



# HIV/AIDS AND LOCAL GOVERNMENT LEARNING NETWORK

## Report on the Regional Learning Event on Local Government Responses to HIV&AIDS in Southern and East Africa

2-3 September 2010



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This report summarises the regional learning event: Local Government Responses to HIV&AIDS in Southern and East Africa organised by the HIV/AIDS and Local Government Learning Network (Halogen) on 2-3 September 2010. More information about the learning events and outputs of the network can be downloaded from [www.halogen.org.za](http://www.halogen.org.za).

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Centre for Municipal Research and Advice (CMRA)  
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## Introduction

While many of the countries worst affected by HIV/AIDS<sup>1</sup>, especially in Sub-Saharan Africa, have now developed comprehensive national strategies to try and curb the spread of HIV and mitigate and reduce the array of health, social, development and governance consequences of the epidemic, there is growing acknowledgement that the most effective responses to HIV/AIDS are those that are driven locally and that respond to local contexts and needs. Within this context, the role of local governments in facilitating effective local level responses has received more attention.

Not only is local government arguably the best-placed sphere of government to lead, facilitate and enable local level, multi-sector and multi-stakeholder responses, many of the basic services and development functions municipalities are typically responsible for are key to addressing the multi-faceted drivers of the epidemic and enabling communities to cope with the impacts. However, in many instances, HIV/AIDS is also negatively affecting the capacity of municipalities to deliver on their mandates, as municipal staff are infected and affected (with implications for higher staff absenteeism and turnover rates, lower productivity, and increased costs for recruitment and training of new employees). Municipal revenue generated through local rates and taxes may be detrimentally affected as a result of higher rates of poverty and unemployment within affected households, while at the same time the demand for certain services, such as health care, poverty reduction measures, and indigent provisions, may increase. The impacts of HIV/AIDS may also be felt in relation to political decision-making processes within the municipality. At least one recent study in South Africa has suggested that the epidemic is having a significant negative impact on the turnover rate of ward councillors, with consequent implications for the quality of local government leadership and loss of institutional memory.

The focus on Southern and East Africa was chosen in recognition that this region faces the brunt of the HIV/AIDS epidemic in Africa, and indeed, the entire world. Of the 2.7 million new HIV infections recorded globally in 2008, 71% (1.9m) were in sub-Saharan Africa, while 57% (1.5m) were in Eastern and Southern Africa alone. The nine countries with the highest HIV prevalence worldwide are all located in Southern Africa. The key factors contributing to the disproportionate size of the epidemic in the region include multiple and concurrent sexual partnerships, low consistent condom use along with low levels of male circumcision, as well as other factors such as gender and socio-economic inequalities, stigma and denial, and high levels of mobility and migration. Within the region, new evidence is also pointing to a disproportionate weight of urban areas in the HIV epidemic, with some 29% of the total epidemic concentrated in 15 major cities in Southern and East Africa. With high rates of migration to urban centres, this phenomenon is expected to intensify.

In some countries in the region, the importance of local government making a proactive contribution to the national responses to the epidemic has already been recognised. For example, in South Africa, in 2007, national government introduced a Framework for an Integrated Local Governance Response to HIV and AIDS which seeks to guide municipalities on how they should respond to the causes and effects of the HIV/AIDS epidemic through appropriate programming interventions and mainstreaming HIV/AIDS into their core municipal functions. A programme of capacity development support to municipalities to implement the Framework was subsequently launched in 2008. In Lesotho, also one of the most affected countries in the world, since 2003 the Ministry of Local Government, in collaboration with other partners, has been working with community councils to implement effective responses to the epidemic. A key aim of the learning event was to highlight and share such experiences and lessons learnt.

<sup>1</sup> Reference is widely made to HIV and AIDS to highlight the different nature and impact of HIV infection and the development of AIDS, and its related illnesses. While this distinction is recognised, the abbreviation HIV/AIDS is used in this report.

## Objectives

- share information on the different ways in which the mandate of local government to respond to HIV/AIDS as a development and governance challenge is understood in different countries in Southern and East Africa;
- share and reflect on different experiences of how municipalities in the region are dealing with the HIV/AIDS epidemic;
- identify and share innovative practices and lessons learnt in terms of municipal responses as well as national policy frameworks and capacity support to municipalities related to HIV/AIDS;
- deepen an awareness and understanding of the need for local government to pro-actively respond to HIV/AIDS;
- share research findings that are relevant to municipal responses to HIV/AIDS in the region;
- identify possibilities for further networking and support for local government responses to HIV&AIDS in the region.





## Day 1

# 2 September 2010

### Setting the Scene

In her introduction to the input paper, which was prepared to guide and shape the discussions and interactions at the learning event, Jo Vearey emphasised that this paper was not the definitive answer in response to the issue of HIV/AIDS and local government. Instead the paper aimed to pull out the key challenges and issues facing local governments in relation to the HIV/AIDS epidemic, particularly in the Southern and East African region. In light of the critical health and developmental implications of HIV/AIDS and where the effects of the epidemic are most felt, local government has a critical role to play.

Speaking about local government in the Southern and East African context raises the issue of decentralisation which has been fraught with a number of challenges in various countries in the region. Despite the fact that the challenges, both in terms of government roles and responsibilities and HIV/AIDS, vary in the various countries, there are a number of lessons and experiences that can be shared amongst participants. It is for this reason that learning events of this kind are critical as they bring various stakeholders working at the local level in different countries together to share and learn from each other. It is important for participants to feel that they are not alone and that even though they may experience difficulties there are others out there who are either in similar positions or who may have already gone through similar situations and have found ways to cope and effective responses to deal with the issues that they face. Ms Vearey emphasised that an important part of the information sharing should focus on linking with people/organisations that are doing research and data collection at the local level so that we can improve our knowledge of both our own and various other contexts.

