



HIV/AIDS AND LOCAL GOVERNMENT LEARNING NETWORK

INPUT PAPER 2009

**How well are IDPs addressing HIV issues?
What is needed for municipalities to have
HIV and AIDS competent IDPs?**

Discussion document prepared by Liz Thomas, Pinky Mahlangu and Francis Kintu for the HALOGEN meeting on the 17th April 2009, Hofmeyr House, WITS University. Hosted by MRC and Centre for Health Policy, WITS.

This document was produced for the April 2009 meeting. Preliminary findings of a Gauteng study reported on in the document are in the process of being finalized as at December 2009. The document reflects the situation at the time of the meeting and does not incorporate the final results of the studies. Other input papers, reports of the learning events, presentations and municipal briefs can be downloaded from www.halogen.org.za.

CURRENT MEMBERS OF THE HIV/AIDS AND LOCAL GOVERNMENT LEARNING NETWORK ARE:

Built Environment Support Group (BESG)
Centre for Municipal Research and Advice (CMRA)
Centre for AIDS Development, Research and Evaluation (CADRE)
Department of Cooperative Governance and Traditional Affairs (cogta)
Education Training Unit (ETU)
Isandla Institute
Medical Research Council (MRC)
RTI International
South African Cities Network (SACN)
South African Local Government Association (SALGA)
Independent consultants and researchers working on HIV/AIDS and Local Government

FOR MORE INFORMATION ON THE NETWORK GO TO WWW.HALOGEN.ORG.ZA OR CONTACT:

70 Rosmead Avenue
Kenilworth
7708
Tel. 021 683 7903
Fax. 021 683 7956
Email: staceyleigh@isandla.org.za

The network is funded by the German Agency for Technical Cooperation (GTZ). GTZ, through its Strengthening Local Governance Programme (SLGP), provides funding and support for the activities of the HIV/AIDS and Local Government Learning Network. The SLGP is a partnership initiative with the Department of Cooperative Governance and Traditional Affairs (cogta) and the South African Local Government Association (SALGA).



NOTE: This paper was commissioned by Halogen. It does not necessarily reflect the views of the network.

Contents

1. AIM OF THE DISCUSSION DOCUMENT AND OBJECTIVES OF THE WORKSHOP	2
2. BACKGROUND TO IDPS	2
3. CURRENT POLICY REGARDING HIV AS A DEVELOPMENTAL ISSUE	2
4. HISTORY OF HIV IN IDPS	2
5. LESSONS FROM A CASE STUDY OF GAUTENG'S 14 IDPS (2007/2008)	4
6. WHAT WOULD AN HIV AND AIDS COMPETENT IDP LOOK LIKE?	4

REFERENCES:

MAPS AND FIGURES:

MAP 1: MAP OF GAUTENG PROVINCE SHOWING METRO, DISTRICT AND LOCAL MUNICIPALITIES	5
FIGURE 1: STAGES OF INFECTION AND VULNERABILITY	7
FIGURE 2: THE ROLE OF LOCAL GOVERNMENT AT EACH STAGE OF THE INFECTION	8
FIGURE 3: INTERVENTIONS AT EACH STAGE OF INFECTION	8

ANNEXURES:

ANNEXURE 1: AGENDA FOR MEETING ON THE 17 TH APRIL 2009	12
ANNEXURE 2: BASELINE ASSESSMENT TOOL	13

SUGGESTED CITATION:

Thomas EP, Mahlangu BP, Kintu F (2009) How well are IDPs addressing HIV issues? What is needed for municipalities to have HIV and AIDS Competent IDPs? Discussion document prepared for the HALOGEN meeting 17th April 2009, Hofmeyr House, University of the Witwatersrand.





INPUT PAPER

How well are IDPs addressing HIV issues? What is needed for municipalities to have HIV and AIDS competent IDPs?

AUTHORS: LIZ THOMAS, PINKY MAHLANGU AND FRANCIS KINTU

1. Aim of the discussion document and objectives of the workshop

- 1.1. The document was been prepared as a background reference and an introduction for participants at the workshop. It is anticipated that all who attend will have read the material and thought about the issues raised in it so as to be prepared for the workshop.
- 1.2. The need for the workshop on the topic of HIV and IDPs was raised at the November 2008 review of the HALOGEN (network's) activities as an issue that needed to be given further attention.
- 1.3. The objectives for the day were to inter alia:
 - To review the role of the IDP as a budgeting and planning tool for planning and budgeting at a district and local level, historically and in policy
 - Review lessons from a case study of the 14 Gauteng district and local municipal 2007/2008 IDPs
 - Hear about best practice from participants from a number of municipalities
 - Push the boundaries of current thinking about "what a HIV and AIDS competent IDP" should include"?

2. Background to IDPs and developmental nature of HIV and AIDS

- 2.1 The DPLG, INCA, MRC and Handbook outlines the role of IDPs in a context of HIV on pages 16-18.

3. Current policy guiding local government's response to HIV as a developmental issue

Various frameworks exist to guide responses to HIV and AIDS at a national level such as the New Strategic Plan (NSP) 2007-2011 and others. The NSP clearly points out the need for integrated response to HIV and AIDS. However, the NSP does not provide guidance to local government with regard to appropriate actions to be undertaken in order to achieve the goals set out in the NSP. According to the NSP, local government structures should mainstream HIV and AIDS, TB, and STI activities to harmonise with local integrated development plans. There needs to be a shift from vertically driven responses (done by the municipal Human Resources or health department) to horizontally driven responses where all departments include HIV and AIDS issues in their strategic business plans.

The **dplg** (now COGTA)¹ Framework and the Handbook no also inform the municipal response to HV as a development issue. The Framework

provides municipalities with clear guidelines on how they should respond to the causes and effects of the HIV and AIDS epidemic through mainstreaming HIV AND AIDS into their core functions. The Handbook is a step to step guide with a set of tools on how to go mainstream HIV and AIDS.

