

Framework for an  
Integrated Local  
Government Response  
to HIV and AIDS



**the dplg**

Department:  
Provincial and Local Government  
REPUBLIC OF SOUTH AFRICA

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Framework for an Integrated Local  
Government Response to  
HIV and AIDS

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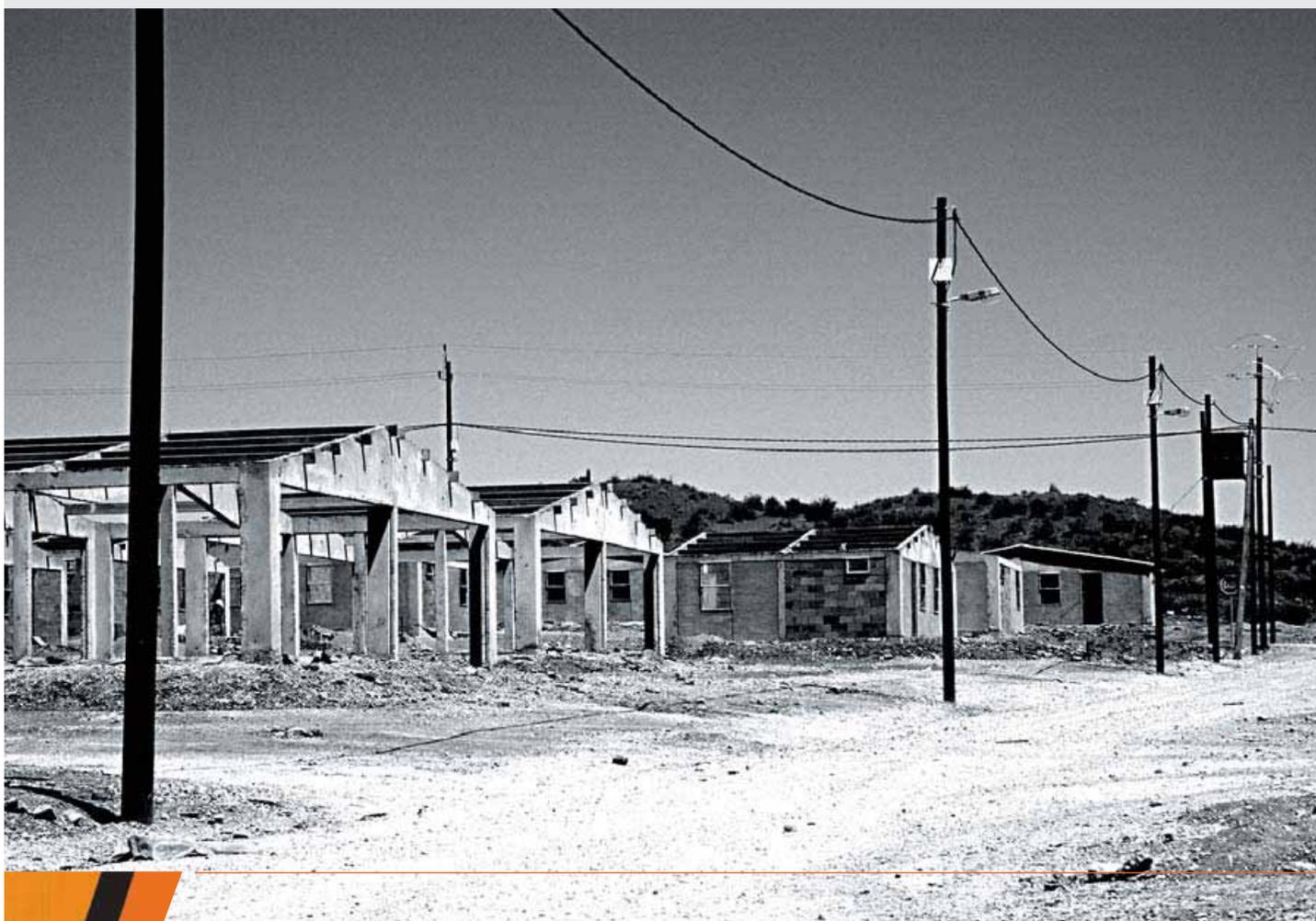
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## Foreword

*“Unless HIV AND AIDS is going to be dealt with as part of integrated municipal development planning, it will not be adequately addressed in an integrated manner by municipalities” (IDP Guide Pack, 1999).*

With an estimated 5.5 million people in South Africa being HIV-positive, the HIV and AIDS epidemic is starting to erode many of the significant gains that have been made towards creating a better life for all in the country. As the development and governance implications of the epidemic become more apparent, it is becoming ever more obvious that solutions to curbing the spread of HIV and mitigating the impacts of AIDS require a multisectoral approach in which every sector needs to play its part in a comprehensive national response.

As its contribution to the national response to HIV and AIDS, the Department of Provincial and Local Government (**the dplg**) is pleased to publish this Framework which will serve as guide for municipalities on how they can respond to the epidemic, in partnership with other spheres of government and other stakeholders.

In line with the mandate assigned to municipalities as part of the vision of developmental local government, municipalities are expected to be active role-players in all efforts to prevent the spread of HIV and to mitigate the negative consequences of AIDS for communities. Municipalities also need to consider the ways in which HIV and AIDS impact on their ability to govern and deliver services effectively. While many municipalities have enthusiastically taken up the mandate to respond to HIV and AIDS, some with notable success, many municipalities have also encountered challenges in terms of knowing how best to direct their efforts and to access technical and financial resources to carry out

their HIV and AIDS strategies. The purpose of this Framework is therefore to guide local government on how to comprehensively respond to the HIV and AIDS pandemic.

This Framework is also based on the premise that municipalities are doers, enablers, co-ordinators and connectors in many respects. There is no doubt then, that an effective government response to HIV and AIDS must have a strong local governance component which will complement the already existing initiatives by other government departments and stakeholders.

The Framework is not about prioritising HIV and AIDS in the context of other competing development demands, but it is more about HIV and AIDS being dealt with as a developmental planning issue through the IDP which is the main platform for delivering services to our people at local level. We invite government departments, civil society, donor communities, and other potential stakeholders to join **the dplg** in partnering with municipalities to mitigate the impact of HIV and AIDS at local level.

We sincerely hope that the Framework will be a useful and valued resource, and a tool for municipal leaders and officials, and other partners working at the local level. We look forward to opportunities to engage further on the contents of the document and welcome all feedback.

The Ministry and the dplg would like to acknowledge the support of the German Agency for Technical Cooperation (GTZ) and other partners in developing this Framework.

**Ms. Nomatyala Hangana**  
**The Deputy Minister for**  
**Provincial and Local**  
**Government**



## Executive Summary

As the number of people affected by HIV and AIDS in South Africa continues to rise, the development and governance implications of the epidemic are becoming increasingly apparent. HIV and AIDS can be viewed as both a challenge and an opportunity for development and governance in South Africa. The epidemic presents a challenge because it threatens to reverse the development gains that have been achieved since the transition to democracy in 1994 and the birth of developmental local governance in South Africa. HIV infection thrives in conditions of socio-economic vulnerability and inequity, and its impacts are most severe in communities that lack access to life-sustaining resources. In turn, HIV and AIDS impact on the sustainability of communities and their development conditions. However, from a more positive perspective, the epidemic offers opportunities to identify and address systemic social, economic, cultural and political practices and structures that hinder development, community empowerment and good governance.

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In line with the vision of developmental local government, municipalities should be active role-players in all efforts to prevent the spread of HIV and mitigate the negative impacts of AIDS on communities. Municipalities also need to consider the ways in which HIV and AIDS affect their ability to govern and deliver services effectively.

This Framework is intended to assist municipalities in South Africa with understanding their role in responding to HIV and AIDS as a development and governance issue, and with designing and implementing measures to respond comprehensively and effectively, in conjunction with other role-players, such as national and provincial government, communities and civil society organisations (CSOs).

The Framework consists of five sections:

**Section 1** is the introduction to the Framework. It provides a background to the Framework, its objectives, a synopsis of local government responses to the AIDS epidemic and the Framework's guiding principles. This section also discusses the development and governance perspective of HIV and AIDS which assumes that:

- HIV and AIDS impact on the sustainability of communities and their development conditions and opportunities; and that
- Individuals, households and communities that are empowered, cohesive and have access to life sustaining goods and infrastructure are in a stronger position to minimise the spread of HIV and mitigate the impacts of AIDS.

In this section, the relationship between HIV, AIDS and development conditions (such as access to water, sanitation, shelter, gender dynamics and nutrition) are discussed as critical background to orientate development and governance role-players about how their roles and responsibilities support the national response to HIV and AIDS.

**Section 2** outlines the mandate of local government to respond to HIV and AIDS. This section highlights the fact that development and governance responses form part of the mandate of developmental local government. As employers, municipalities are regulated by specific labour legislation that requires employers to respond to HIV and AIDS in the workplace. In addition, the HIV and AIDS Programme, championed by the Department of Health, has specific provisions that clarify the overall legal and programmatic parameters for the national response to HIV and AIDS within which this Framework has been developed.





**Section 3** outlines the implications of developmental and governance responses to HIV and AIDS. This section identifies ten Key Performance Areas (KPA) that are critical for informing municipal responses to HIV and AIDS. These KPAs are imperatives of developmental local governance, *Batho Pele* and the socio-economic transformation agenda. They are about getting the basics of democratic developmental local governance right.

The section also differentiates between HIV programming and HIV mainstreaming. Mainstreaming HIV and AIDS means understanding how the core business of an organisation, such as a municipality, is affected by HIV and AIDS, and how the core business can impact on the spread of HIV and the consequences of AIDS. Mainstreaming is about ensuring that existing plans, programmes and projects are HIV and AIDS responsive.

To support municipalities to integrate HIV and AIDS into the IDP Review process, Section 3 also identifies a number of activities that municipalities can undertake as part of their HIV mainstreaming and programming activities. The manner in which these activities are undertaken will be guided by municipal capacity and the severity of the HIV and AIDS epidemic in the municipal area of jurisdiction.

**Section 4** provides an overview of the roles and responsibilities of each sphere of government within the Intergovernmental Relations Framework, as well as the roles and responsibilities of municipal officials and politicians with regard to the implementation of development and governance responses to HIV and AIDS.

Section 4 also sets out different options for operationalising municipal roles. The operational aspects of planning and implementing the response will need to vary according to the institutional capacity of the municipality to

implement their responses and must reflect the stakeholders and role-players already performing their own roles and responsibilities in response to HIV and AIDS within the municipal area. The role of the municipality in the implementation of local responses can range from that of a *doer*, an *enabler/regulator*, a *coordinator/facilitator* and a *connector*.

In addition, this section highlights ways in which HIV and AIDS-related roles and responsibilities within the municipality can be embedded and entrenched. Existing structures and processes that operate within the municipalities in respect of planning and implementation have a responsibility for mainstreaming HIV and AIDS in planning and implementation. The roles and responsibilities of HIV and AIDS-specific role-players (such as HIV and AIDS coordinators and an AIDS Councils as a sub-committee of the IDP Steering Committee) must be given adequate authority and capability within the municipal institution. This section identifies some of these roles and suggests that they are used to inform the development of Key Performance Indicators for each line function.

Finally, the section deals with the Framework's monitoring and evaluation plan including specific indicators for service delivery areas.

**Section 5** presents support interventions that have been identified to ensure that interested, affected and responsible role-players are performing their respective roles and responsibilities effectively and efficiently. These interventions are grouped into five strategies and seven specific activities.

## Abbreviations

<b>AIDS</b>	Acquired Immune Deficiency Syndrome
<b>ART</b>	Antiretroviral Treatment
<b>ARV</b>	Antiretroviral
<b>CBO</b>	Community-Based Organisation
<b>CDW</b>	Community Development Worker
<b>CSO</b>	Civil Society Organisation
<b>DoH</b>	Department of Health
<b>dplg</b>	Department of Provincial and Local Government
<b>DPSA</b>	Department of Public Service and Administration
<b>FBO</b>	Faith-Based Organisation
<b>GTZ</b>	Deutsche Gesellschaft für Technische Zusammenarbeit (German Technical Cooperation Agency)
<b>HAART</b>	Highly Active Antiretroviral Therapy
<b>HIV</b>	Human Immunodeficiency Virus
<b>IDP</b>	Integrated Development Plan/Planning
<b>IGR</b>	Intergovernmental Relations
<b>KPA</b>	Key Performance Area
<b>KPI</b>	Key Performance Indicator
<b>LED</b>	Local Economic Development
<b>LUMS</b>	Land Use Management Systems
<b>M&amp;E</b>	Monitoring and Evaluation
<b>MEC</b>	Member of the Executive Committee
<b>NGO</b>	Non-Governmental Organisation
<b>NTA</b>	National Technical Advisor
<b>PIMSS</b>	Planning and Implementation Management Support Systems
<b>PLWHA</b>	People Living With HIV AND AIDS
<b>PMTCT</b>	Prevention of Mother-to-Child Transmission
<b>PTA</b>	Provincial Technical Advisor
<b>SACN</b>	South African Cities Network
<b>SALGA</b>	South African Local Government Association
<b>STI</b>	Sexually Transmitted Infection
<b>TB</b>	Tuberculosis
<b>VCT</b>	Voluntary Counselling and Testing





# 1 Introduction

## I Introduction

### 1.1 Background

South Africa is faced with a matured and generalised HIV and AIDS epidemic which has also been described as one of the worst AIDS epidemics in the world<sup>1</sup>. According to a 2006 United Nations (UNAIDS) Report; an estimated 5.5 million South Africans were living with HIV in 2005. It was further reported that 320 000 people died of AIDS-related illnesses in South Africa in 2005 alone translating to about 900 deaths daily<sup>1</sup>. Life expectancy at birth is also expected to continue to decline as a result of the epidemic<sup>2</sup>.

In addition to the health impact of the AIDS epidemic, it also presents an array of unprecedented medium and long term social and development implications, impacting on all levels of human endeavour<sup>3&4</sup>. The epidemic has for instance continued to claim the lives of skilled workers and the most productive age groups of societies<sup>5</sup>. This would result in a continued decline in the human resource capacity base of social and business institutions thus compromising their ability to sustain productivity and standards of services<sup>5</sup>. HIV and AIDS related costs have also been observed to strain household finances and government budgets<sup>6&7</sup>. This trend is poised to widen inequality and exacerbate poverty especially among already impoverished households and communities<sup>8</sup>. The HIV epidemic is hence counter productive to the development agenda of the new democratic South Africa.

The greatest challenge posed by the epidemic is the absence of a definite cure for HIV infection. There are, however, a number of pharmacological, non-pharmacological and social support interventions known to help mitigate the impact of AIDS such as opportunistic infections, poverty, loss of means of livelihood, social exclusion, human rights violations and loss of dignity<sup>1</sup>. The broad scope of the known remedies to the impacts of HIV and AIDS suggests the need for active multi-sector involvement in halting and reversing the epidemic. .

The devolution of HIV prevention and mitigation interventions into existing development, governance and poverty alleviation processes is however known to facilitate an efficient multi-sector and multi-stakeholder response to the epidemic<sup>3,4&9</sup>. In this respect, provincial and local government authorities are strategically placed to coordinate such collaborations given their role as providers, connectors, enablers and coordinators of essential

services vital to comprehensive HIV and AIDS prevention and impact mitigation.

