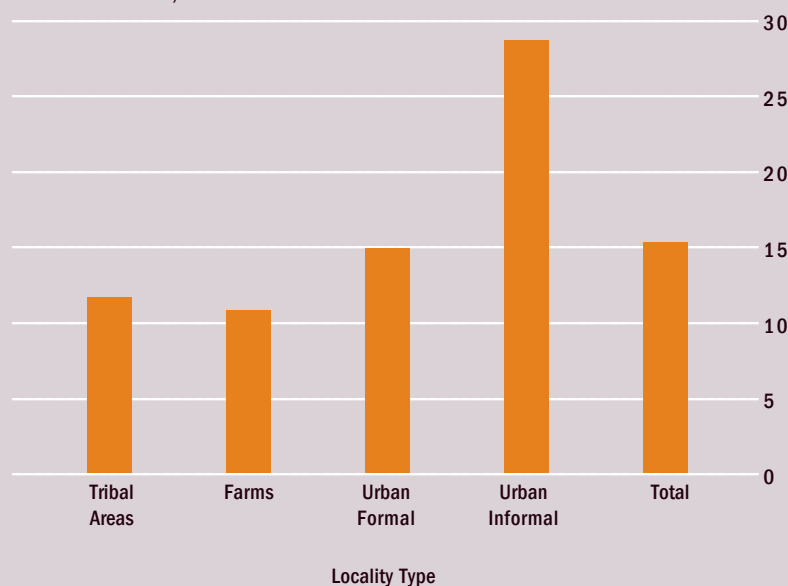
SOURCES: Human Development Report 2003; *Millennium Development Goals: A compact among nations to end human poverty*; *Eighth HIV Sentinel Serosurveillance Report: Swaziland* (2002), Ministry of Health, SD; *National HIV and Syphilis Sero-Prevalence Survey of Women Attending Public Antenatal Clinics in South Africa*, (2000 and 2001). UNAIDS; (2003).

In South Africa, a nationally representative household survey³ found significantly lower HIV prevalence rates in rural areas as compared to informal settlements in urban areas (see Figure 4). Also, people in urban informal settlement areas showed the highest levels of self-reported sexually transmitted infections, which are often a pre-cursor to HIV infection.

² UNAIDS Global AIDS Report, 2002:192.

³ Human Sciences Research Council/Nelson Mandela Foundation, 2003.

FIGURE 4: HIV PREVALENCE AMONG PERSONS AGED 15-49 YEARS BY LOCALITY TYPE, SOUTH AFRICA 2002



SOURCE: Nelson Mandela Foundation/HSRC, (2002).

2.3 South African Cities Network

The SACN is an alliance of South African cities and partners that encourages best practices in urban development and city management. In partnership with the Minister for Provincial and Local Government, the South African Local Government Association (SALGA) and SACN member cities, the SACN works jointly with a wide range of organisations to develop and deliver its products and services. The organisations include national and provincial government departments, as well as regional and global networks dealing with issues of relevance to cities and urban areas.

Focusing on research and information-sharing on issues central to the sustainability and performance of cities, HIV/AIDS has been a priority of the SACN since its inception in 2002.⁴ As the biggest crisis facing South Africa today, HIV/AIDS is a core area of the SACN programme. The capacity of urban areas to generate employment and provide social services is failing to keep pace with the rapidly-growing urban population.

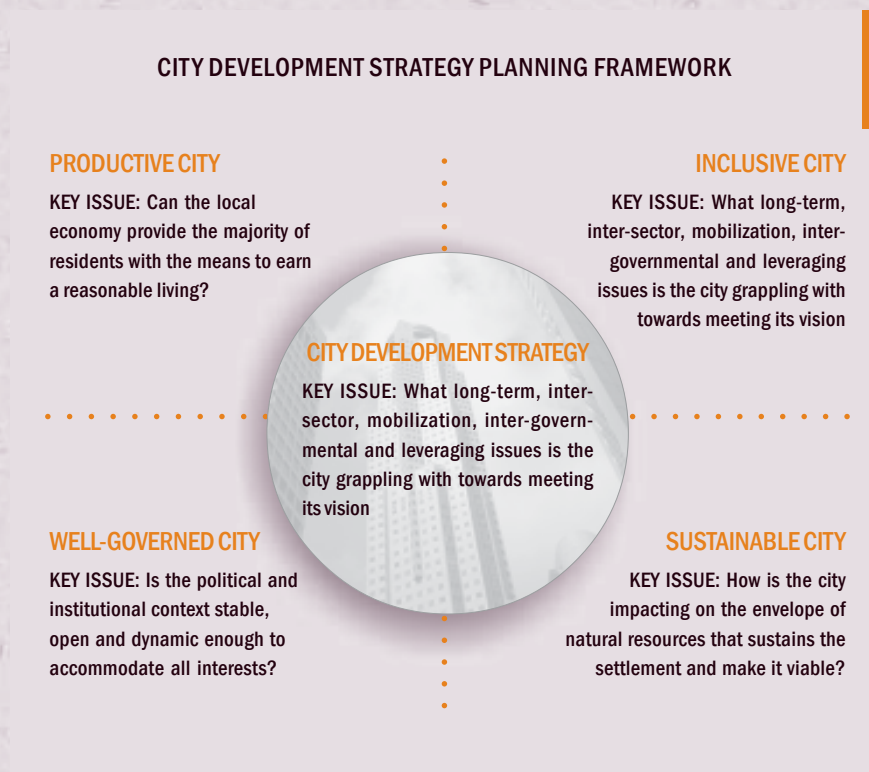
The rationale for conducting an assessment of city responses to HIV/AIDS in South African cities was that, although there have been a number of initiatives aimed at supporting local government in developing a response to HIV/AIDS, there has been little attempt to assess the challenges facing cities in this regard. Increasingly accorded the title “engines of economic growth,” the SACN and its members can ill afford to be ignorant of the impact of HIV/AIDS, an issue which is central to the growth, economic performance, and sustainability of South African cities.

This review is intended to inform the development and implementation of appropriate local responses grounded in the experience of South African practitioners. In preparing this document, the SACN seeks to not only identify the problems associated with HIV/AIDS in an urban context, but also to propose solutions based upon members’ experience that can inform the development of responses to HIV/AIDS at local level throughout the country.

⁴ The current members of the SACN are Buffalo City Municipality (East London); City of Cape Town; Ekurhuleni Metropolitan Municipality (East Rand); eThekweni Metropolitan Municipality (Durban); City of Johannesburg, Mangaung Local Municipality (Bloemfontein); Msunduzi Municipality (Pietermaritzburg); Nelson Mandela Metropolitan Municipality (Port Elizabeth) and City of Tshwane (Pretoria).

2.4 City Development Strategies

The guiding programmatic framework for all SACN activities is City Development Strategies (CDS). CDS postulates the notion that in order to foster an environment for economic growth and excellence in service delivery, each city must formulate a vision based upon a long-term approach with realistic and measurable short-term milestones. This process vision should be fashioned in participatory manner, inclusive of stakeholders and including civil society and the private sector. CDS encompasses the important decision-making and planning processes that cities are required to go through in order to address poverty and problems associated with the rapid growth of urban populations. CDS serves as the basis for an implementation plan aimed at creating opportunities for equitable growth in cities and their surrounding regions. Such growth is fostered and sustained through broad-based participation by a wide range of stakeholders to improve the quality of life for all citizens.



The four quadrants in the diagram illustrate the critical themes for cross-border strategic planning and policy development to ensure consistent city performance. Without strategic planning and the allocation of sufficient resources within the areas of governance, economic development and poverty alleviation, a city cannot successfully grow. Similarly, strategic planning around mitigation strategies for HIV/AIDS must occur at local level because the impact is most immediate and profound in the neighbourhoods, the businesses, the schools and the larger communities that constitute cities.

