



**HIV/AIDS AND  
LOCAL GOVERNMENT  
LEARNING NETWORK**

## **Municipal Brief 1 - 2009**

**Mainstreaming HIV/AIDS  
into municipal IDPs**

**In South Africa, the HIV/AIDS epidemic is a national emergency on a scale which is difficult to fully comprehend. At present one in six adults in South Africa between the ages of 15 and 49 are HIV positive. Up to now, the government's response has mostly centred on providing condoms, raising awareness, doing voluntary counselling and testing and more recently, providing anti-retroviral treatment.**

But HIV/AIDS is much more than a health issue. It affects all levels and spheres of government, and should be at the top of the agenda for developmental local government in South Africa.

Looking at the Integrated Development Plans (IDPs) of most South African municipalities, you would never know this. Of course most make a passing reference to HIV/AIDS, and some talk about a few plans. But some don't talk about it at all, and only a minority give it the attention it really deserves.

An IDP is supposed to be a guide that defines a municipality's place in the world. If the IDP doesn't acknowledge that the world in which it operates is devastated by HIV/AIDS, then it is a misleading guide.

So how do our IDPs miss HIV/AIDS, when it is such a critical concern? And what can be done?

## Institutional challenges

1. Integrated Development Planning is still a relatively new way of working for South African municipalities and there is not yet a depth of experience and capacity when it comes to Integrated Development Planning. Studies have shown that only 37% of municipalities have the capacity to prepare an IDP on their own, without the assistance of outside partners or consultants. Many municipalities still face a major challenge in putting together a basic IDP.
2. There is often a lack of capacity and understanding about what an effective IDP is and what is required to prepare it. In South Africa, IDP managers come from a range of different backgrounds, and many have no specialised IDP training, which explains why IDPs are often inadequate. Given the existing challenges in terms of producing an effective IDP, ensuring that HIV/AIDS is effectively mainstreamed in the IDP is not seen as a priority.
3. Creating awareness and action around HIV/AIDS is difficult because there is often no HIV/AIDS focal person available to ensure HIV/AIDS is a priority, or to liaise with other departments, municipalities and organisations.
4. There is little local HIV/AIDS prevalence data available. Without understanding where HIV/AIDS levels are highest, municipalities cannot give priority to these places or target the specific issues that make the disease so prevalent there. Although obtaining this data may be difficult, it is likely to be worth it. In addition to enabling an effective local response to HIV/AIDS, knowing how bad the situation is can play an important role in motivating managers across the municipality to respond.

5. Communities rarely mention HIV/AIDS as a concern of theirs. This is likely to be because of the nature of public participation processes as well as the stigma associated with HIV/AIDS. Communities need to be aware that there is the necessary space and openness to discuss HIV/AIDS and people living with HIV/AIDS need to be given the scope to participate in the IDP. In designing public participation processes, this sector needs to be enabled to express its voices. At the same time effective community mobilisation has been able to bring clinics and other services to areas where they are needed.
6. Communication *within* government is also a challenge. Mainstreaming should involve all arms of government working in an area and poor intergovernmental relations makes it difficult for local government to co-ordinate sector departments in such a way that they are also involved in mainstreaming. HIV/AIDS can't be the sole responsibility of municipalities.
7. There may be limited buy-in from senior management and politicians on HIV/AIDS for a number of reasons, including a political history at national government level of ambivalence towards HIV/AIDS. This is a legacy which needs to be aggressively challenged and eradicated.

## What is mainstreaming, and how do I do it?

**Municipalities can respond to HIV/AIDS in two main ways:**

**Programming** focuses only on interventions that are directly related to HIV/AIDS, like awareness campaigns, condom distribution, prevention of mother-to-child transmission, the provision of anti-retroviral treatment and support to orphans and vulnerable children.

**Mainstreaming** means that all departments in the municipality consider how their day-to-day work contributes to vulnerability to HIV infection and how their work impacts on people's ability to cope with HIV/AIDS. Every decision should be considered in terms of how it affects HIV/AIDS, either in a positive or a negative way.

Mainstreaming is critical, because HIV/AIDS is linked to social, economic and environmental issues, and so it can be affected by *everything* a municipality does, whether the municipality realises it or not. This means that mainstreaming is as important as dedicated HIV/AIDS programmes.