Against this background, the Department of Provincial and Local Government together with its partners developed this Framework which seeks to:

- promote a common understanding of what development and governance responses to HIV and AIDS entail;
- specify the role of municipalities and other role-players in responding to HIV and AIDS;
- provide guidance to municipalities on what they can do to respond to HIV and AIDS and how to do it within existing programmes and strategies;
- define a strategy for supporting municipalities and other role-players to perform their respective roles; and
- support engagement with municipal and other role-players to adapt and implement the Framework within their particular local contexts

The intended primary users of this Framework are political leaders and officials within municipalities, the South African Local Government Association (SALGA), national and provincial government departments, donor agencies and organisations supporting local government capacity building, as well as CSOs.

The Framework is not intended to prescribe to municipalities and other role-players how they should respond to HIV and AIDS, but it is meant to serve as a guide for municipalities to develop local responses to the epidemic. In addition, the Framework seeks to facilitate a multi-sectoral engagement between municipalities and all other relevant role-players to inform the development of locally appropriate responses. It is also geared towards unlocking the potential for local government to play a meaningful role in curbing the epidemic and in mitigating its negative impacts. The Framework is also intended to complement the initiatives of the Department of Health, as framed in the National Strategic Plan on HIV and AIDS as well as the Operational Plan for Comprehensive Care and Treatment of HIV and AIDS, by specifying and proposing a development and governance response to HIV and AIDS.

### 1.2 The dplg's prior response to the epidemic and the Framework

Since 2000, many municipalities have acknowledged their mandate to play an active role in local





responses to HIV and AIDS and have initiated a range of strategies to address the spread of HIV and mitigate the impact of AIDS on their communities. There has, however, been a growing recognition of the need for a policy framework and support programme at national level to ensure that all municipalities receive guidance, support and resources to enable them to maximise their contribution to the fight against the epidemic.

In 2001 **the dplg**, supported by the GTZ released a report on the selected municipal responses to HIV and AIDS. This review found that most municipalities had not yet begun to consider HIV and AIDS and its implications for development and governance. The findings of this study were used to input into the reviewing process of some of the Integrated Development Plans (IDP's).

A follow-up study in 2004 highlighted some improvements in that municipalities were beginning to identify HIV and AIDS as an issue which needed a municipal response, but also found that few were able to effectively factor-in and proactively integrate the implications of HIV and AIDS into their core business of developmental local governance.

This study led to a scan of support initiatives at local government level, as well as broader development and governance responses to HIV and AIDS. The following key findings emerged from the scan:

- Not all municipalities were institutionally ready to perform their traditional local government roles, such as providing water and sanitation services, let alone take on developmental local governance roles;
- The development agenda of IDPs was often technocratic and sector-led, and did not adequately respond to development issues such as gender, HIV and AIDS or poverty alleviation;
- Planning activities were symptoms-focused and did not sufficiently engage with the underlying causes of issues;
- Municipal HIV and AIDS plans or programmes were often undertaken separately from the IDP process and did not evenly cover both the internal and external dimensions of municipal responses to HIV and AIDS.
- Processes of community consultation did not adequately accommodate vulnerable groups, such as people living with , and those affected by HIV and AIDS;

- National and provincial government sector departments did not systematically respond to development issues such as HIV and AIDS or gender as a broad-based development and governance issue in their policies, programmes and projects;
- An understanding of HIV and AIDS as a development and governance issue remained limited among government and development role-players and stakeholders;
- HIV and AIDS stigma and denial remained evident, despite HIV and AIDS awareness raising initiatives;
- An absence of locality-specific information on HIV and AIDS and the implications of this information for development priorities led to over-reliance on national or provincial-wide data alone as a means to consider HIV and AIDS issues in municipal planning and implementation;
- Municipal HIV and AIDS coordinators, where they had been appointed, often held junior positions and did not generally have sufficient development and municipal planning expertise to effectively facilitate development and governance responses to HIV and AIDS.

These findings have been echoed in IDP Hearings and MEC IDP commenting processes held to date. The scan of initiatives led to the development of a national resource document on HIV and AIDS in local government marking the beginnings of the development of the Framework for an Integrated Local Government Response to HIV and AIDS.

In July 2005, **the dplg** hosted a stakeholder consultation workshop, inclusive of national sector departments, (SALGA), the South African Cities Network (SACN), provinces and municipalities. Amongst other things, the workshop put together terms of reference for the development of the Framework. A draft Framework was then produced and engaged with through further consultative activities with stakeholders in October 2005, and between then and June 2006. The last workshop to finalise the document was held in January 2007. All the engagements served to inform the development of a support programme to guide the implementation of the Framework.

### 1.3 Guiding principles for the Framework

The complex nature and implications of the epidemic require long term, sustainable and well-coordinated multi-sector responses. These efforts should help avoid the duplication and fragmentation of activities against the impacts of HIV and AIDS and minimise the transactional costs of responding to the epidemic. In this context, this Framework draws its principles from existing development, governance and health agenda in South Africa, such as the national *Operational Plan for Comprehensive HIV and AIDS Care, Management and Treatment for South Africa*<sup>10</sup>; and *Local Government: Municipal Planning and Performance Management Regulations*<sup>11</sup>. Other documents considered in the development of the *National Strategic Plan for HIV & AIDS and STI Strategic Plan for South Africa 2007 – 2011*<sup>12</sup>, the *Integrated Development Planning* processes, *Batho Pele* principles, socio-economic transformation initiatives at various levels of government and the constitutional implications of the epidemic. Against this background, the guiding principles of this Framework are:

1. Legislative Compliance: Ensure that all municipalities understand and fulfil their constitutional and legal obligations with regard to HIV and AIDS and implement relevant governance and development responses
2. Equal Access: Promote universal distribution of services and the availability of adequate housing and sanitation, food security, safe and affordable water and power supply, good roads and transportation especially for HIV infected and affected individuals in all municipalities.
3. Equity: Ensure equitable distribution of services in a manner that is non-discriminatory across individuals infected or affected by HIV and those not infected or affected by HIV and AIDS in all municipal areas.
4. Flexibility: Adopt a differentiated approach that determines current response levels, builds on strengths and tailor- make interventions to meet local needs.
5. Incrementalism: Roll out support in a progressive manner over time
6. Capacity Building and Leadership: Promote and develop appropriate competencies among all role players to carry out their responsibilities in responding to the HIV and AIDS challenge.
7. Partnerships: Facilitate comprehensive stakeholder consultations and dialogue, encouraging partnership-driven development in planning and implementation of relevant HIV and AIDS responses involving all spheres

of government, civil society, the private sector and development agencies

8. Human Rights Based Approach: Promote the protection of human rights and dignity of HIV affected and infected individuals.

### 1.4 Understanding HIV and AIDS from a development and governance perspective

To maximise the contribution of role players to the above principles, it is important for political leaders, officials and community members to become 'HIV and AIDS competent' and be familiar with two sets of key HIV and AIDS concepts and approaches to the epidemic. These are:

- Bio-medical concepts aligned with the perspective of HIV and AIDS as a health issue; and
- Development concepts aligned with the perspective of HIV and AIDS as a development and governance issue.

#### 1.4.1 HIV and AIDS as a bio-medical issue

AIDS is a chronic disease and arises from HIV infection, although being infected with HIV is not the same as having AIDS. Most infected people only show signs and symptoms of the disease after many years.

Secondary infections caused by lower immunity occur at stages of the disease before the onset of AIDS itself. Some diseases that are termed "AIDS defining conditions" occur at the end stage of the disease. Diseases that are typically associated with HIV infection include tuberculosis, diarrhoea and pneumonias.

Bio-medical prevention, treatment and care efforts are a vital element of the response to HIV and AIDS. While the introduction of Antiretroviral Treatment (ART) represents an important turning point in South Africa, this alone is unlikely to resolve the crisis entirely.

Some of the challenges that remain include:

- Socio-cultural and socio-economic resistance to behaviour change in respect of practices such as the use of condoms and breastfeeding;
- Unequal power and gender relations may limit the ability to negotiate condom use for women in particular;





- Lack of knowledge about one's HIV status, which is necessary to access ART and to live positively. Factors such as personal denial, stigma and poor geographical accessibility of Voluntary Counselling and Testing (VCT) sites combine to make it difficult for many to access services;
- Obstacles to accessing comprehensive care. In rural areas, in particular former homeland and self-governing areas, access to such care is difficult as transport costs to sites where care is available is prohibitive for most; and
- Poverty-induced lack of access to food security and basic services such as safe water and sanitation, which play an important role in sustaining the wellbeing of HIV positive and negative persons alike.

#### 1.4.2 HIV and AIDS as a development and governance issue

The developmental and governance perspective of HIV and AIDS is based on the understanding that:

- Individuals tend to be more *susceptible* (see Box 1) to HIV infection in contexts of poverty, under-development and inequality;
- HIV and AIDS impact negatively on the development resources and prospects of communities, especially those living in poverty; and that
- Individuals, households and communities that are empowered, cohesive and have access to life sustaining goods and infrastructure are in a stronger position to minimise the spread of HIV and are less vulnerable to the negative economic and social impacts of the disease.
- Within the context of local government, the capacity of municipalities to function effectively and deliver on their mandates can be negatively impacted upon by the epidemic.

The factors driving the spread of HIV and AIDS are not defined by development conditions alone. However, development conditions have a significant influence on the risk of HIV infection, the rate of progression from HIV to AIDS, and the impacts of AIDS on individuals, households and communities. Below is an overview of the types of living conditions and underdevelopment that make individuals more

susceptible to HIV infection and to developing AIDS sooner, and that make individuals, households and communities more vulnerable to experiencing negative consequences as a result of HIV and AIDS. The impact of HIV and AIDS on local government is also outlined.

#### Box 1: Susceptibility & Vulnerability

These are two commonly used terms in the lexicon of HIV and AIDS. Put simply, *susceptibility* refers to the level at which individuals or groups of people are at risk of becoming infected with HIV. Certain individuals and groups tend to be at greater risk of contracting HIV due to an array of biological, behavioural and social factors. These factors include poor health status, inadequate health services, poverty, culture, and unequal gender relations. *Vulnerability* can be understood as the chances of HIV and AIDS having negative impacts on individuals, households, organisations, communities or whole societies. The degree of vulnerability to the negative consequences of HIV and AIDS (the ability of households and communities to 'cope') also tends to be related to a number of well-known factors, such as poverty, access to livelihood assets, access to social capital, household size and composition, and access to support from the state and other agencies.<sup>13</sup>

#### 1.4.2.1 Factors that increase susceptibility to HIV infection

Development conditions that increase the risk of HIV infection include:

- High density within human settlements (because higher density increases opportunities for sexual networking);
- Overcrowding in houses, as this is associated with a lack of sexual privacy, which tends to lower the age of sexual debut;
- Inadequate management of and access to safe water and sanitation, which can lead to infection with worms, malaria and bilharzia, which, in turn, increases the infectiousness of HIV positive individuals and makes HIV negative persons (including foetuses) more susceptible to HIV infection;

- Poor management of medical waste generated in the course of community and home-based care;
- Fragmented apartheid settlements and the peripheral location of new housing development, which increase mobility and circular migration and create increased opportunities for sexual networking. Fragmented and sprawling settlements also compromise access to health facilities where people can access prevention information, treatment for sexually transmitted infections (STIs) and prevention of mother-to-child transmission (PMTCT) services;
- Weak social networks, associated with settlements where communities are under stress or newly established settlements, such as new low-income housing developments where “communities” are pulled together from beneficiary lists, or settlements that act as reception areas for migrants;
- Settlement environments that are particularly affected by violence and gender-based abuse, including those with uncontrolled spaces;
- Additional structural factors related to land uses that have been identified as predictors of high risk of HIV transmission within settlements include:
  - The number of formal and informal establishments where alcohol is sold;
  - Proximity to mines and hostels, which tend to have a predominance of single and wage earning populations;
  - Proximity to trading centres and distribution points of goods, services and the transport industry; and
  - Proximity to primary and secondary roads in settlements where alternative income opportunities for women are limited, especially in the periphery of urban centres.
- Settlement and housing conditions where access to water and sanitation and environmental health are either lacking or inadequate. This increases the likelihood of residents contracting opportunistic infections, such as diarrhoea, complicated by parasitic infections (including worms, malaria and bilharzia); and
- Fragmented spatial development which hinders access to AIDS-specific care and treatment

#### 1.4.2.3 Factors that influence vulnerability

Certain conditions make individuals, households and communities more or less able to “cope” with the range of detrimental socio-economic impacts of the epidemic. In order to understand resilience it is important to identify factors that influence - coping mechanisms.

HIV and AIDS aggravate poverty and vulnerability of those who are already vulnerable, as they make the relatively well-off poorer and the poor destitute. They decrease income-generating opportunities among those who are sick and those who care for them and change expenditure patterns in affected households. Medical and burial costs can place an enormous strain on the extended family and household economy, as does sheltering orphans and vulnerable relatives.

HIV and AIDS is changing the social and demographic make up of the population, as it is mostly young adults and, especially young women and girls, who are infected with HIV. In turn, HIV and AIDS is leading to, an increasing number of single-parented or orphaned children, and changing household dependency ratios.

Together these factors result in the emergence of new household profiles, such as child-headed households, grand-parent/grand-children households, and households made up of orphaned youths and young adults who come together to weather the impact of HIV and AIDS.

In communities that are very cohesive but also economically weak, the dependence of especially vulnerable households on social networks mean that HIV and AIDS can deplete the resources of the entire community. Over time, this may result in decreasing ability and willingness amongst community members to assist and support those who are highly vulnerable.

#### 1.4.2.2 Factors that affect the progression of the disease

Certain living conditions can accelerate or, conversely, slow down, the progression from HIV to full-blown AIDS and eventually death. Living environments that can weaken an HIV positive person’s immune system and general health status include:

- Overcrowding, which increases the risk of tuberculosis (TB) infection among those who are HIV-positive as well as those who are HIV- negative and compromises the effectiveness of ART;





HIV and AIDS further create new patterns of mobility, migration and increased informality. New patterns of mobility and migration that may emerge include:

- People moving back to rural areas to receive terminal care from family members;
- People moving into urban areas to receive better medical care and ART;
- Passing dependents (orphans and young adults) around households in extended families as a livelihood and survival strategy; and
- Moving to settlement and housing contexts that are more affordable to the household affected by the economic burden of HIV and AIDS. In the absence of sufficient and affordable housing and land, affected households and individuals may have little alternatives but to turn to informal settlement and housing arrangements.

HIV and AIDS can affect the level of social and political mobilisation of communities and even pose a threat to the system of democratic local governance as vulnerable individuals, households and communities:

- Have different requirements from (and abilities to engage with) governance systems and services;
- May be particularly unable to engage with bureaucratic procedures; and
- May experience stigma and discrimination, thus making them unable to engage with the existing mechanisms for political and development participation.