During the discussion that followed Ms Vearey's presentation a number of key concerns experienced by officials and practitioners working on HIV/AIDS at the local level were highlighted. One of these is the issue of decentralisation. In some countries a decentralised system may exist but participants expressed the feeling that where there is still a large amount of control exerted by central governments, this system is merely theoretical. Amongst the challenges that are experienced in regard to decentralisation are:

- Issue of mandates – in many instances it was felt that central governments do not respect the developmental mandate of local government and that there could actually be very limited effective decentralisation in Africa as long as there is so much control at the centre as this causes confusion about the mandate of local government. In Zambia, for example, there are multiple actors at the local level with their own mandates which overlap, often leading to conflict. Local governments are also expected to fulfil their mandate with few resources and support resulting in a situation where sometimes nothing is done or only the 'easiest' things are done.
- Lesotho was suggested as an example to illustrate where there are decentralised structures in place but where the response to HIV/AIDS is hindered as it does not address development issues. For example, despite the major emphasis and investment in infrastructural development very little consideration is given to the impacts of these projects on HIV/AIDS and vice versa.

An issue that is not new but remains of concern for local governments is that of capacity, both in terms of effective policy development as well as implementation. Participants from Namibia indicated that this is a major challenge for them

and that they are currently working on building capacity at the local level, particularly in relation to the development of local level strategic plans. Sometimes these plans have proved to be quite good but have not been implemented because of a lack of human and financial resources.

*...LINKING WITH PEOPLE/ORGANISATIONS THAT ARE DOING RESEARCH AND DATA COLLECTION AT THE LOCAL LEVEL ... CAN IMPROVE OUR KNOWLEDGE*

Many municipalities struggle with a lack of sufficient knowledge about their local epidemics and as a result do not know what the need is at the local level, who their target groups are and what difficulties they face. It is critical to emphasise how important knowledge of one's context is and one way to do this is through public participation and engagement, which is often neglected. When decisions are taken, at more senior levels, that are likely to affect responses at local level, it is important to know the implications that this may have. In the case of Botswana, for example, a number of key health services, including the provision of ARVs, has been moved from local government to the national Department of Health. While this may be beneficial for various reasons, there are concerns that this may have negative implications for people in district councils who may find it difficult to access health care and especially HIV treatment in a country where large segments of the population live in vastly spread out rural areas.

Participants agreed that local government should be more willing to create space for working with other stakeholders, especially civil society, as they often have access to research and information that would be useful to government. This includes the provision of support to community organisations that are dealing with the burden of the HIV/AIDS epidemic at grassroots level. Civil society plays a critical role as they should provide the space for sharing lessons, research and experiences, both amongst themselves but also with government

and local government in particular. Data and information is often difficult to obtain and monitor and in some countries data is either not available, is very difficult to capture and is often not reliable or consistent. Civil society plays a central role in terms of collecting and collating this data and making it available to various stakeholders. They also have a monitoring role to play and to hold government accountable and to advocate for effective political leadership on HIV/AIDS.

## Government responses to HIV/AIDS at local government level

The objectives of the session were to:

- share information on the different ways in which the mandate of local government to respond to HIV&AIDS as a development and governance challenge is understood in different countries in Southern and East Africa.
- share and reflect on different experiences of how national government and other agencies are providing guidance and capacity support to local government to understand its role in the national HIV/AIDS

The countries that presented their experiences were Lesotho, South Africa, Namibia and Malawi. All the presentations indicated a very positive trend, namely that national governments are increasingly realising the importance of supporting local governments to play a role in the national responses to the epidemic. Furthermore, there is a move away from the focus on HIV/AIDS as merely a health concern with all presenters indicating that they were focussed on supporting local government responses to HIV/AIDS that aimed to address the epidemic at the local level. While there have been some successes in terms of getting officials at the local level to recognise their important role in responding to the HIV/AIDS epidemic, there are a number of hurdles to overcome but also valuable lessons to be learnt from these experiences. In all the presentations a

*...NATIONAL GUIDELINES ... HAVE TO BE MODIFIED TO SUIT EACH CONTEXT AS 'NO ONE SIZE FITS ALL'*





recurrent theme was the importance of knowing and understanding the context. Without this, it is not possible to implement an appropriate response that speaks to a particular constituency and thus, even though there are national guidelines, these have to be modified to suit each context as 'no one size fits all'. This is also where the involvement and buy-in from communities

is critical and in the cases of some country experiences, these have been essential in ensuring a successful response.

Another very critical lesson from the presentations relates to the importance of having a framework to guide and support local governments with regard to HIV/AIDS. The reason for this is that even though there may be a national HIV/AIDS strategy developed by the national health department, this does not necessarily speak to the mandate and responsibilities of local government.

The following section provides a summary of the key difficulties experienced by all four countries.<sup>2</sup> Of the issues raised overall, there are three challenges that appear to be most critical to the success of the development and implementation of these national frameworks, strategies and programmes. Firstly, the issue of resource constraints, both financial and in terms of human capacity is a critical impediment. In some instances a national guiding framework may have been developed but there is not the necessary budget or staff to ensure the effective implementation as well as monitoring of the framework at local government level. Thus, a framework may exist but in essence may have limited impact if it is not effectively introduced and supported at the local level.

A second issue that is experienced is that often the responsibility for the development of the framework is assigned to a specific unit in the national department. Once the framework is developed, there is the expectation that the national department will put in place the necessary capacity and resources to support the roll out of the framework at local government

level. However, for this rollout to be successful, an internal mainstreaming component within the national department is also required. Unless the entire national department is clear of what its role it is very difficult to support local government initiatives.

Getting buy-in from all relevant stakeholders is the third concern. Not only is it important to get buy-in from communities, as noted previously, but it is also absolutely essential to get the political buy-in and backing from political leaders at national and local level. While these are not the only actors who have a role to play in leading the response to the epidemic, evidence has shown that without this buy-in it is very difficult to make progress. At the same time, political influence and leadership can be both positive and negative and it is important for civil society and other community voices to inform political leadership of their context and experience.

