

Vulnerability in the Context of HIV and the role of Local Government

Input paper prepared for the Learning Event of the
HIV/AIDS and Local Government Learning Network

This input paper was prepared as a background document aimed at providing some critical questions and issues for discussion at the second learning event of the HIV/AIDS and Local Government Research Network on 16 July 2008, themed "Vulnerability in the context of HIV and the role of Local Government." The event was organised on behalf of the HIV/AIDS and Local Government Research Network by the Medical Research Council (MRC). The input paper for the event was co-authored by Ms Jo Vearey, Dr Liz Thomas and Ms Pinky Mahlangu.

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The input paper was funded by the German Agency for Technical Cooperation (GTZ). The GTZ, through its Strengthening Local Governance Programme (SLGP), provides funding and support for the activities of the HIV and AIDS and Local Government Research Network. The SLGP is a partnership initiative with the Department of Provincial and Local Government (DPLG) and the South African Local Government Association (SALGA).



Vulnerability in the context of HIV: the role of local government

Prepared as background for the:

Local government and HIV Research Network

This paper incorporates minor amendments in the light of the discussion at the
above meeting

16 July 2008



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Suggested Citation: Vearey, J., Thomas, E., and Mahlangu, P. 2008 Vulnerability in the context of HIV: the role of local government, *Background paper presented for discussion at the Local Government and HIV Research Network Meeting, 16th July 2008, MRC HIV and Development, Centre for Health Policy, WITS.*

The original version of this paper provided background for a one day workshop held in June 2008 on vulnerability and the role of local government in the context of HIV. The workshop was hosted by the MRC as a learning event under the auspices of the HIV and Local Government Research Network.

This version of the paper incorporates discussions held during the learning event, where a range of presentations on different vulnerabilities related to HIV were made. This working paper forms part of ongoing work being conducted by the MRC HIV and Development team. For further information, please contact jovearey@gmail.com .

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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.¹

This paper will form the backdrop for the presentation of specific vulnerable groups at the workshop. The workshop will lead to the finalisation of the paper with additional sections devoted to the specific needs and proposed responses by local government as well as the incorporation of further ideas that are raised at the workshop.

The aim of the final paper will be:

- To identify the vulnerable groups that local government needs to respond to in the context of HIV;
- To explore the needs of these groups
- 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. Frameworks that help understand health determinants as well as ways of understanding poverty are also used to inform the proposed guidelines.

The paper then focuses on vulnerability in the context of HIV, drawing from the New Strategic Plan (NSP)² 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

¹ A copy of the final report of the Local Aids Council Learning Event can be found at <http://www.cmra.org.za>

² NSP 2007-2011 May 2007

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 that will be specifically addressed at the workshop by the specialist presenters. Each presenter has been asked to respond to standard questions related to 'their' vulnerable group. 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. Each are asked to conclude with indicating what the role of local government should be as described in the HIV and Local government Handbook, namely as a doer, enabler or facilitator / connecting agency³.

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 guidelines for local government in responding to 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.

³ 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. 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.

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 settlements⁴.

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”⁵. A useful definition of vulnerable groups is of “social groups who have an increased relative risk or susceptibility to adverse health outcomes”⁶. This increased risk or susceptibility manifests as increased or premature morbidity and a reduction in quality of life⁷. Increased vulnerability to disease is “attributed to low social and

⁴ A background paper relating to the relationship between informal settlements and HIV will be provided for a symposium on the 17th July 2008.

⁵ 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>

⁶ Flaskerud, J and Winslow, B (1998) Conceptualising Vulnerable Populations Health-Related Research *Nursing Research* 47(2) 69-78

⁷ (Aday, 1993; Centers for Disease Control [CDC], 1997i) in *ibid*

economic status and lack of environmental resources”⁸. 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”⁹.

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”¹⁰. 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 them¹¹. This requires an integrated framework so that the multiple underlying stressors can be assessed in order to plan appropriate multisectoral and multi-layered responses.¹²

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 comprehensively¹³. 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 an

⁸ (Evans, Barer, & Marmor, 1994; Flaskerud, 1998; Link & Phelan, 1996; Mann & Tarantola, 1996a) in *ibid*

⁹ (Amaro, 1995; Carlisle, Leake, Brook, & Shapiro, 1996; Guralnik & Leveille, 1997; Jetter, Orleck, & Taylor, 1995; Link & Phelan, 1996; Mann & Tarantola, 1996b) in *ibid*

¹⁰ Quinlan T, Ziervogel G, O’Brien K Assessing vulnerability in the context of multiple stressors: the Southern Africa vulnerability initiative (SAVI), IFPRI paper. p1

¹¹ 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>

¹² *ibid*

¹³ *ibid*

opportunity for positive change¹⁴. Such a framework aims to 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 Africa¹⁵

Various frameworks exist to guide appropriate responses to health, several of which draw on the concept of the social determinants of health (SDH)¹⁶. 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 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.

This background paper draws on three conceptual frameworks that can assist in the development of an appropriate framework for addressing vulnerability in South Africa. Such a framework will assist in working towards an understanding of the range of vulnerabilities present in South Africa, and provide opportunities for intervention and planning of appropriate local level responses to health and HIV for vulnerable groups, through recognition of the complex underlying stressors. The three frameworks are presented below:

¹⁴ Quinlan T, Ziervogel G, O'Brien K. Assessing vulnerability in the context of multiple stressors: the Southern Africa vulnerability initiative (SAVI), IFPRI paper. p1

¹⁵ 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.

¹⁶ (Braveman, 2007; Commission on the Social Determinants of Health 2007; Diderichsen, Evans, & Whitehead, 2001; Starfield, 2007; Vlahov, Galea, Gibble, & Freudenberg, 2005).

1. Freudenberg, Galea and Vlahov's (2005) framework for urban health where urban living conditions are viewed as the primary determinant of health; urban living as exposure and health as outcome¹⁷;
2. The Commission on the Social Determinants of Health – CSDH - (2007) conceptual framework for action on the social determinants of health¹⁸; and
3. The recently published WHO CSDH Knowledge Network on Urban Settings – KNUS – framework for urban health (2008)¹⁹.