#### 1.4.2.4 Mitigating vulnerability

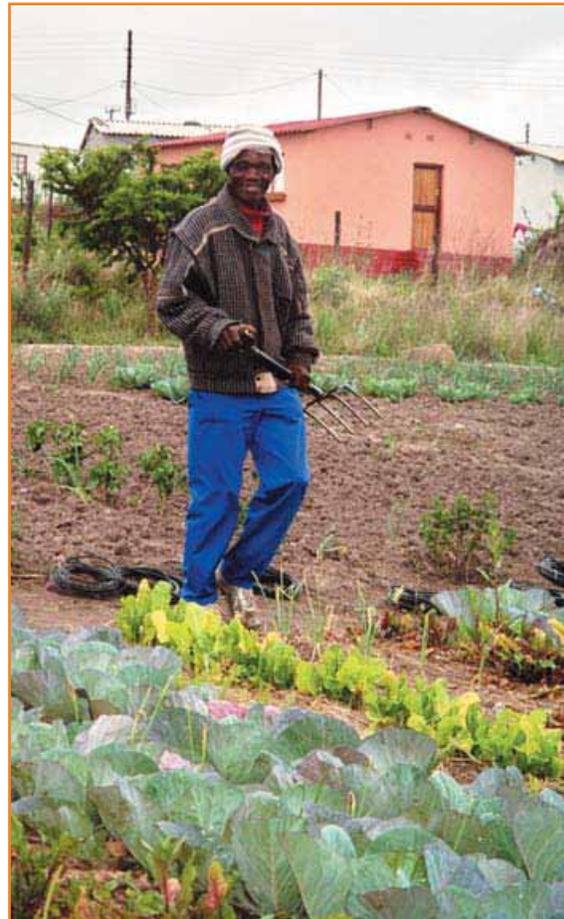
The HIV and AIDS STI Strategic Plan for South Africa 2007-2011 in the Key Priority Area 1 focusing on Prevention, proposed the following responses as a way of "Reducing vulnerability to HIV infection by 2011".

- Accelerate poverty reduction strategies and strengthen the safety nets to mitigate the impact of poverty
- Accelerate programmes to empower women and educate men and women on women 's rights and human rights
- Create an enabling environment for HIV testing
- Support national efforts to strengthen social

cohesion in communities and support the institution of family

In the context of the national response strategy, the sphere of local government is better placed to address a range of living conditions that can assist infected and affected individuals, households and communities to mitigate these impacts of the disease, include:

- Effective food-security safety nets;
- Efficient and spatially accessible social services;
- Child and youth friendly governance systems and service delivery mechanisms;
- Flexible cost-recovery mechanisms that take into account household income, expenditure levels and household size in respect of municipal services; as well as
- Cohesive communities and robust social networks.



### 1.5 The impacts of HIV and AIDS on local government.

The relationship between HIV and AIDS and local government can be understood in terms of municipalities being workplaces, agents of service delivery and procurers of goods and services. HIV and AIDS affect municipalities as a workplace comprising officials as well as councillors, who may be infected or affected. This has implications for the functioning of the organisation in terms of staff absenteeism, turnover, lower productivity, loss of skills and institutional memory, reduced capacity for service delivery, and financial costs, such as increased spending on recruitment and training of new employees, disability and death benefits, and pension payouts. The impacts of HIV and AIDS in the workplace may also be considered in relation to political decision-making processes within the municipality, where municipal councillors may be infected or affected.

The impacts of HIV and AIDS on municipalities can negatively affect their ability to carry out their service delivery functions and can also detrimentally affect the quality of services provided. The impacts of HIV and AIDS on service delivery can also be analysed in terms of the effects of the disease on residents. This has implications for the demand for, and supply of, services that municipalities provide. On the demand

side, HIV and AIDS can be expected to result in a greater demand for certain municipal services and support, such as health care, burial spaces, poverty alleviation, and indigent concessions.

In addition, the nature of services required by residents may change as a result of HIV and AIDS. For example, within the primary health care sector, there is likely to be more demand for counselling and more personal attention to patients, as well as comprehensive care and support.

On the supply side, the capacity of municipalities to provide services on an efficient and sustainable basis can also be affected by the impacts of HIV and AIDS on communities. For example, municipal revenue generated through local rates and taxes may be reduced as a consequence of higher rates of unemployment and poverty within households. The quality of services supplied by municipalities may also be negatively affected, as extra pressure is placed on staff and often limited resources.

In addition, local communities contribute to the labour force and this has an effect on the labour market. Thus, the relationship between HIV and AIDS and local government also needs to be considered in relation to the impacts of the epidemic on businesses and organisations that supply goods and services to municipalities.





# The Mandate of Local Government to respond to HIV and AIDS

## 2 The Mandate of Local Government to respond to HIV and AIDS

The mandate for municipalities to play an active and pro-active role in HIV and AIDS prevention and mitigation is contained within the developmental agenda for local government established by the **Constitution of South Africa, Act No.108 of 1996**<sup>14</sup> and subsequent policy and legislation pertaining to the systems and functions of local government.

### 2.1 Developmental local governance

**Section 153 of the Constitution** outlines the developmental duties of local government, which require a municipality to structure and manage its administration, budgeting and planning processes to give priority to the basic needs of the community, and to promote its social and economic development.

**The White Paper on Local Government (1998)**<sup>15</sup> outlines the vision for developmental local government and requires municipalities to ensure that all citizens received at least the minimum levels of basic services, that democracy and human rights are promoted, and that economic and sectoral development are facilitated.

10

**The Municipal Systems Act (Act No 32 of 2000)**<sup>16</sup> establishes a clear framework for the core processes of planning, performance management, resource mobilisation and organisational change within municipalities. IDPs are intended to be the planning instrument for integration and co-ordination at the local level between the different spheres of government. The multi-dimensional nature of HIV and AIDS calls for an integrated and partnership-driven response. This positions the IDP as the primary vehicle for developing and implementing local-level responses to HIV and AIDS.

### 2.2 Labour and other legislation

As employers, municipalities are regulated by specific labour laws that require employers to implement measures to respond to HIV and AIDS in the workplace. There are a number of important labour-related statutes (see box below), though only one of them, the Employment Equity Act (Act No. 55 of 1998), makes specific reference to HIV and AIDS. However, all labour laws are general enough in scope to cover most HIV and AIDS related issues that may arise in the workplace.

#### Box 2: Labour legislation relevant to municipalities as employers

- **The Employment Equity Act, No. 55 of 1998**<sup>17</sup> aims to ensure equality and non-discrimination in the workplace through anti-discrimination measures and affirmative action provisions. It also has two clauses that expressly refer to HIV and AIDS: a prohibition on unfair discrimination based on 'HIV status'; and a prohibition on HIV testing without Labour Court authorisation.
- **The Labour Relations Act, No. 66 of 1995**<sup>18</sup> aims to regulate the relationships between employees, trade unions and employers by, for example, setting out when trade unions may meet with their members at the workplace. It also regulates the resolution of disputes between employers and employees and sets out the rights of workers with regard to dismissal.
- **The Occupational Health and Safety Act, No. 85 of 1993**<sup>19</sup> places a duty on all employers to ensure that, as far as is reasonably practicable, the working environment is safe and healthy for employees. For example, employers are required to provide safety equipment such as latex gloves to prevent the transmission of HIV during an accident involving a blood spill in the workplace.
- **The Compensation for Occupational Injuries Act, No. 130 of 1993**<sup>20</sup> gives every employee the right to apply for compensation if injured in the course of their employment. This would include compensation for HIV infection if it can be shown that the employee was infected whilst on duty.

**The Department of Public Service and Administration (DPSA)** has developed guidelines on integrated human resource planning to assist departments in conducting human resource planning. The DPSA amended the Public Service Regulations in June 2002 to provide for minimum standards in managing HIV and AIDS and other life threatening diseases in the workplace<sup>21</sup>. The Regulations now include a requirement for heads of departments to take reasonable steps to minimise workplace exposure. A guide that complements these regulations has also been published.



**The King II Report**<sup>22</sup>, a yardstick for corporate governance management, encourages corporate governance practices that reflect a commitment to preventing occupational diseases. It specifically recommends that local government should become familiar with the implications of HIV and AIDS and actively participate in response processes.

This Framework abides by the **common law and Section 14 of the Constitution of South Africa, Act No. 108 of 1996**<sup>14</sup>, which states that, all persons with HIV or AIDS have a right to privacy including their HIV status.

In responding to HIV and AIDS in communities and the negative impact of stigma and discrimination on the fight against the epidemic, this Framework is also anchored on the **Promotion of Equity and Prevention of Unfair Discrimination Act, No 4 of 2000**<sup>23</sup>. The Act prohibits unfair discrimination in the promotion of equity.

Poverty and loss of means of livelihood are hallmarks of the AIDS epidemic. In this context, the Integration Framework published by the Department of Social Development affirms the legal position of **Section 27 (1C) of the Constitution of South Africa**<sup>14</sup> which stipulates that “everyone has the right to have access to social security, including, if they were unable to support themselves and their dependants, appropriate social assistance” in an effort to target the economic implications of the epidemic.

The box below contains a synopsis of government’s responses to the HIV and AIDS epidemic, under the auspices of the Department of Health (DoH). Over time, these programmes have continued to broaden their involvement of other sectors of government with the growing recognition of the need for a multi-sectoral response to the different facets of the epidemic. In this context, **the dplg’s** Framework stands to complement the vision and efforts of the DoH through its specialised focus on issues of governance and development and the opportunity to efficiently bring together the various sectors of government, relevant role players and civil society through its various platforms.

### **Box 3: The response to HIV and AIDS at national government level**

In October 1998, the Partnership Against AIDS was launched by government, challenging all sectors and all spheres of government to become involved in addressing the epidemic.

The National HIV and AIDS Programme, championed by the Department of Health, focuses on reducing infection rates and mitigating the impacts of HIV and AIDS. The Programme is guided by the HIV and AIDS and STI Strategic Plan for South Africa, which provides a framework for a multi-sectoral response to HIV and AIDS<sup>24</sup>.

In 2004, the Operational Plan for Comprehensive Care and Treatment was launched. The Plan is premised on the following pillars<sup>10</sup>:

- Ensuring that the great majority of South Africans who are currently not infected with HIV remain uninfected, through effective interventions to change lifestyles and behaviour arising in particular from programmes that reduce poverty and inequity;
- Enhancing efforts in the prophylaxis and treatment of opportunistic infections, improved nutrition and lifestyle choices;
- Effective management of those HIV-infected individuals who have developed AIDS-defining illnesses, through appropriate treatment of AIDS-related conditions (including using antiretroviral therapy to prolong life), and providing suitable palliative and terminal care. The HIV & AIDS and STI Strategic Plan for South Africa for 2007 to 2011 was launched in November, 2006. The current framework represents the country’s multi-sector response to the challenge of HIV infection and the wide-ranging impacts of AIDS<sup>12</sup>. The document seeks to provide continued guidance to all government departments and sectors of civil society, building on the work done in the past decade. The revised strategic plan focuses on four key priority areas, which include: 1) prevention; 2) treatment, care and support; 3) human and legal rights; and 4) research, monitoring and surveillance.

# Municipal Responses to HIV and AIDS





### 3 Municipal Responses to HIV and AIDS

This section proposes an approach to the role that municipalities can play, as part of their core planning and implementation process, namely the IDP process, in reversing the spread of HIV and mitigating the impacts of AIDS.

#### 3.1 Key Performance Areas for municipalities in a context of HIV and AIDS

The following Key Performance Areas (KPA) as outlined in the Local Government: Municipal Planning and Performance Management Regulations (2001) inform the strategic priority areas of local government.

- Mainstreaming hands-on support to Local Government to improve municipal governance and performance and accountability
- Addressing the structure and governance and the State in order to better strengthen, support and monitor Local Government
- Refining and strengthening the policy, regulatory and fiscal environment for local government and giving greater attention to the enforcement measures

This Framework was also informed by the local government KPA listed below:

- Municipal Transformation and Organisational Development.
- Basic Service Delivery. Local Economic Development (LED).
- Municipal Financial Viability and Management.
- Good Governance and Public Participation.

The local landscapes of HIV and AIDS are varied and differ significantly within and between municipalities. The existing frameworks for IDP and Intergovernmental Relations provide a platform for enabling the required multi-sector and partnership-driven response to the local landscape of HIV and AIDS.

Ten KPAs have been identified as critical for informing municipal responses to HIV and AIDS. They are specifically aligned with the development and governance approach discussed previously<sup>25</sup>. These KPAs are imperatives of developmental local governance, the Batho Pele philosophy and the socio-economic transformation agenda of the

government. They are about getting the basics right, by ensuring that:

1. All residents within a municipal area have safe, reliable, sufficient, and affordable access to the following municipal services:
  - Water supply and sanitation
  - Environmental health
  - Energy
  - Solid waste management
2. Municipal standards and regulations in respect of land use management and land development are accessible;
3. Municipal systems and procedures are made increasingly accessible to users and constituents. This can be supported by establishing effective and empowering planning and implementation linkages with communities on the ground through Community Development Workers (CDWs) and ward committees;
4. Management and governance systems are made more accessible to users within the municipality, and that institutional knowledge is retained in local government;
5. Role-players active in the provision of social safety nets (such as social assistance grants) are effectively performing their roles throughout the municipal area;
6. Efforts are made to foster practices of partnership-driven development in planning and implementation, where partners include community members, community-based organisations (CBOs), non-governmental organisations (NGOs), the private sector and other spheres of government;
7. Development interventions acknowledge place-specific development priorities while ensuring that adequate balance is achieved in respect of the coverage of development interventions between rural and urban areas;
8. Effective interventions are pursued to address gender inequity and inequality beyond prioritising access to development interventions for women;
9. The interests of the youth, the disabled and the aged are adequately reflected in all municipal planning and implementation activities; and
10. Access by NGOs and CBOs, as well as other role-players involved in the provision of HIV and AIDS-specific interventions, to physical infrastructure and other operational resources is supported and facilitated.

### 3.2 HIV and AIDS Programming vs Mainstreaming

Two broad approaches in responding to HIV and AIDS can be differentiated into programming and mainstreaming. This Framework is primarily based on mainstreaming.

#### HIV and AIDS Programming

HIV and AIDS programming, is aligned to the bio-medical approach which sees HIV and AIDS primarily from a health sector perspective as a phenomenon that can be successfully addressed through programmatic interventions such as individual behaviour change campaigns, prevention of mother-to-child transmission, treatment of opportunistic infections, and ART.

Programming a response to HIV and AIDS means developing and implementing a dedicated HIV and AIDS programme, in respect of the bio-medical and behaviour dimensions of HIV and AIDS. HIV and AIDS programmes typically entail strategies and activities that aim to:

- halt the spread of HIV infection (i.e. education and awareness, VCT, PMTCT);
- Provide care and treatment to the infected and affected (i.e. ART, home-based care, palliative care, support to orphans and vulnerable children); and
- Seek to mitigate and alleviate the negative social impacts of HIV and AIDS (e.g. income generation projects for poverty alleviation).

Within municipalities, HIV and AIDS programmes are normally driven by the health department, usually in close co-operation with the Provincial Departments of Health and Social Development. Civil society

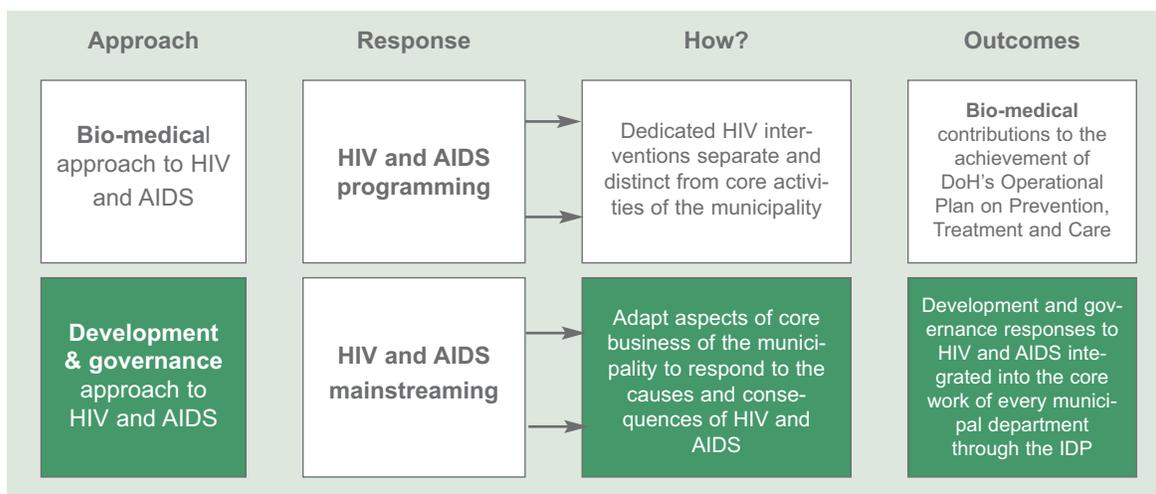
organisations, such as NGOs, CBOs and faith-based organisations (FBOs) also often assist in implementing HIV and AIDS programmes. In many municipalities, dedicated co-ordinators have been appointed to co-ordinate the implementation of HIV and AIDS programmes between the different implementing partners.

#### HIV and AIDS Mainstreaming

HIV and AIDS mainstreaming, is an approach whereby HIV and AIDS is seen through a development and governance lens, which requires biomedical and behaviour change responses. This approach also calls for some attention to the causes and consequences of the epidemic as they relate to development and governance conditions in the society.

Mainstreaming as an approach to HIV and AIDS thus requires organisations, in this case municipalities, to analyse how HIV and AIDS impacts on themselves as organisations and on their core work, currently and in the future and also to determine how they can respond in terms of their *core work* and with their *comparative advantages*<sup>26</sup>.

The concept of mainstreaming is based on the understanding that HIV and AIDS are essentially a problem of underdevelopment, and that the long-term solutions to preventing and alleviating the negative impacts of the epidemic lie in sustained, equitable and inclusive socio-economic development. This means that all sectors, including those that traditionally are not considered to have a bearing on health issues, have a role to play in responding to HIV and AIDS. Mainstreaming requires all municipal departments to look at their core work through the lens of HIV and AIDS and to take HIV and AIDS causes and effects into account during all stages of the municipal planning, implementation, budgeting, monitoring and evaluation processes.





Mainstreaming can be considered in relation to the internal functioning and the externally focussed service delivery work of a municipality.

**Internal mainstreaming** requires municipalities to implement measures to reduce the susceptibility of municipal staff to HIV infection, and to reduce the vulnerability of the organisation to the impacts of the epidemic. This entails working with staff to educate them about HIV and AIDS, ensuring access to VCT, and providing, or facilitating access to, ART. It also entails re-examining and adapting internal systems and procedures to reduce the negative impacts of HIV and AIDS on the organisation, for example, reviewing HR policies and succession planning. The aim of internal mainstreaming is to try to ensure that the organisation can continue to operate effectively in the face of HIV and AIDS and continue to fulfil its mandated functions.

**External mainstreaming** entails that municipalities, and every line department within municipalities, should adapt their core work to take into account susceptibility to HIV infection and vulnerability to the impacts of AIDS amongst the communities within the municipal area. Adapting core work does not mean fundamentally changing what municipalities do, but rather identifying the possibilities that exist within their core work for reducing susceptibility and vulnerability in communities.

Mainstreaming is meant to complement HIV and AIDS programming, as it is about planning and implementing development and governance interventions that support biomedical and behaviour change interventions. For example, mainstreaming interventions that aim to promote the safety of women and children assist in reducing the risk of women and children's exposure to sexual violence and hence the potential transmission of HIV. To use another example, lack of access to clean water and sanitation can severely compromise the health and comfort of those living with HIV and AIDS. At the most basic level, mainstreaming means ensuring that developmental local governance proactively tackles conditions of marginalisation and vulnerability in the municipal area.

In the box below are useful questions for municipalities and departments within municipalities to ask when considering how to mainstream HIV and AIDS internally and externally<sup>26</sup>.

#### Box 4: Key questions for mainstreaming HIV and AIDS

##### *Internal mainstreaming:*

- What is the impact of HIV and AIDS on staff (in terms of absenteeism, mortality, morale, loss of skills etc) currently, and what are the projections for future impacts?
- What can be done to reduce the susceptibility of staff and support staff to HIV infection and to support staff and their families living with HIV and AIDS? (e.g. prevention, care and support interventions)
- How can the impact of HIV and AIDS on the functioning of the organisation be minimised? (i.e. what policies or systems might be needed to ensure that the organisation can continue to function effectively in the face of the epidemic?)

##### *External mainstreaming:*

- How do HIV and AIDS affect the people the Department works with (i.e. its 'clients')?
- What are the changing needs of clients as a result of HIV and AIDS?
- What can the Department do, as part of its core business, to respond to these changing needs?
- How might the work of the Department increase susceptibility and vulnerability of households/communities to HIV and AIDS?
- What are the comparative advantages of the Department in respect of responding to HIV and AIDS?

Since the IDP is the overarching plan that is meant to guide all development activities within the municipal area, HIV and AIDS mainstreaming needs to be reflected in the Plan. This requires that the priorities and strategic thrust of the IDP be reviewed to ensure that they respond to the range of place-specific drivers of HIV susceptibility and vulnerability. Alongside the review of the IDP, the municipal budget, organogram and municipal systems also need to be adjusted where necessary to respond to the implications of internal and external dimensions of HIV and AIDS challenges.

### 3.3 Mainstreaming HIV and AIDS in the IDP Review

To support municipalities to mainstream HIV and AIDS as part of the IDP review process, a set of key principles and questions have been developed<sup>25</sup>. These principles and questions are meant to support structured discussions within the IDP structures (such as the IDP Steering Committee and the IDP Representative Forum).

Depending on the capacity of the municipality, the manner in which these questions are addressed would vary. While well-resourced municipalities may be able to undertake detailed technology-backed demographic and economic impact modelling activities, others might only be able to consider such questions through discussions with resource persons and those affected.

#### 3.3.1 Mainstreaming HIV and AIDS through participation

Preparation for the IDP review process must ensure that participation mechanisms are in place and sufficiently accessible to all within the different municipalities. This is to ensure a proactive approach that will enable marginalised and vulnerable people including people living with HIV and AIDS and people living in informal settlements to fully participate in the process.

Engagement with the major role-players in the municipal economy (such as employers and unions), provides a platform for identifying how these role-players are affected by HIV and AIDS, what they are doing about it and what opportunities exist for establishing partnerships.

In addition, participation activities provide an opportunity to investigate:

- The views of community sources about prevalence
- The extent of concern about HIV and AIDS amongst residents
- The extent to which concerns related to HIV and AIDS are “hiding” behind less socially laden issues, such as health care, orphans, cemeteries and food

The following questions are intended to assist municipalities to consider how their IDP Process Plan affords sufficient attention to participation requirements in the context of HIV and AIDS:

- Have we made provision for the voices of HIV

and AIDS to be raised throughout the IDP planning and implementation process?

- How do we ensure that the efforts (personal costs) of participating in the IDP process for the marginalised and vulnerable are rewarded by tangible benefits in terms of the planning and implementation outcomes?
- Have we ensured that the voices of HIV and AIDS have adequate access to consultation activities that do not only relate to HIV and AIDS but also to the other development issues in our municipality?

**The voices of HIV and AIDS can include, but are not limited to:**

- People living openly with HIV and AIDS;
- Households that are infected and affected;
- CBOs, FBOs, NGOs and resource persons who specialise in HIV, AIDS and development;
- HIV and AIDS “champions” among officials, politicians and traditional leaders.

Effective and accessible participation in the IDP process is an opportunity to find out how HIV and AIDS affect issues of quality of life and development. This requires the voices of HIV and AIDS outside the municipal institution to be mobilised and capacitated with an appropriate understanding of the IDP process and municipal affairs.

**The efforts (personal costs) of participation among poor and marginalised people often outweigh any tangible benefits.** Superficial forms of consultation limit participation to needs assessment and cannot serve as an effective basis for partnership-driven planning and implementation. Alternative and more meaningful mechanisms for participation could include:

- Individual and focus-group interviews;
- Focus-group planning meetings;
- The setting up of a dedicated consultation panel comprising vulnerable and marginalised members of the community; and
- Involving “champions” or voices of HIV and AIDS in the IDP structures and processes.

#### 3.3.2 Developing knowledge to inform local level responses to HIV and AIDS

The following sub-sections explore the information required to support mainstreaming during the IDP





review activities. The methods for collecting such information will vary from municipality to municipality. Municipalities with extensive resources at their disposal may undertake prevalence surveys and detailed demographic, socio-economic and economic surveys and modelling exercises. In municipalities with limited resources, sourcing such information could occur through participatory activities and in discussion and decision-making processes and structures occurring within existing IDP participation and decision-making mechanisms.

**(a) HIV and AIDS within the municipal area (external mainstreaming)**

- **Obtain information on HIV prevalence and incidence.** Prevalence studies have shown that HIV is highest in urban settings (especially urban informal settlements) and lowest in rural and farm settlements. It is important to bear in mind that prevalence and incidence differs from locality to another and as such, it will vary within a particular municipal area of jurisdiction;
- **Investigate factors driving HIV infection in the municipality partnership with role-players.** The drivers of HIV may be related to economic activities (e.g. mining, tourism, freight points as drivers of mobility) or social practices (e.g. alcohol and drug abuse). High transmission areas should be identified;
- **Identify what activities the municipality undertakes in its routine operations that affect the spread of HIV** (e.g. an LED strategy for developing the municipal area such as freight ports, which could bring in mobile and highly sexually networked persons);
- **Consider the rate at which the epidemic is growing in the municipal area of jurisdiction prevention remains an imperative effort in mitigating the spread of HIV and AIDS.** If in the municipal area HIV prevalence is fairly low but growing rapidly, then prevention efforts must be actively pursued to ensure that those who are currently HIV negative remain so;
- **Identify which socio-economic groups are at particular risk of contracting HIV.** The purpose of the exercise is not to single out

particular socio-economic or demographic groups but to be better equipped to develop and implement prevention strategies that respond to the specific susceptibilities facing each group;

- **Identify where the communities most affected by HIV and AIDS and with least access to basic life sustaining goods and services live.** A healthy environment can substantially decrease the risk of opportunistic infections. An unhealthy environment will compromise the health and wellbeing of those who are infected with HIV and those who are not infected alike. The provision of services such as water, sanitation, clean energy, solid waste removal and housing play a critical role in mitigating the impacts of HIV and AIDS;
- **Identify which services HIV-positive and AIDS affected persons receive and from which service providers in order to identify opportunities for:**
  - Partnerships for implementing a service-oriented strategy;
  - Municipal support to organisations providing services; and
  - Leveraging support for organisations from other role-players (such as provincial and national government departments, parastatals, NGOs, donors and the private sector).
- **Consider, proactively, if any new IDP strategies, projects and activities will increase or minimise the drivers of HIV infection (susceptibility);**
- **Consider how the local economy is likely to be affected by HIV and AIDS.** For example, are high rates of absenteeism and mortality likely to affect local rates of economic growth and job creation?
- **Consider how municipal finances are likely to be affected by HIV and AIDS.** This question must consider the nature of the likely impacts of the epidemic on the range of sources of municipal revenue, including rates and services levies.

### (b) HIV and AIDS within the municipality (internal mainstreaming)

The IDP process is not only concerned with identifying community development needs and priorities. It is also concerned with assessing and addressing the capacity of the municipality as an institution to deliver on these needs and priorities.

Considering the institutional impacts of HIV and AIDS requires:

- Commitment to addressing HIV and AIDS, at the highest political and administrative levels; and
- A basic level of technical knowledge about HIV and AIDS as a workplace issue (which may involve bio-medical knowledge and institutional development knowledge).

The following issues should be addressed in identifying and responding to the implications of HIV and AIDS for the functioning of municipalities:

- **Identifying what is the likely HIV prevalence in the municipal workplace.** The process leading to a workplace prevalence study or modelling exercise must assist the development of an impact management strategy and entail a shared commitment to supporting the interests of municipal role-players, irrespective of the outcome of the study. Because the municipality comprises both an administrative and a political arm, the notion of “workplace” should include both;
- **Considering how HIV and AIDS might impact on the critical roles of the municipality as an institution of governance, administration and service delivery,** in the light of its developmental mandate (i.e. its powers and functions);
- **Understanding the cost implications and proactively strategise on how to manage the direct costs of HIV and AIDS** within the municipality;
- **Ensuring that steps are taken to minimise and manage the impacts of HIV and AIDS in the workplace,** including:
  - A prevention element among municipal role-players, which includes their household

members;

- A treatment and care element among municipal role-players, which includes their household members;
- An institutional efficiency element so that institutional systems and procedure are robust in the face of disruption; and
- A cost management intervention element that proactively manages the workplace cost of HIV and AIDS.

To support municipalities to respond to the internal impacts of HIV and AIDS, SALGA has produced a guide, entitled *HIV and AIDS in the Municipal Workplace*, which is available on the SALGA website ([www.salga.net](http://www.salga.net)).

### 3.3.3 Checklist for assessing HIV and AIDS mainstreaming in the IDP

The following questions need to be answered in the IDP when considering the external dimensions of susceptibility and vulnerability to HIV infection and its impacts:

- Are consultation and participation mechanisms for planning and implementation accessible to affected and infected individuals?
- Are the water, sanitation, energy, solid waste, transport and environmental management services provided within the municipality appropriate in terms of quantity, reliability, accessibility, quality and affordability?
- What are the implications of widespread municipal service gaps for affected households and communities?
- How affordable are municipal levies, property taxes and service charges for employers and users in the context of HIV and AIDS?
- What are the implications for the core developmental mandate of the municipality of long-term socio-demographic transformation, increasing informality, new patterns of migration and the emergence of chronically vulnerable households and communities within the municipal area?
- What is the broader implication of HIV and AIDS in service delivery and planning?





Considering the *internal* dimensions of HIV and AIDS and its implications require responding to the following questions as a minimum:

- Are the systems and procedures for routine management as well as strategic decision-making within the municipality able to accommodate disruption as well as the sporadic and/or chronic absence of decision-makers in the administrative and political arms of the municipality?
- To what extent do HIV and AIDS further weaken institutional memory and technical know-how in the context of existing capacity constraints?
- How will the fiscal viability and sustainability of the municipality be affected by the internal costs of HIV and AIDS in terms of absenteeism, increased costs of medical and other benefits, rehiring, retraining and decreased productivity levels, especially in the face of existing problems of personnel retention?

Considering the implications of the internal dimensions to respond to the external dimensions of HIV and AIDS includes questioning as a minimum:

- How will the impact of HIV in the workplace affect the municipality's ability to deliver services in communities affected by HIV and AIDS?
- How should the municipality be structured institutionally to respond to local development priorities affected by HIV and AIDS on the ground?
- What resources (financial, institutional and assets) are available to implement the response to HIV and AIDS and how does the municipality leverage the involvement of other stakeholders and role-players to participate in the local-level response?