## Discussion

In the subsequent discussion a number of points were raised by participants. Firstly, participants emphasised the importance of hearing the voices of people who are infected with or directly affected by HIV/AIDS. Thus, engagement between government and communities should not be a top-down process and should instead be a balanced process that takes both the voices of political leaders and government officials as well as community members into consideration.

*...MAINSTREAMING SHOULD BE REGARDED AS A PROCESS*

At the same time mainstreaming should be regarded as a process. It is about changing the mindsets of people and influencing how they do their work on a daily basis but we have to be realistic and recognise that this is challenging. To move from a mindset change to HIV/AIDS being mainstreamed will take time. Difficulties around decentralisation also affect the process and some municipalities lack the resources and capacity to develop appropriate plans or even to

<sup>2</sup> Presentations are available on the Halogen website [www.halogen.org.za](http://www.halogen.org.za)

allocate a sufficient budget for addressing the epidemic. A further challenge for under-equipped and under-capacitated municipalities is the translation of principles like the Millennium Development Goals (MDGs) into effective local level responses.

Also affecting development and implementation of plans is the major role played by politicians, which in turn has implications for the sustainability of the approach. It is essential that programmes carry on even when there is a change in political leadership. Programmes should be institutionalised and should also be sustainable. Thus when developing plans for responding to HIV/AIDS at the local level, it is important to factor in ways to ensure sustainability which could also involve training so that local officials have the necessary skills like financial management. Providing budgetary training and tasking municipalities with the responsibility of reflecting HIV/AIDS plans in their budgets contributes to ownership and commitment to addressing the epidemic at the local level. The issue of financial management and effective budgeting was a critical one for participants as it was regarded as one of the key areas that presented a challenge for local governments. For example, it was often difficult to determine where planning meets the budget and the tension between top-down and bottom-up planning.

Budgets are limited and thus it is sometimes necessary to prioritise some activities over others and to be able to articulate why these trade-offs are being made.

In concluding this discussion, there were a few suggestions for ways to take the lessons from the discussion forward:

- Better use should be made of existing systems when developing and implementing local frameworks. For example, in Lesotho the local system of chiefs was used to reach people at community level. While this may not be the only or best option, it is useful to consider what exists at the local level when trying to successfully develop and implement a local response.

- The issue of working together across different institutions and across various mandates and responsibilities should be delved into and should be encouraged more actively.
- A last but critical point was the issue of how well mainstreaming is understood, amongst participants at this event and also amongst the local and national authorities. It is important to come to a clear common understanding of what mainstreaming HIV/AIDS is and how to implement a mainstreaming agenda.

## Workplace responses to HIV/AIDS

This session was aimed at highlighting the importance of a successful workplace programme at the local level and to share examples and lessons learnt around how municipalities are dealing with HIV/AIDS in the workplace. Presentations were made by representatives from Zambia and from South Africa. A point that emerged from all these inputs was that municipalities need to recognise that having a successful workplace programme makes 'business sense' and that it is in the interest of a municipality to support staff who may be infected or affected as it has direct implications for the municipality in terms of a potential loss of skills and capacity. Furthermore, the municipality could play a leading role in the reduction of stigma and discrimination by demonstrating its commitment to staff and their families. In the Zambian municipalities developing a workplace programme also provided a way to localise the national plan as it focussed on specific local challenges. A key lesson here was that workplace programmes can be a useful entry point for developing externally focussed programmes.

*...IT IS POSSIBLE TO START SMALL AND FOCUS ON ONE ASPECT OF THE EPIDEMIC ... AND TO EXPAND IT TO LATER INCLUDE A MORE HOLISTIC FOCUS*

In the case of the South African municipality there were a number of financial benefits derived from the effective workplace programme







that demonstrated the relevance and importance of implementing a successful internal workplace response. By investing in treatment and support for its staff, the municipality has made a saving of more than R12 million. Furthermore, these successes have paved the way for a more integrated and holistic response that also recognises the external context. The external response has benefitted especially from partnerships with business and has led to the introduction of peer educators within the municipality and a functioning Local AIDS Council. Thus the municipality has expanded its response to include an external mainstreaming focus that also recognises the factors that increase vulnerability to the epidemic and affect the coping mechanisms of households and communities. The example from the municipality in South Africa is an important one in showing that it is possible to start small and focus on one aspect of the epidemic but to grow it and expand it to later include a more holistic focus.

*EMPOWERING COMMUNITIES, TO MAKE THEIR VOICES HEARD, SHOULD BE PRIORITISED*

## Municipal responses to HIV/AIDS as a development and governance challenge

The inputs in this session reflected on the experiences of seven different local and district municipalities from Tanzania, Namibia, Malawi, Botswana and South Africa and provided an interesting and useful account of the opportunities, challenges and lessons from the programmes that have been implemented. A key theme to emerge was the recognition that an effective HIV/AIDS response is about more than traditional prevention and treatment. In some instances, like that of Botswana, sport is used as an alternative way of addressing HIV/AIDS and other socio-economic challenges. In the contributions from the presenters from Malawi, Namibia and Tanzania there was a focus on orphans and vulnerable children and on reducing their vulnerability to HIV/AIDS and other socio-economic challenges while the South African example similarly addressed vulnerable

groups like women, youth, children and older persons.

While the presentations were not limited to these interventions, it was clear that some municipalities are beginning to think differently and more innovatively about their responses to the epidemic. Networking and partnerships also formed an important part of this expanded response, with some municipalities teaming up with business and community-based organisations. In addition, a number of structures have also been set up at the local level that have contributed to improved access to treatment and testing for HIV/AIDS as well as an improved understanding of the epidemic and its related consequences. This is critical for an effective response and in some instances these responses could be broadened even further to include factors like the access of vulnerable communities to basic services, infrastructure and opportunities. Presenters indicated that there have been numerous successes in terms of their approaches but at the same time they continued to experience a number of challenges. These challenges mirrored some of the earlier discussions around budgeting, access to sufficient information and statistics, capacity constraints (in terms of resources and also human capacity), ongoing stigma and discrimination and the need for increased support from political leaders and also national departments of local government.