By strategically locating HIV/AIDS in the formulation of a long-term city development strategy, it can be easily understood that it is a cross-cutting issue that leaves no sector unscathed. Municipalities must examine the ways in which the epidemic may impact on their services and their ability to pursue a developmental agenda and consistently deliver. This is at the core of the principle of mainstreaming HIV/AIDS that anchors the SACN programme. By deliberately interrogating the impact of HIV/AIDS beyond the health sector and planning for its impact on a city's region's workforce, transport system, revenue base and investment climate, to name but a few areas, cities can ensure their future as efficient and well-governed actors in South African development.



CAPE TOWN MOTHERS 2 MOTHERS 2B

3. South African cities and **HIV/AIDS:** The Challenge

As the biggest development crisis facing South African today, HIV/AIDS is a core aspect of the SACN programme. It is estimated that in South Africa there are currently more than 4 million men, women and children living with HIV/AIDS. It is especially men and women in their reproductive – and economically active – years that are vulnerable to infection. It is therefore of critical importance for the municipalities of large cities, which are the engines of economic growth in South Africa, to deal proactively with the epidemic. However, South African cities have been faced with a host of challenges which have made it difficult to allocate to the fight against HIV/AIDS the attention and resources it calls for.

The challenges outlined below are overlapping and are not unique to any particular local authority. They can be described as follows:

3.1 Policy and Legislative Environment

The mandates for local government's response to HIV/AIDS are not clearly articulated due to the constitutional mandate that requires all three spheres of government to work together and function in an interdependent manner. In some instances, the mandates describe the roles and responsibilities of local government in generic terms, but they don't reflect the changing needs and demands of local populations and emerging responsibilities of local government in relation to HIV/AIDS. Specific challenges relating to the policy and legislative environment within which local government has to shape a response to HIV/AIDS include the following:

3.1.1 Cooperative Governance

The notion of cooperative governance is central to the system of government in South Africa. Intergovernmental cooperation, or cooperative governance, refers to continuous communication and coordination among different spheres of government and different government departments in order to achieve common goals and adequate standards of service delivery.

In the field of HIV/AIDS, there is a widely recognised need for different sectors and departments to work together to deliver interventions and mitigate against the impact of the epidemic. However, there is limited recognition of the challenges of cooperative governance and inter-sectoral work. The notion of local government is still relatively new, and a lot of the energy and effort in local government during the first ten years of democracy in South Africa have been devoted to the establishment of structures and the capacitation of staff. Local government has so far been largely inward-looking, focusing on clarifying its mandates, roles and responsibilities and establishing itself as a sphere of government. The focus should now shift towards the establishment of effective communication channels, as well as constructive relationships and partnerships between the different spheres of government and among the different government departments that are in the front line of the fight against HIV/AIDS. In concrete terms this refers to:

- **Alignment and timing of interventions**, e.g. policy announcements on the provision of services should be done in consultation with the providers of these services, and with due recognition of the requisite resources. The recently implemented national treatment programme is the best example of local implementation of national policy and highlights the need for a constructive partnership between the spheres of government.
- **Equitable distribution of national resources**. This refers to the perception among provincial and national authorities that large cities are concentrations of wealth. It should not be the size of the revenue base that determines resource allocation but rather the need and demand for services.
- **Joint planning** by three spheres of government in the development of HIV/AIDS responses at community level.

3.1.2 Developmental Local Government

Across the board, South African cities are grappling with new mandates, including an ever-expanding developmental agenda. Since 1998, the mandate of local government has been to maximise social development and economic growth by alleviating poverty, enhancing job creation and providing basic services⁵. Local government is tasked with achieving these objectives by linking municipal contracts to social responsibility, or proactively identifying and releasing land for development and the delivery of aspects of social welfare services.

However, the nine SACN member municipalities find themselves spending a disproportionate amount of resources on the developmental agenda without sufficient financial support from provincial government. In as much as these cities are perceived to have enough resources to manage the epidemic, populations from rural areas also believe that their social and economic lives will improve through migration to cities, further taxing already strained services. Another consequence of the new dispensation has been the need to deliver services to a larger number of people with only a marginally larger revenue base.

⁵ *White Paper on Local Government, 1998.*

The simultaneous growth in the population, geographic territory and the steady growth of the HIV/AIDS epidemic have translated into an increasing gap between the range of services needed and the revenue available at municipal level to finance these services. This results in a large and growing “unfunded mandate”, which refers to the implied responsibilities of local government for which additional resources from central revenue are not made available.



EKHURULENI WARD BASED HIV/AIDS FORUM

3.2 Re-demarcation and re-structuring

As the third decade of the HIV/AIDS epidemic in South Africa unfolds, the political and legal paradigms that shaped the social context around the epidemic have been altered significantly. In the first ten years of democracy in South Africa, all spheres of government have sought to redefine their role from one of distorted service delivery and white domination to one anchored in the spirit of the new rights-based Constitution. Local government has undergone a radical process of re-demarcation and local authorities have not only had their boundaries redefined, but they have also had their mandates legally transformed. Out of this process have emerged not only reconfigured administrative boundaries, but also new political and economic units. As a result of the recently completed demarcation process, municipalities throughout the country, and the nine largest cities in particular, have been challenged to find a balance between the requirements of restructuring to absorb redundant structures, while continuing with the delivery of basic services to households and industries within their municipal boundaries. The growing HIV/AIDS epidemic has amplified this discrepancy.

3.3 Ability of municipalities to deliver and procure services

One of the major challenges for local authorities in the fight against HIV/AIDS is to understand and appreciate how the epidemic will continue to impact on the local authorities' ability to deliver and procure services. In concrete terms, it is important that municipalities examine and anticipate:

- how the epidemic will influence people's need and demand for municipal services;
- how the epidemic will impact on the ability of people to pay for municipal services;
- how HIV/AIDS will affect the municipal workforce and that of its contractors, with specific reference to increasing absenteeism, medical costs, death, the impact on morale and productivity, etc; and
- how the municipality will maintain adequate levels of services in a climate of changing service requirements while losing skilled and experienced staff to the epidemic.



JOHANNESBURG
INTERNAL MEDIA

The key challenge is to obtain the right kind of information to answer these questions.

3.4 Mainstreaming HIV/AIDS into strategic planning at city level

While there is consensus that individualised efforts by stakeholders do make a valuable contribution in the fight against HIV/AIDS there is also recognition that through collective planning and programming more could be accomplished. This goes for cooperation between external stakeholders as well as between departments within a municipality. One way to achieve this is through mainstreaming. The goal of HIV/AIDS mainstreaming is to take into account the impact of HIV/AIDS on the work being done by a particular organisation. Successful HIV/AIDS mainstreaming as a development activity must accomplish two things. First it must reframe the way organisations work internally given the impact of the epidemic. An analysis must be carried out to give weight to a strategic planning exercise that will take into account how organisations perform given that their workers are at risk for infection, sickness and even death from HIV/AIDS. Secondly mainstreaming should ensure that developmental programmes are accessible, do not further marginalise already infected and affected populations or increase vulnerability to the virus.

To date a major barrier to successful mainstreaming is the lack of clarity around what mainstreaming is and is not. An illustration of this was found during an audit of SACN municipal HIV/AIDS plans. There was an almost universal belief that HIV/AIDS was the exclusive domain of the municipal health unit, although managers in other departments increasingly find themselves challenged by progressively higher rates of absenteeism and chronic sickness. In one municipality the head of the Parks and Recreation Department decided to take action, but spent precious resources on once-off awareness events such as concerts rather than investing in long-term planning to address loss of staff while maintaining consistent performance.

Mainstreaming is a delicate balance as it is an exercise that should be based on an active awareness of HIV but maintains focus on the organisation's core activities. Mainstreaming is not shifting operations to exclusively intervention-based activities. Given the above, satisfactory outcomes in mainstreaming require dedicated technical and financial resources as well as monitoring and evaluation of the process.



JOHANNESBURG AIDS
UNIT STAFF

4. South African cities and HIV/AIDS: The Response

A number of initiatives have been launched in South Africa to support local government authorities in developing a response to HIV/AIDS⁶. Many of the cities reviewed in the course of this study have gathered information to establish the severity of the epidemic within their communities. However, not all cities have been equally successful in using this data to inform the development and adjustment of local plans and policies to deal with the epidemic.