Freudenberg, Galea and Vlahov (2005): With a focus on urban health, this framework provides a novel perspective as it moves away from the trend of simply describing the health-related characteristics of urban populations, to providing opportunity for intervention to improve health (Freudenberg, Galea, & Vlahov, 2005). Freudenberg *et al.* (2005) argue that the social and physical environments defining the urban context are shaped by municipal factors (such as government and civil society) and that national and global trends shape the context within which these local factors operate. Inclusion of these different levels of determinants (global, national, local) enables public health programmes to be targeted appropriately. The framework (see Figure 1) proposes mechanisms through which a range of variables – stressors - (physical, social, economic and political) may influence the living conditions that, they argue, are the primary determinant of the health of urban populations (Freudenberg, Galea, & Vlahov, 2005). This is of particular relevance when considering the complexity of vulnerability to HIV experienced by particular groups in developing country contexts.

¹⁷ Freudenberg, Galea and Vlahov's (2005)

¹⁸ The Commission on the Social Determinants of Health – CSDH - (2007)

¹⁹ Our cities, our health, our future. Acting on social determinants for health equity in urban settings (2008) Report to the WHO Commission on Social Determinants of Health from the Knowledge Network on Urban Settings.

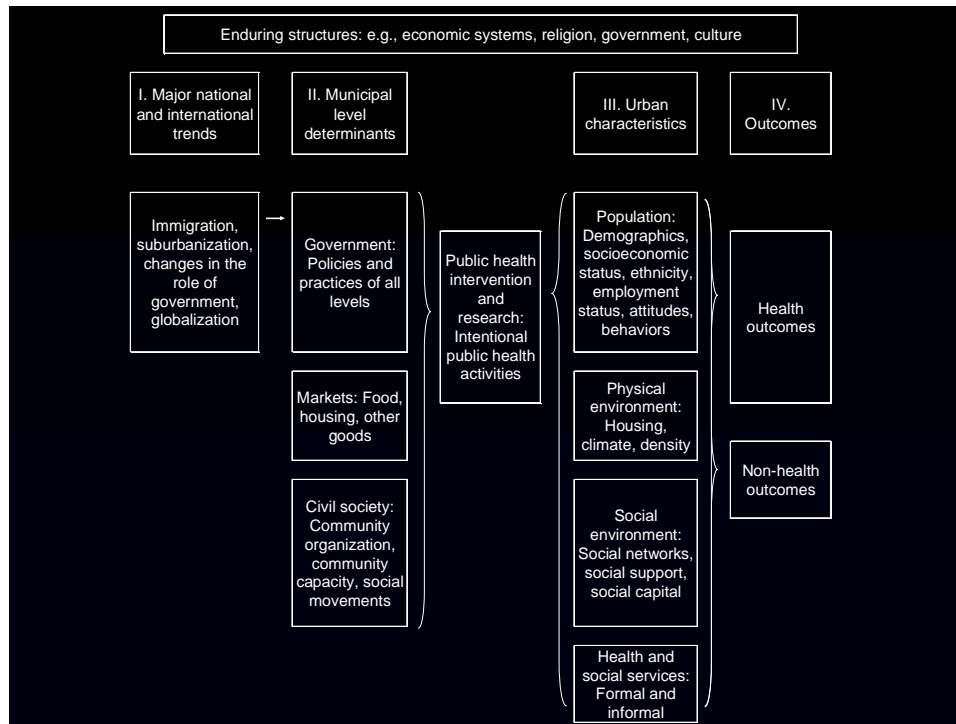


Figure 1: A conceptual framework for urban health

WHO Commission on the Social Determinants of Health (CSDH) (2007): A conceptual framework has been developed for the CSDH that aims to support the CSDH in identifying the levels at which it will seek to promote change in tackling SDH through policy (Commission on the Social Determinants of Health 2007). This model (see Figure 2) draws significantly from the work undertaken by Diderichsen and colleagues that developed a model of the social production of disease (Diderichsen, Evans, & Whitehead, 2001). The model is of use to discussions of vulnerability as it focuses on the importance of the socio-economic and political context, as well as the SDH (Commission on the Social Determinants of Health 2007). The key components of the CSDH model include (1) the socio-political context; (2) structural determinants and socioeconomic position; and (3) intermediary determinants (Commission on the Social Determinants of Health 2007). The framework is centred around Diderichsen *et al.*'s 2001 model that places social position at the centre, with social contexts creating the social stratification that results in differential exposures to health damaging conditions, differential vulnerabilities to illness, and differential consequences of ill health (Commission on the Social Determinants of Health 2007). The CSDH conceptual framework considers that context and structural determinants constitute the *social*

*determinants of health inequities*²⁰; according to the model, the structural determinants that shape social hierarchies according to these key stratifiers are the root cause of inequities in health (Commission on the Social Determinants of Health 2007).