A workplace policy should not be seen as a replacement of a workplace programme in managing HIV and AIDS and its impacts in the workplace

**Box 5: Guidelines for the contents of a workplace policy on HIV and AIDS**  
**IDP issues**

- Consultation
- Participation
- Strategic leadership and management
- Key Performance Areas

**Personnel issues:**

- Job access for applicants with HIV
- Job security of employees with HIV
- A position on HIV testing of employees and applicants
- Confidentiality and disclosure
- Protection against discrimination

**Employee benefits:**

- Access to training, promotion and benefits
- Performance management
- Grievance procedures

**Programme issues:**

- Organizational risk reduction;
- First aid/universal precautions;
- Education and awareness programmes;
- Other prevention programmes; and
- Wellness management

**Monitoring and evaluation:**

- There should be regular evaluation, monitoring and review of the policy and programme.

Local Government therefore has an enormous responsibility to respond to the challenge of HIV and AIDS not only as an employer of staff as discussed in this section but also promptly addressing the visible impacts of the epidemic in the communities. Reducing vulnerability through prevention, treatment, care and support, well backed up by a strong M&E component is. There is sufficient evidence that the epidemic could be slowed down if vulnerability due to socio-economic and behavioural factors is reduced. Prevention is thus one of the more sustainable ways of reducing vulnerability therefore should be a key focus for local government.

In further reducing vulnerability to the communities, local government is also best placed to create and enabling environment for the provision of treatment, care and support of those affected and infected. Responses should focus on local government discharging its different roles and responsibilities but also as enablers and facilitators of other mitigation strategies within their jurisdiction.

# 4 Roles and Responsibilities of Development and Governance Role-players





## 4 Roles and Responsibilities of Development and Governance Role-players

Although each sphere of government has jurisdiction over the specific powers and functions assigned to it by legislation, these must be performed in a co-operative, collaborative and co-ordinated manner. Local Governments are the point of integration and co-ordination, vertically and horizontally.

IDPs are intended to be the planning instrument to promote this integration and co-ordination between the spheres and sectors of government. The IDP process is supposed to help ensure that the plans and delivery processes of other sectors complement those of the municipal government.

The Intergovernmental Relations Framework is an important mechanism for crafting and implementing multi-sectoral responses to HIV and AIDS that are co-ordinated across the three spheres of government.

The overall governance system which municipalities are part of, enables municipalities to be part of the processes associated with sector planning and implementation of the other spheres of government in support of locally defined responses to HIV and AIDS. Accordingly, this Framework identifies specific roles and responsibilities of key partners in implementing the support system.

### 4.1 The Role of the Department of Provincial and Local Government

The roles of **the dplg** are to:

- Champion the development and governance response to HIV and AIDS with national and provincial sector departments;
- Provide support to local and district municipalities
- Together with provincial Departments of Local Government, SALGA, SACN and other partners support leadership development on governance and development responses;
- Promote good governance practices such as partnership-driven development and institutional knowledge management;
- Ensure that HIV and AIDS is mainstreamed within **the dplg** departmental policies and programmes

- Together with Provincial Departments of Local Government, SALGA, SACN, and other partners support HIV and AIDS responses among local government practitioners;
- Facilitate HIV and AIDS responsiveness among support role-players to municipalities, and other key drivers within the provincial IDP co-ordination units;
- Mobilise and co-ordinate support partners to enable them to perform their HIV and local government support roles in ways that are most appropriate given existing municipal institutional capacities;
- Facilitate the inclusion of HIV and AIDS concerns among those who inform the MEC's IDP assessment commenting role and the IDP Hearings;
- Co-ordinate the development and governance policy and research agenda to ensure that the specific concerns of local government with regard to HIV and AIDS serve as the basis for informing support initiatives;
- Engage with donor organisations, together with Provincial Departments of Local Government and SALGA, in order to ensure that donor funding is channelled to support interventions in ways that align with this Framework.
- Monitor and evaluate support initiatives to determine their impacts and facilitate the development of future initiatives.

### 4.2 The Role of the Provincial and National sector departments

The roles of Provincial Departments of Local Government are to:

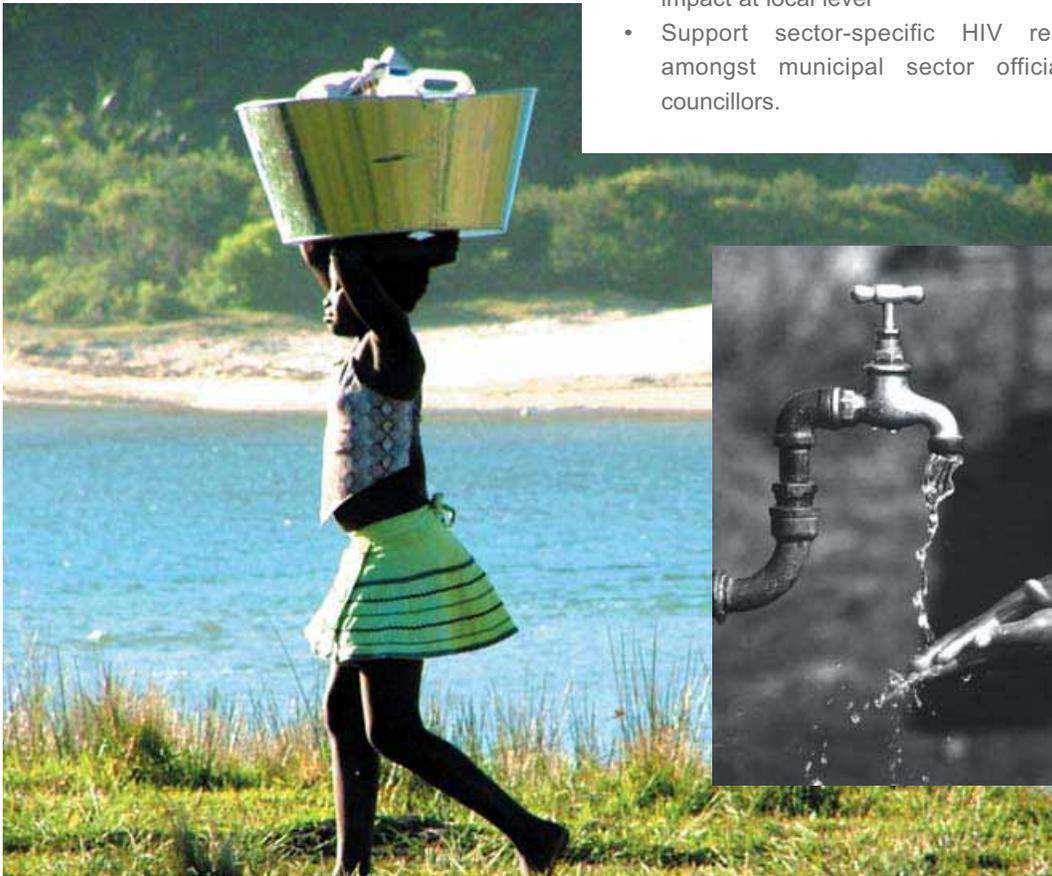
- Ensure that the departments' policies and programmes on HIV and AIDS are responsive;
- Together with **the dplg** and provincial offices of SALGA and other partners, support leadership development for development and governance responses;
- Together with **the dplg**, SALGA, SACN, and other partners support HIV and AIDS responses among local government practitioners so that each is able to understand

the implications of HIV and AIDS for their specific roles and responsibilities;

- Support municipalities to respond to HIV and AIDS as part of the IDP planning and implementation process by collaborating with the Office of the Premier to ensure the co-operation of provincial and national sector departments;
- Monitor and, where necessary, intervene where municipalities are not responding to the internal and external dimensions of HIV and AIDS;
- Together with the Office of the Premier, facilitate engagement between sector departments and district municipalities in support of multi-sector responses to HIV and AIDS; and
- Report to **the dplg** about the extent to which municipalities are responding to the internal and external dimensions of HIV and AIDS and support measures required and taken.

**The roles of other national and provincial sector departments are to:**

- Conduct impact assessment research and analysis in respect of how HIV and AIDS affect the demand and supply side for service delivery in their sectors;
- Ensure that their policies and programmes for supporting municipalities are HIV and AIDS responsive;
- Consider and specify how the sector can meaningfully contribute to the implementation of the national HIV and AIDS Strategy, including contributing to addressing the underlying conditions that lead people to be particularly susceptible to HIV infection and vulnerable to the impacts of AIDS;
- Review policies, programmes and projects to be supportive of, and complementary to, municipal responses to the challenges of developmental local governance in a context of HIV and AIDS; in particular mitigating impact at local level
- Support sector-specific HIV responses amongst municipal sector officials and councillors.





A guide to some of the objectives, roles and responsibilities of key national and provincial sector departments in supporting local government responses to HIV and AIDS is provided in Table 1 below:

Table 1: Roles and responsibilities of national and provincial sector departments			
Sector department	Objectives	Roles and Responsibilities	
		National Department	Provincial Departments
<b>Provincial &amp; Local Government</b>	To ensure that all municipalities understand and fulfil their constitutional and legal obligations with regard to HIV and AIDS and implement governance and development responses	<ul style="list-style-type: none"> <li>• Provide a Framework for integrated governance on HIV and AIDS</li> <li>• Champion the development and governance response to HIV and AIDS with national and provincial sector departments</li> <li>• Ensure that government staff is HIV and AIDS sensitive</li> <li>• Ensure that HIV and AIDS is mainstreamed into departmental policies and programmes</li> </ul>	<ul style="list-style-type: none"> <li>• Ensure that the departments' policies and programmes are HIV and AIDS responsive;</li> <li>• Support HIV and AIDS competence among local government practitioners so that each understands the implications of HIV and AIDS for their specific roles, responsibilities and responses;</li> <li>• Support municipalities to respond to HIV and AIDS as part of the planning (IDP) and implementation process and facilitate the co-operation of provincial and national sector departments;</li> <li>• Facilitate engagement between sector departments, local and district municipalities in support of multi-sector responses to HIV and AIDS;</li> <li>• Monitor and, where necessary, intervene where municipalities are not responding to the internal and external dimensions of HIV and AIDS;</li> <li>• Provide feedback to <b>dplg</b> about the extent to which municipalities are responding to the internal and external dimensions of HIV and AIDS and support measures taken and required</li> </ul>

**Table 1: Roles and responsibilities of national and provincial sector departments (cont.)**

Sector department	Objectives	Roles and Responsibilities	
		National Department	Provincial Departments
<b>Health</b>	To ensure that comprehensive health and HIV and AIDS prevention, treatment, care and support services are provided throughout every municipality	Formulate and develop a comprehensive national strategy for prevention, treatment, care and support, human and legal rights, monitoring, research and surveillance on HIV and AIDS and STIs	<ul style="list-style-type: none"> <li>Working with municipalities, determine the prevalence of HIV amongst the local population and identify areas of high HIV risk and prevalence</li> <li>Provide comprehensive health care infrastructure and services across all municipal areas, including treatment for AIDS-related diseases, TB, ART and PMTCT</li> <li>Work with municipalities to develop and implement local HIV and AIDS prevention, care and support programmes</li> <li>Ensure that the Sector Health Plans are included in the IDP</li> </ul>
<b>Social Development</b>	To provide a comprehensive social security safety net to support all vulnerable individuals and households	<ul style="list-style-type: none"> <li>Formulate policies and legislation to provide for comprehensive social assistance to poor households and individuals, as well as those specifically infected and affected by HIV and AIDS</li> <li>Provide a policy framework for programmes and services to protect and support vulnerable children, including orphans and child-headed households</li> </ul>	<ul style="list-style-type: none"> <li>Work with municipalities to ensure that all vulnerable residents are able to access social assistance grants</li> <li>Support municipalities to implement poverty relief and social development programmes and projects targeting indigent, female-headed, child-headed, youth households, as well as organisations and groups working with orphans and other vulnerable children and those providing home-based care and other support to those living with HIV and AIDS</li> </ul>





			<ul style="list-style-type: none"> <li>• Provide support to municipalities to distribute food parcels and other emergency materials to households affected by HIV and AIDS and tuberculosis, as well as to other vulnerable households and children</li> </ul>
<p><b>Housing</b></p>	<p>To ensure access to adequate housing and secure accommodation for poor and vulnerable households, especially those affected by HIV and AIDS</p>	<p>Develop and implement legislation, policies and strategies to ensure that the right to access adequate housing is realised for all and that, where necessary, special attention is given to the needs of households affected by HIV and AIDS</p>	<ul style="list-style-type: none"> <li>• Work with municipalities to identify households and individuals in need of shelter support and, through housing subsidies and other programmes, provide safe and affordable housing</li> <li>• In cooperation with municipalities and other government departments, ensure that housing projects are planned and developed so as to include access to all basic services and social facilities, such as clinics and schools, as well as economic opportunities for residents</li> <li>• Implement measures to ensure access to adequate housing by particularly vulnerable groups, such as orphans and vulnerable children, child-headed households and female-headed households</li> <li>• In cooperation with municipalities, ensure that the delivery of low-income housing is fast tracked and that new housing units meet all minimum quality and safety standards</li> </ul>

**Table 1: Roles and responsibilities of national and provincial sector departments (cont.)**

Sector department	Objectives	Roles and Responsibilities	
		National Department	Provincial Departments
<b>Land Affairs</b>	To promote access to land and tenure security for vulnerable households	<ul style="list-style-type: none"> <li>• Formulate national legislation, policies and strategies to redistribute land for the sustainable benefit of poor and vulnerable households</li> <li>• Develop measures to promote tenure security for vulnerable households and communities, and to protect the land and inheritance rights of women and children</li> <li>• Devise policies and programmes to reduce gender inequalities in access to land</li> </ul>	<ul style="list-style-type: none"> <li>• Work with national and local government to implement all legislation, policies and strategies</li> <li>• In conjunction with local government stakeholders, facilitate the release of land for social as well as economic development and employment creation uses</li> </ul>
<b>Public Works</b>	To support vulnerable households and communities through public works programmes that provide infrastructure and poverty relief	Formulate and drive a national programme of public works programmes that gives priority to underdeveloped communities and constructs and maintains public infrastructure and maximises opportunities for employment creation and skills transfer	<ul style="list-style-type: none"> <li>• Support municipalities in the implementation of national public works programmes</li> <li>• Encourage the use of local labour, especially from vulnerable households</li> <li>• Target impoverished and female-headed households, as well as the youth, for livelihoods and skills training opportunities</li> </ul>
<b>Agriculture</b>	To promote food security, tenure security and access to livelihood opportunities for vulnerable households,	<ul style="list-style-type: none"> <li>• Formulate national legislation, policies and programmes to support vulnerable households with regard to food and tenure security, and livelihoods opportunities through the</li> </ul>	<ul style="list-style-type: none"> <li>• Work with municipalities and other government departments to implement legislation and policies that promote access to land, food security and livelihoods for vulnerable</li> </ul>