4. History of HIV in IDPs and current state of IDPs

4.1 REVIEW OF MUNICIPAL CAPACITY TO PREPARE APPROPRIATE IDPS

The assessment study conducted for Department of Provincial and Local Government by Harrison in 2006 has showed that 28% of local municipalities lack the most basic capacity to prepare an IDP, and will struggle even with support. Furthermore, the study found that only one in three (37%) of municipalities has independent capacity to prepare an IDP, and 35% have some basic capacity and can prepare an IDP with support (Isandla Insitute (2006). In the past, IDPs have placed greater emphasis on developmental issues such as local economic development, environment, and etc, however, the challenge is that some of the municipal IDPs are silent on social issues such as HIV and AIDS (Ambert, 2004). This limitation is asserted by Harrison et al (2008) who observed that planning has struggled to make the connection around the key societal issues of contemporary South Africa, including, HIV and AIDS, crime prevention, poverty alleviation, and gender empowerment. The authors argue that despite the enormity of the problem, there has been few attempts from some municipalities to make the link between planning and social issues.

4.2 THE HISTORY OF THE RESPONSE TO ADDRESSING HIV IN IDPS

While **dplg** was proactive in a number of policy areas post 1994 , eg in the IDP and setting up the LED process; there has been a slower response on HIV and AIDS. This could be partly attributed to the general predominant consideration of HIV as a workplace issue. A request in mid 1999 to meet with the national planning department's person responsible for HIV led to

a meeting with the HR manager responsible for disability, gender and HIV. Clearly, at this stage, the concern was with the impact on the workforce. A year later, the HIV impact on development had already been taken on board and the IDP team commissioned a study to assess the extent to which less than ten municipalities in the country were responding to HIV. Selected to represent those where some response was already underway, municipalities in KZN, Gauteng and Free State were selected as they were leading the country in terms of HIV antenatal prevalence. This review (Thomas 2000) highlighted that many of the municipalities were becoming increasingly aware of HIV through the attendance at clinics and a few had sections or chapters on HIV in their IDPs.

4.3 THE “2004 TO CURRENT PERIOD” - STATE OF ADDRESSING IN HIV IN IDPS

Ambert (2004) investigated the manner in which ten selected municipalities define, interpret and respond to the local impact of HIV and AIDS in their IDPs, and concluded that the ability of municipalities to engage with HIV and AIDS issues was inadequate. Most IDPs did consider HIV and AIDS in the current situation analysis. However the analysis only focused on morbidity and /or mortality matters (pandemic as a force which impacts the demand for health care service and cemetery space). Only few IDPs noted that HIV may impact on local economic development, political participation and social mobilization. None of the ten had considered the impacts of HIV and AIDS on basic municipal services such as water, sanitation, electricity or refuse removal, and how the pandemic may affect the overall backlogs in service provision, and they did not explicitly consider what the service requirements of infected individuals and affected households may be.

The IDPs reviewed explored the social dimensions of HIV and AIDS in relation to local governance. The developmental impacts were interpreted in terms of increasing socio-economic vulnerability, specifically in respect of orphans and their caregivers, as well as





decreasing food security. In some IDPs, HIV and AIDS was only considered marginally as a cause or effect e.g. unemployment leading to prostitution and increasing number of infected people, and informal settlements as prone to the spread of HIV. None of the IDPs considered how the pandemic may affect revenue generation (none considered the effects on economic trends). Several IDPs reviewed by Ambert (2004) adopted a “planning to plan” strategic response to HIV. HIV and AIDS was not planned for, but municipalities were still planning to plan for HIV and AIDS.

The review of 5 local municipality IDPs of Ehlanzeni municipality was conducted by GTZ and Ehlanzeni district municipality in 2008. The review indicated that there is a need to include HIV and AIDS initiatives on the budget to ensure better budgeting for HIV and AIDS responses. Lack of alignment on planning for HIV and AIDS interventions was identified as the reason why the municipality did not budget for HIV and AIDS. The review also showed that there was lack of understanding of the IDP process and phases amongst stakeholders who are supposed to be actively involved in the process.

The IDP manager for Nkomazi local municipality acknowledged the silence of the Nkomazi IDP with regard to HIV and AIDS issues. One of the reasons stated for not including HIV and AIDS in the IDP was that communities do not prioritise HIV and AIDS during community consultative meetings, therefore missing the opportunity to include HIV and AIDS during the needs assessment phase.. The IDP review of Umjindi local municipality showed that mainstreaming was incorrectly understood as planning and implementing new projects focusing on HIV and AIDS. As the result the municipality expressed their concern of limited resources.

In summary:

This overview has shown that from the data available, it would appear that the response to HIV in IDPs has been very variable across municipalities. Mention must be made of the concerted effort of SACN to facilitate the up-scaled response to HIV in the big 9 metros, and

support provided by GTZ and other government departments such as dplg and others.

5. What would an HIV and AIDS competent IDP look like?

5.1. INTRODUCTION

All 14 of Gauteng’s IDPs (2007/2008) were reviewed (by Francis Kintu) to assess the extent to which they have mainstreamed HIV and AIDS.

5.2. METHODS

The research was an exploratory study involving an in depth secondary analysis of 14 IDP’s of municipalities from the Gauteng province namely, (3 metropolitan municipalities, (Johannesburg, Ekurhuleni, Tshwane), 3 district municipalities (West Rand, Metsweding and Sedibeng) and local municipalities (Kungwini, Nonkeng Tsa Taemane, Midvaal, Westonaria, Randfontein, Mogale City Lesedi & Emfuleni). The IDP’s for the years 2008 to 2010 were evaluated. A map showing the location of the metropolitan areas, districts and locals follows, (Map 1).

The research used an M & E (monitoring and evaluation) framework of parameters developed for assessing HIV mainstreaming in IDP’s (by Celine Mazars of CMRA and others for the DLPG National Task Team) as an analytical tool. For each of the 14 IDPs, the analysis consisted of a critical assessment of the situational analytic phases and strategic planning phases of the IDP to determine whether HIV and AIDS had been determined as a priority area by municipal planners, and whether HIV and AIDS had been targeted as a broad framework for which critical projects in IDP plans were designed for. A detailed analysis of the programming phase(s) in the IDP was also carried out to determine whether there were synergies between IDP programming and the situational analysis and strategic planning phases; in order to assess the strength of IDP programmes in terms of their alignment to HIV and AIDS mainstreaming. The findings emanating from the assessment have been synthesized for this document as follows.