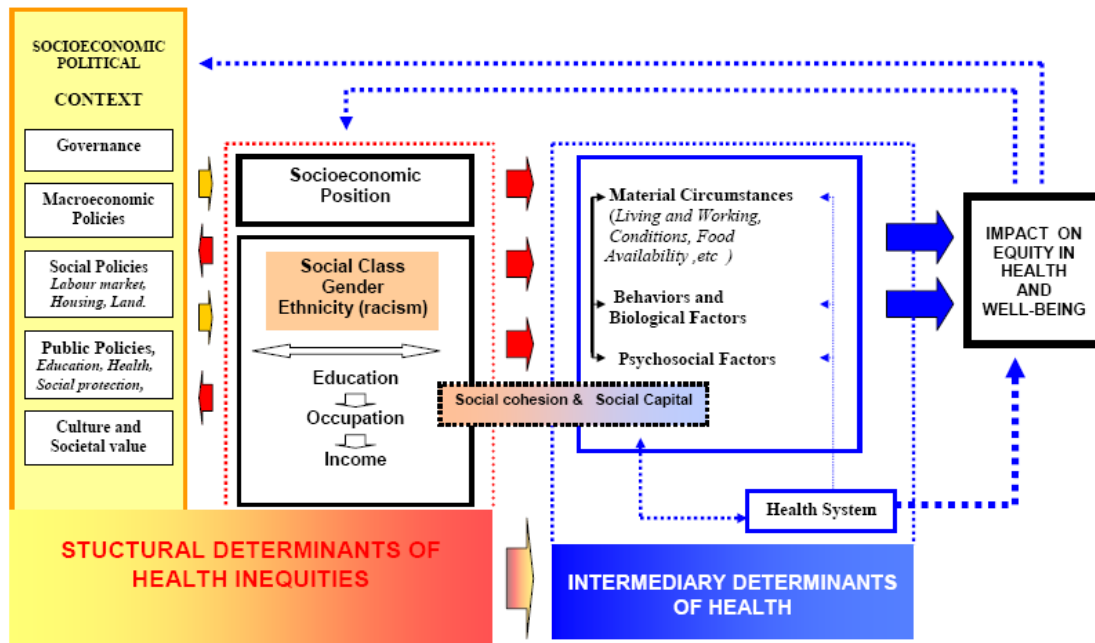


Figure 2: Promoting change through addressing the social determinants of health

WHO CSDH KNUS (2008): An additional framework that this paper will consider is that of the WHO CSDH Knowledge Network on Urban Settings (KNUS)²¹.

²⁰ Define inequity here

²¹ Our cities, our health, our future. Acting on social determinants for health equity in urban settings (2008) Report to the WHO Commission on Social Determinants of Health from the Knowledge Network on Urban Settings.



Figure 3: ‘A web of interlinking determinants’

This final framework builds on the earlier work of Freudenberg et al. Presenting a ‘web of interlinking determinants’ (see Figure 3) this framework considers that

“...the physical and social environments that define the urban context are shaped by multiple factors and multiple players at multiple levels (Ompad et al., 2006). Global trends, national and local governments, civil society, markets and the private sector all shape the context in which local factors operate. Thus, governance interventions in the urban setting must consider global, national and municipal determinants (left side) and should strive to influence both urban living and working conditions as well as intermediary factors that include social processes and health knowledge. Interventions can also work upwards to influence the key global, national, municipal and local drivers”.²²

Importantly, the KNUS clarifies that²³:

²² Our cities, our health, our future. Acting on social determinants for health equity in urban settings (2008) Report to the WHO Commission on Social Determinants of Health from the Knowledge Network on Urban Settings. p8

²³ Our cities, our health, our future. Acting on social determinants for health equity in urban settings (2008) Report to the WHO Commission on Social Determinants of Health from the Knowledge Network on Urban Settings. p9

This framework assumes that the urban environment in its broadest sense (physically, socially, economically and politically) affects all strata of residents, either directly or indirectly. The health sector has an important role to play in advocating for whole of government approaches to health, urban policy and planning, the promotion of healthy settings (including Healthy Cities and Community-Based Initiatives) and strengthening local government responses to emerging health needs.

As mentioned previously, these frameworks assist in beginning to unpack and understand the multiple underlying structural factors that impact on vulnerability in the context of HIV. However, the complexities of a developing country environment are not considered adequately and suggested opportunities for appropriate intervention are limited. These existing frameworks provide a description of macro- and meso-level determinants of health but do not provide sufficient suggestion for intervention. Importantly, local level responses are not considered and the roles of the range of local level actors are not identified. An appropriate framework for urban health governance is required²⁴ and will:

- Incorporate localized developmental responses to local needs;
- Guide integrated urban HIV programming; and
- Recognise HIV as a central urban development challenge²⁵.

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. Through such frameworks, opportunities for intervention in order to reduce vulnerability are presented. These include: urban poverty; associated fragile livelihoods; housing type; and limited social capital. A revised framework would incorporate such cross-cutting drivers of vulnerability.

Definitions of 'poor' groups

This paper considers 'poor' groups as those that fall within Mitlin and Satterthwaite'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

²⁴ And is being developed as part of current PhD research (Vearey, J).

²⁵ 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.

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.

Fragile, insecure livelihoods²⁶

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 extensive²⁷. 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

²⁶ 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

²⁷ E.g. (Carney, 1999; Carney D., 2002; Chambers & Conway, 1992; Meikle, 2002; Meikle, Ramasut, & Walker, 2001; Rakodi, 2002)

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.

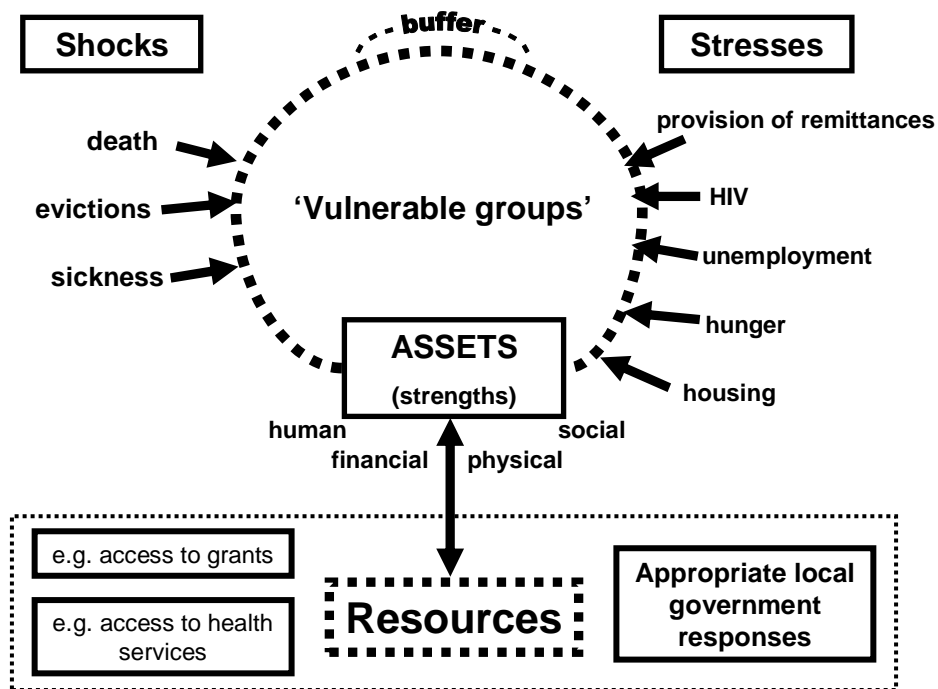


Figure 4: A proposed livelihoods framework for vulnerable groups in South Africa²⁸

²⁸ 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 '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 living 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, 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 to 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 institutional 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 settlements²⁹. 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 Practitioners 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.³⁰

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

²⁹ 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

³⁰ DOH 2005/2006 Annual report on the web

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”³¹.