### DISCUSSION

During the discussion the issue of having sufficient access to data, particularly data that was extrapolated to the local and district levels, was engaged with at length and participants were eager to discuss what lessons can be learnt with available data and how to access this information.

The presentations further highlighted the importance of being innovative and creative in responses and not just copying interventions from elsewhere but rather being attuned to local contexts, recognising existing practices that work and investigating how these can be

incorporated into or inform the local HIV/AIDS response. Also getting local governments to completely understand their roles and use their authority and positions to engage with various stakeholders is essential for the development of a multi-sectoral approach.

Finally, though important strides have been made in moving beyond the traditional prevention and treatment approach to finding alternative responses, more can still be done to broaden and expand the response. For example, addressing the economic circumstances of communities should also be a focus as this would in turn increase their access to a range of other resources and activities that could influence their ability to make alternative, 'healthier' choices. However, for the approach to

reach this level, understanding of HIV/AIDS as a development concern needs to be improved. An important place to start would be the definition and understandings of mainstreaming and what it means for various role players as there are currently too many different interpretations of mainstreaming. In this regard, having clear and reliable data is extremely useful as it can be used to illustrate the inter-linkages between HIV/AIDS and other developmental challenges. Empowering communities to make their voices heard should be prioritised and there was consensus that this would also contribute to sustainability of local level interventions. Having a driver or champion is also critical in this regard as they can push for HIV/AIDS interventions to be supported and prioritised in the municipality as a whole.





# Day 2

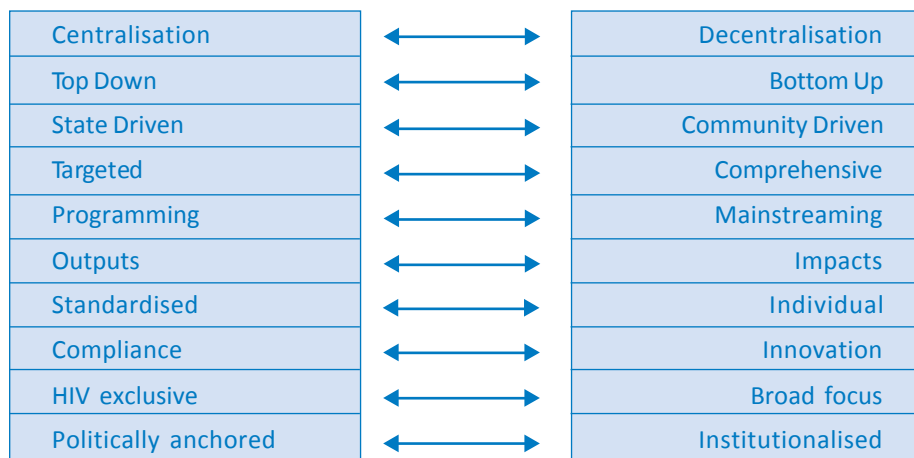
## 3 September 2010

### Recap from Day 1

The second day of the seminar started off with a recap of the key issues that had arisen from presentations and discussions on day one. There were a number of specific lessons from individual projects that both enriched the knowledge of participants and also provided inspiration for their own work. Participants were able to make valuable reflections on the national initiatives that have been developed to guide local government responses to HIV/AIDS and local initiatives. The feedback from municipal representatives also provided a useful opportunity to engage with what is working and where these interventions can be improved and these will hopefully be fed back into the national level engagements and responses.

The engagements further provided a good basis for participants to identify commonalities as well as contextual differences in their work and how the experiences of others can improve what they are already doing. Another key issue that

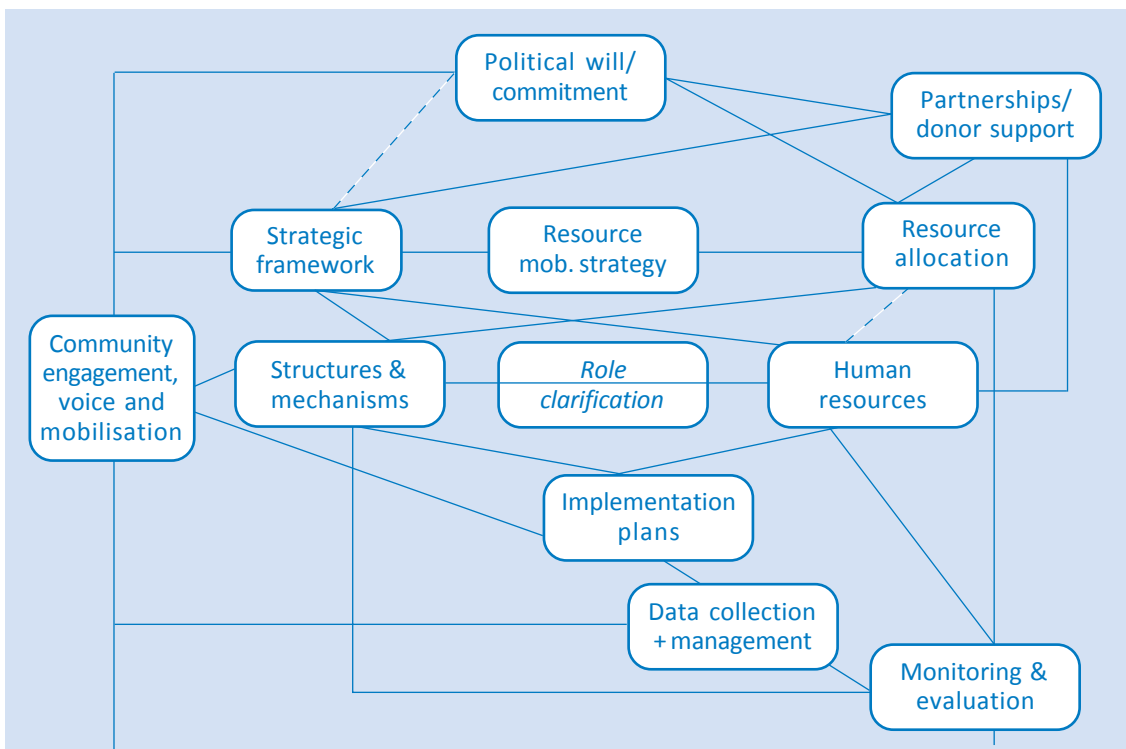
emerged was the need for more clarity on what the elements or conditions are for a successful intervention at local level and once this has been achieved, putting in place the mechanisms to ensure sustainability of the response. One way to look at this is to recognise the ongoing tensions between different approaches and that depending on the context of specific municipalities, this may either be concentrated more to the one side than the other (See diagram below). For example, depending on the context, available resources or prevalence rate, a local level approach may be more community-driven with bottom-up engagement instead of what is generally the norm, i.e. state-driven interventions with direction for the programme being determined by national departments. A common example is that often the local level response focuses more on HIV exclusive interventions instead of a broader focus that recognises the developmental linkages and implications of the epidemic.



