HIV/AIDS AND
LOCAL GOVERNMENT LEARNING NETWORK

Report of activities for 2008

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This report summarises the four learning events organised by the HIV/AIDS and Local Government Learning Network (Halogen) in 2008. It also contains the input papers prepared for these learning events. More detailed reports of the learning events and presentations to inform the discussion at these events 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 Provincial and Local Government (dplg)
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

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Introduction

In November 2006, Isandla Institute organised a meeting of researchers and organisations working on HIV/AIDS and local government. The purpose of the meeting was twofold: to share lessons and insights and to avoid duplication and unnecessary competition between researchers and organisations working on similar issues related to HIV/AIDS and local government. Those present saw value in meeting on a regular basis and agreed to meet quarterly to discuss research and related activities on HIV/AIDS and local government.

From the second meeting, in March 2007, representatives from the Department of Provincial and Local Government (dplg) and the South African Local Government Association (SALGA) also became involved. In the course of 2007, this loose network of researchers, development practitioners and policy makers agreed to somewhat formalise the workings of the network. It was decided that the network would host quarterly learning events, based on themes decided on by members, to which other relevant stakeholders would be invited to facilitate information sharing and learning amongst a broader forum. The themes would be of direct relevance to the dplg and SALGA in their efforts to strengthen the local government response to HIV/AIDS. A proposal to this effect was submitted to the German Agency for Technical Cooperation (GTZ), who agreed to fund the activities of the network. With this, the network adopted a new name: Halogen, the HIV/AIDS and Local Government Learning Network.

Purpose and objectives

The main purpose of the network is to facilitate peer exchange to improve our practice and performance and to provide support to local government's strategic agenda with regard to HIV/AIDS.

Halogen's objectives are as follows:

- To share information and learning about HIV/AIDS and local government amongst organisations, researchers, government officials and consultants working in this arena;
- To generate partnerships between civil society organisations, and between civil society and government at various levels, to strengthen local governance processes and responses to HIV/AIDS;
- To document and disseminate good practice, as identified during learning events, that are of benefit to various stakeholders involved in local governance processes, including communities and municipalities.

As such, the network and its members are meant to function as a resource to municipalities, SALGA and the dplg in their efforts to enhance local government's response to HIV/AIDS within the context of local development and service delivery. To do this effectively, the network engages in relationship building with other networks and organisations working in this field.

Main activities

In 2008, Halogen organised learning events on the following topics:

- *Local AIDS Councils: How can they be more effective?*, hosted by CMRA and SALGA, Pretoria, 22 April 2008
- *Vulnerability in the Context of HIV/AIDS: The Role of Local Government*, hosted by the MRC, Johannesburg, 16 July 2008
- *Mainstreaming Local Government Responses to HIV/AIDS: The Role of Technical Support Agencies*, hosted by the dplg, Pretoria, 19 September 2008
- *The Challenges and Dilemmas of Intergovernmental and Intersectoral Coordination for a Municipal HIV/AIDS Response*, hosted by Isandla Institute, Cape Town, 13 November 2008

This report includes brief summaries of these learning events and the input papers that informed each learning event. More detailed reports of the learning events and the presentations at these events can be downloaded from www.halogen.org.za.

Each learning event has been accompanied by a meeting of members of the network to allow for information sharing about projects,

emerging initiatives, new research and associated learning. This has proven to be a valuable forum for knowledge sharing, collective learning and partnership building.

What's in a name…

The current name of the network denotes a shift from being primarily a network of researchers with an interest in local government and HIV/AIDS to a broader network consisting of researchers, development practitioners and policy makers – in other words, a learning network. The identity of Halogen as a learning network also serves to demarcate more clearly what the purpose of the network is: the intention is not so much to identify and collectively engage in research, but rather to share knowledge, experiences and lessons with regard to HIV/AIDS and local government to improve our practice and performance – and by implication the practice and performance of local government. Many members of the network play a supportive role to specific municipalities and/or local government in general with regard to developing, coordinating and/or implementing a more comprehensive and developmentally oriented response to HIV/AIDS.

The network, its activities and its importance and relevance has been the focus of ongoing discussion and debate amongst members over the past two years. It is envisaged that the network will continue to reflect on its role, purpose, value and composition as time goes by and as the network grows and potentially becomes more formalised.

Membership

By definition, membership of Halogen is open, as long as the work of interested parties (whether organisations or individuals) is in line with the network's purpose and objectives. In other words, the main qualifying criteria to participate in Halogen is to work in the field of HIV/AIDS and local government. It is hoped and envisaged that the network will continue to expand to draw in a larger pool of knowledge and expertise on the topic.

Halogen is currently coordinated by Isandla Institute, which will continue to fulfil this function in the year ahead.

Way forward

In reviewing the network and its functioning in 2008, members agreed that the modus operandi served the purpose of facilitating peer exchange on HIV/AIDS and local government. It was therefore agreed to continue meeting along similar lines in 2009, whilst active efforts will be made to become more inclusive and invite other organisations and practitioners working on similar issues to join Halogen. Members also felt that the discussions and insights generated at learning events warranted broader dissemination and would particularly benefit municipal practitioners, if packaged appropriately. It is therefore with great excitement that we look at the period ahead, in the expectation that Halogen will continue to provide the much needed space for knowledge sharing, reflection, shared learning and meaningful debate on how to ensure that local government becomes a key pillar in the response to HIV/AIDS.

Mirjam van Donk and Stacey-Leigh Joseph, Isandla Institute

LEARNING EVENT 1

LOCAL AIDS COUNCILS: How can they be more effective?

HOSTED BY CMRA AND SALGA, PRETORIA, 22 APRIL 2008

This event intended to discuss and clarify the role of local and district AIDS councils (LACs and DACs) and sought to respond to the following critical questions:

- How do existing frameworks for mainstreaming HIV/AIDS feed into the issue being discussed?
- How can insights and experiences from the event influence policy and implementation?

Participants (whom included representatives from national, provincial and local AIDS councils as well as government and civil society organisations) were provided with a summary of the key issues related to LACs and DACs in the form of an input paper[1]. The input paper highlighted a number of national processes that have raised the need to ask important questions about the mandate of AIDS councils. These processes include the following:

- Restructuring of the South African National AIDS Council (SANAC)
- Department of Provincial and Local Government (dplg) launch of the *Framework for an Integrated Governance Response to HIV and AIDS at Local Government Level*
- Completion of the *Handbook for facilitating development and governance responses to HIV and AIDS,* a practical accompaniment to the Framework.

Some of the identified challenges faced by AIDS councils include:

- A lack of understanding regarding the mandate of LACs (this also applies to DACs and metro AIDS councils) and the responsibilities of members on these councils.
- There is a lack of adequate support (both politically and administratively)
- Not all AIDS Councils have AIDS Council Coordinators
- There is a lack of effective project management skills
- Over representation of some and under representation of other sectors
- Councils have financial resource constraints

The event allowed for vigorous engagement and input from a variety of stakeholders. One of the key points that was raised was the fact that there needs to be improved linkages between AIDS councils at national, provincial and local level. Cognizance also needs to be taken of the specific contexts within which LACs and DACs operate and therefore flexibility is required as well as recognition that there cannot be a 'one size fits all' approach. A point repeatedly raised by participants was the need for political buy-in from elected leaders as this is a crucial component of a successful LAC. These bodies also require more authority and resources as well as a clear understanding of what exactly their mandate is and how they can best carry this out. Finally, participants regarded engagements such as the learning event as absolutely critical for learning and the sharing of experiences which would allow them to learn from each other and replicate successful strategies and interventions.

A very positive outcome of this event was invitations extended to the dplg and SALGA by Mr Mark Heywood, deputy chairperson of SANAC, to formally participate in SANAC. Following his participation at the event, Mr Heywood urged SALGA to compile a memorandum identifying the challenges experienced by DACs and LACs and propose guidelines for DACs, LACs and provincial AIDS councils (PACs).[2] Through an August 2008 resolution, SANAC has committed itself to developing provincial and local AIDS council guidelines.

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[1] Versteeg, M. (2008). *Local AIDS Councils, How can they be more effective?* Pretoria: Centre for Municipal Research and Advice

[2] The memorandum outlined a number of key discussions at the event regarding the mandate and role of AIDS councils and the need for SANAC to provide guidance and assistance to AIDS councils at provincial, district and local levels. For the full submission please visit www.halogen.org.za or www.salga.net

INPUT PAPER

LOCAL AIDS COUNCILS: How can they be more effective?

AUTHOR: MARIJE VERSTEEG, CMRA

Introduction

Local AIDS Councils[3] (LACs) are operating in many municipalities across the country. While their institutional arrangements, composition and mandate differ to large extents, many have one thing in common: they have been re-launched, revived and/or re-established. Indeed, while some councils have certainly achieved levels of success and developed innovative solutions to day-to-day challenges, many of the councils experience difficulties in executing their mandate effectively. Various support programmes have been designed and implemented, but this has not always led to the desired outcome. With the new dplg Framework for an Integrated Local Government Response to HIV and AIDS (2007) released last year and the Handbook for facilitating development and governance responses (2007, draft)[4] soon available, both addressing the LACs, the opportunity has arisen to reflect on the current challenges of the LACs, and to investigate how the new guidelines and other strategic actions can assist Local AIDS Councils to play their substantial role in shaping local government's developmental and governance response to HIV and AIDS.

Problem Statement

As Developmental Local Government, municipalities are tasked with promoting the socio-economic development of their constituencies, including improving the quality of their lives and the protection of marginalised and disadvantaged groups. The HIV and AIDS epidemic has brought a huge challenge to this mandate and has in many cases slowed down the development gains of the past years (Versteeg and Maredi, 2006). People living in informal settlements and in communities that lack basic infrastructure services, such as clean water, good quality housing and sanitation, are particularly vulnerable to the disease (see for instance Isandla Institute 2007, dplg 2007). Clearly, an impact of the magnitude of the HIV and AIDS epidemic cannot be curbed by local government, or government as a whole for that matter, on its own. Against this background the new HIV and AIDS and STI Strategic Plan for South Africa 2007-2011 (NSP) strongly advocates for leadership amongst all sectors in society to promote the NSP goals. This call has been responded to eagerly by some of the provincial spheres of government. For instance, the Eastern Cape Office of the Premier (2007) as well as Kwazulu-Natal Office of the Premier (2007) have taken responsibility for the development of provincial HIV and AIDS strategies in line with the NSP. Many of the interventions that are needed take place at the decentralized, local level and therefore confirm the crucial role of Local Government.

One of the distinct roles of local government is to give leadership to the Local AIDS Councils, traditionally chaired by the Mayor. Local AIDS Councils hereby follow in the footsteps of the South African National AIDS Council (SANAC). Yet, the way their roles and responsibilities are given effect to at the local level seems to differ. Before we can make any comparison, it is imperative to look at the national model first. Chaired by the Deputy President, SANAC acts as the highest-level multi-sectoral partnership body in South Africa. Established in 2000 and restructured in 2007, it brings together government representation at the ministerial level and the

[3] While reference is made to Local AIDS Councils, the discussion in this paper also largely applies to District and Metro AIDS Councils.

[4] At the time of the learning event the handbook was not yet released and hence the exact reference cannot be given. Multiple stakeholders have been involved in the development of the Handbook. The handbook was developed by Development Works and Medical Research Council (MRC) for the dplg and funded by the MRC, INCA Capacity Building Fund and the Capricorn District Municipality. It builds on the Framework for Development and Governance Responses to HIV and AIDS (dplg) funded by GTZ and dplg.

highest leadership of business, labour and other sectors of civil society in a multi-sectoral partnership against HIV and AIDS (The Ministry of Health, 2007). Its aim is to play a leadership role, ensuring consensus is built and maintained on issues of policy and strategy, as well as overseeing overall implementation and review of the NSP. These objectives are reflected in SANAC's mandate which is to (The Presidency, 2006):

- advise government on HIV, AIDS and Sexually Transmitted Infections (STIs) policy and strategy, and related matters
- create and strengthen partnerships for an expanded national response to HIV and AIDS in South Africa
- receive and disseminate all sectoral interventions to HIV and AIDS and consider challenges
- oversee continual monitoring and evaluation of all aspects of the NSP.

SANAC further has a Programme and Implementation Committee, whose work is, amongst others, to review the implementation of programmes and strategies of the NSP, and to make recommendations to SANAC (ibid). This is an important point to take note of as at the local level AIDS councils are often tasked with active implementation of initiatives. This is also reflected in one of the key performance areas of the Social Mobilization Programme of the Eastern Cape Provincial AIDS Council, which is to build capacity at the district and local AIDS Councils for better coordination and implementation of HIV/AIDS programs (ECAC, 2004: 14). There is however a distinct difference between AIDS Councils *reviewing* implementation by its members, or AIDS councils acting as an implementing body itself. Another point for closer examination is the stated advisory role of SANAC, and the extent to which its advise is binding in nature. Clarification of these matters by SANAC are of large strategic importance, as possible misconceptions have implications for the nature of the implementation and advisory role of AIDS Councils at the local level.

Is it correct to assume that Local AIDS Councils are the local versions of SANAC? While there are no written SANAC endorsed guidelines confirming so, there are several indications. For instance, one level below SANAC, at Provincial AIDS Council level, the mandate is found to be similar to SANAC in some provinces. It could be assumed the same would then apply for the District and also the Local AIDS Councils. For instance, the mandate of the Eastern Cape Provincial AIDS Council as stated in the ECAC Strategic Plan 2004-2007 is to (2004):

- Advise provincial government on HIV/AIDS/STI policy
- Advocate for effective involvement of sectors and organizations in implementing programmes and strategies
- Monitor the implementation of the national and provincial HIV and AIDS Plan in all sectors of society
- Create and strengthen partnerships for an expanded provincial response among all sectors
- Mobilise resources for the implementation of the AIDS programmes
- Recommend appropriate research

In the HIV and AIDS Strategy for the Province of Kwazulu-Natal, 2007-2011 it is also remarked that 'District and Local AIDS Councils have been formed along the lines of SANAC' (2007:16). In verbal communications with SANAC and the Department of Health this assumption was further confirmed. Yet, the absence of written guidelines hampers the advocacy towards municipalities.

While it thus seems that Local AIDS Councils are intended to operate as local versions of SANAC, in practice a different situation is often found. Many Local AIDS Councils are active countrywide, though their institutional arrangements and functioning differ to large extents. In most cases the Mayor indeed chairs the Local AIDS Council, or has delegated a councilor, while the municipality also provides the secretariat, often in the person of the municipal HIV and AIDS Coordinator. In the North West Province, however, the Local AIDS Councils are more independent, and the Local AIDS Council coordinators are employed by and reporting to the Provincial Council on AIDS through the

District AIDS Council. Regardless of the details of the institutional arrangements, it seems that in most cases the LACs are not playing the same advisory and reviewing role as SANAC is performing at the national level. Should they however play this role, they could significantly support local government in its developmental and governance response to HIV and AIDS. Instead its members seem often to take up the role of "clients and consumers" (IDASA, 2006), served by the municipality through the LAC. This directly links to the observation that many, though not all, Local AIDS Councils are over-represented by community-based organizations and under-represented by the other sectors. This makes it difficult for the structure to give technical multi-sectoral advice to local government on the specific multi-sectoral challenges prevalent within the boundaries of the municipality. In some cases LACs function as CBO forums, whereby the CBOs meet, network, and report back to the municipality about their activities and challenges. The municipality in turn may try to assist where possible by making resources of different kinds available. Valuable as this certainly is, it may not reflect the original intention of the role of Local AIDS Councils in the multi-sectoral response to the epidemic. In a proposal for further funding to support a LAC in Limpopo, AMREF, a technical support agency, identified a number of other challenges hampering the particular LAC to function effectively, which include (2005:3):

- Inadequate knowledge on the policy and guidelines that guide the performance of LAC, DAC, PAC and SANAC[5]. LAC members feel they do not have adequate policy and guideline information on their mandate hence fail to convince their constituencies to release resources for LAC work.
- Little political will and commitment from members' constituencies as the priority is the core business of the departments, eg agriculture, education
- The current LAC members cannot, and seem not to have authority, to access their departmental financial resources budgeted for HIV and AIDS interventions
- Inadequate support from the District AIDS Council (DAC) and SANAC

These challenges are not different from challenges found in other support projects[6]. The following sum up would describe the scala of issues that seem to prevent LACs from giving effect to their mandate (Versteeg and Strom, 2007):

1. Lack of understanding of the mandate itself
2. Confusion around the roles and responsibilities of the different LAC members;
3. Lack of support from elected councilors and municipal officials;
4. Lack of an AIDS Council coordinator;
5. Lack of project management skills;
6. Over-representation of CBOs and under-representation of certain other sectors
7. Resource shortages, especially in CBOs, and related transport problems that affect participation.

Some of the challenges, though very real, will not be the focus of discussion at the HIV and Aids and LG Network Learning Event. For instance, discussing the ways in which municipalities can budget for Local AIDS Council coordinators is useful, but a coordinator cannot solve the strategic issues on his own. Therefore, the focus of the learning event will be on the more strategic challenges, in specific the mandate of the LACs and the appropriate institutional arrangements. It is however imperative to note that not all of the challenges mentioned are prevalent in each LAC, and some Local AIDS Councils have certainly made a lot of progress and achieved higher levels of success than others. For instance, some of the challenges identified earlier have been innovatively addressed by the municipalities participating in the CMRA support project. Buffalo City Municipality, for instance, responded to the issue of time and costs related to transport, notably for the CBOs, by establishing two bodies: one in the city and the other further up in the rural areas. Ethekwini in turn realized a very strong political representation on the Council. While many LACs experience problems due to the lack of an LAC

[5] Note that this report was written prior to the restructuring of SANAC in 2006

[6] For instance CMRA and IDASA

coordinator, this is not the case in Madibeng Local Municipality. The structure has a fulltime coordinator, employed by the Provincial AIDS Council (Versteeg and Strom, 2006).

Despite these successes and innovative solutions, the overarching challenge at the strategic level seems to remain the intended roles and responsibilities for LACs on the one hand, and the disjointed institutional arrangements and status of many LACs to give effect to these roles and responsibilities on the other hand. Where LAC members are not regarded as equal partners it would be difficult for the LAC to advise government on policy matters around HIV and AIDS. Instead the focus of many LACs seems to center around the Local Level Response, ie the coordination of multi-sectoral responses within the municipal boundaries, and much less on the valuable contributions LACs can make to the Local Government Response, by acting as "the voice for HIV and AIDS and development in the IDP planning, implementation and monitoring processes" (dplg 2007: 32). The disjoint between the roles and responsibilities and the integration thereof into the municipality's planning and implementation processes is also observed in the municipalities supported by the GTZ SLGP Programme. While many of the Local AIDS Councils operating within the project's impact zones do have clear programmes of actions, their activities are reportedly not well integrated into the municipalities' strategies and plans: "There is [...] not a clear cut between the roles of the AIDS Council and the development and governance role of the municipality" (GTZ 2007: 18). This situation eventually prevents the AIDS Councils from playing a much more substantial role in advising and supporting local government in its HIV and AIDS response.