MAP 1 MAP OF GAUTENG PROVINCE SHOWING METRO, DISTRICT AND LOCAL MUNICIPALITIES



Districts

- Red: City of Johannesburg Metropolitan Municipality
- Blue: City of Tshwane Metropolitan Municipality
- Green: Ekuruleni Metropolitan Municipality
- Purple: Metsweding District Municipality
- Turquoise: Sedibeng District Municipality
- Yellow: West Rand District District

Local Municipalities

- 1. Nokeng Tsa Taemane Local Municipality
- 2. Kungwini Local Municipality
- 3. District Management Area of the West Rand District
- 4. Mogale City Local Municipality
- 5. Randfontein Local Municipality
- 6. Westonaria Local Municipality
- 7. Emfuleni Local Municipality
- 8. Midvaal Local Municipality
- 9. Lesedi Local Municipality

5.3. PRELIMINARY FINDINGS OF THE GAUTENG IDP CASE STUDY

The preliminary findings, (which will be included in the final report on the study) are reported under the headings of metropolitan, district and local municipalities. Overall, the responses in the IDPs differ markedly between municipalities of differing scale/ capacity.

PROGRESS TO DATE

Metropolitan Municipalities

- (a) The metropolitan municipalities’ IDPs identified HIV and AIDS as a strategic issue and identified HIV and AIDS as a top priority issue in their situational analysis and planning phases of the IDP.
- (b) All 3 metropolitan IDP’s had HIV and AIDS strategies, but one metro municipality’s strategy was not well articulated in terms of key deliverables, specific impacts targeted by strategies, etc.
- (c) All 3 metro IDP’s showed varied responses to the HIV and AIDS pandemic through projects/programs like HIV and AIDS awareness programmes, condom distribution, home based care projects, etc.

- (d) 2 out of 3 metro municipalities exhibited HIV mainstreaming responses to the HIV and AIDS in comparison to one metro whose response was confined to HIV programming.

District Municipalities

- (e) The district municipalities (DM) (with the exception of one DM) have HIV and AIDS strategies - though not well articulated.
- (f) The district municipalities had varied responses to the HIV and AIDS pandemic ranging from programs like HIV and AIDS awareness programs, condom distribution, home based care projects, etc.

Local Municipalities

- (g) The local municipalities identified HIV and AIDS as a priority issue (except one LM).
- (h) The local municipalities except one had HIV and AIDS response programs.

AREAS FOR IMPROVEMENT

Metropolitan Municipalities

- (1) Metropolitan IDP ‘hard’ infrastructure investments were seen as an opportunity related to mitigating vulnerability to socio-





economic impacts of HIV and AIDS and susceptibility to HIV infection in their areas/localities, except an Ekurhuleni housing project that is linked to housing those affected by the pandemic (referred to on page 18 of the Ekurhuleni IDP). (Comment: The appropriateness of this potentially stigmatizing housing response is questioned by the writers)

- (2) There is a lack of locally based HIV and AIDS studies that can be used to inform the analysis and strategic planning phases of the IDP. Such research is valuable in municipal based responses of fighting the pandemic. (Comment: as of 2009, three years of district level HIV ante natal data has been collected by the department of health, enabling IDPs at a district level to include standardized data)
- (3) Until now there has been a dearth of locality-specific information on HIV and AIDS prevalence and incidence in metropolitan IDP's. Most IDP's relied on national and provincial prevalence statistics in their planning.
- (4) Apart from Johannesburg Metro, there are no ward committee and local Aids Council ground level responses to the HIV and AIDS pandemic in Ekurhuleni Metro and Tshwane Metro.
- (5) HIV and AIDS strategies need more articulation – in some IDP's, there is only mention of an HIV and AIDS strategy – without going into concrete details how the strategy will be implemented, what deliverables are to be expected, etc.
- (6) The need a need for a for more multi-sectoral planning programs in IDP's that interface HIV and AIDS issues with developmental goals. This has the potential of combating the HIV and AIDS pandemic on a broad front.

District Municipalities

- (7) Overall, the majority of district municipal responses to HIV and AIDS are largely confined to HIV programming.

- (8) In most district municipalities' IDP's there is a lack of HIV related multisectoral plans. HIV and AIDS issues are not interfaced with any developmental goals in IDP's.
- (9) There is a lack of ward committee or local Aids Council level responses to the HIV and AIDS pandemic reported as operating in district municipality IDP's
- (10) There is a lack of locality-specific statistics or data on HIV and AIDS prevalence and incidence in metropolitan IDP's that can better inform HIV and AIDS strategies of district municipalities. Most IDP's relied on national and provincial prevalence statistics in their planning.

Local Municipalities

The majority of local municipality IDP's HIV and AIDS responses are mostly confined to HIV programming as opposed to HIV and AIDS mainstreaming.

There is a serious dearth of HIV and AIDS related multisectoral plans. This shows that HIV and AIDS issues are not interfaced with developmental goals.

Lack of locality specific HIV and AIDS prevalence data in local municipalities.

REFLECTIONS ON VALIDITY OF THE DESKTOP REVIEW OF IDPS

The desktop review highlighted that assessment of IDPs is limited in that it only assesses the document itself and the proposals. The extent to which the document reflects the reality and the extent to which the proposals are implemented, are not able to be evaluated using this method. For example there are many ward committees dealing with HIV across Gauteng funded by the Multisectoral Aids Unit (MSAU), however, evidence of them was not found in some of the IDPs.

Further, policies in IDPs that may protective of further HIV infection (eg empowerment of women, economic development etc) as well as those that will mitigate the impact of HIV (as one aspect of development impacting on poor households), were not be picked-up in a 'quick

and dirty assessment' using "HIV and AIDS as keywords" in this desktop IDP review.

In order to assess the actual situation regarding HIV and AIDS compared with what is said in the IDP, this desktop study was followed up with an in depth investigation of the actual HIV response in a sample of municipalities in Gauteng through interviews with the HIV Co-ordinators and IDP managers. This study is soon to be concluded.