In order for a local level HIV/AIDS plan to be successfully developed and implemented, there are a number of key elements that should be present.

Representing a complex web of relationships and engagements, the diagram below and the

accompanying description provides a clear outline of all the elements that should be taken into consideration for an effective response. It illustrates the integrated and connected nature of a successful response and that coordination is essential for this success.



Firstly, having the political will and commitment at the national and provincial levels (and also amongst even local government politicians) is absolutely essential for the development of a national (and local) strategic framework that will guide the response of municipalities. Adequate political will is invaluable when trying to determine a resource mobilisation strategy that is sufficient for what is required to implement the strategic framework. This commitment will also contribute towards ‘freeing’ up the necessary resources as outlined in the resource mobilisation strategy as it is often the case that a resource strategy is developed but that the existence of this strategy does not guarantee that resources will be allocated as requested. The strategic framework is furthermore critical for outlining the human resource requirements and capacity, as without this, the successful implementation of the plan and strategy will be a serious challenge.

Once the necessary human resource requirements have been laid out, the required structures and mechanisms should be put in place to implement the framework and to ensure the effective allocation of resources. These structures should also provide a clear outline of the roles and responsibilities of all those involved in the strategy implementation and this should in turn feed into implementation plans as well as an integrated and comprehensive monitoring and evaluation framework and plan to measure the success/challenges of the framework implementation, the structures that have been set up to implement the framework and associated plans and how resources should be allocated. The monitoring and evaluation plan should be informed by a rigorous data collection exercise as the available data provides some of the important baseline information against which the success of the framework can be measured.





A key element that runs across various strands of the strategic framework and its implementation is the role of community engagements, community voice and mobilisation of community and civil society interventions. The inputs from these critical stakeholders should inform politicians' response and should have input into the strategic framework throughout the process. Community organisations are essential for the data collection and information gathering phase and finally, play an important role in the monitoring and evaluation process as they are at the coalface of dealing with the epidemic and the concerns that the strategic framework attempts to address.

Another key element that runs throughout is the role of the donor community, development partners and partnerships with various agencies. These can play an important part in persuading politicians to change their mindsets around the epidemic and can also make a valuable contribution towards the development of an effective strategic framework. In some instances where both human and financial resources are a challenge, donor/technical support can prove to be invaluable.

### Research on HIV/AIDS and Local Level Support

The role of research and access to reliable and adequate data was highlighted in this session, with presentations on two recently completed projects. Researchers and organisations that focus on information collection and the building of knowledge on HIV/AIDS are important stakeholders as they can provide municipalities (and other government agencies, departments and community organisations) with critical insights into the epidemic and some of the lessons and experiences from previous projects.

The first input focussed on a recent study that looked at HIV/AIDS in 15 cities in Southern and East Africa and reminded participants of the high HIV/AIDS prevalence in the region. In the case of South Africa, the Gauteng region (which comprises of three of the biggest urban municipalities in the country) has more people who are

HIV positive than the USA while the city of Durban has a higher HIV prevalence rate than Brazil. The study was conducted by members of the Southern and Eastern Africa Research into Cities and HIV (SEARCH) initiative, which aims to improve evidence on cities and HIV/AIDS to intensify and improve city responses to HIV/AIDS.

The second input reflected on a number of lessons from a project by RTI International that provided support for workplace programmes and the implementation of support centres for gender-based violence in municipalities in five provinces across South Africa. Key lessons from the project include the fact that the municipalities in the programme do not completely understand their roles in terms of HIV/AIDS prevention and impact mitigation. This is further complicated by the fact that municipalities struggle to carry out their existing service delivery and development mandate due to capacity constraints and numerous other challenges. Some municipalities are not even sure of the prevalence rate in their areas of jurisdiction and this is further worsened by the lack of integration amongst departments within the municipalities but also across the different spheres of government.

### DISCUSSION

The inputs provided important contributions towards the building of knowledge around HIV/AIDS and local government as well as insights into the problems experienced by local governments but also possible opportunities and new interventions. For example, while cities carry the highest burden in terms of HIV infections, the important migration link should not be ignored as Southern Africa has large numbers of people who move between rural and urban areas and this has implications for how cities and even smaller towns address the epidemic in their areas. Research should also provide more

*RESEARCH SHOULD PROVIDE MORE CLARITY AROUND THE ISSUE OF MAINSTREAMING, WHAT MAINSTREAMING IS AND WHAT LOCAL GOVERNMENTS SHOULD BE DOING.*

clarity around the issue of mainstreaming, what mainstreaming is and what local governments should be doing.

Another issue that was brought to light by the presentations is that even though national frameworks on HIV/AIDS exist, the implementation (and capacity) is often a problem with national departments not always able to provide the assistance that is expected or required. This often results in confusion about the role of local government. Is this the right approach or should local government perhaps have more autonomy in deciding what approaches suit their local contexts in light of the following?:

- National departments, though responsible for policy development, often fall short on what this means in practical, implementation terms;
- Often only one or two people at national level are assigned the responsibility of assisting a large number of municipalities.

The inputs emphasised the importance of leadership at the political level and the role of the private sector and the broader role that business can play. The research also shows that municipalities are often innovative and inventive (in the face of little training, guidelines and targets). One other issue that should be emphasised is the gap in advocacy at local government level to advocate for more responsibility and for municipalities to take the reins in dealing with the epidemic in their contexts. There is a need to connect the different initiatives that take place at municipal level and perhaps this is where local government associations and play a more appropriate role?

Finally, it is important to determine what the platforms are available for sharing and learning lessons from various research projects and initiatives. How does all the information and support feed into the key policies and plans at local level? For example, how can this research inform the integrated development plan (IDP<sup>3</sup> process? –consideration needs to be taken of the actual plans and how to influence the programmes of local authorities thus the time needs to be well planned as well.

## Inter-municipal learning, networking and cooperation on HIV/AIDS

This session focussed on the work being done by existing networks and forums to encourage learning and engagement at national and regional levels. The input by the Alliance for Mayors and Municipal Leaders on HIV/AIDS in Africa (AMICAALL) was initiated in 1998 and its mission is to develop and coordinate the political and technical capacity of local governments in Africa to lead the multi-sectoral response to HIV/AIDS at the local level. It does this through advocacy work and providing technical support to local authorities to implement the necessary interventions at local level in accordance with its mission and mandate. AMICAALL sees coordination local level initiatives to HIV/AIDS as a key responsibility of local government and of critical importance if local government wants to implement effective HIV/AIDS responses. Thus councillors are urged to collect relevant data and to collate this according to wards so that this information can be fed back to the planning departments and taken into consideration when decisions are made about the allocation of available resources. Though there are a number of successes, there is still a very poor level of understanding of local government amongst NGOs and CBOs. In order for the latter to make effective and relevant contributions to local government processes, they need to improve their understanding of the mandate of local government, its workings and how they can use the local government system to advocate for improved delivery at local level, particularly in relation to HIV/AIDS.

United Cities and Local Governments of Africa (UCLGA) advocates for empowerment, service delivery and sustainable development at local level. The current UCLGA project, HIV/AIDS Responsive Local Government, is a joint project with AMICAALL and aimed at developing and implementing adequate local level strategies to mitigate the impact of HIV/AIDS on the capacity of local government. The partnership commits itself to mobilising local governments to

<sup>3</sup> The IDP is the overall development plan for a municipality.





address HIV/AIDS and to make available resources that respond to the socio-economic issues experienced by local governments in Africa. The purpose of the project is also to contribute towards an understanding of the socio-economic impacts of HIV/AIDS on local government. It does this by making available relevant information on the impacts of HIV/AIDS on local government in Africa, enhancing coordination and management of multi-sectoral and integrated responses and building strategic networks and partnerships with local development partners.

The importance of partnerships and learning that was emphasised in the UCLGA presentation was echoed in the presentation on the Logo-South HIV/AIDS project, an agreement between South African and Dutch municipalities that focussed on strengthening local government to HIV/AIDS. It focussed on key areas like improving the capacity of local governments to deliver basic services, addressing management and resource capacity and accountability and transparency. This project has been useful in terms of providing insights into how things have worked elsewhere and what can be done in the South African context to improve key challenges related to capacity and other resource constraints.

The final input, Benchmarking Municipal Responses to HIV/AIDS, by the Centre for Municipal Researcher and Advice, focussed on learning and networking at the local level between municipalities within South Africa. What is even more interesting about this initiative is that it provided the opportunity for municipalities to evaluate each other and to consider more innovative HIV interventions as well as ensuring that substantial reference is made to the epidemic and plans to address it in the IDPs of municipalities. An ongoing concern experienced at municipal level is about changing the mindsets of municipal officials and local government leaders and capacitating especially the leadership to understand why it is important for HIV/AIDS to not only be the concern of the health officials but also the IDP manager.

## DISCUSSION

Capacity development remains a challenge and local government need to be show that unless there is an effective response even capacity within local government will be eroded as officials are increasingly absent due to illness or taking care of a family member who is ill. The experiences from the benchmarking project shows that even though there was initial fear and nervousness on the part of some municipalities about participating in the project, this was eventually recognised as a good space for learning and sharing and measuring the effectiveness of their interventions in discussions with fellow peers and colleagues.

*UNLESS THERE IS AN EFFECTIVE RESPONSE, EVEN CAPACITY WITHIN LOCAL GOVERNMENT WILL BE ERODED...*

The other challenge is about improving the understanding of political leaders around HIV/AIDS. In most instances, a lack of political will presents a serious impediment to the development and implementation of effective local responses. Improving the knowledge of national and local politicians should be a key focus and the work of AMICAALL and UCLGA is invaluable in this regard. At the same time, municipalities should remain up-to-date about the work of these two networks.

Finally, an issue that is of particular relevance to civil society actors who produce knowledge and information is that relevant information, needs to be presented in an accessible, clear and user-friendly format that can be communicated easily to a broader audience. In a number of instances information that is available does not always reach those who need it to make appropriate decisions and interventions.

## Charting the way forward: Possibilities for inter-municipal learning and cooperation in the region

In this session participants were requested to work in smaller groups to discuss a number of

key questions related to how the learning and engagement from this event can be taken forward and what some of the most important lessons have been from this event. The questions for discussion were as follows:

#### WHAT ARE WE LEARNING ABOUT? WHAT IS THE SCOPE OF THIS LEARNING?

For participants, learning about mainstreaming, what it means, what needs to be done for HIV/AIDS to be mainstreamed, who is responsible for mainstreaming and other issues around the topic of mainstreaming, topped the list. It was clear that many felt that the understanding of mainstreaming was lacking and that learning around this issue is absolutely critical. Also important is learning from good practice examples and putting mechanisms in place to make these examples easily available for others to access.

