

**LOGO SOUTH THEMATIC
PROGRAMME HIV/ AIDS**

Thematic Programme

The Hague, June 2006

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1. LOGO SOUTH THEMATIC PROGRAMME HIV/AIDS

1.1 Introduction and background

HIV/AIDS is one of biggest threats in the world. According to the United Nations the leading cause of death in sub-Saharan Africa is HIV/AIDS, in the rest of the world it is the fourth killer.

Sub-Saharan African has the largest and fastest growing HIV/AIDS pandemic in the world (70% of all HIV/AIDS infected live in this area) but in other regions, including the Soviet Union States (Russia, Ukraine) and South Asia, the HIV/AIDS prevalence rate is increasing rapidly as well.

1.2 HIV/AIDS statistics

Number of people living with HIV in 2004	Total	39.4 million
	Adults	37.2 million
	Women	17.6 million
	Children under 15 years	2.2 million
People newly infected with HIV in 2004	Total	4.9 million
	Adults	4.3 million
	Children under 15 years	640 000
AIDS deaths in 2004	Total	3.1 million
	Adults	2.6 million
	Children under 15 years	510 000

Source: UNAIDS (2004) AIDS epidemic update December 2004

1.3 HIV/AIDS infections per region

Sub-Saharan Africa	25.4 million
South and South-East Asia	7.1 million
Latin America	1.7 million
Eastern Europe and Central Asia	1.4 million
East Asia	1.1 million
North America	1.0 million
Western Europe	610 000
North Africa and Middle East	540 000
Caribbean	440 000
Oceania	35 000

Source: UNAIDS (2004) AIDS epidemic update December 2004

HIV/AIDS should not only be seen as a disease that is threatening the health of people. It also has major social, cultural and economic impacts because of its large scale. At the end of 2004 more than 40 million people were infected with the virus and the numbers are still increasing. The AIDS pandemic is threatening human welfare and social stability. It intensifies the gap between rich and poor and deepens the cycle of poverty already present in the affected countries.

It impacts negatively on various sectors like economic development, education, welfare spending, health and labour¹. The HIV/AIDS pandemic is one of the most urgent health, welfare and socio-economic challenges in the world. Therefore it can not be ignored anymore and should be a focal point for cooperation and support in international development cooperation from all government levels.

Over the last few years HIV/AIDS has become already a focal point in several twinning relation projects between Dutch municipalities and their Southern African counterparts. VNG International, via the Local Government International Capacity Building Programme South (LOGO South), funds many of these projects and assists the Dutch municipalities in the project formulation and implementation. Starting in 2005, HIV/AIDS will become an official thematic area within LOGO South, thereby enabling VNG International to offer more tailor made advice to twinning partners who cooperate in this field.

¹ Department of Social Development 2002. Documenting HIV/AIDS case studies in South Africa volume 1.

2. HIV/AIDS, POVERTY AND DEVELOPMENT

HIV/AIDS is impacting on many aspects of life and development. This chapter gives a number of examples of how HIV/AIDS is impacting on the social and economic development of people. This chapter shows that HIV/AIDS is not only a health issue. HIV/AIDS impacts on all sectors and communities.

HIV/AIDS hits hard in areas that are still underdeveloped. In many developing countries there is no welfare system in place and the delivery of health services is still poorly managed because of a lack of skilled personnel, poor health infrastructure, poor information structure and lack of the basic elements of good health like adequate food supplies and clean water².

Millennium Development goals

The United Nations has made the combat against HIV/AIDS one of its millennium development goals. Goal 6 of the United Nations Millennium Goals is: combat HIV/AIDS, malaria and other diseases. The target for 2015 is: halt and begin to reverse the spread of HIV/AIDS and the incidences of malaria and other disease.

While efforts are made to combat HIV/AIDS, the pandemic will at the same time impact on other millennium goals like eradication of extreme poverty and hunger and achieve universal primary education. This chapter will explain how HIV/AIDS can impact on these issues.

2.1 HIV/AIDS and poverty

HIV/AIDS and poverty are closely related to each other. The poor are disproportionately affected by HIV/AIDS. A lack of access to basic services as electricity, potable water, refuse removal and proper sanitation are directly related to the high prevalence rates of preventable diseases, such as diarrhoea, TB and other respiratory diseases³.

In some countries, conservative estimates indicate that the number of people living in poverty has already increased by 55 as a result of HIV/AIDS⁴.

HIV/AIDS and unemployment

HIV/AIDS is affecting the unemployed and under-employed the most. People have to pay (increasing) costs for care and will eventually lose their income since they will be less able to work. This is especially true among families living in informal settlements who have limited access to secure livelihoods, healthcare and information.

Poor people are forced into high-risk survival strategies (such as commercial sex work), through which AIDS pushes people deeper into poverty as households lose their breadwinners to the disease⁵.

² Kelly 2003

³ Van Rensburg et al. 2002 Strengthening local government and civic responses to the HIV/AIDS epidemic in South Africa. A study commissioned by the Ford Foundation to inform its Sexual and Reproductive Health Programme for South Africa. Centre for Health Systems Research & Development

⁴ UNAIDS 2001 HIV/AIDS and development. http://www.unaids.org/fact_sheets/index.html

HIV/AIDS and food

According to Barnett and Whiteside⁶ HIV infected people have higher nutritional requirements, particularly with regard to protein and energy. Many poor people are already malnourished before they get infected. HIV infected people have a higher life expectancy and are more likely to resist opportunistic infections when they are well nourished. Also HIV infected people need food to take Anti Retro Virals (ARV) as these drugs cannot be taken on an empty stomach.

2.2 HIV/AIDS and development

'Development is about hope for the future and changing social and economic trajectories for the better'⁷. HIV/AIDS can put a halt to the achievements of years of hard work in many developing countries.

HIV/AIDS and demographic changes

HIV/AIDS is reshaping the demographic structure in developing countries through the increased mortality of young adults and the lower fertility of young HIV infected females who die before completing their expected period of fertility⁸.

In South Africa for example in 2000 AIDS probably accounted for 25% of all deaths. It was the single biggest cause of death. Life expectancy is expected to drop from 60 years in 1998 to 40 years in 2008 in South Africa⁹. AIDS will have the greatest impact on people in the age group birth to 9 years, and 30 to 44 years. HIV/AIDS is cutting away the middle generation of society.

HIV/AIDS and families

HIV/AIDS hits the families and communities the hardest. It is disruptive for families because HIV/AIDS causes them to fall apart or review the relationships between the family members. This has social and economic consequences. The family heads lose their income and at the same time the need for basic material increases. The family is the foundation of the community¹⁰. AIDS-affected households tend to be poorer, consuming less food with smaller disposable incomes.

HIV/AIDS and orphans

HIV/AIDS will break down family structures since the heads of the households are the most vulnerable to HIV/AIDS infection. According to UNAIDS¹¹ about 2% of all children in developing countries were orphans before the AIDS pandemic. By 1997 the amount of children with one or both parents dead had risen to 7% in many countries and in some countries it even reached the level of 11%. In South Africa the number of orphans is likely to peak at around 2015.

⁵ Van Rensburg et al. 2002. Strengthening local government and civic responses to the HIV/AIDS epidemic in South Africa. A study commissioned by the Ford Foundation to inform its Sexual and Reproductive Health Programme for South Africa. Centre for Health Systems Research & Development

⁶ Barnett and Whiteside 2002. AIDS in the Twenty-first century. Disease and globalization.

⁷ Barnett and Whiteside 2002. AIDS in the Twenty-first century. Disease and globalization.

⁸ Department of Social Development 2002

⁹ Department of Social Development 2002

¹⁰ Department of Social Development 2003

¹¹ UNAIDS 2000 Report on the global HIV/AIDS epidemic (June) (see Barnett and Whiteside)

There will be around 5.7 million South African children who have lost one or both parents¹². Sometimes children are sent to extended family members to be looked after or become heads of households at a very young age. Many of these children are forced to leave school because they do not have financial support or because they become responsible for the household or income-earning work. The orphans run greater risks of social exclusion and of abuse and exploitation¹³

HIV/AIDS and gender

Worldwide, the proportion of women who are living with HIV/AIDS has been steadily increasing over the past few years. In 1997, 41% of all infected adults were women; in 2001 this number had increased to 48%¹⁴ In Sub-Saharan Africa more women than men are infected with HIV. Women also get infected with HIV at a younger age¹⁵.

Women's inferior position in tradition and law in various countries makes them more vulnerable to HIV. As a result of inequalities in relationships some women live in conditions of poverty, patriarchy and violence, which makes them powerless to HIV/AIDS¹⁶. Some women are not in the position to negotiate about safe sex or prevent their husbands/boyfriends from having multiple partners. For some other women sex is a way to making money or to get what they want. Some girls become part of the commercial sex industry, other women have multiple boyfriends in return for necessities.

HIV/AIDS and education

More children will miss out on education because of HIV/AIDS. Once children are orphaned their chance of education becomes less¹⁷. Enrolment in primary education also decreases because parents cannot afford to send their children to school. It will therefore more difficult to achieve the second Millennium Development Goal of the United Nations, namely to achieve universal primary education.

At the same time education can be a powerful tool for HIV/AIDS prevention.

By educating the youth on the consequences and dangers of having unsafe sex at an early stage, more people will become aware of the HIV/AIDS threat.

HIV/AIDS and economy

Most people who die of AIDS are between the age of 20-45. This is supposed to be the economically years of people. Most of the people between these ages are workers and are therefore important for the economy of the country. The HIV/AIDS pandemic will have consequences for the development of the countries with high prevalence rates. It can reduce the growth of national income by up to a third in countries with adult prevalence rates of 10%¹⁸.

¹² MRC 2001. The impact of AIDS on orphanhood in South Africa: a quantitative analysis. *Care monograph No. 4*, Pretoria.