	<p>especially those living with HIV and AIDS</p>	<p>agricultural sector</p> <ul style="list-style-type: none"> <li>• Implement measures to mitigate the impacts of HIV and AIDS on agricultural production and food security, especially amongst small-scale and subsistence farmers</li> <li>• Promote access to agricultural opportunities by women</li> </ul>	<p>households and communities, with a focus on those affected by HIV and AIDS and female-headed households</p>
<p><b>Transport</b></p>	<p>To ensure that all households affected by HIV and AIDS and other vulnerable households have access to health and other social service points and to economic opportunities through roads and other transport infrastructure and accessible, safe and affordable public transport</p>	<p>Develop national legislation and policies to plan, regulate and facilitate the development of an efficient, safe and fully integrated transport system to support government strategies to promote social and economic development</p>	<ul style="list-style-type: none"> <li>• Work with municipalities to develop and maintain transport infrastructure and public transport systems to provide all poor and vulnerable households with access to clinics, hospitals, schools and other social facilities, as well as to economic opportunities</li> <li>• Encourage municipalities to adopt labour intensive approaches in the construction and maintenance of transport infrastructure</li> </ul>

**Table 1: Roles and responsibilities of national and provincial sector departments (cont.)**

Sector department	Objectives	Roles and Responsibilities	
		National Department	Provincial Departments
<b>Water Affairs and Forestry</b>	To ensure that all households and service delivery points (e.g. clinics and hospitals) have access to a supply of safe and affordable water, as well as to hygienic and affordable sanitation	<ul style="list-style-type: none"> <li>• Develop national legislation, policies and strategies to ensure that the Constitutional right of all residents to have access to clean water and sanitation is realised</li> <li>• Bulk water supply</li> <li>• Provide support to municipalities to develop infrastructure and to provide regular free basic water supply to households</li> <li>• In conjunction with municipalities, support the generation of livelihoods for poor households through labour intensive approaches to infrastructure development, as well as the Working for Water Programme to clear alien invasive plants</li> </ul>	<ul style="list-style-type: none"> <li>• Support the District municipalities to provide safe water to households</li> <li>• Support the Water Services Authority (WSA) in complying with water related legislative and regulatory requirements</li> <li>• Regulate and support municipalities in ensuring that drinking water adheres to the quality standards set by DWAF</li> <li>• Assisting municipalities to accelerate the eradication of the bucket system</li> </ul>

#### 4.3 The Role of Districts and Local municipalities

The co-ordination role that is part of the mandate of district municipalities suggests that they have a critical role to perform in co-ordinating engagement between partners within their area of jurisdiction. Below is an overview of the roles and responsibilities of district and local municipalities in the development and governance response to HIV and AIDS. Some of these roles and responsibilities are common, some are joint/shared and others are distinct but mutually supportive.

**Common roles and responsibilities include:**

- Avoiding further infection through effective prevention efforts by challenging the underlying development conditions driving HIV and AIDS in the community;
- Ensuring that the KPAs for developmental local governance in a context of HIV and AIDS are

prioritised;

- Entrenching the HIV and AIDS roles and responsibilities across the municipality by using existing structures and mechanisms;
- Developing and monitoring Key Performance Indicators for officials and councillors that are related to their specific roles in the response to HIV and AIDS; and
- Ensuring an effective response by planning and delivering services associated with those powers and functions each municipality has been authorised to perform.

**In partnership the roles and responsibilities include:**

- Collaboratively deciding how to respond to HIV and AIDS on the basis of the local HIV and AIDS context as well as institutional capacity;
- Collaboratively engaging provincial and national





sector departments to identify institutional arrangements for local level responses in the district area of jurisdiction;

- Obtaining and analysing information and knowledge on the local landscape of HIV and AIDS and its implications for service delivery and governance;
- Identifying the HIV prevalence and incidence within the municipalities and the implications this will have for service delivery and governance capacity; and
- Formulating and implementing responses to HIV and AIDS.

**District municipalities’ specific roles and responsibilities include:**

- Ensuring that HIV and AIDS is effectively mainstreamed in the district IDP;
- Supporting local municipalities’ HIV and AIDS community-level engagement; and
- Co-ordinating the process of engagement between partners in their response to HIV and AIDS in the district area of jurisdiction.

**Local municipalities’ specific roles and responsibilities include:**

- Ensuring that participation mechanisms are sufficiently accessible and sufficiently proactive to enable the community voice of HIV and AIDS to participate in municipal affairs; and
- Co-ordinating community-level processes in respect of HIV and AIDS matters, including facilitating the local voice of HIV and AIDS in local governance and service delivery.

Detailed roles and responsibilities are articulated in **Table 2**

**4.3.1 Operational approach to defining municipal roles**

The operational aspects of planning and implementing the response will vary according to the institutional capacity of municipalities to implement their responses and must reflect the stakeholders and role-players already performing their own roles and responsibilities in response to HIV and AIDS within the municipal area.

The roles of the municipality in the implementation of responses can range from that of a **doer, an enabler/regulator, a co-ordinator/facilitator and a connector.**



**Doer:** The municipality can opt to take responsibility for, and implement, elements of the local response to HIV and AIDS, depending on its institutional and financial capacity. However, municipalities should be wary of taking on roles that do not align with their core mandate but that actually align with the core mandates of other organs of state. Where they opt to do so, this means that those elements of the response that the municipality opts to implement will have to be resourced financially and institutionally. For instance, the municipality can choose to set up and finance workplace HIV surveillance activities as well as a workplace programme that includes access to ART for employees of the municipality and their household members. Similarly, it could employ community-based peer educators and counsellors as a prevention intervention.

**Enabler/regulator:** The municipality can decide to enable others to participate in the local response to HIV and AIDS as part of its regulatory and other functions. For instance, where the municipality owns empty buildings it could make those available to CBOs and NGOs providing services to affected communities. Similarly, the municipality could set up a special purpose institutional vehicle to channel funding for CBOs and NGOs. In addition, through its regulatory roles, the municipality develops and implements bylaws, such as street trading or cemetery by-laws which have a direct impact on the livelihoods of infected and affected people within the municipal area.

**Coordinator/facilitator:** The municipality can opt to co-ordinate the activities to be undertaken by other role-players, such as provincial and national government departments, NGOs, CBOs, traditional authorities and the private sector. Municipalities have a responsibility for ensuring that services are provided to communities that require them. This means that they can identify where there is an over-supply of services, such as home-and community-based care, and areas that are facing service gaps. The Framework developed by the **dplg** on Intergovernmental Relations gives practical guidance to how such integration and co-ordination outcomes can be achieved on the basis of the IDP and agreements.

**Connector:** The municipality can opt to act as a connector by linking up demand-side stakeholders to service providers. For instance, the municipality can act as a referral point for employees and members of the community to access VCT and ARV treatment at sites operated by the Department of Health. Similarly, it could link up persons eligible for state grants and subsidies to the relevant institutions.

*If HIV and AIDS is truly mainstreamed in the IDP, all the projects, plans and programmes should be strategically geared to contribute to the municipal response and a separate HIV budget line item, will not be necessary*

**Budgeting to reflect the municipal response to HIV and AIDS in the municipal budget should consider the following:**

- An appropriate benchmark of mainstreaming is to prioritise municipal expenditure to support measures that alleviate socio-economic vulnerability and enhance workplace wellness;
- Operational and institutional gearing for HIV and AIDS may have budgeting implications which should be reflected in the municipal budget; and
- Where service gaps are identified which are not and cannot be met by role-players other than the municipality, or where the provision of services would be enhanced by municipal support to the organisations providing such services, direct municipal financial contributions (or support interventions with capital or operational expenditure implications) can be envisaged. For this purpose, national and provincial HIV and AIDS funding streams must be drawn upon.

**Performance management to track progress, outputs and outcomes of HIV and AIDS mainstreaming and/or core-streaming must ensure that:**

- The IDP's Performance Management System tracks the

performance of municipal contributions to the local response to HIV and AIDS;

- Existing indicators related to vulnerability are used to monitor the performance of HIV and AIDS specific trends and interventions, alongside indicators of prevalence and incidence collected from health services role-players.

#### 4.3.2 Roles and responsibilities of municipal officials and councillors

It is critical that the roles and responsibilities of officials and councillors with regard to managing the local response to HIV and AIDS are clearly defined and implemented. Table 2 below sets out key roles and responsibilities for specific officials and councillors within municipalities.

Many municipalities are currently faced with extremely challenging financial and institutional capacity limitations. These municipalities must focus their efforts on ensuring that those whose core mandate it is to provide the services and infrastructure related to HIV and AIDS-specific activities do so. This requires a partnership-orientated approach to development planning and implementation. Potential partners include national and provincial sector departments, private sector, interest group, NGOs, CBOs, FBOs, PLWHAs, traditional leaders, parastatals, research institutions.

The nature of partnerships cannot be predetermined unilaterally. It must be developed as part of integrated planning and implementation to suit the situation and institutional context on the ground. The definition of institutional arrangements in respect of roles and responsibilities of partners in the response to HIV and AIDS needs to take place through a process of engagement amongst partners.





<b>Table 2: Roles and responsibilities of municipal officials and councillors</b>	
<b>Role-players</b>	<b>Roles and Responsibilities</b>
<b>Executive Mayor/ Executive Committee</b>	Leads the HIV and AIDS agenda throughout the municipality Ensures that the positions to drive the agenda are filled and function effectively
<b>Council Speaker</b>	Ensures that ward councillors champion HIV and AIDS in their wards
<b>Portfolio councillors</b>	Champion HIV and AIDS in their portfolios
<b>Portfolio councillor responsible for HIV and AIDS</b>	Champions HIV and AIDS programming with support from the HIV and AIDS Co-ordinator
<b>Ward councillors</b>	Champion HIV and AIDS in the ward with support from ward committees
<b>Municipal manager</b>	Ensures municipal plans, programmes and projects mainstream HIV and AIDS Ensures that programming activities cover both the workplace and the community dimensions of HIV and AIDS
<b>Line function heads</b>	Ensure sector plans, programmes and projects mainstream HIV and AIDS
<b>IDP manager</b>	Ensures that: <ul style="list-style-type: none"> <li>• The IDP process plan and Framework adequately caters for the voices of HIV and AIDS to be heard in the IDP process;</li> <li>• The various components of the IDP mainstream HIV and AIDS; and</li> <li>• HIV and AIDS are mainstreamed through the implementation and monitoring of the IDP</li> </ul>
<b>IDP Steering Committee</b>	Ensures that the strategic thrust and operational components of the IDP appropriately mainstream HIV and AIDS
<b>IDP Representative Forum members</b>	Ensure that the interest-groups, communities and stakeholders they represent are able to consider and express their respective concerns in respect of HIV and AIDS

The roles and responsibilities for HIV and AIDS-specific role-players (such as an HIV and AIDS Co-ordinator and an AIDS Council as a sub-

committee of the IDP Steering Committee) must be given adequate authority and capability within the municipal institution.

#### 4.3.3 Terms of Reference for municipal HIV and AIDS role-players

##### (a) Municipal HIV and AIDS Co-ordinator

- Acts as a “project manager” for the HIV and AIDS Council (sub-committee of the IDP Steering Committee);
- Takes primary responsibility for compiling, analysing and disseminating information related to HIV, AIDS and development in the municipal area of jurisdiction;
- Takes primary responsibility for consolidating HIV and AIDS-specific project proposals and programmes as part of the IDP process;
- Undertakes the day-to-day management of municipality-led HIV and AIDS-specific activities and engagement with non-municipal HIV and AIDS role-players;
- Engages with line-function heads and portfolio councillors to ensure that line-function contributions to the municipal response to HIV and AIDS are responsive to local needs;
- Ensures that HIV and AIDS monitoring and evaluation activities within the municipality are being implemented
- Reports to:
  - The Executive Mayor/Committee on the requirements for political support to the HIV, AIDS and development agenda;
  - The municipal manager on the performance of municipality-led HIV programming activities and engagement with non-municipal HIV and AIDS role-players;
  - The IDP manager on the technical soundness of the strategic and operational aspects of the HIV programming interventions in the IDP.

##### (b) Local/District HIV and AIDS Council

This Council should be set up as a sub-committee of the IDP Steering Committee with delegated authority for HIV and AIDS matters. If it is not suitable to set up a sub-committee, the IDP manager must ensure that HIV and AIDS matters are clearly added to the mandate of both the IDP Steering Committee and the IDP Representative Forum. If an AIDS Council has already been set up and is operational, it would be important to link the Council to the IDP Steering Committee and to ensure that the composition of the Council is appropriate.

The roles and responsibilities of the Local/District AIDS Council are to:

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

##### (c) Community-based structures and processes

Community forums, such as water or land forums, can be facilitated and supported by the municipality. Similarly, a dedicated HIV and AIDS community forum should be set up to bring together PLWHAs, affected persons and existing HIV and AIDS service providers, such as CBOs, FBOs and NGOs to:

- Facilitate partnerships between service providers and with other stakeholders and role-players;
- Minimise duplication and competition between service providers;
- Identify gaps in services;
- Support capacity building at the community level; and
- Inform the work of the AIDS Council, in its planning, implementation, as well as monitoring and evaluation activities.

**Ward Committee members are allocated distinct portfolios.** If the ward committees in the municipality do not already include an HIV and AIDS portfolio it would be important to ensure that they do so. Ward Committees should also facilitate the gathering of planning information to inform the IDP process about existing services, assess gaps in service delivery and work with CBOs and the municipality to fill those gaps, thereby increasing access to services. The chairperson of the ward committee, the ward councillor, also plays a role in supporting the development and expansion of community services for infected and affected residents.