For example, five of the municipalities have commissioned service-provider audits that, depending on the municipal structure, might focus on ward level or regional level. With that information, the municipalities then sought to identify gaps in service delivery and facilitate cooperation amongst CSOs to expand and improve service delivery. One problem with this approach is that information can quickly become outdated, as service providers change the nature of services offered or close their doors. In response to this obstacle, some municipalities have created networks that are composed of community-based service providers and the municipality. The networks meet regularly with municipal officials so that changes in the membership are quickly identified and areas for support are noted for action.

⁶ Refer to Smart (2003) for a review of these initiatives.

Two of the nine municipalities have identified particular areas that have higher than average incidences of HIV/AIDS. These municipalities have established “High Transmission Area” (HTA) projects in these areas, which are mostly informal settlements within the municipalities. These HTA projects serve to augment existing services in geographic areas that are particularly vulnerable, especially informal settlements within the municipality.

Some SACN member cities have absorbed the AIDS Training, Information and Counselling Centres (ATICC). Formerly under provincial authority prior to 2000, many ATICCs were the only governmental AIDS resource in municipalities. However, during the restructuring process the position of ATICCs has become muddled. In some of the SACN cities the ATICC structures remain funded by province, but are staffed by the municipality. In these cases the existence of such units may have led to inaction at the municipal level because of the belief that ATICC was driving the HIV/AIDS program. The perception of an ATICC presence has arguably delayed the process of establishing municipal-based responses. This confusion in roles and responsibilities is a major hindrance to effectively managing the epidemic. In three of the SACN cities the ATICC structure has been absorbed by the municipality, including staff and infrastructure, and has been instrumental in the local response.

The following comparisons, based on actual case studies of SACN member cities, highlight the inventiveness of some local municipalities in response to the HIV/AIDS epidemic in the face of many debilitating challenges:

FORMULATION OF A WORKPLACE PROGRAMME

MUNICIPALITY A

- Based in human resources and occupational safety
- Commissioned modelling by actuary for R60 000
- Actively managed by dedicated personnel
- Coordinated promotion of VCT services, with educational and support services
- Active peer support programmes
- Involvement of PLWHA in the running of programme

MUNICIPALITY B

- Despite new organisational structure, confusion on the roles and responsibilities for internal programme
- Commissioned non-governmental organisation without technical expertise for R400 000, including resource-mapping study
- No peer support programme
- Involvement of PLWHA through national programme

EFFECTIVE USE OF INFORMATION

MUNICIPALITY A

- Commissioned mapping survey and internal workplace prevalence survey
- Delays in processing prevalence survey have spilled over to mapping survey and the existing data on HIV/AIDS service organisations is not being used to inform local programming by the municipality

MUNICIPALITY B

- Commissioned university to conduct study of the impact of HIV/AIDS on revenue base
- Re-formulated existing indigent policy, resulting in more inclusive criteria for delivery of free basic services

NETWORKING AND PARTNERSHIPS

MUNICIPALITY A

- Forged partnerships with international organisations
- Provided treatment, care and support to sectors of population as part of international pilot study
- Gained valuable experience that can be used to inform national rollout plan within the municipality

MUNICIPALITY B

- Relationships established with private sector around HIV workplace programmes and training
- No monitoring or evaluation done of training
- No further engagement between municipality and private sector
- Opportunity for lesson sharing and building on existing body of knowledge not used



MSUNDUZI MUNICIPALITY
HOME BASED CARE
WORKERS AND
SISTER SITHOLE

5. South African cities and the response to **HIV/AIDS:**

Critical Success Factors and Emerging Good Practice

To date there has been little recognition of the achievements of South African municipalities in developing and implementing appropriate, creative and developmental approaches to HIV/AIDS. Examples of good practice by South African cities noted in this report are of potential value not only to other city stakeholders, but also to local government leaders and partners in smaller cities and towns. Good practice in this instance is defined as a set of policies that are both constructive and have yielded a strategic benefit for the municipality. The following critical success factors for managing HIV/AIDS were identified in the course of the research:

POLITICAL LEADERSHIP: Political commitment and leadership are widely regarded as cornerstones of success in the fight against HIV/AIDS. Leadership plays an important role in mobilising national and international resources. When HIV/AIDS is regarded as a priority at the highest level, as in the case of Uganda, society orients to meeting the many challenges of the response to HIV/AIDS⁷. Among SACN cities, Cape Town and Msunduzi municipalities have outspoken senior politicians at the forefront of the local initiatives to address HIV/AIDS. This high-level political commitment has been instrumental in mobilising both technical and financial resources and in positioning the municipalities to leverage opportunities for maximum benefit of residents. This is demonstrated by the rapid programme development in these two cities facilitated by strong political support. Community leadership by ward councillors is also vital, and promising relationships have been established in Gauteng's three metropolitan areas.

⁷ Putzel 2003

USE OF RESEARCH AND INFORMATION: The need for information on the extent of the epidemic within municipalities has become a stumbling block in the development of local-level responses in several municipalities. Highly technical research based on new data is often expensive and the results are not used to inform policy development in the municipality. Computer modelling, using existing data coupled with information collected through operations monitoring, can inform rapid programme development rather than investing limited resources in expensive and technical research that will add little value to the planning of responses.

INTEGRATION OF HIV/AIDS/STI/TB SERVICES: The integration of treatment for infectious diseases associated with HIV/AIDS at local-level health facilities is another creative and valuable practice that has been initiated in SACN cities. According to the World Health Organisation, HIV is one of the leading causes of death among HIV positive populations and almost 70% of TB patients are HIV positive. By linking treatment services for the two illnesses as done in eThekweni and Cape Town, the municipalities provide an entry point for HIV/AIDS treatment and support services to residents in need. Integrated treatment translates into a reduction in mortality rates, proactive management of the disease and vital information for infected and affected members of the community.

LOCAL-LEVEL INTEGRATION: Ward-level interventions are a feature of most of SACN cities. However, the more progressive examples of stakeholder cooperation have emerged in cities where the municipality has taken on the role of supporting and monitoring the work of CSOs. Ekurhuleni, Johannesburg, Cape Town and Msunduzi have all established ward- or region-level relationships between the municipality and AIDS Service Organisations (ASOs). This partnership ensures that in areas which have limited access to municipal services, CSOs and ASOs are present and able to meet the demand for services, including HIV education, counselling and palliative care.

NETWORKING: The literature on networks reveals the following clear advantages to the formation of networks of CSOs for municipalities, including but not limited to:

- Assisting in the consolidation of CSOs into clusters according to function, and this helps to clarify confusion about who is doing what.
- Avoiding problems of duplication and promoting collaborative relationships between institutions and programmes.
- Facilitating focus in service provision and rationalisation of the combined services of a range of organisations into an effective HIV/AIDS response framework.
- Forum for sharing of expertise, experiences and information dissemination
- Allowing emerging and often local organisations to rapidly find support and recognition, and to be mentored by larger and more established organisations.

Perhaps the most extensive and effective network operating at citywide level in the nine cities is CINDI (Children in Distress) in Msunduzi. This network, with a core staff of four people, has drawn most city stakeholders under a common umbrella. Through the network, significant resources have been drawn into the city and the integration of services has been effectively achieved. The municipality is a member of the network and has used the network to extend municipal agendas into a wider domain.



PARTNERSHIP: These programmes are a natural extension of local-level integration. The municipalities of Msunduzi and Cape Town have embarked on partnerships with other community stakeholders, such as business, on specific projects. In Cape Town the production of workplace HIV/AIDS materials was the outcome of a relationship developed to produce specific products, and in Msunduzi the municipality has facilitated support from local business to community-based organisations, offering support services such as a feeding scheme.