6. What would an HIV and AIDS competent IDP look like?

6.1. FACTORS THAT IMPACT ON THE EXPECTED APPROPRIATENESS OF THE HIV RESPONSE IN THE IDP

Some of the headings for the consideration of these include:

- The scale of the epidemic in the area – existing and projected
- The demographic and economic characteristics of the municipal area e.g. mining area/ major transport routes

- The capacity of the municipality including political leadership, technical skills etc
- The institutional response eg civil society, district and local aids councils

6.2. NEED FOR APPROPRIATE MUNICIPAL STRATEGIES AS PER STAGE OF INFECTION

Drawing from the MRC/WITS' contribution to the HALOGEN's Vulnerability workshop in June 2008, responses by municipality need to take into consideration the municipal roles per stage of infection. It is argued that "Knowing the epidemic" is very important in being able to adequately develop/enable/ co-ordinate appropriate responses. This builds on the work in the DPLG Framework and DPLG/MRC and INCA Handbook that refers to municipal responsibilities as doer, enabler, facilitator and co-ordinator. See Figure 1 showing stage of HIV infection and Figure 2, the roles of local government at each stage.

FIGURE 1: STAGE OF HIV INFECTION AND VULNERABILITY

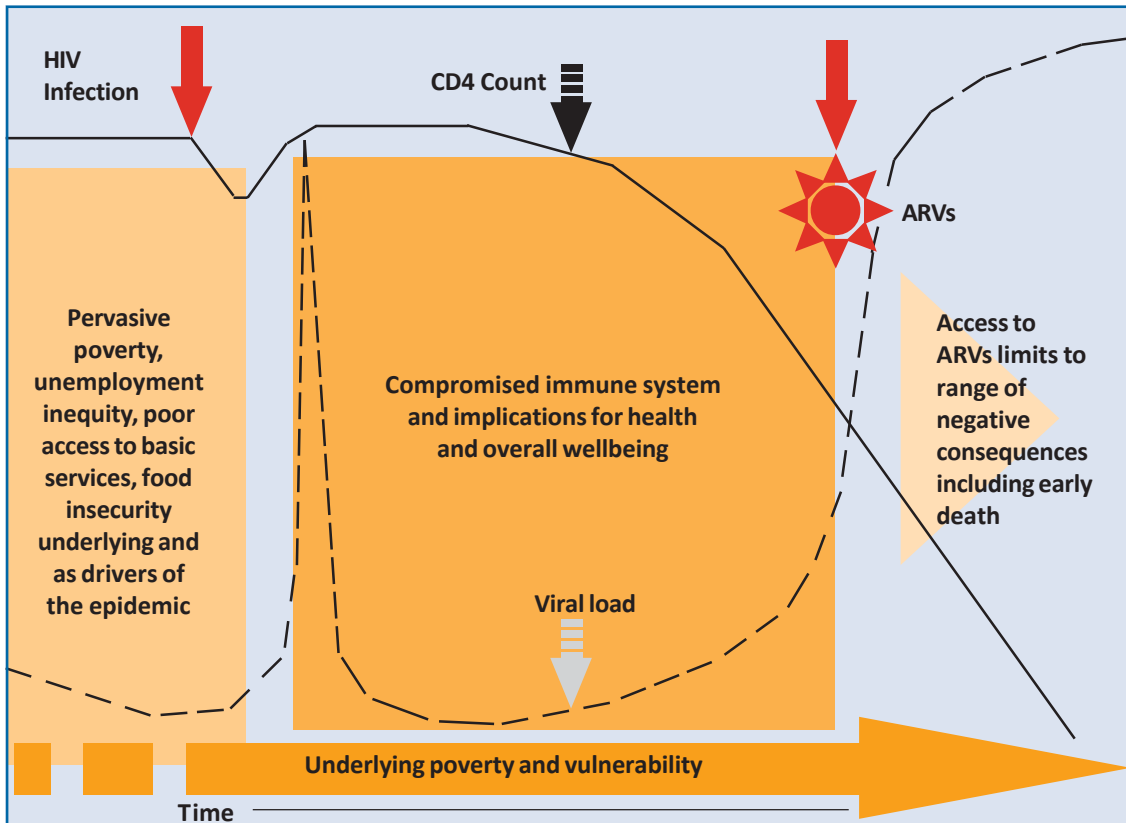


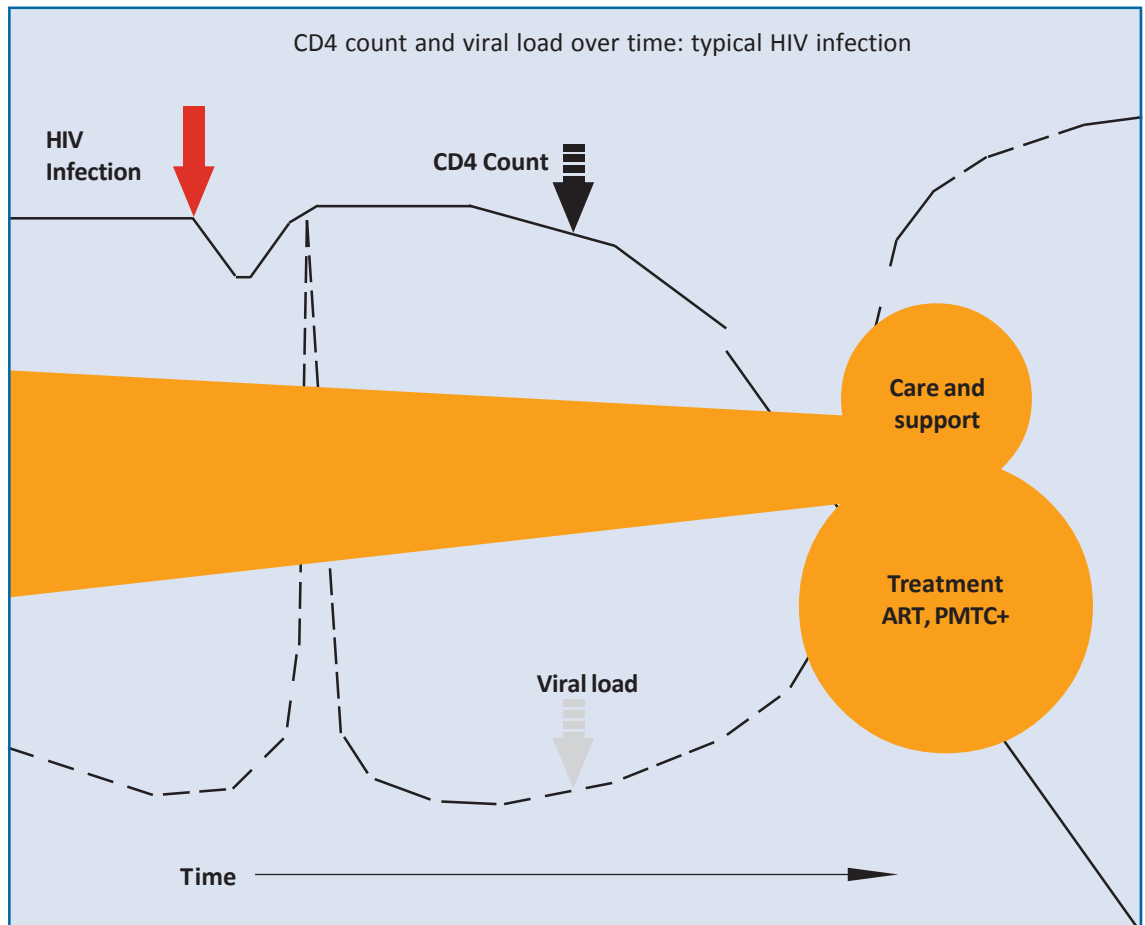


Figure 2. The roles of local government at each stage of infection.

STAGES OF INFECTION: ROLE OF LOCAL GOVERNMENT AS A FACILITATOR			
	NO HIV	HIV positive	AIDS
Facilitator	Facilitate working relationships with other agencies/gov and NGOs in response to HIV, eg DAC and LACd	Specific interventions related to particular target groups eg informal settlement upgrading, migrants desk, one stop shops,Plus all facilitating actions to the left via LAC/DAC	Specific activities re OVCs, HBC, PWLAs, re grants, safety nets, food access plus all LAC/DAC
Enabler	Range of activities for developmental local government	Use of vacant buildings for HIV related activities Accessible health facility and pension pay points Alignment of strategies with local government strategies Social safety nets	Social safety nets Access to health facilities including access for disabled people.
Doer	Local Government: LED, provision of basic services	Local Government: local economic development Provision of basic services KEY: GETTING THE BASICS RIGHT	Local government: LED, provision of basic services, cemetery space

The NSP 2007-2011 highlights the need for prevention, treatment, case and support. The target of each of these activities are shown in relation to the stage of infection of an individual in Figure 3 below.

FIGURE 3: INTERVENTIONS AT EACH STAGE OF INFECTION.



Municipalities have a Constitutional developmental mandate, (and only limited health responsibilities e.g. environmental health) and in the metro's – primary health care services. When considering the developmental responsibilities of local government, there is a need for a broader understanding of the proportions and numbers of people within a municipal boundary in each stage of infection.

A simple illustration of knowing ones epidemic should be used to inform responses:

While HIV infection levels vary between and within municipalities, assuming 10% of the general population is HIV positive:

- **Prevention initiatives** need to target those who are HIV+ve and those who are HIV-ve: that is all the population, but obviously targeting most at risk groups.