##### Traditional Leaders

Traditional leadership are institutionalized in terms of the new legislation i.e., Traditional Leadership and





Governance Framework Act of 2003 and the Communal Land Rights Act of 2004. The roles and responsibilities of traditional leaders amongst others are to:

- Promote socio-economic development by facilitating service delivery for those infected and affected
- Preserve of the moral fibre and regeneration of society
- Promote traditional practices which promote the prevention of HIV and AIDS
- Preserve the culture and tradition of the community and contribute to nation building

- Be the voice of the communities in the promotion of freedom and human dignity, achievement of equality for those infected and affected
- Coordinate and promote a sound relationship and partnership between the institution and different spheres of government in policy development and implementation

**4.3.4 Roles and responsibilities of other municipal stakeholders in HIV and AIDS**

Table 3 below provides some ideas to inform the development of Key Performance Indicators for some of the key line functions in the municipality<sup>25 & 26:</sup>

<b>Table 3: Roles of municipal departments in HIV and AIDS responses</b>	
<b>Line function</b>	<b>Role in the response to HIV and AIDS</b>
<b>Cemeteries and Parks</b>	<ul style="list-style-type: none"> <li>• Monitor and assess the demand and supply of burial sites</li> <li>• Integrate cemeteries into the open space system</li> <li>• Monitor and take action to address practices of informal burial</li> <li>• Engage with leaders in the community about how to reduce the costs and land pressures of burials</li> <li>• Facilitate subsidised access to burial services</li> <li>• Make information available about alternative methods of disposal of human remains (such as cremation, mausoleums and family graves)</li> <li>• Avail and effectively use parks and recreational spaces for prevention and awareness programmes.</li> <li>• Ensure that vegetation is cleared or maintained in areas that might pose a security risk, especially to women and children</li> <li>• Erect signs with HIV and AIDS awareness messages in parks and recreational areas</li> </ul>
<b>Community services</b>	<ul style="list-style-type: none"> <li>• Working with the Education Department, ensure that a life skills programme is part of in and out of school activities and includes education on gender, sexual and reproductive rights issues</li> <li>• Engage education and social development role-players to ensure that orphans are not kept out of school because of fees or a lack of money to pay for uniforms or books, or because they have to care for siblings</li> <li>• Facilitate access to male and female condoms for the youth (e.g. place condom dispensers at all municipal sports and recreational facilities)</li> <li>• Work together with social workers, NGOs, FBOs and CBOs to facilitate access to healthcare, nutrition and care for the homeless</li> </ul>

**Table 3: Roles of municipal departments in HIV and AIDS responses (cont.)**

Line function	Role in the response to HIV and AIDS
<p><b>Community services (cont.)</b></p>	<p>and destitute, as well as orphans and vulnerable children</p> <ul style="list-style-type: none"> <li>• Ensure that those who are responsible for providing male and female condoms, VCT services, PMTCT services and ART make such services accessible throughout the municipal area</li> <li>• Working together with social workers, NGOs and CBOs, the SAPS, traditional leadership structures as well as ward councillors, to support women in situations of abuse and to promote gender transformation in the community</li> <li>• Establish support networks and mobilise resources for care-givers, especially the elderly, who may be left to care for sick family members and vulnerable children</li> <li>• In co-operation with the provincial Social Development department, ensure that all persons eligible for social assistance grants and subsidies are receiving them</li> </ul>
<p><b>Corporate services</b></p>	<ul style="list-style-type: none"> <li>• Review all policies and procedures to ensure non-discrimination against staff who may be affected and infected</li> <li>• Assess prevalence and incidence within the municipal workforce</li> <li>• Develop and implement a health and wellness policy and programme</li> <li>• Ensure that all HR policies and systems respond to the implications of HIV and AIDS</li> <li>• Ensure that performance management systems and managers' performance scorecards reflect responsibilities for the response to HIV and AIDS</li> <li>• Monitoring and evaluating of mainstreaming of HIV and AIDS in programmes policies and practices</li> <li>• Apply preferential and targeted procurement processes</li> <li>• Together with the municipal manager, identify critical positions and skills for supporting institutional knowledge management, succession and managing intermittent absenteeism</li> <li>• Ensure both male and female condoms are available in the workplace</li> <li>• Train employees, management and union officials on their HIV and AIDS rights</li> <li>• Ensure that occupational health and human resources personnel have the capacity to encourage openness, acceptance and support for employees who voluntarily disclose their HIV status</li> <li>• Ensure that occupational health personnel have the capacity to implement policies and processes relating to the occupational exposure to HIV, and compensation requirements in the event of occupational infection</li> <li>• Ensure that trainers have the capacity to undertake HIV and AIDS</li> </ul>





	<p>and STI education and prevention programmes</p>
<p><b>Engineering/Technical services</b></p>	<ul style="list-style-type: none"> <li>• Prioritise the provision of basic services (water, sanitation, electricity and solid waste management) in settlements where services are limited or non-existent</li> <li>• Review assumptions about bulk and connector capacity requirements in the light of the various impacts of HIV and AIDS on household size and fluidity</li> <li>• Investigate alternative technologies (including low tech and group-based alternatives) for the provision of water, sanitation, energy and refuse removal, as a means to fast-track access to services in areas where such services are currently non-existent or limited</li> <li>• Ensure that the location of standpipes and toilets does not pose a safety risk to residents, especially women, and that the distances to access these services are minimised</li> <li>• Promote the use of toilet designs and technologies that promote good hygiene and access by those who are sick, as well as their caregivers</li> <li>• Ensure that the management and maintenance of services takes place in a manner such that access and quality are not compromised</li> <li>• Working with the supply chain management unit, incorporate requirements for workplace HIV and AIDS policies and interventions into the eligibility criteria for the award of service delivery and infrastructure development tenders</li> <li>• Place HIV and AIDS awareness messages on refuse bags, bins and skips</li> <li>• Educate households on how to sort solid waste and to use organic waste for compost and food gardening</li> </ul>
<p><b>Environmental Health</b></p>	<ul style="list-style-type: none"> <li>• Working together with engineering services, enable all residents within the municipal area to enjoy the following:             <ul style="list-style-type: none"> <li>• Access to safe, sufficient, reliable and affordable water;</li> <li>• Access to safe and hygienic sanitation;</li> <li>• Air quality that meets acceptable standards ;</li> <li>• Solid waste management.</li> </ul> </li> <li>• Monitor air and water quality, especially in rural areas and informal settlements where access to services is either non-existent or limited</li> <li>• Investigate alternative technologies for improving environmental quality and access to services in settlements where access is either non-existent or limited</li> <li>• Ensure that hazardous medical waste (e.g. needles, swabs or other containers of bodily fluids) produced either in hospitals and/or through home-based care is carefully managed</li> </ul>

**Table 3: Roles of municipal departments in HIV and AIDS responses (cont.)**

Line function	Role in the response to HIV and AIDS
<b>Finance</b>	<ul style="list-style-type: none"> <li>• Working together with the HR manager and the HIV and AIDS Co-ordinator, consider how HIV could impact on the salary burden of the municipal budget</li> <li>• Working with Community Services, investigate how an increase in poor and destitute persons within the municipal area of jurisdiction may affect payment for services and requests for indigent support and, in turn, municipal finances</li> <li>• Develop a strategy to inform the indigent policy in terms of access to services such as water, electricity and burial services</li> <li>• Make systems and procedures for accessing indigent support user-friendly and accessible to the public</li> <li>• Ensure that frontline staff at payment points are sensitized and equipped to deal effectively with requests for indigent support, especially from orphans</li> <li>• Utilise billing for communication about how municipal services respond to HIV and AIDS, and where residents can go for VCT, PMTCT and ART and other relevant services</li> </ul>
<b>Land and Buildings</b>	<ul style="list-style-type: none"> <li>• Make underutilised municipal land and buildings available to community organisations providing HIV and AIDS and community development services at subsidised rate</li> <li>• Effectively utilizing MPCCs, libraries, halls, hostels for HIV and AIDS programmes and services</li> </ul>
<b>LED</b>	<ul style="list-style-type: none"> <li>• Engage employers in the municipal area to find out more about what impacts HIV and AIDS are having on their business and on the local economy</li> <li>• Encourage employers to formulate and implement workplace HIV and AIDS policies and to implement occupational safety measures</li> <li>• Encourage employers to support those infected and affected and promote equity as well as the employment of women,, youth and people with disabilities</li> <li>• Encourage local labour procurement</li> <li>• Consider how to mitigate risk and impact in LED strategies</li> <li>• Assess and implement measures to reduce susceptibility and vulnerability amongst informal and street traders</li> </ul>
<b>Protection and Emergency Services</b>	<ul style="list-style-type: none"> <li>• Working with the South African Police Service and Community Policing Forums to prioritise the prevention of sexual crimes against women and children in order to curb the spread of HIV</li> <li>• Educate residents of informal settlements on how to prevent shack fires and other disasters which will render them vulnerable</li> </ul>





<p><b>Roads and Transport</b></p>	<ul style="list-style-type: none"> <li>• Encourage local labour procurement</li> <li>• Engage provincial and national transport role-players as partners in addressing transport-related high risk areas (such as truck stops)</li> <li>• Through the development of roads and public transport systems, facilitate community members' access to VCT, treatment and care, especially in rural areas or peripheral settlements</li> <li>• Implement measures to promote the safety of community members, especially women and children, using public transport and related infrastructure (e.g. bus shelters and taxi ranks)</li> <li>• Working with the Supply Chain Management unit, incorporate requirements for workplace HIV and AIDS policies and interventions into the eligibility criteria for the award of roads and transport related tenders</li> </ul>
<p><b>Spatial planning, land use management, land development, housing</b></p>	<ul style="list-style-type: none"> <li>• Together with Environmental Health Services, LED and housing role players review land use management by-laws pertaining to informal economic uses and housing to accommodate such practices and consider adopting supportive measures to ensure such activities do not compromise environmental health conditions</li> <li>• Together with cemeteries and parks role-players, investigate the implications of increased mortality rates within the municipal area of jurisdiction and investigate alternative forms of disposal of bodily remains</li> <li>• Identify sites as reception areas for immigrants and new households in the municipal area of jurisdiction</li> <li>• Ensure that informal settlement upgrading or relocation processes do not hinder residents' access to social services, economic opportunities and, in particular, HIV and AIDS specific care and treatment</li> <li>• Ensure that the size, design and quality of new low income housing does not impact negatively on the health, social and economic well-being of residents</li> <li>• Working with the Supply Chain Management unit, incorporate requirements for workplace HIV and AIDS policies and interventions into the eligibility criteria for the award of tenders</li> </ul>

**4.4 Monitoring and evaluation (M&E) of the integrated HIV and AIDS response**

Monitoring and evaluation activities provide information on the extent to which programmes are being implemented and achieving the set objectives. For this reason, every objective should have its own set of monitoring and evaluation indicators. Table 4 below contains service delivery areas and selected indicators that can be implemented at municipality level under national and provincial sector departments. The suggested indicators in Table 4

could be further disaggregated or streamlined to meet local programme and activity needs or serve as a framework for further development of a monitoring and evaluation plan. The respective indicator figures should be collated at least yearly or depending on the duration it takes to complete the particular programme or objective.

Baseline figures are required for the various indicators to help monitor change over time. For accountability purposes the implementation of the monitoring and evaluation plan should be built into all

structures at local level. This includes amongst others AIDS councils, the IDP at the various levels of government. Feedback opportunities such as the LACs, Mayors' Forums, Premier-Mayors' Forums, imbizos, PFMA, MFMA and other national interventions should also be used.

**Table 4: Service delivery areas and selected indicators for response monitoring and evaluation**

Service delivery area	Selected Indicators
<b>Municipal Services</b>	Implementing the indigent policy which includes those infected and affected with HIV and AIDS An indigent register including affected and infected by HIV and AIDS policy Number of policies promoting access to clean and safe water and sanitation facilities
	Number of programmes regulating the quality of water supply
	Number/percentage of vulnerable groups with access to safe water supply and sanitation facilities Land Use Management Systems (LUMS) to consider the impact of HIV and AIDS Secured, safe and effectively managed parks and cemeteries
	Number/percentage of vulnerable populations in need of housing
	Number/percentage of vulnerable populations provided with safe, accessible and affordable housing or housing subsidies Housing policy regarding the protection of OVCs, girl-children, child and youth-headed households infected and affected Number of policies encouraging availability and accessibility to social amenities such as schools, clinics, hospitals, electricity, safe and affordable transport systems and economic opportunities
	Percentage of vulnerable households involved in labour intensive, skill development and employment creation initiative.
	Database of municipal land and buildings that are used effectively for HIV and AIDS programs Numbers of employers within the municipality having HIV and AIDS support programs Numbers of employers within the municipality with workplace programs Percentage of local residents and organizations preferred in procurement





	<p>Number of sustainable and supported informal and street traders especially those affected and infected</p> <p>Number of programs focusing on poverty and vulnerability</p> <p>Effective policies in place regarding the management of waste</p> <p>Effective policies on management of dumping sites</p> <p>Numbers of secured waste management sites</p>
<b>Prevention, treatment, care and support for HIV and AIDS</b>	Number/percentage of health facilities providing comprehensive HIV and AIDS treatment, care and support
	Number/percentage of service providers trained to provide comprehensive treatment and care
	Number of HIV and AIDS awareness programmes
	Prevalence of HIV
	Availability of database providing services on HIV and AIDS
	Number of facilities providing prevention, treatment, and care interventions including PMTCT, VCT and ARV
	Number of businesses and workplaces implementing HIV and AIDS programmes
	Number of condom access points within the municipality facilities
<b>Social support</b>	Number/percentage of municipalities implementing poverty relief and social development programmes
	Number/percentage of vulnerable populations (such as orphans, child-headed households, adolescents, women and indigents) accessing social support such as, grants, food parcels and other emergency aid
	Number of policies and programmes targeting vulnerable populations Database of NGOs, CBOs and FBOs involved in the care of vulnerable groups
	Number of vulnerable individuals and households referred by CDWs to access support services on HIV and AIDS
<b>Land and food security</b>	Number of policies promoting equality and access to land for vulnerable groups
	Number of policies and programmes promoting access to food and tenure security in vulnerable households

**Table 4: Service delivery areas and selected indicators for response monitoring and evaluation (cont.)**

Service delivery area	Selected Indicators
<b>Land and food security (cont.)</b>	Number of policies and capacity building activities and personnel trained to implement policy
	Number of policy documents distributed
	Database of CBO, NGO, FBO and private institutions involved in ensuring proper use of land and food security access support services on HIV and AIDS
<b>Education</b>	Number of policies to protect and provide for vulnerable children and orphans
	Number/percentage of schools with nutrition programme especially for vulnerable children
	Number/percentage of schools implementing life skills on HIV and AIDS education programmes Increase in the number of registered school going children Updated database of vulnerable school going children
<b>Cross-cutting areas</b>	Number of sector specific HIV and AIDS policies and programmes
	Number of civil society organizations and interest groups services in the area of HIV and AIDS
	Participation of people living with HIV and AIDS in policy formulation and programme planning
	Number of programmes and activities against discrimination of persons infected and affected by HIV and AIDS in the community and work-places
	Percentage of budget spent on programme monitoring and evaluation in the area of HIV and AIDS
	Number of public-private and community partnerships in HIV and AIDS response developed





# Support System for Implementing the Framework

## 5 Support System for Implementing the Framework

Support interventions are required to implement the Framework. While many municipalities have not been inactive in the face of HIV and AIDS, gaps in municipal responses and support initiatives exist alongside significant duplication. To overcome this situation, the establishment of a co-ordinated and efficiently and effectively managed support system is needed. Support interventions are required to achieve the following outcome:

Four strategies have been identified to achieve this outcome:

### Strategy 1:

Developing commitment to, and ownership of a common understanding of the development and governance implications of HIV and AIDS;

### Strategy 2:

Enabling all role-players involved in development and governance to perform their respective roles and responsibilities in a mutually supportive way in line with the Intergovernmental Relations Framework;

### Strategy 3:

Supporting municipalities to perform their specific roles and responsibilities in response to HIV and AIDS in a sectorally integrated manner;

### Strategy 4:

Strengthening abilities of municipalities to co-ordinate responses to HIV and AIDS at the local level.

*Interested, affected and responsible role-players should perform their respective roles and responsibilities effectively and efficiently in local level development and governance responses to HIV and AIDS in Partnership.*

departments as well as the provincial and local government sphere.

### **Support interventions need to cover the range of development and governance role-players and stakeholders, including but not limited to municipalities**

Development and governance responses to HIV and AIDS require leadership, ownership and differentiated technical competences. Each stakeholder and role-player must buy into and be clear about their specific roles and responsibilities. Ongoing attention will need to be given to mobilising national, provincial and municipal role-players and stakeholders around the Framework.

The implementation of the strategies is intended to reach all role-players involved in development and governance. It is therefore not intended to be limited to municipal role-players and stakeholders, but will need to cover the three spheres of government.