¹³ Barnett and Whiteside 2002

¹⁴ UNAIDS 2002 Epidemic update December 2001

¹⁵ Department of Social Development 2003

¹⁶ Van Rensburg et al. 2002. Strengthening local government and civic responses to the HIV/AIDS epidemic in South Africa. A study commissioned by the Ford Foundation to inform its Sexual and Reproductive Health Programme for South Africa. Centre for Health Systems Research & Development

¹⁷ Barnett and Whiteside 2002

¹⁸ Department of Social Development 2002

2.3 HIV/AIDS not a priority

There are many factors why HIV/AIDS is still not seen as a priority.

Reasons why HIV/AIDS might not be regarded as a priority¹⁹:

HIV/AIDS stigmatisation: because of stigma and taboo AIDS-related illness is generally suffered in silence and it is often not perceived by communities as a priority issue, even in areas where AIDS prevalence is particularly high.

People who are affected often do not have the opportunity, skills or resources to enter the public domain as activists, especially when they are coping with illness in their homes.

HIV does not show its consequences for many years.

Organisations representing PLWHA frequently do not have active and strong local chapters and their membership is often depleted by ill-health and death.

Health services are usually highly under-resourced and understaffed and where provision of basic health services is not established HIV/AIDS is regarded as being on a par with other serious medical conditions.

Perceptions that too much attention is paid to AIDS at the expense of other medical and developmental problems.

Ignorance and denial

In some parts of the world, especially in Africa, ignorance is an important reason why the HIV/AIDS pandemic has become so big. Many people are aware of the pandemic but do not consider themselves at risk. The pandemic is also sometimes blamed on witchcraft. These views are seriously impeding upon HIV prevention programmes, especially in rural areas²⁰.

¹⁹ Department of Social Development 2002

²⁰ Van Rensburg et al. 2002. Strengthening local government and civic responses to the HIV/AIDS epidemic in South Africa. A study commissioned by the Ford Foundation to inform its Sexual and Reproductive Health Programme for South Africa. Centre for Health Systems Research & Development.

3. HIV/AIDS AND LOCAL GOVERNMENT

3.1 Why local government?

Castells notes that 'the municipality is the decentralized level of the state, the most penetrated by civil society, the most accessible to the governed, and the most directly connected to the daily life of the masses' (1981:300).

International organisations like UNDP, UN-Habitat and the World Bank also view HIV/AIDS increasingly as a governance issue (UMP-ROA 2002; World Bank 2003). As the organ closest to communities, local government authorities can contribute significantly to the global fight against HIV/AIDS (World Bank 2003).

According to Kelly (2003) local government gets more attention because most HIV/AIDS programmes are implemented at the local level. Kelly (Ibid.) states that 'attention is increasingly being focused on local responses and to the decentralisation of national AIDS control and prevention plans'.

Local government can function as the bridge between the sources of the state and local communities. The delivery level of HIV/AIDS programmes is local²¹.

According to Parker²² local government is 'mandated to deliver access to the best possible quality of life for the people; creating and maintaining a climate that will sustain social and economic development; providing leadership and facilitating partnerships with local stakeholders and externally'.

HIV/AIDS has implications for local government²³:

- HIV/AIDS hits the family and the household the hardest. The primary impacts of HIV/AIDS are felt at household level. When one person of the household gets infected with HIV, the whole household has to suffer the consequences of the increasing expenditure on health care and later, burials. There will be less food for food, education, cloths and basic needs. This will also affect the local economies and local governments will have to deal with a declining revenue level and a increasing need for support and services to communities.
- People will turn to the closest level of government for assistance, which is local government. Local governments need the get the mandate to provide services from the government. Local government will become politically responsible for a response against HIV/AIDS in communities
- HIV/AIDS will impact on the well-being of communities and as a result will also impact on the local government service provision and development planning.
- Local government is responsible for many of the government service deliveries.
- Local government is well placed to coordinate HIV/AIDS activities of civil society organisations at local level.

²¹ Kelly 2003

²² Parker 2003 AIDS and governance in Southern Africa: emerging theories and perspectives. A report on the IDASA/UNDP regional governance and AIDS forum April 2-4, 2003. Chirambo and Caesar (eds.)

²³ Ibid.

- Local government itself is at risk because communities will demand for new and increased services. Local government has to care for a large number of chronically ill people and increasing numbers of orphans who will need support.
- HIV/AIDS will impact on the function of local government itself in various ways. More employees will get ill, there will be an increased demand for services whilst communities will be less able to pay for the municipal services.

3.2 Local government response at three levels

Local government needs to respond to the HIV/AIDS pandemic by taking action at three levels. Each level refers to another function of the municipality. These levels are widely recognised by multilateral donors such as the World Bank and governments:

1. **Internal function:** The municipality as an employer. To put in place a comprehensive workplace prevention and care programme for its employees
2. **External function:** The municipality as a service provider. Municipalities can make HIV/AIDS part of the 'core functions' of the organisation, municipalities should mainstream HIV/AIDS in their service provision and municipal policy
3. **Platform function / network:** The municipality as platform / network (coordination of HIV/AIDS related activities and actors within the municipal boundaries).

Internal

Local government authorities run the risk of being affected by or infected with HIV/AIDS. This will have consequences for the work of the local government. HIV/AIDS will raise the local government costs and reduces the productivity of individual workers through²⁴:

- Increased absenteeism: people will fall ill more often or have to take time off to care for sick family members or for funerals
- Falling productivity: workers will be less productive because of their failing physical or emotional health and are unable to carry out more demanding jobs.
- Costs for recruitment and training of replacement
- Employers may have to increase the size of the workforce and hence payroll costs to cover for absenteeism
- Skilled workers will become scarcer which results in increasing wage rates.

It is the responsibility of an employer to provide its employees with a healthy and safe working environment and to support them in their development. HIV/AIDS has an affect on this. Local governments therefore have to develop an internal response to HIV/AIDS. HIV/AIDS should be integrated as a priority into workplace policies. A HIV/AIDS workplace policy should include prevention activities (e.g. education, and VCT) and care and support (provisions for PLWHA)²⁵.

²⁴ Barnett and Whiteside 2002

²⁵ World Bank 2003. Local government responses to HIV/AIDS: A handbook. A handbook to support local government authorities in addressing HIV/AIDS at the municipal level.

External

Local governments have to develop a framework for the local response against HIV/AIDS. Local governments should minimise personal, social and economic impact through their comparative advantage in community mobilisation and advocacy²⁶.

HIV/AIDS and service delivery

In many developing countries there is a huge gap on part of the municipalities between what is needed to meet the requirements of basic services and the capacity to deliver these services. Many municipalities are still dealing with service backlogs. HIV/AIDS is therefore not seen as a priority by local government authorities²⁷.

The HIV/AIDS pandemic is going to increase need for existing and new services. At the same time less people will be able to pay for these services as a result of HIV/AIDS related costs.

Mainstreaming

Through its service delivery municipalities can make an impact on the fight against HIV/AIDS in communities. Local governments should mainstream HIV/AIDS into the core business of service delivery. Mainstreaming means that departments from different sectors consider how they can contribute to the fight against HIV/AIDS in communities through the work of their departments²⁸. It should also include a section on discrimination and stigma towards PLWHA.

Platform/network

Platform: Municipalities can act as co-ordinators of all activities in the field of HIV/AIDS that take place within its boundaries. Local government does not have to target all issues itself, but should be aware and on top of all initiatives on HIV/AIDS in order to broaden the scope of the spin off and avoid unnecessary overlaps.

Network: Municipalities can create a network by sharing information about, amongst others, policy making concerning HIV/AIDS. Local governments should involve communities and civil society organisations in the fight against HIV/AIDS since there are many resources available at local level.

HIV/AIDS and leadership

Political commitment and leadership are two important factors in the fight against HIV/AIDS²⁹. Leaders can mobilise the necessary resources and it also ensures that more people see HIV/AIDS as a threat to society and are willing to contribute to an HIV/AIDS response.

By speaking open and honestly about the threat of HIV/AIDS they can provide for an effective prevention strategy. It often produces engagement and enthusiasm in civil society.

Coordination of and cooperation with CSOs

Leadership alone is, however, not enough. All the individual responses need to be coordinated and incorporated into integrated HIV/AIDS approach. Partnerships and networks are important because local government cannot fight the HIV/AIDS pandemic on its own. This means that civil society needs to be included in the government HIV/AIDS strategy.

²⁶ Parker 2003

²⁷ Kelly 2003

²⁸ World Bank 2003. Local government responses to HIV/AIDS: A handbook. A handbook to support local government authorities in addressing HIV/AIDS at the municipal level.

²⁹ Kelly 2003

As local government is mandated to promote social and economic development, it is well placed to develop strategies to manage all resources through the development of partnerships between local government and civil society and business³⁰. By coordinating all the HIV/AIDS related activities local government avoids to reinvent the wheel and establish structures that already exist. This can avoid duplication but it also avoids conflicts of interest between organisations for example in the field of funding. Organisations can furthermore link their services and create referral networks. In the end this can ensure a continuous and integrated service delivery.

However, currently the coordination and collaboration of HIV/AIDS initiatives are still inadequate. The structures that have to promote the coordination like municipal and district AIDS councils are not functioning properly. The communication between the different organisations is still not good enough³¹.

3.3 Role of local government

For local government to be able to play an important role in the fight against the spread and impact of HIV/AIDS it needs to get the necessary authority, capacity, knowledge and resources. At the same time accountability and transparency become important issues.

In many developing countries the functions of local government are not fully clear. This is most of the time also the case when dealing with HIV/AIDS related issues. In some cases there is a mismatch between the mandates given to local government and the budget available for performing the tasks. The HIV/AIDS impact is too profound for local governments to wait for clearer guidelines, frameworks and mandates and therefore many local government authorities decide to undertake action without the support of legislative frameworks.

There are many institutions³² and authors³³ that give local governments some general suggestions of what a local government response should entail:

- A local government response should for example be in line with the National AIDS Policy and be oriented to the local context.
- It should both have an internal and external focus on the consequences of HIV/AIDS,
- It should be adjusted to the understanding of local realities, norms and values.
- There needs to be strong leadership in place that promotes and supports the response.
- It is important that all sectors are involved in an integrated way. It is advised that the response is mainstreamed in all development programmes of the municipality and that the topics of stigma and discrimination are not forgotten.
- The response also needs to be gender sensitive.
- The local government should also mobilise and coordinate resources.
- All of these actions should be based on a developmental approach of learning by doing, using monitoring and evaluation systems to strengthen response frameworks over time.

³⁰ Kelly 2003

³¹ Van Rensburg et al. 2002. Strengthening local government and civic responses to the HIV/AIDS epidemic in South Africa. A study commissioned by the Ford Foundation to inform its Sexual and Reproductive Health Programme for South Africa. Centre for Health Systems Research & Development

³² World bank 2003. Local government responses to HIV/AIDS: A handbook. A handbook to support local government authorities in addressing HIV/AIDS at the municipal level.

³³ Smart 2001

More concrete examples of local government roles are:

Rose Smart (2001) and Msunduzi HIV/AIDS Strategy (BESG 2003) give some example of possible roles that local government can play in the response against HIV/AIDS:

Leadership	<ul style="list-style-type: none"> • Political leadership by councillors • Workplace policies and programmes
Co-ordination of a local AIDS response	<ul style="list-style-type: none"> • Establishing and co-ordinating a multi-sectoral network (NGOs, private sector, other local governments, provincial and national government)
Planning in consultation	<ul style="list-style-type: none"> • Developing a local AIDS plan with local stakeholders • Incorporating AIDS issues into IDP processes
Facilitation	<ul style="list-style-type: none"> • Identifying and removing obstacles to action • Create an environment which fosters involvement, participation and partner-ships
Integration	<ul style="list-style-type: none"> • Integrating HIV/AIDS prevention and care into all local government services • Encouraging partners in other sectors to do the same
Advocacy and mobilisation	<ul style="list-style-type: none"> • Promoting awareness and debate about HIV/AIDS issues • Promoting national campaigns locally • Promoting openness and combating the stigmatised status of HIV/AIDS
Strengthen community responses	<ul style="list-style-type: none"> • Providing technical assistance, and resources and start-up funding (Grants-in Aid)
Promoting social and economic development	<ul style="list-style-type: none"> • Including AIDS as a core issue in all decision-making • Developing innovative incentives to address AIDS
Monitoring	<ul style="list-style-type: none"> • Incorporating AIDS programme targets into all monitoring processes • Include reports on AIDS responses in provincial and national forums

4. EXISTING HIV/AIDS PROGRAMMES IN THE WORLD; OVERVIEW

Until recently relatively little attention was given to the role local governments can play in the fight against HIV/AIDS. However, more people become aware that as the government level closest to the people local authorities can have an important role. Therefore HIV/AIDS gets a lot of attention from many organisations; see United Nations and World Bank³⁴.

Many CSOs are already involved in HIV/AIDS programmes and activities. Many authors indicate that local government should play an important role, but until now this has not yet happened on a large scale: Local governments only started to get involved more recently and do not have many frameworks and best practices to guide them. Especially at local level local authorities are not established to take on the responsibility of delivering HIV/AIDS related services. Some local governments are poorly organised, supported and administered.

4.1 HIV/AIDS and local government in South Africa

South Africa has the most people living with HIV/AIDS in the world. A study performed by Van Rensburg et al.³⁵ shows that HIV/AIDS features insufficiently on most municipal agendas and activities even though it is confronted with a large HIV/AIDS epidemic. The HIV/AIDS programmes that local authorities undertake are still rather weak.

Lack of commitment, leadership and direction are hampering programme formulation and implementation. Political leaders and municipal councillors lack the capacity and skills to design, implement and sustain HIV/AIDS intervention strategies. There is a need for information, training and funding for HIV/AIDS responses.

HIV/AIDS policies

Some municipalities have come up with an external HIV/AIDS policy, but these are not known to other Southern African municipalities. There is no functioning network of exchange; best practices on HIV/AIDS external policies for municipalities remain hidden. The demand from the South African local authorities for international assistance in the development of a local HIV/AIDS response from the Dutch local government sphere has increased accordingly. Municipal international cooperation is broadening to include HIV/AIDS in cooperation projects.

HIV/AIDS networks

According to the study performed by Van Rensburg et al.³⁶ the coordination of HIV/AIDS initiatives at local level seem to be inadequate and need more attention.

³⁴ World Bank 2003. Local government responses to HIV/AIDS: A handbook. A handbook to support local government authorities in addressing HIV/AIDS at the municipal level.

³⁵ Van Rensburg et al 2002. Strengthening local government and civic responses to the HIV/AIDS epidemic in South Africa. A study commissioned by the Ford Foundation to inform its Sexual and Reproductive Health Programme for South Africa. Centre for Health Systems Research & Development

³⁶ Ibid.

Municipalities should establish Local AIDS Councils to promote the coordination of services and activities. The establishment of these AIDS councils are still hampered by various factors: lack of interest and commitment, the absence of leadership to spearhead such initiatives, and, inadequate skills and capacity (lack of administrative support) prevent the establishment, effective functioning and sustainability of AIDS Councils. The Local AIDS Councils need support and guidance to promote and ensure the coordination of local HIV/AIDS programmes and activities.

Msunduzi Municipal AIDS strategy³⁷

The Msunduzi AIDS strategy is a co-ordinated partnership between the City Council, the Children in Distress Network (CINDI), Lifeline, and more than 60 csos working in the area. To set the process in motion, a workshop was convened to identify what was needed to address the AIDS epidemic in the area, where 100,000 people are infected, 250 deaths occur each month, and where 60% of hospital in-patients have AIDS-related conditions.

Priority areas for action that were identified included: community empowerment, education awareness, a referral system, supporting the rollout of treatment with Nevirapine (for HIV-infected pregnant women), improving access to social grants, the welfare of orphans, and improvement in treatment and care through clinics and community volunteers. Each priority area was spelt out with the objectives, activity, timeframe, partners and progress indicators.

Crucial to the success of the campaign was addressing the needs of the CSOs who, as a result of the Council's "open-door" policies, are able to raise issues at the highest level. For example, if an organisation dealing with the training of home-based care workers requires a building from which to operate, the council will try to identify suitable premises. The municipality's Director of Health explains: "This scheme has had some positive benefits for the city. Historic buildings that are derelict have been restored by CSOs through their own funding." A disused government office near Edendale Hospital was made available to the CINDI Network. Here, care kits containing basic medicines and antiseptics are assembled and given to home-based care workers trained by CINDI partners.

Another example of effective leadership centred on the problem of access to birth certificates, for those working with orphans and vulnerable children (OVC). The office of the Deputy Mayor took the lead in initiating discussions with the National Department of Home Affairs. As a result the Department agreed to identify a person in the Department that would be available daily to assist CSOs working with OVC.

4.2 The Alliance of Mayors and Municipal Leaders on HIV/AIDS in Africa

Cooperation with the Alliance of Mayors and Local Leaders on HIV AIDS in Africa African local leaders such as mayors and municipal officials can play an important role in the responses to the HIV/AIDS epidemic. They have seen, at first hand, the devastating impact of the epidemic within their communities. In 1997 and 1998, a number of African leaders formed the Alliance of Mayors and Municipal Leaders on HIV/AIDS.

³⁷ World Bank 2003, <http://www.worldbank.org/urban/hiv aids/bestpractices.htm#south-africa> Source: HIVAN (<http://www.hivan.org.za>)

Activities of the Alliance are an important contribution to the goals of the International Partnership Against AIDS in Africa (IPAA), launched by the Secretary General of the United Nations.

The overall goal of the Alliance is to promote actions that contribute to limiting the spread of HIV and alleviating the social and economic impact of the epidemic on communities in Africa. It was formed to promote an expanded, multi-sectoral response to the epidemic at the local level, and works in partnership with government, civil society organisations, the private sector and local communities. National Chapters of the Alliance have been launched in Burkina Faso, Cote d'Ivoire, Mali, Namibia, South Africa, Swaziland, Tanzania and Uganda. Preparations are under way to launch national chapters in several other Central and Southern African countries. With support from UNDP and UNAIDS, the Alliance developed an action programme: The Alliance of Mayors Initiative for Community Action on AIDS at the Local Level (AMICAALL).

VNG International has supported the Alliance Secretariat in Windhoek in various ways to expand its activities, especially in the field of advocacy and partnership development and strengthening of the secretariat in their programme and management capacities. Activities funded are the development and distribution of case study materials via the AMICAALL website, several promotional activities of the Alliance, monitoring activities for projects in Swaziland and Namibia, and a programme officer for the Secretariat.

AMICAALL³⁸ in Swaziland

Swaziland was one of the first countries that launched AMICAALL. Since the prevalence rate is very high in this country the HIV/AIDS pandemic has a huge impact.

4.3 World bank

The World Bank – in partnership with others- is working to roll back the spread of the HIV/AIDS pandemic. As the investor in prevention and mitigation of HIV/AIDS in developing countries, the World Bank group is working with partners to:

- Prevent the further spread of HIV/AIDS among vulnerable groups and in the general population;
- Promote countries' health policies and multi-sectoral approaches (e.g.) by working in education, social safety nets, transport and other vital areas)
- Expand basic care and treatment activities for those affected by HIV/AIDS and their families, as well as for children whose parents have died of AIDS and other vulnerable children.

The World Bank is aware of the important role local governments can play in the fight against HIV/AIDS. According to the World Bank local governments have not received sufficient support in dealing with the pandemic 'even though they are closest to affected communities and their own capacity to deliver services is undermined by HIV/AIDS.

Therefore it has published Handbook: *Local government responses to HIV/AIDS: A Handbook* to assist local governments to take action. This handbook can be downloaded from their website: www.worldbank.org.

³⁸ Van Rensburg 2002

4.4 Unaid

UNDP Mainstreaming programme

An important objective of UNDP's activities has been to strengthen the understanding of the HIV pandemic as a developmental issue. In 1992 it established the HIV and Development programme – According to UNDP development is causally related to the spread of HIV infection. UNDP argues that development affected what is feasible in terms of the response to the pandemic, and that efforts to strengthen the development performance of countries can themselves worsen as well as improve the possible policy and programming responses to the pandemic.

Mainstreaming HIV has to contain the following elements:

- A more complex understanding
- A capacity for improved design of programmes and projects through new processes which are socially inclusive; and
- New and different and more participatory systems for implementing programme responses.

4.5 VNG International and HIV/AIDS

Since 2002 VNG International is actively involved in the fight against HIV/AIDS at local level. In co-operation with STOP AIDS NOW! and the Alliance of Mayors and Municipal Leaders on HIV/AIDS in Africa (AMICAALL), VNG International was involved in a 3-year programme (2002-2005) on the theme of HIV/AIDS in Africa.

The general objective of this programme was to contribute to the combat against HIV/AIDS; in Africa through support to Local Government and Local Government Leaders, and in the Netherlands by raising awareness about the African Aids crisis and HIV/AIDS related issues in general through the means of active partnerships between Dutch and African municipalities.

Within the framework of the Netherlands Inter-municipal Development Programme (NIDCP) VNG International also organised two Municipal Management Training Programmes (MMTP) in 2003 and 2004 for municipal councillors and officials working in the field of HIV/AIDS. The objective of the first MMTP was: to put the theme of HIV/AIDS on the local agenda and into twinning relationships, raising awareness on HIV/AIDS in the Netherlands as well as in Africa and creating networks on the theme between (Southern) African municipalities. The programme in The Netherlands consisted of a one-week introductory course at VNG International followed by an internship in a Dutch municipality.

The objectives of this MMTP were: putting the theme of HIV/AIDS on the local agenda and into twinning relationships, raising awareness on HIV/AIDS in the Netherlands as well as in Africa and creating networks on the theme between (Southern) African municipalities.

Since this MMTP several Dutch and Southern African municipalities have started inter-municipal projects on HIV/AIDS.

The success of this programme led VNG International to organise a second MMTP on HIV/AIDS in local government in May 2004. The objective of the MMTP 2004 was to pay specific attention to policymaking concerning HIV/AIDS at the local level. The MMTP had as a first focal point policy formulation.

Most municipal policies on HIV/AIDS focus still mainly on the rights and responsibilities of employers and employees in respect to HIV/AIDS (on the workplace policies), municipalities usually do not have any special policies targeting HIV/AIDS on the local territory (service delivery).

HIV/AIDS is mentioned in different policies, but merely as an area of importance, integrated and/or mainstreamed policy documents on HIV/AIDS hardly exist. With the MMTP, VNG International aspired to contribute to the formulation of an integrated policy on HIV/AIDS at the local level. The creation of knowledge and experience exchange was the second focal point in the MMTP of 2004.

As a direct result of the MMTP, and within the framework of the GSO subsidy programme, several Dutch local authorities formulated a 3 year cooperation project on HIV/AIDS with the Southern African partner municipalities. Other municipalities have communicated that they would like to formulate similar projects in the near future.

The NIDCP programme formally ended in 2003 and a follow-up programme has been negotiated with the Dutch Ministry of Foreign Affairs, named LOGO-South (Local Government Capacity Building Programme South). This programme foresees in the elaboration of several so-called “country programmes” and several “theme programmes”. One of these programmes will be addressing the theme of municipal HIV/AIDS responses. The aim of this programme will be to enable local governments to become key actors in to the fight against the spread and impact of HIV/AIDS by sharing experiences and knowledge. Dutch local authorities and their twinning relations can request project funding for this HIV/AIDS programme. The programme provides for assistance of VNG International in formulating and implementing HIV/AIDS related projects, which fit in a broader framework of support and interlinkage for the target countries.³⁹

³⁹ This programme will fit also in the regional programme for Africa of the Ministry of Foreign Affairs. VNG International strives at synergy and exchange of expertise and experience between all different programmes and projects in which VNG International is involved in.

5. SWOT HIV/ AIDS

In preparation of the LOGO South HIV/AIDS theme programme, a SWOT (strengths, Weaknesses, Opportunities and Threats) analysis has been made of existing Dutch local government HIV/AIDS response programmes. This SWOT-analysis provided basis and input for the thematic approach. Goal of the SWOT analysis was to find out if local government can play a role in the fight against HIV/AIDS and if so, to what extend. Focal points of the SWOT analysis were:

- How can local government make a difference / has added value in the intervention in the fight against HIV/AIDS in relation to what other organisations do already?
- To what extend is local government able to implement activities more effectively and efficiently?
- What is the added value/ role of international municipal cooperation / city twinning?

The number of municipal international co-operation projects on HIV/AIDS is still relatively limited. The following municipalities and projects have been analysed for this SWOT and cover almost all current inter-municipal projects on HIV/AIDS:

1. Eindhoven – Emfuleni / GI
2. Heusden – Otjiwarongo / GI
3. Leiden – Buffalo City / GI aanloop
4. VNG International/SAN! Programme: Local Responses to HIV/AIDS in Africa

The individual SWOTs of the municipal projects can be found in chapter 4.1. These SWOTs are based on interviews with the coordinators in the Dutch municipalities and on a study of project documents and reports available at VNG International. Chapter 4.2 gives an overview of the four SWOTs and contains recommendations for future HIV/AIDS projects.

As the number of projects was limited the output of the several NIDCP activities and other VNG International initiated or supported activities were used as well:

- Municipal Management Training Programme on HIV/AIDS of 2003 and 2004
- Seminar Local Youth Policy on HIV/AIDS (Swaziland) September 2003
- Seminar HIV/AIDS Cape Towne (South Africa) October 2004
- Exchange Activity HIV/AIDS, May 2005
- Research mandates of local government at SALGA
- AMICAALL Approach Africa

The steps to come to a thematic approach were:

- Strengths / weaknesses analysis per project
- Analysis of subjects related to HIV/AIDS for municipal international cooperation – the role of local government based on individual SWOTs of the projects
- Recommendation for (sub) policy fields / subjects thematic approach HIV/AIDS
- Participatory process: presentation and discussion/feedback on contents approach with partners from the South
- Design draft HIV/AIDS thematic approach within LOGO South

Questions asked in the SWOT analysis were:

- What subjects can be incorporated in an international municipal cooperation project?

- What subjects are you cooperating on already?
- Do you aim at mainstreaming in existing projects or formulating new projects?
- What expertise is needed in the partner municipality?
- What expertise is available in your municipality?
- What partnerships are needed?

6. SWOT ANALYSES OF 4 HIV/AIDS PROJECTS

6.1 SWOT analysis co-operation Emfuleni (South Africa) - Eindhoven

Introduction

Since 1996, the municipality of Eindhoven co-operates with the municipality of Emfuleni (then called Lekoa Vaal) in South Africa. The underlying SWOT is based on the long term cooperation project (GI) in the period 2002-2004 (O1026). Based on the results of this project a new project will be formulated for the period 2004-2007 and submitted for subsidy from LOGO-South.

The objective of the project is: to support Emfuleni in the area of Integrated Development Planning (IDP).⁴⁰ This process exists of three steps:

1. Formulation of the IDP (2002-2003)
2. Working with the IDP (2002-2003) and
3. Actual implementation of IDP in concrete projects (2004-2006).

As a pilot, an IDP was to be formulated and implemented in the Township Evaton West.

Since an IDP covers a wide range of subjects, Eindhoven and Emfuleni selected three subjects for co-operation:

1. Local Economic Development
2. Waste Management
3. Health (including HIV/AIDS).

For each subject, a project team was established. The Health project group consists of professionals and volunteers of Emfuleni.

The main activities in 2002 and 2003 regarding Health/HIV/AIDS included:

- Training for civil servants and volunteers involved in Health Care on OOPP (2002)
- Trainings for civil servants and inhabitants of Evaton West on sexual health and HIV/AIDS prevention (2002, 2003). During the 2003 training there was a special focus on the development of communication and educational material
- Training on working in project teams, budgeting and project proposal development (2003). As a concrete result, three programmes were developed: a proposal for programmes on STI, HIV/AIDS prevention and sexual health at primary and secondary school level and for sex workers; a programme to set up a system for Home Based Care and Counselling for people infected and affected by HIV/AIDS; and a programme for Community education on General Health
- Local activities in Evaton West: HIV/AIDS and awareness campaigns at 6 schools, several activities at World Aids Day (safe sex now campaign, march through Evaton West, information meeting, drama performance).

⁴⁰ In South Africa, local authorities are obliged to have an integrated development plan (IDP). This planning and development instrument was introduced in 2001.

A follow up of this GI is under formulation (2004-2007). Besides this, Eindhoven and Tilburg plan to have another GI in another township within Emfuleni, using a similar approach as in the project with Evaton West.

SWOT

The following strengths, weaknesses, opportunities and threats were formulated for the HIV/AIDS project:

Strengths:

- Embedment of HIV/AIDS policy in overall municipal policy (IDP). Since the formulation of the IDP is the main objective of the project, and HIV/AIDS one of the themes, it is embedded in the IDP. As soon as this IDP is approved by the politicians, this enlarges the sustainability and makes the policy less vulnerable to any political changes that might follow.
- The approach: there is a balance between policy issues and concrete projects: HIV/AIDS is addressed both as a policy issue and as something that needs immediate action in concrete projects for infected and affected people. This is also reflected in the activities.
- Composition of the Health project team: the project team consists both of both civil servants and volunteers/citizens. Volunteers played a crucial role in the implementation of the project. This also links to the concept of IDP, in which involvement of citizens is crucial.
- Clear coordination mechanism: Emfuleni has appointed a twinning coordinator who is responsible for the overall coordination of the activities and is also the main contact person for Eindhoven.
- Involvement of municipal council both in Emfuleni and Eindhoven: at both sides, municipal councillors are involved in several of the activities.

Weaknesses

- Both Emfuleni and Eindhoven see HIV/AIDS mainly as a health issue. This is also reflected in the involvement of the civil servants from the side of Emfuleni; most of them work for the Health Department of the municipality. The linkages between HIV AIDS and other municipal policy/services are therefore not sufficiently addressed
- The project has focused mainly on the service delivery function of the municipality. The internal function and platform function were not addressed. According to Eindhoven, a workplace policy is developed in Emfuleni, but is not yet fully implemented. Since this is highly politicized Eindhoven prefers to stay away from this issue.

Opportunities

- More linkage of and HIV/AIDS to overall municipal policy and other municipal services
- Broader involvement and increase of awareness of civil servants from other departments than the Health Department
- More linkage with the waste and economic development project teams.

Threats

- An overall threat to the effectiveness and impact of all HIV/AIDS projects is that some issues are extremely difficult to address because of stigma and taboos. Here lies a big challenge for all Dutch municipalities working in this field. Difficulties mentioned by Eindhoven are: prostitution (as big cause of HIV/AIDS but difficult to address), the role of the churches (they play a big role, sometimes positive sometimes negative; in general it is difficult to approach them and involve them in projects); and homosexuality: relevant issue but very difficult to discuss in the open

- Sustainability: this is inherent to the HIV/AIDS epidemic in general: the chance that people trained and capacitated will actually die themselves is rather large
- More specific for Eindhoven: if the issue remains to be a (isolated) Health Issue in Emfuleni the actual impact of the HIV/AIDS policy might stay rather limited.

6.2 SWOT analysis co-operation Otjiwarongo (Namibia) - Heusden

Introduction

Heusden and Otjiwarongo have an official relationship (GI) since 2003. The co-operation focuses on four topics:

1. Unemployment
2. Housing
3. Financial management and
4. Capacity building.

These subjects are all related to the fight against HIV/AIDS and the Multi Purpose Help Centre in Otjiwarongo (OMPHC). This Centre offers housing, food, care and activities to AIDS Orphans.

More specifically, Heusden is supporting the Otjiwarongo municipality in policymaking and capacity building in the field of:

- HIV/AIDS related youth activities and care activities
- Construction and habitat (HIV/AIDS related)
- Unemployment (stimulation of employment projects)
- Support of financial management in the field of the Multi Purpose Help Centre (Fundraising).

The following activities are executed within this project:

1. Strengthening of the knowledge of the management of the Otjiwarongo municipality and the Board of Directors of the Multi-Purpose Help Centre in the field of youth policy and financial management
2. Assistance of the employees of the Otjiwarongo municipality and the Board of Directors of the Multi-Purpose Help Centre by making a plan of exploitation and a long-term vision on the operational costs connected to funding of the Multi-Purpose Help Centre
3. Stimulating the co-operation between the Paresis Secondary School in Otjiwarongo and the D'Oultremont College in Heusden in which a contribution will be made to education of peers (among students)
4. Developing a construction programme for 15 houses (dependent on the available funding and new GI) for a period of three years. The social housing programme is connected to the Multi-Purpose Help Centre in co-operation with the Otjiwarongo municipality
5. Providing these houses and improving the living standards of the foster parents of the Multi-purpose Help Centre
6. Developing a social housing fund connected to this project
7. Make a substantial contribution to solving the unemployment problems by training people on the job and by developing a market in Heusden for homemade Namibian products.

SWOT

The following strengths, weaknesses, opportunities and threats were formulated for the HIV/AIDS project:

Strengths

- Project is very tangible, through the establishment of the Centre
- Embedment of this project in the Stop Aids Now! Project on Municipal Responses to HIV/AIDS. The two municipalities started their co-operation in this framework, which implied a solid financial basis, and continuous support and assistance from VNG International
- Multi faceted project: on the one hand very concrete activities (building the centre, houses etc.), on the other hand activities and capacity building in the field of (financial) administration and management of the Centre
- Lot of political support generated both in Heusden and in Otjiwarongo

Weaknesses

- Financial basis for the OMPHC is small
- Municipal actors might have different political agenda's and ideas for the use of the OMPHC
- Sustainability of the OMPHC

Opportunities

- This project can be a stepping stone for the two municipalities to start co-operation on broader HIV/AIDS municipal policies
- Broad involvement of various actors: there are great opportunities for (more) involvement of many stakeholders both in Heusden and in Otjiwarongo, through private sector, primary schools, and volunteers. Heusden has established a foundation for this project who will also do fundraising. A foundation has more access to funds than a municipality so this increases the chances for fundraising.

Threats

- Sustainability: it is very uncertain whether Namibia will be included on the list of countries in the new LOGO South program.

If this will not be the case, Heusden can no longer receive funds from this program and advice and assistance from VNG. Furthermore, it becomes difficult to link up their project to other municipal projects and the project can become isolated.

6.3 SWOT analysis co-operation Buffalo City Municipality / BCM (South Africa) - Leiden

Introduction

The main objective of the project is to strengthen the Buffalo City Municipality (BCM) in its role as service provider and employer related to the impact of HIV/AIDS. Within this broad objective Buffalo City has prioritised the following focus areas in which they would like to obtain support from the Municipality of Leiden:

- To strengthen the BCM in their role of coordinator of HIV/AIDS responses and to support the municipality and its organisations to set up a network and information database

- To capacitate the municipality to set-up a one-stop centre where citizens, municipal employees and HIV/AIDS staff members can turn to with their questions related to HIV/AIDS and where they can be referred to organisations or municipal services that can give them suitable support
- To capacitate BCM on adequate responses on the local level against HIV/AIDS in the field of youth awareness and peer education
- To capacitate BCM on employee wellness issues related to managing the impact of HIV/AIDS on the municipality itself.

The activities which will be executed during the project include the following:

Networking/One stop centre in BCM:

- Organise a network meeting for which all organisations working on HIV/AIDS are invited.
- Formulate research objectives and methods so that Buffalo City can gather data for the database (type of response, type of resources available etc).
- Develop the database (with (financial) support from Leiden)
- Design a website for the database (with (financial) support from Leiden)
- Set up the one stop HIV/AIDS centre (with technical and financial support of Leiden).
- Organise a training for the municipality on networking (setting up a network) and coordination.
- Organise a training for the participants of the network on project management, developing business plans and strategies and issues like viability, sustainability and participation (with technical support of Leiden).

Youth and HIV/AIDS:

- Organise a seminar on 'youth and HIV/AIDS' in which best practices from the Netherlands and Buffalo City are presented followed by a more theoretic training (with support from Leiden in the form of an umbrella project, GGD en Youth incentives)
- Implement a pilot youth project in BCM (with financial and technical support from Leiden)
- Employee Wellness:
- Organise a training for municipal staff in which best practices from the Netherlands are presented and discuss whether these experiences can be viable in BCM related to the HIV/ AIDS problem
- Further develop the municipal employee wellness system
- Implement the peer employee awareness raising programme in the municipality (some peers are already trained but did not start with activities yet)

SWOT

The following strengths, weaknesses, opportunities and threats were formulated for this HIV/AIDS project.

Strengths

- The co-operation between Leiden and BCM is a stimulating factor for BCM in their struggle against HIV/AIDS
- Good progress has been made in the development of municipal policy on HIV/AIDS
- The several traineeships which have been organised in The Netherlands and South Africa, are an inspiration to the civil servants involved
- The Interdepartmental Forum has been constructed
- A coordinator has been appointed
- The link between employee wellness and youth is being investigated by BCM

- The co-operation ensures that HIV/AIDS is on the agenda continuously
- HIV/AIDS is regarded as much more than only a health issue by BCM and Leiden
- Involvement of the civil servants can be a threat, in this case BCM and Leiden are fortunate since co-operation runs smoothly between the councillors. This is also being influenced by the proper communication, due to the low language barrier.

Weaknesses

- The school twinning did not yet develop as much as was hoped
- Homosexuality is still a grand taboo in South Africa, which makes it a difficult subject to discuss. The Dutch "buddy concept" for example is seen as a difficult subject by BCM
- In general, municipalities find it hard to share information beyond their own partners.

Opportunities

- As a twinning partner, cities can offer tailor-made services and sustainability.
- Youth policy should have a clear message to the target group. Furthermore schools should have a role in preventing and warning their pupils in the field of HIV/AIDS and others STI's. This message to youngsters should be reciprocal.
- HIV/AIDS should be put on the agenda as a disease of the poor, to broaden the policy.
- There should be more linkage between the several projects
- Home Based Care is a project which should be placed on the agenda, which makes it a good opportunity.
- The school twinning will be developed with the use of the class room module developed by VNG International which will be supplied in 2005.

Threats

- The composition of the delegations, since those delegations are often politically composed. This implies that people can be sent who are not necessarily an expert in the field of HIV/AIDS, which can threaten the quality of the work being done
- Planning is crucial; the visits should be executed for a proper reason and well planned
- Criteria for the delegation members should be set. These criteria might include knowledge of the subject, expertise, and language skills
Use the documents provided by VNG International (from MMTP) in order to set up professional the organisation
- The co-operation should be run out of professional interest, not purely out of friendship
- Formats for monitoring must be developed.

6.4 SWOT analysis VNG International/SAN! Programme: Local Responses to HIV/AIDS in Africa

Introduction

Since November 2002 VNG International has been actively involved in developing a local response to HIV/AIDS in Africa by carrying out - in co-operation with STOP AIDS NOW! and the Alliance of Mayors and Municipal Leaders on HIV/AIDS in Africa - a 2-year programme on the theme of HIV/AIDS in Africa.

The general objective of this programme is to contribute to the combat against HIV/AIDS in two ways:

1. In Africa through support to Local Government and Local Government Leaders
2. In The Netherlands by raising awareness about the African Aids crisis and HIV/AIDS related issues in general through active partnerships between Dutch and African municipalities.

Activities included a.o.:

- Financial support to AMICAALL Secretariat in Windhoek (Namibia)
- Financial and technical support to Youth project in Mbabane (Swaziland)
- Financial and technical support to Multi Purpose Help Centre in Otjiwarongo Municipality (Namibia)
- Technical support to several municipalities in South Africa and Namibia (through twinning programmes with Dutch municipalities)
- Advice and support to Dutch municipalities in setting up HIV/AIDS project with their counterparts in the South
- Development class room module on HIV/AIDS for awareness amongst the youth
- Development photo exhibition on local government response to HIV/AIDS in Africa for awareness raising general public in The Netherlands.

SWOT

The following strengths, weaknesses, opportunities and threats were formulated for this HIV/AIDS project:

Strengths

- The project has proved that municipal co-operation in the field of HIV/AIDS can be very effective. The co-operation between the Dutch municipalities and institutions responsible for e.g. care, education and municipal management is very useful for an integral approach and response to HIV/AIDS by municipalities in Southern Africa in which all organisations cooperate to reach the same goal, reducing the impact of HIV/AIDS on individuals and community.
- HIV/AIDS is put higher on the political agenda of Dutch municipalities; new projects have been initiated and existing twinings have indicated their interest to start similar projects
- Existing local structures and networks in South Africa were used as major partners in the project and capacitated (AMICAAL)
- The issue of Local Leadership was addressed
- Platform in the Netherlands: through two Municipal Management Training Programmes the Netherlands municipalities and their partners exchanged ideas.

Weaknesses

- HIV/AIDS in developing countries is in many ways influenced by cultural customs and habits which are very different from the Netherlands. The subject calls for out of the box thinking and innovative approaches from the Dutch partner municipalities. This is not always easy and sometimes municipalities narrow the subject down to Health related issues and policies.

Opportunities

- Development of more innovative approach to HIV/AIDS problems by looking at the issue from other angles, such as minority policies, youth policy, information and communication with citizens, etc.

- Linkage to other HIV/AIDS activities and projects VNG International is involved in promotes sustainability of the action.

Threats

- Follow up of the project is not in all cases ensured. The project formally ends at the end of June 2005. Follow up for the Namibian projects, is insecure (as Namibia is not part of LOGO South anymore).

6.5 Overall SWOT analysis HIV/AIDS projects and follow up

Introduction

Based on the SWOT analysis made for the 4 projects common strengths, weaknesses, opportunities and threats can be distilled for HIV/AIDS projects in general. The following overview summarises the elements that were frequently mentioned by all projects. Please note that most of the projects have started relatively recent and are therefore still in their starting phase and that not all elements that were mentioned by partners are included in this overall summary and more specific information can be found in the individual SWOTs.

Strengths

All projects show that municipal involvement and cooperation in the fight against the spread and impact of HIV/AIDS can be effective to ensure an integral approach and response to the HIV/AIDS pandemic at local level. Local authorities can bring together important stakeholders in the fight against HIV/AIDS and work together with them by sharing knowledge, ideas and resources.

Municipal HIV/AIDS municipal twinnings on HIV/AIDS can make a difference in the following issues:

Local leadership

In at least two projects the municipal twinning strengthened the commitment of the South African municipalities to the fight against the HIV/AIDS pandemic.

It can ensure that both municipal councillors and officials see HIV/AIDS as a priority issue. The topic is continuously on the municipal agenda, which shows that HIV/AIDS receive large political support.

HIV/AIDS is also being put high on the agenda of Dutch municipalities. This shows that both municipalities are involved in the fight against HIV/AIDS, which stimulates the development of new projects.

Policy and programmes

Municipalities see a progress in the development of policy and programmes. There is a good balance between policy issues and concrete projects. An example of a way in which policy issues are addressed is the embedness of HIV/AIDS in Integrated Development Planning (IDP). This enlarges the sustainability of programmes and project and lessens the vulnerability to political change. Some municipalities are establishing multi purpose HIV/AIDS information and resources Centres.

The exchange activities and traineeships that take place between Dutch and South African municipalities work as an inspiration for the projects. In some of the projects there is a great involvement of both civil servants and volunteers. This great involvement of especially the volunteers is seen as important. Another strength of the project development is that the municipalities provide clear coordination to the projects, which stimulates the progress of these projects.

Establishment of platforms

In several municipalities platforms were established to exchange ideas. This exchange of ideas can take place between Dutch and South African municipalities, but various South African municipalities also have established Intersectoral HIV/AIDS Forums in their own municipalities in which many local stakeholders are involved. In these platforms exchange of information, ideas, best practices and knowledge takes place.

6.5.1 New links

An important strength of the HIV/AIDS is that links are being made between various HIV/AIDS related issues.

In some municipalities HIV/AIDS is not seen as only a health issue. The projects in the municipalities are multi-faced and do not focus only on health. One municipality has made a link between the employee wellness and youth.

Improved cooperation between municipalities

In some projects the cooperation between the cooperation between the councillors of the Dutch and South African municipalities is considered smooth. At the same time some of the projects also profited from the cooperation between STOP AIDS NOW! and VNG International. One municipality received continuous support from VNG International and the cooperation also gave the establishment of the HIV/AIDS multi purpose centre a solid financial basis.

Weaknesses

There where two groups of weaknesses identified by different stakeholders.

The first group of weaknesses focuses specifically on the Dutch Southern twinning projects and the second group of weaknesses focuses on the challenges that Southern local governments have to deal with:

- Weaknesses identified in relation to the Dutch-Southern twinning projects:

Health issue

Whereas some municipalities understand that HIV/AIDS should not be tackled as health issue only, other municipalities have difficulties to get passed this idea. In these municipalities HIV/AIDS is still seen as health issue. The civil servants involved in the projects work for the health department and no other department are being involved.

Sustainability of project

In some cases the sustainability of the project is threatened because the financial basis is small. When the twinning cooperation does not fit into the country programmes of VNG International there will be less funds available for the HIV/AIDS project, which threatens the sustainability of the project. In one municipality the project has not develop as much as hoped.

Sensitive issue

HIV/AIDS is a sensitive complex issue for many people in the world and is therefore a difficult topic to discuss. There are also large differences in cultural costumes and habits between the Dutch municipalities and their Southern partners. For example in some societies homosexuality is still a grand taboo. This makes it hard to talk about new ideas, like the Dutch buddy concept.

One Dutch municipality decided to focus only on one of the three foundations, namely service delivery. It does not feel comfortable discussing the HIV/AIDS workplace policy since it is a highly politicised topic in its counter municipality.

Other weaknesses

- Municipal actors have different political agenda's
- Municipalities find it difficult to share information beyond their own partners.

Overall one can say that because HIV/AIDS is such a sensitive topic and there are large differences in cultural views and approach the subject calls for out the box thinking and innovative approaches.

- Weaknesses identified in Southern municipalities

In their response to HIV/AIDS local governments are faced with the following challenges / constraints:

Capacity within municipality

Local government in South Africa struggles with constant capacity constraints (capacity in quantity and in quality with respect to municipal staff and councillors) these constraints are compounded by the effects of HIV/AIDS. Sick leave and mortality of municipal staff is increasing and the rate of adaptivity is not in line with the rapidly changing policy environment in the field of HIV/AIDS.

Lack of training

Both councillors and officials are in need of specific HIV/AIDS training as this policy field requires specific additional skills to the regular skills for councillors and officials to perform roles tasked to them. However most councillors and officials are not even adequately trained in the basic skills and quality of the trainings offered is not adequate. Officials and councillors are also lacking the skills to implement HIV/AIDS issues into the daily work (a whole new mindset is needed).

Financial weaknesses

Balancing the book is hard enough as it is in municipalities in South Africa. On the one hand the effects of HIV/AIDS only further increase the costs because of increased demand for e.g. service delivery and care. On the other hand municipal revenues are decreasing because individuals find it increasingly difficult to pay for their municipal services and taxes (due to HIV/AIDS increased poverty). Businesses are suffering and are cutting down on their investments. Therefore a well coordinated approach integrated in the municipal budget is necessary.

Relationship councillors and officials

A strong cooperative working relationship between the responsible councillors and officials in the HIV/AIDS portfolio is required. Officials have an immense workload and often many different subjects in their portfolio as HIV/AIDS still is not regarded a priority in most municipalities.

More capacity and better coordination between council and officials is needed, and lines of responsibility and division of roles must be clearly defined.

Relationship between municipalities and citizens / civil society

It requires very energetic and creative municipalities to achieve a turn around in the compounding impact of HIV/AIDS effects on the community level. Local leadership that promotes and supports the response needs a change in 'official attitudes'.

This can be achieved by engaging with the HIV/AIDS pandemic at a human level, recognizing those affected by the pandemic as a source of ideas, experiences and solutions, rather than a source of problems. At the moment, community institutions (e.g. NGOs) are only marginally involved in planning and negotiating resources for solutions appropriate to them. Local government should provide a vision and leadership leading to integration of community specific data into municipal plans. It should also develop ways to leverage resources and investment from both the public and private sectors to meet development targets. Integrated development planning is one of the most important methods to achieve greater co-ordination and to establish sustainable and liveable settlements.

The roles and responsibilities government spheres in the field of HIV/AIDS are not clear

The specific roles and responsibilities of the different spheres and actors with regard to HIV/AIDS services are not clearly defined in many government plans and programmes. Many local authorities have inadequate insight in what the mandates for local government's response to HIV/AIDS are. The roles and responsibilities of local government are described in generic terms, but that this does not reflect the changing needs and demands of local populations and emerging responsibilities of local government in relation to HIV/AIDS. The Constitution might provide general mandates to local government, but the extent to which these general mandates do in fact include HIV/AIDS measures is open for interpretation.

The flow of funds between the government spheres is complex and confusing

Local authorities have difficulties in understanding and accessing the transfer of funds from national and provincial government. In some countries there is no HIV/AIDS funding that is directly allocated to the local level. In order to carry out HIV/AIDS activities local governments depend very much on external funding or (local) taxation.

Municipal coordination of HIV/AIDS related issues insufficient

Municipal coordination in the field of HIV/AIDS is insufficient and does not deal with HIV/AIDS related issues in an effective way. In most cases a long term vision and coordination of all funds and initiatives within the municipal boundaries to broaden the scope of the output and use funds in the most effective way is missing. Municipalities (and civil society organisations) do not have a good overview of which HIV/AIDS related activities are taking place in the area. They do not know which organisations are active where, doing what work and whether that work is effective. Municipalities cannot identify the gaps and overlaps in the work that is being done at the moment and therefore organisations cannot come up with an effective and efficient approach to fight HIV/AIDS.

Each organisation has its own opinion on how to work in this field. An integrated policy framework and vision are not in place or deficient. A platform can develop an underlying vision for all and can avoid unnecessary overlaps, the municipality is well placed to facilitate this process. It can come up with a structure to deal with these challenges.

HIV/AIDS is not mainstreamed in IDP

Some municipalities have a municipal programme on HIV/AIDS, but it is not fully implemented due to limited municipal funding specifically targeted for HIV/AIDS activities and it is not mainstreamed in the municipal integrated development plans.

On the one hand, municipal policies on HIV/AIDS are not in place because of insufficient knowledge and expertise in how to formulate and implement these policies. On the other hand, each municipal department does budget for HIV/AIDS but in an uncoordinated way.

Put together, the impact of these funds could be multiplied and the scope of service delivery related to HIV/AIDS could be improved if departments take joint action. For this, a coherent municipal policy on HIV/AIDS is needed.

Constraint of an effective infrastructure to disseminate information and practices to a broader audience of local authorities

There is no adequate access to information/best practices on HIV/AIDS response developed elsewhere in South Africa. Local authorities do not exchange information on policy formulation and developing of municipal programmes on HIV/AIDS. The South African Local Government Association has indicated - speaking on behalf of its member municipalities - the urgency of this matter and their eagerness to set up a dissemination network and develop best practices in the field of municipal response to HIV/AIDS. So far, it has not been able to secure the resources.

Opportunities

HIV/AIDS awareness on the political level has increased

Political backing at all government spheres is vital for an effective government response to HIV/AIDS. Decentralization to local government of tasks in this field can be seen as an opportunity. The constitutional obligation to empower and build the capacity of local government must be systematically developed and implemented in the field of HIV/AIDS as well. Local government and its lobby organisations must be creative to find ways to use the structures in place in the most effective way. Political leadership that promotes and supports the response will increase public commitment as well, by opening the dialogue on stigma and taboo.

Cross-cutting issue

As HIV/AIDS is a cross cutting issue in IDP this opens possibilities to mainstream and budget for HIV/AIDS issues as a priority and not a closing entry. Up till now the political will and (deriving from that) pressure to mainstream HIV/AIDS was not strong, the new political commitment in the different government spheres offer a window of opportunity to act.

Even though it is not mandatory for local governments to mainstream HIV/AIDS into their Integrated Development Plans, the White Paper on Local Government in South Africa for example does provide the opportunity to do this as it is a developmental issue.

Inclusion in the IDP ensures monitoring of results

In South Africa, the Municipal Systems Act of 2000 stipulates that for municipalities should develop and establish a performance management system.

Linkages

Since HIV/AIDS has an impact on social and economic development in municipalities HIV/AIDS can provide a linkage to overall municipal policies and municipal services like waste management, housing, but also youth and education. Therefore not only civil servants from the Health department have to be involved but other departments should be drawn into the projects as well. One can think of making a linkage with waste and economic development project teams.

The municipalities should also try to link the various existing projects to make to improve the efficiency and effectiveness of all the separate projects.

Poverty

HIV/AIDS is hitting the poor the hardest since it is impacting hugely on their social and economic development. Many poor people do not have time to look after their loved ones and provide for an income the same time. Therefore HIV/AIDS should be put on the agenda as a disease of the poor, to broaden the policy.

Ngos, educational institutions and other civil society and private organisations have developed HIV/AIDS projects

Local authorities should not reinvent the wheel and ought to build on existing practice and experience. Local authorities should use training and other capacities of these organisations, as these institutions have great sensitivity to the development challenges and the dynamics within communities. Also, links between NGOs and local government improve the societal fabric at the local level (e.g. improved links between the municipality and the community at large) and make it possible to delegate local government tasks and coordinate the local response.

Not only civil servants from Dutch and Southern municipalities can be included in the project, other stakeholders can also play an important role. Dutch stakeholders can provide support by establishing a foundation and South African stakeholders can become part of the Intersectoral HIV/AIDS forums. In these forums stakeholders should be able not only to exchange ideas but also resources. This cooperation can avoid duplication of services and cooperation between the various civil society organisations active in the municipalities.

Possibilities for new HIV/AIDS projects

In one case the cooperation of the Dutch and Southern municipality is seen as a good start for cooperation on broader municipal policies. This project started with one concrete project, namely the establishment of a multipurpose centre and now wants to broaden this cooperation by including policy issues. In another project key actors want to place Home Based Care on the agenda since this is an important issue in the Southern countries. Many people are already infected with or affected by HIV/AIDS and cannot take care of their loved ones on their own anymore. They need support from institutions like the municipality.

Youth

Youths are the most vulnerable to HIV/AIDS as they start getting sexually involved, sometimes with more than one partner. They are also more vulnerable to peer pressure.

Municipalities can work on a special youth policy. This youth policy should have a clear message to the target group. The municipalities can involve schools by asking them to teach their students on HIV/AIDS awareness and prevention.

In one twinning project a HIV/AIDS teaching package was developed for school twinings. This package was supplied to the schools in the Ditch and Southern municipality in January 2005. School children learn about the threat of HIV/AIDS and also learn about each other cultures in an interactive way.

Mobilising private sector finance

Local government can create and actively enhance an enabling environment for business and private sector investment by implementation of a business friendly policy (infrastructure, taxation, education, etc.). The private sector has been developing HIV/AIDS policies which can be used as best practices for local government.

As the private sector has earmarked budget for HIV/AIDS at the workplace, cooperation in this field enhances the scope of the HIV/AIDS activities at community level. In partnership with the private sector within the municipal boundaries, local government can effectively integrate HIV/AIDS workplace policies in the IDP.

International donor funding

International donor funding is increasingly aimed at mitigating the impact of HIV/AIDS. Opportunities for local government to access these funds are improving. Also, by coordination and linking of international donor activities aimed at civil society within the municipal boundaries local government can ensure a more effective use of funds.

Innovative approach

The development of a more innovative approach to HIV/AIDS problems is possible by looking at the issue from other angles (minority policies, youth policy, information and communication with citizens, etc.).

Threats

In this section a distinction is being made between the threats identified for Dutch-Southern twinning projects and threats that Southern local governments face.

- Threats identified in relation to the Dutch Southern twinning projects:

Sensitive subject

HIV/AIDS is a very sensitive subject to discuss because of the stigmas and taboos around the topics. This can be a threat to the impact of HIV/AIDS projects. Some people are uncomfortable talking about the subject. A careful approach is necessary.

Sustainability

Since HIV/AIDS does not discriminate, civil servants and other stakeholders who have been trained and capacitated in the field of HIV/AIDS might already be infected with the HIV virus. Some of these people will die within a couple of years. This will have an impact on the sustainability of the project because new people have to be hired and trained which will delay the project.

The LOGO programme will not support all developing countries. At the moment it is uncertain whether Namibia will become part of the country programmes of VNG International. If not, the Dutch municipalities twinning with Namibian municipalities will not receive funds from VNG International.

It will also become difficult for these municipalities to link their projects to other municipal projects and thus become isolated.

Health issue

Municipalities have to realise that HIV/AIDS is not a health issue only, like it is in the Netherlands. In some countries, like South Africa the impact of HIV/AIDS is so large that health solutions are not sufficient anymore. If HIV/AIDS is continued to be seen as a health issue the actual impact of the HIV/AIDS policy stays rather isolated.

Composition of delegation

The delegations of the municipal twinnings that visit each other are often politically composed. As a consequence the HIV/AIDS expert is not always sent to exchange activity and miss out on relevant information.

Not all delegation members that visit the twinning municipality have the required expertise or language skills. This makes it difficult to have an effective dialogue. Clear criteria should be set for delegation members that want to participate in a traineeship or exchange activity to improve the effectiveness of the visit.

These criteria should include :

- knowledge of the subject
- expertise and
- language skills.

Exchange visits

When municipalities visit each other and start projects together planning is crucial. All actors should understand the aim and objective of the project and of the visits that are planned, their own roles and responsibilities and there have to be clear plans for the visits in order to get the expected results

Monitoring and evaluation

Monitoring and evaluation formats should be developed, to measure the impact of the projects, to find out what changes need to be made, and to find out what challenges the projects are facing. The monitoring and evaluation reports can also be used as best practice examples.

- Threats identified in Southern municipalities:

Municipalities have lack of resources

Despite the opportunities offered by decentralisation, the granting of functions and responsibilities to municipalities may be a threat if unaccompanied by financial resources.

For an adequate HIV/AIDS response it is important that money flows are reliable and in time, a structured transfer of the budget is vital.

Realistic and affordable budgeting / flexibility

In order to be viable, municipalities must ensure that their income and expenditures are broadly in line. HIV/AIDS has a great impact on the expenditures. In most cases however, HIV/AIDS is not included in the IDP. Affordable financial plans based on IDP for the areas of jurisdiction of the municipalities must be developed. As the HIV/AIDS impact is still increasing and the trends are not foreseeable, budget and plans must be made flexible to be able to react to changing circumstances.

Ad-hoc response

Municipalities' reactions are ad-hoc, symptomatic and crisis driven. Municipalities have no integrated vision on HIV/AIDS policy and mainly fight fires, which is not efficient and effective in the long term. Although pressure from civil society for fast and direct action is considerable, local government must withstand the pressure, and not spend more money in the long run than if a coordinated integrated policy were to be followed. As the impact of HIV/AIDS on the expenditures will in almost all cases outdo the income, prioritisation of tasks in focus areas is needed.

This needs a long-term strategy (in line with national and provincial strategies) based on community participation and a vision for the future.

Legislative challenges

The internal workings and finances of municipalities as well as the broader policy environment in which they operate require specific attention if the opportunities are to be fully realized and threats neutralised.

6.6 Conclusion

Although the consequences of HIV/AIDS have a different scope in the Netherlands than they do in Southern Africa the theme is certainly suitable for South-North knowledge sharing.

The cooperation between the Dutch municipalities and institutions responsible for e.g. Care, education and municipal management can be used in the approach that municipalities in the South need to take in the integral response to HIV/AIDS in which all organisations cooperate to reach the same goal, reducing the impact of HIV/AIDS on individuals and community.

'Colleague-to-colleague' counselling by international experts

In composing the team of experts the main criterion was to select Netherlands experts with sufficient theoretical knowledge and, more important, practical skills and experience in order to be able to assist the local governments. This approach involves short term assistance which is provided by municipal experts to their foreign counterparts/colleagues who have similar tasks and responsibilities.

The colleague-to-colleague approach is non-hierarchical and implies a provision of know-how by Dutch municipal experts to their partners, thus investing in people and instilling confidence. The 'colleague-to-colleague' approach increases the sense of understanding, trust, and above all partnership, which is essential to the success of projects.

Two excellent examples of twinning partners dealing with HIV/AIDS are the partnerships Leiden - Buffalo City (South Africa) and Heusden - Otjiwarongo (Namibia).

Leiden - buffalo city

Leiden and Buffalo City jointly set up several HIV/AIDS related activities in Buffalo City among which an One Stop Centre for healthcare, HIV/AIDS and Youth activities to improve the awareness of HIV/AIDS among youngsters in the community, and employee wellness activities.

Heusden - otjiwarongo

Heusden has assisted its partner in the setting up of a Multi-purpose Help Centre. The Centre was established to provide day care and counselling for HIV/AIDS orphans and street children.

Volunteers and professional staff working in the Centre provide training to HIV/AIDS-counsellors and organize awareness activities and education projects (peer education) on HIV/AIDS for the youngsters and the larger community of Otjiwarongo.

7. OBJECTIVES OF THE THEMATIC PROGRAMME ON HIV/AIDS

As HIV/AIDS is a complex threat that is linked to many other development challenges it was decided to focus the LOGO South thematic programme on HIV/AIDS on a number of issues that are considered important and need special attention.

Since there are already a number of organisations focussing on HIV/AIDS workplace policies and guidelines are available for internal HIV/AIDS policies, it was decided that the LOGO South theme programme HIV/AIDS focuses primarily on external municipal HIV/AIDS functions. However, if there is a clear demand of partner municipalities to include the internal function in the bilateral project, this will be made possible, if the need for the internal policy is obvious. For the inclusion, approval of the Local South project management is needed. The focus areas are:

- Mainstreaming of service delivery
- Capacity building of staff
- Platform function
- Implementation of concrete/practical projects:
- Housing and HIV/AIDS
- Awareness/prevention/communication
- Outreach
- One Stop Centres or Multi Purpose Centres.

7.1 The overall aim

The projects have to contribute to the following aim:

To establish a more effective HIV/AIDS-responsive local government in developing countries by using/adopting a coordinated municipal response building on previous experiences and research and aiming at the development of good practices to be disseminated amongst all Southern local authorities.

7.2 Long term objectives

In the long term, the projects have to contribute to:

Mainstreaming

- Improved **service delivery** related to HIV/AIDS from the local government due to improved mainstreaming of HIV/AIDS in integrated municipal policies (for South Africa: IDPs), clear and adequate policy mandate and increased accessibility for the community.

Platform

- Improved effectiveness and increased results of budget at the local level earmarked for HIV/AIDS issues due to a **coordinated approach** of stakeholders involved.

Awareness

- Acceptance / realization of importance of local approach/response to HIV/AIDS – at the grass roots, where the people are
- **De-stigmatisation** and involvement of PLWHA and improved awareness on the risks of HIV/AIDS due to improved information towards civil society in so reducing the fear, stigma and discrimination that is often associated with HIV/Aids.

Overall

- **Reduction of infection** of women and children as a consequence of their vulnerability in society by special policy development and implementation
- **Reduction of impact** of HIV/AIDS on household and community level thereby contributing to the well being of the general community.

7.3 Focus areas

Mainstreaming service delivery

- HIV/AIDS is not only a health issue; it is impacting on many levels. Therefore Dutch municipalities can support their Southern partners to integrate HIV/AIDS into all its functions and services.
- Municipalities should not focus on a HIV/AIDS policy but they should integrate the topic into its existing policies and find ways to link HIV/AIDS to already existing and new projects. The HIV/AIDS projects and policies should be integrated into the integrated municipal policy (Integrated Development Plan for South Africa) of the Southern municipalities to make them more sustainable and to ensure a long-term vision. The integrated plan should not devote a separate chapter to HIV/AIDS; the topic should be integrated into every department chapter.

Capacity building staff

Capacity building for municipal officials and managers on the one hand and councillors and political heads on the other has different requirements since the functions of officials and municipal officials are distinct. They do, however, have to work closely together and understand each other's roles and functions⁴¹.

- Since HIV/AIDS is a relatively new subject, civil servants needs to be trained on the subject. They have to understand the threats of the pandemic and they should get knowledge on how their work can make an impact on HIV/AIDS.

At the same time the two municipal partners have be aware of and understand the cultural differences that exist between the Dutch and Southern municipalities and the differences in approaches that are being used to fight the spread and impact of HIV/AIDS

- Project management / drawing up of action plans needs special attention as experience and knowledge levels differ widely and negatively influence implementation of plans
- Proposal writing skills should be addressed as HIV/AIDS funds in general at the local government are insufficient and the response is dependent on funds from other government levels and from international donors.

⁴¹ Kelly 2003

Platform

In many areas in the developing world and certainly in Africa, the larger part of the response framework is in fact not governmental but is conducted by various types of civil society organisations including churches, international aid organisations and community based organisations⁴².

While in some countries partnerships between CSOs and local government authorities has taken many forms, in developing countries and especially in Sub-Saharan Africa it is still relatively new and not widely applied.

Municipalities should also establish interdepartmental HIV/AIDS forums to encourage different sectors and departments to work together on HIV/AIDS related issues because responsibilities for developing HIV/AIDS programmes is often shunted to health departments⁴³.

- Since HIV/AIDS is linked to so many other development issues, like poverty and unemployment, municipalities should involve the civil society organisations that are already active in the areas. It is important that existing resources are used optimally and that duplication is avoided. Municipalities can do this by establishing HIV/AIDS networks and Local AIDS Councils. As this is an enormous task, Southern municipalities need the support of Dutch municipalities in the field of administrative support and training.
- Strengthening and/or establishing an Interdepartmental Forum on HIV/AIDS in the local authorities involved with a clear objective, mandate and responsibility, coordination body and budget (earmarked from the various departments) well embedded in the IDP in order to increase the service delivery to the community related to HIV/AIDS issues.
- Advising the involved local authorities in how to establish and/or strengthen multi sectoral or intersectoral municipal HIV/AIDS platforms (Local Aids Councils) involving all local stakeholders (governmental and non-governmental) in the field of HIV/AIDS to address the problem of HIV/AIDS from the local level in a coordinated and effective way, broaden the scope of the spin off and avoid unnecessary overlaps.

Practical projects

- Housing: developing an adapted vision on town planning in relation to high risk entry points of HIV/AIDS (danger areas), focusing on safety and security especially for women, orphans and vulnerable children.
- Youth: developing local youth policy on HIV/AIDS involving the youth in de-stigmatisation and awareness programmes (with the use of peer education / setting up youth activities).
- Outreach work: project formulation and implementation of outreach work (mobile HIV/AIDS unit to reach remote communities) in rural local municipalities.
- One Stop Centres or Multi Purpose Centres: Chain approach to care: one stop centre formula for HIV/AIDS services (prevention, awareness, treatment, counselling, care of orphans and vulnerable children).

⁴² Kelly 2003

⁴³ Kelly 2003

The practical projects can be linked for example to LOGO South country programmes. Municipalities can also link the HIV/AIDS theme with other LOGO South thematic programmes, like water as long as they do not run parallel but are mainstreamed.

Municipal HIV/AIDS projects can strengthen the awareness of and the commitment to the fight against HIV/AIDS in both Dutch and Southern municipalities. The projects can ensure that municipal councillors and officials start realising that HIV/AIDS should be one of the priority issues in the Southern municipal policies since HIV/AIDS is impacting on the social and economic development of communities. Leadership can be used as an important tool in to achieve community awareness.

Central underpinning elements of the municipal cooperation projects will be:

- The municipal cooperation project will build on and integrate other HIV/AIDS programmes and activities that VNG International and its sister organisations are involved in
- The municipal cooperation project will not be isolated in its approach but will build on other existing strategies and projects for which existing partnerships will be used and new partnerships will be actively sought
- The municipal cooperation project will promote a community-based response and enhance partnerships and participation of the most vulnerable groups (e.g., youth, women, poor households and People Living With HIV/AIDS) and provide an effective local coordination framework.

The intervention strategy should be informed about the specific context in the country (different systems, access different, definitions differ). VNG International supplies on demand a specific framework for the HIV/AIDS approach per country.

Dutch strategies can only be applied as tailor made approach. VNG International advices and support the formulation of the twinning projects.

Involvement Local Government Associations in the involved countries: to assist local and regional government in getting access to funding and insight in existing policy and legal frameworks and getting access to a database of stakeholders and good practices on the local HIV/AIDS response and to formulate a lobby from the local government level to improve the general position of municipalities in the fight against HIV/AIDS (funded mandates for local government responsibilities in the field of HIV/AIDS).

8. ACTIVITIES 2005 - 2008

2005

May: Exchange Activity HIV/AIDS

September: Framework Thematic programme 2005 declared

November: First round project proposals municipalities

2006

April 2006: Presentation Thematic Programme in SA (within consolidated Programme HIV/AIDS South Africa; integrating logical frameworks of Embassy project, bilateral projects, thematic programme)

July 2006: Youth policy/class room module implementation, expert mission VNG-I

September 2006: Exchange activity HIV/AIDS. A workshop on civil awareness, civil involvement/public participation towards HIV/AIDS issues, and public private partnerships will be organised in South Africa

2007

Beginning of 2007: Regional workshop in Africa exchange of best practices, mainstreaming HIV/AIDS in local government

May 2007: Expert mission VNG-I on project and process management

End of 2007: Follow-up workshop on implementation of policy plans

2008

A workshop/expert mission on pilot projects HIV/AIDS

Experiences and practices evolving from the projects will be disseminated via SALGA's website

End of 2008: A workshop/expert mission on process management will be organised

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