HIV/AIDS AND LOCAL GOVERNMENT LEARNING NETWORK

Municipal Brief 2 - 2010

Regional learning on local government responses to HIV/AIDS in Southern and East Africa

The HIV/AIDS and Local Government Learning Network (Halogen) held its second event for 2010 in September, focusing on local government responses to HIV/AIDS in Southern and East Africa. The aim was to share experiences and good practices in order to strengthen the role of municipalities in contributing to effective local level responses to the myriad development and governance challenges posed by HIV/AIDS. For participants, the opportunity to hear from and share with colleagues, coming from diverse contexts yet united by a common challenge, was both inspiring and enriching. After the event, email contacts were established to keep the conversation going, testimony that in a challenging field, such as responding to HIV/AIDS, networking is extremely valuable.

Among the participants were representatives of local government in Zambia, Botswana, Malawi, Tanzania, Namibia and South Africa, with national government representatives from Lesotho, Namibia, Malawi and South Africa, representatives of organised local government associations, SALGA from South Africa, MALGA from Malawi, and BALA from Botswana, networks such as the Alliance of Mayors and Municipal Leaders on HIV/AIDS in Africa (AMICCAALL) and the United Cities and Local Governments of Africa (UCLGA), and non-governmental organisations, including from Zimbabwe, academics and advisors from German Technical Cooperation (GTZ), which has support programmes in a number of the participating countries and also supports Halogen through the Strengthening Local Governance Programme in South Africa.

The HIV/AIDS challenge is certainly a massive one in the region – of the 2.7 million newly infected people in 2008 nearly 60% (1.5 million) were in Southern and Eastern Africa. The nine countries with the highest HIV prevalence worldwide are all located in Southern Africa. There's also a strong urban bias; 29% of the total HIV epidemic in the region is concentrated in 15 major cities. As speakers pointed out, urban areas do not exist in isolation from rural ones. In Southern and East Africa, there is a high degree of migrancy between urban and rural areas, both internally and to a growing extent within the regional and continental context. A good example is Lesotho, which, as a landlocked country, has an economy and society that is heavily interlinked with South Africa, with constant movement to and from urban spaces.

So, while urban areas receive attention in terms of responding to HIV, rural municipalities also need support, and ideally responses to HIV in these different contexts must be coordinated. For example, migrants to cities often return to their rural households of origin when they become sick. So, says Jo Vearey, a researcher with Wits University, municipalities are faced with the challenge of engaging through an "inter-sectoral approach that encompasses healthy governance and public health advocacy, with municipalities mobilising actors within other spheres of government and civil society to take action to address the plethora of health and development challenges associated with HIV".

The implication for municipal leadership and those tasked with direct management and coordination of the response to HIV/AIDS is that increasingly, they are

going to have to reach far beyond their own organisation, which requires building a strong set of relationships, networks and links.

The wider international community can and does contribute to the development and implementation of appropriate policy initiatives to improve health at a local level within Southern and Eastern Africa, and supports programmes and research to address local responses to HIV and improve health equity.

Discussing how to better understand and strengthen the role of municipalities specifically, participants said there was a tendency to centralise within countries even when local government had its own powers and functions. The developmental role of local government was not always understood, and planning around HIV/AIDS was undertaken at national or district rather than local level. In Botswana, for example, the responsibility for health services has moved from the local authorities to national government to facilitate a uniform response countrywide, but this may be at the expense of a level of personal attention at local level.

In Namibia, there are well-developed strategic plans, but the challenge is to implement with limited resources in terms of people and money. Half the ministries are decentralised and half not, which makes it difficult to plan, but programmes have been successfully coordinated and rolled out in four districts.

In Zambia, coordination at district council level has been successful, although there are often multiple actors with their own mandates. In Lesotho, there are decentralised structures at district and community council level, but HIV/AIDS is often not seen as a development issue. “Infrastructure development takes priority, at expense of people’s lives. We may be building for ghost towns,” said a participant.

For SALGA, the question was essentially how to “translate national guidelines into local energy, leadership and practices”. Where there is a national AIDS plan or strategic plan, ownership becomes an issue and there is often an expectation that such plans come with capacity and resources. Can a programme designed by national structures address a diversity of local responses? And because national planning processes tend to take a long time, a different and sometimes, non-compatible, set of responses have been put in place at a local level and by communities themselves.

Another concept proving elusive is that of “mainstreaming”, which is often understood in widely differing ways. The challenge is to develop a clear understanding of mainstreaming and what is required from municipalities to mainstream HIV/AIDS both internally and in the everyday business of the municipality, such as delivering services to communities. It is important that mainstreaming programmes are clearly defined and monitored in order to have the most impact. Also, it is critical that different departments and programmes speak to one another when implementing their HIV responses in order to prevent parallel programmes, duplication, fragmentation and potential wasted resources as a holistic and integrated response to the HIV/AIDS epidemic is critical.