### **Support interventions must align with the specific roles and responsibilities in the development and governance response to HIV and AIDS at the district municipality level**

At the municipal level, specifying the nature of support interventions must align with the

specific institutional arrangements pertaining to the response to HIV and AIDS in the district. Because of the different HIV and AIDS landscapes and institutional capacities across the country, these may differ from municipality to another. Accordingly, whereas broad roles and responsibilities have been outlined in the Framework, the specification of operational arrangements for carrying out these roles and responsibilities amongst partners should occur at the district level. Institutional arrangements for development and governance responses to HIV and AIDS must be specified through engagement between development role-players and stakeholders at the district level. This engagement must resolve:

### 5.1 Approach to defining the support system

Support interventions must:

- Cover the range of development and governance role-players and stakeholders, including but not limited to municipalities;
- Align with the specific roles and responsibilities in the development and governance response to HIV and AIDS at the district municipality level;
- Be undertaken through an incremental process that builds on strengths and existing initiatives;
- Be a shared responsibility of **the dplg**, sector
- What the development and governance response should be for each district ;
- What specific contributions each role-player and stakeholder will make towards implementing this



- response; and
- What the required support interventions to enable each role-player and stakeholder to perform their respective roles and responsibilities are.

**Scaling up support interventions must be an incremental process that builds on strengths and existing initiatives**

To ensure that the programme builds on strengths on a progressive basis, roll-out should occur on an incremental basis. Support interventions have already been piloted and experimented through a range of initiatives and at limited scale. In terms of the implementation of the support programme, the principle of incrementalism means that the experience of co-ordination and scaling-up over time. In the first year, it is proposed that approximately 30% of district municipalities would be reached, and that nation-wide roll-out would take place over a period of four years.

The selection of the 30% of district municipalities (inclusive of local municipalities) should consider the following:

- All provinces should be represented;
- Different development and institutional profiles should be included to enable lessons to be shared which can inform nation-wide roll-out; and
- The range of HIV and AIDS landscapes (in terms of prevalence and incidence levels) should be included, again to support the sharing of lessons from practice.

Although in the beginning of the process **the dplg** will mobilise financial resources to enable the implementation of the support system, over time sector departments, provincial and municipal sphere will have to increasingly share this responsibility.

**5.2 Programme Activities**

On the basis of the principles outlined above, a set of implementation activities has been identified to realise the strategies. These include both once-off as well as ongoing activities as follows:

- **Activity 1:** Supporting the status of the Framework;
- **Activity 2:** Gearing up and sustaining institutional capacity to implement the support system
- **Activity 3:** Adapting and packaging the Framework for targeted readerships

- **Activity 4:** Mainstreaming of HIV and AIDS into dplg policies and programmes
- **Activity 5:** Preparing for district consultations and deployment of support
- **Activity 6:** Implementing support interventions as per business plans
- **Activity 7:** Management, monitoring, evaluation and review

**Activity 1: Supporting the status of the Framework at the National level**

The Framework currently captures **the dplg's** understanding of what development and governance responses are about and what this implies for the specific contributions of various development and governance role-players and stakeholders. This understanding has been developed in partnership with key role-players and stakeholders including some national and provincial sector departments, SALGA, the SACN, and some municipalities. Nevertheless ongoing sensitization and mobilization around the Framework will be required. This will include supporting its status nationally and through the media. For this purpose, it is expected that:

- The Framework is endorsed and launched;
- Engagement with provincial and national sector departments will continue around the Framework,
- Media role-players in development and governance be galvanized to provide practical support to the Framework;
- There will be engagement with donor organizations and other stakeholders to leverage support for the successful implementation of the support system.

**Activity 2: Gearing up and sustaining institutional capacity to implement the support system**

Implementing the support system will require some level of institutional gearing and strategic management. For this purpose, the following structures have been proposed:

- A Steering Committee to oversee and lead programme orientation and implementation;
- A Task Team, comprising provincial and national technical advisors responsible for hands-on implementation and reporting to the Steering

Committee;

- Provincial Stakeholder Forums comprising of both municipal and provincial officials and politicians responsible for informing the definition and performance assessment of support interventions in each province.

To implement the support system, technical expertise will have to be mobilised and equipped to act as hands-on support providers. Three levels of technical support have been identified:

- National Technical Advisors (NTAs) acting as a technical secretariat to the Steering Committee, co-ordinating the activities of Provincial Technical Advisors and responsible for carrying out national-level support interventions as specified in an annual business plan, and facilitating horizontal learning between provinces;
- Provincial Technical Advisors (PTAs) acting as co-ordinators of municipal-level support interventions and responsible for carrying out provincial-wide support interventions as specified in an annual business plan, as well as providing opportunities for horizontal learning between municipalities and provincial sector departments; and
- Ad hoc support capacity, to be mobilised on an ad hoc basis to perform specialized and expert services.

This institutional gearing process will entail procurement and organizational development and management processes (including the development of terms of reference for the various structures and types of support capacity, management and administrative support, as well as orientation and training).

In year one to four, it is expected that the costs of gearing and sustaining support capacity will primarily be borne by **the dplg**. However, from year four onwards, a sizeable proportion of these costs, primarily those related to the Provincial Technical Advisors, should be borne by the provincial sphere.

### **Activity 3: Adapting the Framework and packaging**

This activity entails developing and making available targeted Framework information to different stakeholders and role-players, to enable each to

understand their specific stake and role in development and governance responses to HIV and AIDS.

This information would cover and adapt those contents of the Framework that are specifically aligned to stakeholders and role-players.

The packaging exercise would ensure that both the content and the format of the documents being produced are adapted to each readership profile and needs, including translation into different languages to support accessibility to ward committee members.

### **Activity 4: Mainstreaming of HIV and AIDS into Policies and Programmes**

**Local Government** has a key role to play in contribution to the support system, in ensuring that its policies and programmes are HIV competent. For this purpose it is expected that engagement will take place with each programme manager to clarify opportunities for mainstreaming. This will then lead to a capacity building initiative to further specify mainstreaming implications for each programme as well as performance indicators associated with mainstreaming into each programme. As part of this process, it is expected that a cadre of departmental resource persons will be sensitised to, and familiarised with, the Framework's approach so that they are able to support the roll-out of the Framework. These resources will accordingly become valuable for the implementation of the support system.

### **Activity 5: Preparing for district-level engagement and deployment of support**

The implementation approach of this programme is based on the principle that support interventions should align with the specific municipal and provincial context as well as existing support interventions. In addition, the definition of support interventions should be formulated on the basis of clarified institutional arrangements for each district.

#### **Among some of the key steps in this process are:**

1. The development of generic institutional arrangements, support models, interventions as well as a generic business plan preparation tool;
2. The identification, orientation and briefing of provincial resource persons to support the district level engagements;





3. Call for expressions of interest and screening of service providers to establish a roster of ad-hoc support capacity;
4. Distribution of the Framework through capacity building processes;
5. Collate and package local-level information on the specific HIV landscape in each municipal area and institutional capabilities to implement potential responses;
6. Finalisation of generic support interventions, institutional models and development of generic business plan preparation tools;
7. Training of resource persons at district-level ;
8. District-level engagement, including orientation of municipal-level role-players on the development and governance implications of HIV and AIDS for local government roles and responsibilities, engagement between role-players around the definition of institutional arrangements in the district (inclusive of municipal role-players,

provinces, donors, national sector departments), orientation on the types of support interventions and business plan preparation process;

9. Screening, consolidation and verification of business plans by NTAs and PTAs to develop distinct national, provincial and district business plans, specifying support interventions for each level.

**Activity 6: Implementing support interventions as per business plans**

On the basis of the national, provincial and district business plans, support interventions will be implemented (Table 5). The nature of the support interventions should be focused on process-type initiatives, not infrastructure, goods or equipment.

The Table below clarifies the nature of the support interventions envisaged at this stage and indications of the level at which such interventions should be undertaken.

**Table 5: Support interventions for the implementation of the Framework**

Item		Municipal business plan	Provincial business plan	National business plan
Training	Councillors	X		
	Planning and strategic management and implementation levels	X	X	X
	Sector specialists			X
	Community participation	X	X	X
Monitoring, evaluation and feed back	Roles and responsibilities performance	X	X	X
	Extent of programme implementation and actualization of objectives	X	X	X
Research	Local landscape of HIV and AIDS	X	X	X
	Workplace prevalence	X	X	
Interpretation of local landscape and workplace HIV knowledge	Sector-based implications of HIV and AIDS		X	X

Table 5: Support interventions for the implementation of the Framework (cont.)				
Item		Municipal business plan	Provincial business plan	National business plan
	Implications for strategic priorities	X	X	
	Implications for operational /implementation practices	X		
Supporting local voices of HIV and AIDS	Embedding the voices of HIV and AIDS across the municipality (role-players, structures, processes)	X		
	Mobilisation and capacity building of the infected and affected to engage with the municipality	X	X	
	Sector departments	X	X	
Supporting performance management of municipalities	Generic indicators		X	X
	Measuring performance and disseminating good practice		X	X
Supporting workplace responses to HIV and AIDS	HR management/training	X	X	X
	Dissemination of guidelines		X	X

**Activity 7: Management, monitoring, evaluation and review**

Monitoring and evaluation activities should be a core aid to implementation management. In addition, to align with the incremental principle outlined above, monitoring and evaluation will be particularly important in year one to enable review. Specific components of this activity include:

- The development of detailed indicators, mechanisms and tools for the programme;
- Adjustment of detailed indicators, mechanisms and tools for the programme on the basis of district, provincial and national business plans;
- Provincial-wide Municipal Stakeholder Forum meetings to initiate roll-out, enable horizontal learning and oversee progress (meetings to be held every two months for first 6 months and every 3 months subsequently);
- Monthly meetings between PTAs and NTAs to compile provincial progress reports and for

troubleshooting;

- Compilation of quarterly consolidated national progress reports for submission to the Steering Committee;
- Annual assessment and programme review
- Yearly national workshop with municipalities and sectors to facilitate horizontal and vertical learning and support M&E activities.

**Institutional arrangements**

The implementation of the Framework will require institutional arrangements to be geared up and sustained. The institutional arrangements will need to fulfil the following requirements:

- The programme needs to be led strategically and in partnership with representatives of key stakeholders;
- Reporting mechanisms must ensure accountability and transparency in terms of how resources are utilised, the outputs generated and





- outcomes achieved (over and beyond the provisions made in the programme for financial accounting and auditing); should be documented and reported on;
- Implementation management and technical capacity must be mobilised and sustained to undertake programme implementation nationally and in the provinces;
  - Technical expertise must be sourced that aligns with the specific support needs as reflected in the business plans;

Horizontal and vertical learning must be encouraged through appropriate platforms which can also serve as participatory mechanisms for informing programme implementation, assessment, evaluation and review.

The structures proposed include:

- A Steering Committee, overseeing and leading programme orientation and implementation;
- A Task Team comprising Provincial and National Technical Advisors responsible for hands on implementation and reporting to the Steering Committee;
- Provincial Stakeholder Forums comprising both municipal and provincial officials and politicians responsible for informing the definition and performance assessment of support interventions in each province.

The composition and roles of these structures are outlined in table 6 below:

<b>Structure</b>	<b>Composition</b>	<b>Roles</b>
<b>Steering Committee</b>	<p>Chaired by: dplg Equity and Development Chief Directorate</p> <p>5 core sector departments (Health, Social Development, Water Affairs and Forestry, Agriculture and Public Service and Administration 9 Provincial DLG SALGA SACN</p> <p>Meets quarterly Reports to <b>dplg</b> Executive Committee</p>	<p>Provide strategic direction to programme definition and implementation Liaise with donors Monitor progress and impact of the programme at national scale Facilitate buy in and participation of national and provincial sector departments Strategic oversight of the Task Team Financial accounting oversight</p>
<b>Task Team</b>	<p>Chaired by: Equity and Development Directorate</p> <p>National Technical Advisors Provincial Technical Advisors Administrative and co-ordination support</p> <p>Meets bi-monthly Reports to National Steering Committee</p> <p>Donors (if and when necessary)</p>	<p>Undertaking technical hands on management of programme implementation Support municipal business plan preparation process Undertake provincial and national business plan preparation Implement support interventions as per own business plan Secretariat to the Steering Committee Oversight of service providers Provide technical support to municipalities on a generic basis Liaison with district and local municipalities Liaison and co-ordination with dplg programmes</p>

Table 6: Composition and roles of structures for the implementation of the Framework		
<b>Task Team (cont.)</b>		Compile monthly and quarterly M & E reports to National Steering Committee Facilitate national conference and quarterly Provincial Forums meetings Facilitate programme implementation auditing
<b>Support resources</b>	Roster of orientated and competent resource institutions and persons (from within government, academic institutions, research institutions, Civil Society Organisation, NGO's, consultancies)	Mobilised to meet the implementation of specific tasks provided for in the national, provincial and municipal business plans.

This Framework is guided by the National Strategic Plan for HIV & AIDS and STI Strategic Plan for South Africa 2007 – 2011. The successful implementation of the programme depends on a strong partnership across all spheres of government, civil society, development agencies, business and other stakeholders.

“We shall all ensure that we improve significantly and implement a plan we commit ourselves to.” Deputy President Mlambo-Ngcuka pledging at the conference unveiling of the HIV and AIDS and STI strategic plan for South Africa (2007-2011) in April 2007.





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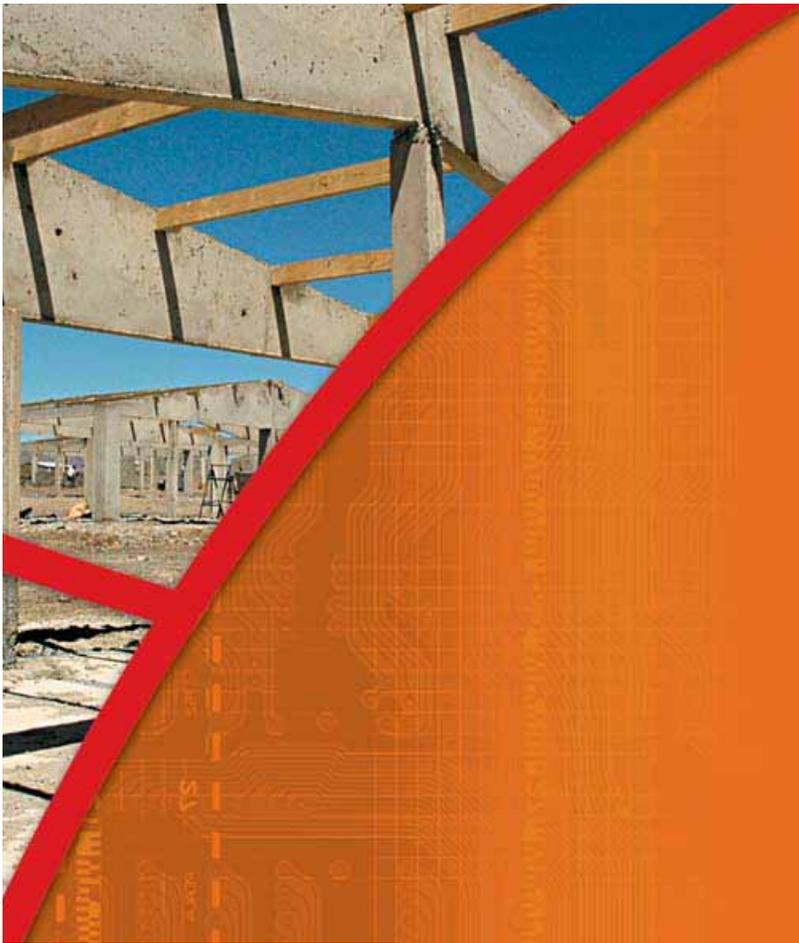
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