Having access to the skills and knowledge to do an effective needs assessment that involves all stakeholders, especially community members, is another critical area of learning. This requires partnerships with a range of stakeholders, business and civil society included. Also, municipalities should not overlook existing structures and find ways to engage with and inform traditional and religious leadership. This will require an effective advocacy strategy.

Finally, participants indicated that they would benefit from learning that would assist them to connect with political leadership and to bring about the necessary mind shift that would contribute to developing a holistic and sustainable approach to HIV/AIDS that is institutionalised and has undergone rigorous planning and implementation.

#### AT WHAT LEVEL DOES LEARNING TAKE PLACE?

Learning takes place at various levels and amongst various different stakeholders and while there may be barriers to learning, a number of opportunities also exist. In order for this learning to take place, there needs to be an understanding of how different sectors (including communities, private sector, government and

civil society) operate and are included in this process. For participants, learning between local municipalities, between peers who are at the same level/position in different municipalities, but also at the national and regional levels, was important. Other avenues of learning should take place between local and national and, very importantly, at a policy level.

#### LEARNING FOR WHAT PURPOSE?

One of the most important reasons for fostering learning is that it allows for improved engagement with policy-makers and input into the policy development process. Improved access to information, knowledge and learning will also contribute to strengthening local responses and their implementation. Another benefit from increased learning and knowledge sharing is that it not only provides an opportunity to prevent duplication but also an opportunity to learn from others about their approaches and to use this to influence various politicians and implementation plans.

Learning amongst peers is important for those responsible for implementing what are often complex and difficult HIV/AIDS programmes, with inspiration and recognition of their work and the challenges that they face. It is important to not underestimate the human element in an effective HIV/AIDS response. This includes people in communities who are infected and affected by HIV but also those in municipalities and other civil society organisations who have to implement and monitor programmes and plans to respond to the epidemic.

Research and the information that provides for learning is important for measuring the impact of programmes and lobbying for more effective responses and resource allocation. Having access to information would at the same time assist municipalities to measure their capacity and ability to deliver on their mandate, including HIV/AIDS responses. By conducting baseline studies as the basis from which to plan and move forward, responses will be more measured and informed. By institutionalising the knowledge and research, municipalities can ensure







that it survives beyond the present and remains available and accessible for future projects.

#### HOW IS LEARNING BEST FACILITATED?

By establishing partnerships between different municipalities learning can be facilitated and it will also provide the space for forums and dialogues such as those hosted by Halogen. However, given the distance that often exists between municipalities, even within the same country (or within the same municipality), other forms of communication (e.g. social networking tools like facebook and skype) are useful for maintaining relationships and networking. Where possible, visits and exchanges can be arranged for practical experiences and to facilitate inter-municipal learning. Other mechanisms that can assist with information dissemination are alternative tools like radio and theatre.

Learning further needs to be facilitated between officials and senior management to support ongoing attempts to change their mindsets and the way that decisions are made about resource allocation and other strategic issues. Senior management in turn can use their knowledge and insights when engaging with their counterparts in different municipalities or at the national level. This learning can be facilitated in interdepartmental forums at various levels, while mentoring provides another option for learning and sharing of information and experiences.

#### WHAT ARE EXISTING INITIATIVES? WHAT GAPS EXIST?

There are a number of existing initiatives that municipalities can connect to but there is also scope for introducing new partnerships and networks. Of the networks that do exist, participants felt that there were insufficient linkages between these existing initiatives and that there was not enough marketing around these as many of the participants did not know about them. There was a feeling that there is insufficient use of networks that do exist – sometimes the issue is that there is not enough knowledge about what is happening already but the onus is also

on municipalities to be more proactive in finding and joining relevant networks.

#### WHAT IS THE ROLE OF EXTERNAL STAKEHOLDERS AND LOCAL GOVERNMENT ASSOCIATIONS?

External partners and stakeholders could provide valuable technical assistance with regard to facilitation, coordination, research and funding, especially in countries where institutional capacity is not very strong. However, this should not replace the role played by local government and communities as their ownership of the process is of critical importance. Encouraging participation in various forums and documenting good practice experiences that emerge from these engagements should be a key priority amongst all stakeholders. As discussed previously, information that emerges from this should be made available for further learning and engagement. Another activity that should be picked up by stakeholders is the coordination and mapping of activities so that this information can inform local plans and local government associations, in particular, would be ideally placed to play this role.

#### CONCLUSION

The event concluded with participants being challenged to take forward the lessons from the event. Instead of waiting for opportunities to network and engage, they were urged to be proactive and to use some of the networks and relationships that have been established at this event to continue the sharing and learning amongst themselves. To encourage them to do this, participants were posed with the following questions/challenges:

- To think about what they will do when they return home and to recognise the limitations to this event and to think of ways to contribute to what had taken place over the two days. An example of what can be done is to share the experience from this event within participants' own work and practice.
- To identify a municipality, individual or organisation, based on presentations and people met, to get in touch with sometime over the next three months.