Towards a solution-oriented approach

It is obvious that the above challenges cannot be solved by more Local AIDS Council capacity building trainings and workshops around issues such as the roles and responsibilities of the AIDS Councils. To take the AIDS Councils to a higher level which will enable them to play their intended role, clear guidelines and political commitment are required.

Guidelines

The release of the dplg Framework for an Integrated Local Government Response to HIV and AIDS (2007) has shed some more light on the national expectations of Local AIDS Councils. The roles and responsibilities of the Local AIDS Councils, according to the Framework, are to:

1. Act as a voice for HIV and AIDS and development in the IDP planning, implementation and monitoring processes;
2. Take responsibility for co-ordinating, planning, implementation and monitoring of HIV programming interventions led by the municipality;
3. Leverage, co-opt and support role-players outside the municipality who are providing HIV programming services;
4. Report to the IDP Steering Committee on HIV programming/planning, implementation, monitoring and co-ordination.

Point 1, referring to the integration of the voice of HIV and AIDS in all IDP processes could be compared with the SANAC mandate of advising government on HIV and AIDS policy and strategy matters. Point 2 places a large responsibility on LACs to drive the municipal HIV and AIDS response. Importantly, implementation of municipal HIV and AIDS interventions is included in the tasks of the LAC, which is different from the national mandate. Point 3 can be understood as the local version of the national mandate of creating and strengthening partnerships against HIV and AIDS. Lastly, the fourth point, is also different from the SANAC mandate. This point, reporting to the IDP Steering Committee, brings us to a distinct new development when it comes to Local AIDS Councils. Moving away from the current predominant institutional arrangement of the LACs being chaired by the Mayors and consisting of various members representing the same sector, notably the CBOs, the dplg Framework recommends the AIDS Council to be set up as a sub-committee of the IDP Steering Committee with delegated authority for HIV and AIDS matters. It further com-

ments that if it is not suitable to set up a sub-committee in a particular municipality, it would be the responsibility of the IDP manager "to ensure that HIV and AIDS matters are clearly added to the mandate of both the IDP Steering Committee and the IDP Representative Forum" (2007:32). Lastly, where AIDS Councils have already been set up and where they are operational, it is recommended to link the Council to the IDP Steering Committee and to ensure a proper composition of the Council (ibid).

The above section counter speaks the earlier assumption that Local AIDS Councils would have the exact same mandate and institutional arrangements as SANAC. However, while making the necessary adjustments to the local municipal context, the overall goal remains the same: playing a leadership role in the HIV and AIDS response of the country and the municipality respectively.

The dplg Framework further speaks of 'proper' representation. While it is not specified what is meant by this, the Handbook for facilitating development and governance responses to HIV and AIDS (2007, draft) gives further detail. The handbook, which gives practical guidelines for the implementation of the Framework, clearly stipulates who should sit on the AIDS Council (ibid, p 47):

- Political champions (at least 2 or 3 portfolio committee members and possibly the ward councilors of particularly affected wards);
- Some Head of Departments of particularly significant line-functions (such as community development, engineering services, LED, etc)
- Delegated civil society representatives (NGOs, CBOs, FBOs etc)
- Representatives from national and provincial sector departments (such as Social Welfare, Health, Education)
- Representatives of particularly affected economic sectors in the municipal area of jurisdiction

Immediately it becomes clear why the Local AIDS Council is responsible for implementation, as the Heads of Department, who sit on the AIDS Council, are expected to mainstream HIV and AIDS into their core functions which inherently involves implementation as well. Implementation in this sense does however not refer to the Local AIDS Council implementing local level activities such as home-based care programmes and orphan support. If this interpretation is correct, this particular role is after all not very different from SANAC, as National Departments are also represented at SANAC and indeed are also mainstreaming HIV and AIDS into their core functions.

Also worth noting is the different approach towards the representation of civil society on the AIDS Council, i.e. instead of having several representatives from the same sector on the Local AIDS Council, each sector, similar to SANAC level, would delegate a representative. The latter is a development which currently already takes place in some AIDS Councils in the country. eThekwini Metro AIDS Council, for instance, follows such an approach as well as the Nelson Mandela AIDS Council (NMAC). This does not imply that there would not be a forum for NGOs, CBOs, FBOs and the like to meet, network, exchange experiences, collaborate, access funding etcetera. Such extremely valuable and relevant organizations in the response to HIV and AIDS could meet in Community HIV and AIDS Forums, from which it delegates representatives to the AIDS Council. As the Handbook states, the "establishment of a dedicated HIV Community Forum could serve as a participatory platform for the AIDS Council" (ibid, 51).

The advantage of this approach is that it lifts up the status of the AIDS Council by its high level political and senior management representation. Due to the link to the IDP Committee the structure becomes of direct relevance, and benefit, to the Municipal governance and developmental response to HIV and AIDS.

Figure 1 provides a schematic overview of the relation of the LAC to the other municipal institutional arrangements and role players in the response to HIV and AIDS:

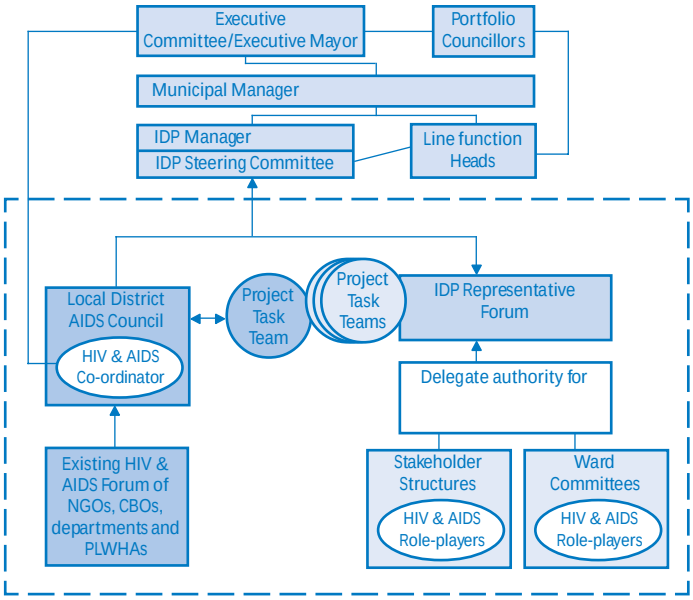

Figure 1: Institutional arrangements Local and District AIDS Council (Handbook for facilitating development and governance responses to HIV and AIDS, draft, 2007: 50).

The above model is applicable to both Local and District AIDS Councils. The particular HIV and AIDS priorities and plans of the Local AIDS Council will feed into the Local Municipality's IDP, which in turn will feed into the priorities and plans of the District AIDS Council and District IDP. From a public participation point of view, the model is clearly intended to ensure the 'voices of HIV and AIDS' are integrated. Yet, IDASA warns that "managerial models based on better planning, coordination, monitoring and reporting can reinforce the tendency of AIDS councils to operate in unimaginative, bureaucratic ways" (2006:1). IDASA, through the Governance AIDS Programme, promotes an approach that would put "citizens in the centre", by transforming "AIDS councils (...) into catalytic civic structures, capable of mobilising institutions, organising communities and developing citizen agency to deal with HIV and AIDS in innovative and collaborative ways" (2006:1). It is important to investigate if and in what way "Dedicated HIV and AIDS Community Forums" can (start or continue to) play this role in the new proposed model and how the municipality would relate to the forum in terms of not only proving support, but also by taking part as a stakeholder, benefiting from the work and wealth of knowledge of the various players on the ground.

Political commitment

As guidelines are guidelines and do not have legislative implications, no success of this new approach can be guaranteed without political and senior management support[7]. The advocated approach represents a radical departure from the current status of the AIDS Councils in many municipalities and would also eventually lead to again more workshops and relaunching of AIDS Councils. This holds the risk of AIDS Council representatives becoming 'workshop tired'. Are municipalities ready for this new approach? If there is consensus among the key stakeholders that this new model can represent a break-through for the AIDS Councils to reach their full potential, it is then imperative to ensure such a model would enjoy, first and foremost, the political support in municipalities. This may require a level of marketing which points out how this model would assist municipalities in meeting their developmental and governance mandate related to HIV and AIDS.

Limitations

In its endeavors to improve the functioning of the recently re-launched Metro AIDS Council, eThekwini Metro has not left many stoned unturned. In the search of clarity around the appropriate legal status of the Metro AIDS Council, the eThekwini Legal Department approached the Kwazulu-Natal Office of the Premier (OTP) for a legal advice. The response received may bring an unexpected dimension to the discussion around the future of local AIDS Councils. In its 'Opinion on the Legality of HIV/AIDS Councils' (2008), the Senior State Law Advisors of the Kwazulu-Natal Office of the Premier argue that the functioning of the AIDS Councils is dependant on a proper legal structure and therefore "need to be structured as legal entities in order that their mandates are defined and their powers and duties are clear" (ibid, p4). While civil society and government are intended to act as equal partners in the AIDS Councils, current legislation such as the Intergovernmental Relations Framework (2005), the Local Government Municipal Systems Act (2000) and the Local Government Municipal Structures Act (2000) seem not to provide the legal basis for such a partnership. The opinion paper states that on the basis of the objectives outlined in the Intergovernmental Relations Framework it may not be possible to include non-governmental bodies in the forums contemplated in the Act. Furthermore, while the Structures Act makes provision for the establishment of sub-councils and committees including non-governmental actors, the "purpose for which such a committee is appointed falls short of the intention behind the establishment of and AIDS Council" (2008:6). In conclusion, the legal recommendation of the OTP is for a Bill dealing with the establishment of AIDS Councils to be drafted and tabled as "without enabling legislation it is respectfully submitted that no legal basis exists for the existence of the councils" (ibid, p4).

It needs to be noted that the above legal opinion is based on a number of departure points which may or may not represent the correct understanding of the intended functioning of AIDS Councils and hence this may have implications for the outcome of the advice. The Learning Event hopes to shed more light on these issues. First of all, the advice seems not to be based on the model advocated for in the dplg Framework. The opinion paper of the OTP refers to the situation where AIDS Councils would initiate and implement projects, involving income and expenditure. This does not seem to be the case with the model of the LAC as a sub-committee of the IDP Steering Committee. However, the opinion paper also argues that SANAC has an advisory role to Cabinet and as such has no legal basis, which would be similar in the case of the LAC functioning as sub-committee. Taking into account the far-reaching implications of the recommendation by the KZN OTP, and the fact that some of the departure points on which this advice is based may not necessarily represent the national understanding of the mandate and institutional arrangements of Local AIDS Councils, clarification around these departure points need to be reached first. It is however important to note that the State Law Advisors do not advise against the establishment of AIDS Councils, but instead recommend creating the legislative basis for AIDS Councils to exist. Against the background of the earlier discussion on the current lower level status of Local AIDS Councils, this would actually on the long run assist largely in uplifting the authority of the councils within municipalities.

Conclusions and way forward

In conclusion, while the practical translation of the mandate and institutional arrangements between SANAC and Local AIDS Council seem to differ to some extent, overall the roles and responsibilities are very similar and the end goal is the same: providing leadership and coordinating the multi-sectoral response to HIV and AIDS. Some of the key challenges surrounding Local AIDS Councils have been discussed and some key questions posed to the various stakeholders. A confirmation of the mandate and intended institutional arrangements of Local AIDS Councils by SANAC would greatly assist in advocacy efforts towards municipalities and in clarifying

[7] See SALGA Country Guideline on HIV and AIDS for Local Government (2008), pages 13-15 for a discussion on the role of administrative and political leadership in the local government response to HIV and AIDS.

the legalities. Furthermore, an alternative, practical model linking the LAC to the IDP Steering Committee has been presented. This model, which is different from the status quo, may assist in addressing some of the strategic challenges most LAC's are currently faced with. However, it was also commented that municipalities are not forced to follow the guidelines and may decide as they see fit for their local context. It is therefore imperative that political support is ensured before another set of trainings and workshops is embarked upon, in order to ensure the intended political and senior management participation in the structure. Without this support one would run the risk of junior officials being delegated and the structure again losing status.

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LEARNING EVENT 2

VULNERABILITY IN THE CONTEXT OF HIV/AIDS: The Role of Local Government at various stages of infection

HOSTED BY THE MEDICAL RESEARCH COUNCIL (MRC), JOHANNESBURG, 16 JULY 2008

The second learning event was aimed at:

- Identifying vulnerable groups that local government needs to respond to in the context of HIV
- Exploring the needs of these groups
- Presenting possible responses/practical suggestions for effective intervention
- Identifying policy gaps and research needs
- Working towards the draft of a revised framework for municipal health planners that considers vulnerable groups in the context of HIV.

The learning event was attended by members of the network, representatives from municipalities receiving support from the GTZ's Supporting Local Governance Programme and a number of health scientists. Liz Thomas, from the MRC, presented the input paper[8] which looked at the intersection between HIV/AIDS and vulnerability. The paper emphasises the link between vulnerability caused by social, economic and environmental conditions and HIV infection, health and related consequences. Further emphasis was placed on the complexity of vulnerability and the fact that it is shaped through a range of intersecting and interacting factors. Amongst the factors that increase vulnerability are:

- Poverty
- Gender and gender-based violence
- Cultural attitudes and practice
- Stigma, denial, discrimination and exclusion, mobility and labour migration and
- Informal settlements.

While there are a number of frameworks that address appropriate responses to health, they do not adequately deal with possible interventions to address the needs of vulnerable groups. In the context of HIV/AIDS, this is particularly significant as the above factors (which in many instances overlap) have meant that people are even more vulnerable to HIV infection.

Other inputs focused on the relationship between HIV/AIDS and mental health, HIV/AIDS and disability and HIV/AIDS and migration and how these factors increase vulnerability to HIV infection. The presentations clearly highlighted the limits of an HIV/AIDS response that concentrates largely on awareness raising and condom distribution without taking into account factors that contribute to vulnerability including disability, migrancy and mental health. This can partly be explained by the fact that municipalities often have very little understanding and insight into these issues and therefore are unable to plan effectively to deal with their implications.

The key concluding comments to emerge out of the discussions included the following:

- Researchers and members of Halogen in particular should assist in providing research and documenting the experiences of municipalities in dealing with these issues of vulnerability.
- Political leadership is a major concern and this is evident from the fact that where successful interventions have been made, it is because of the support of political leaders.
- The relationship between different stakeholders especially in government, civil society and the business sector is of critical importance in developing effective responses to HIV/AIDS.

[8] Vearey, J., Thomas, E. and Mahlangu, P. (2008). *Vulnerability in the context of HIV: The role of local government at various stages of the infection.* Johannesburg: MRC HIV and Development, Centre for Health Policy, Wits (Paper revised January 2009)

INPUT PAPER

VULNERABILITY IN THE CONTEXT OF HIV/AIDS: The role of Local Government at various stages of infection

AUTHORS: JO VEAREY, LIZ THOMAS AND PINKY MAHLANGU
CENTRE FOR HEALTH POLICY

Background and Introduction to the paper

The HIV and local government research network sourced funding from GTZ to hold a number of learning events during 2008. This paper provides the background material to the learning event exploring the role of local government in the context of HIV in responding to vulnerable groups. It is the second of the learning events, the first being co-hosted by SALGA and CMRA focussed on Local AIDS Councils.[9]

This paper formed the backdrop for the discussion about specific vulnerable groups at the workshop. The paper presents work in progress.

The aim of the final paper is:

- To identify the vulnerable groups that local government needs to respond to in the context of HIV;
- To explore the needs of these groups in relation to the functions of local government and the stages of infection
- To present possible responses/practical suggestions for effective intervention and
- To identify policy gaps and research needs.

The paper has been prepared by Jo Vearey and Liz Thomas with support from Pinky Mahlangu.

The paper begins by introducing the concept of vulnerability, identifying the drivers and determinants of vulnerability in the South African context of HIV and structural inequality.

The paper then focuses on vulnerability in the context of HIV, drawing from the New Strategic Plan (NSP)[10] the groups identified as being vulnerable. The NSP includes a number of strategies to respond to HIV in the country. Those that deal specifically with the needs of vulnerable groups are then highlighted and gaps in the strategies with respect to responding to the needs of vulnerable groups at a local government level, are identified.

Acknowledging the overlapping of vulnerabilities, the paper then refers to the various vulnerable groups. This includes the nature of the vulnerability, the scale of the problem, extent to which it overlaps with other areas of vulnerability, current policy (and gaps), existing responses by local government. The roles of local government, as described in the HIV and Local Government Handbook, namely as a doer, enabler or facilitator / connecting agency are used to explore the specific role of local government by stage of HIV infection[11].

Having identified the nature of the identified vulnerabilities, the paper shifts to the issue of interventions. This is framed in the light of an understanding of the added value of responding to needs in an integrated way and drawing on the resilience and assets already existent at a local level. Again this builds on the mandate of 'developmental local government' and the NSP's identification of the importance (although the NSP does not detail the meaning) of integrated local level responses.

The paper concludes with pointers toward guidelines for local government in responding to

[9] A copy of the final report of the Local Aids Council Learning Event can be found at http://www.cmra.org.za

[10] NSP 2007-2011 May 2007

[11] The various possible roles of local government in a context of HIV have been spelt out in detail in the HIV and Local government MRC/INCA CBF and dplg Handbook (2008). While local government is required to be 'developmental', this does not necessitate primary responsibility for a number of tasks but rather enabling other agencies eg Department of Health or Social Development to perform their functions, or as a connector, working to encourage NGOs, CBOs and other groups to work together. In this paper the local government 'facilitator' and 'connector' functions are combined.

vulnerabilities in a context of HIV and points to the need for a revised health and development framework that not only identifies vulnerabilities but also guides the development and sustainable implementation of interventions focussed on the most vulnerable.

Determinants of health and vulnerability

A range of cross-cutting, underlying structural factors are posited as acting as drivers of vulnerability. In the context of HIV, the NSP makes specific reference to what it terms 'contextual factors', specifically mentioning:

a. Poverty;
b. Gender and gender based violence;
c. Cultural attitudes and practice;
d. Stigma, denial, discrimination and exclusion;
e. Mobility and labour migration; and
f. Informal settlements[12].

This paper considers two additional central contextual drivers of vulnerability:

g. Insecure livelihoods; and
h. Limited social capital.

A framework for assessing vulnerability in the context of multiple stressors

Vulnerability can be described in very general terms as "being prone to harmful or negative effects"[13]. A useful definition of vulnerable groups is of "social groups who have an increased relative risk or susceptibility to adverse health outcomes"[14]. This increased risk or susceptibility manifests as increased or premature morbidity and a reduction in quality of life[15]. Increased vulnerability to disease is "attributed to low social and economic status and lack of environmental resources"[16]. Such vulnerable groups are poor, including individuals who are "subjected to discrimination, intolerance, subordination and stigma; and those who are politically marginalized, disenfranchised, and denied human rights"[17].