Effective mainstreaming means that you don't necessarily need to change the work you do, just change how you do it. It is not necessarily about seeing line items in a municipal budget associated with HIV/AIDS, it is about being sensitive to HIV/AIDS in a municipality's day-to-day business. These are some examples of mainstreaming:

**Example 1:** A municipality building a new road could transport people from a local village every day instead of bringing unskilled labour from far away to stay in a camp next to the construction site. This would mean workers can stay with their



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## Case Studies

### Ehlanzeni District Municipality

Ndazo Mdluli, the HIV co-ordinator of Ehlanzeni District Municipality in Mpumalanga Province, an area with high levels of poverty and unemployment, describes the challenge of mainstreaming HIV/AIDS:

“We battled when we started, and we were just doing awareness campaigns. It was because we didn’t know our epidemic. When we started studying how unique we were compared to other areas, we realised our responses could be more appropriate to our situation. We said, ‘If it is true that we are the district with the highest HIV in the province of Mpumalanga, what are we doing to respond?’”

“We developed an AIDS strategy, but had challenges with mainstreaming it. So we sensitised all our managers, including the technical services managers. We found the managers never had time to come to meetings, so one of the things we did was to light a candle at the beginning of meetings to create awareness.”

“We now find managers saying, ‘How come we were not informed about our role in this?’ And you’ll find there were many times that we communicated, it’s just that it was not a priority at that particular time, and it’s now a priority because there’s pressure from all sides.”

“The local municipalities don’t talk about HIV/AIDS. Even if you look at the community-based plans, they are silent on HIV/AIDS. It’s as if it does not exist.”

“We realised that Ehlanzeni had a very particular challenge because of our position next to different borders. We have people living in the district who come from outside, and there are the challenges of providing services to these people because they don’t have documents. So now we want to go beyond borders.”

### Buffalo City local municipality

Buffalo City has implemented a number of successful interventions around HIV/AIDS mainstreaming. All supervisors have Key Performance Indicators around HIV/AIDS mainstreaming, and when developing policy have to look at cross-cutting issues. However the prominence that the issue once enjoyed has tailed off due to changes in departments, manager turnover at all levels, and IDP outsourcing.

The HIV and special programmes unit is housed within a broader unit that also deals with public participation. The unit has been able to build partnerships with other organisations.

Shaun Petzer, an HIV/AIDS practitioner in the unit explains: “Mainstreaming is implied in a lot of what we do rather than actually being visible or measurable. For example, we’ve formed partnerships in youth employment programmes and women’s empowerment initiatives.”

He says political support for the programme has been crucial, and the programme has been given a budget. It has developed an HIV cross-cutting strategy looking at the workplace, external partnerships with local AIDS councils, and mainstreaming. Prevalence studies in 2004 and 2007 provided specific information for organisations, which has helped a lot.

partners, and are less likely to engage in other sexual relationships which would increase their risk of contracting HIV.

**Example 2:** A municipality putting in a water reticulation scheme could make sure that they prioritise areas where there is a high rate of HIV infection. This will improve access to clean water and sanitation in the area, so people do not develop full-blown AIDS as quickly as they would with poor water and sanitation.

**Example 3:** A municipality could enable orphans to receive indigent support, in recognition that HIV/AIDS has created large numbers of child-headed households.

### Rating a municipal IDP

Different municipalities are at different stages on the journey towards an IDP which mainstreams HIV/AIDS effectively. All South African municipalities are struggling to mainstream HIV/AIDS in their IDPs and even the best IDPs have failed to properly integrate the different sectors. This diagram shows the different levels of effectiveness that an IDP can have in dealing with HIV/AIDS. Very few South African IDPs go further than level 3.

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- 1 – No reference to HIV/AIDS
  - 2 – Marginal reference to HIV/AIDS
  - 3 – Section/Chapter on HIV/AIDS
  - 4 – Evidence of integrated response to HIV/AIDS in all chapters of the IDP
  - 5 – Resource plan (referring to both organisational and financial resources) to support integrated response to HIV/AIDS

### Changing mindsets

There are many challenges in providing an effective municipal response to HIV/AIDS, but possibly the most important is the attitude and understanding of the key actors, especially those in decision-making positions. These are some of the biggest problems with how people think about HIV/AIDS:

- HIV/AIDS is treated as **just a health issue**.
- HIV/AIDS is **just about individual behaviour** and responsibility.
- HIV/AIDS is **just a workplace issue**.
- HIV/AIDS is seen as **just another box to tick**. The result: it involves a once off meeting, or the IDP refers to a programme that isn’t actually running.
- Managers **don’t have time to talk about HIV/AIDS**.