## Event Programme

DAY 1: THURSDAY 2 SEPTEMBER 2010		
08h00 – 09h00	Registration / Arrival tea and coffee	
09h00 – 10h10	<b>Session 1: Setting the scene</b>	<b>Chair: Mr. Terence Smith, GTZ-SLGP</b>
	Welcome	SALGA
	Introductions	Mr. Terence Smith, GTZ-SLGP
	Introduction to the HIV/AIDS and Local Government Learning Network (Halogen); Background to the event, objectives and expected outcomes	Ms. Stacey-Leigh Joseph, Isandla Institute, South Africa
	Presentation of input paper	Dr. Jo Vearey, HEARD/SAT, South Africa
	Discussion	
10h10 – 11h30	<b>Session 2: Government responses to HIV&amp;AIDS at local government level (Panel discussion)</b>	<b>Panel Moderator: Mr. Seana Nkhahle, SALGA</b>
	Strengthening the community response using Local Authorities as the Gateway: The Essential HIV&AIDS Services Package (ESP)	Mr. Malefetsane Nkhabu & Ms. Hopolang Senekane, Ministry of Local Government and Chieftainship, and Mr. Tselisehang Tsuinyane, GTZ-DRDP, Lesotho
	Framework for an Integrated Local Governance Response to HIV&AIDS, and implementation in three provinces in South Africa	Ms. Nombulelo Msikinya, Department of Cooperative Governance, South Africa
	Strategic planning for HIV&AIDS response for local authorities and leadership enhancement programme	Ms. Constansia Podewiltz, Ministry of Regional and Local Government, Housing and Rural Development, Namibia
	National response to HIV&AIDS: A case study of the Ministry of Local Government and Rural Development in Malawi	Ms. Grace Chinamale, Ministry of Local Government and Rural Development, Malawi
	Discussion	
11h30 – 12h00	Tea and coffee	
12h00 – 12h50	<b>Session 3: Municipal responses to HIV&amp;AIDS in the workplace</b>	<b>Chair: Ms. Pinky Mahlangu, Wits University</b>
	Development and Implementation of HIV&AIDS Workplace Policies: The case of Kalomo, Mazabuka and Sinazongwe Councils, Zambia.	Mr. Peter Wabukala, Mazabuka Municipal Council; Mr. Smart Mumba, Kalomo District Council, and Mr. Siabbalo Siamwiinga, Sinazongwe District Council, Zambia





DAY 1: THURSDAY 2 SEPTEMBER 2010 (CONT.)		
	Responding to HIV&AIDS in the Workplace: Beyond a wellness programme to mainstreaming	Mr. Shaun Petzer, Buffalo City Municipality, South Africa
	Discussion	
12h50 – 13h50	Lunch	
13h50 – 15h10	<b>Session 4: Municipal responses to HIV&amp;AIDS as a development and governance challenge</b>	<b>Chair: Ms. Nombulelo Msikinya, Dept. of Cooperative Governance</b>
	Coordination of a multi-sectoral response in Handeni District	Mr. Thomas Mzinga, Handeni District Council, Tanzania
	Experiences of the Oshana Regional AIDS Coordinating Committee, Namibia	Mr. Peter Iita, Oshana Regional Council, Namibia
	Local Authority response to HIV&AIDS: A case study of Salima District Council and Nkhotakota District Council, Malawi	Mr. Smith Mnenula, Salima District Council, Malawi (and Mr. Cedrick Kwizombe, Nkhotakota District Council, Malawi)
	Questions and comments	
15h10 – 15h30	Tea and coffee	
15h30 – 17h00	<b>Session 5: Municipal responses to HIV&amp;AIDS as a development and governance challenge (cont.)</b>	<b>Chair: Winnie Dhlamlenze, SALGA</b>
	South East District Council Youth Engagement League: A pro-active response through youth engagement against HIV/AIDS	Mr Charles Amos, South East District Council-Ramotswa, Botswana
	Community Capacity Enhancement programme in Oshakati Town Council, Namibia	Ms. Anna Ingwafa, Oshakati Town Council, Namibia
	Local approaches to HIV&AIDS in Ugu District Municipality	Ms. Mbuyi Mnguni, Ugu District Municipality, South Africa
	Discussion	
17h00 – 17h15	<b>Closing</b>	<b>Ms. Winnie Dhlamlenze, SALGA</b>
17h30 – 19h00	<b>Networking Function</b> Welcome (RTI)	<b>RTI International</b>

**DAY 2: FRIDAY 3 SEPTEMBER 2010**

08h30 – 09h00	Welcome, recap of day 1 and introduction to programme for day 2	Mr. Terence Smith, GTZ-SLGP
09h00 – 10h10	<b>Session 6: Research on HIV&amp;AIDS and Local Level Support</b>	<b>Chair: Dr. Jo Vearey, HEARD/SAT</b>
	HIV&AIDS and local government in South Africa: Current responses and required support	Dr. Elizabeth Randolph/Ms. Michelle Layte, RTI International, Southern Africa
	Southern and Eastern Africa Research into Cities and HIV (SEARCH)	Ms. Pinky Mahlangu, Wits University, South Africa
	Discussion	
10h10 – 10h30	Tea and coffee	
10h30 – 12h00	<b>Session 7: Inter-municipal learning, networking and cooperation on HIV&amp;AIDS (Panel Discussion)</b>	<b>Panel Moderator: Dr. Elizabeth Randolph, RTI International</b>
	The Alliance of Mayors and Municipal Leaders on HIV/AIDS in Africa (AMICAALL)	Ms. Ayanda Nabe, AMICAALL
	United Cities and Local Governments of Africa (UCLGA)	Mr. Samuel Kaninda, UCLGA
	Logo South thematic programme on HIV&AIDS	Ms. Nienke Meijer, CMRA, South Africa
	CMRA/SALGA Benchmarking Municipal Responses to HIV&AIDS project	Ms. Merle Voigts, CMRA, South Africa
	Discussion	
	12h00 – 13h00	Lunch
13h00 – 15h00	<b>Session 8: Charting a way forward: possibilities for inter-municipal learning and cooperation in the region</b> Small group and plenary discussions	<b>Chair: Ms. Mirjam van Donk, Isandla Institute</b>
15h00 – 15h30	<b>Closing session</b> Wrap up and vote of thanks Participants' evaluation	<b>Ms. Mirjam van Donk, Isandla Institute</b>
15h30	Tea and coffee as participants depart	

**Useful links**

For some useful links and websites, please refer to the Halogen website on [www.halogen.org.za](http://www.halogen.org.za)

## List of participants

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