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”³². 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 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

³¹ 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

³² Ibid, pi130

consequences³³. 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)³⁴ 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 participants³⁵. 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.

³³ See slide for discussion on role of social capital by stage of infection

³⁴ Krishna and Uphoff (2002) Mapping and Measuring Social capital in The role of social capital in Development, Grootaert, van Bastelaer and Putnam, Crambridge University Press.

³⁵ 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>

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 highest³⁶. HIV and associated vulnerabilities are interlinked with a range of development challenges: HIV/AIDS has long been recognised a development issue³⁷. 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”³⁸.

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.

³⁶ (Barnett, Decosas and Whiteside, 2000:1098.1111).

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 2

³⁸ 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

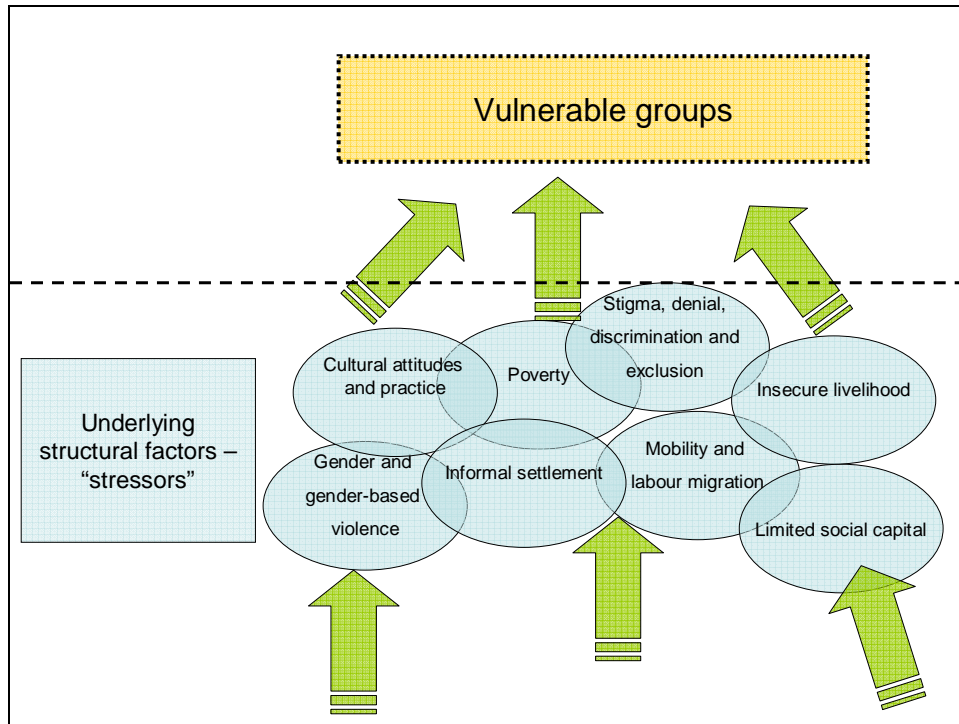


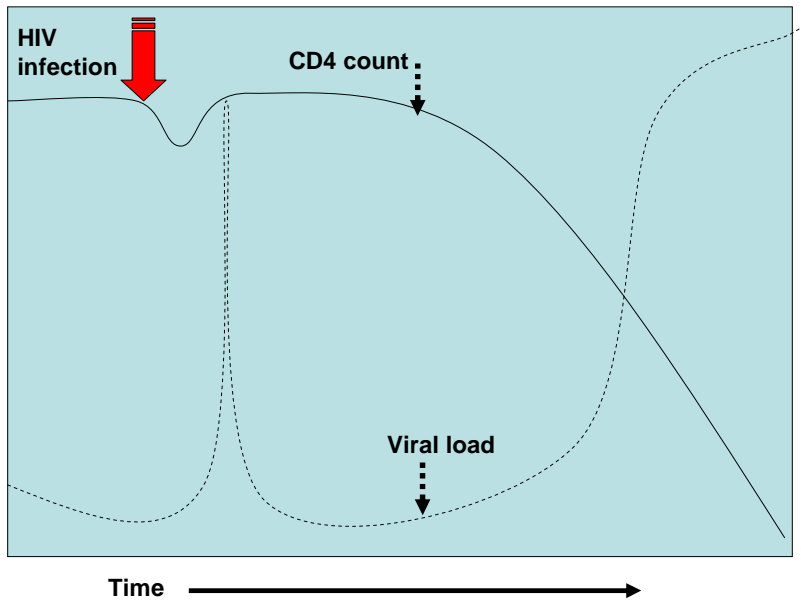
Fig 5: Intersecting drivers of vulnerability produce a range of vulnerable groups

Unpacking the relationship between the progression from HIV to AIDS and vulnerability: suggestions for municipal roles as Doer, Enabler, Facilitator/ Connector³⁹

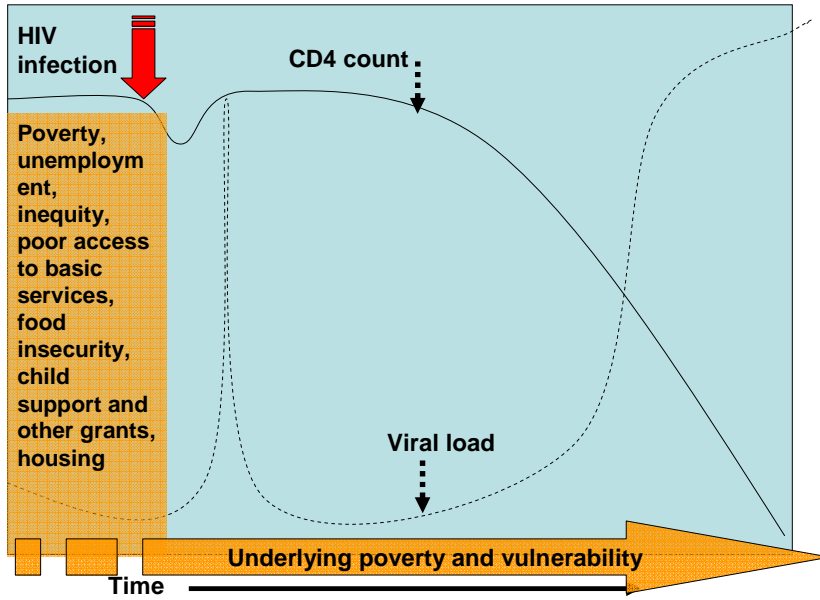
A series of diagrams follow which show the pre existing drivers of HIV vulnerability as well as the range of impacts of infection on the social, economic, environmental and health outcomes. The increasing levels of vulnerability to the impacts of HIV are highlighted as are the emergence of particularly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

³⁹ These roles of municipalities are introduced and explained in the INCA CBF/ MRC/ DPLG HIV and AIDS Handbook, 2008, p41.

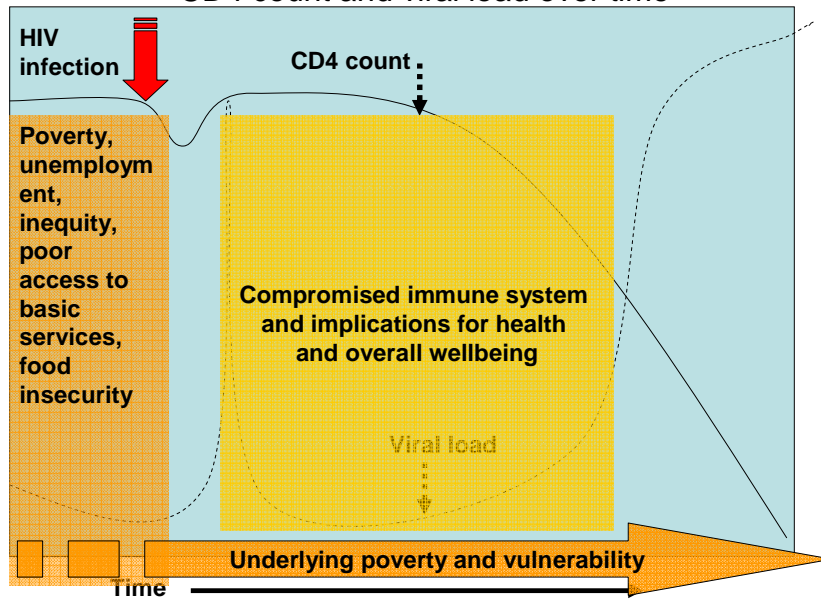
CD4 count and viral load over time: typical HIV infection



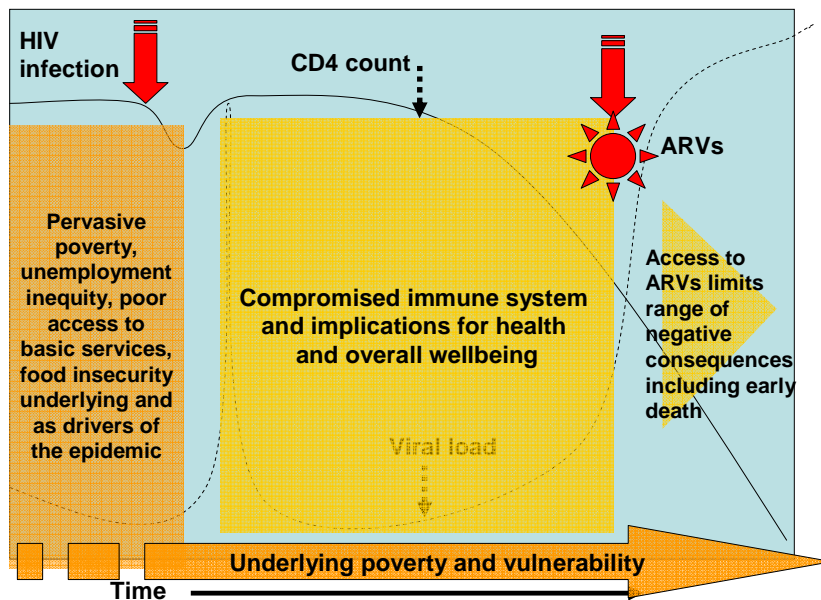
Thinking about shifting needs and vulnerabilities over time:
CD4 count and viral load over time



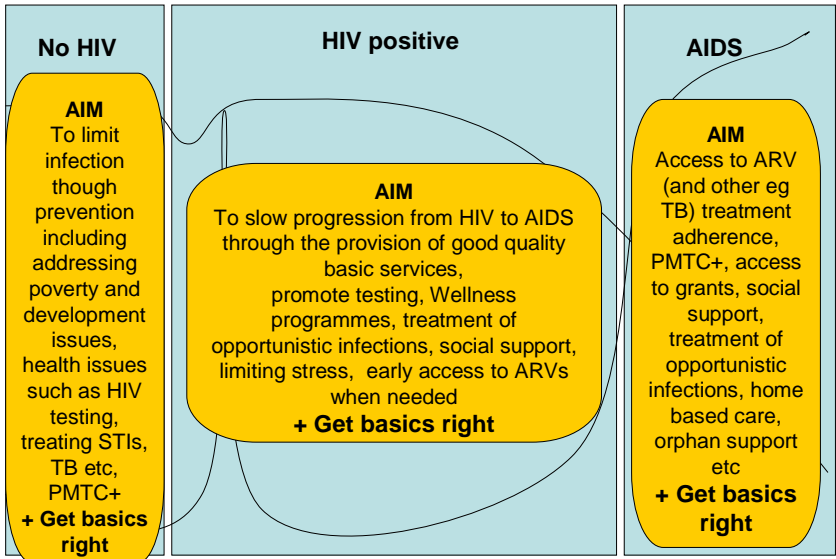
Thinking about shifting needs and vulnerabilities over time:
 CD4 count and viral load over time



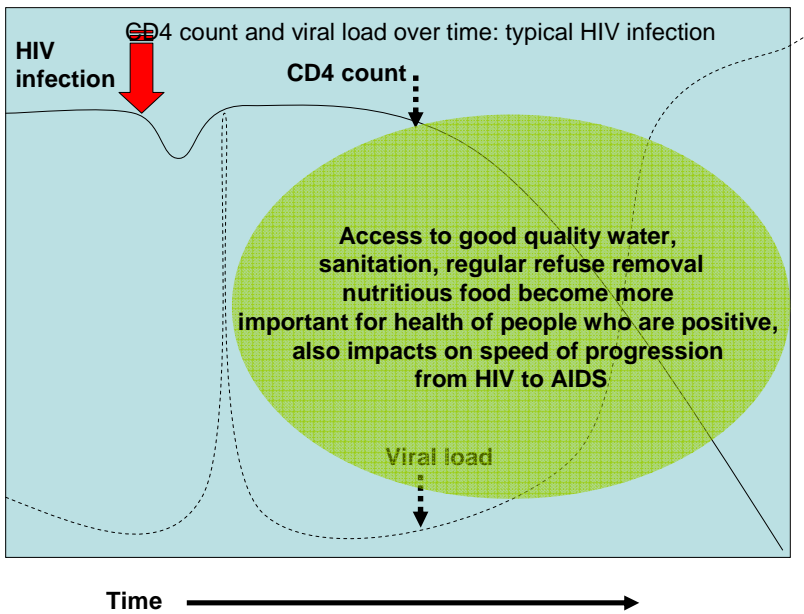
Thinking about shifting needs and vulnerabilities over time



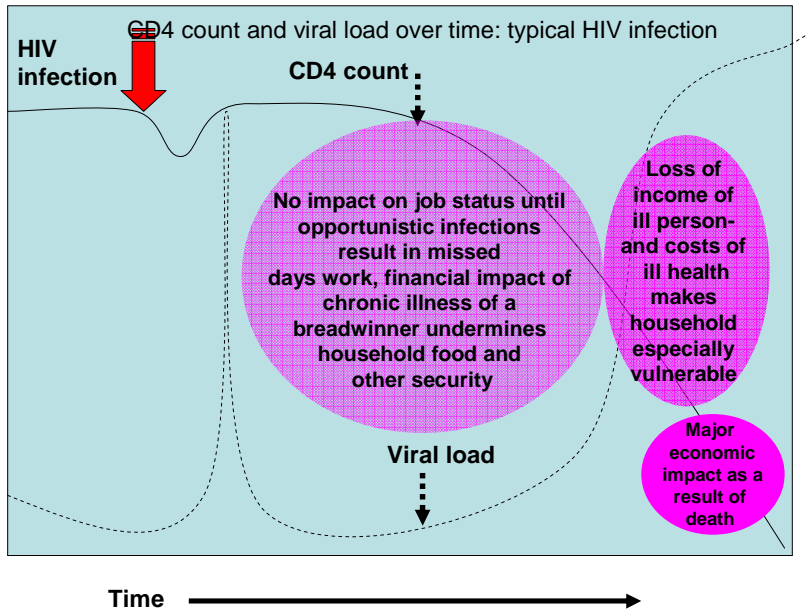
Overall aims by stage of infection



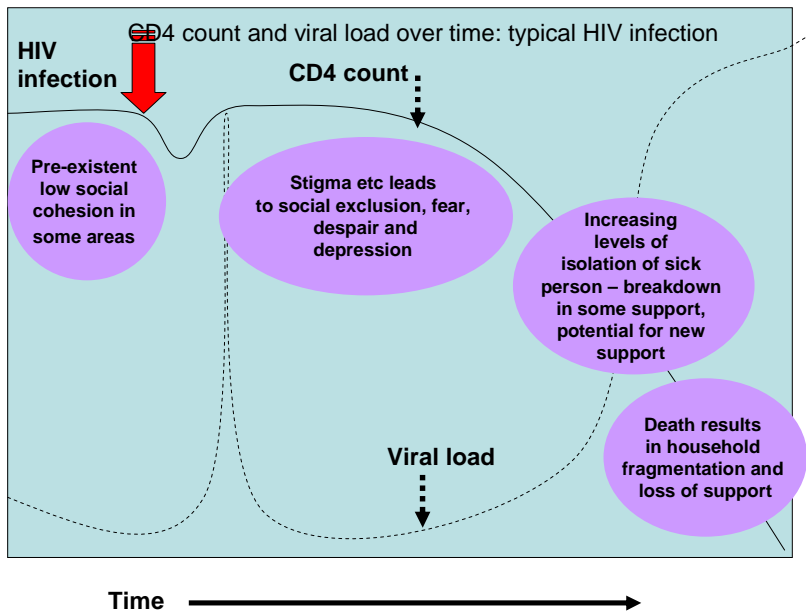
Environmental issues



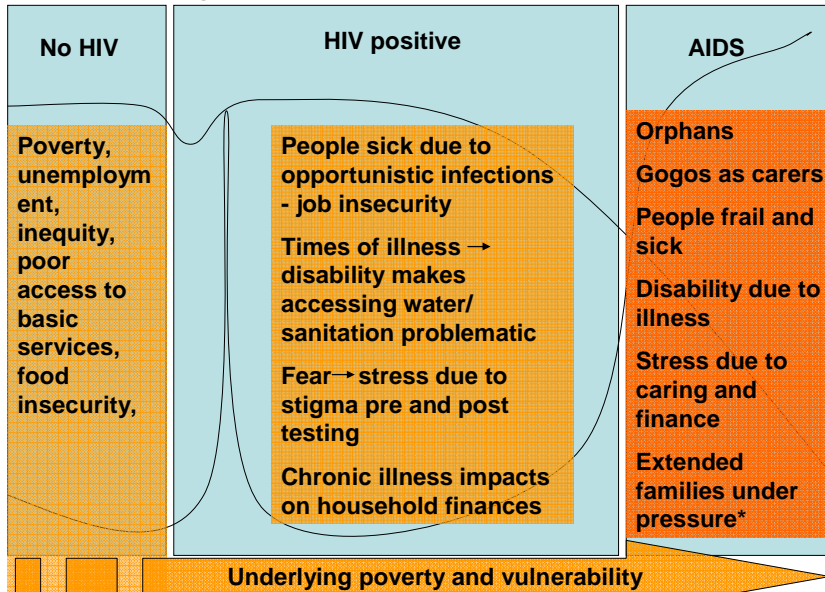
Economic issues



Social issues:

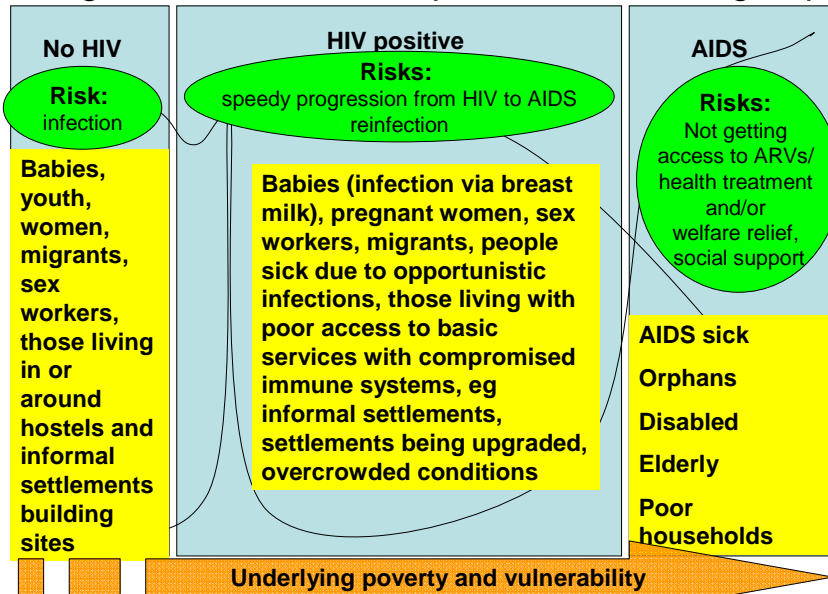


Stages of infection and vulnerability



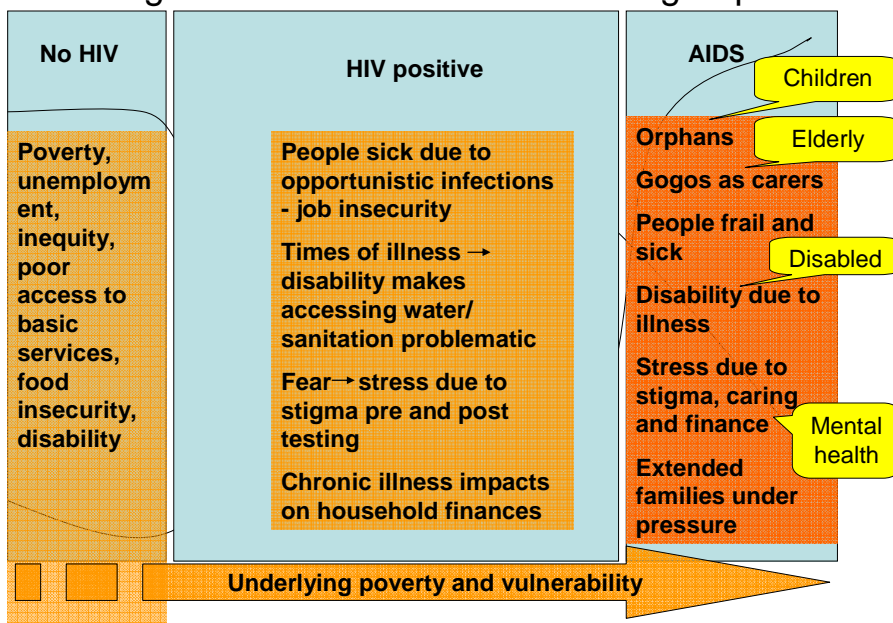
*Other vulnerable groups include migrants/ refugees, sex workers, prisoners, women

Stages of infection and specific vulnerable groups



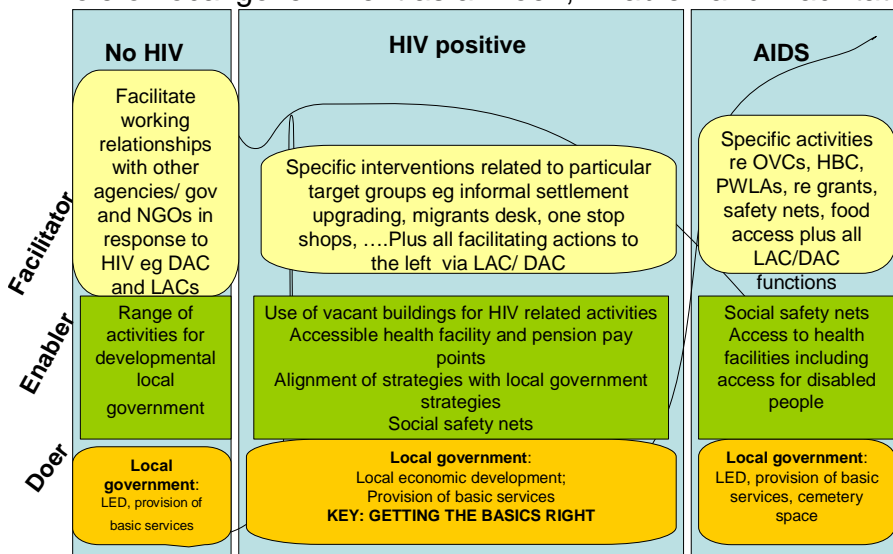
*Other vulnerable groups include migrants/ refugees, sex workers, prisoners, women

Stages of infection and vulnerable groups



Stages of infection:

Role of local government as a 'Doer', 'Enabler' and 'Facilitator'



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.