INVOLVEMENT OF PEOPLE LIVING WITH HIV/AIDS: The participation of people living with HIV/AIDS in municipal programmes is another approach adopted by SACN cities that has yielded advantages for those cities. It promotes de-stigmatisation to have PLWHAs directly involved in running programmes and consultations. PLWHAs remind others of the human dimensions of the epidemic and their presence in meetings serves to mitigate the subtle forms of prejudice which may otherwise operate in programme development and planning. Their presence in project teams is also motivating. The presence of PLWHAs also creates credibility and trust in the organisation in the eyes of the community of people affected by HIV/AIDS. Cape Town, Buffalo City and Manguang are in the forefront of this practice.

INTERNATIONAL PARTNERSHIPS: One municipality within SACN stands out as a stellar example of leveraging partnerships to provide treatment options to its residents. Since 2000 the City of Cape Town has, with the provincial department of health, forged external partnerships to make treatment available in the public sector. A prime example of this is the much-lauded Khayelitsha treatment programme with Medecins Sans Frontieres. Beyond the value of extending treatment to residents while the question of the toxicity of treatment was under debate, the Cape Town HIV/AIDS programme contributed to a substantial body of research that assails the notion that populations residing in poor conditions cannot successfully adhere to and benefit from access to treatment.

6. Conclusions and Recommendations

SACN member cities and their partners recognise the severity of the HIV/AIDS pandemic. What remains to be dealt with is how to manage and plan for the consequences of the pandemic in resource-constrained environments. It is a challenge faced by all South African municipalities for which there is no simple solution. This study of South Africa's nine largest cities concludes that, while daunting, the task of constructively managing the epidemic is not impossible. SACN cities have already made significant progress to that end. What remains to be done is:

- To clarify roles and responsibilities within municipalities;
- To build a multi-sectoral response internally as well as externally; and
- To build the capacity of those tasked with developing and implementing an appropriate and timely response.

6.1 What Cities Can Do: Replication and Scaling Up

This report highlights the need for better cooperation between spheres of government in responding to and managing the HIV/AIDS epidemic at city level. There are many suggestions for achieving this. However, only a few fall exclusively within the ambit of local government. This section will outline areas in which local government can make a significant contribution to the fight against HIV/AIDS.

Mainstreaming & Municipal Performance

It is recommended that, internally, municipalities take steps to develop clear guidelines for mainstreaming HIV/AIDS into planning processes. This should include sharing examples relevant to line departments on what constitutes mainstreaming, as well as instituting concrete measurement of mainstreaming activities. For example, in reports to council, a section can be included to reflect the impact HIV/AIDS will have on planned council activities.

Another recommendation is to institute or strengthen monitoring and evaluation (M&E) mechanisms for HIV/AIDS programmes. By building competency in this area at local government level the benefit will be twofold. Firstly, local government will be able to use the data assembled as part of this process to inform future programming. And secondly, it can leverage those skills to improve the quality of HIV/AIDS services at community level.

Mainstreaming and Service Delivery

Externally, the municipality, as the legally accountable authority within the municipality, can and should play a dual role in mobilising CSOs active in HIV/AIDS services and coordinating activity at local level. It is the mandate of the municipality to ensure that all citizens have access to services, and although municipalities are not always capable for the reasons outlined in this report, they are certainly able to add value as a coordinating and facilitating entity to link residents to existing resources within their communities.

Municipalities can also capitalise on the ground covered by CSOs that are at the forefront of developing HIV/AIDS programmes and delivering services. Specifically, municipalities can assist CSOs that have strong community ties to develop valuable skills needed to raise the necessary funds and to effectively run their HIV/AIDS programmes. Local government is uniquely placed to support community-based organisations through mentoring, guidance, training, and to a limited extent, through funding. Vast synergies can be attained through said partnerships, yet in most of the cities the concept of a partnership has not been adequately developed or used. Sharing of experiences and development of guidelines on forming and managing partnerships would be a valuable addition to the tools available for promoting responses to HIV/AIDS at city level.

The above recommendations are part and parcel of the strategic emphasis on functional integration that must be emphasised as a central element in HIV/AIDS service delivery, and was found to be largely missing from the responses in the nine cities. Even in instances where there has been an effort to establish a continuum of care or a mechanism to provide HIV/AIDS-related services based upon a comprehensive and collaborative plan, there is potential for gaps to develop as organisations or departments continue to work in a sectoral fashion. The formal integration of municipal HIV/AIDS services with other municipal responsibilities, such as water and sanitation, will form the basis of a comprehensive response which builds upon the successful models outlined in this study, and which contextualises the specific needs of specific communities.

Most importantly, it is recommended that cities develop concrete proposals for a framework to deal with the issue of orphans and vulnerable children (OVC). This is an area that has been largely neglected by cities, as welfare issues are by and large dealt with at a provincial level. However, given the magnitude of the problem in each city, an audit of resources for responding to the needs of OVCs and a summit with the relevant provincial agencies in developing strategies for action in this area would be warranted. Issues to be considered in managing the needs of vulnerable children will include the migration of orphans from rural areas to cities, and the significant planning implications associated with a growing population of orphans.

There is also a critical need for an integrated approach to poverty alleviation and HIV/AIDS strategies at municipal level. Poverty alleviation and socio-economic development are mandated functions of local government. At the same time, HIV/AIDS erodes efforts made in this area by fuelling the degradation of social cohesion, loss of household income and the growth of vulnerable households. However, there seems to be only marginal appreciation of the linkage between HIV/AIDS and poverty. A meaningful contribution to HIV/AIDS prevention and mitigation could be made by municipalities within the broader context of poverty alleviation and local economic development (LED).



MSUNDUZI MUNICIPALITY REV
BOOSENS FEEDING SCHEME



Lastly, the establishment of a national management and treatment programme necessitates the active participation of local authorities in HIV/AIDS management at city level. Local authorities must ensure that residents in need of treatment, but who do not for any reason fit the criteria for inclusion in the programmes, are not left without assistance. This means engagement with national, provincial and district counterparts, even if local authorities are not as yet earmarked for participation in the national treatment programme. Municipalities can and must assist health services in rolling out anti-retroviral treatment services.

6.2 The Role of SACN

The SACN views the findings of this report as a launch point for facilitating the critical review and strategic planning needed at city level to strengthen the HIV/AIDS mitigation strategies of member cities. Through consultation and a collaborative process with SALGA and DPLG, the SACN aims to assist its municipalities to meet the challenge of HIV/AIDS. To further that aim, a set of tools has been developed to assist municipalities to not only assess their own level of response, but to identify specific areas that require strengthening (See Annex 4). In addition, in line with promoting strategic partnerships for the mitigation of HIV/AIDS at city level, SACN is engaging in the following activities:

- The promotion of South African Best Practice – There is far too little recognition of some of the achievements that have been noted in this report, and these are of potential value not only to other city stakeholders, but also to local government leaders and partners in smaller cities and towns. Areas for particular attention are the integration of STI/HIV/TB services and networking with a broad range of city stakeholders.
- The establishment of an HIV/AIDS networking hub – Together with the Medical Research Council, the SACN has initiated a forum to facilitate information sharing with local government practitioners, researchers and HIV/AIDS experts. It is envisaged that this forum will provide a platform to encourage the effective use of information and leveraging of limited resources to manage HIV/AIDS at local level.
- Promotion of partnerships – The value of partnerships has been strongly highlighted in this report. Yet in most of the cities the concept of a partnership has not been adequately developed or used. Sharing of lessons on the potential synergies that can be attained and the value of partnerships is a fundamental part of promoting this practice. This is particularly true for relationships between municipalities and the private sector. Many opportunities for mutual benefit as yet remain unexplored.
- Facilitating city-to-city support – There is a wealth of experience available within the membership of the SACN in areas that will significantly improve the ability of local government, and indeed all stakeholders at city level, to contribute to the management of HIV/AIDS. SACN seeks to promote and facilitate the practitioner-to-practitioner exchanges to build the capacity and knowledge at local level. Key areas include monitoring and evaluation, development of workplace policies, etc.

“ There is a wealth of experience available within the membership of the SACN in areas that will significantly improve the ability of Local Government to contribute to the management of HIV/AIDS ”



NELSON MANDELA METRO

Finally, the SACN will continue to promote strategic planning for cities around all the areas which comprise CDS. HIV/AIDS will be a part of life for the foreseeable future. In these circumstances it is imperative that it be considered an integral part of the decision-making process. SACN will continue to provide and facilitate knowledge sharing with city management and political leadership, particularly around the following issues:

- **ORPHANS AND VULNERABLE CHILDREN –** There are significant planning implications associated with the management of what ultimately could be tens of thousands of orphans.
- **LINK POVERTY EFFORTS, LOCAL ECONOMIC DEVELOPMENT AND HIV/AIDS –** Poverty alleviation and socio-economic development are mandated functions of local government. Poverty is fuelled by HIV/AIDS in a viciously circular system of degradation. There is a need for greater appreciation of the poverty-HIV/AIDS link and specifically around informal housing, socio-economic need, migration and HIV/AIDS. SACN will encourage engagement with the linkages of poverty alleviation, local economic development, urban development and HIV/AIDS.

To learn more about the SACN cities visit:

www.sacities.net

www.buffalocity.gov.za

www.joburg.org.za

www.capetown.gov.za

www.tshwane.gov.za

www.durban.gov.za

www.ekurhuleni.com

www.bloemfontein.co.za

www.pmbcc.gov.za

www.pecity.co.za

CITY OF TSHWANE METROPOLITAN MUNICIPALITY (PRETORIA):
VIEW OF THE UNION BUILDINGS ©ALAIN PROUST/IAFRIKA PHOTOS



Annexures



Annex 1: Terms & Definitions

Term	Definition
Alignment	A term often used in policy development and planning, and referring to efforts made to ensure that policies and practices conceived by different agencies are consistent with each other, and appropriately sequenced.
External responses	Responses involving services to the community or oriented to mobilising, coordinating and integrating such services with municipal services where these services are provided by other stakeholders.
Functional integration	Integration at the points of delivery of the health services, recognising that integration must primarily be oriented around utility to the service user. It also involves development of referral networks and consistency of norms and standards of practice across functionally related services.
Integrated services	A general term to refer to shared planning and service delivery in areas which are traditionally discrete. Foundations for integrated services are joint planning, shared information management and multiple services at points of delivery.
Integrated development planning	Development of a single development plan for an LGA, which incorporates inputs from all related sectors of government at local level, and involvement of local stakeholders. It also refers to integration of development plans from one sphere of government into the development plans of another sphere (e.g. municipal plans into district plans).



Term	Definition
Inter-governmental relations	Relations, communications and operational cooperation agreements between different domains and organs of government.
Inter-governmental structures	Structures within government which are designed to support inter-governmental relations and specifically to coordinate the operations of different ministries, departments and agencies of government.
Internal responses	Responses directed at addressing the municipal workforce as a target for prevention, care and support, treatment and human rights protection.
Mainstreaming HIV/AIDS	Embedding HIV/AIDS response in development programmes and strategies rather than making it a special issue to be separately dealt with.
Multi-sectoral programs	Programs which are designed to include the efforts of a range of government departments and social service sectors.
Inter-sectoral programs	Inter-sectoral programs take a step beyond multi-sectoralism, aiming not only for wide-ranging involvement of different stakeholders, but also for their integrated functioning.
Split functions of government	Functions of government, which are performed in parts at different levels of decentralisation (e.g. salaries for VCT staff paid at one level, and laboratory costs at another level).
Unfunded mandate	A requirement imposed by legislation on national, provincial, district or municipal governments with no matching funding (e.g. provision of internal workplace HIV/AIDS programmes but without provision for the costs involved).

Annex 2:

Rationale & Methodology

Research Objectives

SACN commissioned this research to assess the nature of challenges hindering local-level responses in South African cities and to encourage the development of multi-sectoral HIV/AIDS mitigation strategies. At the core is an integrated approach to planning for and mainstreaming HIV/AIDS at municipal level. Through this study SACN sought to identify means currently at the disposal of municipal leadership to plan for the management and the resilience of urban centres in the midst of the epidemic. This approach includes the constitutionally mandated Integrated Development Plan (IDP) and the use of City Development Strategies (CDS). Furthermore, the research was designed to promote SACN members' understanding of the growing pressures and issues facing them as far as HIV/AIDS is concerned, and to promote their ability to implement feasible, effective and efficient ways of dealing with the impact of HIV/AIDS on municipalities and their constituencies. More specifically the objectives of the research were as follows:

- To describe the problems and challenges facing cities in mitigating the effects of HIV/AIDS
- To document emerging models and frameworks for responding to HIV/AIDS at city level
- To provide a resource for cities to learn from innovative approaches currently used in other cities.
- To inform the development of the SACN HIV/AIDS programme and facilitate tailored mainstreaming initiatives in member cities

The scoping portion of the study focuses on national and international best practice models for municipal-led actions, initiatives and interventions aimed at preventing HIV/AIDS and mitigating its impact on municipalities. The study also highlights existing strategies, tools and resources that South African municipalities can draw on in taking action against HIV/AIDS.

The research also explains the fundamental principles and components of models and best practices selected for further investigation, as well as the critical success factors of these models/best practices, with particular reference to a conducive political, policy and legislative environment, as well as basic commitment, capacity and resource requirements for their implementation and sustainability on the part of municipalities. The research also proposes a "best model" of action for South African municipalities to implement against HIV/AIDS, given the South African legislative and policy environment pertaining to local government and HIV/AIDS, as well as capacity and resource realities facing South African municipalities. Finally, the research identifies tools and instruments that are available to facilitate and support municipalities in taking action against HIV/AIDS.

Methodology

The preparation of this document follows an extensive review of the current literature pertaining to HIV/AIDS and city-level responses. This review included the IDPs or planning documents for the municipalities identified, as well as national and international research related to the issues. This was followed by qualitative field work which included visits to the nine SACN member cities where interviews were conducted with city officials, politicians and community stakeholders on their respective roles in responding to the pandemic. A comparative analysis was then done to evaluate the data collected and the current mandate for local government to respond to HIV/AIDS. The research was concluded with the presentation of draft document to meeting of city representatives and redevelopment following commentary and discussion.

There are limitations to this study that must be highlighted. Firstly, there was limited access to current data on HIV prevalence within some of municipalities, due to the absence of a central information management system. Secondly, although every effort was made to meet representatives of civil society, elected officials and members of the business community in each municipality visited, this was not always possible.



DUNCAN VILLAGE, BUFFALO CITY MUNICIPALITY

Annex 3:

South Africa's nine largest cities:

Summary table of selected development indicators

SOUTH AFRICAN CITIES NETWORK MEMBERS DEMOGRAPHIC TABLE

City	Population	Jobless Rate	Population with Matric (%)	Households without formal shelter (%)	Estimated HIV Prevalence	Estimated Orphans Population
Buffalo City	701 890	29.5%	30.7%	29.4%	12.7%	N/A
Tshwane	1 985 983	18.9%	47.6%	20.7%	11.4% (Total)	N/A
Ekurhuleni	2 480 276	31.3%	37.4%	29.7%	N/A	N/A
Nelson Mandela	1 005 778	39.3%	33.1%	28.1%	26%	N/A
Mangaung	645 441	33.1%	30.7%	29.7%	N/A	N/A
Johannesburg	3 225 812	26.3%	42.4%	22.2%	29.8% (ANC)	76 058
EThekweni	3 090 122	29.5%	36.4%	29.4%	N/A	N/A
Msunduzi	553 223	36.2%	33.1%	28.7%	36% (ANC)	N/A
Cape Town	2 893 247	19.5%	38.0%	20%	13% (ANC)	21 000
Urban total	16 581 772	N/A	N/A	N/A	N/A	N/A

SOURCE: *State of South African Cities Report, SACN, (2004).*

Annex 4:

Tools for analysing municipal responses to HIV/AIDS

Tool 1: A tool for assessing municipal engagement in areas of HIV/AIDS response

Purpose of exercise

- The list of questions below represents activities that are essential features of an HIV/AIDS-responsive municipality, and the ideal scenario would be scores of 5 for each activity.
- The exercise provides a rapid way of assessing municipal engagement in each of these areas of activity without the need for an expensive monitoring and evaluation exercise or technical experts.
- In this way, without the need for technical experts, a person can rapidly gain an understanding of the most important areas of oversight or neglect as well as the areas of strength in municipal responses.
- It is useful to conduct this exercise at intervals to assess progress and to identify where development is stuck.

What to do

- This is done usefully as a group exercise with the group coming to a shared verdict on each item.
- Alternatively, individuals could first respond to the questions themselves and then afterwards compare and discuss their ratings in a group discussion.
- Go through each action area and rate the activity of the municipality by placing a cross in one of the boxes.
- Note that some activity areas might not be relevant when the municipality is not mandated to work in those areas, in which case the appropriate response would be “not relevant”. However, there may be differences of opinion about whether some activity areas are relevant or not. Careful attention should be paid to these areas, as they often become areas of inaction.
- After each section there is a place to make notes. Write notes here, making certain that they will be understandable to the group when the exercise is repeated in six months or so.

Analysis and action

- Take note of the highest scoring items and the lowest scoring items. Note that an item that does not score a 5 is not a well-established programme or activity.
- Discuss the factors that have led to high-scoring items.
- Discuss the reasons for the low-scoring items. Is there any systematic reason? Do these items have anything in common?
- Finally discuss whether the areas of unsatisfactory development need to be regarded as a problem, or whether they simply reflect a stage in programme development. If there is a problem discuss where it would be most appropriate to resolve the issue, and make a decision about doing this.
- Decide how long you should wait before repeating this exercise.

1. LEADERSHIP, INFRASTRUCTURE AND COOPERATIVE GOVERNANCE

	1	2	3	4	5	6
	Little to no attention in this area	Identified for future action	In planning or advocacy stage	Initial activity, but not well established/ at full-scale	Well developed programme/ completed activity	N/A not function of LGA
Mayor, municipal CEO, executive management committee or equivalent publicly known as a champion for local responses to HIV/AIDS						
Involvement of department / sector representatives on task team or equivalent team						
Existence of a municipal task team mandated by head of municipality to drive a multi-sectoral approach to HIV/AIDS						
Existence of strategic plan for HIV/AIDS task team or equivalent						
Scheduled review of progress of HIV/AIDS task team						
Good communication and clarity of purpose between officials & politicians associated with HIV/AIDS response						

Notes

2. COOPERATIVE GOVERNANCE

	1	2	3	4	5	6
Regular communication between municipality and relevant provincial offices	Little to no attention in this area	Identified for future action	In planning or advocacy stage	Initial activity, but not well established/ at full-scale	Well developed programme/ completed activity	N/A not function of LGA
Representation of municipality on provincial steering or coordinating committees						
Central coordination of activities of municipal departments active in providing or supporting HIV/AIDS programmes						
Supportive working relationship between officials and councillors relating to key HIV/AIDS initiatives						
Active communication between province and municipality in key areas of programme development and support						
Representation of municipality on Provincial AIDS Council						
Province aware of key municipal programmes and development						

2. COOPERATIVE GOVERNANCE (CONTINUED)

	1	2	3	4	5	6
	Little to no attention in this area	Identified for future action	In planning or advocacy stage	Initial activity, but not well established/ at full-scale	Well developed programme/ completed activity	N/A not function of LGA
Support from province						
Programme to overcome problems related to access to government social assistance programmes (grants)						
Planning with provincial department of social development around OVC issues						
Existence of multi-service centres or equivalent						
Communication between provincial and municipal PHC officials						

Notes

3. MOBILISATION

	1	2	3	4	5	6
	Little to no attention in this area	Identified for future action	In planning or advocacy stage	Initial activity, but not well established/ at full-scale	Well developed programme/ completed activity	N/A not function of LGA
Existence of specific plans for up-scaling of existing projects						
Identification of key services or programmes not available in municipality						
Participation of councillors/ leaders in community HIV/AIDS forums and committees						
Active programme for promoting responses to HIV/AIDS on part of CSOs						
Active programme for promoting responses to HIV/AIDS on part of businesses						

3. MOBILISATION (CONTINUED)

	1	2	3	4	5	6
	Little to no attention in this area	Identified for future action	In planning or advocacy stage	Initial activity, but not well established/ at full-scale	Well developed programme/ completed activity	N/A not function of LGA
Involvement of local tertiary or research institutions in supporting municipal HIV/AIDS programmes						
Development of key indicators for monitoring progress in key projects						
Planning processes to address areas of poor or non-existent services (whether through advocacy, proposal development, mobilisation of community resources, development of partnerships, or any other means)						

Notes

4. ASSESSMENT, RESEARCH, INFORMATION MANAGEMENT AND M&E

	1	2	3	4	5	6
INFORMED BY AN UNDERSTANDING OF LOCAL IMPACT	Little to no attention in this area	Identified for future action	In planning or advocacy stage	Initial activity, but not well established/ at full-scale	Well developed programme/ completed activity	N/A not function of LGA
Assessed local impact of HIV/AIDS						
Assessed impact of HIV/AIDS on municipal functioning						
Identified high-transmission areas and populations at especially high risk						
INFORMED BY AN UNDERSTANDING OF LOCAL RESOURCES						
Undertaken exercise or process for assessing existing resources and priorities						
Taken stock of the existing services offered within municipal boundaries by government health services, including those not under the jurisdiction of the LGA						

4. ASSESSMENT, RESEARCH, INFORMATION MANAGEMENT AND M&E (CONTINUED)

	1	2	3	4	5	6
RESEARCH	Little to no attention in this area	Identified for future action	In planning or advocacy stage	Initial activity, but not well established/ at full-scale	Well developed programme/ completed activity	N/A not function of LGA
Policy research undertaken						
Strategy for keeping abreast of treatment and care developments						
Activities including presentations & workshops to keep abreast of new developments						
MONITORING AND EVALUATION						
Existence of M&E strategy within HIV/AIDS strategy						
Evidence of ongoing M&E activities or implementation of M&E strategy						
Integrated health information management system						
Efforts to integrate TB monitoring between provincial and LGA clinics						
HIV/AIDS as a KPA for department/ sector managers						

Notes

5. EXTERNAL RESPONSE: PROGRAMMES PROVIDED OR SUPPORTED BY MUNICIPALITY

	1	2	3	4	5	6
	Little to no attention in this area	Identified for future action	In planning or advocacy stage	Initial activity, but not well established/ at full-scale	Well developed programme/ completed activity	N/A not function of LGA
Educational prevention programmes to all key target areas						
Actively promoting safe and healthy sexual behaviour						
Programmes directed at high transmission areas and high risk populations						
Activity to achieve or promote access to condoms						
Action to achieve or promote universal access to VCT services						
Action to achieve or promote universal access to PMTCT						
Action to provide treatment, care and support services in health care facilities for HIV/AIDS, STI and TB						
Action to achieve or promote access to PEP for rape survivors and occupational infections						

5. EXTERNAL RESPONSE: PROGRAMMES PROVIDED OR SUPPORTED BY MUNICIPALITY (CONTINUED)

	1	2	3	4	5	6
	Little to no attention in this area	Identified for future action	In planning or advocacy stage	Initial activity, but not well established/ at full-scale	Well developed programme/ completed activity	N/A not function of LGA
Action to identify orphans and vulnerable children and families at risk						
Action to address the plight of orphans, vulnerable children and families at risk						
Action to connect poverty alleviation projects and HIV/AIDS responses						
Action to address the need for home-based care and chronic illness care						
Action to combat stigma and discrimination towards PLWHAs						
Action to promote integrated management of opportunistic infections						
Action to achieve or support actions of others lobbying for access to ART						
Use of progress indicators for monitoring progress in key projects						

Notes

6. INTERNAL (WORKPLACE) HIV/AIDS POLICY

	1	2	3	4	5	6
	Little to no attention in this area	Identified for future action	In planning or advocacy stage	Initial activity, but not well established/ at full-scale	Well developed programme/ completed activity	N/A not function of LGA
Existence of a formal policy ratified at mayoral committee level						
Promotion of a legal and policy framework for protection of rights of employees and obligations of LGA						
Activities to promote and activate the policy						
Education and prevention programmes throughout the workplace						
Promotion of VCT amongst municipal employees						
Access to VCT in the workplace						
Integrated treatment of TB, STI and HIV/AIDS						
Involvement of people living with or directly affected by HIV/AIDS in municipal programmes.						
Antiretroviral therapy provided to non-medical aid municipal employees						
Support groups for municipal PLWHAs						

Notes

7. MAINSTREAMING AND MULTI-SECTORALISM

	1	2	3	4	5	6
	Little to no attention in this area	Identified for future action	In planning or advocacy stage	Initial activity, but not well established/ at full-scale	Well developed programme/ completed activity	N/A not function of LGA
MAINSTREAMING						
Political support for mainstreaming HIV/AIDS into LG departments and activities						
Evidence of inclusion of multi-sectoral strategy in IDP						
Adoption of multi-sectoral strategy						
Managerial support for mainstreaming in departments/ sectors						
Activity of multi-sectoral ¹ task team or equivalent coordinating body						
Planning for HIV/AIDS response in all relevant municipal departments						
Inter-sectoral cooperation						
Sector workshops or equivalent to develop sectoral approaches/positions						
Multi-sectoral prevention of TB including quality of housing						
HIV/AIDS included as a key performance area (KPA) for managers						

Notes

¹ Multi-sectoralism means many sectors. Inter-sectoral means co-operation between sectors

8. INDICATORS OF A COORDINATED AND INTEGRATED APPROACH

	1	2	3	4	5	6
	Little to no attention in this area	Identified for future action	In planning or advocacy stage	Initial activity, but not well established/ at full-scale	Well developed programme/ completed activity	N/A not function of LGA
COORDINATION						
Active municipal AIDS council or equivalent headed by senior politician						
Existence of internal HIV/AIDS task team that works across line departments and that is concerned with services and mainstreaming						
Participation of all relevant sectors and departments in above HIV/AIDS task team						
Actions on part of LGA to coordinate LGA and business responses						
Actions on part of LGA to coordinate LGA and community responses						
Existence of service coordinating body at community level						
ALIGNED WITH NATIONAL AIDS POLICY AND						

8. INDICATORS OF A COORDINATED AND INTEGRATED APPROACH (CONTINUED)

	1	2	3	4	5	6
Awareness and reference to national AIDS policy and/or strategic framework in planning processes	Little to no attention in this area	Identified for future action	In planning or advocacy stage	Initial activity, but not well established/ at full-scale	Well developed programme/ completed activity	N/A not function of LGA
COORDINATION WITH PROVINCIAL INITIATIVES						
Mechanisms for ongoing coordination of provincial and LGA activities						
Coordination of provincial and LGA strategies and plans						
Provincial support for LGA initiatives						
LOCAL COORDINATION						
Existence of local ASO coordination body						
INTEGRATION APPROACH WITHIN LGA						
Programme to develop functional alignment between municipal services						

8. INDICATORS OF A COORDINATED AND INTEGRATED APPROACH (CONTINUED)

	1	2	3	4	5	6
	Little to no attention in this area	Identified for future action	In planning or advocacy stage	Initial activity, but not well established/ at full-scale	Well developed programme/ completed activity	N/A not function of LGA
Reporting back on activities of departments to HIV/AIDS task team or other coordinating body						
Integration of services between the LGA and community agencies working in HIV/AIDS						
Efforts to improve integration of care and support services for PLWHAS						
Planning of programmes for improving access to services through multi-service centres or other programmes designed to enhance ease of access						
Efforts to develop referral networks for PLWHAS						
Implementation of a plan for enhancement of continuum of care						

Notes

9. INDICATORS OF PARTNERSHIP APPROACH

	1	2	3	4	5	6
	Little to no attention in this area	Identified for future action	In planning or advocacy stage	Initial activity, but not well established/ at full-scale	Well developed programme/ completed activity	N/A not function of LGA
WITH CIVIL SOCIETY						
Financial support for CSO projects at ward or sub-district level from municipal funds						
Memoranda of understanding with service providers						
Plan for improving grant system						
CSO HIV/AIDS service providers within municipal boundaries						
Municipality involved in coordinating activities of civil society organisations						
Engagement with faith-based organisations to enlist them in tackling HIV/AIDS						
Support for community HIV/AIDS organisations						

9. INDICATORS OF PARTNERSHIP APPROACH

	1	2	3	4	5	6
	Little to no attention in this area	Identified for future action	In planning or advocacy stage	Initial activity, but not well established/ at full-scale	Well developed programme/ completed activity	N/A not function of LGA
Support for ward-level HIV/AIDS activities						
Community representation and active participation on LGA HIV/AIDS committee/s						
Policy for involvement of PLWHAS						
Involvement of PLWHAS						
WITH BUSINESS						
Cost recovery for services provided to private sector						
Developing efficacy of social grant system						
Have supported CSOs in attempts to raise funds for local responses						
Systematic attempts to raise resources externally, through donors, loans, twinships or attracting international NGOs and projects to the area						

9. INDICATORS OF PARTNERSHIP APPROACH

	1	2	3	4	5	6
	Little to no attention in this area	Identified for future action	In planning or advocacy stage	Initial activity, but not well established/ at full-scale	Well developed programme/ completed activity	N/A not function of LGA
Attempts to raise resources from local institutions and businesses						
Grants-in-aid or mayoral discretionary budgets to HIV/AIDS organisations						
Support for CSOs in developing proposals for funding						
Memoranda of understanding between municipality and CSOs						
Memoranda of understanding between municipality and business councils or interests						
Engagement with faith-based organisations to enlist them in tackling HIV/AIDS						

Notes

10. COMMUNITY MOBILISATION AND CAPACITY BUILDING

	1	2	3	4	5	6
	Little to no attention in this area	Identified for future action	In planning or advocacy stage	Initial activity, but not well established/ at full-scale	Well developed programme/ completed activity	N/A not function of LGA
Programme to engage with and mobilise faith-based organisations to respond to HIV/AIDS						
Programme to engage with organisations representing people directly affected by HIV/AIDS						
Offering or supporting training workshops for community ASOs						
Ward-based or other local area advocacy for HIV/AIDS response						
Training or supporting training of under-capacitated ASOs in financial management and other organisational management skills						

Notes

11. PROGRAMME DEVELOPMENT AND SUPPORT

	1	2	3	4	5	6
	Little to no attention in this area	Identified for future action	In planning or advocacy stage	Initial activity, but not well established/ at full-scale	Well developed programme/ completed activity	N/A not function of LGA
Existence of annual work plan for HIV/AIDS task team						
Use of progress indicators for monitoring progress in key projects						
Communication strategy for internal responses						
Implementation of a communications strategy and plan						
Access to or development of appropriate communication (IEC) materials						
Introduction of pilot projects through external partners located in municipal facilities						
Research programmes located in municipal facilities						
Partnerships with tertiary institutions or research organisations						
Analysis of technical assistance needs						
Technical assistance relationships with non-municipal partners						

Notes

12. INDICATORS OF INNOVATION IN RESOURCING AND FUNDING HIV/AIDS MITIGATION RESPONSES

	1	2	3	4	5	6
	Little to no attention in this area	Identified for future action	In planning or advocacy stage	Initial activity, but not well established/ at full-scale	Well developed programme/ completed activity	N/A not function of LGA
WITH CIVIL SOCIETY						
Support for CSOs in developing proposals for funding						
Plan for developing efficacy of social grant system						
Have actively supported CSOs in attempts to raise funds for local responses						
Including infrastructure for HIV/AIDS response in restructuring grant						
Grants-in-aid or mayoral discretionary budgets to ASOs						
Developing efficacy of social grant system						
WITH BUSINESS						
Systematic attempts to raise resources externally, through donors, loans, twinships or attracting international NGOs and projects to the area						
Attempts to raise resources from local institutions and businesses						
Cost recovery for services provided to private sector						

Notes

Annex 5:

Tools for analysing municipal responses to HIV/AIDS

Tool 2: Analysing the powers, functions and capacities of municipalities to respond to HIV/AIDS

Procedure

- The following table presents areas of local government functioning related specifically to HIV/AIDS.
- It is suggested that this tool be used in a group exercise context.
- Each topic is preceded by a question and a list of discussion topics.
- After a period of 5-10 minutes of discussion in each area, the group should rate the area in terms of whether it represents a “strong, slight or no problem”.
- Thereafter those areas that represent a strong problem should be targeted for further discussion with a view to developing solutions.



EKURHULENI METROPOLITAN MUNICIPALITY: AERIAL OVER PRETORIA PORTLAND CEMENT (PPC) FACTORY NEAR GERMISTON ©SHAUN HARRIS/IAFRIKA PHOTOS

Area of local government functioning	Strong problem	Slight problem	No problem
<p>1. Clarity about the expectations (mandates) of municipalities in terms of service delivery and HIV/AIDS response activities (clarity about what services are mandated to LG and province respectively).</p> <p>DISCUSSION</p> <ul style="list-style-type: none"> • In which areas of HIV/AIDS service delivery is there lack of clarity about mandates? • Is the mandate to local government within the National AIDS Strategy/Plan clear? • Is the mandate from the department of local government about responding to HIV/AIDS clear? • Are there specific directives from the department of local government about responding to HIV/AIDS? 			
<p>2. Limitation of the powers of the municipality to make decisions about priorities, strategies and programmes for responding to HIV/AIDS.</p> <p>DISCUSSION</p> <ul style="list-style-type: none"> • What, if any, are the limitations on local government autonomy in terms of decision making in the area of HIV/AIDS response? 			
<p>3. Expectation that the municipality takes responsibility for making decisions and planning in relation to HIV/AIDS that is beyond its present capacity.</p> <p>DISCUSSION</p> <ul style="list-style-type: none"> • In what areas of municipal functioning are the expectations beyond municipal capacity? 			
<p>4. The municipality is expected to fulfil mandated HIV/AIDS functions without the necessary fiscal provision from the central authorities holding LG to the mandate (problems of unfounded mandates).</p> <p>DISCUSSION</p> <ul style="list-style-type: none"> • In what areas are there unfounded mandates? 			

Area of local government functioning

Strong problem

Slight problem

No problem

<p>5. The municipality allocates money in a way that is not conducive to HIV/AIDS response.</p> <p>DISCUSSION</p> <ul style="list-style-type: none"> • To what extent are resource problems a result of a more general problem of inadequate municipal revenues and to what extent a result of allocation of money to HIV/AIDS? • Does the municipality have a proactive programme or is it creative in raising funds for responding to HIV/AIDS? • Has the municipality attempted to raise resources externally, through donors, loans, twinships or attracting international NGOs and projects to the area? • Has the municipality tried to raise resources from local institutions and businesses? • Does the municipality have capacity problems in raising funds in any of the above ways? 			
<p>6. Split functions of government.</p> <p>(one element of a service – e.g. laboratory costs for VCT – being funded by one tier of government and another element being funded at a different level e.g. human resources and training for counselling for VCT)</p> <p>DISCUSSION</p> <ul style="list-style-type: none"> • In what areas of mandated response to HIV/AIDS are there split functions of government? (Start with discussing the more common problem areas: e.g. VCT, PMTCT, social welfare grants) • What are the problems experienced at each level? 			
<p>7. Cooperation and communication frameworks between government departments not located in the municipality make integrated development planning difficult.</p>			

Area of local government functioning

Strong problem

Slight problem

No problem

DISCUSSION

- Cooperative/consultative relationship between the municipality and province (and district where relevant) in the area of health.
- Degree of cooperation/ consultation between municipal social support and development activities and provincial department of social development.
- The relationship between municipal social services and local officials of the national department of Home Affairs.
- Existence of communication channels between social services and provincial urban renewal or poverty alleviation programmes.
- What inter-departmental structures or communication channels exist through which integrated planning to improve delivery of services and provide access to social grants and services and can take place?
- Has decentralisation taken place vertically such that cooperation between departments is problematic in terms of basic infrastructure? (e.g. departments not located in the same part of the city)
- Is inter-governmental communication and planning difficult owing to restraints related to constraints such as distance, or location of offices?

8. The problems experienced in governing HIV/AIDS response at local level can be resolved at the functional level by improving intergovernmental relations and clarification of cooperative action around split functions of government.

DISCUSSION

- What solutions are possible that can be initiated by local government?
- How far can these go to resolving the problems experienced?

Area of local government functioning

Strong problem

Slight problem

No problem

<p>9. The commitment of the municipality to HIV/AIDS as indicated by: past actions, plans, pilot projects, ongoing projects and commitment of resources.</p> <p>DISCUSSION</p> <ul style="list-style-type: none"> • What solutions are possible that can be initiated by local government? 			
<p>10. The prioritising of HIV/AIDS in the municipality.</p> <p>DISCUSSION</p> <ul style="list-style-type: none"> • At what level or in what decision-making process of the municipality is there a problem of prioritisation? 			
<p>11. Poor cooperation between officials and councillors.</p> <p>DISCUSSION</p> <ul style="list-style-type: none"> • Do the relationships or trust between officials and councillors create problems? • Is the working together of officials and councillors negatively affected by political tensions? • What structures and forms of regular communication exist to ensure that councillors and officials work closely together, specifically on HIV/AIDS issues? 			
<p>12. Political leadership of the municipality has encouraged and supported municipal action, both internal and external support of municipal HIV/AIDS responses.</p> <p>DISCUSSION</p> <ul style="list-style-type: none"> • What has leadership done to encourage and support municipal action both internally and externally? • What is the profile of leadership involvement in HIV/AIDS in popular perception? • To what extent has municipality leadership linked with other leadership (traditional authorities; youth organisations; faith-based organisations; CSO networks) in building a framework for response? 			

Area of local government functioning	Strong problem	Slight problem	No problem
<p>13. Officials/managers are strongly supportive of municipal HIV/AIDS responses.</p> <p>DISCUSSION</p> <ul style="list-style-type: none"> • What has leadership done to encourage and support comprehensive municipal action both internally and externally? • What is the profile of leadership in local perception? • To what extent has municipal leadership linked with other leadership (traditional authorities; youth organisations; faith-based organisations; CSO networks) in building a framework for response? 			
<p>14. The resources available to the municipality in developing responses to HIV/AIDS.</p> <p>DISCUSSION</p> <ul style="list-style-type: none"> • Are resource problems partly a result of how the municipality allocates resources? • To what extent are resource problems a result of a more general problem of inadequate municipal revenues? • Has the municipality attempted to raise resources externally, through donors, loans, twinships or attracting international NGOs and projects to the area? • Has the municipality tried to raise resources from local institutions and businesses? • Does the municipality have capacity problems in raising funds in any of the above ways? 			
<p>15. Insufficient understanding of local-level impact of HIV/AIDS or response to HIV/AIDS.</p> <p>DISCUSSION</p> <ul style="list-style-type: none"> • Has there been a local-level impact study? • Is there sufficient capacity in the municipality to lead the process of understanding and response? 			

Area of local government functioning

Strong problem

Slight problem

No problem

16. Capacity to form partnerships.

DISCUSSION

- Are there municipal (or equivalent) service providers contracted to the municipality?
- Is the municipality involved in coordinating local responses to HIV/AIDS?
- Have there been attempts to develop partnerships with HIV/AIDS CSOs?
- Is there a positive relationship and climate for closer interaction between local CSOs and the municipality?

17. Capacity to plan and manage HIV/AIDS response.

DISCUSSION

- Does the municipality have sufficiently skilled staff in all areas in which it is mandated to respond to HIV/AIDS?
- In which areas is training or guidance inadequate?

MSUNDUZI MUNICIPALITY (PIETERMARITZBURG): TOWN HALL ©ALAIN PROUST/CAPE PHOTO LIBRARY



Annex 6:

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