Local responses to differing contexts

Over two days, participants had ample opportunity to listen and learn, with detailed presentations about the responses to HIV/AIDS by local government within the different country contexts.

Botswana

In Botswana, the HIV/AIDS strategy is linked to the presidential office and its budget, which gives it considerable political weight. Of the total funding for the national AIDS coordinating agency, which is responsible for funding all HIV/AIDS activities, 90% is from its own sources and only 10% from donors. The agency connects with district government, through the commissioner. All projects are aligned on a district level. District AIDS coordinators assist community-based organisations with funding by linking them with the national office.

"We should never lose sight of what HIV is all about – people are dying," said the Mayor of the South East District Council Anne Joubert. "When you go to our hospitals you see the cabinets that say ARVs and you see the mothers and babies getting their medicine. That is life." An example of a successful local programme is the South East District Youth Empowerment League (SEDYEL), which uses the "kicking AIDS out" concept and draws young people, especially girls, into a sport and recreation programme that uses the opportunity to create awareness around HIV/AIDS.

Lesotho

In Lesotho, local councils have been positioned as the gateway for an "essential services package". The 128 councils are relatively new institutions, with the first municipal elections being held in 2005. There's a strong national framework, but the HIV/AIDS response is channelled through local councils to reach a population that is often hard to access. The advantages of this include having a single entry point for better coordination and equity of service delivery, a link between service provision and demand, smart and quick planning, and community-based planning.

There is currently a single overall HIV/AIDS co-ordinator based in the Ministry of Local Government and Chieftainship and 35 community council support persons, each responsible for three or four councils. The approach is "bottom-up" in the sense that there is local community consultation, which in the past used to be mainly with the chiefs, but with the introduction of local government, this takes place through the councils to match response to need. But planning and implementation is driven from national level to ensure that assistance is effective.

The challenges include lack of transport and funds, but there are successes in bringing the essential services package to the "doorstep of every Mosotho". The country is mainstreaming the response to HIV/AIDS in the context of having the third highest incidence of the disease in the world and widespread poverty. Some of the successes include an increased uptake of VCT in all community councils,

greater male participation in HIV/AIDS activities, increased uptake of PMTCT, higher levels of knowledge around HIV/AIDS and the formation of support groups for people living with HIV.

South Africa

In South Africa, national government launched a Framework for an Integrated Local Government Response to HIV and AIDS in 2007 and subsequently worked with various partners to develop a handbook to assist with its implementation. This is currently being rolled out in three provinces, with the assistance of the USAID PEPFAR programme and the GTZ-Strengthening Local Governance Programme.

Among issues raised were that many municipalities are still unclear about their responsibilities with regard to HIV/AIDS, and that provincial governments have not adequately taken the lead in assisting local government with implementing the framework. The Department of Cooperative Governance representative Nombulelo Msikinya said the department was promoting an integrated approach involving all spheres of government, civil society organisations and communities in responding to HIV/AIDS. But the tension is still between a top-down national plan and bottom-up integrated development plans (IDPs) at municipal level. When it comes to finances, IDPs still tend to be "wish lists", while finances are largely derived from national sources, aggravating the mismatch.

"It's still a challenge to get various spheres of government and the plans to talk to each other, but we are working on it," said Msikinya.
Changes in political leadership at municipal level have the potential to derail programmes, but in many municipalities, programmes continue despite this. Focussed mainstreaming and strong administration is needed to ensure that programmes are sustainable.

Namibia

In Namibia, the Ministry of Regional and Local Government, Housing and Rural Development is responsible for coordinating the local government response to HIV/AIDS. According to Constansia Podewiltz, in terms of the new national strategic framework all local operational plans and budget requests have to include funding for HIV/AIDS or they are not approved. Gender-based and community responses are linked to local economic development initiatives, and there are thematic working groups providing an inter-regional discussion platform. "We always try to target existing structures, and to give support to regional and local councils to assist the bottom-up approach, putting communities in the forefront of the HIV response," she said.

The Oshana Regional Council drives a multi-sectoral response, which includes outreach to reduce stigma and discrimination, the use of HIV- positive people trained on advocacy and communication skills, home-based care, information

sharing with CBOs, a focus on orphans and vulnerable children, a phone-in radio programme twice a month, and a "My Future, My Choice" facilitated programme within schools.

In Oshakati Town, which has one of the biggest hospitals in the region, there's an innovative programme at ground level. There are 11 informal settlements in the area, and an infection rate of 22%. Facilitators gather people together, who sit around discussing at ease what they think is fuelling the epidemic, with the input from these conversations fed back to the council. Councillors may attend, but as ordinary members of the community. When people said they had nothing to do during the day, the council provided a piece of land along the river, which is now a thriving vegetable garden.