Information as per the following outline will be presented (at the workshop) relating by each of the vulnerable groups These are women, people with mental health conditions, children, disabled, prisoners, migrants, sex workers and the elderly. Other groups such rural communities will be the focus of another workshop and those living in informal settlements will be dealt with in more detail in the workshop on the 17th July.

Describe the vulnerability of this group in the context of HIV	<i>An indication of the scale of the problem, how this differs between urban and rural and within urban areas</i>
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How does this vulnerability link or overlap or relate to other vulnerable groups	<i>e.g. mental health and link to women</i>
What frameworks and policies exist to help us understand the vulnerability of this group?	<i>Local, Provincial and National levels plus relevant frameworks. Is there a mismatch between policy and implementation?</i>
What does the NSP say?	<i>Reference clearly to NSP</i>
What are the local government responsibilities to this group? Are there existing local policies to guide? What does the Handbook suggest?	<i>Developmental mandate How does LG respond?</i>
What is happening? Good and bad practice, innovative responses.	<i>Reflect on your experience. This will form the substance of your presentation.</i>
Guidelines for local government to respond appropriately to this vulnerable group in the context of HIV.	<i>Provide key recommendations to local government for appropriate action for each level of responsibility namely 'Doer, enabler and connector/facilitator'</i>
Key references	<i>3 or 4 key references</i>

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.

40

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 once⁴¹:

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.

⁴⁰ NSP p54

⁴¹ NSP p145

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 report⁴²:

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 depends on government leadership in resource allocation, policy development, and effective coordination of all programmes and interventions.

43

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.

44

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

⁴² 4-42

⁴³ NSP, p55

⁴⁴ NSP p55

- **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 all people of South Africa. HIV and AIDS interventions will be implemented in a way that complements and strengthens other developmental programmes.

45

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

46

In support of this, the 2006 State of Cities report also recognises that local government can play a key role⁴⁷:

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'⁴⁸.

- **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'⁴⁹.

⁴⁵ NSP p55

⁴⁶ NSP p61

⁴⁷ 4-44

⁴⁸ HIV and AIDS and STI Strategic Plan for South Africa, 2007 – 2011, p56

⁴⁹ HIV and AIDS and STI Strategic Plan for South Africa, 2007 – 2011, p119

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 writes⁵⁰:

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.

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, timely 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, lose 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 parent⁵¹.

⁵⁰ Quinlan T, Ziervogel G, O'Brien K Assessing vulnerability in the context of multiple stressors: the Southern Africa vulnerability initiative (SAVI), IFPRI paper.

⁵¹ 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.

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. Further, as will be highlighted in section XXX below, 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 context⁵². 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 vulnerability⁵³.

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.

⁵² Quinlan IFPRI pg 3

⁵³ Ibid p4

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.

"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 responses⁵⁴
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.

⁵⁴ 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).

Appendix 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	<ul style="list-style-type: none"> 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). 	<ul style="list-style-type: none"> 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). <p>(Enable civil society groups to effectively play its role by ensuring that their services are aligned to the municipal objectives and strategies)</p>		<ul style="list-style-type: none"> 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).
Adolescents and young adults 15-24	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> Coordinate access to vacant buildings rooms in community centres/clinics which can be used by this group (HB, 2007: 33). <p>(Enable civil society groups to effectively play its role by ensuring that their services are aligned to the municipal objectives and strategies)</p>	<ul style="list-style-type: none"> Link with service providers to ensure provision and access to condoms, VCT services, PMTCT services and ART services 	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Provision of basic 	<ul style="list-style-type: none"> Provision of emotional and 		<ul style="list-style-type: none"> Build and maintain

Vulnerable group – as per the NSP	Doer	Enabler	Connector	Facilitator
(including orphans, defined as children under 18 have either lost mother or father)	<p>services based on this group’s needs (HB, 2007: 13).</p> <ul style="list-style-type: none"> • Consider their interests in municipal planning and implementation activities (HB, 2007: 32). • Ensure that municipal systems and procedures are user friendly 	<p>educational care, and legal responsibilities</p> <ul style="list-style-type: none"> • 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). • Ensure that they enjoy full rights as citizens and that they have access to health care and are protected from abuse (HB, 2007: 31). <p>(Enable civil society groups to effectively play its role by ensuring that their services are aligned to the municipal objectives and strategies)</p>		<p>partnerships with other organizations working with this group in order to share resources and to provide integrated services (HB, 2007: 29).</p>
People with disabilities	<ul style="list-style-type: none"> • Provision of basic services based on this group’s needs(HB, 2007: 13). • Ensure that municipal systems and procedures are user friendly 	<ul style="list-style-type: none"> • 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). 		<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • Provision of basic services based on this group's needs 			<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • Provision of basic services based on this group's needs 			<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • Provision of basic services based on this group's needs 			<ul style="list-style-type: none"> • Build and maintain partnerships with other organizations working with this group in order to share resources and to provide integrated services (HB, 2007: 29).
Mobile, casual and atypical forms of work	<ul style="list-style-type: none"> • Ensure that municipal systems and procedures are user friendly • Delivery of basic services based on this group's needs 			<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • Ensure that municipal systems and 	<ul style="list-style-type: none"> • Coordinate access to vacant buildings rooms in 		<ul style="list-style-type: none"> • Build and maintain partnerships with other

Vulnerable group – as per the NSP	Doer	Enabler	Connector	Facilitator
	<ul style="list-style-type: none"> • procedures are user friendly • Provision of basic services based on this group's needs 	<p>community centres/clinics which can be used by this group (HB, 2007: 33).</p> <p>(Enable civil society groups to effectively play its role by ensuring that their services are aligned to the municipal objectives and strategies)</p>		<p>organizations working with this group in order to share resources and to provide integrated services (HB, 2007: 29).</p>
PLWHA – not id as a vulnerable group as per the NSP	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • 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). <p>(Enable civil society groups to effectively play its role by ensuring that their services are aligned to the municipal objectives and strategies)</p>		<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • 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). <p>(Enable civil society groups to effectively play its role by ensuring that their services are aligned to the municipal objectives and strategies)</p>		<ul style="list-style-type: none"> • 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).