- **Maintaining good health** is especially key for all who are HIV +ve (say 10% of the total population)
- **Treatment** is needed by approximately 10% of those who are HIV+ve
- **Care and support** of AIDS affected e.g. OVCs, carers etc say <5% of the population

6.3. MUNICIPAL IDP PROGRESSION IN HIV AND AIDS COMPETENCE OVER TIME – PHASES

In considering the responses of municipalities to the challenge of HIV in their IDP's the Gauteng study has highlighted that the IDPs vary considerably from:

- Token reference to HIV
- A specific chapter on HIV and AIDS – understanding the scale of the epidemic, variations in levels of infection and vulnerability to infection within the municipality – so as to inform...
- Mainstreamed responses in each of the sector plans/ chapter e.g. housing, water, sanitation etc.
- Funding for responses within sectoral responses
- Encouraging other sectors to play their role eg social development, home affairs etc
- Including civil society groups and those who represent the voices of (or have a specific interest in/ concern about) vulner-

- able groups etc women, domestic violence, OVCs, MSM, migrants, sex workers etc
- Co-ordinating other's actions so as to ensure a locally relevant ward based response.

There are obviously a range of variations and areas needing to be considered within these broad headings.

6.4. ACTIVITIES OF MUNICIPALITIES WHERE RESPONSES ARE NEEDED

- Political leadership
- Management leadership
- Workplace HIV HR strategy
- Appropriate responses in sectoral strategies in serving community and enabling non government agencies, including PLWAs to be able to work together.

6.5. WHAT WOULD AN HIV AND AIDS COMPETENT MUNICIPALITY LOOK LIKE?

- 6.5.1. One size does not fit all – starting with a good understanding of the epidemic in the municipality, the upstream drivers of infection (social determinants of health) and to unpack how the municipality can work to prevent further infections, ensure people have the preconditions to stay well (health living environments), have access to treatment which is accessible, affordable and acceptable as well as ensuring that specific strategies are developed to support vulnerable groups are put in place.
- 6.5.2. Provide leadership both politically and technically in responding by taking responsibility for and addressing the HIV situation in their municipality (internal and external strategies)
- 6.5.3. Mainstream HIV issues into the various sector plans of municipal departments
- 6.5.4. Monitor and evaluate the epidemic in their area, considering also TB, infant diarrhea, infant mortality rates etc.
- 6.5.5. Ensure that all sectors of the municipality, other government agencies and civil society work together in addressing the epidemic by providing leadership of institutions such as LACs and DACs.





This document should be read in conjunction with the Municipal Brief No. 1 of 2009 that was compiled based on the materials presented at the workshop and the discussion of the input paper and other contributions made by the participants.

See http://www.halogen.org.za/documents/Municipal_Brief_Mainstreaming_HIV-AIDS_into_IDPs.pdf

7. References

Ambert, C. 2004. HIV, AIDS and Development Planning: A reality check. http://www.ifas.org.za/research/pdf/Cahiers-IFAS_5.pdf.

Department of Local Government. 2007. Framework for an Integrated Local Government Response to HIV and AIDS.

Baseline questionnaire from the situational analysis conducted for the roll out of the dplg Framework for an Integrated Local Government Response to HIV and AIDS.

Department of Local Government. 2002. Programme for the development of Local Government Leadership in the Partnership against HIV and AIDS. Local Government Evaluation Report Back Session, 19 November.

DPLG INCA MRC SALGA 2008 Handbook for Facilitating Development and Governance Responses to HIV & AIDS. <http://www.dplg.gov.za/>

Education and Training Unit (2007). HIV and AIDS and municipalities. Manual produced by Education and Training Unit (ETU).

Gauteng Strategic Plan on Aids for 2009/2010. Implementing the National Strategic Plan on HIV and AIDS for 2007 – 2011 in Gauteng Province. The Gauteng Multisectoral AIDS Unit.

Integrated Development Plans (IDP's) of Municipalities in Gauteng 2008 – 2009.

Harrison, P. Todes, A and Watson, V. (2008). Planning and Transformation: Learning from the post-apartheid experience. Routledge, Canada.

Harrison, P. (2006). Integrated development plans and third way politics. In Pillay, U. Tomlinson, R and Du Toit, J (eds). Democracy and Delivery: Urban Policy in South Africa. HSRC Press. Cape Town.

Isandla Institute (2006). The developmental local state: lessons from theory and practice. Conference report compiled by Isandla Institute on 31 October – 2 November 2006.

Van Donk, M. (2004). Development Planning and HIV and AIDS in Sub-Saharan Africa. Final Report prepared for the UNDP Regional Project on HIV and Development in Sub-Saharan Africa. http://www.undp.org/hiv/docs/dev_plan_report_fnl.pdf



ANNEXURES

Annexure 1: Agenda for the day

HALOGEN LEARNING EVENT #1 2009
HOFMEYR HOUSE, EAST CAMPUS, WITS UNIVERSITY
10.00 to 1.30pm on 17th April 2009

THEME: WHAT ARE THE MECHANISMS NECESSARY FOR ENSURING THAT HIV AND AIDS IS EFFECTIVELY TAKEN INTO ACCOUNT IN THE IDP?

OBJECTIVES:

1. To review the role of the IDP as a budgeting and planning tool for planning and budgeting at a district and local level
2. Review of Gauteng district and local 2007/2008 – 14 IDPs
3. Push the boundaries of current thinking about “what a HIV competent IDP” should include”?
4. Hear about best practice from participants from municipalities
5. Consultant’s perspective on successes and challenges on municipal responses to HIV in IDPs -
6. Discussion
7. Synthesis of lessons for HALOGEN Municipalities briefing from the workshop

Programme	
10.00 -10.10	Welcome and introductions
10.10- 10.25	1. To outline the background and history of HIV in IDPs – Pinky Mahlangu
10.25- 10.45	2. Review of Gauteng district and local 2007/2008 – 14 IDPs – Francis Kintu
10.45- 11.00	3. Push the boundaries of current thinking about “what a HIV competent IDP” should include”? Liz Thomas
11.00- 11.20	Discussion
11.20-11.35	Tea
11.35- 12.00	4. Hear about best practice and challenges from participants from municipalities
12.00 – 12.40	5. Consultant’s perspective on successes and challenges on municipal responses to HIV in IDPs - Nathaniel Mjema
12.40- 13.20	6. Discussion
13.20-13.30	7. Synthesis of lessons for HALOGEN Municipalities briefing from the workshop



Annexure 2: Baseline questionnaire

ROLL OUT OF THE FRAMEWORK FOR AN INTEGRATED LOCAL GOVERNMENT RESPONSE TO HIV AND AIDS BASELINE QUESTIONNAIRE

Attention: HIV Coordinator

Please complete the questionnaire below and fax or e-mail it to Pinky Mahlangu by Tuesday February 10th, 2009 pinky.mahlangu@gmail.com or fax: 011 720 0010 or Celine Mazars celine.mazars@gmail.com

Please note that for some of the questions, you may need to consult colleagues in your own or other Departments and/or municipal documents.

Sections 1 to 9 are directed to the HIV Coordinator, while Section 10 is to be answered by the IDP Manager. Section 7 and section 9 may be answered by any of you.

Profile	
Name of the municipality:	
Name of the District Municipality	
Name of Province	
Details of respondent	
Name	
Function	
Since when have you been in this position?	
Grade	
How long have you been working in this Municipal Department?	
E-mail	
Telephone	
Date	





SECTION 1: DESCRIPTION OF THE CURRENT HIV&AIDS SITUATION IN THE MUNICIPALITY

DO YOU KNOW....		YES	NO
1.	what the HIV prevalence rate amongst the population within your municipal area is?		
2.	if the information is available, please give the rate, the source and the year of the survey		
3.	how many orphans there are in your municipality?		
4.	If the information is available, please give the number, the source and the year of the survey		
5.	how many people are currently receiving anti-retroviral treatment?		
6.	If the information is available, please give the number, the source and the year of the survey		
7.	which geographical areas within the municipality are under-served? (i.e. without Home-based Care (HBC) or any other HIV services)		
8.	If the information is available, please specify:		
9.	who are the socio-economic groups in your municipality which are at particular risk of contracting HIV, because of their living conditions, and which necessitate specific prevention strategies?		
10.	If the information is available, please specify:		

SECTION 2: DESCRIPTION OF THE RESPONSES IN THE MUNICIPAL AREA

11.	Has your municipality documented existing HIV&AIDS related services offered within your municipal boundaries by different government sector departments and other service providers (CBOs, NGOs, Private sector etc)?			
	IN WHICH FORM?	YES	NO	In process / Planned in IDP 2008/09
12.	A directory of HIV related services delivered by government and non-government role-players? If yes, year of publication:			
13.	A survey If yes, year of publication:			
14.	A fact sheet: If yes, year of publication:			
15.	A research Paper? If yes, year of publication:			
16.	Other, please specify:			

Tick which of the following services dealing with prevention, treatment, care and impact mitigation are currently provided by service providers and/or the municipality within the boundaries of the municipality?		Municipality 1	Dpt of Health 2	NGOs/ CBOs 3	Other 4
17.	Prevention and awareness				
18.	VCT (Voluntary Counseling and Testing)				
19.	PMTCT (Prevention of Mother to Child Transmission)				
20.	ARV treatment (Anti Retro Viral)				
21.	NPEP for rape survivors (Non-occupational Post Exposure Prophylaxis)				
22.	OVC care and support (Orphans and Vulnerable Children)				
23.	Home-based care (HBC)				
24.	Food security				
25.	Projects on violence against women and children				
26.	Interventions addressing stigma and discrimination towards PLWHA (People Living with HIV and AIDS)				
27.	Income Generating projects (ie. Bread making project, school uniforms knitting...)				

SECTION 3: INSTITUTIONAL ARRANGEMENTS AND HUMAN RESOURCES

DOES YOUR MUNICIPALITY HAVE.....		YES	NO
28.	an HIV&AIDS workplace policy and/or strategy?		
29.	an HIV&AIDS workplace operational plan?		
30.	have any specific HIV&AIDS prevention actions been implemented in the workplace in the past year?		
31.	an integrated municipal HIV&AIDS strategy (including but not limited to workplace issues)?		
32.	an HIV&AIDS operational plan accompanying the municipal integrated HIV&AIDS strategy?		
33.	a structure co-ordinating HIV&AIDS-related services (e.g. Local AIDS Council)?		
34.	a mainstreaming forum, or other mechanism aimed at HIV&AIDS mainstreaming?		
35.	a unit for Gender, Youth, Disabled and the Elderly?		
36.	If yes, is there a strategy which addresses the specific vulnerabilities around HIV&AIDS for each group? Please specify for which group:	YES	NO
37.	another institutional arrangement dealing with HIV&AIDS? Please specify:		
38.	Are any of the documents or institutional structures mentioned above being developed or reviewed at the moment?		
39.	an HIV&AIDS coordinator		
		ACTING	PERM
40.	If yes, is he/she acting or permanent? (tick when applicable)		





SECTION 3: INSTITUTIONAL ARRANGEMENTS AND HUMAN RESOURCES

		YES	NO
41.	a SPU coordinator (Special Programmes Unit)		
		ACTING	PERM
42.	If yes, is he/she acting or permanent? (tick when applicable)		
		YES	NO
43.	an IDP manager		
		ACTING	PERM
44.	If yes, is he/she acting or permanent? (tick when applicable)		
		YES	NO
45.	Do you know the HIV&AIDS prevalence rate among the municipal staff?		
46.	If yes, give the prevalence rate and date of prevalence survey:		
47.	Have any of the municipality's staff members publicly disclosed their HIV-positive status?		
48.	Is there any specific HIV&AIDS programme/project in your municipality (other than workplace)?		
49.	If yes, please specify the focus:		

SECTION 4: HIV COORDINATOR CURRENT ROLE AND RESPONSIBILITIES

50.	What is your job title?		
51.	What is your grade?		
52.	Which department/office are you based in?		
	What are your main job responsibilities? Please tick the areas you are responsible for:	YES	NO
53.	workplace response to HIV&AIDS?		
54.	mainstreaming HIV&AIDS?		
55.	external community response to HIV&AIDS?		
56.	both?		
57.	Other: please specify:		
58.	Do you have a job description?		
	Did you receive training related to HIV&AIDS in the past two years? If yes, tick which of the following areas:		
59.	Training around personal prevention, awareness, care and treatment as part of the Municipal Workplace Response		
60.	Training around the municipal HIV&AIDS response of the Municipality eg LAC/Mainstreaming/ Leadership/ How to develop an integrated HIV strategy etc		
61.	How many days was the training?		

SECTION 4: HIV COORDINATOR CURRENT ROLE AND RESPONSIBILITIES

		YES	NO
62.	Did you receive any form of on-going support after the training?		
63.	What was the most important thing you learnt?		
64.	Is there any HIV&AIDS training that would assist you in your day-to-day job?		
65.	If yes, please specify the type of training:		
	Is there any area of your work where you collaborate with...	YES	NO
66.	the IDP Manager? If yes, please specify in which situation:		
67.	On matter related to HIV&AIDS? Please specify:		
68.	On other areas of work? Please specify:		
69.	the Provincial Department of Local Government HIV coordinator/focal person?		
	If yes, please specify in which situation:		
70.	On matter related to HIV&AIDS? Please specify:		
71.	On other areas of work? Please specify:		
72.	the Provincial SALGA HIV coordinator?		
	If yes, please specify in which situation:		
73.	On matter related to HIV&AIDS? Please specify:		
74.	On other areas of work? Please specify:		
75.	the District Municipality HIV coordinator? If yes, please specify in which situation:		
76.	On matter related to HIV&AIDS? Please specify:		
77.	On other areas of work? Please specify:		
78.	Have you ever received any form of support from one of the persons mentioned above?		
79.	If yes, who and what form of support?		
80.	Are there other provincial or local government role-players with whom you have a beneficial, supportive relationship in terms of the municipal HIV&AIDS response?		
81.	If yes, who?		





SECTION 4: HIV COORDINATOR CURRENT ROLE AND RESPONSIBILITIES

		YES	NO
82.	Have you ever had the opportunity to exchange experiences with regards to HIV with other municipalities?		
83.	If yes, with whom and on which occasion?		
84.	What did you gain from these exchanges?		
85.	Do you report the HIV&AIDS activities of the municipality to....		
86.	Someone within the municipality?		
87.	If yes, who?		
88.	Someone within the province?		
89.	If yes, who?		
90.	Someone in National Government?		
91.	If yes, who?		

SECTION 5: MOBILISATION OF CHAMPIONS

Champions are people who embrace their leadership on HIV&AIDS in their day-to-day activities. They can be community members, politicians or municipal personnel and they can use any channel at their disposal to talk about HIV&AIDS and to mobilise people to act against HIV&AIDS.

		YES	NO
92.	Do you know anyone who could be described as an "HIV&AIDS champion" in your municipality?		
93.	Within the municipality workplace (officials or councillors)?		
94.	If yes, what makes them champions?		
95.	Outside the workplace, in the community?		
96.	If yes, what makes them champions?		
97.	Do they attend IDP representative forum meetings and make contributions?		
98.	Have you made use of champions to disseminate information through posters, radio or any other communication channels?		
99.	If yes, please specify:		

SECTION 6: MOBILISATION OF MUNICIPAL PERSONNEL

			YES	NO
100.	Did municipal officials and councillors receive HIV&AIDS training in the past two years?			
101.	If yes, tick which of the following municipal personnel has received the following training	Training around personal prevention, awareness, care and treatment as part of the Municipal Workplace Response	Training around the municipal HIV&AIDS response (eg. LAC, Mainstreaming, Leadership, How to develop an integrated HIV strategy, etc...)	
102.	Councillors			
103.	Junior officials			
104.	Senior officials			
105.	Community Services			
106.	How long was the training?			
107.	Did they receive any form of on-going support after the training?			
108.	Is there any HIV&AIDS training that would assist them in their day-to-day job?			
109.	If yes, please specify the type of training:			
110.	Can you give an example of an action or initiative carried out by your political leadership in the past two years which provides a role-model to the workforce and/or community around dealing with issues related to HIV&AIDS?			
	If yes, please tick the appropriate answer:			
111.	Yes, the LAC is regularly chaired by our political leadership			
112.	Yes, the mayor has made discretionary funds available for HIV&AIDS initiatives			
113.	Yes, the issue of HIV&AIDS is mentioned in speeches by the political leadership other than the "State of the Municipality Address"			
114.	Yes, during another situation (please specify):			
			YES	NO
115.	Is the link between HIV and development (e.g. basic service delivery such as water, sanitation, electricity, housing, refuse removal, etc) spoken about in your municipality?			
116.	By whom?			
117.	In which situation? (give an example)			





SECTION 7: COMMUNITY VOICE

		YES	NO
118.	Do you consider that the voice of the community is part of the IDP process?		
	Are the following interest groups represented in the IDP Representative Forum? Tick if applicable		
119.	People Living with HIV&AIDS		
120.	Women		
121.	Youth		
122.	People with Disabilities		
123.	Do the ward committees have an HIV&AIDS portfolio?		
124.	Does the municipality send invitations to participate in the IDP Review process to organizations that work with people living with HIV&AIDS?		
125.	Has a community meeting ever been organised to discuss an IDP submission on HIV in the IDP review process?		
126.	What else does the municipality do to ensure the voice of the community and in particular those living with HIV and AIDS are heard during IDP Reviews?		

SECTION 8: LOCAL GOVERNMENT RESPONSE

127.	What do you consider to be the strongest element of your municipality's HIV&AIDS response? Please motivate		
128.	What do you find most challenging in responding to HIV&AIDS as a municipality?		
		YES	NO
129.	Did the municipality receive any direct outside support for the municipal HIV&AIDS response in the past two years?		
130.	If yes , name the nature and source of funding:		
131.	What was the focus of the support? (eg: LAC, workplace, mainstreaming, community-project, prevalence survey, HIV strategy development etc)		
		FINALISED	ONGOING
132.	What is the current status of the support?		
133.	Are there any specific good practices/lessons learnt in relation to your municipal response to HIV&AIDS that in your view will be valuable to share with other municipalities? Please name and briefly describe (you may attach additional information)		

SECTION 9: MAINSTREAMING HIV&AIDS

134.	Which departments are currently addressing issues related to HIV&AIDS? (more answers possible) Tick if applicable		
135.	Community Services/Health		
136.	HR/Corporate Services		
137.	Mayor's office		
138.	Municipal manager's office		
139.	Other departments, name:		
		YES	NO
140.	Does the IDP make mention of HIV&AIDS?		
141.	Which municipal departments have integrated HIV&AIDS in their sector-plans? Please name them:		
142.	Is HIV included in the performance score-cards of the senior municipal staff?		
143.	If yes, of whom?		
144.	Is HIV included in the performance scorecard of the municipality?		
145.	Was there a dedicated budget for the HIV&AIDS response for the year 2007/2008?		

SECTION 10: IDP MANAGER CURRENT ROLE AND RESPONSIBILITIES

		YES	NO
146.	Is HIV&AIDS mainstreaming part of your job description?		
147.	Is HIV&AIDS included in your performance score-card?		
148.	Did you receive training related to HIV&AIDS in the past two years?		
	Tick which of the following areas:		
149.	Training around personal prevention, awareness, care and treatment as part of the Municipal Workplace Response		
150.	Training around the municipal HIV&AIDS response of the Municipality (eg LAC/ Mainstreaming/ Leadership/ How to develop an integrated HIV strategy etc		
151.	How many days was the training?		
152.	Did you receive any form of on-going support after the training?		
153.	What was the most important thing you learnt?		
	Is there any HIV&AIDS training that would assist you in your day-to-day job?		
	If yes, please specify the type of training:		





Is there any area of your work where you collaborate with...		YES	NO
154.	... The HIV coordinator?		
	If yes, please specify in which situation:		
155.	On matter related to HIV&AIDS? Please specify:		
156.	On other areas of work? Please specify:		
157.	... The SPU Officer?		
	If yes, please specify in which situation:		
158.	On matter related to HIV&AIDS? Please specify:		
159.	On other areas of work? Please specify:		
160.	The Department of Local Government IDP Manager?		
	If yes, please specify in which situation:		
161.	On matter related to HIV&AIDS? Please specify:		
162.	On other areas of work? Please specify:		
163.	... SALGA IDP coordinator?		
	If yes, please specify in which situation:		
164.	On matter related to HIV&AIDS? Please specify:		
165.	On other areas of work? Please specify:		
166.	... District IDP Manager?		
167.	If yes, please specify in which situation:		
168.	On matter related to HIV&AIDS? Please specify:		
169.	On other areas of work? Please specify:		
170.	Have you ever received any form of support from one of the persons mentioned above?		
	If yes, specify if the support received was.....		

		YES	NO
171.	related to HIV&AIDS mainstreaming?		
	If yes, who gave you this support?		
172.	related to another area of work, please specify:		
	If yes, who gave you this support?		
173.	Are there other provincial or local government role-players with whom you have a beneficial, supportive relationship in terms of the municipal HIV&AIDS response?		

END OF QUESTIONNAIRE - THANK YOU