As illustrated in the above definitions, vulnerability is a complex issue. This is particularly true in the context of HIV as "the factors that determine vulnerability to HIV/AIDS are not defined by the disease alone"[18]. Vulnerability is shaped through a range of intersecting and interacting factors – termed here as 'stressors'. These include complex underlying structural issues associated with physical, economic, social and political factors. In order to understand vulnerability, it is essential to understand these underlying stressors and the linkages between them[19]. This requires an integrated framework so that the multiple underlying stressors can be assessed in order to plan appropriate multisectoral and multi-layered responses.[20]

A key goal of vulnerability analysis is to identify opportunities for change. This includes determining the ways that underlying stressors can be transformed into opportunities for positive change in order to reduce vulnerabilities. As a range of interlinked underlying factors are present, it is essential that vulnerability is considered comprehensively[21]. In recognition of this, the Southern Africa Vulnerability Initiative (SAVI) investigates how multiple stressors interact to create differential vulnerabilities, how responses to one stressor may enhance vulnerability to other stressors, and what type of interventions influence whether a process of change manifests as an additional stressor or as

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[12] A background paper relating to the relationship between informal settlements and HIV was also developed for a MRC / WHO Collaborating Centre symposium on the 17th July 2008.

[13] Assessing Vulnerability to Multiple Stressors in Southern Africa: A Preliminary SAVI Framework Prepared for presentation at the second meeting of the Southern Africa Vulnerability Initiative (SAVI) Cape Town, South Africa, October 11-12, 2004. http://www.gechs.org/savi/workshops.htm

[14] Flaskerud, J and Winslow, B (1998) Conceptualizing Vulnerable Populations Health-Related Research *Nursing Research* 47(2) 69-78

[15] (Aday, 1993; Centers for Disease Control [CDC], 1997i) in ibid

[16] (Evans, Barer, & Marmor, 1994; Flaskerud, 1998; Link & Phelan, 1996; Mann & Tarantola, 1996a) in ibid

[17] (Amaro, 1995; Carlisle, Leake, Brook, & Shapiro, 1996; Guralnik & Leveille, 1997; Jetter, Orleck, & Taylor, 1995; Link & Phelan, 1996; Mann & Tarantola, 1996b) in ibid

[18] Quinlan T, Ziervogel G, O'Brien K Assessing vulnerability in the context of multiple stressors: the Southern Africa vulnerability initiative (SAVI), IFPRI paper. p1

[19] Assessing Vulnerability to Multiple Stressors in Southern Africa: A Preliminary SAVI Framework Prepared for presentation at the second meeting of the Southern Africa Vulnerability Initiative (SAVI) Cape Town, South Africa, October 11-12, 2004. http://www.gechs.org/savi/workshops.htm

[20] ibid

[21] ibid

an opportunity for positive change[22]. Framework can be used guide the development of interventions that will alter underlying contextual factors in order to reduce vulnerability.

TOWARDS A FRAMEWORK TO GUIDE RESPONSES TO ADDRESS VULNERABILITY IN THE CONTEXT OF HIV IN SOUTH AFRICA[23]

Various frameworks exist to guide appropriate responses to health, several of which draw on the concept of the social determinants of health (SDH)[24]. In this context, the SDH relate to the multiple underlying structural factors - stressors - that impact vulnerability. However, these existing models do not deal adequately with suggestions for intervention, and none are appropriate for the complexities of developing country contexts in general, and developing country urban contexts in particular. An appropriate framework will need to consider the multiple underlying stressors that result in vulnerability - including the context of HIV, incorporate the diverse range of vulnerable groups present, and suggest appropriate opportunities for local level responses toward improving health, and reducing vulnerability to HIV.

THEORIES TO ASSIST IN UNDERSTANDING VULNERABILITY

Various theories exist that can assist in unpacking the term 'vulnerability' in order to consider the various cross-cutting structural drivers (stressors) of vulnerability. Opportunities for intervention in order to reduce vulnerability are presented. These include: urban poverty; associated fragile livelihoods; housing type; and limited social capital.

Definitions of 'poor' groups

This paper considers 'poor' groups as those that fall within Mitlin and Sattherwaite's definition of urban poverty: a concept covering a multitude of interlinked "deprivations" (Mitlin & Satterthwaite, 2004: 11). Whilst this definition was devised with the urban context in mind, it is argued that is a useful definition for all poor groups in South Africa. These interlinked deprivations are defined as:

1. Inadequate and often unstable income;
2. Inadequate, unstable or risky asset base;
3. Poor-quality and often insecure, hazardous and overcrowded housing;
4. Inadequate provision of 'public' infrastructure (as this increases the health burden);
5. Inadequate provision of basic services, including health services;
6. Limited or no safety net, such as access to grants;
7. Inadequate protection of poorer groups' rights through the law; and
8. Poorer groups' voicelessness and powerlessness within political systems and bureaucratic structures.
   (Mitlin and Satterthwaite 2004)

This broader definition of poverty allows for the conceptualisation of approaches that tackle the *needs* of vulnerable people, and highlights the complex interplay of factors, including health, environment and development present. Additionally, this definition recognises the need to move away from a purely income-related measure of poverty by acknowledging that levels of income, or consumption, do not reflect the levels of access to necessary services, security, or good health. Importantly, this definition generates many possible entry points – that include both HIV and livelihood strategies – for tackling poverty and associated vulnerability, allowing for innovative, integrated programme and policy responses at the local level. In the context of developing country environments (and the particularly complex urban environment), HIV arguably contributes an additional deprivation for 'poor' groups.

'Urban poor' groups in particular, and all poor groups generally, present specific challenges to local governments that require appropriate policy and programme responses. This includes the linkages between multiple factors, as discussed above.

[22] Quinlan T, Ziervogel G, O'Brien K Assessing vulnerability in the context of multiple stressors: the Southern Africa vulnerability initiative (SAVI), IFPRI paper. p1

[23] This section draws on current PhD research. Vearey, J. (2008) *Urban health in context: towards a framework to guide equity promoting urban health and developmental responses of local government in Johannesburg, South Africa* Presented at PHASA 2008, Cape Town. *The persistent urban health challenges of migration and informal settlements in the context of HIV: towards the development of a framework to guide local level developmental responses in Johannesburg, South Africa* To be presented at the 7th International Conference on Urban Health, Vancouver, October 2008.

[24] Braveman, 2007; Commission on the Social Determinants of Health 2007; Diderichsen, Evans, & Whitehead, 2001; Starfield, 2007; Vlahov, Galea, Gibble, & Freudenberg, 2005.

FRAGILE, INSECURE LIVELIHOODS[25]

Livelihoods of the poor are determined by the context in which they are located, and the opportunities and constraints that this context provides. The context (economic, environmental, social, political) determines the assets that individuals are able to access, how they use them and therefore their (in)ability to obtain a secure livelihood (Meikle, 2002). The inability to obtain or maintain a secure livelihood presents a range of vulnerabilities. Urban livelihoods are particularly distinct as a result of the specific complexities presented within a complex urban context (Meikle, 2002). Individuals working within the informal economy are considered among the most marginalised: dependent on 'survivalist' activities; they are mostly African, female and young, and therefore susceptible to HIV infection (Vass, 2003: 23).

It is important to recognise that there is growth globally in the numbers of people working within the informal economy. International statistics estimate informal employment to comprise one half to three quarters of non-agricultural employment in developing countries; in sub-Saharan Africa, this figure is estimated at 72% (ILO, 2002: 7 in Devey, Skinner, & Valodia, 2006). Whilst there are challenges with available data, it is accepted that in South Africa the informal economy has created employment – mostly in retail and wholesale trade - and has grown between 1997 and 2003 whilst formal economy employment has shown very limited growth (Devey, Skinner, & Valodia, 2006).

The sustainable livelihoods literature is extensive[26]. When considering recommendations for intervention, a livelihoods approach is useful as it enables an "intersectoral, holistic understanding of people's lives whereby sectors such as health, education, employment and environment are seen as being intrinsically linked" (Harpham & Grant, 2002: 165). This is beneficial to the multiple challenges experienced by vulnerable groups in the complex context of developing country urban – and rural - environments. This is achieved through finding entry points that will enable interventions to assist individuals to obtain additional assets (strengths) and build on these in order to access and obtain additional resources. By continuously building and developing this asset base, an individual is better able to cope with shocks and stresses encountered on a daily basis. Through a sustainable livelihoods approach, an increase in control, it is argued, will lead to an increase in assets and therefore access to resources. This will, in turn, improve livelihood options, including improved coping skills when dealing with the long-term stresses of HIV (Barnett, 2006b), as well as other, interrelated, public health outcomes. "A livelihood is sustainable when it can cope with and recover from stresses and shocks and manage to enhance its capabilities and assets both now and in the future...." (Chambers & Conway, 1992).

The relationship between assets and resources is considered central to strengthening the 'buffer' that individuals can create to protect themselves from the shocks and stresses present within a developing country environments, as shown in figure 4.

[25] This section reflects on discussion in: Vearey, J. (2008) International migrants: linkages between migration, access to ART and survivalist livelihood strategies in the City of Johannesburg, South Africa presented at the 3rd HIV/AIDS in the Workplace Symposium, Wits, May 2008

[26] E.g. Carney, 1999; Carney D., 2002; Chambers & Conway, 1992; Meikle, 2002; Meikle, Ramasut, & Walker, 2001; Rakodi, 2002

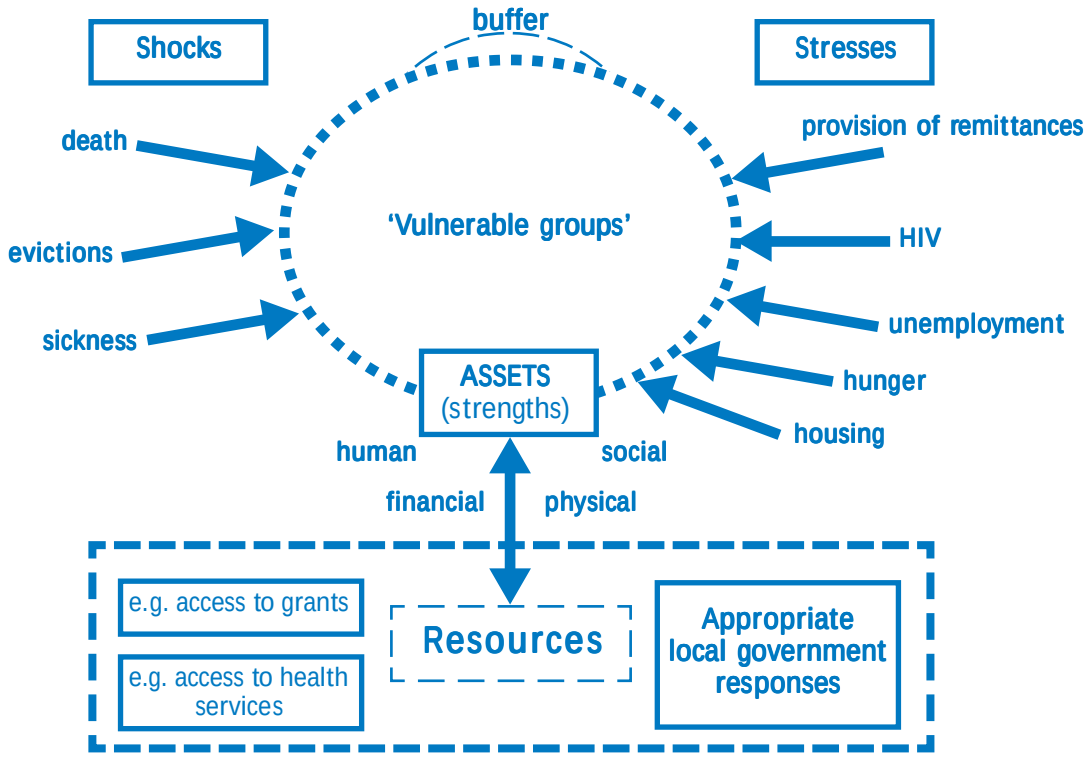

Figure 4: A proposed livelihoods framework for vulnerable groups in South Africa[27]

The 'buffer' consists of the assets – and ultimately resources – that an individual, household or community is able to acquire. For example, access to a secure house, to employment and social networks would strengthen the 'buffer'. Through this strengthening process, the individual (household or community) would be able to access and secure resources - such as health care and documentation – further strengthening the 'buffer' and reducing vulnerability. Continuously building and strengthening the 'buffer' provides protection against shocks and stresses. Shocks are acute events, such as specific episodes sickness, perhaps related to HIV, or eviction from place of residence. Stresses are chronic, longer lasting situations. They include the pressure to provide for others, including the sending of remittances, hunger, or – for many - unemployment. HIV is considered to be a stress as it is a "long-wave event" (Barnett, 2006a: 302). Here, the presence of HIV within developing country contexts presents a range of stresses (and vulnerabilities): if an individual is HIV positive, the living environment can impact negatively on an individuals' health, access to treatment, counselling and the related continuum of care, see earlier diagrams.

HOUSING

Reference is made in the NSP to those living in informal settlements as being a vulnerable group. This is based on data showing that from a number of studies the HIV prevalence of those lining in urban informal settlements is much higher than that of the general urban population or those living in formal urban areas (HSRC 2005). Housing responses have been made to varying degrees of appropriateness in the context of HIV. Some have been inappropriate: for example setting aside land for a village for only HIV positive people! The Government's Housing Policy, "Breaking New Ground" suggests that an integrated approach is needed for upgrading informal settlements which goes beyond the technical hard services. The Department of Housing does have a HIV and settlement strategy on their web site but, this developed in 2003 is limited in its scope. It identifies that HIV/AIDS would impact on the demand for housing but also result in vulnerable groups such as child headed households, increase the number of extended household structures while also reduce the amount of income available for housing. In addition, given the ill health of positive people in later stages on HIV infection,

[27] Built on an earlier version of the framework: Vearey, J. (2008) International migrants: linkages between migration, access to ART and survivalist livelihood strategies in the City of Johannesburg, South Africa presented at the 3rd HIV/AIDS in the Workplace Symposium, Wits, May 2008

the document identified the problem of those who are sick being able to contribute sweat equity to housing construction as part of the peoples Housing Process. Tenure of beneficiaries as well as uncertainty regarding the undermining of the rights of children and spouses on the death of a beneficiary was also considered.

The document concludes with a number of principles such as the need for multi sectoral responses, targeting HIV and the broader needs in society. There was also an acknowledgement that the department needed top play an enabling role in response to HIV although recognising that the provision of housing plays a critical role in health outcomes. As a result a number of strategies were identified. These were to consider the role of housing support centres in HIV prevention, address institutional capacity constraints which could be aggravated by HIV, promotion of partnerships, (along with the Department of Social Development) with cbo's, ngo's and municipalities for example, provision of subsidies for intuitional care, access to housing for single people and children, asset security (eg wills), form a HIV and human settlement task team, prioritise the development of urban informal settlements[28]. For the purposes of this review the response of the National Department of Housing to HIV has been considered although the housing departments of some of the provinces such as Gauteng, KZN and Western Cape also have considered the need for appropriate responses to HIV. Islandla Institute has prepared guidelines for the integration of HIV and AIDS issues into informal and formal settlement development processes as a Guide to Municipal Practioners that will provide a useful guide for thinking about appropriate responses. The Department would do well to take careful note of this work given their lack of clear guidelines to date. By way of illustration, HIV appeared over 25 times in the latest annual report of the Department of Housing (2005/2006 - available on the web) but these references were almost entirely to the department's own internal (HIV) Wellness programme rather than policy to address HIV impacts in communities.[29]

Although committed to integrated responses to housing in principle, national housing policy needs to go beyond a 'commitment to multi-sectoral' responses by providing enabling funding to ensure that this in fact comes to fruition. The importance of community involvement in housing development, especially informal settlement upgrading is not yet receiving adequate acknowledgement or resources.

SOCIAL CAPITAL

One of the factors identified as possibly having contributed to higher levels of HIV in informal settlements has been the relative lack of social capital in these areas (HSRC 2005). In this paper, social capital is defined as:

> *"The stock of active connections among people (including the trust, mutual understanding, and shared values and behaviours) that binds members of human networks and communities and that also empowers them to make cooperative action and participation possible"*[30].

Social capital has been shown to be central to influencing positive health outcomes. Social capital is able to produce "both the conditions necessary for mutual support and care and the mechanisms required for communities and groups to exert effective pressure to influence policy"[31]. There are a variety of linkages between health and social capital at different levels of society and initiatives to strengthen social capital are required.

Social capital and other related factors, such as social support and social cohesion, have been identified in the international literature as being

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[28] Department of Housing 2003 HIV/AIDS: Framework Document: Directorate of Human Settlement Policy and Integration, National Department of Housing, 2003. http://www.housing.gov.za/content/planned/Docs/hiv_aids%20framework.pdf

[29] DOH 2005/2006 Annual report on the web

[30] Cohen D, Prusak L. (2001) in Pridmore, P.; Thomas, L.; Havemann, K.; Sapag, J. and Wood, L. (2007) Social Capital and Healthy Urbanization in a Globalized World *Journal of Urban Health* 84(1) i130 – I 43, p i131

[31] Ibid, pi130

associated with health (Wilkinson, Cohen) as well as some development outcomes (Onyx and Bullen). In Onyx and Bullen's comparative cross sectional study, young mothers on welfare were much more disadvantaged with respect to their access to social networks, support and services in contrast to a range of other groups in New South Wales Australia. While the role of social capital/ social cohesion has not been specifically explored with respect to the various stages of HIV infection through to full blown AIDS and death, it is likely that these factors could play a range of protective roles both in susceptibility to infection as well as the ability to cope with the stigma of infection and deteriorating health and associated consequences[32]. It would be important to explore the different roles of social capital that helps people 'get ahead' (sometimes referred to as bridging social capital) as opposed to the role of social capital that helps people 'get by' (sometimes referred to as bonding social capital)[33] in both HIV prevention and in responding to the impacts of infection and illness. A recent study has shown that access to micro-credit and other support played a significant role in levels of HIV infection of participants34. Other work by Campbell et al has explored the role of social capital in responses to HIV in communities. The potential of tapping into and developing social capital in poor communities and of empowering vulnerable groups, require further research.

As presented above, the South African context presents a particularly challenging context with wide ranging and interlinked structural level factors that drive vulnerability to health generally, and HIV specifically.

Understanding vulnerability

VULNERABILITY AND SUSCEPTIBILITY TO HIV

Social capital intersects with poverty to determine vulnerability to HIV. Vulnerability to the impact of HIV is associated with the degree of social cohesion and the overall level of wealth present within a society. Where social cohesion and wealth are low, vulnerability and susceptibility to HIV will be highest[35]. HIV and associated vulnerabilities are interlinked with a range of development challenges: HIV/AIDS has long been recognised a development issue[36]. This is highlighted in the quote below:

> *"The situation is worst in regions and countries where poverty is extensive, gender inequality is pervasive, and public services are weak. In fact, the spread of HIV/AIDS at the turn of the twenty-first century is a sign of maldevelopment – an indicator of the failure to create more equitable and prosperous societies over large parts of the world"*[37].

However, action on the underlying factors associated with HIV vulnerability remains limited.

DRIVERS OF VULNERABILITY AND VULNERABLE GROUPS

Given the underlying structural drivers of vulnerability described previously, the paper now turns to the specific groups that are considered as 'vulnerable' in the context of HIV. The intersecting drivers of vulnerability produce a range of 'vulnerable groups', see figure 5.

[32] See slide for discussion on role of social capital by stage of infection

[33] Krishna and Uphoff (2002) Mapping and Measuring Social capital in The role of social capital in Development, Grootaret, van Bastelaer and Putnam, Crambridge University Press.

[34] See IMAGE The IMAGE Study is a research initiative that seeks to evaluate the potential role of a microfinance-based poverty alleviation and empowerment strategy in behaviour change and the prevention of HIV and gender based violence. The IMAGE intervention combines community level access to a poverty targeted micro-lending scheme (TCP) with a two phase Participatory Learning and Action Curriculum for loan recipients ("Sisters for Life"). The IMAGE Study is an integrated, prospective, randomized, matched community intervention trial that seeks to thoroughly examine the impact of this social intervention that addresses poverty and gender-based inequalities on social, behavioural and biological outcomes - including HIV incidence. The study is based in 8 villages in the Sekhukhuneland District of Limpopo Province. http://web.wits.ac.za/Academic/Health/PublicHealth/Radar/SocialInterventions/InterventionwithMicrofinanceforAIDSGenderEquity.htm

[35] (Barnett, Decosas and Whiteside, 2000:1098.1111).

[36] Collins, J. and Rau, B. (2000) Aids in the Context of Development *UNRISD Programme on Social Policy and Development . Paper Number 4 . December 2000* : p 2

[37] Collins, J. and Rau, B. (2000) Aids in the Context of Development *UNRISD Programme on Social Policy and Development . Paper Number 4 . December 2000* : p iv

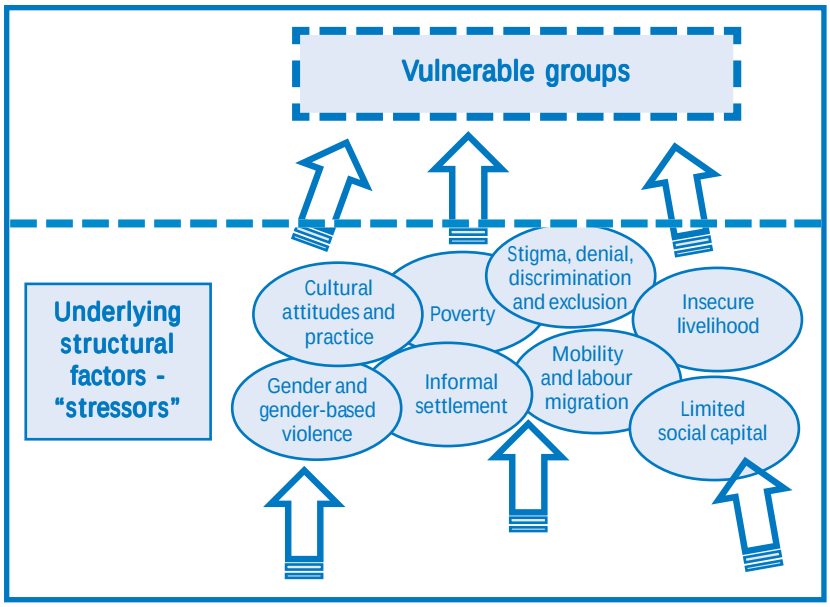
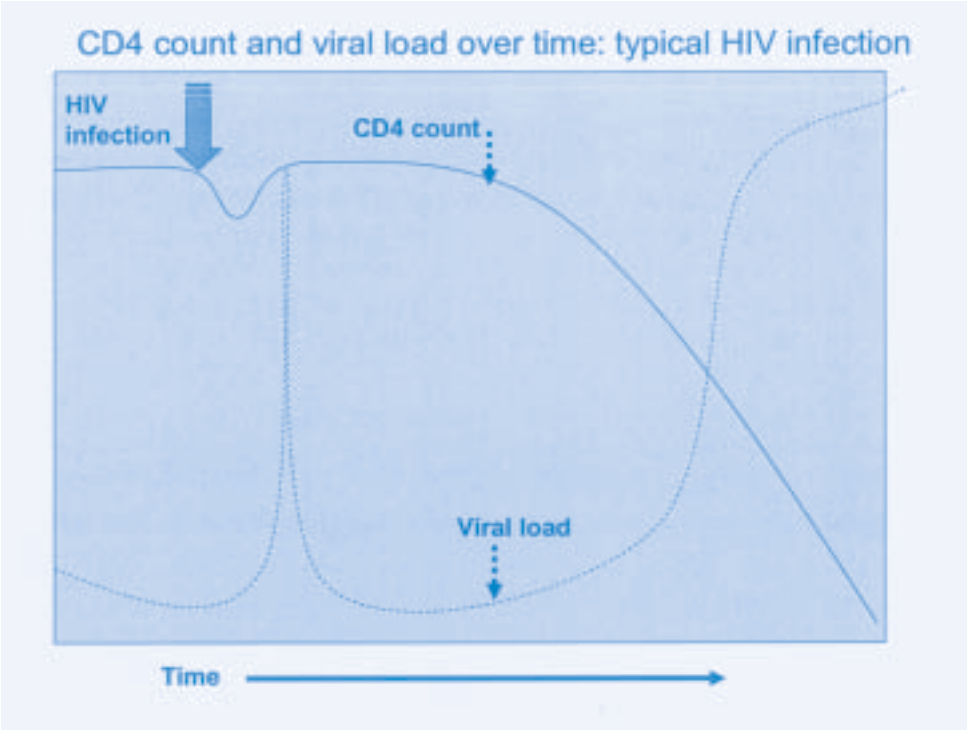


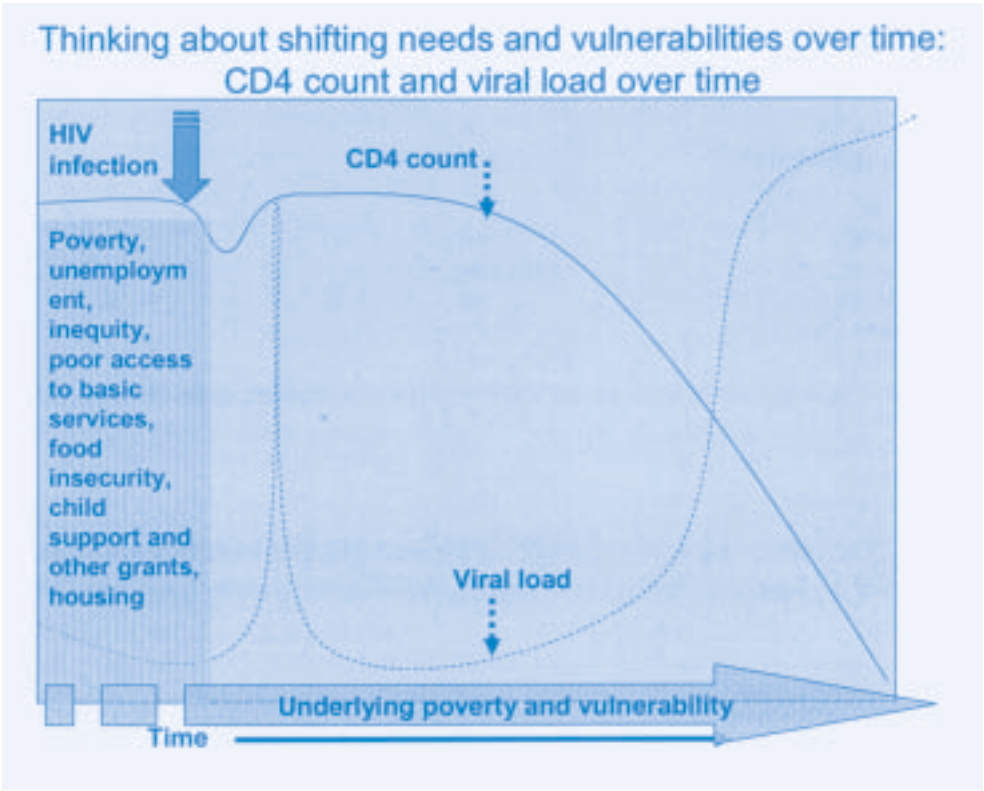
Figure 5: Intersecting drivers of vulnerability produce a range of vulnerable groups

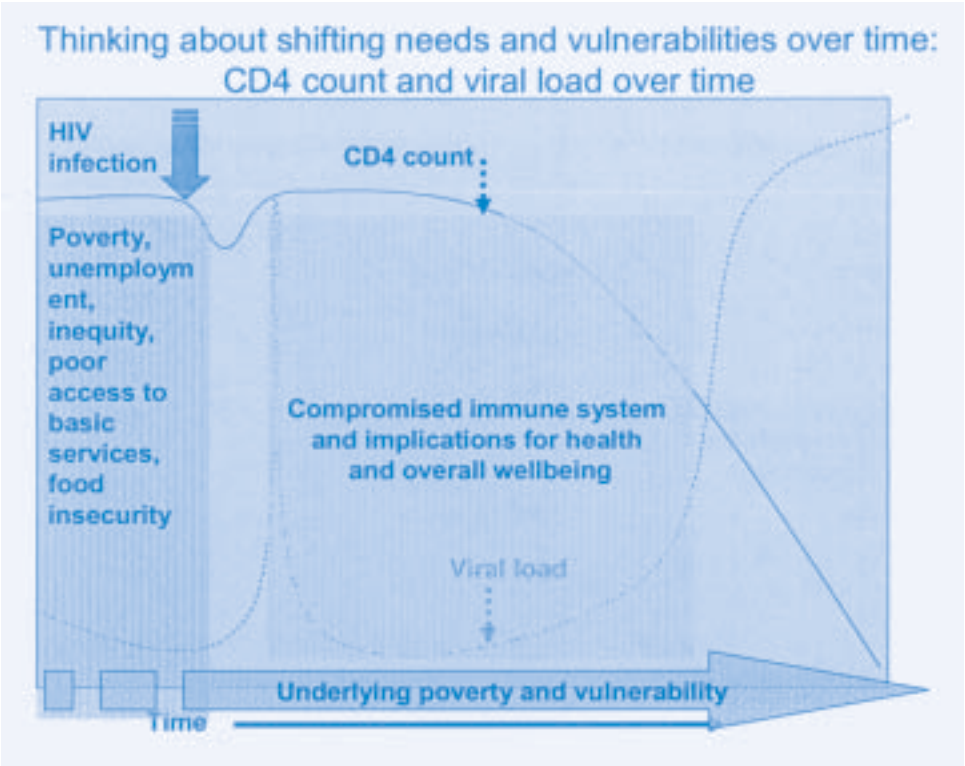
UNPACKING THE RELATIONSHIP BETWEEN THE PROGRESSION FROM HIV TO AIDS AND VULNERABILITY: SUGGESTIONS FOR MUNICIPAL ROLES AS DOER, ENABLER, FACILITATOR/ CONNECTOR [38]

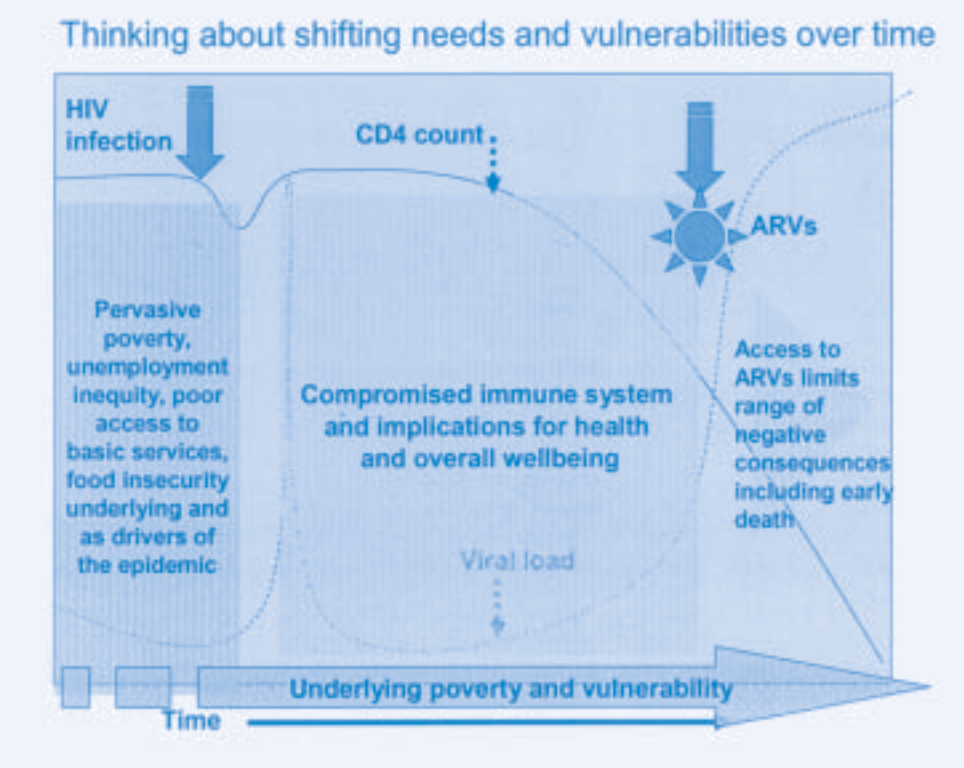
A series of diagrams follow which show the pre existing drivers of HIV vulnerability as well as the range of impacts of infection on the social, economic, environmental and health outcomes. The increasing levels of vulnerability to the impacts of HIV are highlighted as are the emergence of particularly vulnerable groups. The role of local government at each stage of infection, are then spelt out.

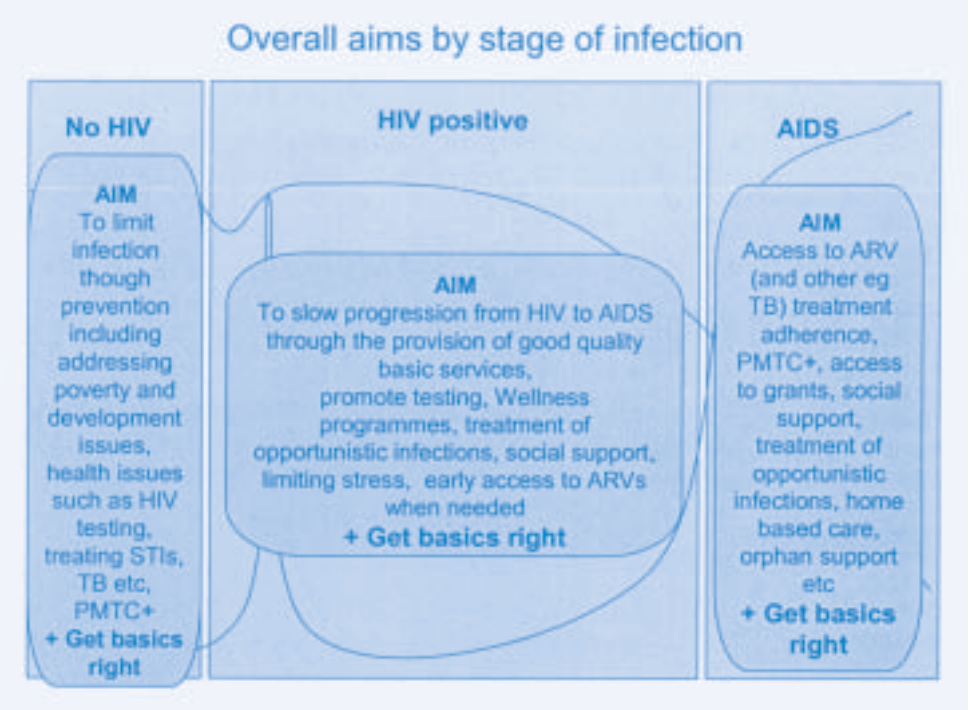


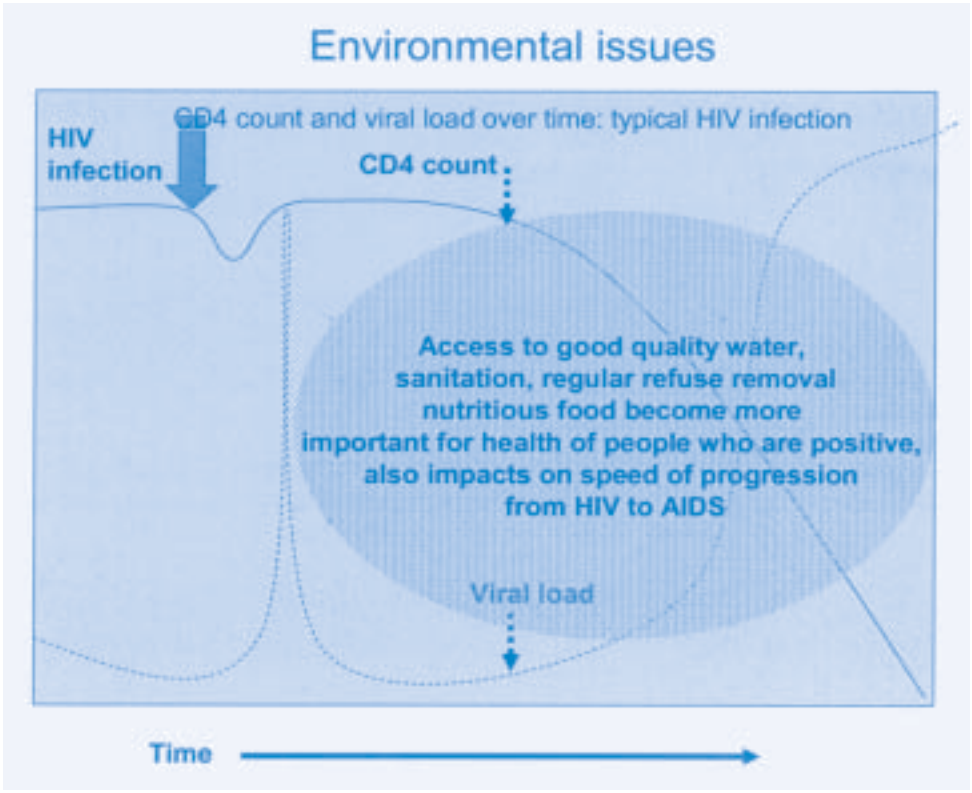
[38] These roles of municipalities are introduced and explained in the INCA CBF/ MRC/ DPLG HIV and AIDS Handbook, 2008, p41.

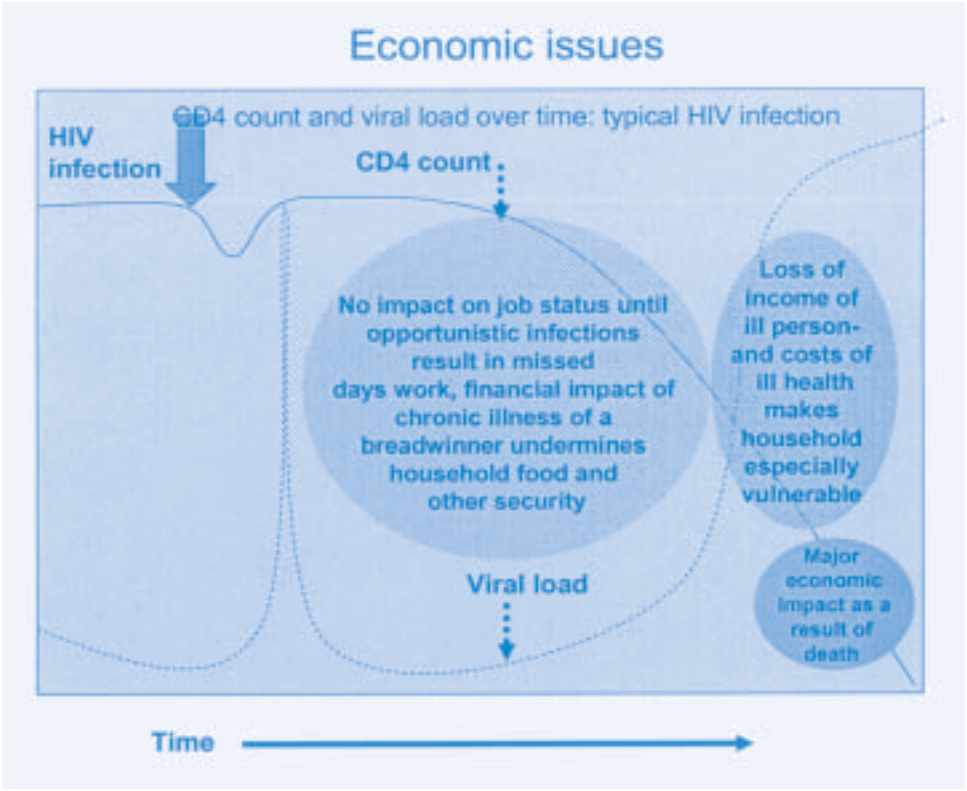

Thinking about shifting needs and vulnerabilities over time:
CD4 count and viral load over time
HIV infection
CD4 count
Poverty, unemployment, inequity, poor access to basic services, food insecurity, child support and other grants, housing
Viral load
Underlying poverty and vulnerability
Time

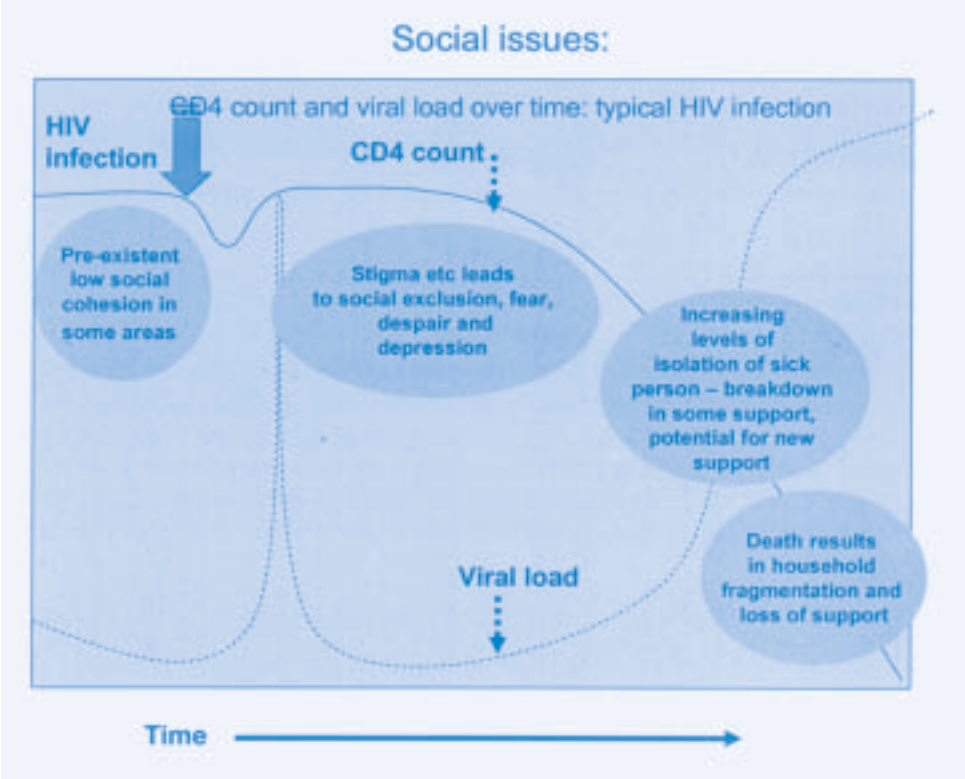

Thinking about shifting needs and vulnerabilities over time:
CD4 count and viral load over time
HIV infection
CD4 count
Poverty, unemployment, inequity, poor access to basic services, food insecurity
Compromised immune system and implications for health and overall wellbeing
Viral load
Underlying poverty and vulnerability
Time

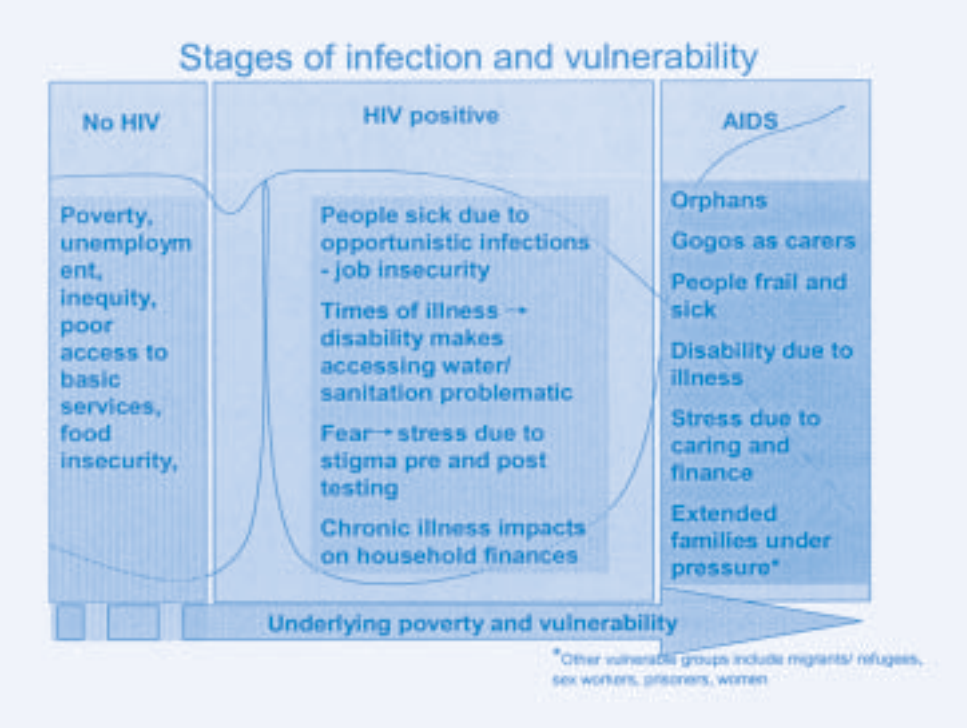

Thinking about shifting needs and vulnerabilities over time
HIV infection
CD4 count
ARVs
Pervasive poverty, unemployment inequity, poor access to basic services, food insecurity underlying and as drivers of the epidemic
Compromised immune system and implications for health and overall wellbeing
Access to ARVs limits range of negative consequences including early death
Viral load
Underlying poverty and vulnerability
Time

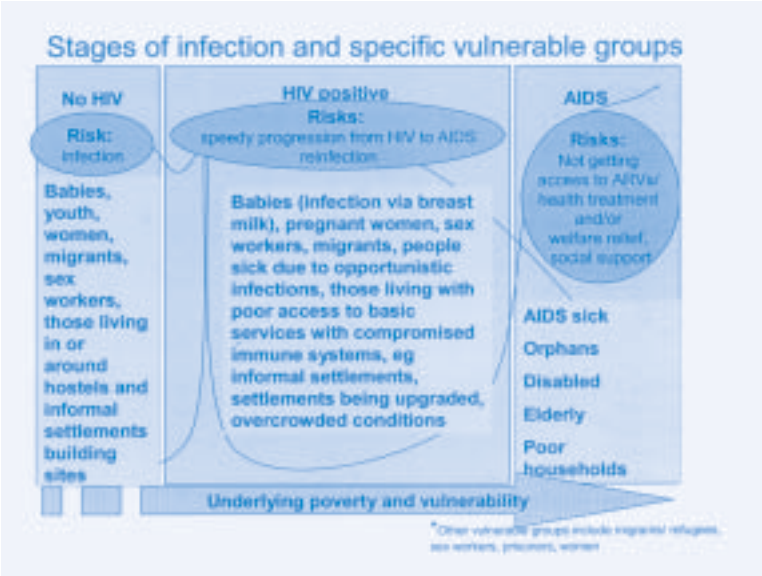

Overall aims by stage of infection
No HIV
HIV positive
AIDS
AIM
To limit infection though prevention including addressing poverty and development issues, health issues such as HIV testing, treating STIs, TB etc, PMTC+
+ Get basics right
AIM
To slow progression from HIV to AIDS through the provision of good quality basic services, promote testing, Wellness programmes, treatment of opportunistic infections, social support, limiting stress, early access to ARVs when needed
+ Get basics right
AIM
Access to ARV (and other eg TB) treatment adherence, PMTC+, access to grants, social support, treatment of opportunistic infections, home based care, orphan support etc
+ Get basics right

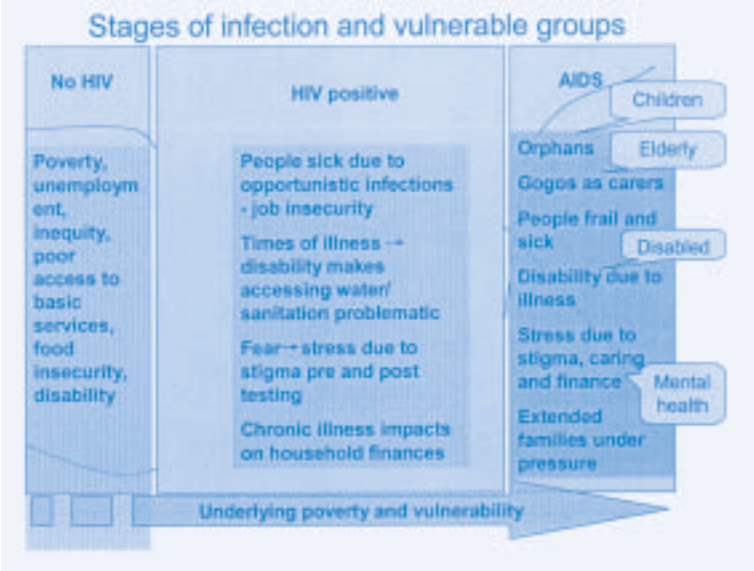

Environmental issues
CD4 count and viral load over time: typical HIV infection
HIV infection
CD4 count
Access to good quality water, sanitation, regular refuse removal nutritious food become more important for health of people who are positive, also impacts on speed of progression from HIV to AIDS
Viral load
Time

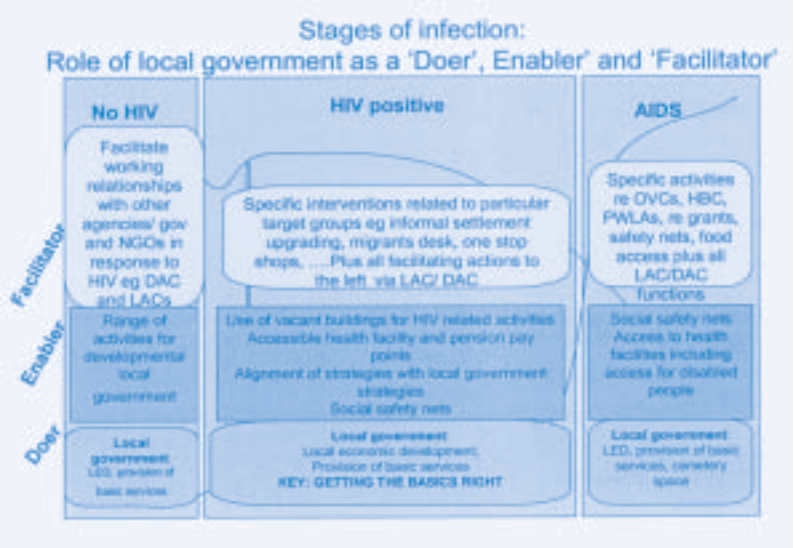

Economic issues
CD4 count and viral load over time: typical HIV infection
HIV infection
CD4 count
No impact on job status until opportunistic infections result in missed days work, financial impact of chronic illness of a breadwinner undermines household food and other security
Loss of income of ill person- and costs of ill health makes household especially vulnerable
Major economic impact as a result of death
Viral load
Time


Social issues:
CD4 count and viral load over time: typical HIV infection
HIV infection
CD4 count
Pre-existent low social cohesion in some areas
Stigma etc leads to social exclusion, fear, despair and depression
Increasing levels of isolation of sick person – breakdown in some support, potential for new support
Death results in household fragmentation and loss of support
Viral load
Time


Stages of infection and vulnerability
No HIV
HIV positive
AIDS
Poverty, unemployment, inequity, poor access to basic services, food insecurity,
People sick due to opportunistic infections - job insecurity
Times of illness → disability makes accessing water/ sanitation problematic
Fear → stress due to stigma pre and post testing
Chronic illness impacts on household finances
Orphans
Gogos as carers
People frail and sick
Disability due to illness
Stress due to caring and finance
Extended families under pressure*
Underlying poverty and vulnerability
*Other vulnerable groups include migrants/ refugees, sex workers, prisoners, women


Stages of infection and specific vulnerable groups
No HIV
Risk:
infection
Babies, youth, women, migrants, sex workers, those living in or around hostels and informal settlements building sites
HIV positive
Risks:
speedy progression from HIV to AIDS
reinfection
Babies (infection via breast milk), pregnant women, sex workers, migrants, people sick due to opportunistic infections, those living with poor access to basic services with compromised immune systems, eg informal settlements, settlements being upgraded, overcrowded conditions
AIDS
Risks:
Not getting access to ARVs/ health treatment and/or welfare relief, social support
AIDS sick
Orphans
Disabled
Elderly
Poor households
Underlying poverty and vulnerability


Stages of infection and vulnerable groups
No HIV
Poverty, unemployment, inequity, poor access to basic services, food insecurity, disability
HIV positive
People sick due to opportunistic infections - job insecurity
Times of illness → disability makes accessing water/ sanitation problematic
Fear→ stress due to stigma pre and post testing
Chronic illness impacts on household finances
AIDS
Children
Orphans
Elderly
Gogos as carers
People frail and sick
Disabled
Disability due to illness
Stress due to stigma, caring and finance
Mental health
Extended families under pressure
Underlying poverty and vulnerability


Stages of infection:
Role of local government as a 'Doer', Enabler' and 'Facilitator'
No HIV
HIV positive
AIDS
Facilitator
Enabler
Doer
Facilitate working relationships with other agencies/ gov and NGOs in response to HIV eg DAC and LACs
Range of activities for developmental local government
Local government
LED, provision of basic services
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
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
Local government
Local economic development
Provision of basic services
KEY: GETTING THE BASICS RIGHT
Specific activities re OVCs, HBC, PWLAs, re grants, safety nets, food access plus all LAC/DAC functions
Social safety nets
Access to health facilities including access for disabled people
Local government
LED, provision of basic services, cemetery space

NSP TO GUIDE VULNERABLE GROUPS

The NSP contains the word 'vulnerable' 31 times and the term 'vulnerable groups' 4 times. The NSP considers the following groups as vulnerable in the context of HIV:

- Women;
- Adolescents and young adults (15 – 24y);
- Children (0 – 14y);
- People with disabilities;
- People in prisons;
- Men who have sex with men;
- Sex workers;
- Mobile, casual and atypical types of work;
- Refugees; and
- Injecting drug users.

For further reference on the NSP's discussion on responses to vulnerable groups in the strategy section of the NSP see Annexure B below.

WHO ARE THE VULNERABLE?

As outlined above, in developing country contexts, most often the majority of the population is vulnerable given the underlying poverty. HIV/AIDS has been referred to as 'the hard edge of poverty' and like other chronic health conditions, results in a ratcheting down the poverty spiral. The Livelihoods approach is useful in considering the impacts of shocks on households and the strategies that are evoked to respond to them.

Acknowledging the overlapping of vulnerabilities, the section now turns to the various vulnerable groups that will be specifically addressed at the workshop by the specialist presenters.

The NSP: opportunities and challenges

The 2007 – 2011 NSP is an important, progressive guiding document in relation to ensuring appropriate HIV programming at all levels. The NSP clearly recognises that different groups have different vulnerabilities to HIV as a result of underlying contextual factors, and the rights of such groups to have access to HIV prevention and treatment services are clearly outlined. Importantly, the NSP clearly outlines that the plan is not aimed at the health sector alone, and that integrated responses are required:

> *The two main goals of the Operational Plan for Comprehensive HIV and AIDS Care, Management and Treatment for South Africa are to provide comprehensive care and treatment for people living with HIV and AIDS and to facilitate the strengthening of the national health system.*
> *The NSP 2007-2011, however, is not a plan for the health sector alone. Instead, it seeks to be relevant to all agencies working on HIV and AIDS in South Africa, within and outside the government. The underlying basic premise is the recognition that no single sector, ministry, department or organisation can by itself be held responsible for the control of HIV and AIDS.*
>
> *It is envisaged that all government departments and sectors of civil society will use this plan as a basis to develop their own HIV and AIDS strategic and operational plans to achieve a focussed, coherent, country-wide approach to fighting HIV and AIDS. It will be used as a basis for engagement with national and international partners on matters that pertain to HIV and AIDS. Where there are policy gaps, these will be addressed and financial and other resources will be mobilised accordingly. This alignment and harmonisation of efforts will also enable consistent and effective monitoring and evaluation of the national response to HIV and AIDS, which will enable further revision and improvement of interventions.*[39]

However, there are limitations in the NSP in terms of guidance to *local* government for appropriate action in order to achieve the goals of the plan. It appears that local government lacks the assumed capacity to design and implement its own, coordinated and multi-sectoral responses to HIV. Local government is only specifically mentioned once[40]:

[39] NSP p54
[40] NSP p145

b) *Establish and Strengthen Structures for Delivery:*

In a similar fashion to the review process undertaken by SANAC in 2006, there is a need to review and develop structures at all levels, from national to community where necessary. It is recommended that Provinces replicate appropriate national structures, such as SANAC, at provincial and local level. It is particularly important to establish appropriate structures at district level. It is recommended that District HIV and AIDS Committees be established. These district structures should include all local role players within communities. Local government structures should mainstream HIV and AIDS, TB and STI activities to harmonise with local integrated development plans: issues such as access to transport and poverty alleviation as integral to HIV programmes.

However, HIV efforts remain predominantly vertically driven within local health departments and intersectoral action remains limited. This is recognised in the State of the Cities report[41]:

The HIV and AIDS pandemic is often seen only as a health problem, and therefore the sole responsibility of health departments. This narrow interpretation obscures the more complex interrelationships between the pandemic and other urban processes like population movements, urban poverty, access to housing and services - and the increasing inability of the poor to pay for these services.

It is suggested that the production of guidelines for local level government, and accompanying workshops, could assist local governments to plan and implement their own intersectoral plans for action on HIV and for effective mainstreaming of HIV activities.

In addition, the NSP assumes that government will take leadership in the implementation of the NSP. However, it is not made clear what the role of local government should be here.

- ***Leadership role of government:***
  The effective implementation of the NSP and the attainment of its goals depend on government leadership in resource allocation, policy development, and effective coordination of all programmes and interventions[42].

Importantly, the NSP clearly states that effective partnerships are required but no guidelines exist to assist local government in creating and maintaining such partnerships.

- ***Effective partnerships:***
  All sectors of government and all stakeholders of civil society shall be involved in the AIDS response[43].

In line with the discussions in earlier sections of this paper, the NSP recognises that it is essential that inequality and poverty are tackled.

- ***Tackling inequality and poverty:***
  The NSP affirms government's programmes and measures to ensure progressive realisation of rights to education, health care services and social security to all people of South Africa. HIV and AIDS interventions will be implemented in a way that complements and strengthens other developmental programmes[44].

[41] 4-42
[42] NSP p55
[43] NSP p55
[44] NSP p55

Whilst mention is made of the role of local government here, through indicators, no guidelines exist for this.

> *Ensure equitable provision of basic social services such as housing, water, sanitation, roads, transport, health services, upgrading of informal settlements, education especially in rural and urban informal settlements* [45].

In support of this, the 2006 State of Cities report also recognises that local government can play a key role[46]:

A key guiding principle to the successful implementation of the 2007 – 2011 Plan is towards 'ensuring equality and non-discrimination against marginalised groups'; these groups are specifically mentioned as having 'a right to equal access to interventions for HIV prevention, treatment and support'[47].

- ***Ensuring Equality and Non-discrimination against marginalised groups:*** *The NSP is committed to challenging discrimination against groups of people who are marginalised, including people with disabilities, orphans, refugees, asylum seekers, foreign migrants, sex workers, men-who-have-sex-with-men, intravenous drug users, and older persons. All these groups have a right to equal access to interventions for HIV prevention, treatment and support.*

Priority area 4 of the Plan encompasses human rights and access to justice, with Goal 16 being to ensure 'public knowledge of and adherence to the legal and policy provision'[48].

FROM VULNERABILITY TO RESILIENCE AND OPPORTUNITIES FOR INTERVENTION

Certain individuals and households are more vulnerable to shocks than others. In part this relates to factors that impact on household resilience. Quinlan writes[49]:

> *The factors that determine vulnerability to HIV/AIDS are not defined by the disease alone. Multiple, interacting processes of change influence the capacity of individuals, households, communities and countries to respond to HIV/AIDS. Response capacity in many cases is deteriorating in the context of multiple, interacting shocks and transformations. Not surprisingly, this often results in negative outcomes, which in turn may change contextual factors, including social, economic, biophysical, technological and institutional conditions. A dynamic cycle results, where vulnerability is generated by both exposure to change, by the inability to respond to change, and by the outcomes of these processes. Food insecurity in southern Africa is one measurable outcome of multiple and interacting processes.*

[45] NSP p61
[46] 4-44
[47] HIV and AIDS and STI Strategic Plan for South Africa, 2007 – 2011, p56
[48] HIV and AIDS and STI Strategic Plan for South Africa, 2007 – 2011, p119
[49] Quinlan T, Ziervogel G, O'Brien K Assessing vulnerability in the context of multiple stressors: the Southern Africa vulnerability initiative (SAVI), IFPRI paper.

Accepting the complexity of vulnerability as an issue and the need to understand the resilience and response capacity of individuals, households and communities, the identification of appropriate approaches for intervention are very important. It is also necessary to consider the way in which the stage of HIV infection and the progression of infection and transition to full blown AIDS has implications for the needs and vulnerability of individuals and their households. The economic, social and emotional impacts change with the stage of illness and precipitate or intensify existing vulnerabilities. This highlights the importance of the timing of interventions so as to limit the negative impact of the levels of vulnerability of the individual and the household. For example, timeous access to ARVs can ensure that a household member keeps their job, retains their income, remains present and caring as a parent. Without access to treatment, the parent would more than likely get sick, loose their job, divert income to health care, children may no longer be retained at school and become traumatised as a result of caring for a dying parent[50].

While the focus in this paper has been on vulnerability, it is important to consider the many assets and capabilities of communities. These need to be harnessed in responding to the potential impacts of HIV/AIDS. While not wanting to abuse the goodwill of grandparents/ young people/ community groups/ NGOs and CBOs, the agency of these actors can be mobilised to great positive benefit. Local government can draw on these to respond as a doer/ enabler/ facilitator and a linker of actors to maximise the development gains of a range of interventions.

Specific opportunities include the substantial resources already being invested in HIV responses and addressing the needs of vulnerable groups, the local groups of people who are openly positive (such as TAC/ co-operatives), existing social support groups, FBOs, CBOs, NGOs and other agencies.

Interventions that reduce vulnerability can address the contextual factors, the processes or the outcomes. Drawing on the SAVI framework, Quinlan explains that those addressing outcomes include food aid, without impacting on the underlying causes while other interventions eg skills training, could alter the ability of the community to address the underlying context[51]. In considering food security and HIV, Quinlan's work explains how cumulative and interacting stressors can undermine the ability {of actors} to respond... thus perpetuating vulnerability[52].

While not framed within the health perspective, Quinlan's teasing out of the contextual factors, processes and outcome can be easily aligned to the social determinants of health framework, introduced in Section... above. While ensuring those HIV infected get access to treatment timeously can protect the individual and household (and community) from a range of negative impacts and exacerbated vulnerabilities, there is a great need in addressing the 'upstream causes' of vulnerability in the first place. Many of these contextual factors are key developmental responsibilities of local government. Eg. poverty driven by unemployment, lack of skills, lack of opportunities for economic activity etc.

This brings us back to the role of local government.

POLICY CONTEXT IMPACTING ON LOCAL GOVERNMENT'S RESPONSES

The South African context stands out because South African local government has a 'developmental mandate' which is described as a "local government committed to working with citizens and groups within the community to find sustainable ways to meet their social, economic and material needs and improve the quality of their lives" (RSA, 1998a: 23). Although challenges to the realisation of this mandate have been reported (for further discussion see Harrison, 2006; Nel & John, 2006), the 'developmental mandate' provides a useful framework within which to describe the challenges presented and to provide recommendations for action, with a view to ensuring and maintaining good public health of the population.

[50] Further power point slides will be presented at the workshop highlighting the way in which economic and social factors for example exacerbate the impact of HIV given underlying poverty.

[51] Quinlan IFPRI pg 3

[52] Ibid p4

"HIV/AIDS is not only a health problem. Its detrimental consequences reverberate across the social life.... and thus across policy areas" (Thomas, 2003: 195).
As discussed previously, HIV requires a developmental response at the local government level, yet HIV has "major implications for many areas of urban governance" (Crush, 2005: 114).

The developmental mandate ..."...urges local government to focus on realising developmental outcomes, such as....the creation of liveable, integrated cities...and the promotion of local economic development..." (RSA, 1998a: 8).

HIV involves all dimensions of urban policy (Thomas, 2003), indicating the importance of a "joined-up government" approach (Harrison, 2006: 189). This integrated approach reflects increasing awareness of the "ways in which agents are bound together in social, economic and governance networks" (Harrison, 2006: 190). A developmental approach is required otherwise the poor will remain "socially, economically and environmentally excluded from full urban citizenship" (Parnell & Pieterse, 2007: 22).

The livelihoods framework presented can assist in identifying the range of government departments that must be involved. Local government programmes must incorporate all groups present within the municipal area, and work to encourage integration and involvement of all within both livelihood and social welfare systems.

DPLG adopted a HIV Framework in April 2007. The Framework provides the overview within which a Handbook, developed by INCA CBF and MRC has been positioned. The Handbook does not speak specifically to each of the vulnerable groups identified in the NSP yet contains a number of resources of use for municipal actors to take the voices and issues of vulnerable groups into consideration. The Handbook identifies the role of local government as being a Doer, Enabler, Facilitator and Connector. The suggested roles (doer, enabler, facilitator/ connector) of local government with respect to each of the vulnerable groups has been teased out in Annexure B.

Interventions

Given the range of roles of local government, one of the most important actions is for local government to work within its developmental mandate. This requires a number of interventions. When considering vulnerable groups' needs, there is a debate about the value of targeted versus equity promoting or population based intervention strategies. These could be focussed on individuals, households or community groups. In addition, HIV specific strategies (such as AIDS orphans' programmes) could exclude equally or more vulnerable (non AIDS) orphans.

Considering the range of vulnerable groups and the need for multiple strategies, for the purpose of the workshop, two interventions are specifically highlighted.

These are:

1. Participating in the setting up of 'one stop shops' as centres within settlements where a range of support services for vulnerable groups can be hosted.
2. Encouraging local economic development, especially through the provision of micro finance initiatives, targeting vulnerable groups.

Towards guidelines for how LG should respond to vulnerability in a context of HIV

PROPOSED GUIDELINES

Preamble regarding responding to HIV as a development issue:

1. All responses need to be located within the rights-based approach that is inherent in the SA Constitution and the NSP
2. There are a complex interplay of deprivations that result in poverty
3. HIV is recognised as an additional deprivation that is both a factor underpinning poverty as well as a result of poverty

4. Poor communities experience a range of deprivations that result in multiple overlapping vulnerabilities
5. In a context of HIV, young women who are African are especially vulnerable to infection and susceptible to impacts
6. Voices of vulnerable groups need to be heard and used to inform responses[53]
7. Given the complexity of the underlying factors resulting in HIV infection and the close link with poverty, there is a need for integrated responses – in both policy and strategy
8. Multiple entry points need to be used
9. Strategies should build on the existing assets of individuals and communities
10. HIV strategies need to be considered as part of sustainable overall poverty reduction strategies

In the light of the above, local government has a range of responsibilities to address HIV as a development issue:. These are as a doer, enabler, facilitator/ connector. Local government needs to act on multiple entry points in order to address the range of underlying factors that result in multiple overlapping vulnerabilities. This necessitates a range of developmental responses from local government, acting as primary agency 'doer', in addition to enabling other agencies to respond to vulnerabilities through targeted strategies, and to facilitate connections that result in integrated local level responses. Indicators of success in each of the roles (doer, enabler, facilitator/ connector) need to be developed in order to ensure that the developmental response of local government agreed to in principle and policy, in fact does lead to reduced vulnerability of the identified groups.

[53] See Tool in Handbook

ANNEXURE A

Summary of Local Government roles as outlined in the NSP 2007-2011 *(with some additional suggestions)*

The NSP describes the youth, women, children and orphans, sex workers, drug users and the elderly as high risk groups. Furthermore, it proposes a set of interventions to reduce vulnerability amongst the identified target groups. The NSP also proposes a number of interventions where local authorities are part of the identified lead agencies to address the objectives within a five year period. According to the NSP, local government's role is to mainstream HIV and AIDS, TB and STI activities to harmonise with local integrated development plans: issues such as access to transport and poverty alleviation (NSP, 2007: 145).

Even though the NSP has proposed some local government directed interventions, it does not mention the specific target groups who the interventions are aimed at. The proposed interventions aim to reduce vulnerability to HIV infection and the impact of AIDS amongst all the groups, and some are directed to lead agencies other than the local authority. Some of the interventions in the NSP related to local government mandate are as follows:

- Local authorities and other lead agencies should ensure equitable provision of basic social service such as water, sanitation, roads, transport, health services, and education especially in rural and urban informal settlements. The lead agencies for this intervention are dplg, DSD, DTI, SALGA, Local Authorities, Business, and Spatial Development (NSP, 2007: 61).
- The NSP recommends strengthening systems to provide food support to children and adults on chronic medication and the introduction of a Chronic Diseases Grant. (NSP, 2007: 147). *Local government can facilitate the process of building partnerships with donors and funders in order to improve its resource base.*
- Supporting programmes that aim to develop HIV and AIDS knowledgeable and competent communities and families. The lead agencies for this intervention are DOH, Social Development Cluster, Civil Society Structures, Private sector, DLPLG, SALGA, and local authorities (NSP, 2007: 64). *In addition to local politicians speaking out about HIV and AIDS issues, local government can have posters and pamphlets about HIV and AIDS around the municipal area, particularly in areas such as electricity and rent pay-points, and other visible areas.*
- Increase proportion of older persons receiving grants (NSP: 2007: 97*). Local government can act as an enabler to DSD, and assist by identifying the elderly and for example in Joburg, undertaking home-visits in order to register all eligible older persons and facilitate the process of registration.*
- DSD, NGOs, communities, Council for the Care of the Aged should increase proportion of older persons receiving support through HCBC (NSP: 2007: 97). *Local government can build working relationships with local HCBCs, and assist them to source funding.*
- Increase proportion of people with disabilities in care, treatment and support programmes. This intervention should be undertaken by the disability sector, and all other sectors (NSP, 2007: 97). *The municipality can enable the DOH by facilitating provision of local health facilities which are accessible and user-friendly for people with disabilities.*
- The DSD, Disability sector, and all sectors should develop and implement targeted care and support programmes and material for people with disabilities (NSP: 2007:98). *The municipality (health cluster) can facilitate and co-ordinate the partnerships with stakeholders and build a working relationship to ensure development and implementation of integrated care and support programmes.*
- Increase proportion of vulnerable children

accessing social grants (child support, foster care and care dependency), benefits and services. The lead agencies for this intervention are DSD, DHA, DOE, Communities, NGOs, and CBOs (NSP, 2007: 95). *Working relationships can be facilitated by local government with other stakeholders involved, and also enable the lead agencies to provide services by providing latest statistics of children in need of social grants, and ensuring that accessible pay-points are located in the local area.*

- Increase proportion of children obtaining vital documents such as birth and death registration (NSP, 2007: 95). *Local government can build a partnership with DHA and ensure that their services can be accessed in the local area.*
- The DSD, DOE, and NGOs should implement service delivery guidelines defining core services at local level for orphans and vulnerable children (exemption from schools and health service fees, child support grants, birth registration) (NSP: 2007: 95).

Local government can approach the issue of OVC as one of the key priority area with OVC projects included in the IDP document.

- The DSD, DOE, dplg, Communities, NGOs, and CBOs should develop and operationalise mechanisms to identify, track and link OVC and child-headed households to grants, benefits and social service at local level (NSP: 2007: 94). *Local government can facilitate the process of quarterly monitoring and evaluating the number of OVC and child-headed households on social welfare, and those that are in need of such services.*
- The NSP spells out that the number of orphans and vulnerable children has more than doubled in the past three years while recommending that Government's response is a multi-sectoral, comprehensive and developmental. This proposes that local government's response to orphans and vulnerable children should be developmental and also be undertaken in collaboration with other actors (NSP, 2007: 48).

ANNEXURE B

Overview of vulnerable groups and suggestions for role of LG (Doer, Enabler, Facilitator/Connector)
Vulnerable groups (identified in the NSP) by role of local government identified in the Handbook

Vulnerable group – as per the NSP	Doer	Enabler	Connector	Facilitator
Women	• Provision of basic services based on this group's needs (HB, 2007: 17, 13) • Ensure that municipal systems and procedures are user friendly (HB, 2007: 26).	• Ensure that they enjoy full rights as citizens and that they have access to health care and are protected from abuse (HB, 2007: 31). • Coordinate access to vacant buildings rooms in community centres/clinics which can be used by this group (HB, 2007: 33). (Enable civil society groups to effectively play its role by ensuring that their services are aligned to the municipal objectives and strategies)		• Build, coordinate and maintain partnerships with other organizations working with this group in order to share resources and to provide integrated services (HB, 2007: 29).

Vulnerable group – as per the NSP	Doer	Enabler	Connector	Facilitator
Adolescents and young adults 15-24	• Provision of basic services based on this group's needs • Consider their interests in municipal planning and implementation activities • Ensure that municipal systems and procedures are user friendly	• Coordinate access to vacant buildings rooms in community centres/clinics which can be used by this group (HB, 2007: 33). (Enable civil society groups to effectively play its role by ensuring that their services are aligned to the municipal objectives and strategies)	• Link with service providers to ensure provision and access to condoms, VCT services, PMTCT services and ART services	• Build, coordinate and maintain partnerships with other organizations working with this group in order to share resources and to provide integrated services (HB, 2007: 29).
Children 0- 14 (including orphans, defined as children under 18 have either lost mother or father)	• Provision of basic services based on this group's needs (HB, 2007: 13). • Consider their interests in municipal planning and implementation activities (HB, 2007: 32). • Ensure that municipal systems and procedures are user friendly	• Provision of emotional and educational care, and legal responsibilities • Provide basic physiological needs (food, shelter and health care) • Ensure access to social safety nets • Coordinate access to vacant buildings rooms in community centres/clinics which can be used by this group (HB, 2007: 33).		• Build and maintain partnerships with other organizations working with this group in order to share resources and to provide integrated services (HB, 2007: 29).

Vulnerable group – as per the NSP	Doer	Enabler	Connector	Facilitator
		• Ensure that they enjoy full rights as citizens and that they have access to health care and are protected from abuse (HB, 2007: 31). (Enable civil society groups to effectively play its role by ensuring that their services are aligned to the municipal objectives and strategies)		
People with disabilities	• Provision of basic services based on this group's needs(HB, 2007: 13). • Ensure that municipal systems and procedures are user friendly	• Provide education on gender and sexual reproduction issues in collaboration with education authorities • Ensure access to social safety nets • Coordinate access to vacant buildings rooms in community centres/clinics which can be used by this group (HB, 2007: 33).		• Build, coordinate and maintain partnerships with other organizations working with this group in order to share resources and to provide integrated services (HB, 2007: 29).

Vulnerable group – as per the NSP	Doer	Enabler	Connector	Facilitator
People in prison	• Provision of basic services based on this group's needs			• Build, coordinate and maintain partnerships with other organizations working with this group in order to share resources and to provide integrated services (HB, 2007: 29).
Men who have sex with men	• Provision of basic services based on this group's needs			• Build, coordinate and maintain partnerships with other organizations working with this group in order to share resources and to provide integrated services (HB, 2007: 29).
Sex workers	• Provision of basic services based on this group's needs			• Build and maintain partnerships with other organizations working with this group in order to share resources and to provide integrated services (HB, 2007: 29).

Vulnerable group – as per the NSP	Doer	Enabler	Connector	Facilitator
Mobile, casual and atypical forms of work	• Ensure that municipal systems and procedures are user friendly • Delivery of basic services based on this group's needs			• Build and maintain partnerships with other organizations working with this group in order to share resources and to provide integrated services (HB, 2007: 29).
Refugees	• Ensure that municipal systems and procedures are user friendly • Provision of basic services based on this group's needs	• Coordinate access to vacant build-ings rooms in community centres/clinics which can be used by this group (HB, 2007: 33). (Enable civil society groups to effectively play its role by ensuring that their services are aligned to the municipal objectives and strategies)		• Build and maintain partnerships with other organizations working with this group in order to share resources and to provide integrated services (HB, 2007: 29).

Vulnerable group – as per the NSP	Doer	Enabler	Connector	Facilitator
PLWHA – not id as a vulnerable group as per the NSP	• Provision of basic services based on this group's needs • Ensure that they have access to basic services health care and treatment through building hospitals and clinics • Ensure that municipal systems and procedures are user friendly	• Ensure access to social safety nets • Coordinate access to vacant building rooms in community centres/clinics s which can be used by this group (HB, 2007: 33). (Enable civil society groups to effectively play its role by ensuring that their services are aligned to the municipal objectives and strategies)		• Build and maintain partnerships with other organizations working with this group in order to share resources and to provide integrated services (HB, 2007: 29).
Elderly – not in the NSP	• Provision of basic services based on this group's needs • Consider their interests in municipal planning and implementation activities (HB, 2007: 32). • Ensure that municipal systems and procedures are user friendly	• Ensure access to social safety nets • Coordinate access to vacant buildings, rooms in community centres/clinics which can be used by this group (HB, 2007: 33). (Enable civil society groups to effectively play its role by ensuring that their services are aligned to the municipal objectives and strategies)		• Establish support networks and resources mobilized • Build and maintain partnerships with other organizations working with this group in order to share resources and to provide integrated services (HB, 2007: 29).

LEARNING EVENT 3

MAINSTREAMING LOCAL GOVERNMENT RESPONSES TO HIV/AIDS: The role of technical support agencies

HOSTED BY THE dplg, PRETORIA, 19 SEPTEMBER 2008

The learning event served as a follow up to one of the first meetings of the HIV/AIDS and Local Government Learning Network, which focused on the role of donors and technical support agencies in terms of their funding and support to local government in responding to the HIV/AIDS epidemic in South Africa. This meeting, which took place in June 2007, was extremely well received and it was thus decided to follow this up with annual engagements between the network and technical agencies. The learning event sought to answer the following questions:

- How does the work of donor agencies assist with the practical application and implementation of the *Framework for an Integrated Governance Response to HIV and AIDS at Local Government Level*, developed by the dplg, as well as the *SALGA Country Guideline for Local Government on HIV and AIDS: Promoting an Effective Leadership Response?*
- Do donor agencies assist in terms of the budgeting and planning for the technical support for the implementation of these plans and guidelines?
- How is donor support and involvement in municipalities evaluated?
- To what extent can Halogen influence and guide the policies and responses of donor agencies to the HIV/AIDS epidemic?

The first presentation, by Nombulelo Mskinya from the dplg, outlined the key points made in the input paper[54] and provided information on the current response to HIV/AIDS by local government. Donors present included USAID, Irish AID and two technical support agencies, CMRA and the German Technical Support Agency (GTZ). They were asked to provide inputs on the work that they are currently involved in and indicate how this contributes to local government's HIV/AIDS response. The subsequent discussion highlighted the need for donors to work together and also to use available resources like the Network for information sharing, monitoring and evaluation and to inform its future work and funding for HIV/AIDS at local government level. Participants further noted the importance of moving away from funding and support concentrated in specific areas in South Africa towards identifying where the need is greatest and how their inputs can assist in developing an effective response to HIV/AIDS in these areas. They also recognised the importance of a good relationship between the dplg and support agencies and those present indicated their willingness to engage with the dplg.

Amongst the concluding remarks was a commitment from donor and support agencies to continue engaging and supporting Halogen and its activities. Very importantly, there was an overall agreement that there should be a review of donor support to determine the impact and effect of the support that it has provided. Finally, in light of the indication of support from donor agencies, the dplg indicated that it will communicate its needs and what support is required. An agreement of support will then be accompanied by clear terms of reference as well as a long term plan that sees donor support gradually being withdrawn and municipalities carrying on the work that has been initiated without being dependent on direct support from donors.

[54] Sizani, B. (2008). *Mainstreaming local government responses to HIV/AIDS: The role of technical support agencies.* Pretoria: Sizani Consulting

INPUT PAPER

MAINSTREAMING LOCAL GOVERNMENT RESPONSES TO HIV/AIDS: The role of technical support agencies

AUTHOR: BANDILE SIZANI, SIZANI CONSULTING

Introduction

HIV and AIDS has become one of the biggest challenges that has ever faced our society. Political and socio-economic configuration of our society has been severely disintegrated. Government, civil society and private sectors are equally threatened by this disease. The HIV and AIDS pandemic is inherently linked with poverty, cultural behaviour, beliefs, social and economical inequalities between women and men. This pandemic has the potential of reversing some of the progressive gains made by our democratic government. To reverse the impact of HIV and AIDS pandemic, developing countries such as South Africa need to develop comprehensive intervention mechanisms that bring together government, civil society and private sectors in well co-ordinated partnerships.

The response to HIV and AIDS has registered some significant gains in as far as prevention, treatment, care and support. However, these initiatives need to be escalated to higher levels. However, resources tend to be insufficient. The South African government has committed itself to fighting HIV and AIDS through the social sector's National integrated Plan (NIP) which utilises conditional grants to provinces to ensure the realisation of national goals. These conditional grants are supplemented by provincial resources that are committed to the implementation of HIV and AIDS programmes. In most instances government resources are not sufficient enough to effectively cover the societal needs and challenges, in this case the donor funds play a critical role in ensuring that HIV and AIDS programmes are implemented. These funds provide additional resources to governments in their fight against the HIV and AIDS pandemic to ensure that the national goals are realised.

Countries need to plan, budget and properly co-ordinate national responses with or without donor funding. Equally important is the co-ordination and planning of donor funding to avoid duplication, competition and clash of national and donor interests. Following the adoption of the AMICALL declaration, most countries in Africa have initiated processes to develop and implement multi-sectoral plans and strategies. However, national governments are not well positioned to guide and implement programmes based on local needs.

Local government is the sphere of government closest to people and it is strategically located to lead an effective response to the pandemic. More and more municipalities are beginning to understand their mandate and are acknowledging their role in mainstreaming HIV and AIDS into their programmes. However, most municipalities are faced with service delivery challenges and insufficient resources to even deliver on their core mandate. Municipalities play a critical role in the co-ordination of local responses and mitigation of the impact of the disease in our communities through mainstreaming HIV and AIDS into the Municipal IDPs and LED strategies. But this role is being hamstrung by lack of resources focusing at equipping managers to (when doing planning for each municipal department) identify strategic areas for mainstreaming with existing plans aside from integrating new special projects or programmes.

This paper seeks to diagnose the much talked about weaknesses in the municipal response to HIV and AIDS and the impact of donor funding. Over the past few years we

realised the extent to which we can maximise efficient and effective usage of resources. The challenge has been lack of funding to provide relevant technical capacity training that is responsive to the needs of the society. To develop a clearer analysis of the municipal response, we need to look at various factors which among other things include resource mobilisation and the role of donor funders and their agencies. In undertaking this task, we need to look at the following critical issues:

- Unpack donor funding issues in local government by describing challenges in tracking donor funds going to HIV and AIDS and its impact.
- Outline the role of local government in donor co-ordination for HIV and AIDS in local government.
- Provide a brief analysis of the current status of the donor support at local government.
- Give an update on challenges, limitations, opportunities and recommendations of the donor assistance in local government.

As we deal with these issues, we need to ponder about a number of critical questions that are associated with the donor funding and the development of our society. Central to that, the following questions are important:

- What is donor funding and what does it seek to achieve?
- Where does this donor funding coming from – what is the agenda of the people behind the fund?
- Are these donated funds reaching the targeted communities that deserve them?
- Who spends the HIV and AIDS resources and for whose benefit?

These questions are just but a few of the questions that we in our daily programmes and engagements with government and civil society organisations keep on coming up. We might not have answers today but as we continue with our work, we might have to provide guidance on them as they have serious impact on the direction that our society takes.

Definition of donor agencies and partnership

As HIV infection increases, the funding for HIV and AIDS related programmes is also increasing. For 2008 it is estimated that about $ 22- billion will be required to fund HIV and AIDS programmes in the low and middle income countries. This figure is $ 7 billion more than what was estimated for 2006.

The big question is where does this money come from and a simple answer is, this money comes from the international community such as USAID, PEPFAR,DFID etc. Funding for HIV and AIDS related programmes is usually channelled through four main streams which are;

- Donations from national governments:
- Multilateral funding organisations;
- Private sector funding; and
- Domestic spending

The next critical question that we need to address is what informs the distribution of donor funds. Different donors use different criteria to determine the policies that guide its distribution to different countries. Most funders are influenced by political and ethical motives which in most cases results in an unequal distribution of resources. Some of these factors include:

- HIV Prevalence: most funding institutions tend to focus in areas where there is high rate of infection;
- Geographic areas: some donors prefer to fund certain areas especially where there is media coverage;
- Type of HIV work: different donors are attracted by different kinds of HIV work that appeals to their interests.
- Perceptions of good governance: donors will always look at whether their resources will be used for the intended objectives and they are not used to pursue goals and agenda that contradict theirs. The existence of good administrative systems also influences the distribution of resources.

The above criteria has an impact in the manner in which municipalities attract or get funding. Municipalities in the rural areas tend to suffer as they are not able to meet one or more of the identified criteria. It should be noted though that there are funders who have taken a keen interest in the development of rural municipalities and need administrative support. The Consolidated Municipal Transformation Programme spearheaded by the Department of Provincial and Local government has assisted a number of municipalities in developing strategies and plans to attract potential funding.

Role of Donor agencies

The next important question is how these resources filter down to those who need them. This is a very critical issue as it has got to do with the impact and sustainability of programmes and projects. Most large donor organisations tend not to link directly with organisations; instead they make use of intermediaries.

This arrangement tends to create problems as it becomes complicated to get resources to those that are directly involved in service delivery. The use of intermediaries sometimes tends to be complicated, time-consuming and expensive.

In some other instances, the use of intermediaries is affected by issues such as administrative weaknesses, lack of and skills within the human resources, challenges of political leadership, infrastructure and legislative processes.

As the money moves from one hand to another, extra charges and costs are added; as a result it gets spent even before it reaches its final destination. There are no clear records of how much money is lost during this period of changing hands. Delays in transferring monies from the funders to agencies and ultimately to the end users has serious impacts on the service delivery and sustainability of programmes especially by the small NGOs and CBOs who most of the time do not have reserves.

Poor understanding of the conditions and lack of capacity of some of the programme drives by the agencies has resulted in a number of initiatives by local communities to collapse.

Current status

Most HIV and AIDS initiatives in our country are funded by government resources with some initiatives getting direct funding from funders. One of the challenges is the monitoring of the direct funding to NGOs and CBOs. There is no centralised reporting mechanism that can assist in monitoring funding of HIV and AIDS programmes especially to NGOs and other civil society formations.

At local level Local and District AIDS councils are finding it difficult to implement joint programmes due to unwillingness of civil society organisations to disclose their finances. In most multi-sectoral partnerships, civil society organisations look upon government for the funding of joint programmes.

Most municipalities in our country have established Multi- sectoral local AIDS councils, and municipal council are expected to co-ordinate these structures. It is these councils that are supposed to drive and co-ordinate programmes and projects. In some of these councils there are tensions over the ownership and sharing of resources. Civil society organisations (especially the ones that receive funding from international organisations) tend to undermine and not participate in these important structures.

This is a serious challenge and we are not advocating for central control of funding to civil society organisation but some kind of declaration that will help to ensure that there is a fair distribution of resources and programmes covering all sections of our society.

This can also assist in reducing the level of monies returned to funders as a result of not being used.

The second critical area is the delay that organisations experience in transfers of monies between funders, agencies and the recipients. Most organisations especially those that have limited capacity are unable to meet deadlines set by the funders and when the money finally reaches them, their time is short. Funders and donor agencies tend to focus on projects and programmes neglecting capacity building that is needed to ensure effective responses to the HIV

and AIDS pandemic. This in most instances results in the collapse of programmes and projects as soon as the funding dries up.

The last area of concern is the strict and stringent conditions and requirements that international donors set for local structures. In most cases these conditions are not informed by the prevailing conditions in our areas and capacity of various structures including municipalities.

Challenges and opportunities

Municipalities as the closest sphere of government to the people, given capacity can play a critical role in as far as coordination of programmes and projects run by recipients of donor funding and monitoring if beneficiaries are receiving the intended support.

Domestic and international funding is critical in the fight against the spread and impact of HIV and AIDS in our society. There are a number of factors that work against the effectiveness of the partnership between national and local government and these include:

- The poor understanding of Local government and its strategic location in ensuring effective transformation of our society, service delivery improvement and co-ordination of the civil society initiatives;
- The inability of funders and agencies to be flexible and development of a deeper understanding of the nature of …. and how things are done;
- Funders and funding agencies need to work closely with the local structures in identifying and responding to local needs and challenges.
- Support and interventions need to be directed at the right level;
- Identifying and responding to local government needs by providing appropriate support at the right support level.
- Implementation- gap" between planning and resources that exist at national level, compared with the resources and services available at the local government level and community level.

Recommendations

- Bridging the gaps between national, local resource and capacity and the need for decentralization of HIV funding and support:
  - It is in the interest of National government and various development agencies to participate or be informed by local planning and needs which in most cases must be contained in the IDPs of different municipalities;
- Funders and funding agencies need to conduct research on best practices in donor support and build on them instead of coming up with ready made systems that are not informed by the realities of the different countries and communities;
- The approach of funders needs to be informed by the community demands and should ensure lasting capacity development that can sustain programmes beyond funding period;
- Proper co-ordination of funding and funding institutions as well as the technical support is one of the key pillars for sustainable development;
- Countries, government and civil society organisations have their own priorities based on the needs and challenges faced by the communities they serve, it is imperative for funding institutions to recognise them and build on them;
- There is a need to replicate best practices and ensure sustainability of programmes that are successful;
- Prepare local government for exit of donor support
- Context informed based support and sustainable programme
- List of existing planning tools and government framework to inform development agenda
- Develop partnership rather than dependency- definition: well managed process and communication, role definition and clarification according to responsibilities
- Adopt a systematic approach of learning by doing!

Mainstreaming HIV and AIDS by all municipalities, government institutions and private sector is critical in ensuring that the fight against the disease is escalated to another level. Mainstreaming will ensure that our institutions are not overly dependent for the success of our programmes.

Effective co-ordination of donor finding is essential if we want to ensure that our programmes reach as many areas as possible.

There is a need to ensure that our organisations are well capacitated especially in the areas of budgeting, resource mobilisation and management of limited resources.

Most of our resources are wasted through competition that is not necessary and duplication of programmes that leave rural and semi-urban areas not covered by our programmes.

LEARNING EVENT 4

THE CHALLENGES AND DILEMMAS OF INTERGOVERNMENTAL AND INTERSECTORAL COORDINATION FOR A MUNICIPAL HIV/AIDS RESPONSE

HOSTED BY ISANDLA INSTITUTE, CAPE TOWN, 13 NOVEMBER 2008

The theme for the final learning event of 2008 was borne out of recognition of the challenges faced by municipalities as they navigate their way through South Africa's intergovernmental system of governance and the implications that this has for their ability to respond to the HIV/AIDS epidemic. Thus, the primary objective of this event was to:

- Examine and unpack the challenges experienced by municipalities in understanding their role within the South African framework of intergovernmental relations (IGR), particularly in terms of their roles and responsibilities for the implementation of a coordinated and integrated HIV/AIDS response.

Representatives from provincial and local government were invited to provide inputs focusing on their experiences of navigating the IGR system. This was preceded by the input paper[55] which informed the event and highlighted the fact that all departments at the three spheres of government constantly have to straddle upward, downward, outward, horizontal and vertical responsibilities, pressures and trade offs. In many instances IGR does not work effectively, in large part because many departments lack the skills, knowledge and/or resources to understand the importance of this system as well as the challenges associated with it. Participants noted that there is insufficient understanding of the mandate, roles, powers and responsibilities of each sphere of government and department, insufficient capacity to fulfill this and very few mechanisms in place to enable coordination amongst the spheres of government. Added to this is a lack of political will and commitment. Another shortcoming is the absence of community voices that are able to articulate their needs and identify the critical issues that affect them. In terms of the municipal response to HIV/AIDS, Local AIDS Councils can be used as a way of ensuring intersectoral engagement as well as input from communities. However, this is dependent on ensuring that the people in the right positions with relevant authority are represented on these forums. The discussion highlighted the importance of finding ways to somehow work with or through the challenges that already exist, rather than first wanting to 'fix' or refine the IGR system – in other words, regardless of the inefficiencies and uncertainties related to the current IGR system, HIV/AIDS is a challenge and we need to find ways within the current system and climate to respond effectively to this. Part of being smart and strategic is to think differently about what the challenges are that are facing communities and to think differently about possible responses to current and future challenges.

Some of the key comments to emerge from the discussion include the following:

- It is important not to lose sight of the fact that we are dealing with people and that it is people who have to make the system work, who have to connect and align and use the strategic spaces. Yet this raises the challenge

[55] Joseph, S. and van Donk, M. (2008). *The challenges and dilemmas of intergovernmental and intersectoral coordinator for a municipal HIV/AIDS response*. Cape Town: Isandla Institute

of ensuring that the efficacy of the system is not entirely reliant on individuals and that it is instead embedded within the system.

- We do not have the luxury of first getting the system to work optimally and then to implement it thereafter. Instead we need to work with what currently exists, and review, revise and improve on it as we go along.
- Does the common phrase 'local government is the sphere of government closest to the people' do justice to the complexities of intergovernmental coordination and the challenges related to IGR?
- Researchers need to be capacitated and knowledgeable about what is happening in municipalities to ensure that their insights, resources and expertise can add real value to municipalities seeking to develop, coordinate and/or implement a comprehensive and multi-stakeholder response to HIV/AIDS.

INPUT PAPER

THE CHALLENGES AND DILLEMAS OF INTERGOVERNMENTAL AND INTERSECTORAL COORDINATION FOR A MUNICIPAL HIV/AIDS RESPONSE

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Introduction

The launch of the *Framework for an integrated local government response to HIV and AIDS* (dplg, 2007) signalled a critical move away from the one-dimensional way that HIV/AIDS[56] has been seen both nationally and internationally over the last 20 years. For most of this time, the responsibility for dealing with HIV/AIDS was largely located with the Department of Health with people being urged to take individual responsibility for their lives by remaining safe from HIV infection. This was known as the ABC (Abstain, Be faithful, Condomise) message. However, in the last few years, researchers have begun to argue against seeing the HIV/AIDS epidemic in this narrow manner as it became clear that the ABC message alone is not having the desired response in reducing the number of infections. International perspectives on HIV/AIDS have suggested that people living in urban informal settlements are disproportionately vulnerable to infection due to their lack of access to basic services like water and sanitation, and the conditions created by unemployment, informality, overcrowding and poverty (Collins and Rau 2000, Holden 2004, van Donk 2006). These same conditions make it hard for people to cope with the effects of HIV infection on them as individuals, their family members and communities. In already impoverished conditions, the burden caused by HIV/AIDS is so much worse and results in deepening poverty causing more vulnerability and insecurity. In light of this recognition, it is very encouraging that the dplg launched this *Framework* as it not only signals a move away from the narrow responses to the epidemic towards a more holistic approach but also locates the response for this approach in South Africa squarely within the ambit of local government. This ties in firmly with the policy discourse and governance system in South Africa as a whole which is about intergovernmental coordination and comes together in the Integrated Development Plan (IDP), the key strategic plan and instrument at local government level. Local government has been tasked with the developmental mandate of addressing poverty and inequality through the promotion of integrated and sustainable human settlements and the promotion of local economic development. According to Patel and Powell (2008) 'municipalities have to respond to the myriad of national and provincial policies seeking to provide state relief to those living in poverty whilst promoting sustainable livelihoods and settlements.' In light of this responsibility assigned to local government as well as its location which sees it as the sphere of government 'closest to the people', it is the logical choice for driving a localised response to the HIV/AIDS epidemic.

The expectations of local government are extremely ambitious and while the above makes sense in theory, we need to look at the lessons and experiences of local government over the past 10-15 years. One of the key lessons is the

[56] In many other instances and research done by others, reference has been made to HIV and AIDS as a way of recognising the different nature and impacts of infection with HIV compared to the development of AIDS, and its related illness. While this is recognised this paper will use the abbreviation 'HIV/AIDS.'

fact that there are no clear-cut solutions or plans that fall neatly into place and that one of the key challenges that we have to deal with is navigating the complexity of the system of intergovernmental relations. This complexity permeates all spheres of government as decisions and trade offs need to be made. However, this is even more acute and relevant at local government level where it is expected that all government's developmental ambitions and the implementation of these come together within the municipal sphere. So, what makes this system so complex, particularly for municipalities? There are two key points to be made in this regard. Firstly, one has to acknowledge the tensions between top-down and bottom-up engagement, both amongst the spheres of government and also in terms of the relationship between government and civil society. One of the key points about this intergovernmental system is that it is meant to involve a process of integration, communication and coordination amongst all the key parties that will be involved, including both those responsible for policy making and the delivery of services. Thus there has to be continued engagement (both up and down) between national, provincial, district and local governments and this should be informed by engagement with communities and the voices of those directly affected by any policies or plans that are implemented by government. The second point relates to the fact that at the same time that engagement is (supposedly) taking place between the spheres of government and communities, there also has to be cross-sectoral engagement at the municipal level. Thus, if one takes the principle of sustainable and integrated development, a number of different departments have key roles to play, including the departments of housing, transport, water and sanitation, health, planning etc. Despite their own sectoral priorities, they have to find a way to collaborate to deliver on the mandate of sustainable settlements. At the same time, these departments also have their own top-down and bottom-up engagement with their counterparts at provincial and national level as they have specific priorities and mandates to carry out. Given the upward accountability towards sector departments it becomes clear that this is a very complex system that sees departments having to straddle upward, downward, horizontal and outward responsibilities, pressures and trade-offs (see Figure 1).

FIGURE 1: HORIZONTAL AND VERTICAL DIMENSIONS OF GOVERNMENT

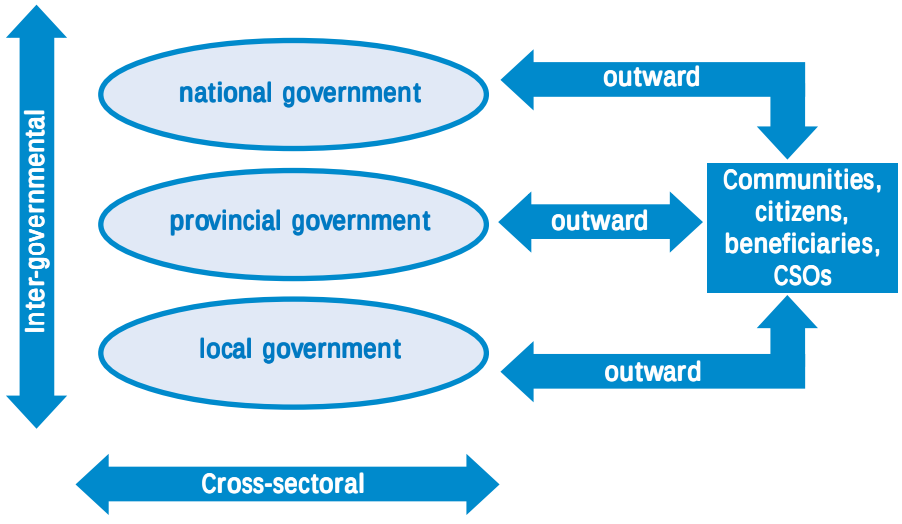

Figure 1: Van Donk, M. Isandla Institute (2008)

The vision of intergovernmental and intersectoral coordination is extremely compelling, appealing and progressive and necessary if we are to achieve the objectives of poverty eradication and equitable, integrated and sustainable growth. But if we are to implement this effectively, it is necessary that we consider the real obstacles, some easier to overcome than others. If we are to develop an integrated and holistic response to HIV/AIDS, we need to understand these challenges and how to respond to them. One of the key challenges has been about how to ensure the effectiveness of the IDP, intended as the 'blueprint' for the complicated task of responding to the myriad of issues relevant to the municipality including poverty relief, economic development and provision of basic services. For it to be representative of all the relevant concerns in the municipality, the IDP should be informed by national and provincial policies as well as a process of bottom up engagement with communities to ensure that the voices of ordinary people are heard (Pieterse and van Donk, 2008; Pieterse, 2004).

REALITIES OF INTERGOVERNMENTAL COORDINATION AND THE IDP

Local government has undergone repeated changes and modifications over the past 10-15 years in order to determine and streamline its role (Patel and Powell, 2008). This also tied in with the post 1994 processes of realignment and redefining of the spheres of government, the processes of intergovernmental coordination and how best to ensure that the system responds to developmental needs in post-apartheid South Africa in an equitable and sustainable manner. This was obviously a huge task and the resultant challenges and difficulties reflect the complexities that had to be and still are negotiated on a daily basis. One of the biggest challenges at local government level is the lack of skills and capacity to develop an IDP that is representative of all the developmental concerns in the municipality and that was developed through an effective process of bottom-up as well as top-down engagement amongst the different spheres of government as well as community participation. This is illustrated by the 2005 finding of the dplg that more than 60% of municipalities required some kind of support to develop effective IDPs with at least 28% unable to develop effective plans even with some kind of support (cited in Harrison 2008). This has prompted the question of whether IDPs 'have contributed to institutional overload, or whether they have helped local authorities better structure and process the many obligations they are confronted with (Atkinson 2003 cited in Harrison 2008: 324).'

Perhaps one of the first steps is to recognise that the IDP evolved out of a complex process aimed at understanding and defining integrated and sustainable government planning or as Harrison (2008: 326) puts it 'South Africa's IDP is the outcome of a complex set of contextual and global influences, and represents one of the clearest examples of a new generation of planning tools that emerged during the 1990's.' This process has been influenced by international discourses like the sustainability agenda and also the idea of urban management, concerned with developing a more corporate and accountable public service. Yet all of these also had to take into consideration the developmental mandate of poverty alleviation and equitable and sustainable growth (Harrison 2008). Currently, local government is seen as the sphere of government where all the developmental ambitions and aspirations of national and provincial government come together. Local government has to respond to the ideals of poverty alleviation through the creation of sustainable human settlements, they have to provide basic services and also need to take responsibility for the creation of 'viable and robust' economies to respond to the problems of unemployment and poverty (Patel and Powell, 2008). According to Patel and Powell (2008) despite the fact that the three spheres of government are independent, the municipal area is the space where all policy is implemented. Thus, the IDP emerged from all these factors as the instrument for an integrated system of government that brings about development and growth. However, for this system to work there has to be a clear understanding of the intergovernmental system, the role of each

sphere and the ability for municipalities to engage with and inform national policy. This should of course be informed by engagement between municipalities and their local constituents. Without this bottom-up engagement, it is highly unlikely that the IDP will be integrated, sustainable, informed and able to respond to the ambitious developmental mandate assigned to it.

Cognisance should also be taken of the challenges and realities of the intergovernmental system. For example, in light of the complexities associated with intergovernmental coordination and factors like the lack of capacity and skill at local government level, can we realistically expect that the plans articulated in the IDP will be implemented? Even if IDPs contain all the correct ingredients, it cannot be assumed that this will automatically translate into practice and it is important to be realistic about these shortcomings. It is also necessary to consider the criticisms levelled by some at the IDP, like the fact that instead of encouraging engagement with local communities it instead stifles effective community participation as it concentrates on effective institutions and management of these (Harrison 2008). Another critique by Harrison (2008) questions whether or not IDPs have really had an impact on the lives of ordinary citizens if one considers the massive backlogs that still exist in terms of basic services provision.

Despite all these critiques of the IDP as the instrument for intergovernmental relations, it does have the potential to be an effective tool. This is if it outlines clear and articulate plans for local government to respond to its mandate but it should consistently be reviewed and local government be held accountable for its actions. What this also requires is that municipalities have the power, authority and ability to be flexible in order to move away from their very rigid thinking to find new and innovative ways to respond to the challenges within their jurisdiction (Pieterse and van Donk 2008). This is particularly vital as many municipalities do not feel like they are on an equal footing with the other spheres of government and instead feel like they have no clout or power and are merely the implementers of nationally policy (Schmidt 2008). If the intergovernmental system of governance is to work, local government needs to feel like it is an equal partner in the process. This is not happening at present and instead of the system working in the favour of local government by streamlining and integrating developmental priorities, as initially intended, municipalities that are already under-resourced feel besieged by any new challenge that becomes just another unfunded mandate. Municipalities often feel that their responsibilities are being prescribed to them and a matter like HIV/AIDS just adds further complications (van Donk 2008).

What does this mean for HIV/AIDS?

According to the *Framework for an Integrated Local Government Response to HIV and AIDS* (2007: 21), the system of intergovernmental relations 'is an important mechanism for crafting and implementing multi-sectoral responses to HIV and AIDS that are co-ordinated across the three spheres of government.' In light of the role and importance attached to the IDP as the instrument which reflects the culmination of all the policy priorities and plans of the three spheres of government, it is also seen by the *Framework* as the most appropriate plan to mainstream HIV/AIDS in local government.

The *Framework* (2007) provides the following guidelines for municipalities to ensure that HIV/AIDS is adequately mainstreamed in the IDP:

- Mainstreaming HIV/AIDS through participation: IDPs are seen as the outcome of a collaborative process between national, provincial and local government as well as the communities within the municipal jurisdiction. Thus, for the IDP to reflect the challenges of the HIV/AIDS epidemic it is crucial that it includes the voices of people, households and communities that are affected by HIV/AIDS. As has often been noted, this should not merely be a superficial once off process but should include real ongoing consultation.
- Developing knowledge to inform local level responses to HIV/AIDS: It is critical that the municipality is in possession of relevant HIV/

AIDS statistics in its area. Many municipalities, however, do not have up-to-date and accurate information about HIV- prevalence and incidence statistics in their areas. In addition, they do not understand the factors that make people vulnerable to infection as well as affecting their coping mechanisms. Thus, it is absolutely critical that municipalities engage in research and information collection in order to make informed decisions about what is required, what the needs of affected communities are and therefore what the priorities are that should be included in the IDP to deal effectively with the epidemic. Similarly, municipalities should be aware of the effect of HIV/AIDS on their staff members who themselves might be HIV positive or responsible for family members who may be infected or affected. This is of importance in terms of the cost implications that absenteeism or a low productivity rate might have on the ability of the municipality to function effectively and carry out its service delivery mandate.

- Checklist for assessing HIV/AIDS mainstreaming in the IDP: A number of key questions are provided for municipalities to determine whether or not HIV/AIDS has effectively been mainstreamed in the IDP.

As noted previously, the *Framework* recognises the intergovernmental system of governance, the different roles located to each sphere of government and also the role of the IDP in ensuring that all the relevant issues are planned for. Importantly, it provides some clarity in terms of the intergovernmental and intersectoral responsibilities of each department. For example, if one looks at the role of the National Department of Housing, it is to 'develop and implement legislation, policies and strategies to ensure that the right to access to housing is realised for all and that, where necessary, special attention is given to the needs of households affected by HIV and AIDS' (dplg 2007: 25). It is then the role of the provincial department for housing to work with municipalities to identify the relevant households which require assistance and to cooperate with these municipalities to ensure the provision of adequate housing and shelter. However, this is marred by the fact that a number of assumptions are made in the *Framework*. Firstly, the *Framework* does not appear to recognise the dynamics and complexities of different municipalities (e.g. urban versus rural and big versus small). If one considers the point made earlier that more than 60% of municipalities are incapable of developing IDPs without support, this is particularly important. Many under-developed and under-capacitated municipalities (especially those in rural areas) are not even able to develop an effective and integrated IDP, let alone mainstream HIV/AIDS as suggested in the *Framework*. It is important that these assumptions about the capacity and ability of municipalities to deliver (even if one does not take HIV/AIDS into consideration) are considered and that this is sufficiently recognised.

It is also highly unlikely that municipalities who are not even able to develop IDPs will have the capacity to play an effective coordination, implementation or advocacy role. Whereas the metro's, given their importance in terms of the national economy, their size and capacity, might be able to both play their expected roles as well as voice their opinions in terms of their needs, smaller municipalities (especially in rural areas) will be less likely to have any impact in this regard.

Another potential challenge for the *Framework* is that it may unintentionally reinforce a perception that the HIV/AIDS epidemic is homogeneous by not sufficiently emphasising that epidemics can vary between and even within (in the case of urban municipalities and metros) municipalities and that HIV/AIDS can manifest itself as different localised epidemics in the same municipality. For example, in an area like Khayelitsha, in Cape Town, where the HIV prevalence rate is 33% a different response would be required to Blaauwberg where the infection rate is relatively low at 7%. Thus, it should be emphasised that municipalities have to take cognisance of these complexities when they attempt to negotiate an already complex system.

The *Framework* (2007) sees the role of the municipality as broken up into four key compo-

nents, that of a doer, enabler/regulator, co-ordinator/facilitator and a connector. All these roles have intergovernmental or intersectoral dimensions to them. For example, as a doer, the municipality is tasked with ensuring that the relevant financial and human resources are available for responding to HIV/AIDS. However, due to expectations from other spheres of government or departments, municipalities are often constrained (or in some instances enabled) by other pressures and responsibilities that are not within their control. As an enabler/regulator it's the role of the municipality to enable key stakeholders to participate in HIV/AIDS response. For example, it should assist CBOs or NGOs by providing access to available resources like buildings or vehicles that will assist these actors in launching their responses. Also, through its daily functioning municipalities should be aware of how its services affect those within its municipal area. The connector role allocated to municipalities suggests that it should act to bring together relevant actors in the HIV/AIDS response. For example, it should link up stakeholders, within its jurisdiction, who require services with the relevant service providers by acting as a referral point for people who may require access to voluntary counselling and testing stations, access to ARV's or even orphans and vulnerable children that may need specific care (dplg, 2007). However, it is the co-ordinator or facilitator role of the municipality that appears to be the most relevant, particularly in light of the preceding discussion. In the role of coordinator the municipality is responsible for bringing together all role-players in an integrated and coordinated effort to ensure optimal use of resources and provision of services to communities especially those affected by HIV/AIDS. In South Africa's system of intergovernmental relations municipalities are positioned as the key actors (and coordinators) in terms of implementing government policy. In light of this they also appear to be ideally placed to spearhead an integrated response to HIV/AIDS. Yet, it is necessary to acknowledge that this role is the ambition and aspiration for local government and that there are a number of practical realities which prevent local government from reaching this aspiration. While it makes sense to regard municipalities as the key players, in reality, the system is very hierarchical and municipalities are merely seen as implementers instead of crucial participants (Schmidt 2008). Municipalities should in fact have the power and authority to enforce participation and engagement from all the roleplayers and it should be able to 'call the shots' when it comes to determining the need in its area of influence and therefore what the associated and relevant response should be. Local government should be able to hold the other spheres of government accountable for their in/action. Yet, if one considers the difficulties that already exist in terms of the existing governance system, this seems highly unlikely and it is exacerbated by the perception that local government is the implementer of national policy instead of an equal inter/dependent partner in the process.

This ties in with another role for municipalities (not included in the Framework) and it is possibly an extremely significant role at present, namely that of an advocate. As the sphere of government that most experiences the realities of what is happening on the ground, particularly their experience of the HIV/AIDS epidemic, municipalities should become more vocal about their needs and requirements. Using the information and understanding of their localised epidemics they should demand that other stakeholders (especially civil society organisations) and other spheres of government perform their respective roles and responsibilities within the municipal area.

Another key change that needs to happen at all three spheres of government is an improvement and expansion of the understanding of HIV/AIDS and its effect on the core business of municipalities. Depending on the nature and scale of the epidemic in the municipal area and the capacity and resources of the municipality, HIV/AIDS can have a number of different (in many instances devastating and long ranging) effects on the communities within the area as well as the municipality. While these implications may vary depending on certain factors and some municipalities may be worse affected than others, the point to be made is that if they are to

develop an effective and integrated response to the epidemic in their areas, municipalities have to understand what exactly is happening, what the need is and therefore what is required of them.

It is clear that the HIV/AIDS epidemic has serious implications for the developmental mandate of local government and the nationally stated priorities of poverty alleviation and development. Also, given the intersectoral coordination that has to happen between sector departments (national, provincial and local) the implications do not stop at local level but will permeate all levels of society, albeit in different ways. In light of this, we need to look at our current system of governance and interrogate whether it is capable of bringing about the developmental policy priorities, particularly taking into account the challenges posed by HIV/AIDS.

QUESTIONS FOR DISCUSSION

- If one considers the fact that HIV/AIDS will fundamentally alter the reality on the ground in terms of services that are required or the type of communities that will emerge, what are the expectations from government and especially local government? What does this mean for intergovernmental and intersectoral relations?
  - Is the current system of intergovernmental relations, despite all its complexities, sufficient to deal with the challenges posed by HIV/AIDS?
  - Or does HIV/AIDS expose some of the critical flaws in the system and spur on the need for a review of the system of intergovernmental relations?
- What institutional mechanism(s) or modality(ies) is/are most effective to coordinate an intergovernmental and multisectoral response to HIV/AIDS? For example, are HIV/AIDS coordinators too marginalised? Do they actually make a difference? Is there some way to get them into the mainstream?
- Given the inability of the majority of municipalities to develop an effective IDP, what is the likelihood of a comprehensive local response to HIV/AIDS?
- The *Framework* recognises the importance of intersectoral and intergovernmental relations but what is the action plan for engaging other departments? What type of engagement is needed?
  - What are the entry points to push for such engagement?
  - Is the network/its members focussing its energies in the right direction?

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