Malawi

Sketching the scenario in Malawi, Grace Chinamale, from the Ministry of Local Government and Rural Development, said the biggest challenges facing her country were the fact that so many people had concurrent sexual partners, a higher incidence of HIV/AIDS in urban areas and not having specific budgets allocated for HIV/AIDS.

The Malawian response includes district integrated HIV/AIDS plans, which are reviewed annually, and a range of technical working groups and ministries, such as the health, social affairs and youth, involved. For example, in one district, which is reliant on fishing, farming and tourism, there's a population of 338 000, with an 11.8% prevalence rate of HIV in the 15 to 49 age group. Ten percent of all children are orphans.

Malawi faces similar challenges to many of its neighbours, including weak coordinaion at community level and the need for capacity building, and has found a way to institutionalise monitoring and evaluation to better measure impact. There is a sophisticated IT system at district level, which all stakeholders must use. This generates monthly, quarterly and annual reports, which are shared with all stakeholders in the district every quarter. But it's a costly exercise to bring people together on a multi-sectoral basis from far and wide. The district council is the hub of the planning system, anchors the M&E system and has authority over every player in the district, making it easy for the council to coordinate and facilitate responses.

Tanzania

In the Handeni District in Tanzania, the HIV prevalence rate is 3.6% (2.7% among public servants). The district's target is to have no new infections by 2025, according to Thomas Mzinga from the Handeni District Council, who is optimistic that this ambitious goal can be reached.

In Tanzania there is also a clear national strategy and implementation programme that is budgeted for. Responses include distributing condoms in

villages and urban areas, providing voluntary counselling and testing kits, support for theatre groups which work to reduce denial and stigma, community mobilisation, ensuring the security of the blood supply, and educating health workers, traditional healers and women attending births.

There are multi-sectoral AIDS committees at district, ward and village level, which also coordinate orphan support, including assistance with school fees and material, awareness and home-based care. Challenges include raising awareness of safety and hygiene in the context of cultural practices such as polygamy, tattooing and circumcision in both men and women, and ensuring that traditional healers and midwives do not become infected handling patients. There is also notable resistance to condom use by some religious groups, and in some areas there is a widespread belief that illness is caused by witchcraft.

Exploring effective responses

One of the interesting approaches in municipalities across the region is to test various responses to HIV/AIDS by first starting within their own organisations, and then using the lessons more broadly within communities. In three municipalities in Zambia – the Mazabuka Municipal Council and Kalomo and Sinazongwe District Councils – where staff numbers range from 68 to 230, there are interesting examples. According to presenter Peter Wabukala, in this way "we can localise the national strategic plan for AIDS and make it practical. As you clean one wound, you gain experience for others".

The projects cover staff and their immediate family, and consist of distributing information about HIV through AIDS corners in offices, making condoms available and providing food parcels and supplements, especially to low-income colleagues who are ill. There are issues around status disclosure, with people being fearful of losing their jobs. In one municipality, 20 out of 230 employees have disclosed their status to the AIDS coordinator. The programme provides counselling, referral for treatment, and offers care and support.

"When someone is absent, we ask why they are not coming. They may also have other life-threatening illnesses, so we don't treat HIV/AIDS as a stand-alone issue because of the stigma. The programme benefits have helped changed the mindset. We started small and, even if two or three people come back to work after being bedridden, or don't die because they are isolated and neglected, then it works. We don't need donor money to photocopy an article to share, or supply condoms in the workplace, or have a peer educator."

Some key learnings

After thought-provoking presentations and discussion, participants worked in groups to identify issues that had made the most impact on them, and that they would want to take forward. Chief among these was the recognition of the value of networking and the need for it to continue, because despite differences in context and mandates, all municipalities are engaged in development.

Participants discussed ideas about how to continue communicating and sharing their knowledge and experiences. Commitments were made to report back on the Halogen event to colleagues within their own organisations, with other municipalities and government departments, and especially within forums of organised local government. On a personal level, there was a recognition of the wealth of information to be gained through visiting relevant websites, collecting information and passing it on via existing newsletters and other communication channels, and of how social networking, such as Facebook, could be used to keep people in touch with each other, despite the distances and disparate contexts.

On a broader level, there was a need expressed for municipalities to link with national strategic plans and frameworks, and explore the potential role of local government. There was also a gap identified for municipal strategic plans around HIV/AIDS, which would clearly identify the mandate of municipalities, given that the process of decentralisation and developing local government continues across the region. Ideally, data collected on a country basis should be disaggregated to municipal level to assist with planning and implementing specific programmes aimed at prevention and at assisting people infected with and affected by HIV/AIDS.

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 or phone 021 683 7903.

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