Often managers do not mainstream HIV/AIDS because they think it is not part of their jobs. This is not a valid response and may have consequences for how HIV/AIDS is responded to in the municipality. Below are some typical responses that inform managers’ underlying perceptions of HIV/AIDS. This in turn informs the municipality’s response to HIV/AIDS:



Typical response from managers	Underlying perception of HIV/AIDS	Response from municipality
HIV/AIDS is the responsibility of national and provincial Health departments	HIV/AIDS is only a health issue	VCT programme, Anti-retroviral treatment, Support to home-based carers
HIV/AIDS is the responsibility of the HR department	HIV/AIDS is only a workplace issue	Workplace HIV/AIDS programme
People take responsibility and avoid HIV infection	HIV/AIDS is only about people changing their sexual behaviour	Condom distribution, awareness raising

## One size doesn't fit all

An IDP is a document that is specific to a municipal area. The key to mainstreaming HIV/AIDS is responding to the specific needs of the different people living within that area.

### Different places need different responses

HIV/AIDS is not the same everywhere. The HIV/AIDS epidemic is different between municipalities and this means that municipalities will have different responses to the epidemic in their areas. For example, in the City of Cape Town where the HIV prevalence rate is 16.1% the response will be different from eThekweni where the prevalence rate is 41.6%. The epidemic can even differ from one area to the next within the same municipality. This is because different kinds of environments can exacerbate HIV/AIDS in different ways. For example, informal settlements typically have double the infection rate of more formal residential areas. Important HIV transmission points include hostels and major transport routes, and these places should be targeted with specific responses. Municipalities can prioritise the provision of basic services in certain areas where vulnerability is greater and HIV/AIDS is more prevalent.

### Different phases of HIV/AIDS need different responses

HIV/AIDS has several phases, each requiring different sets of responses. While people are still uninfected, efforts aimed at prevention and vulnerability reduction need to be put in place. Apart from condom distribution and awareness raising, this would also imply responding to socio-economic needs and living conditions to enable people to make healthy, positive sexual choices. Food insecurity can also play an important role in transmitting HIV as people might engage in unsafe sex if it means that they might be given food or money.

When people have HIV, government needs to do its part to keep them healthy for as long as possible, by ensuring food security and a clean environment. Malnutrition caused by poverty and food insecurity undermines immunity, and may hasten illness, as will a lack of basic services like clean water and electricity.

When people with HIV develop AIDS, municipalities can help them to access anti-retroviral treatment. To do this, people need access to clinics with HIV/AIDS testing and treatment facilities. Having healthy, regular meals is also critical for anti-retroviral treatment to be effective.

When people are on anti-retroviral treatment it is especially important that they have a healthy diet. This is extremely difficult for poor people who are likely to go into deeper poverty because of HIV/AIDS. This is where indigent support and disability grants are critical.

If people die of HIV/AIDS-related illnesses, municipalities need to provide care and support (especially food and shelter) for the orphans and vulnerable people who survive them.

## Tips for mainstreaming HIV/AIDS in IDPs

The following are a number of conditions and proposed actions that will help municipalities to mainstream HIV/AIDS:

### Bring about a shared view about HIV/AIDS and a sense of urgency that all partners have a role to play

*Example:* Host a local HIV/AIDS summit with affected communities, civil society, sector departments and local businesses.

### Know the scale and nature of the epidemic in your municipality

*Example:* Commission an HIV/AIDS prevalence and incidence study. Do sector department assessments to see how day-to-day municipal work is impacting on HIV/AIDS and how HIV/AIDS impacts on the municipality.

### Encourage every municipal department to integrate HIV/AIDS into their plans to be included in the IDP

*Example:* Provide support and capacity building to relevant staff members and identify a staff member to take responsibility for driving the mainstreaming process.

### Foster effective leadership on HIV/AIDS

*Example:* Find creative ways of sensitising managers to the challenges associated with HIV/AIDS and making them more aware. Develop key performance indicators for managers to assess performance against cross-cutting issues and HIV/AIDS mainstreaming.

### Build and sustain partnerships with relevant stakeholders

*Example:* Encourage the establishment of a representative forum eg. local AIDS council (LAC). Collaborate on events/initiatives with relevant organisations.





# HIV/AIDS AND LOCAL GOVERNMENT LEARNING NETWORK

## About the HIV/AIDS and Local Government Learning Network (Halogen)

Halogen brings together researchers, organisations and municipal practitioners to share knowledge, skills and learning on HIV/AIDS and local government in South Africa.

### The network aims to:

- Share information and learning about HIV/AIDS and local government.
- 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.
- Document and disseminate good practice, as identified during learning events, to various stakeholders including communities and municipalities.

Membership of Halogen is open to individuals and organisations working on HIV/AIDS and the role of local government in responding to the epidemic. For more information, or to join Halogen, see [www.halogen.org.za](http://www.halogen.org.za) or contact 021 465 8751.

Halogen held its first learning event for 2009 at Wits University on 17 April 2009. The gathering looked at mechanisms to ensure that HIV/AIDS is effectively taken into account in Integrated Development Planning.

Halogen is supported by:

