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Municipal Responses to HIV and AIDS: A case study of uMgungundlovu district and four of its local municipalities in KwaZulu-Natal.

by

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A dissertation submitted to the Faculty of Humanities, School of Social Sciences, University of the Witwatersrand, Johannesburg, in partial fulfillment of the requirements for the degree of Master of Arts in Development Studies.

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ABSTRACT

The study examined the nature of municipal responses to HIV and AIDS in uMgungundlovu District and its four local municipalities. The study assessed the responses through an investigation of HIV and AIDS interventions as perceived by people living with HIV and AIDS and leaders of Community Based Organisations. The study also examined how HIV and AIDS are taken into account in the Integrated Development Plan (IDP) process and to evaluate whether people living with HIV and AIDS and Community Based Organisations are invited to participate in the IDP process. The other objective was to assess the capacity and support municipalities had in order to respond to the epidemic.

The study employed a qualitative method of enquiry. Primary and secondary sources were utilised and they included, in-depth interviews with municipal officials, focus group discussions with people living with HIV and AIDS and Community Based Organisation leaders. The study also included the analysis of the following documents: IDP's documents, HIV and AIDS Strategic Plans and Policies and projects reports of the five municipalities. The study found that the municipal response to HIV and AIDS varied across municipalities however all the five municipalities experienced similar challenges. The study also found that the municipal response is hampered by human and financial resource constraints and the limited political will from political leaders and senior managers.

The study identified that municipalities have begun to understand that HIV and AIDS are issues that require a range of interventions from local government. This is evident because municipalities have developed and implemented HIV and AIDS Strategic Plans, Policies and HIV and AIDS workplace programmes. The study found that municipalities have initiated various interventions but they are almost health focused. These include HIV and AIDS awareness activities, VCT, home based care and condom distribution. This health focused response illustrates that most municipalities are struggling to respond developmentally.

The study concludes with key findings leading to a range of recommendations. However there are good practices of HIV and AIDS mainstreaming in uMngeni and Msunduzi municipalities. It is important that municipalities mainstream HIV and AIDS into the core mandate of local government. They can do this by integrating HIV and AIDS into all the phases of the Integrated Development Plan and in all programmes, policies, and projects of the municipality. Political commitment from political leadership is a critical element of an effective response as they can play a critical role in driving the HIV and AIDS strategy and in mobilising local resources as well as impacting on behaviours. Given the range of non-medical drivers of the HIV epidemic, as well as impacts of infection, illness and death in households and communities, the fight against HIV and AIDS won't be successful outside multi-sectoral partnerships.

It is important that for municipalities to develop solid, collaborative partnerships with stakeholders from all tiers of government, the private sector and with civil society groups. It is also critical for municipalities to engage civil society groups because they are the ones who work with people infected and affected by HIV and AIDS. This will enable municipalities to understand the local situation of the epidemic and planning will be informed by local realities.

DECLARATION

I, Thandeka Makhathini declare that this research report is my own unaided work. It is submitted for a partial fulfillment of a Master of Arts Degree in Development Studies degree at the University of Witwatersrand, Johannesburg. Tables and organ-rams that appear on the text have been accurately and consistently labeled and titled.

Signature:  Date: 25 August 2010

Thandeka Makhathini

DEDICATION

This work is dedicated to my family, I wish to thank them for their invaluable support and for instilling the value of learning in me. Without the support and encouragement I would have not taken the courage to enroll for University education given the circumstances that enclosed my life at the time.

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I would like to pass my sincere gratitude and appreciation to the heavenly father for giving me life and for sustaining me against all obstacles.

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To the participants from uMgungundlovu District municipality, Impendle, Msunduzi, Mpofana and uMngeni local municipalities, and to all the Community Based Organisations leaders and People Living with HIV and AIDS that were part of the study, your support and participation is greatly appreciated. Last but not least I would like to thank my colleagues and friends and everyone who has supported me materially and spiritually in my academic trajectory.

Acronyms

AIDS Acquired Immune Deficiency Syndrome

ANC Ante-natal Clinic

ART Anti Retroviral Treatment

ATTIC AIDS Training Information and Counselling Centre

CBO Community Based Organisation

CSO Civil Society organisation

DoH National Department of Health (South Africa)

DPLG Department of Provincial and Local Government

FBO Faith-based organisation

HTA High Transmission Areas

HIV Human Immunodeficiency Virus

IDP Integrated Development Plan

KZN KwaZulu-Natal

KPA Key Performance Areas

OVC Orphans and vulnerable children

NGO Non-governmental Organisation

PEP Post-exposure Prophylaxis

PLWHA People Living with HIV and AIDS

PHC Primary health care

PMTCT Prevention of Mother to Child Transmission

M&E Monitoring and Evaluation

STI Sexually transmitted Infections

TB Tuberculosis

UNAIDS United Nations Agency for AIDS

VCT Voluntary Counselling and Test

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CHAPTER 1
INTRODUCTION

1.1 Research Context and Background

Sub-Saharan Africa is more heavily affected by HIV and AIDS than any other region of the world. The region account accounted for 72% of the world's AIDS-related deaths in 2008. [1] Heterosexual intercourse remains the epidemic's driving force in sub-Saharan Africa. South Africa continues to have the highest number of people living with HIV in the worldwide.[2] The 2009 National Antenatal Sentinel HIV& Syphilis Prevalence survey revealed that the antenatal HIV prevalence among women between the ages of 15 and 49 was 29.3%. South Africa's estimated HIV prevalence has remained stable over the past three years. In 2006 it was 26.1%, 29.4% in 2007 and 29.3 in 2008%.[3] These statistics confirm Joint United Nations Programme on HIV and AIDS projections that the pandemic is reaching a plateau globally.[4]

In South Africa the pandemic is not only driven by powerful biological factors but by behavioural, social, cultural and economic and political factors. According to (Ambert, Jassey ,Thomas (2007), Marais, (2006), Madlala (2006), Gilbert and Selikow (2009) and Holden (2003), HIV and AIDS amplifies in conditions of poverty, unemployment, poor access to basic services, historical, economic and gender inequalities, transactional sex, violence against women and children. Some of these factors above make societies vulnerable and susceptible to HIV infection in many ways. [5]

As Collins and Rau (2000) put it, "*HIV and AIDS are now too pervasive and too embedded in society to be managed as biomedical issues*".[6] They continue that the epidemic has become a developmental issue as it affect all aspects of life and have scourging impacts on all population groups and sectors of the economy and should be at the top of the agenda for developmental local government in South Africa. [7]Local government as an institution of governance has an important role to play in responding to HIV and AIDS in urban areas since the pandemic is higher in those areas.

Local government in South Africa is mandated as developmental local governance to promote social and economic development, provision of basic services, ensuring a healthy environment and encouraging community participation through the Integrated Development Plan.[8]

In terms of the Municipal Systems Act of 2000 all municipalities must undertake planning processes and produce an Integrated Development Plan (IDP) for a five year period. The IDP defines and guides all planning, budgeting, management, decision-making, implementation and monitoring and evaluation making in a municipality.[9] The Integrated Development Plan should provide a picture of the municipal area, its vision, objectives, strategies, challenges and sector plans. This means that HIV and AIDS should be accounted for and responded to in the Integrated Development Plan (IDP). However in reality very few IDP's integrate HIV and AIDS into all activities of local government.[10]

1.1 Problem Statement

The challenge is that only a few municipalities understand HIV and AIDS as a developmental and governance issue. Most municipal HIV and AIDS interventions have not addressed the impacts of the epidemic. Municipal HIV and AIDS interventions are limited to HIV and AIDS awareness and prevention activities, Voluntary Testing and Counselling, condom provision and workplace programmes. Municipalities are struggling to implement interventions that move beyond biomedical interventions and that extenuate the socio-economic factors that drive and shape the epidemic.

Municipalities that have tried to understand HIV and AIDS as a cross-cutting issue have capacity challenges, such as the lack of human resources, and the lack of political buy in from political leadership and municipal leadership. The other reason why an integrated and holistic response to HIV and AIDS has not occurred is because there is no legal mandate that clearly defines local government's responsibilities for responding to HIV/AIDS, although, the 2007-2011 National Strategic Plan points out the need for an integrated response to HIV and AIDS.[11]

1.2 Rationale for the Study

The literature on local government responses to HIV and AIDS revealed that municipalities are struggling to respond to HIV and AIDS developmentally. Municipal interventions are health focused and are largely restricted to behavior change responses. HIV and AIDS are not integral to the IDP and the epidemic is not integrated in all the phases of the IDP. Responding to the epidemic falls within the mandate of Developmental Local Government. The mandate is to promote economic, social development and encourage a safe and healthy environment by working with communities in creating environments' and human settlements in which all people can live uplifted and dignified lives.[12] As will be expanded below the literature investigating municipal responses to HIV and AIDS is limited and under- researched.

Research examining the manner in which municipalities respond to the challenges of HIV and AIDS is of great importance since municipalities are struggling to respond to the epidemic from a developmental perspective. The literature on local government and HIV and AIDS responses tends to focus on the implications that HIV/AIDS has on local government (Thomas EP, and Ambert (2007), (DPLG, 2007) and on why local government needs to respond to HIV and AIDS van Kelly and (Van Donk,2009, 2008 and 2006 and Kelly (2004). Secondly the studies on local government responses to HIV and AIDS are restricted to desktop reviews and surveys Ambert (2004), Swartz and Roux (2004). This has limitations because desktop reviews and surveys don't provide a complete and accurate representation of any phenomenon.

There is also significant gap of in-depth case studies assessing whether people living with HIV and AIDS and Community Based Organisation leaders are invited to participate in the IDP process. The focus group discussions with PLWHA and CBO leader could encourage participants to want to participate in the IDP process. In view of these gaps in knowledge the study is concerned with the nature of municipal responses to HIV and AIDS in uMgungundlovu District and its four local municipalities. This study will be a valuable addition to the body of research about HIV and AIDS mainstreaming in local government.

Findings from this research will be utilised to inform municipal officials in uMgungundlovu district about HIV and AIDS mainstreaming into municipal functioning. The study will propose recommendations which can assist municipalities to respond strategically to HIV and AIDS. There is a significant gap of in-depth case studies examining whether people living with HIV and AIDS and Community Based Organisations leaders participate in the IDP process. There are also very few studies which assess whether municipalities have the capacity and support to respond to the pandemic.

1.4 Aims of the Study

The study examines the nature of municipal responses to HIV and AIDS in uMgungundlovu District and its four local municipalities namely Msunduzi, Mpofana and uMngeni and Impendle. The study also aims to identify best practices that can be applied elsewhere. The researcher will provide written feedback to participating municipalities in the form of a report summary. The researcher and supervisors will write an academic article/submit an abstract for a conference.

1.5 Objectives of the study are:

1. To evaluate how municipalities are responding to HIV and AIDS.
2. To assess the responses of municipalities, by investigating HIV and AIDS Interventions perceived by people living with HIV and AIDS, and Community Based Organisation leaders.
3. To examine how HIV and AIDS is taken into account in the Integrated Development Plans and to assess whether people with HIV and AIDS are invited to participate in the IDP process.
4. To assess/explore what capacity and support municipalities have in order to respond to HIV and AIDS.
5. Through the review of the case studies to identify factors that have led to either a successful or limited response to HIV and AIDS.

1.6 Research Questions

The overall research question that this study seeks to address is how municipalities in uMgungundlovu District municipality and its four locals namely Mpofana, Impendle, Mpofana and Msunduzi are responding to the challenge of HIV and AIDS? The following sub-questions are important:

- What are the existing HIV/AIDS strategies in municipalities?
- Do municipalities have HIV/AIDS programmes, if so which ones?
- To what extent is the municipality (programming and) mainstreaming HIV and AIDS into everyday activities?
- What are the perceptions of municipal interventions by people living with HIV and AIDS and CBO leaders?
- Are people living with HIV and AIDS and CBO leaders invited to participate in the IDP process? If so, how?
- Which stakeholders does the district/local municipality engage within its response to HIV and AIDS?

1.7 Conclusion

HIV and AIDS have become developmental and governance issues that require multi-sectoral responses. Local government is well positioned to facilitate the multi-sectoral approach to the HIV and AIDS. HIV and AIDS need to be integrated into all the programme, projects and policies of local government. HIV and AIDS mainstreaming is based on the premise that all departments in the municipality consider how their everyday activities could contribute to vulnerability of communities they serve to HIV infection and how their work impacts or facilitates people's ability to cope with HIV and AIDS.[13] Municipalities can mainstream HIV and AIDS by providing basic services such as water, health services, transport, housing and the upgrading of informal settlements to communities in ways that can prevent conditions in which HIV infections escalates in communities.

The fight against HIV and AIDS cannot be fought without the active community participation of the people infected and affected by the epidemic in interventions implemented and planned by local government to combat the spread of the HIV and AIDS. People living with and affected by the epidemic are the ones who are directly affected by the epidemic. Their involvement in HIV and AIDS interventions and in public participation processes will assist local government to understand the impact of the epidemic on it citizens and communities and to develop or modify their strategies accordingly. The research report is structured as follows:

Chapter one: The current chapter provides the general background to the study and the research aims. It therefore sets the scene for the entire research report. The chapter also includes the research questions and the reasons that motivated the researcher to undertake this particular study.

Chapter two: Chapter two is the discussion of the literature review and the conceptual framework of the study. The researcher draws in existing literature on municipal responses to HIV and AIDS and the chapter explores and discusses the concepts which frame the study.

Chapter three: This chapter discusses the overall methodology and data collection methods utilized to carry out the study. In addition the chapter discusses the strengths and limitations of the study. The qualitative research method was used to carry out the study, in-depth interviews, focus group discussions and documentary analysis.

Chapter four: The chapter presents from the research findings and this section focuses on translation of raw data into meaningful information. The chapter discusses and describes the nature of municipal responses to HIV and AIDS of uMgungundlovu District Municipality and its four locals namely Impendle, Mpofana, Msunduzi and uMngeni.

Chapter five: This chapter builds on from chapter four. This chapter is a discussion of findings and the researcher analysed information gathered from the in-depth interviews, focus group discussions and documentary analysis. The chapter describes the nature of municipal responses to HIV and AIDS using themes that emerged from the fieldwork.

The structure if the chapter follows that of the objectives of the study.

Chapter six: This chapter is a discussion of the research findings in light of the reviewed literature on municipal responses to HIV and AIDS**,** responding to the study objectives.

Chapter seven: This chapter concludes by summarizing the key findings of the study and identifies some best practices and lessons learnt. The chapter also provides recommendations and challenges highlighted in the report.

CHAPTER 2

LITERATURE REVIEW AND CONCEPTUAL FRAMEWORK

2. Introduction

This chapter has two components namely the literature review and the theoretical approaches that frame the study. The literature review will locate the research with the body of knowledge that is related to the research problem being addressed. The literature review draws in the existing literature in order to conceptualise and develop the theoretical framework and provide a descriptive context for the research. This section also discusses South Africa's HIV and AIDS policy environment.

The literature review concludes with an analysis of the literature and identifies gaps in the literature reviewed. The literature review encompasses a number of discourses, Developmental Local government, mainstreaming, multi-sectoral approached, public participation and Integrated Development Planning. These discourses are of vital importance because they are critical for the formulation of the conceptual framework. The second part of this chapter discusses concepts guiding and framing the study, namely advocacy planning and public participation, vulnerability, Inter-Governmental Relations, mainstreaming and Developmental Local Governance.

2.1. South Africa's HIV and AIDS Policy Environment

The history of South Africa's HIV and AIDS Policy has been characterized with denialism, controversy and clashes between politicians, scientists and the civil society. Whiteside (2007) argues that "*it is incontestable that South Africa as country with one of highest prevalence rates has been slow in responding to the epidemic"*. [14] The historic inaction of the South African government regarding the roll-out of antiretroviral treatment is still being felt today. Much of the criticism has been on the stance against the provision of Nevirapine to pregnant mothers. The Former President Thabo Mbeki and his former Minister of Health Manto Tshabalala- Msimanga promoted nutrition instead of rolling out antiretroviral treatment. Former President Thabo refused to accept that HIV causes AIDS. Mbeki asserted that HIV was another factor that contributed to mortality resulting from immunodeficiency alongside other such as poverty and poor access to nutritious.[15]

In 2003 civil society won the ARV roll-out battle in court and the South African government announced that the public health facilities would provide antiretroviral treatment to people needing it.

Before 1994, the South African government's initial response to address HIV and AIDS issues was located within the domain of the Department of Health. This intervention excluded all other sectors and government departments. However after 1994, HIV and AIDS developed and moved from the biomedical approach to an integrated multi-sectoral approach to fight the epidemic. The South African government has sought to curb the spread of HIV and AIDS but has not been successful. The reason for the limited results is because the government largely understands the epidemic as health issue that requires citizens to change their behaviour instead of addressing the social, economic, political and cultural factors that drive the epidemic. The four biggest HIV and AIDS awareness campaigns namely: Khomanani, Love Life, Soul City and Soul Buddies were implemented by the government in partnership with international donors, civil society and private sector to promote HIV and AIDS awareness and eradicate stigma surrounding the disease.

The government tried to stop the spread of AIDS by promoting the (ABC) "Abstain, Be Faithful and Condomise" messages hoping that this would change the risky behavior of citizens and communities. Awareness campaigns have proved not be enough to stop the spread of HIV and AIDS because South Africa's epidemic is unique it has underlying factors such as poverty, inequalities, violence against women and transactional sex that drive the spread the epidemic.

2.1.1. South Africa's National AIDS Plan of 1994

In 1992, the National AIDS coordinating Committee of South Africa (NACOSA) was launched to develop a national strategy to fight AIDS and was endorsed in 1994. NACOSA brought together stakeholders from various sectors such as trade unions, political parties, business sector, academics and the civil society to develop a strategy to combat HIV and AIDS. The goals of the plan were to (a) prevent transmission, (b) reduce the personal and social impact of HIV infection, and (c) mobalise and unify provincial, international and local resources.[16]

According to Fourie (2006), it was evident at the end of the Mandela's presidency that the National AIDS policy framework had failed dismally to achieve its goals and targets.[17] Fourie (2006) asserts that the National AIDS policy framework of 1994 was a failure from the beginning. "*The plan encountered implementation problems and did not move beyond the agenda setting and policy formulation stages*.[18] In 1999 a review of the National AIDS Plan of South Africa 1994-1995 was conducted and the strengths and weaknesses of the plan were highlighted. The HIV /AIDS/STI Strategic Plan 2000-2005 identified that the major weakness of the plan was that it only took a biomedical approach to the epidemic.[19]

2.1.2. The HIV/AIDS/STD Strategic Plan for South Africa 2000-2005

The HIV /AIDS strategic plan for South Africa 2000-2005 flows from the National AIDS Plan of 1994-1995. The plan had four priority areas (a) prevention, (b) care and support, (c) legal and human rights and (d) research monitoring and evaluation. The two primary goals were to: reduce the number of new HIV infections (especially among youth) and reduce the impact of HIV/AIDS on individuals, families and communities. [20] It was identified that the HIV/AIDS/STD Strategic Plan for South Africa 2000-2005 had two major weaknesses: poor-coordination of activities at the South African National AIDS Council and among the civil society as well as the lack of a monitoring and evaluation framework.[21]

2.1.3 The HIV/AIDS and STI Strategic Plan for South Africa 2007-2011

The HIV/ AIDS and STI Strategic Plan for South Africa 2007-2011 is a five year plan that flows from the HIV/AIDS Strategic Plan 2000-2005. The NSP (2007-2011) "*seeks to provide guidance on policy development and programme implementation on HIV and AIDS interventions to the various departments and sectors of civil society"*.[22] The 2007-2011 HIV/AIDS and STI Strategic Plan has two primary aims: (a) to reduce the rate of new infections HIV infection by 50% by 2011 and (b) to reduce the impact of HIV and AIDS on individuals, families, communities and society by expanding access to appropriate treatment, care and support to 80% of all HIV positive people and their families by 2011.[23] The priority areas of the NSP (2007-2011) are: (a) prevention treatment, (b) care and support, (c) human and legal rights and (d) monitoring, research and surveillance.[24]

The NSP (2007-2011) seeks to be relevant to all agencies working on HIV and AIDS in South Africa within and outside the government. The NSP envisages that all government departments and sectors of civil society to utilise this plan as a basis to develop their own HIV and AIDS strategic plans to achieve a holistic, integrated multi-sectoral approach to HIV and AIDS.

The NSP clearly points out that the challenge of HIV and AIDS requires an integrated response that tries to address the social and economic factors that make communities vulnerable to the epidemic. However the NSP does not provide guidance to local government with regard to appropriate actions local authorities could undertake to achieve the goals set out in the NSP. The NSP explicates that it is important for local government to move away from health focused responses and should integrated HIV and AIDS and into all the departments of local government.[25]

2.1.4. Framework for an Integrated Local Government Response to HIV and AIDS

The Framework for an Integrated Local Government Response to HIV and AIDS was developed by the Department of Local Government and the German Technical Agency. The South African Local Government Association was one of the contributing institutions. The framework, which was launched in March 2007, is a strategic document developed to:

- Promote a common understanding of what development and governance responses to HIV and AIDS entail;
- Specify the role of municipalities and other role-players in responding to HIV and AIDS;
- Provide guidance to municipalities on what they can do to respond to HIV and AIDS and how to do it;
- Define a strategy for supporting municipalities and other role-players to perform their respective roles;
- Support engagement with municipal and other role-players to adapt and implement the framework within their particular local contexts[26].

The framework therefore to guides local government on how to comprehensively respond to the HIV and AIDS pandemic. This Framework is also based on the premise that municipalities are doers, enablers, co-coordinators and connectors in many respects.

2.1.5. Handbook for facilitating development and governance responses to HIV and AIDS.

This Handbook for facilitating development and governance responses to HIV and AIDS was launched in 2009, was developed through interactions with municipalities using the Framework for an Integrated Development Response to HIV and AIDS as a basis and guides municipalities on how to mainstream HIV and AIDS into the core mandate of Local Government. This handbook has been developed based on the experiences of developing and piloting an approach and process for mainstreaming and programming development and governance responses to HIV and AIDS in the Capricorn District Municipality, funded by the Medical Research Council , INCA Capacity Building Fund and the Capricorn District Municipality[27].

This handbook builds on the Framework for Integrated Local Government responses to HIV and AIDS, funded by the Department of Provincial and Local Government and GTZ, in collaboration with key national and provincial stakeholders as well as SALGA and the South African Cities Network. It also is aligned with the (NSP) 2007 – 2011[28].

2.1.6. HIV and AIDS Strategy for the Province of KwaZulu-Natal 2006-2010

The response to HIV and AIDS at the provincial level follows the footsteps of the National HIV and AIDS Strategic Plan. The Office of the Premier in KwaZulu-Natal drew up an HIV and AIDS Strategy for the Province of KwaZulu-Natal for 2006-2010 based on the requirements of the NSP.

The plan was developed by the Chief Directorate of HIV and AIDS in the office of the Premier. The strategy covers all HIV and AIDS response activities, including: prevention, care, support and treatment, impact mitigation. The goal of the HIV and AIDS Strategy for the Province of KwaZulu-Natal is to reduce the new infections by 50% and eradicate AIDS related deaths by 2015.[29] The HIV and AIDS strategy for KwaZulu-Natal province acknowledges that HIV and AIDS are cross-cutting issues that require a multi-sectoral response.

The strategic plan necessitates the various government departments to integrate HIV and AIDS into all planning and implementing processes. The HIV and AIDS Strategy for the Province of KwaZulu-Natal 2006-2010 clearly points out that local government as the sphere of government closest to the people is mandated with the role of coordinating and promoting social and economic development at the local level.[30] The strategy emphasises that the local government should mainstream HIV and AIDS into all municipal departments, however the strategy does provide guidance as to how municipalities can go about mainstreaming. The strategy acknowledges that local government has challenges when responding to HIV and AIDS. The challenges that the strategy identified include lack of capacity and skills and the limited human and financial resources to facilitate the implementation of HIV and AIDS interventions.[31]

2.2 A review of Local Government HIV and AIDS situation

The Framework for the Integrated Local Government responses to HIV and AIDS (2007) asserts that after the year 2000, many municipalities began to understand that they have an important role to play in curbing HIV and AIDS at the local level.[32] In 2001 the Department of Provincial Local Government conducted a review of municipal responses to the epidemic. The review revealed that municipalities had not started to consider the implications of the epidemic on local government as an employer and as a service provider.[33] In 2004 a follow up study identified that municipalities were starting to understand HIV and AIDS as an issue that required interventions from local government. The study also found that very few municipalities were integrating HIV and AIDS into the core mandate of local government.[34]

The study further revealed that municipal HIV and AIDS interventions occurred outside the IDP and they did not cover the internal and external response. It was also identified that the public participation processes did not shelter the vulnerable groups such as people living with HIV and AIDS, women, orphans and people living with disabilities.[35] Swartz and Roux (2004) conducted a study that surveyed local government projects in South Africa.

The study found that local government HIV and AIDS interventions are restricted to biomedical responses and they included the following: HIV and AIDS awareness campaigns, gardening projects, and VCT, home based care, training and education activities and People Living with HIV and AIDS support groups.[36] Ambert (2004) confirmed this in 2004 when she investigated the manner in which ten selected municipalities defined, interpreted and responded to the challenges of HIV and AIDS. Her review of IDP's found that "*municipal responses are limited to HIV and AIDS untargeted awareness activities and health services that are already undertaken by the health sector*".

The responses were also not localised because there was a lack of locally specific HIV and AIDS data and information. The municipal IDP's relied on the national and provincial Antenatal statistics.[37] Ambert (2004) argued that the ability of municipalities to engage with HIV and AIDS is limited and inadequate. She highlighted that even though most municipal IDP's considered HIV and AIDS in their situational analysis, the analysis focused on morbidity and or mortality matters. Ambert (2004) contends that only a few IDP's mentioned that the HIV and AIDS may impact on economic development, social development and political participation.

Furthermore she found that none of the IDP's considered the impact the HIV and AIDS on municipal services such as water, sanitation, refuse removal and how the epidemic could affect the overall backlogs in service provision. The IDP's did not consider the services requirements of the infected citizens and affected households either. [38] Some of the IDP's in Ambert's (2004) review considered HIV and AIDS as a cause of unemployment leading to prostitution and increasing the number of people living with HIV and AIDS.[39]

Ambert (2004) found that many IDP's had not implemented responses but they were still planning to implement HIV and AIDS interventions.[40] None of the IDP's had contained comprehensive HIV and AIDS strategies, sector plans or projects. Ambert (2004) reiterates that although municipalities were trying to deal with HIV and AIDS they are struggling to effectively integrate HIV and AIDS into their IDP's.[41] Swartz and Roux and (2004) share a similar view, their audit of local government HIV and AIDS projects found that very few IDP's consider HIV and AIDS in all the phases of the IDP. In most IDP's, HIV and AIDS were briefly mentioned in the analysis phase and in the guidelines of the IDP development.

Most IDP's did not document budget allocations to HIV and AIDS in their IDP's and very few IDP's received funding from external donors. The study also found that only 6% of the IDP's had budget allocations and this illustrates that the mandate of municipalities to respond to HIV and AIDS is unfunded. Overall Swartz and Roux (2004) highlighted that the idea of IDP's and HIV and AIDS is a new phenomenon to local government and there seems to be capacity problems when it comes to the implementation of HIV and AIDS interventions in municipalities.[42] Kelly (2004) conducted a review of HIV and AIDS Strategic Plans of South Africa's largest cities. The municipalities included Buffalo City, City of Cape Town, City of Tshwane, Ekurhuleni, and eThekwini, Mangaung, Msunduzi and Nelson Mandela.

Kelly's (2004) review found that municipalities had begun developing HIV and AIDS interventions. Nonetheless, the review showed "*that the most effective programmes have been those that succeeded in identifying the gap between policy development and implementation"*.[43] None of the municipalities reviewed in Kelly's (2004) review had integrated societal issues such as poverty alleviation, gender inequality and unemployment into their local HIV and AIDS interventions.[44] The review also identified the structural constraints that hampered an effective HIV and AIDS responses at local government level.

The first structural drawback was the capacity issue, "*many municipalities had undergone the process of amalgamation and restructuring, this resulted in the delay of appointments. Key positions remained vacant and incapacitated employees were tasked with backlogs"*.[45]

The second drawback was the lack of understanding HIV and AIDS as a developmental and governance issue. None of the municipalities had considered the impacts of the epidemic on their core mandate and on the communities they serve. Kelly (2004) also identified that most municipalities had financial and technical constraints which hindered the ability of municipalities to develop an integrated response to the epidemic.[46] The Centre for Municipal Research and Advice (2006) situational analysis of municipal HIV and AIDS interventions also confirmed that the municipal response to HIV and AIDS is faced by a number of challenges and constraints. The study found that all the municipal responses to HIV and AIDS among the five municipalities varied but they had similar challenges notably human capacity and understaffing and departmental mainstreaming was weak.[47]

The study also identified that the mandate to respond to HIV and AIDS is unfunded because there is no provincial budget allocated to municipalities. Municipalities had to raise their own revenue to capacitate HIV and AIDS interventions either externally or through municipal taxes.[48] The study highlighted that HIV and AIDS were not always mainstreamed in the IDP and the relationships between civil society and municipalities are poor and uncoordinated. In 2008 GTZ and Ehlanzeni District municipality conducted a review of Ehlanzeni local municipal IDP's. The review identified that the HIV and AIDS portfolio needs to have budget allocations. This review also revealed that the lack of alignment in planning for HIV and AIDS interventions was the main reason why the municipalities did not budget for HIV and AIDS. Furthermore the review highlighted that there was a lack of understanding of the IDP process amongst stakeholders that are supposed to be actively involved in the process.[49]

This overview of the literature on local government response to HIV and AIDS has demonstrated that the response to HIV and AIDS has been slow to develop at the local government level and responses across municipalities have been variable. Even though municipalities are responding to HIV and AIDS they are grappling to do so strategically. Municipal responses to the epidemic are largely limited to biomedical responses that focus on behavior change and workplace programmes. This is a limited understanding of HIV and AIDS as developmental and governance issues among local government officials.

This is evident from the literature reviewed above because very few municipalities are effectively mainstreaming HIV and AIDS into their IDP and into the core mandate of local government.

2.3 Conceptual Framework

The conceptual framework is made up of six concepts that frame and guide the study and they comprise of the following: developmental local government, public participation, advocacy planning, mainstreaming, vulnerability and intergovernmental relations. Each of these concepts is unpacked and the relationships between these concepts are discussed. All six concepts are considered to be crucial elements in developing an integrated and holistic response to HIV and AIDS.

2.3.7. Developmental Local Government

The Local Government Municipal Structures Act of 2000 endorses 'democratic and developmental local government, in which municipalities fulfill their constitutional obligations to ensure sustainable, effective and efficient municipal services, promote social and economic development, and encourage a safe and healthy environment by working with communities in creating environments' and human settlements in which all people can live uplifted and dignified lives.[50] The White Paper on Local Government (1998) mandates local government to target people that are marganilised such as people living with disabilities, children, women, and the poor.[51]

At the heart of the developmental approach to local government is the Integrated Development Plan (IDP) enshrined in the Municipal Systems Act No 32 of 2000.[52] In terms of the Municipal Systems Act, every municipal council must adopt a single, five year plan for the development of its municipal area. The Integrated Development Plan defines and guides all planning, budgeting, management, and decision-making in a municipality.[53] The local council should draw in stakeholders and the local community in the area during the development of the plan. IDP's place an emphasis on the participation of communities in planning processes to ensure that the plans flesh out the needs and concerns of the people planned for.[54]

The IDP should take into account existing conditions and challenges and resources available for development. This means that the IDP cannot miss HIV and AIDS and they should be accounted for in the Integrated Developed Plan.[55] The IDP is an appropriate tool that could ensure that HIV and AIDS are mainstreamed into the core functions of local government so that communities have access to coping mechanisms in the face of HIV, poverty and other socio-economic impediments.[56] The Handbook for Facilitating Development and Governance responses to HIV and AIDS (2009) clearly points out that responding to HIV and AIDS forms part of the local government developmental agenda.[57]

Local government is mandated to render the following services, water supply and sanitation, environmental health, energy services and solid waste management. These basic services are important especially for those are at risk of contracting opportunistic infections such as diarrhea and bilharzias. Ambert, Jassey and Thomas (2007) argue that '*parasites and pathogens such as worms, bilharzias play a critical role in HIV transmission and progression into AIDS*'.[58]

2.3.2 Public Participation

Public participation has become a buzzword advocated basically on every developmental programme throughout the world.[59] Participation is meant to empower marginalised groups and communities to participate in their own development. Participation is a contested concept mainly because there are different views about the level of participation necessary to influence decision making processes in government and in organisations.

Public participation is receiving increasing attention in South Africa especially with the increase of service delivery protests in the country. Public participation has been emphasized heavily at the local government level. This is because it is the sphere of government where the biggest constitutional and statutory obligations to public participation exist.[60] This is also because local government is the sphere of government closest to the people.

The South African government has several legislative frameworks (the Constitution of 1994, Batho Pele, the White Paper on Local Government of 1998, the Municipal Structures Act of 117 of 1998, and lastly the Municipal Systems Act of 2000) that endorse public participation.

Arnstein's theory of Citizen Participation

Even though Arnstein's model of citizen participation was established three decades ago, it is very relevant in the present day and time. This is illustrated in Figure 1 and Table 1 below.

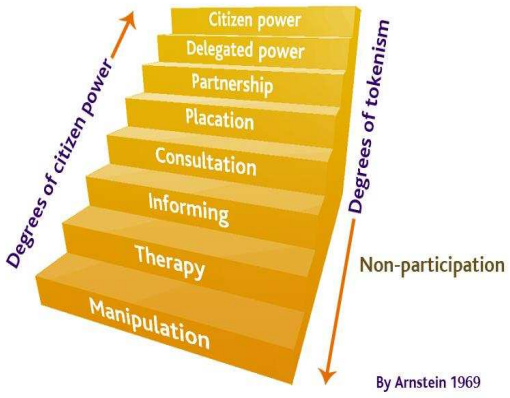


Figure 1: Arnstein's Ladder of Participation

Table 1: Summary of Anstein's ladder of participation

Participation	**Level of participation**
Citizen Control	Citizens and communities make decisions
Delegated Power	In this case the government is in charge of the decision making processes even though citizens are given some decision making powers.
Partnership	The government and the community work together on projects but the government still makes the final decisions.

Placation	The community is consulted for advice and token changes are made.
Consultation	The community is asked to comment and make recommendations about the project but their comments may not be reflected in the final decisions.
Informing	Community is informed about the projects in public meetings or leaflets but their opinions may not be considered.
Therapy	Citizens are informed about the projects that have already been implemented without their inputs.
Manipulation	The community is not informed about projects and plans.

The lowest level of participation is the category of non-participation whereby the communities are not informed about the projects and plans and are not given a platform to voice their needs and concerns. This means that citizens and communities become a rubber stamp to legitimise decisions that have already been taken. The level of tokenism is where communities are consulted during the planning processes of a particular project and they are given a platform to voice their needs and concerns. However this does not guarantee that the opinions and comments made by the communities would be considered in the final decision making process. Arnstein's (1969) theory of participation was utilised in the study because local government is obliged to ensure that citizens particularly the marginalised groups, participate in participation processes.

Citizens should be able to make inputs about plans that take place in their area of jurisdiction. HIV and AIDS interventions will be empty without the adequate mobalisation and participation of the voices of the epidemic in integrated development planning process at the local level. The people living with and affected by HIV and AIDS are the ones that suffer the most and the impact of the epidemic is primarily felt by families and households. It is also critical that local government places HIV and AIDS on the agenda when local government employs participation processes such as the IDP process. [61]

The handbook for Facilitating development and governance responses to HIV and AIDS (2009) supports this view and clearly points out that it is important that IDP managers empower and motivate the voices of HIV and AIDS to participate in the IDP as this will ensure that the implemented interventions address the needs and concerns of citizens[62]. This will also assist the municipalities to understand the impacts of the epidemic on its citizens and communities.

2.3.3 Advocacy Planning

The concept of community planning emerged under the elements of advocacy planning. The concept of advocacy planning theory rose in the 1960's to compensate for the past decades of non- participatory, top down action by local governments.[63] Advocacy planning was pioneered by Paul Davidoff, a lawyer and city planner who envisaged a plural form of planning. Supporters of advocacy planning recommended that planners work with low-income communities to make sure their viewpoints of these communities are represented effectively.[64]

Davidoff (1965) explicates that the correct role of the planner is one of an advocate.[65] This means that planner becomes the voice of the community and presents the needs and concerns of citizens when planning decisions are being made. He further suggested that planners needed to work for marginalised groups that lacked a voice in planning decisions.[66] Davidoff (1965) critiqued mainstream planning of its neglect of marginalised groups particularly the poor.[67]

He argued that various groups in society had different needs, which would result in fundamentally different plans if they were recognized. He further asserted that pluralism in planning could only occur when the process involved different groups of people, not just those that have power and influence He rejected the notion that planners can work as neutral artisans in the development of plans.[68] In the context of this research, I appropriate that the IDP manager should play an advocacy role and mobalise the voices of HIV and AIDS and ensure that they participate in the IDP process.

The IDP managers should ensure that the needs and concerns of people living with and infected by HIV and AIDS are included during the planning, budgeting and implementation phases of the IDP. This will also enable municipalities to gather data to assist the municipality during HIV programming and mainstreaming.[69]

2.3.4. Mainstreaming

The concept of mainstreaming originated in the late 1960's and the concept has become an essential ingredient of expanding the response to HIV and AIDS.[70] Mainstreaming introduces an alternative approach to the challenges posed by the epidemic. Mainstreaming is built on the idea that HIV and AIDS are developmental and governance issues and it is linked to the social, economic, political and cultural factors that drive and spread the epidemic.[71] "*Mainstreaming at the local government level implies that all departments in the municipality consider how their everyday activities could contribute to vulnerability to HIV infection and how their work impacts on people's ability to cope with the epidemic*".[72]

The Framework for Integrated Local Government Responses to HIV and AIDS (2007) advises municipal departments to consider the causes and effects of the epidemic in their core work.[73] Mainstreaming implies that HIV and AIDS responses are aligned with the core mandate of the municipality, and not considered as special issues.[74] Mainstreaming is not about changing core functions and responsibilities. Instead, it is more about adequately fulfilling core functions by incorporating the imperatives of a response to the effects of HIV and AIDS.[75]

Mainstreaming determines: 1) how the spread of HIV is caused or contributed by the relevant sector, 2) how the epidemic is likely to affect these goals, objectives and programmes of the sector, 3) where the sector has a comparative advantage to respond and limit the spread of HIV and mitigate the impact of the epidemic and 4) decide what actions to take.[76]

2.3.5 Vulnerability

Vulnerability refers to the risk of a particular individual or social group to falling into situations that comprise their quality of life or wellbeing.[77] "*In the context of HIV and AIDS, vulnerability is not only determined by disease alone but it is constructed through a domain of cross-cutting and interacting factors called 'stressors'*"[78]. These 'stressors' involve structural issues associated with the social, physical economic, political and cultural factors that shape and drive the epidemic in South Africa.[79] The actual determinants of HIV and AIDS in South Africa include behavioural factors such as unprotected sexual intercourse, transactional sex, and multiple concurrent partnerships, as well as the range of social and economic drivers.

In South Africa the following social groups are identified as vulnerable in NSP groups: women, children, people with disabilities, men who have sex with men (MSM), sex workers, refugees and drug users. The NSP 2007-2011 identified factors the "underlying factors" that drive vulnerability to health and HIV specifically and they include: poverty, gender and gender based violence, cultural attitudes and practices, stigma, denial, discrimination and exclusion, migrant labour, lack of urban formal education and urban informal settlements.[80]

These vulnerabilities make people susceptible to contracting HIV and AIDS. The information above illustrates that HIV and AIDS can be no longer regarded as biomedical issues but they have become developmental issues. According to Parker and Hajiyiannas (2008), Ambert, Jassey and Thomas (2007) and Shisana and Simbayi (2002) HIV and AIDS people living in urban informal settlements are vulnerable to HIV infection mainly because of the lack of access to basic services such water and sanitation and in conditions of poverty, unemployment and food insecurity.[81]

This illustrates that local government has a critical role to play in addressing vulnerabilities particularly for those living with HIV and AIDS. The handbook for facilitating development and governance responses to HIV and AIDS (2009) shares similar view and highlights that "*HIV and AIDS result in a new range of new social, political, economic, environmental and structural challenges that are difficult to manage".*[82]

This illustrates that it is critical for municipalities need to identify the vulnerable groups and the high transmission areas within the municipal area as this will assist the municipalities to know which areas to target and which groups are to be targeted. Collins and Rau (2000) also attest that an effective response to the epidemic is one that finds ways to diminish the vulnerabilities of social groups.[83]

2.3.6. Intergovernmental Relations

The concept of Intergovernmental relations refers to the relationships of coordination, integration and operational cooperation among various stakeholders in order to achieve a common goal.[84] IGR is meant "*to involve a process of integration and coordination not just among the national, provincial and local sphere of government, but also non state actors such as the civil society, religious bodies and the business sector*[85]". At the municipal level the IDP is the key instrument of intergovernmental relations. The IDP is supposed to be informed by the national and provincial policies as well as the bottom up engagement with citizens to ensure that their needs and concerns are heard.[86] The challenges posed by HIV and AIDS require a multi-sectoral responses to the epidemic.

This means that the collaborative partnerships across the all of tiers of government and with other stakeholders such as the civil society, private sector are critical to the development of integrated and holistic responses to HIV and AIDS. HIV and AIDS are cross-cutting issues and the IGR should bring together targeted responses from various departments, tiers of government and organizations to ensure that vulnerabilities are assessed and addressed. At the municipal level HIV and AIDS should not be treated as a special issue that is dealt with separately by one department in the municipality but HIV and AIDS should be integrated into all developmental programmes, projects and policies of the municipality.

It is vital that local government enhances basic service delivery as this improves the well-being and living conditions of the infected and affected by the epidemic. The first part of the literature review discussed South Africa's HIV and AIDS policy environment. The second part of this chapter reviewed the literature on local government responses to HIV and AIDS.

The literature review encompassed a number of discourses, public participation, advocacy planning, mainstreaming, vulnerability, intergovernmental relations and developmental local government. These discourses are critical as they core elements of an integrated and holistic response to HIV and AIDS in local government. These discourses are critical as they are core elements of an integrated and holistic response to HIV and AIDS in local government.

CHAPTER 3

METHODOLOGY

3.1 Research Approach

This chapter presents the methodology used to carry out the research. A qualitative approach and case study method were utilised in order to gain in-depth rich information of the nature of municipal responses to HIV and AIDS in uMgungundlovu District Municipality and four of its local municipalities, Impendle, Mpofana, Msunduzi and uMngeni. Yin (1994) asserts that that "*the case study method excels at adding strength to what is already known from other research*".[87] The strength of the case study method is that it allows the researcher to use multiple sources of data for comparison purposes.

3.2. Data Collection Method

In this study data was gathered through primary and secondary data to address the research questions. To gather the required information that informed the research questions, the researcher relied on in-depth interview, focus group discussions and the review of documents. The researcher spent six weeks conducting in-depth interviews, focus group discussions and one week conducting documentary analysis. Data was collected from 25th July 2009 to 10th September 2010.

3.2.1 Indicators Table

In order to respond to the four study objectives, the sources of data and tools used are outlined in Table 2 below.

Table 2: Indicators Table

Objectives	Informants	Tool/Instrument
To evaluate policy and how municipalities are responding to HIV and AIDS.	HIV and AIDS coordinators, health workers, municipal managers, IDP managers and ward councillors	In-depth interviews, questionnaires, quotes, HIV and AIDS Strategic plans and HIV and AIDS policies.
To assess the responses of municipalities, by investigating HIV/AIDS interventions perceived by PLWHA.	People living with HIV and AIDS and CBO leaders.	Focus group discussions, questionnaire and quotes.
To examine how HIV and AIDS are taken into account in the Integrated Development Plan and to assess whether PLWHA are invited to participate in the IDP process.	IDP manager, ward councillors, PLWHA and CBO leaders	In-depth interviews, questionnaire, quotes and Integrated Development Plan documents**.**
To assess what capacity and support municipalities have in order to respond to HIV and AIDS	municipal managers and HIV and AIDS coordinators	In-depth interviews, questionnaires and quotes.

3.2.2 Primary Data

a) Semi- Structured Questionnaires

Semi-structured questionnaires were developed to gather information from the informants. The content of the questionnaires was not similar, the questionnaires were structured according to the areas of involvement of the interviewees. However there were questions that were the same for all the interviewees. The aim was to obtain the interviewees knowledge, experiences and perceptions about municipal HIV and AIDS interventions. The questionnaire consisted of open-ended questions in order obtain in-depth information from the interviewees. Six semi-structures questionnaires were developed and they were adapted from the Centre for Municipal Research and Advice (2006) situational analysis report.

b) In-depth Interviews

In-depth interviews allow the researcher to pursue interesting points and personal contact with the interviewee enhances good probing.[88] Twenty-five in-depth interviews were held with five municipal officials in each of the five municipalities selected. In-depth interviews were conducted with the following municipal officials: municipal managers, IDP Managers, HIV and AIDS coordinators, health workers and ward councillors. These informants were considered to be the most knowledgeable about municipal HIV and AIDS interventions and because of the nature of their work. The researcher took notes during the in-depth interviews and the interviews were recorded to enable the researcher to later on reconcile what she had written down with what had to be transcribed from the recorded tape. An interview guide was utilised which had a list of questions that guided the in-depth interviews.

b) Focus group discussions

Focus group interviews enhance the facilitators' "*access to opinion, perceptions and they are an excellent way of obtaining information from illiterate people"*.[89]

Four group discussions were conducted with people living with HIV and AIDS and CBO leaders who are not positive.

These participants were CBO's that were working with the five municipalities that were part of the study. Each focus group consisted of 6-10 participants. The objective of the focus group discussion was to evaluate municipal responses as perceived by people living with HIV and AIDS and CBO leaders. The focus group discussions were also intended to assess whether people living with HIV and AIDS knew about the IDP process and whether they had participated in this process.

c) Documentary Analysis

Documentary analysis involves analysing and interpreting written material and other forms of records. "*Documents are social facts in that they are produced shared and used in a socially organized way*".[90] Silverman (2004) argues that however they are not transparent representations of organizational functions and decision-making.[91] Documents and archives are excellent sources for information gathering. Documents analysis is advantageous in that does not involve the collection of new data.

Content analysis is the systematic analysis of written or recorded communications in order to break down, identify, analyse the presence or relation of messages or common themes. [92] The study analysed the following documents: HIV and AIDS Strategic Plans and HIV and AIDS Policies and municipal project reports. In order to gain a better understanding about how HIV and AIDS are taken into account in Integrated Development Plans study IDP documents were reviewed. The researcher spent one week conducting the desk-top review of all municipal IDP's. The desk-top review was conducted on IDP's using a monitoring and evaluation framework used for analysing HIV and AIDS mainstreaming in IDP's.

This framework was previously developed by Ambert (2004), and further developed by Pinky Mahlangu (2007) for analysing HIV/AIDS mainstreaming in IDP's. For each of the five IDP's, the analysis consisted of a critical assessment of the situational analytical phases and strategic planning phases of the IDP to determine whether HIV and AIDS had been determined as a priority area by municipal planners, and whether

HIV and AIDS had been targeted as a broad framework for which projects in the IDP plans were constructed for.

A detailed analysis of the projects phases in the IDP was also carried out to determine whether there was symbiosis between IDP programming and situational analysis and strategic planning phases, in order to assess the strengths of the IDP programmes in terms of their alignment to HIV and AIDS mainstreaming.

The desktop review consisted of the following:

- Are HIV and AIDS identified as priority issues in the analysis phase of the IDP?
- Does the IDP mention HIV and AIDS at all?
- Do HIV and AIDS feature at all in the IDP objectives and Strategies?
- Is the IDP referring to HIV and AIDS challenge at national, provincial or local level?
- Are there any plans/strategies identified to address the challenge of HIV and AIDS in?
- Are HIV and AIDS projects listed in the IDP, and if so, of what nature? Are they programming or mainstreaming?
- Are HIV and AIDS mentioned in other sector plans (departmental plans)?

3.2.3 Secondary Data

Secondary data was collected from books from the library, research papers and reports, conference presentations, handbooks and manuals, newspapers and internet websites. The advantage of secondary data is that it is cheaper but it needs to be reviewed and synthesised before it becomes useful.

3.3 Sampling

Sampling is defined as the selection of a site, time, people and events in research field. Qualitative research uses non-probability sampling as it does not aim to produce a statistically representative sample or raw statistical inference.[93]

The study employed purposive sampling which is used when we want to target particular individuals and categories for investigation.[94] uMgungundlovu District has a total population of 872 717.[95] It was selected purposively selected mainly because the district had an HIV prevalence of 45.7% amongst 15-49 year old females in 2008 and this was the highest prevalence out of all the districts in the country.[96] It should also be mentioned that the province of KwaZulu-Natal has always had one of the highest HIV prevalence in the country. In 2008 the HIV prevalence was 38.7%, 39.2% amongst 15-49 year old females in 2007 and 2006. The case study was also purposively selected because of the researcher lives in the area. The assumption was that this would at some level facilitate easy access to the participant's workplace venues.

3.4 Piloting of the questionnaires

The questionnaires were piloted to test the data collection instruments. They were piloted on two HIV and AIDS coordinators of uMgungundlovu District municipality and Msunduzi local municipality. After the two pilot tests the researcher realised that some questions were vague. The questions were revised in order to capture what the study sought to achieve.

3.5. Ethical Considerations

A research proposal was submitted to the University of the Witwatersrand Ethics Committee and the study was approved by this committee before the researcher went to conduct fieldwork in uMgungundlovu District. Informed consent was obtained by providing the subject information sheets and consent forms to participants. In addition a letter of introduction from the University was provided to request the participation of the municipalities in the study. The participants were given verbal information about the study and an opportunity to ask questions thus their participation was entirely voluntary and on invitation they were free to decide to participate or not.

The participating municipalities and Community Based Organisation leaders were approached to participate in the study. The researcher received letters of consent from all participating municipalities. The researcher also obtained consent from participants to record interviews. The names of the participants were not mentioned in the research report to maintain confidentiality. Participants names are not mentioned in the research report instead they are referred to as 'municipal officials or CBO leaders and PLWHA's. For reference purposes an electronic document containing a master list of the participant's real names along with their participant number were encrypted with a password and are kept in a separate and secure file.

Research data is stored in a safe place, at the researcher's home. This was done in order to have a back-up file in case the researcher misplaced her summarized findings and notes. Thereafter the material was destroyed. The focus group discussion with people living with HIV and AIDS could have aroused sensitive issues and this could have caused emotional risks to participants. Before the focus group commenced researcher encouraged participants not to individualise and personalise issues during the discussion.

3.6. Limitations of the study

The limitation of the study is that the sample is very small it might not be easy to generalise the findings to the whole of KwaZulu-Natal because the study was limited to uMgungundlovu District municipality and its seven local municipalities. The fact that the researcher only sampled four of the seven locals limits the generalisation of results. The other limitation is that one of the objectives of the study is to evaluate the responses of municipalities, by investigating HIV and AIDS interventions perceived by people living with HIV and AIDS, and Community Based Organization leaders. The limitation is that perceptions are subjective, yet the strength of qualitative research is exploring the 'unknown phenomenon.

3.7 Conclusion

In summary the researcher collected substantial data from the field. While the data collected has been used in this report, given the fact that this is a limited report undertaken for academic purposes, the data has not been fully analysed.

The researcher intends to explore the data further. In this chapter the methodology of the research has been described and discussed. The populations, research design, sampling methods were all discussed. Data collection procedures were also explained and how the data were analysed and finally the ethical considerations and steps taken to ensure confidentiality and anonymity were delineated. The limitations of the study were also discussed in this chapter.

CHAPTER 4

PRESENTATION OF RESEARCH FINDINGS

This chapter reports on the findings of the study conducted on the nature of municipal responses to HIV and AIDS in uMgungundlovu District municipality and its four local municipalities namely Impendle, Mpofana, uMngeni and Msunduzi. The findings were obtained from the in-depth interviews with municipal officials, documentary analysis on the IDP documents, HIV and AIDS Strategic Plans and Policies and municipal projects reports and from focus group discussions with CBO leaders and people living with HIV and AIDS. Drawing on responses from different viewpoints was useful in that the contrasting views gave more depth of the nature of municipal responses to HIV and AIDS in uMgungundlovu District municipality and its four local municipalities.



Source: uMgungundlovu District Municipality IDP.

MAP 1: Map showing the uMgungundlovu District and the local municipalities.

4.1 uMgungundlovu District Municipality

uMgungundlovu district hosts the Provincial Capital, Pietermaritzburg which is also referred to as the City of Choice. uMgungundlovu District is located in the Midlands of KwaZulu-Natal and covers an area of approximately 8, 5 thousand square kilometers. The district is bisected by the one of the busiest highways in South Africa. The N3 links the country's industrial heartlands of Gauteng and Durban[97]. The district has a total population of 872 717 residents divided unevenly across the seven local municipalities.[98]

The District has a diverse range of settlements including urban areas, semi-rural and rural residential areas. The N3 is a key feature as it offers opportunity as a development passageway. The district is made up of seven local municipalities, namely: Mpofana, Impendle, Mpofana, Mkhambathini, uMngeni, uMshwati, Msunduzi and Richmond. Most of the economic activity is concentrated in Pietermaritzburg. Manufacturing activity include the production of aluminium products, chemicals, shoes, leather, food and furniture. The agricultural sector consists of animal products, forestry and sugar cane.[199]

In 2007 the municipality established a draft plan on HIV and AIDS. The plan emanated from the situational analysis of the provincial HIV prevalence. The uMgungundlovu District's Municipality set key objectives through its IDP inputs with the aim of responding to the challenges of HIV and AIDS. The Draft HIV and AIDS strategic plan has set key strategic objectives through its IDP inputs with the aim of practically responding to the challenges if HIV and AIDS throughout its area of jurisdiction. The key strategic objectives are:

- To facilitate and promote an enabling environment for HIV and AIDS responses to be effective throughout the uMgungundlovu area of jurisdiction.
- To effectively manage HIV and AIDS responses throughout the District.

- To mitigate the impact of HIV and AIDS throughout the District.
- To align municipal responses on HIV and AIDS to bio-medical approaches
- To ensure a multi-sectoral, multi-stakeholder, integrated and comprehensive District response to HIV and AIDS.[100]

The uMgungundlovu District's municipality's HIV and AIDS strategy provoked solid collaborative partnerships with the Districts family of local municipalities, the business sector, government departments and the civil society. This placed the programme in an advantageous position of integrating, coordinating and cohesively addressing issues of HIV and AIDS. The responses at the local level are ward-based which promotes community participation and sustainable projects through the establishment of community support group programmes, ward based strategies and door to door health check campaigns. These programmes are spearheaded by the seven local municipalities as part of their interventions on HIV and AIDS.[101]

uMgungundlovu District municipality has adopted a bottom-up approach aimed at establishing functional and effective structures within the local municipalities, for instance, the establishment of Local AIDS Councils (LAC's). The establishment of the LAC's has been executed with the technical support from the Premiers Office HIV and AIDS Unit. As part of the bottom-up approach, the uMgungundlovu District municipality is jointly working in partnership with the Treatment Action Campaign to establish a District wide HIV and AIDS Strategy.[102]

The process commenced at the local municipal level where each of the seven local municipalities had their strategy developed and reviewed. The intention was that this would culminate into the development of a comprehensive district wide strategy. This project is coordinated by the HIV and AIDS Unit at uMgungundlovu District municipality and facilitated by the Non- Governmental Organisation, Education and Training Unit (ETU).

Understanding of the local realities and trends

uMngungundlovu municipality's situational analysis in the IDP uses locally HIV and AIDS statistics adapted from the raw data of a consultancy firm called Global Insights Africa International.

The raw data consisted of HIV statistics of the local municipalities in the district. The District municipality conducted a workplace Knowledge, Attitudes and Practices (KAP) survey to document HIV and AIDS related knowledge levels among the employees which were used to inform the HIV and AIDS workplace programme. The municipality has not conducted or commissioned a study on the local HIV prevalence and no research has been conducted on the impact of HIV and AIDS on municipal income revenue.

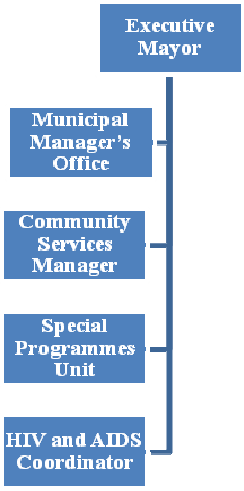


Figure 4.1. Provides a graphical overview of the internal governing structure relating to the municipal HIV and AIDS response. In uMgungundlovu District the executive mayor reports to Provincial AIDS Council and the uMgungundlovu District municipality is in the process of launching the District AIDS Council which will report to the Provincial AIDS Council. In the municipality the HIV and AIDS portfolio falls under municipal mangers office in the department of Community Services and is housed in the Special Programmes Unit.

The HIV and AIDS Coordinator is responsible for the coordination of the municipalities led HIV and AIDS activities and engagement with role players and stakeholders outside the municipality and he reports to the Municipal Manger and the Special Programmes Coordinator.

The IDP and HIV/AIDS Strategy

The uMgungundlovu District Municipality's IDP does not identify HIV and AIDS as priority issues but the IDP states that the epidemic should be on the agenda of the municipality. The municipality sees the epidemic as having impact on the demand for health services in the district. HIV and AIDS are largely associated with high mortality rates in the district.[103] The municipal IDP does discuss the impact of HIV and AIDS to the municipality as or employer and as a service provider. uMgungundlovu's District Municipality's IDP's has the following HIV and AIDS strategies in its HIV and AIDS related sector plans under the Community Services department only and they include:

Strategic Focus Area: Youth Development:

Goal 1: To create awareness of the impact of HIV and AIDS among youth.

Programmes and Projects: workshops on HIV and AIDS.

Strategic Focus Area: People with Disabilities:

Sector Plan 1: To create awareness of HIV&AIDS & sexual productive health and the status of people with disabilities.

Programmes and Projects: conduct Community information workshops and follow up sessions.

Strategic Focus Area: Gender Equity:

Sector Plan 2: To create awareness of HIV and AIDS and sexual reproductive health concerns and the status of women.

Strategic Focus Area: HIV and AIDS

Sector Plan 3: Formation and establishment of a District Council AIDS Council.

Programmes and Projects: District AIDS Strategy

Sector Plan 4: Assisting local municipalities in establishing and launching of the LAC's.

Programmes and Projects: The District and Local AIDS programme[104]

HIV and AIDS Programmes and Activities

Discussion of current programmes and projects

The municipality is collaborating with the District's family of seven local municipalities and key stakeholders in the field of HIV and AIDS. The district municipality facilitated HIV and AIDS training for all HIV and AIDS coordinators on how to manage HIV and AIDS in the workplace and in communities. The training is conducted by an organisation called 'Red Peg'. The municipality meets with seven local municipality's HIV and AIDS coordinators on a quarterly basis to share ideas, network and to assess the progress of HIV and AIDS interventions in the district. The district municipality, with the assistance of the Office of the Premier played a critical role in executing the establishment of the Local AIDS Councils. Their responses at the local level are ward-based strategies and are spearheaded by the seven local municipalities.

The internal HIV and AIDS response comprises of the following:

- HIV and AIDS Policy and Strategy in draft form.
- The workplace policy is also in draft form and is informed by the workplace Knowledge, Attitudes and Practices survey to assess the workforce's knowledge and perceptions of HIV and AIDS.
- The municipality is currently funding HIV and AIDS training for all HIV and AIDS Coordinators in the seven local municipalities. The training is being facilitated by an organisation called Red Peg. Red Peg is assisting all local municipalities in developing and reviewing their workplace and community responses to HIV and AIDS.

- The municipality currently runs HIV and AIDS awareness and prevention activities and encourages a Voluntary Testing and Counselling among its workforce.[105]

The external response comprise of the following interventions

- Biomedicine and Traditional Healing collaboration project is facilitated by the municipality. The objectives of the network is information sharing, learning and to partnerships between biomedicine and traditional medicine practitioners.
- The Gender and Youth Programme falls under the Special Programme Unit and is run by the Youth Development Officer. The programme encourages HIV and AIDS prevention and awareness among youth and women.

  The project hosts awareness activities around the HIV/AIDS calendar organised by the Special Programmes Unit (Worlds AIDS Day, 16 Days of Activism against women and children month, June 16 and on Women's Day).

- The municipality maintains a database of all public and private organisations dealing with HIV and AIDS in the district.[106]

Planned Projects

The districts planned objectives are:

- To re-launch the District AIDS Council in October 2009. The District AIDS Council was established to help coordinate work on HIV and AIDS in the district.
- The DAC has the following roles: a) to bring together all organisations and government departments involved in the fight against AIDS to develop a holistic multi-sectoral approach, b) to monitor and to evaluate the district's HIV and AIDS strategic plan, c) to help mobalise resources and build capacity for AIDS projects and for the local AIDS Councils. The DAC will comprise of government departments, research organisations, civil society groups and the private sector.

- At the time of the data collection municipality hopes to recruit an HIV and AIDS manager who would ensure that HIV and AIDS are mainstreamed in all municipal departments.
- The municipality hopes to develop an HIV and AIDS monitoring tool.[107]

Programme support

Financial resources

The municipality allocated an amount of R 400, 000 to the HIV and AIDS portfolio in 2009.[108] With the assistance of the Treatment Action Campaign, the municipality secured funding from Oxfam International to facilitate and development of District AIDS Council and the Local AIDS Councils of the seven local municipalities.

Human Resources

The HIV and AIDS programme is poorly staffed and the HIV and AIDS coordinator is running and managing the HIV/AIDS on his own. As explained above, the municipality intends to appoint an HIV and AIDS manager.

Leadership

The HIV and AIDS portfolio enjoys the active support of the Mayor, who is also the chairperson of the District AIDS Council. The municipal political leadership illustrated their commitment by allocating a budget to the HIV and AIDS portfolio.

Monitoring and Evaluation

The municipality established an operation plan for 2009/2010 which is reviewed and reported on a quarterly basis. The HIV and AIDS coordinator submits quarterly reports to the Municipal Manger. The municipality is the progress of establishing a monitoring and evaluation system that includes indicators to measure the impacts of programmes on the end users.

Main Needs and Challenges

Accessibility to services

Communities in the rural areas of the municipal area do not have access to VCT, PMTCT, and PEP services. Mobile clinic visits need to be improved as they visit rural communities on a monthly basis.

Limited Resources

The limited financial resources were identified as an obstacle for the coordination and implementation of HIV and AIDS programmes. The HIV and AIDS coordinator is the only person responsible for HIV and AIDS activities in the municipality. He identified the need for more staff in order to run and expand the HIV and AIDS portfolio in the municipality.

Stigma

The issue of stigma was identified as widespread in the municipality and in communities. The HIV and AIDS coordinator has in the past organised several workshops on HIV and AIDS for the municipal workforce but very few staff members attend these events due to the stigma attached to the epidemic. He explained that:

"*Whenever I organise HIV and AIDS workshops for the municipal staff, they don't pitch, they make excuses claiming that they had other commitments and they don't want to talk about AIDS and this makes it very difficult for me to conduct a situational analysis among the workforce."*[109]

4.2 Mpofana Municipality

The town of Mooi River, Mpofana is the gateway to the Midlands Meander. Mpofana municipality incorporates areas such as Rossetta, Tendele, Middelrus and Bruntville. The municipality has four wards. The municipality has an estimated population of 36 000 residents and approximately 9 597 households.[110] The administrative centre of Mooi River is in Mpofana and it focuses on the manufacturing of quality fabrics by small, medium and micro enterprises.[111] "*Due to the low population area ratio, the viability of agricultural crops such as maize, wheat, beans, peas and potatoes is high. Cattle and sheep are farmed extensively in the area"*.[112]

The municipality acknowledges that HIV and AIDS is one of the major challenges faced by the country and that the epidemic poses a major challenge in the way the local municipalities plan and provide services to improve people's lives. In 2008 Mpofana municipality in partnership with Education and Training Unit (ETU) developed an HIV and AIDS Strategic Plan. The Strategic Plan seeks to provide guidance to the municipalities and all stakeholders in the area

The Mpofana Municipality's HIV and AIDS Strategic Framework of 2008 aims to:

- To reduce new infections by 50% by the year 2011.
- To increase access to care and support by 80% to ensure that all people living with HIV and AIDS have access to care and support.
- Ensure a comprehensive, coordinated and evidence based local wide response to the HIV and AIDS.
- To mobalise local resources for HIV and AIDS interventions.[113]

Mpofana Municipality's HIV and AIDS Strategic Plan focuses of the following key areas: prevention, treatment, care and support**,** research, monitoring and surveillance and human and legal rights. The Strategic Plan is guided by the following principles**:** **s**upportive leadership, involvement of People Living with HIV and AIDS, effective partnerships, ensuring equality and non-discrimination against margnalised groups, and monitoring and evaluation.[114]

Understanding of local realities and trends

So far, the municipality has not conducted any local studies on HIV and AIDS. The municipality situational analysis of the IDP is informed by the 2007 National and Provincial HIV and Syphilis Prevalence statistics. No research has been conducted or planned in terms of municipal functioning and impact of HIV and AIDS on the workforce. The municipality has a good overview of health services offered in the municipal area, including those rendered by the Department of Health.



Figure 4.2. Shows the structure and reporting mechanism of the HIV and AIDS response. Mpofana municipality has an AIDS Council in place which is chaired by the mayor. The Local AIDS Council is in place but not functional because of human and financial constraints. The Local AIDS Council comprises of government departments, business sector and civil society. The LAC is responsible for the overall coordination of municipality's response to the epidemic. The council serves as a forum for sharing ideas, knowledge and mobalisation of resources for the implementation for the HIV and AIDS strategy. The municipality does not have a full-time HIV and AIDS coordinator. The Health and Social Development Officer is responsible for the implementation of the HIV and AIDS response in the municipality.

The Health and Social Development Officer also has other responsibilities such as Youth Development, Environmental Management, Sports& Recreation Community Facilities, Arts and Culture, Local Economic Development, Social/Community development and Health Services and he reports. In addition to reporting to the Health and Social Development Manager, the Health and Social Development Officer reports directly to the executive mayor.

The IDP and the HIV/AIDS Strategy

The municipal IDP does not identify HIV and AIDS as priority issues and there is no budget dedicated to HIV and AIDS.

Funds to capacitate HIV and AIDS interventions are extracted from the Health Services budget but the IDP does not document the budget for Health Services. In the situational analysis phase of the IDP, HIV and AIDS are briefly referred to as having a detrimental impact on communities and having an impact on the demand for health care. The IDP also identified HIV and AIDS as the cause of the increase in mortality rates and orphans in the Mpofana area. The municipal IDP only has one HIV and AIDS related sector plan that fall under the department of Social and Economic Development. The sector plans consist of the following:

- To develop/Implement an HIV and AIDS strategy by March 2010.
- To develop a business plan to source funding for HIV and AIDS.
- To establish a hospice and an orphanage in Mpofana by May 2009.
- To host HIV and AIDS training workshops and meetings on an annual basis.[115]

Out of the sector plan outlined above the HIV and AIDS Strategy is the only project that has been adopted by the council. These sector plans don't have a budget or an action plan that guide the implementation of them.

HIV and AIDS Programmes and Activities

Current Programmes

The main components of the internal response are:

- An HIV and AIDS policy(outdated)
- HIV and AIDS Strategic Plan,
- Prevention and awareness activities (HIV and AIDS education and condom distribution).

Mpofana Municipality's external HIV and AIDS response comprise of:

- The municipality has two clinics in Rosetta and Tholimpilo that offer primary health care as well as HIV and AIDS Awareness and Education, Voluntary Counselling and Testing, Abstinence Promotion, as well as Support Groups.
- Moral Regeneration Campaign: the municipality encourages HIV and AIDS awareness among youth and holds seminars that engage youth on issues that affect young people.
- The project also has extra-mural activities that keep youth occupied such as traditional dance, dance, sports and professional development. The aim of this campaign is to keep youth away from risky behaviour such as drugs use and sexual misconduct and to support youth infected or living with HIV and AIDS.[116]

Planned Activities

- "The municipality plans to establish a hospice, an orphanage and a drop in centre for people living with HIV and AIDS.
- The development of data base of the number of orphans.
- Recruitment and training of AIDS volunteers.
- Establishment of a functional Local AIDS Council.
- Employ a full time HIV and AIDS coordinator.
- Development of a referral system of available services/programmes and projects in the municipality".[117]

Programme Support

Financial Resources

Mpofana municipality does not have a budget dedicated to HIV and AIDS nor does the municipality receive funds from the District Municipality.[118]

Capital to support HIV and AIDS interventions is extracted from the Health Services budget. Currently the municipality does not receive any funding from external donors. The municipality is in the process of sourcing funding from external donors to fund the HIV and AIDS portfolio.

Human Resources

The municipality has understaffing challenges. The Health and Social Development Officer is acting as the HIV and AIDS coordinator and is running the entire HIV and AIDS programme on his own. The Health and Social Development Officer also has other responsibilities such as Sports and Recreation, Arts and Culture, Environmental Management, Local Economic Development, Social/Community development, Youth Development and Health Services and HIV and AIDS.

Leadership

The executive mayor chairs the Local AIDS Council; however the mayor does not play a very proactive role. The municipal IDP does identify HIV and AIDS as priority issues and there is no budget dedicated to HIV and AIDS. The politicians and the senior management of the municipality do not have HIV and AIDS in their scorecards. The Health and Social Development Officer is the only person responsible for the coordination of HIV and AIDS activities in the municipalities. Ward councillors do not have Health or HIV and AIDS portfolios.

Monitoring and Evaluation

The municipality does not have reports on the progress on the HIV and AIDS strategy. The municipality is in the process of developing an operational plan linked to the HIV and AIDS strategic plan for 2008-2011.

Needs and Challenges

Accessibility of services

- Lack of PMTCT, ART and VCT services to communities served by mobile clinics.

- There is a need for a hospice that will shelter those in need.

Financial and Human resources

Securing funds for HIV and AIDS response is one of the main challenges in Mpofana municipalities. The lack of an operational budget for HIV and AIDS is a concern for the HIV and AIDS coordinator. The municipality is small and mainly rural and has a limited rural revenue base. A representative from the municipality acknowledged that that structures like ward committees were not functioning mainly because the municipality lacked the human and financial resources to capacitate these structures. The HIV and AIDS coordinator observed that: "*The municipality has capacity challenges, structures like ward councillors and ward committees are not capacitated to function because we lack the resources*."[119]

Implementation and sustainability

Mpofana municipality developed a HIV and AIDS Strategic plan. The challenge is that the municipality does not have the human resources to develop an action plan. A major obstacle for the municipality is the lack of a dedicated budget required to implement the required necessary HIV and AIDSD programmes and projects.

Partnerships with Civil Society

A key challenge for the municipality and civil society is to forge effective partnerships that complement each other's work and avoid duplication and wastage of resources. The municipality claims to be working with the civil society, while the Community Based Organisation leaders in the area argue that they are not working with the municipality on HIV and AIDS. There was no documented evidence that the municipality was working with civil society on HIV and AIDS. What was interesting was that the municipality had developed an HIV and AIDS Strategic Plan without involving the community voices of the epidemic in the area and the municipality had listed all the local HIV and AIDS services providers in the HIV and AIDS Strategic plan.

Training

The Health and Social Development Manager identified the need for HIV and AIDS training for ward councillors

Stigma in Communities

HIV and AIDS is highly stigmatised in the Mpofana area, residents believe that AIDS is a disease of misfortune and that condoms come with the virus. Communities rarely mention that HIV and AIDS is a concern of theirs because of the stigma that surrounds the disease. Communities are too scared to come out and talk about AIDS openly in local forums. A municipal representative explained that: *"There is stigma around HIV and AIDS. Communities claim that AIDS is a disease of bad luck and caused by witchcraft. Some even believe that the condoms bring the virus."*[120]

4.3 Impendle Municipality

Impendle Municipality is one of the smallest municipalities in the country. In terms of the Section 9 of the Municipal Structures Act, 117 of 1998 the municipality falls under category B[121]. Impendle Local Municipality is located within the western portion of uMgungundlovu District Municipality, which is situated in the west of KwaZulu-Natal Province. It is largely rural and due to this factor, it has limited revenue-raising sources locally and consequently depends on intergovernmental grants, most of which are conditional. The municipality has an estimated population of 33 540 living in four big wards.[122] Impendle is currently faced with a number of development challenges, which include the provision of infrastructure, unemployment and poverty. The municipality has major infrastructural backlogs. Huge backlogs exist in the delivery of services such as water, electricity and sanitation services.[123]

Impendle Municipality acknowledges that the municipality has played a very minimal role in responding to HIV and AIDS. In June 2009 the Impendle municipality in partnership with Education and Training Unit (ETU) developed an HIV and AIDS Strategic Plan. The municipality aims to establish and HIV and AIDS Council by June 2010.

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Impendle Municipality's HIV and AIDS Strategic Plan focuses of the following key areas: prevention treatment, care and support research monitoring and surveillance and human and legal rights.

Understanding of local realities and trends

The municipal IDP is informed by the 2007 National and Provincial Antenatal HIV and Syphilis Prevalence survey. The workplace response is informed by a Knowledge, Attitudes and Practices (KAP) survey. The KAP survey was used to document HIV and AIDS related knowledge levels among the municipal workforce to inform the workplace HIV and AIDS interventions. So far, the municipality has not conducted specific research to assess the impact of the pandemic on the municipal revenue. The municipality has not conducted a prevalence study among its own workforce or identified high transmission areas within the municipal boundaries. No research has been conducted or planned on the impact of HIV and AIDS on municipal tax revenue.



Figure 4.3 shows the structure and reporting mechanism of the HIV and AIDS response. The process of launching the Local AIDS Council is delayed by the lack of a clear mandate of the structure. The HIV and AIDS portfolio is situated in the municipal manager's office and falls under the department of community services. The municipality does not have a full-time HIV and AIDS Coordinator, however the municipal manger's personal assistant volunteered to act as the HIV and AIDS coordinator. The municipal manger's personal assistant is the only person working on HIV and AIDS activities in the municipality. The executive mayor does not have HIV and AIDS in his scorecard.

IDP and HIV/AIDS Strategy

HIV and AIDS are considered in the situational analysis of the IDP and they are believed to be a threat to social development. The IDP for 2009/2010 affirms HIV and AIDS as cross-cutting development issues that should be addressed in all development sectors and programmes. In future the municipal IDP hopes to identify the necessary strategies and programmes as well as partnerships to be formed in order to combat HIV and AIDS. The IDP only has sector plans in the Community Services department under the Good Governance and Community Participation key performance Area.

The municipality has the following sector plans:

- To establish an HIV and AIDS Local Council with the technical assistance of the office of the Premier by June 2010
- To develop an implementation Plan for the HIV and AIDS strategy by June 2010.[124]

The municipality only has sector plans in the IDP and no implemented projects appear in the IDP and in the HIV and AIDS strategic plan. Most of the projects that appear in the HIV and AIDS strategic plan are still in process of being implemented.

HIV and AIDS Programmes and Activities

Impendle municipality currently has an HIV and AIDS Strategic Plan that is in the draft form. The municipality does not have an HIV and AIDS policy or any workplace response to HIV and AIDS. The municipality currently has one external response to HIV and AIDS, where the municipality provides HIV and AIDS training to Community Based Organisations and Non-Governmental Organisations and this project is not documented on any documents.

Programme Support

Financial Resources

The municipal IDP identified that that municipality has a budget of R75, 000 but the municipality only has only implemented one intervention and the projects focused on the training of Community Based Organisations and Non-Governmental Organizations on HIV and AIDS[125]. Two representatives from the municipality affirmed that the HIV and AIDS budget is not utilised to fund HIV and AIDS initiatives but was is used to celebrate other events of the year. The respondents explained that:

"*We have always had a budget between R50, 000 and R70, 000 for HIV and AIDS but this budget was used to finance other events during the course of the year. The funds were used for the Women's Day and Youth Day Celebration and the remaining amount would rolls-over to the preceding year.*[126]

The respondents clearly affirmed that the budget for HIV and AIDS is used to fund other events and celebrations because the municipality does not have a focal person coordinating and implementing HIV and AIDS projects and programmes in the municipality. In the past the HIV and AIDS budget was used to fund other projects in Community Services department that had insufficient capital. The municipality does not receive external funding from donors it relies on the funding that it generates from taxes.

Human Resources

Understaffing remains a challenge at Impendle municipality. Impendle municipality is a grade one municipality and it is very small it comprises of about fifteen staff members. The municipality is poorly staffed with the acting HIV and AIDS coordinator (Municipal Managers Personal Assistant) who volunteered to work as the HIV and AIDS coordinator because the municipal is not in a position to hire a full-time HIV and AIDS coordinator. The ward councillors don't have health portfolios or HIV and AIDS portfolios.

Leadership

The executive mayor and the municipal mangers do not have HIV and AIDS in their scorecards. Even though the mayor has dedicated a budget for HIV and AIDS, she has not played a proactive leadership role in HIV and AIDS in the municipality.

The HIV and AIDS coordinator identified that HIV and AIDS is not taken seriously by the political leadership. The municipality does not have a political champion that drives the HIV and AIDS strategy. A representative of the municipality acknowledged that the level of leadership is in regard to HIV and AIDS is low. She explains that: "*HIV and AIDS are not treated as priority issues by the municipal leadership mainly because they don't see it as part of their mandate and they do not regard it as a health issue."*[127]

Monitoring and Evaluation

The development of a monitoring and evaluation system is one of the objectives of Impendle's HIV and AIDS Strategic Plan. The municipality is also in the process of developing an action plan for the HIV and AIDS Strategic Plan.

Main Needs and Challenges

Accessibility of services

The municipality has two clinics providing healthcare in four big wards and there are no hospitals in the area. The two clinics are situated in two different wards and this causes problems because communities have to travel long distances to get access to healthcare. The clinics continuously have ART shortages and patients have to wait months to receive treatment.

Limited Human Resources

The limited financial and human resources are the biggest obstacle for the coordination and implementation of HIV and AIDS programmes and projects. There is a shortage of staff to run the HIV and AIDS portfolio in the municipality. The acting HIV and AIDS coordinator is the only municipal official responsible for the HIV and AIDS activities in the municipality. The municipality is very small and comprises of fifteen staff members that have multiple tasks. The municipality does not have the capacity and human resources to hire a full-time HIV and AIDS Coordinator.

The Impendle municipality mainly consists of a rural community. The Impendle Village is the only formal laid out area consisting of 386 sites. These are the only few sites that form the basis of the rates income for the municipality. The limited revenue base has serious implications for the municipality's ability to implement and sustain HIV and AIDS interventions.

Partnerships with the Civil Society

The municipality invited civil society to the workshops of the HIV and AIDS Strategic Plan. The municipality is currently trying to forge partnerships with Non-profit Organizations, NGO's and CBO and is assisting them to register as Non-Profit Organizations with the Department of Welfare and Social Development.

Stigma

There is stigma at the workplace and employees don't want to test when the HIV and AIDS coordinator invites peer educators to conduct HIV and AIDS workshops that encourage people to test for HIV.

4.4 uMngeni Local Municipality

UMngeni municipality is located approximately 26 km from Pietermaritzburg, the capital city of KwaZulu-Natal. The municipality is made up of eleven wards and has an estimated population of 84 557 and approximately 20 486 households. [128] "Despite the economic activity, unemployment is high and many households don't have access to basic necessities such as portable water, sanitation, electricity and housing"[129]. The municipality's offices are in Howick and have the following tourist attractions Howick Falls, Midlands Meander, Midmar Dam and World's View. The municipality acknowledges that the HIV and AIDS epidemic constitutes a serious threat to the municipality and the local community it serves. uMngeni Municipality's HIV and AIDS Strategy is based on a partnership between various stakeholders at the local level. These include NGO's, FBO's, and FBO's, civil society, the private sectors and other government departments. The Strategy is aligned to the National HIV/AIDS and STI Strategic Plan 2007-2011.

uMngeni's Local Municipalities HIV and AIDS Strategic Plan has the following aims:

- To minimize the rate of new HIV and AIDS infections among the municipality's workforce and community,
- To maximize the level of prevention, treatment, care and support to employees and communities already infected and affected,
- To mitigate and manage the impact of the HIV and AIDS on the Council's workforce and the community it serves.[130]

Understanding of local realities and trends

uMngeni Local municipality has a fair understanding of what is needed to assess local realities and trends. In 2001 the municipality presented its HIV and AIDS Action Plan to the local community in the form of workshops to obtain a local input from HIV and AIDS service providers and other stakeholders in the area. A situational analysis was conducted by the municipality and the civil society to assess the demographic and epidemiological factors that fuel the epidemic and to assess the impact of the pandemic on the community. The municipality conducted a resource analysis on HIV and AIDS services providers to assess if there were any gaps in the continuum of care. The municipality's HIV and AIDS response is informed by a number of research projects.

uMngeni municipality commissioned the following research projects: a Workplace prevalence study, the Knowledge Attitudes and Practices survey and the Economic impact study which assessed the impact of HIV and AIDS on the workforce and on the municipal revenue

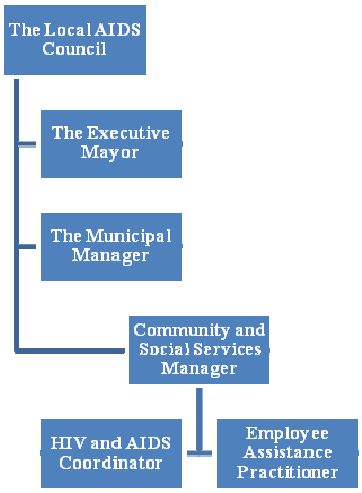


Figure 4.4.

Figure 4.4.shows the reporting mechanism of the HIV and AIDS response. The LAC is chaired by the mayor responsible for the implementation and coordination of the HIV and AIDS response in the uMngeni municipal area. The HIV and AIDS portfolio falls under the department of Community Services and the HIV and AIDS coordinator and the Employee Assistance Practitioner report to the Community Services Manager. The HIV and AIDS coordinator is responsible for the coordination of the municipalities HIV and AIDS activities. The Employee Assistance Practitioner works along the side of the HIV and AIDS coordinator and she is responsible for the internal HIV and AIDS interventions.

IDP and HIV and AIDS strategy

HIV and AIDS are briefly referred as a threat to local economic development in the situational analysis of the IDP. The IDP only has HIV and AIDS related sector plan under the department of Community and Social Services and the sector plan have the following strategies:

- The establishment of an HIV and AIDS forum for all role players.
- In partnership with the private sector investigate possible sources of finance for the provision of shelters and facilities.

- Formulate an integrated programme for provision of health facilities, including clinics, mobile clinics and HIV and AIDS support centres.
- Encourage the use of free HIV and AIDS testing.
- To provide appropriate facilities and programmes for care of orphans.
- To institute a comprehensive AIDS treatment programme.

The municipality does not have an action plan explaining how these plans will be implemented and the municipality has not allocated specified the budgets for the sector plans. The establishment of an AIDS orphanage is only HIV and AIDS intervention that appears in the projects phase of the IDP.

HIV and AIDS Programmes and Activities

The internal response comprises of the following:

- The municipality has an updated HIV and AIDS Policy and Strategy.
- An Employee Wellness Programme: "is defined as a worksite based programme designed to assist in the identification and resolution of productivity problems associated with employees impaired by personal concerns including but not limited to: health, marital, family, financial, emotional and other personal concerns which may affect employee job performance". [131]
- The Employee Wellness Programme is run by the Employee Assistance Practitioner who works closely with the HIV and AIDS Coordinator.

The Employee Assistance Unit renders the following HIV and AIDS services to its workforce: HIV/AIDS awareness workshops conferences and rallies, training of staff on AIDS prevention, workplace HIV and AIDS support groups, peer education programme that involves people who are living with HIV and AIDS among the municipal workforce, VCT& TB testing and ART literacy trainings, training on STI's and other opportunistic infections, distributes condoms and the Khomanani promotional and education materials and the municipality has established a referral system that links to employees to hospitals, doctors, dieticians and psychologists.

The external response comprises of the following interventions:

- The People living with HIV and AIDS Support Programme: this programme involves people living with who are living positively in communities.
- The HIV/AIDS Prevention Programme includes HIV and AIDS awareness, disclosure and acceptance campaigns targeting youth.
- In collaboration with the Department of Agriculture the municipality runs a Food Insecurity Programme which assists people living who are with HIV and AIDS in growing their own crops to earn a living.
- The municipality established an HIV and AIDS Gender Forum. The project empowers and trains women on life skills, HIV and AIDS prevention, beadwork, gardening weaving and candle making.
- The Ward HIV and AIDS Strategy. The ward strategy has volunteers and CBO's that render HIV and AIDS services in all of the wards of uMngeni municipal area.

Planned projects

- Establishment of an AIDS orphanage.
- The establishment of the Local AIDS Council.

Programme Support

Financial resources

The municipality does not have a budget allocated to the HIV and AIDS portfolio for 2009 and the municipality did not receive funding from external donors.

Human Resources

The municipality only has two employees working on HIV and AIDS, namely the Employee Assistance Practitioner and the HIV and AIDS coordinator. The municipality identified the need for human resources to facilitate the Local AIDS Council and the Ward AIDS strategy.

Leadership

The municipal leadership does not have HIV and AIDS in their scorecards and they have not played a proactive role in engaging employees or communities on HIV and AIDS in order to eradicate stigma and discrimination. Councillors with Health portfolios have HIV and AIDS in their score cards. They also attend HIV and AIDS events and workshops. The Local AIDS Council was launched in 2006 and is now not functional because of the limited financial and human resources and the lack of political will.

Monitoring and Evaluation

The municipality does not have an operational plan for the HIV and AIDS Strategy, nor are there any monitoring and evaluation systems in place.

Main Needs and Challenges

Accessibility to services

VCT sites are limited, there is only one VCT centre located at the local clinic in the municipal area. A need for further VCT sites was identified by the civil society.

A respondent explained that:

"*There is a need for more VCT sites. We only have one VCT site in the whole uMngeni area. We need mobile VCT sites that encourage testing for HIV among the youth because they are most sexually active in our area.*"[132]

Limited resources

The limited financial and human resources are a major obstacle to the coordination and implementation of HIV and AIDS programmes and projects.

Training

The HIV and AIDS coordinator identified the need for an HIV and AIDS training for senior managers. The HIV and AIDS training can encourage senior managers to mainstream HIV and AIDS into their programmes and policies.

Lack of Political will

There is a lack of political will from politicians and senior managers. The municipality does not have HIV and AIDS champions that push HIV and AIDS issues to be one of the top priority issues of the municipality. The HIV and AIDS coordinator and the Employee Assistance Practitioner are the only municipal employees that are working on HIV and AIDS activities.

Partnerships with the Business Community and Civil Society

The municipality finds it very difficult to collaborate with the business community and farmers in the area because of politics. The business community largely views the municipality as institution that promotes the ideologies of the African National Congress.

The HIV and AIDS coordinator observed that:

"*It is very difficult for us to collaborate with other stakeholders for example the business community and farmers because they don't want to work with us the "ANC". The municipality is viewed as an institution of government that advocated the ideologies of the ANC. We are really struggling to work with the white communities they are always fighting us".*[133]

The municipality is also experiencing challenges in working with civil society on HIV and AIDS issues. The relationship between the municipality and the civil society is characterized by tensions. The two parties are finding it difficult to work with each other mainly because of the poor communication channels. The municipality stated that civil society saw the local council as a threat mainly as a competitor rather than a partner. A municipal representative observed that:

"*We as a municipality are supposed to be coordinating HIV and AIDS responses in the area but we cannot do this adequately. Civil society is always fighting with us, stakeholders see us as a threat mainly because we are also working on HIV and AIDS."*[134]

On the other hand the civil society expressed their concerns the Local Aids Council does not a clear mandate. A respondent explained that:

"*We as the civil society don't have a clear understanding of the role of the Local AIDS Council in responding to HIV and AIDS. There is no collaboration happening between the civil society, other stakeholders and the LAC. We are not consulted when the municipality develops strategies and plans. The municipality does not have an HIV and AIDS information desk where the community can come for assistance regarding HIV and AIDS.*

We as HIV and AIDS organizations have never worked with the municipality on HIV and AIDS. Yet they design programmes and projects that are intended to cater for the needs of the very people that we closely work with at the community level. The LAC needs to inform us when they are drawing up strategies and plans related to HIV and AIDS because we directly work with the people that are infected and affected by the epidemic."[135]

It was also identified that the NGO's and CBO's in the area don't work together. There isn't a platform that brings all the HIV and AIDS service providers together. The respondent explained that:

"The local CBO's and NGO's don't work together in our area. When the municipality did an audit of HIV and AIDS in 2008 and we found that there was a

duplication of HIV and AIDS services within the municipal boundaries mainly because CBO's and NGO's did not work together". [136]

The interviews both with the CBO leader, PLWHA and with municipal officials identified that the two parties are not working together on HIV and AIDS in the area. This illustrates that there is a need for good local coordination. Both parties identified the need to develop strong partnerships in order to develop an integrated and holistic response to HIV and AIDS in the area.

4.5 Msunduzi Municipality

Msunduzi municipality is located within the province of KwaZulu-Natal and is the second largest urban centre in the province and is a contributor to the 80% of the GDP by largest cities in South Africa[137]. Msunduzi is the capital of the Kingdom of KwaZulu-Natal, and is the main economic hub of uMgungundlovu District. *"Its location has a strong influence on regional channels of investment, movement and structuring of the provincial framework for growth and development"*[138].

The municipality has a population of over 523,000 inhabitants. In recent years the city has experienced economic decline contributing to rapidly rising unemployment, inadequate housing and growing levels of poverty[139]. Unemployment within the municipality is estimated at 35%. [140] The additional burden of addressing HIV and AIDS is keenly felt on citizens. It is in this context that the initiative was taken to develop an HIV and AIDS Strategy based on a broad partnership of stakeholders in the area.

Msunduzi municipality with the support of the Education and Training Unit of the University of Pretoria held an information sharing and strategy development workshops in November 2001. The political leadership for a strategy came from the municipal council, with the Mayor Zanele Hlatshwayo, spearheading the initiative with the Head of the Municipal Health Department and a number of concerned local groups.

The municipality undertook a city-wide consultation process to develop a broad partnership of stakeholder to drive the strategy. Msunduzi municipality and the Department of Health and other stakeholders conducted a situation analysis, impact scan and survey of HIV and AIDS related support services within the municipal area.

Municipal Response to HIV and AIDS

The Msunduzi HIV and AIDS Strategy is guided by two important commitments:

- "To provide the best possible service to all citizens to economic and geographic differences. This means paying particular attention to vulnerable and poorly serviced groups of people.
- To provide a continuum of care comprising of : prevention through education, counseling, testing, Mother to Child Transmission (MTCT) prevention, support wellness programmes, income generation, medical care, home based care, hospice and estate planning, death and burials services, bereavement support and orphan care"[141].

Informed by an understanding of local realities and trends

The municipality's HIV and AIDS response is informed by the national and provincial Ante Natal prevalence survey and Provincial HIV and AIDS statistics. The municipality acknowledges that HIV and AIDS are viewed largely as a health issues and there is stigma, myths and misconceptions on HIV and AIDS. The municipality identified women, children, youth, and people living with HIV and AIDS as the vulnerable groups. The workplace response is informed by the knowledge, attitudes and practices (KAP) survey. The workplace Knowledge Attitudes and Practices survey was used to document HIV and AIDS related knowledge levels among the municipal workforce to help the municipality to design appropriate HIV and AIDS interventions in the workforce.

The municipality invited an organization called Red Peg to undertake the survey. The municipality has not conducted a prevalence study, or a study that assess the impact of HIV and AIDS on the municipal workforce and the municipal income revenue.

The HIV and AIDS coordinator identified that local HIV and AIDS research was not conducted because of the limited human and financial resources and the lack of research skills. There is a good overview of the health services offered in the municipal area including those by government departments and the civil society.

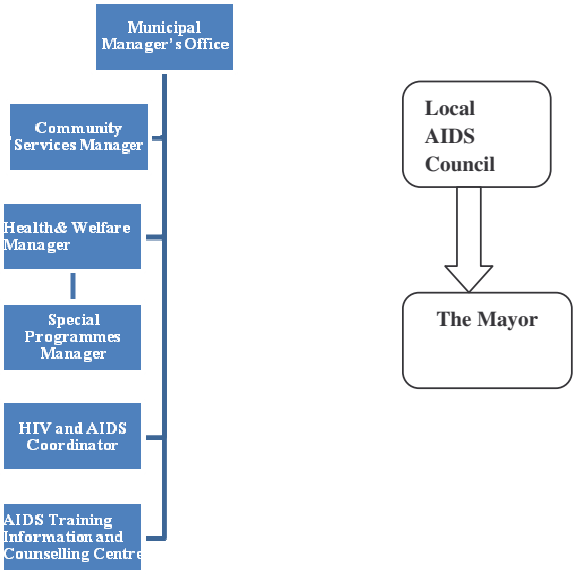


Figure 4.5. shows the structure and reporting mechanism to HIV and AIDS response. In Msunduzi municipality the HIV and AIDS portfolio falls under the Office of the Mayor Special Programmes. The Mayor is the political Champion of the HIV and AIDS strategy and drives the municipality's response to the epidemic. The Mayor chairs the Local AIDS Council but the LAC is currently not functional because of political reasons and institutional capacity challenges. The Health Services Manager provides technical support to the HIV and AIDS Coordinator and the HIV and AIDS Coordinator reports to the Health Services Manager.

The HIV and AIDS Coordinator is responsible for the coordination of the municipalities led HIV and AIDS activities and engagement with role players and stakeholders outside the municipality. The HIV and AIDS Coordinator manages the AIDS Training Information and Counselling Centre and have the following staff under her wing: a social worker, VCT Counsellors, nurses and volunteers. The AIDS

Training Information and Counselling Centre plays an important role in the municipal HIV/AIDS response and is mainly engaged with the external response.

IDP and HIV and AIDS Strategy

The Msunduzi IDP of 2009 acknowledges that HIV and AIDS are development issues and that health interventions are inadequate to curb the HIV and AIDS. The IDP clearly points the direction of the development of an HIV and AIDS strategy which focuses both on mainstreaming HIV and AIDS internally and externally. The Msunduzi Municipality's HIV and AIDS Strategy has been incorporated into the municipality's Revised Integrated Development Plan for 2009/2010. HIV and AIDS are mentioned as one of it'sthe top five priority issues. HIV and AIDS is mentioned in the municipality's 2025 vision whereby the municipality renders care and support to those infected and affected by HIV and AIDS, the aim is to promote an HIV AIDS free generation. Msunduzi's IDP has the following sector plans:

Strategic Focus Area: Basic Service Delivery

Sector Plan 1: To prioritise housing for informal settlements and to develop an indigent register of orphans in the municipal area.

Strategic Focus Area: Infrastructure, Services and Facilities.

Sector Plan 2: To ensure that informal settlements have access to water that is clean and vector borne free from disease such cholera.

Strategic Focus Area: Special Programmes

Sector Plan 3: Intensify education awareness and prevention programmes in homes, industries and schools.

Sector Plan 4: Training for all municipal councillors and senior managers on HIV and AIDS mainstreaming[142].

HIV and AIDS Programmes and Activities

The workplace response is informed by the knowledge, attitudes and practices (KAP) survey. The KAP survey was used to document HIV and AIDS related knowledge levels among the municipal workforce to help the municipality to design appropriate HIV and AIDS interventions at the workforce place.

The municipality's internal response comprises of the following interventions:

- The municipality has an HIV and AIDS Policy and Strategy.

The municipality's external responses comprises of the following interventions:

- The municipality currently runs an AIDS Training Information and Counselling Centre (ATTIC) which plays an important role in the municipal HIV and AIDS response and it mainly engaged with the external response. The AIDS Training Information and Counselling Centre is responsible for the implementation of the Service Level Agreement, which includes the National Department of Health programmes (VCT, condom and pamphlet Distribution, training of HIV and AIDS and Peer Education).

- The Centre also conducts HIV and AIDS awareness campaigns, educational talks and workshops at schools, prisons, companies and industries in Pietermaritzburg.

- The municipality launched the Local HIV and AIDS Council but it is not functional because of the human and financial resource constraints and the lack of a clear mandate.

- The municipality distributes HIV and AIDS materials to municipal clinics.

- The municipality provides capacity building and sponsors Home Care Kits to Msunduzi Hospice.

- The municipality has a grant in AIDS Programme, where the municipality funds Non-Profit Organization's and CBO's and NGO's working with people infected and affected with HIV and AIDS.

- The Council renders social worker services in orphanages, shelters and in child head households.

- The Council had created a comprehensive referral network for people infected and affected by HIV and AIDS. The database consisted of about 270 organisations providing services related to HIV and AIDS. This initiative could not be sustained because of financial constraints faced by the municipality.

The Msunduzi HIV and AIDS Ward Strategy

In partnership with the Department of Health and the civil society the ward strategy was initiated to build awareness, provide care and support and to enable people to prevent and address the impact of HIV and AIDS in communities. In four years since the inception of the Msunduzi HIV and AIDS strategy there has been successes: the ward based strategy has taken into consideration the priority areas of the National HIV & AIDS and STI Strategic Plan 2007-2011. i.e. Prevention, Care Treatment Care and Support[143].

The Ward Strategy has been successfully rolled in 30 out of 37 wards of the community. The municipality has approximately 600 volunteers providing care and support to the communities of Msunduzi. The volunteers are providing health education to the different communities on prevention to assist in reducing the number of new infections[144]. These volunteers also distribute condoms in communities. For sustainability of the progarmme a once-off gift voucher for each active Home Based Carer is made available on a yearly basis from the Msunduzi Municipal Mayors Office. This has been in place for the past four years and this initiative was endorsed by the Mayor Zanele Hlatswayo.

The municipality on a yearly basis distributes R20 000 worth of home base care supplies to assist NGO's and CBO's working with people living HIV and AIDS. The municipal council renders capacity building in the form trainings provided on a continuous basis to volunteers. This was done with the collaboration with the uMgungundlovu District Municipality HIV and AIDS Programme and the District Health Office.

The strategy identified some challenges listed below:

- The strategy experienced difficulties in sustaining and in implementing community projects because of the heavy reliance on financial resources from the civil society which became unsustainable. The limited financial resources for the HIV and AIDS strategy were a major obstacle, mainly because the funds were channeled from the national government to the provincial government and there was no funding obtained from donors.

- The limited buy in from political leaders and the lack of participation particularly of ward councilors.

- Volunteers were poorly resourced and this meant that they were not capacitated to function.

- There was limited buy in on from the various government departments and the civil society.

Achievements

The Msunduzi municipality HIV and AIDS strategy is innovative mainly because it comprises of broad based local partnerships and has a political champion who is a committed senior official in the municipality. The Msunduzi municipality HIV and AIDS strategy created linkages between different sectors and this minimized the duplication of services and improved the level of HIV and AIDS service provision. The strategy proves to be a success as more volunteers enrolled and are participating fully in the programme. The ward councilors played a crucial role in recruiting and selecting home based carers in their respective wards. The communities are actively involved in the process and transparency is emphasized.

Home based Care supplies are budgeted and provided for in the municipal IDP. The HIV and AIDS Strategy and Interventions are embedded in the IDP. One of the successes of the Msunduzi HIV and AIDS strategy is that it has tried to address the issue of vulnerable children.

Planned Activities

The Integrated Development Plan of 2009 Msunduzi has the following planned activities:

- The review of the HIV and AIDS strategy
- The municipality plans to establish and employee assistance and wellness programme for its workforce
- The local council plans to capacitate the Local AIDS Council mainly because currently it is not capacitated to function properly.
- The municipality plans to acquire donor funding in order to resuscitate the Msunduzi Referral Network that was shut down because of financial constraints.
- The municipality is in the process of developing HIV and AIDS score cards for each municipal department
- The municipality aims to train councilors and ward committees on HIV and AIDS and wants to expand departmental mainstreaming of HIV and AIDS.

Programme Support

Financial Resources

The municipality has a dedicated budget of R1, 500 000 allocated to HIV and AIDS interventions[145]. Most biomedical programmes are funded by the Department of Health.

Human Resources

With a staff component of about seven employees, the AIDS Training Information and Counselling Centre (ATTIC) centre is well-staffed compared to other four municipalities. Msunduzi municipality has a team of committed municipal employees that are driving the HIV and AIDS response. The centre is managed by the HIV and AIDS Coordinator with the assistance of her dedicated team which comprises of a Social Worker, a Community Development Worker, VCT Counsellors and Home Based Care volunteers. The municipal IDP identified the need to recruit an Employee Assistance Practitioner to manage workplaces response to HIV and AIDS.

Leadership

The institutional arrangements as indicated above reflect the political buy in from the Mayor, who has been a political champion since the inception of the strategy. The IDP manager and ward councillors without health portfolios have HIV and AIDS in their scorecards.

Monitoring and Evaluation

The development of a monitoring and evaluation system is one of the objectives of the mainstreaming strategy. The municipality is in the process of developing HIV and AIDS score cards for each municipal department. An action Plan linked to the HIV and AIDS was developed for the year 2004 and beyond. The municipality submits progress reports to the Office of the Mayor on an annual basis. The municipality lacks the capacity to conduct research and monitoring and evaluation. The municipal HIV and AIDS Coordinator work closely with volunteers in their wards and holds monthly meetings to render support and monitor the work done by volunteers.

Main Needs and Challenges

Accessibility of Services

- The municipality identified a lack of VCT, PEP, PMTCT services to those communities who are served by mobile clinics.
- Government hospitals and clinics have ART shortages and patients have to wait for months on waiting lists until they are initiated onto treatment.

Financial Constraints

Securing municipal funds for HIV and AIDS interventions is one of the main challenges in the municipality. Community projects could not be sustained fully due to the limited financial resources. The municipality plans to secure external donor funding. The Msunduzi HIV and AIDS Strategy over-relied on funding from Non-Governmental Organizations, which became unsustainable.

4.6. Perceptions of municipal interventions by CBO leaders and People Living with HIV and AIDS.

4.6.1 Friends for Life

Friend for Life is a Community Based Organisation based in Mpophomeni, in a peri-urban are of Howick. The organization provides care and support to people living with and affected by HIV and AIDS. Friends for Life renders the following services: home based care, orphan care, HIV and AIDS support groups, distributes food parcels and has a toy library for children[146]. The organization is funded by the Department of Health and the Department of Social Welfare and Development, United States Agency for International Development and Irish AID.

The participants were not knowledgeable of any HIV and AIDS programmes and projects that are spearheaded or run by uMngeni local municipality mainly because the municipality is not working the civil society. It was also identified that the municipality has not publicly announced its role in the fight against HIV and AIDS. The CBO leader revealed that the relations between the local council are hampered by the weak communication channels of the municipality.

A respondent explained that:

"*We don't know any HIV and AIDS programmes that are implemented by our local municipality. How are we supposed to know about these programmes if they are not marketed to the community?*

Our local municipality collects information on all the HIV and AIDS service providers in the area and they develop strategies and plans without involving us. We are not consulted or invited when HIV and AIDS plans are being made, yet we are the very people that are directly affected by the epidemic."[147]

The majority of the participants were knowledgeable about the IDP process and affirmed that they had not participation in the IDP process. The respondents expressed their concerns about the low level of public participation in local government affairs and expressed that had only experienced public participation in the form of public meetings.

Respondents stated that they had to travel several kilometers to attend community meetings hosted the municipality and these meetings were usually dominated by municipal officials and the public was rarely given a platform to voice their concerns and needs. The respondents also highlighted that the public meetings hosted by the municipality rarely have HIV and AIDS as an item on the agenda.

It was mentioned that the community meetings hosted by the municipality were not marketed adequately and this resulted in poor attendance of community members. The CBO leader indicated that izimbizo's hosted by the national government are usually restricted to invited guests. Respondents felt that izimbizo's are supposed to provide a platform for communities to interact with the government but they are ineffective events.

A respondent explained that:

"*Izimbizo's are irregular, ineffective events, invitations are restricted to high profile people this means that the general public is excluded from these events where communities are supposed to voice their concerns. We are supposed to receive feedback from councilors but that does not occur here. Our councillors are not accessible to discuss our concerns. It is very difficult to find a ward councillor they are forever busy attending meetings and workshops."*[148]

A respondent explained that that they were instructed by the ward councillor to form Ward AIDS Committees at the beginning of 2009. The interviewee expressed her frustration that she did not understand the mandate of the Ward AIDS Committee structure because they were not inducted about the roles of the structure. She explains that: "*Our ward councillor invited home based carers for a meeting and we were instructed to establish Ward AIDS Committees. We were not trained or orientated about the role of these Ward AIDS Committees; as a result these structures are not functional because of the lack of training and capacity.*[149]

The respondents also indicated that one of the main reasons why public participation structures are not functioning properly is because of the lack of communication channels between the local council and the general public and the domination of municipal officials of participation processes.

The interviewees identified that the need for an HIV and AIDS desk within the municipal offices because the respondents did not know who was the focal person working on HIV and AIDS in the municipality. The CBO leader emphasized the need for a holistic voice to combat HIV and AIDS within the area. He emphasized that that there are a lot of HIV and AIDS service providers in the area but they don't work together.

He explains that:

"*HIV and AIDS service providers need to work together as voices of the epidemic. We cannot work in isolation of each other. We can learn and complement each other's work"*[150]

The focus group discussion revealed that youth and women are vulnerable to HIV and AIDS mainly because they are unemployed and are in living dire conditions of poverty. The interviewees explained that: "*Young girls are resorting to prostitution and transactional sex to obtain food, money and services. In these time and age this is one of the easiest ways for young girls to make ends meet.*[151]

The respondents indicated that there was a shortage of VCT services in the area mainly because there is only one VCT site in the municipal area and it's located in the clinic. A gap in strategies and programmes that target and empower young women was also identified. The focus group discussions revealed that most of the people living with HIV and AIDS in the area are poor and unemployed.

The respondents emphasised the need of poverty reduction programmes to assist communities to deal with the impacts of poverty and unemployment. The focus group discussions highlighted the developmental drivers of the epidemic.

4.6.2 Treatment Action Campaign

TAC is an activist organisation that was founded in 1998 and the TAC uMgungundlovu District branch was established in June2002 and was coordinated by a Community Based Organisation 'Friends for Life'. TAC campaigns for access to medicine for all people with HIV, to prevent new HIV infections and for a better public health system.

The organisation runs a very large ARV treatment literacy programme, women's health campaign, an international solidarity campaign and a people with HIV mobilisation campaign. The TAC is currently working with uMgungundlovu District Municipality in coordinating the districts HIV and AIDS strategy. The two entities are also collaborating on the establishment of the District and Local AIDS councils and as a result of the partnership they secured funding from Oxfam International to facilitate the establishment of the AIDS Councils. The majority of the TAC respondents in the focus group affirmed that they heard about the IDP process but they did not have a clear understanding and they had not participated in the IDP process.

A respondent explains that:

"I have heard the term IDP before, but I don't understand what it means. I didn't even know that we as the public have to participate in this particular process. Our local council does not inform us about these things. Municipal officials don't inform us about these concepts of democracy. How are supposed to participate in a process that is not marketed adequately to the general public."[152]

The CBO leader identified that he attended several IDP review and budget consultation meetings and these events had poor attendance because of the poor publicity. The meetings were dominated by municipal officials and the general public was rarely given a platform to voice their concerns.

A respondent explained that*" These meetings exclude the general public who could contribute meaningfully to the process of public participation. HIV and AIDS are rarely on the agenda of meetings held by the municipality*[153].

The respondents expressed their concerns of the failure of municipalities to deliver basic services such as water and sanitation. Respondents affirmed that the only time that the municipality invites the general public to participate in the democracy process is when they have to vote for officials in the municipal elections.

Respondents explained that:

"In our local municipality the only time that we are exposed to adequate public participation is when we have to vote in the municipal election. The IDP process and municipal meetings are poorly publicised during public meetings. Municipal officials come to us with their own planned agenda's and the general public is not given a platform to voice their concerns."[154]

The focus group discussion also revealed that ward councillors and ward committees play a very minimal role in mobalising and encouraging the voices of HIV and AIDS to participate in the IDP process.

A respondent explained that:

"Our councillors are not accessible; it is very difficult to get hold of ward councillors and these councillors don't have a clear understanding of their roles in the public participation process. Ward committees are weak structures and many of them lack the necessary financial and human resources to function adequately.[155] The respondents emphasised the fact the structures of public participation such as ward councillors and ward committees are not capacitated to carry out the process of community participation. The interviewees identified a gap in the training of ward councillors and ward committees on HIV and AIDS and public participation. Overall the interviewees were optimistic that public participation could improve service delivery if sufficient resources and political will were in place.

The respondents highlighted that the need for interventions to accelerate the initiation of ARV treatments in hospitals and clinics because many patients are dying on waiting lists. People Living with HIV and AIDS also identified that HIV and AIDS are an additional burden on the poor and unemployed. Respondents highlighted that, sometimes they do not take their pills because ART treatment cannot be taken on empty stomachs.

A respondent explained that.

"*It is very difficult for me to take my ARV treatment sometimes I don't food in the house. I am unemployed and poor.*

The food parcels that we get from the clinic only last for one week. Sometimes I don't take my pills because we were told not to take them on a hungry stomach.[156]

In summary the TAC focus group highlighted the following:

- The lack of understanding and involvement in the IDP process and participatory process
- Lack of understanding by ward committees and councillors
- Role of CBO's in being a catalyst in the relauching of LAC's.
- Impact of food insecurity on treatment compliance
- Important roles of CBO's and PLWHA to voice concerns such as poor service delivery.
- Roles of CBO representing PLWHA to undertake treatment literacy

4.6.3 Beschmite

Beschmite is a non- profit organisation based in Mooi River Mpofana. The organisation cares for people infected and affected by HIV and AIDS. Beshcmite has four orphanages and the organisation intends to establish a hospice to care for people living with HIV and AIDS. The organisation is sponsored by the Department of Health and the Department of Social Development.

Beschmite CBO leaders with a wide variety of services and functions and its principal targets are: home based care, collection of names of orphan children, especially those affected by HIV and AIDS, care for orphans, poverty alleviation programmes, food parcels, HIV and AIDS support groups, pastoral care, youth development and victim empowerment services to women. CBO leader and people living with HIV and AIDS, expressed a strong feeling expressed that HIV and AIDS are not at the top of the agenda for the leadership of the municipality.

A respondent observed that:

"*I have attended a lot of public meetings hosted by the local municipality and HIV and AIDS has never been on the agenda. It is very difficult for us as the community to voice our needs and concerns when we are not given a platform to do so by the municipality."*[157]

The respondents identified that the local municipality has human resource challenges. It was identified that the local municipality does not have a full-time HIV and AIDS coordinator and the acting HIV and AIDS coordinator (the Health and Social Development Officer) is working on HIV and AIDS and is also responsible for several other portfolios. The interviewees expressed the need for a full-time HIV and AIDS coordinator and the demand for a HIV and AIDS information desk at the local municipality.

The interviewees stated that public participation is inadequate at the municipal level. The respondents identified that they had been invited to register the organisation to be a participant in the IDP process in 2009. The CBO leader revealed that the organisation registered to participate in the IDP review of 2009 but the municipality did not invite the organisation to participate in the IDP review and budget meetings of 2009.

As observed by the respondent:

"*Firstly very few people in the public know about the IDP process. The municipality does not market the IDP to the general public and I have never accessed a copy of the IDP document. The IDP document is a sacred document that is distributed that is not distributed to the public. Our local municipality does not consult us when they are making plans. They develop HIV and AIDS Strategic Plans without involving us the voices of the epidemic. We registered our CBO to participate in the IDP review meeting for 2009 and the IDP review took place in May. We were not invited to as participants. The IDP was reviewed and compiled and without our inputs".*[158]

The respondents further affirmed that public participation is nonexistent at the municipality.

When the local municipality hosts public meetings they come with their agenda's that have been developed and this leaves the public with very little room to voice their concerns and needs. The respondents saw public participation as tool of legitimising decisions that have been taken the local municipality.

A respondent observed that:

"*Public participation does not take place here, when the municipality hosts public meetings they decide on the agenda's for the meeting and the general public is not given a platform to voice their concerns. They just host public meetings to inform us of decisions that they have already taken by the municipality."*[159]

The interviewees expressed their concerns that the ward councillors and ward committees are supposed to facilitate the public participation process but these very structures are not capacitated to function properly, they lack resources and a clear mandate. A municipal representative acknowledged that structures such as ward committees and ward councillors are not functional because of staff and financial shortages, lack of capacity, support systems and the lack of training on public participation. CBO and PLWHA identified that most of the people living with HIV and AIDS in the area are poor and unemployed. Respondents identified a gap in strategies that address poverty in the area.

The Beschmite focus group discussion highlighted the following:

- An HIV lens of municipal responses to HIV has also highlighted the lack of genuine participation opportunities.
- The lack of capacity at Local Government
- The poor functioning of ward councillor structures

4.6.4 Evangelical Seminary of Southern Africa

Evangelical Seminary of Southern Africa was established in 1997 in response to the HIV/AIDS crisis that has developed in KwaZulu-Natal. ESSA focuses on training churches to carry out AIDS education and to provide support for AIDS patients and their families[160].

ESSA gives visible expression to our commitment to the community and our contextual approach to theology. ESSA also renders the following services: HIV and AIDS support groups, Pre and Post VCT and HIV and AIDS awareness campaigns. The interview with ESSA leaders and people living with HIV and AIDS revealed that the people living with HIV and AIDS did not have the knowledge of the IDP process mainly because the local council did not adequately publicise IDP review meetings to the general public. A respondent observed that:

"*The IDP process is not well marketed in our communities particularly in townships. I have never ever heard announcements or seen posters inviting the general public to IDP review meetings. The only time I got to know about this process is when I started to work for ESSA. The local municipality has not invited us to participate in the IDP process; you can't even access the IDP document in municipality. The IDP documents are sacred documents which are kept in the offices of the municipal officials."*[161]

The respondents identified that they had experienced public participation through public meetings hosted by the municipality, but these meetings turned into political rallies. The meetings hosted by the municipality are dominated by municipal officials and the community is given a minimal platform to voice their concerns and needs. HIV and AIDS are rarely on the agenda in public meetings hosted by the local municipality and it is very difficult for the community to put HIV and AIDS on the agenda in public meetings when they not given a platform to do so.

It was expressed that public meetings with councillors and ward committees were seen as a waste of time mainly because ward committees make recommendations to ward councillors who have limited decision making powers. This means that public participation occurs and begins at the bottom of the food chain.

It was also identified that the ward committees meet infrequently, lack resources, and they do not have health and HIV and AIDS portfolios. Furthermore respondents felt that ward committees did not try to present their concerns, views and needs. This was because ward committees tended to be drawn from the political party of the ward councillor employed by the municipality. Ward councillors are inaccessible and rarely follow up on issues discussed in public meetings.

4.7 Conclusion

Overall the respondents were not enthusiastic about public participation mainly because public participation structures such as ward councillors and committees are not functional. The lack of political will from ward councillors was also identified as a factor that led to the negative perceptions of public participation. The response to HIV and AIDS varies across municipalities. All municipalities acknowledged their role in the response to HIV and AIDS and have formulated and implemented their HIV and AIDS Strategies however the municipal response to the epidemic is faced by a number of challenges experienced by all the five municipalities.

The study found that in municipalities the limited financial, human and resources hampered the ability of municipalities to implement an integrated HIV and AIDS response. Understaffing, incapacitated staff with heavy workloads and unfilled positions because of the lack of financial resources are the main human resources challenges faced by most municipalities. The response to HIV and AIDS is an unfunded mandate for municipalities, as they do not receive provincial budget allocations to HIV and AIDS.

This means municipalities have to raise their own funds through municipal taxes or source funding from external donors. Rural and small municipalities such as Impendle and Mpofana are struggling to collect adequate taxes because of their limited revenue base. The limited buy -in from politicians was also identified as a factor that has hindered the municipal response to HIV and AIDS. Most of the municipalities do not have political champions that place HIV and AIDS on the agenda in municipalities. Most municipalities do not have political leaders that proactively engage communities about the epidemic openly to eradicate stigma and discrimination.

The study found that most of the municipalities are struggling to respond to HIV and AIDS developmentally this is evident because most HIV and AIDS interventions are health focused they are limited to HIV and AIDS awareness activities, VCT, condom distribution, home based care, HIV and AIDS support groups and HIV and AIDS workplace prgrammes. Only Msunduzi local municipality implemented programmes and projects which tried to mitigate the impacts of the epidemic in communities.

The majority of the municipalities are grappling to effectively mainstream HIV and AIDS into municipal IDP's. Only Msunduzi and uMngeni Local Municipalities identified HIV and AIDS as priority issues. In most municipalities HIV and AIDS are considered briefly in the Objectives and Strategies Phase and sector plans focus of prevention and the sector plans are restricted to one department in the municipality. The sector plans did not have action plans and indicators and outcomes were not identified in the IDP's. Msunduzi local municipality is the only municipality that had sector plans in three municipal departments. The level of participation of people living with HIV and AIDS and civil society in HIV and AIDS interventions implemented by the municipality is limited. The study found that very few respondents were knowledgeable about the IDP process and had participated in the process.

It was identified that HIV and AIDS are rarely on the agenda of municipalities during public meetings, IDP review meetings or Izimbizo's. Respondents also highlighted that participation processes are dominated by municipal officials and this leaves communities with a very small platform to voice their needs and concerns. During public meetings municipal officials came with their own agendas and communities are used as tokens to legitimise decisions that have already been taken. Public participation structures such as ward committees and ward councillors are not functional because of lack to financial, human and technical resources to capacitate these structures. An in-depth discussion of the research findings is discussed in chapter in chapter 5.

CHAPTER 5

RESEARCH FINDINGS ANALYSIS

Introduction

This chapter analyses and interprets the research findings presented in the previous chapter. The chapter specifically analyses the findings based on the emerging themes, differences and similarities were drawn from the in-depth interviews, focus group discussions and the desktop review of IDP's of the HIV and AIDS Strategic Plans and HIV and AIDS Policies. The structure of this chapter is in subheadings (5.1 to 5.5) and these reflect the research objectives as outlined in Chapter 1 of this document in respect of comparisons of the municipalities under study.

5.1 Objective 1: To evaluate how municipalities are responding to HIV and AIDS.

5.1.1 Most municipalities have developed HIV and AIDS Strategic Plans

Encouragingly, it was found that four out of five municipalities (Msunduzi, Mpofana, uMngeni and Impendle) have developed and implemented HIV and AIDS Strategic Plans. uMgungundlovu District Municipality's HIV and AIDS strategy is in the draft phase and IDP mentioned that the municipality is in the process of developing a district wide HIV and AIDS strategy after the launch of the District AIDS Council in October 2009.

5.1.2 The majority of the HIV and AIDS interventions are limited to prevention, care and support.

All five municipalities have implemented HIV and AIDS interventions however they focus on the biomedical aspect of HIV and they include: HIV and AIDS prevention and awareness activities, condom promotion and distribution, Voluntary Testing and Counselling, HIV and AIDS support groups, peer education. Only two municipalities (uMngeni and uMsunduzi have initiated interventions to mitigate the impact of the epidemic and they include: food insecurity programmes and ward based community projects to enhance the delivery of HIV and AIDS services at the ward level.

5.1.3 HIV and AIDS workplace interventions are limited and only comprehensive in one municipality.

Three out of five municipalities have HIV and AIDS policies that have been implemented (Msunduzi and uMngeni local municipalities and uMgungundlovu District Municipality. uMgungundlovu District Municipality and Msunduzi Municipality HIV and AIDS policies are in the draft form and have not been implemented. Mpofana local municipality's HIV and AIDS policy in outdated and the municipality did not identify the need to review the policy. Impendle Local Municipality is the only municipality that has not developed a HIV and AIDS policy or conducted any workplace HIV prevalence and impact analysis studies and has not planned do so.

Four municipalities (Msunduzi, uMngeni, Impendle local municipalities and uMgungundlovu District municipality) have conducted Knowledge, Attitudes and Practices Surveys among their municipal workforce to inform the workplace response. Only one (uMngeni Local Municipality) out of four municipalities has an in-depth understanding of the workplace HIV and AIDS situation. The municipality conducted workplace HIV prevalence impact analysis studies. uMngeni Local Municipality also implemented a comprehensive Employee Assistance to programme to keep employees healthy and fit to work

5.1.4 Local AIDS Councils in municipalities

Local AIDS Councils are supposed to be the voice of the epidemic and are responsible for the overall coordination and implementation of HIV and AIDS interventions within a municipal area. Four out of the five municipalities have Local AIDS Councils. The AIDS councils have been launched and revived and they are not functioning because of the lack of a clear mandate human and financial resource constraints to coordinate the structure and the lack of political will. uMgungundlovu District AIDS Council is planning to launch the District AIDS Council in October 2009.

5.2 Objective 2: To assess the response of municipalities, by investigating HIV and AIDS interventions perceived by people living with HIV and AIDS and Community Based Organisation leaders

5.2.1 The voices of HIV and AIDS are not consulted during the planning and implementation of HIV and AIDS interventions.

The participation of people living with and affected with HIV and AIDS is essential to assist the municipality to understand the impact HIV and AIDS on its citizens provides and this allows for better planning and services delivery.[162] HIV and AIDS support groups are the only programmes in municipalities that involve PLWHA in the workplace. None of the municipality's have interventions that directly involve PLWHA in community interventions. The feeling among respondents is that the participation of the general public and civil society in local government affairs is very limited yet effective service delivery won't occur without the adequate the participation and voice of communities in municipal plans and strategies.

It is very crucial that municipalities directly involve PLWHA when planning HIV and AIDS interventions as this information can assist the municipality to understand the impacts of the epidemic on communities and this could enable municipalities to plan effectively. Municipalities could recruit people living with HIV and AIDS as VCT counsellors, Home Based Carers, and as community champions to eradicate stigma and discrimination in communities. The fight against HIV and AIDS cannot be accomplished without the direct community participation particularly of PLWHA as they are the ones that are directly infected and by the epidemic.

5.2.2 Structures such as Ward Committees and Councillors are not functioning in most municipalities.

In general respondents felt that public participation was hampered by the lack of political will from municipal officials, the lack of human and financial resources to capacitate the structures of public participation.

The majority CBO leaders and PLWHA revealed that communication channels between the local council and the general public are nonexistent because the ward councillors are not informing and consulting the public about the decisions taken by the municipality. It was also identified that ward councillors dominate public meetings and the public is rarely given a platform to voice their concerns and needs.

Respondents also highlighted that HIV and AIDS are rarely on the agenda of meetings hosted by the municipalities and very few ward councillors and ward committees have health or HIV and AIDS portfolios. Public meetings hosted by the local municipality are largely seen as a method of legitimizing decisions that had already been made because participation of the public is limited.

Respondents highlighted that ward committees lack the capacity to be effective structures, partly due to the lack of a clear mandate, lack of resources and training. Respondents also felt that ward committees did not try to represent their interests and concerns and the ward committees were drawn from the same political party of ward councilors that's why they worked well together. Ward councillors and ward committees are critical elements of the public publication participation process. The ward councillor should be the direct link between the municipality and the communities and the ward committees should encourage a culture of community participation and accountability. In this case this is not happening because the respondents identified that they are not adequately informed or consulted about the decisions taken by the council.

The communication channels between ward councillors and ward committees and communities are very poor. Public meetings and IDP review meetings are not advertised in due to course to communities and this result in the poor attendance of residents. It was also identified that public meetings are dominated by municipal officials to legitimise decisions that they have already been taken without the adequate consultation and involvement of the voices of the HIV and AIDS. It is evident that adequate participation of the voices of the epidemic in the planning and implementation of HIV and AIDS interventions is limited municipalities. Community protests are sign that public participation is not occurring correctly.

5.2.3 The partnerships between civil society and municipalities are poor and limited but solid in other municipalities.

A key challenge for the municipalities is to forge effective partnerships with civil society that complement each other's work and avoid duplication and wastage of resources.

There are tensions over ownership and sharing of resources. Civil society organizations tend to undermine and not participate in these in the structures of local government because they feel that they are the ones that supposed to work on HIV and AIDS. Respondents revealed that the relationship between the municipalities and civil society is not solid and is comprised of tensions and competition for resources. The civil society contends that they are not consulted or invited when HIV and AIDS plans are being developed, yet we are the very people that directly work with people infected and affected by the epidemic.

It is evident that the civil society and local government are not working in partnership with one another because of the poor and limited communication channels between the two parties. It is very critical that the civil society engages local government on issues that affect the community in order to inform policy and strategies. In turn local government needs to be more open in working with the civil society as this may assist municipalities to understand the impact of the epidemic on communities and decide how to respond.[163]

An integrated and holistic response to HIV and AIDS will not occur without the active involvement of various stakeholders such as government departments, civil society, private and business sectors. HIV and AIDS can no longer be regarded biomedical issues, they have become developmental issues and the fight against the epidemic will only be won if a multi-sectoral approach is not employed. This means that all sectors of society have a critical role to play in the fight against HIV and AIDS, and that civil society has a critical role to play in the process

5.3. Objective 3: To examine how HIV and AIDS is taken into account in the Integrated Development Plans, and to access whether people living with HIV and AIDS are invited to participate in the IDP process.

5.3.1 There is a lack of locally specific HIV/AIDS prevalence data in most municipalities.

Only uMgungundlovu District municipality utilised locally based HIV/AIDS prevalence data obtained from a consultancy firm. The data consisted of estimated HIV prevalence rates of all the local municipalities.

The IDP's of Mpofana, Impendle, Msunduzi and uMngeni relied on the National Antenatal Sentinel HIV and Prevalence survey to inform the HIV and AIDS interventions implemented by the municipalities. Four municipalities (uMgungundlovu District Municipality, Msunduzi, Mpofana and Impendle had only conducted KAP surveys to inform the workplace response. uMngeni Local Municipality has a good understanding of HIV and AIDS in the workplace. The municipality's HIV and AIDS response is informed by three research projects.

The municipalities commissioned a workplace prevalence study, Knowledge, Attitudes and Practices survey, conducted a resource analysis to assess if there were any gaps in the continuum of care and an economic impact of HIV and AIDS on municipal revenue. None of the municipalities have conducted research on the number of people receiving and needing ART, number of orphans in the municipal area, number of people receiving grants and mapped out HIV and AIDS services in the municipal area. Such research is very valuable in informing planning processes of municipality. Locally specific prevalence data is important because it can assist the municipality to understand the impact of the epidemic on the workforce, municipal revenue, service delivery and on communities they serve.[164]

5.3.2. All IDP's have sector plans but these plans are limited to one department within the municipality.

In four IDPs (Mpofana, uMngeni and Impendle Local Municipalities, and uMgungundlovu District Municipality), municipal sector plans for HIV and AIDS appeared in the Community and Social Services Department. Msunduzi municipality is the only municipality that had sector plans in the three departments of the municipality and the sector plans went beyond the health focused interventions and tried to address the socio-economic impacts such as poverty, lack of access to clean water and proper sanitation.

5.3.3 HIV and AIDS are not mainstreamed in all phases of the IDP.

In all IDPs, HIV and AIDS only appears in two chapters/sections of the IDP and these are the analysis and objectives and strategies phases.

In the analysis phases only one of the IDP's identified the settlements where HIV and AIDS are most concentrated and, the high risk groups and where they live. Very few of the IDP's identified the available HIV and AIDS services in their municipal area. In the objectives and strategies phases, HIV and AIDS Strategies need more articulation. All the four IDP's of the local municipalities (uMsunduzi, Impendle, uMngeni and Mpofana) make a marginal reference of the HIV and AIDS strategy without going into details of how the of how the strategy will be implemented and what indicators are expected.

uMgungundlovu District municipality's is the only IDP that discusses the HIV and AIDS Strategy in detail and the strategy has an action plan. In all IDPs, HIV and AIDS does not appear in the projects phase and Integration Phase of the IDP. HIV and AIDS are not mainstreamed in all phases of the IDP. Interviews with senior managers in the municipalities revealed that they did not mainstream HIV and AIDS because they felt that it was not part of their job. The IDP managers of the Mpofana, Impendle, and uMngeni felt that HIV and AIDS are the responsibility of the Community Services department.

They did not understand why or how the other departments of the municipality could respond to the epidemic because they articulated that HIV and AIDS are health issues. The IDP manger of Msunduzi is the only IDP manager in the case study with an HIV and AIDS mainstreaming scored. He affirmed that the Msunduzi Local Municipality is currently planning to train all the senior managers of the municipality on HIV and AIDS mainstreaming in order to expand multi-sectoral planning on HIV and AIDS.

5.3.4 The Participation of People Living with HIV and AIDS in the IDP is limited.

Overall most of the respondents confirmed that they had heard about the IDP process and only a few of the respondents affirmed that they had participated in the process. Most of the respondents declared that they had experienced public participation in the form of izimbizo's and public meetings. Respondents contend that izimbizo's are supposed to provide a platform for citizens to interact with the government but they have become ineffective road shows Izimbizo's hosted by the national, provincial and local government and are usually restricted to mayors, municipal officials and invited guests.

Respondents further affirmed that they did not receive feedback from the ward councillors about the issues discussed in izimbizo's. The majority of the respondents identified that public participation was very low in the Mpofana municipal area and few people knew about the IDP process. It is evident that communities don't participate in the IDP process because of the lack of knowledge of the IDP process. Msunduzi Local Municipality is currently trying to educate the public about the IDP process and they have published the IDP document both in English and isiZulu to accommodate the Zulu speaking communities of Pietermaritzburg. It is very important for municipalities to engage communities during the IDP process because this will ensure that the appropriate services are delivered to communities.

5.4 Objective 4: To assess what capacities and support municipalities have in order to respond to HIV and AIDS.

5.4.1 Most municipalities have capacity constraints.

The municipal response to HIV and AIDS is faced by human resource of challenges and understaffing remains a challenge in most municipalities. Only three out of five municipalities have dedicated HIV /AIDS appointed staff working on HIV and AIDS. Only three out five municipalities have full-time HIV and AIDS Coordinators. Impendle and Mpofana local municipalities do not have full-time HIV and AIDS coordinators. The acting HIV and AIDS Coordinators in these two municipalities have other responsibilities and the HIV and AIDS portofolio is an additional burden to their workload.

5.4.2 Some municipalities don't have budget allocations to HIV and AIDS and others do.

Three out of five municipalities have a budget dedicated to HIV and AIDS interventions**.** Despite the budget allocations from the municipal internal budgets, municipalities are struggling to secure external funding for HIV and AIDS interventions. Community projects could not be sustained fully due to the limited financial resources and the lack of donor assistance. Most respondents identified limited financial resources are identified as a major obstacle for the coordination and implementation of HIV and AIDS interventions.

uMngeni Local Municipality did not have any budget allocations to HIV and AIDS in 2009 nor did the municipality receive any financial assistance from external donor

5.4.3. Political buy-in from politicians and senior managers is lacking in some municipalities, but strong in other municipalities.

The municipal response to HIV and AIDS lacks the political backing of politicians and senior managers. In most municipalities there is a lack of understanding of the developmental aspects of the epidemic. In some municipalities senior managers largely see HIV and AIDS as an unfunded mandate. Msunduzi Local Municipality' is a good practice case study. Since the inception of the strategy the Mayor has been the political champion driving the HIV and AIDS strategy.

In Msunduzi the HIV and AIDS portfolio falls under the municipal manager's office and mayor has ensured that HIV and AIDS scorecards are applicable not only to the HIV and AIDS coordinator but also to the IDP manager and the municipal manager. This ensures that HIV and AIDS are prioritised. The HIV and AIDS coordinator and the IDP managers are working together to try and ensure that HIV and AIDS are mainstreamed in all the sector departments of the municipality. Ward Councillors with Health portfolios have HIV and AIDS scorecards and they closely work with the wards AIDS committees. and councillors

5.5. Objective 5: Through the review of the above case studies on HIV and AIDS, to identify the contributing factors those have led to a limited or successful response.

5.5.1 Municipalities with budget allocations have capacity to respond to HIV and AIDS.

The study found that a municipal response to HIV and AIDS varies across municipalities. Municipalities such as Msunduzi Local Municipality and uMgungundlovu District Municipality tend to have a more coordinated response than the smaller municipalities situated in semi-rural towns such as the Impendle and Mpofana Local Municipalities.

Municipalities in urban areas such as uMgungundlovu District Municipality and Msunduzi Local Municipality have bigger budgets allocated to HIV and AIDS because they have a larger revenue base than semi-rural municipalities such as Mpofana and Impendle local municipalities which have limited revenue base to collect taxes because the areas are mainly rural. The municipalities do not receive financial support from the Province; this means that municipalities have to raise funds for HIV and AIDS interventions through taxes.

5.5. 2 Partnerships with the civil society and political will from politicians' strengthened responses to HIV and AIDS in some municipalities.

Most of the municipalities lack political will and they do not have strong relationships with the civil societies within their municipal area. The Msunduzi Local Municipality's HIV and AIDS strategy is innovative mainly because it includes stakeholders from government, civil society and the private sector as partners. The strategy also receives the support and commitment of a political champion namely the executive mayor and the HIV and AIDS coordinator in the municipality. The civil society in Msunduzi is actively involved in various programmes.

Political will from politicians and senior managers is a key requirement for an effective response. The executive mayor of Msunduzi removed HIV and AIDS from the health corner and made it a development issue that is integrated in the municipal IDP. The mayor has been a catalyst in building partnerships with the civil society and other government departments to develop a coordinated response to HIV and AIDS and has played an advocacy role in engaging community members and community leaders in HIV and AIDS.

5.5.3. Municipalities with adequate human resources have satisfactory HIV and AIDS interventions

Most of the municipalities have human and financial resource constraints. Msunduzi and uMngeni Local Municipalities response to HIV and AIDS is coordinated and effective mainly because the municipalities has adequate number of employees working on HIV and AIDS interventions in the municipalities. The other three municipalities only have one or two employees working on HIV and AIDS. The HIV and AIDS portfolio is seen as additional burden.

These municipalities are short staffed and they are struggling to implement HIV and AIDS interventions because the employees that are responsible for HIV and AIDS have other responsibilities besides working on HIV and AIDS.

5.4.4. The enthusiasm of HIV and AIDS coordinators and IDP managers contributes to the mainstreaming of HIV and AIDS.

The HIV and AIDS coordinator of Msunduzi local municipality is passionate about HIV and AIDS and community development. She highlighted that HIV and AIDS can longer be seen as a health issue because there are social, economic and cultural factors that exacerbate and drive the epidemic. The HIV and AIDS coordinator of Msunduzi Local Municipality stated that she only discovered the advantage of working with the IDP manager after reading the Framework for an Integrated Local Government Response to HIV and AIDS (2007). She then approached the IDP manager about mainstreaming of HIV and AIDS in all departments of the municipality.

The IDP manager was taken about the idea and they began to work with each other on HIV and AIDS. The IDP manager and HIV and AIDS coordinator are currently trying to motivate senior managers of all the sector departments to mainstream HIV and AIDS into all policies, programmes and projects. The IDP manager is planning to organise HIV and AIDS mainstreaming workshops to expand the mainstreaming of HIV and AIDS in the municipality. Clearly the above shows that the enthusiasm of HIV and AIDS coordinators and IDP managers contributes to the implementation and mainstreaming of HIV and AIDS interventions.

5.5.5 The collection of the workplace prevalence data enabled municipalities to understand the workplace situation.

The four municipalities have only conducted Knowledge Attitude and Practices surveys. uMngeni Local Municipality that is only the municipality that has tried to consider the internal dimension of HIV and AIDS and their implications.

The municipality's workplace response is informed by the following research projects a Knowledge Practices and Practices survey, workplace prevalence study, economic impact of HIV and AIDS municipal revenue study and lastly a resource analysis of HIV and AIDS service providers to assess if there are any gaps in the continuum of care in the municipal area. The HIV and AIDS coordinator and the Employee Assistance Practitioner in uMngeni affirmed that the analysis of the workplace situation assisted the municipality to understand the impact of HIV and AIDS on the employees, service delivery and on municipal revenue. This led to the establishment of the HIV and AIDS strategy and the Employee Assistance Programme.

5.5.6 The hierarchical position of the HIV and AIDS portfolio influenced the effectiveness of the HIV and AIDS response.

The study has found that the hierarchical position of the HIV and AIDS portfolio influenced the effectiveness of the HIV and AIDS response all of the five municipalities the HIV and AIDS portfolio is housed under Municipal Manager's Office, and Office in the Community Services Department. In three municipalities (uMgungundlovu District municipality, uMngeni, Mpofana and Impendle Local Municipalities) the HIV and AIDS coordinators report to the Community Services Managers. The Community Services Managers are also responsible for other portfolios such as Sports and Recreation, Community Development, Youth Development, Local Economic Development, Environmental Management, Arts and Tourism and HIV and AIDS.

The Community Services Managers are burdened with many responsibilities and HIV and AIDS are not prioritised. The reporting mechanisms are different in uMgungundlovu District municipality and Msunduzi local municipality where the HIV and AIDS coordinators report directly to the Municipal Managers. In Msunduzi local municipality the HIV and AIDS coordinator also reports to the Health and Welfare Manager and to the Executive Mayor who is currently the political champion of the HIV and AIDS strategy in the municipality.

uMgungundlovu District Municipality's response to HIV and AIDS is effective and integrated not only because the municipality has a proactive committed political champion and a budget dedicated to HIV and AIDS but also because the HIV and AIDS coordinator reports to the municipal leadership (the executive mayor and the municipal manager). This ensures that HIV and AIDS issues are prioritised, budgeted for and senior managers are held accountable. Whereas in the other four municipalities it is very difficult for HIV and AIDS coordinators to ensure that HIV and AIDS are prioritised because the HIV and AIDS coordinators rely on the Community Services Manager to ensure that HIV and AIDS is prioritised .

5. 6. Conclusion

This chapter presented the synthesis of the research findings. A set of conclusions can be made about the nature of municipal response to HIV and AIDS in uMgungundlovu District municipality and its four local municipalities. It is encouraging to see that municipalities acknowledge that they have a strategic role to play in the fight against HIV and AIDS. This is evident because all municipalities have developed HIV and AIDS Strategic Plans and HIV and AIDS policies to guide the internal and external response to the epidemic. The study found that the municipal response to the epidemic is hampered by several challenges which were evident among all the five municipalities. They include understaffing, lack of skills, limited financial and human resources and there is a lack of political will from the political leadership and senior managers.

It was identified that all municipalities had implemented HIV and AIDS interventions and they include: HIV prevention and awareness activities, Voluntary Testing, HIV and AIDS support groups, home based care and condom distribution, Employee Assistance programmes, food insecurity projects, forums for vulnerable groups and poverty relief and income generating projects. Most interventions are almost health focused. This illustrates that most municipalities are struggling to respond to the developmental aspects of HIV. However there is some evidence of HIV and AIDS mainstreaming in uMgungundlovu District Municipality, Msunduzi and uMngeni Local Municipalities.

Most IDP's relied on the National and Provincial Antenatal HIV statistics to inform their response and planning. Only one municipal IDP (uMngeni Local Municipality) considered how HIV and AIDS could impact on the municipal workforce and on municipal revenue. None of the municipalities considered how HIV and AIDS could impact on the ability of the municipality to render basic services such as water, sanitation, and refuse management. Most IDP's narrowly identified HIV and AIDS as social issues that increase the demand for health services and increases the number of orphans in the municipal factors. The Strategies and Objectives phase of the IDP do not have strategies that try to address these 'social issues' mentioned in the analysis phase. Some IDP's identified HIV and AIDS as the major cause of the high mortality rates in their area without the evidence of data to support these statements.

HIV and AIDS Strategies are briefly articulated in the Objectives and Strategies phase without going into details of how the strategies will be implemented and what indicators/outcomes are to be expected. HIV and AIDS are not integrated with the development goals of the IDP and are not mainstreamed in all the departments of the municipality. This is evident because in most IDP's sector plans are limited to one department of the municipality. In most municipalities HIV and AIDS portfolio fall under the Community Services department where HIV and AIDS are treated as special issues in the Special Programmes Unit.

The study found that most HIV and AIDS sector plans focus on prevention activities and on treatment care and support. The HIV and AIDS sector plans do not have implementation plans or budget allocations. Most HIV and AIDS sector plans have not been implemented, municipalities are in the process of implementing the planned sector plans HIV and AIDS. In most municipalities HIV and AIDS only appear in two chapters of the IDP and they include the analysis phase and objectives and strategies phase of the IDP.

None of the IDP's documented the implemented HIV and AIDS programmes in the projects phase of the IDP. This illustrates that in most cases HIV and AIDS are not integral of the IDP. The study identified most municipalities had documented the HIV and AIDS programmes and projects in projects reports.

Overall most of the people living with HIV and AIDS confirmed that they were knowledgeable about the IDP process but they had not participated in the IDP process. CBO leaders confirmed that they had experienced IDP review meetings but these meetings are poorly attended because of poor publicity and municipal officials tend to dominate these meetings and they turn into political rallies. Respondents also identified that HIV and AIDS are rarely AN item on the agenda of public meetings and IDP review meetings. It is evident that local government public participation processes do not adequately accommodate the voices of the epidemic.

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CHAPTER 6

DISCUSSION

6.1 Introduction

The previous chapter analysed and presented the categorised data according to the objectives of the study and sub-themes that emerged from the findings. This chapter builds up from the previous chapter and discusses the emerging themes from findings in light of the literature reviewed. The aim of the study as mentioned in Chapter one is to examine the manner in which municipalities in uMgungundlovu District and its four local municipalities namely Msunduzi, Mpofana and uMngeni and Impendle are responding to the challenge of HIV/AIDS.

6.2 The municipal responses to HIV and AIDS varies across municipalities but most interventions are health focused.

The study found that the municipal response to the epidemic varies across municipalities. However the study found that most municipalities have interventions that are confined to HIV and AIDS programming as opposed to HIV and AIDS mainstreaming. Municipalities have implemented interventions that mainly focus on prevention, care and support and they include: HIV and AIDS Strategic Plans, HIV and AIDS workplace programmes, prevention and awareness activities, Voluntary Testing, home based care and condom distribution.

Van Donk (2008) acknowledges this and argues that municipal HIV and AIDS interventions have been limited to biomedical interventions aimed at changing behaviour through prevention. [165] She contends that "municipal HIV and AIDS interventions have been limited to workplace HIV and AIDS programmes, Voluntary Testing and Counselling, home based care and more recently proving antiretroviral treatment".[166] Van Donk (2008 and 2004) contends that municipal interventions have failed to develop programmes that look at the developmental aspects of the epidemic.

Ambert (2004) asserts that "HIV and AIDS interventions are health focused and they are restricted to untargeted awareness campaigns and biomedical interventions that are already undertaken by the Department of Health".[167]

Msunduzi and uMngeni local municipalities are the two municipalities that currently understand HIV and AIDS as governance and development issue because they have begun to integrate HIV and AIDS in their programmes and projects.

6.3 There is lack of locally specific data on HIV and AIDS to inform the local responses.

The study found that in two out of five municipalities, there is a lack of locally specific HIV and AIDS information in IDP's. Most municipalities relied on the National and Provincial Antenatal HIV prevalence statistics to inform their response and planning. Four municipalities (uMgungundlovu District municipality, Msunduzi, Mpofana and Impendle) have only conducted workplace KAP surveys and this study was only useful for the workplace response. According to Van Donk (2008) in most municipalities there is a dearth of baseline data and information that is necessary to inform local HIV and AIDS interventions.[168]

Ambert (2004) identified that most IDP's identified the socio-economic factors recognised factors such as women abuse, unemployment and alcoholism broadly and they were not localised [169] uMngeni local municipality has a good understanding of local HIV and AIDS realities and trends. The municipality commissioned a workplace HIV prevalence study, Knowledge Attitudes and Practices survey, a resources analysis to assess if there were any gaps in the continuum of care and lastly the municipality commissioned an economic impact study to assess the implication of HIV and AIDS on municipal revenue and services.

The municipality also identified the vulnerable groups and the areas where HIV and AIDS are highly concentrated of the municipal area. The knowledge of the workplace situation enabled the municipality to plan effectively and to understand the impact of HIV and AIDS on its employees and on the municipal revenue. It is important for municipalities to know the nature of the HIV and AIDS within a municipal area. Local specific data is valuable even though it is not readily assessable at the local level. The UNAIDS "Know Your Epidemic Campaign" epidemic (2008) clearly points out knowing the HIV and AIDS situation is vital for formulation of HIV and AIDS strategies and interventions because the response will then be targeted and effective mainly because it is informed by local realities of the epidemic.

Local data could also be used to assist the municipalities to identify where the epidemic is highly concentrated and this would enable municipalities to plan effectively and to understand the impact of the epidemic on its citizens and communities and what interventions are required. There is a possibility that municipalities could access local and district HIV and AIDS data from the Provincial Department if Health as well as in local hospitals, clinics and VCT sites.[170]

6.4 In most IDP'S HIV and AIDS Strategies are not articulated adequately.

In most IDP's HIV and AIDS are briefly articulated in the analysis and strategic planning phases of the IDP's. In the analysis phase IDP's narrowly focuses on the biomedical aspects of the epidemic such as the impact on the demand for health services and the increase of the number of orphans in the municipal area. It should be highlighted that municipalities did not have the locally specific data to support these statements and the municipalities did not have interventions in place to address these issues in the IDP. Only two out of five IDP's (Msunduzi and uMngeni Local Municipalities) identified HIV and AIDS as a priority and developmental and governance issues.

The research findings confirm Ambert's (2004) argument that IDPs briefly mention HIV and AIDS in the analysis phase of the IDP and the epidemic was seen to impact on the demand for health care, cemetery space, and increase in morbidity and the epidemic would also increase the number of orphans.[171]" In the Objectives and Strategies phase of the IDP's, HIV and AIDS Strategies are not articulated comprehensively. Four out five IDP's had developed strategies that aimed to reduce the HIV prevalence in their municipal area. The strategies included awareness and prevention activities that aimed to reduce infection rates.

The strategies do not have target groups or target areas and most strategies have not been implemented. All IDP's briefly mentioned HIV and AIDS strategies without going into details about how the strategy will be implemented and what indicators and outcomes are to be expected. Ambert (2004) argues that none of the IDP's in her desktop review saw HIV and AIDS impacting on the ability of the municipalities to deliver basic services such as water, sanitation and waste removal or how the epidemic could affect overall backlogs.[172]

Ambert (2004) also mentioned that most IDP's also did not consider HIV and AIDS service gaps in their area. HIV and AIDS objectives in the IDP do not have time frames or set targets for attaining the objectives and IDP's adopt a planning to plan strategic response.[173] This study shows that little has changed in the integration of HIV and AIDS in IDPs since 2004.

6.5 The Multi-sectoral planning of HIV and AIDS in IDP's is limited in most municipalities.

In most municipalities there is no evidence of an integrated response to HIV and AIDS in all phases of the IDP. HIV and AIDS are treated as a special issue that requires biomedical interventions. In four out of five IDP's, HIV and AIDS briefly appear in three chapters/sections of the IDP namely the analysis and strategies phase and in sector plans. In all IDP's there is no reference of the implemented HIV and AIDS interventions in the projects phase of the IDP. Three IDP's have sector plans and they are restricted to one department of the municipality. Sector plans appear under the Department of Community Services under the Special Programmes Unit and the sector plans focus on the biomedical aspects of HIV. Sector plans are confined to prevention and awareness activities, home based care, HIV and AIDS education and training. The sector plans do not have implementation plans.

Only one municipality has HIV and AIDS related sector plans in three departments of the municipality. There is very little evidence of multi-sectoral planning in most municipalities. HIV and AIDS are treated as special issues that require health focused interventions. Ambert (2004) affirms that there is very little evidence that HIV and AIDS are mainstreamed effectively in the IDP. Very few IDP's have integrated HIV and AIDS in all phases of the IDP. Municipal IDP's have HIV and AIDS sector plans in exceptional cases.[174]

6.6 The majority of the municipalities have limited financial and human resources to capacitate the response to HIV and AIDS.

The municipal response to HIV and AIDS is hampered by human and financial resource constraints.

Understaffing is a real challenge particularly in rural municipalities such as Mpofana and Impendle local municipalities. Three of five municipalities were found to only have one municipal employee running and managing the HIV and AIDS portfolio in the municipality. Two out of five municipalities did not have budget allocations to the HIV and AIDS portfolio and very few municipalities received external funding from donors. Municipalities have no alternative but to raise funds through municipal taxes to capacitate HIV and AIDS interventions. Centre for Municipal Research and Advice (CMRA) baseline report (2008) affirms that the municipal response to the epidemic is faced by a number of challenges and they include human and financial resources constraints.[175]

Van Donk (2008) shares similar view that one of reasons why a consolidated response to the HIV and AIDS has not occurred is because municipalities have limited financial and human resources and this is evident particularly in small and rural municipalities. According to Van Donk (2008) the small and rural municipalities are struggling to perform their most basic mandate (such as the provision of water, sanitation, waster removal housing) because of understaffing, the lack of skilled personnel and limited financial resources hamper the ability of municipalities to respond strategically to the epidemic.[176]

Both the findings of the study and literature agree that the limited institutional capacity and financial resources make it difficult for municipalities to carry out their mandate and the epidemic becomes an additional burden to municipalities that are grappling to carry out their basic functions such as the provision of water, electricity, housing and sanitation. The lack of capacity does not just impact on HIV and AIDS responses but it undermines the ability of local government to carry out its mandate of developmental local government.

6.7 There is limited political buy-in from politicians and senior managers.

Only two out five municipalities have political leaders (mayors) with HIV and AIDS in their scorecards. Most municipalities did not have political champions that drove the HIV and AIDS strategy in the municipality and in communities.

The study found that only Msunduzi municipality has a proactive HIV and AIDS champion who has spearheaded the HIV and AIDS agenda since the inception of the HIV and AIDS strategy. The mayor of Msunduzi municipality prioritised HIV and AIDS as developmental issue and ensured that the positions that drive the HIV and AIDS agenda are filled and capacitated to function. The mayor also played a critical role in mobalising financial and technical resources and this strengthened the municipality's response to the epidemic.

The lack of political champions that drive the HIV and AIDS strategy in most municipalities led to senior managers such as IDP managers not integrating HIV and AIDS into their IDP's mainly because they believe that it's not part of their job description. Only one IDP manager (of Msunduzi municipality) out of five municipalities had HIV and AIDS mainstreaming in his scorecard. Most IDP managers saw HIV and AIDS as biomedical and workplace issues. There is largely an inability of politicians to understand HIV and AIDS as a government and development issue and this is one of the reasons why an integrated and holistic response to HIV and AIDS in all spheres government has not taken place.

Van Donk (2008) shares a similar view and affirms the response to HIV and AIDS particularly under former President Mbeki was hampered by the lack of understanding HIV and AIDS as an urgent human tragedy that required immediate interventions from all sectors of society.[177] What happened was that the epidemic was largely seen as a biomedical issue and the former President Mbeki went as far as to question whether HIV caused AIDS. The lack of political buy-in from the presidency and his government led to the loss of thousands of lives because of the government's refusal to roll-out ART.

The response to HIV and AIDS is limited without the commitment and political buy-in from the political leadership of government. Commitment from politicians is regarded to be the cornerstone of an effective and integrated response to the epidemic.[178] The commitment from politicians can play an important role in mobalising resources and could ensure that HIV and AIDS are prioritised.

Political leaders have the ability to influence citizens and they can openly engage communities on HIV and AIDS to eradicate stigma and discrimination on people living with and infected by HIV and AIDS as well as to encourage behaviour change. Versteeg, Molewa and Dhlamenze (2008) assert that politicians, particularly mayors can play a vital role in moving HIV and AIDS beyond the 'biomedical perspective', to be understood as governance and developmental issue and ensure that HIV and AIDS are integrated in all the phases of the IDP. Mayors could also ensure that the various representatives such as ward councillors, IDP managers, and municipal managers have HIV and AIDS in their scorecards.[179]

6.8 The participation of the voices of the epidemic in public participation processes is limited.

As presented in chapter two, there is a clear policy mandate for partnerships and participation of communities on development issues at local level. A key challenge for the most municipalities and civil society organisations is to develop effective and collaborative partnerships to complement each other's work and avoid duplication and wastage of resources. There are tensions over ownership and sharing of resources. Municipal officials in some cases identified that civil society organizations tend to undermine interventions and strategies initiated by municipalities. Most municipalities also highlighted that the civil society does not participate in the municipal committees mainly because they feel that they are the one that should be initiating HIV and AIDS interventions.

On the other hand, civil society representatives argue that they are not consulted adequately by local government during the formulation of plans. Mantzaris and Ngcobo (2008) share a similar view and they argue that local government engages with the civil society in a superficial way.[180] The findings from the study illustrated that the civil society are not consulted adequately. Municipalities drew up plans without their inputs and in most cases they used citizens and communities as tokens to legitimize decisions that have already been taken by municipalities. The response to the HIV and AIDS requires a multi- partner and sectoral approach in order to develop a holistic response to fight the epidemic.

It is very crucial that local government and the civil society organizations both recognise the importance of working together in order to develop an integrated response to HIV and AIDS. Civil society needs to engage local government on issues that affect the community in order to inform policy and strategies. In turn local government needs to be more open in working with the civil society as this will ensure that the response to the epidemic is effective and integrated.

The findings of the study illustrate that the participation of people living with HIV and AIDS is in the IDP process is limited. Almost all respondents from civil society confirmed that they had heard about the IDP process however only a few of the respondents affirmed that they had participated in the IDP process. On the whole it seems that citizens and communities did not participate in the IDP process because of the lack of knowledge on how to engage with the IDP process. CBO leaders and people living with HIV and AIDS highlighted that HIV and AIDS was rarely on the public agenda in events and meetings hosted by municipalities.

Most of the respondents declared that they had experienced public participation in the form of izimbizo's and public meetings but these events turned into political rallies and were dominated by municipal officials leaving communities with very little room to voice their needs and concerns. Respondents from the civil society also highlighted that budget review meetings hosted by municipalities are poorly attended because of poor publicity. Ward councilors and ward committees do not have the capacity to function because they are hamstrung by human and financial resources constraints Buccus, Hemson, Hicks and Piper (2007) confirm that that public participation processes are not capacitated to function because of the limited political buy in, human capacity and financial resource constraints.[181] Izimbizo's are supposed to provide a platform for citizens to interact with the government but they have become ineffective events.[182]

Respondents from the civil society identified that this not the case because izimbizo's are dominated by government officials and they come with their planned agenda's giving citizens and communities a very small platform to voice their needs and concerns.

The fight against HIV and AIDS cannot succeed without the inputs and contributions of people living with and affected by the epidemic because they are the one who that directly feel the impacts of the epidemic. According to Mantzaris and Ngcobo (2008) public participation can only be meaningful once the knowledge, practical skills, political will, financial and human resources are enhanced.[183] Municipalities cannot carry out the mandate of public participation without the required personnel (ward councillors and ward committees) and it is also critical the public participation structures have adequate financial resources to carry out community participation to citizen's communities. Political will is critical particularly because ward councillors function as the link between municipalities and communities. For participation to be meaningful it is vital that citizens and communities are mobalised and consulted adequately to make inputs and to influence decision-making processes.

6.9 Local AIDS Councils have human and financial resources constraints.

For Local AIDS Councils to be capacitated to function, political commitment, human capacity and financial resources and clear guidelines are necessary. The Handbook for Facilitating development and governance responses to HIV and AIDS (2009) guides local government on the responsibilities and mandate of LAC's. According to the handbook the "LAC should act as a combined voice of the epidemic and development in the IDP planning, implementation and monitoring processes and should access resources for the implementation of HIV and AIDS interventions".[184]

Most of the Local AIDS Councils have been launched and revived and none were found to be functional because of human and financial resource constraints and limited political will from politicians. Local AIDS Councils are supposed to operate as the local versions of the South African National AIDS Council but at best they function as a forum where CBO's and NGO's network with each other and share experiences and ideas. In most municipalities the mayor does not chair the Local AIDS Council, they delegate to senior managers or councillors.

LAC's do not have a clear mandate and the roles of the stakeholders are not defined clearly. Respondents from the civil society highlighted that LAC's are dominated by government departments and the civil society and business are under-represented.

Versteeg (2008) shares a similar observation and argues that there are a number of factors that hamper LAC's from functioning adequately and they include: lack of understanding of the LAC mandate, confusion around the responsibilities of the LAC, resource shortages, over-representation of CBO's and under-representation of certain sectors of the council.[185] It is very important that Local AIDS Councils are functional as they can play a vital role coordinating the response to HIV and AIDS at the local level.

6.10 Conclusion

This chapter discussed the research findings in light of the literature reviewed. Overall it can be concluded that the municipal response to HIV and AIDS varies across municipalities. The municipal response to HIV and AIDS has made some improvements over time. The study found that municipalities acknowledge that they have an important role in the fight against the epidemic. All municipalities have developed HIV and AIDS Strategic Plans and HIV and AIDS policies this illustrates that municipalities have begun to understand HIV and AIDS is an issue that needs to be addressed by local government.

Although municipalities identify HIV and AIDS as a cross-cutting priority issue in the analysis phase of the IDP, in most municipalities there is a dearth of locally specific HIV and AIDS data such as the local HIV prevalence rate and HIV incidence rates, number of people receiving and needing ART , the number of orphans, child headed and women headed households. Most municipalities rely on the National and Provincial and Antenatal HIV statistics to inform the planning for HIV and AIDS.

In the Strategies and Objectives phase of the IDP, HIV and AIDS are briefly considered without going into the details of how the strategies will be implemented and what indicators and outcomes are to be expected. The study found that HIV and AIDS are not integrated into the core mandate of local government. In most municipalities HIV and AIDS sector plans are restricted to one department (Community Services Department/Health and Social Services) in the municipality.

Municipalities are struggling to mainstream HIV and AIDS into the IDP, and civil society groups identified that participation processes do not accommodate the voices of the epidemic. Municipalities have initiated HIV and AIDS interventions and they include HIV and AIDS workplace programmes, HIV and AIDS Strategies and Policies, HIV and AIDS awareness activities, VCT, home based care and condom distribution. Although these interventions are health focused, there were two municipalities out of the five municipalities that are mainstreaming HIV and AIDS. The study identified that the municipal response to HIV and AIDS has several challenges. The municipal response to the epidemic is hampered by human and financial resource. These include the lack of political will from politicians and senior managers, most municipalities have understaffing challenges, lack of skills to mainstream HIV and AIDS and have a limited revenue base and this is particularly evident in small and rural municipalities.

CHAPTER 7

CONCLUSIONS AND RECOMMENDATIONS

7. Introduction

The previous chapter discussed of the research findings in light of the reviewed literature**.** This chapter concludes by summarising the key findings of the study and identifies good practices and lessons learnt. The chapter also provides recommendations that flow from the findings of the study. The findings reveal that municipal HIV and AIDS responses are almost health focused.

Municipalities are struggling to mainstream HIV and AIDS effectively in the IDP, and into the core mandate of municipalities. However there are case studies of good practices of HIV and AIDS mainstreaming. It was also identified that municipalities have numerous challenges such as the as the lack of political will from politicians and senior managers and limited human and financial resources. These factors hamper the ability of municipalities to respond strategically to the epidemic.

7.1 Lessons learnt and good practices

Good practice in this case is defined as a set of strategies, policies and interventions that are both constructive and have yielded a strategic benefit for the municipality.[186] Good practices can also be defined as methods that produced effective and holistic results in the municipal response to HIV and AIDS. The following critical elements for managing epidemic at the local were identified in the course of the study.

Political Leadership

Experience has shown that the response to HIV and AIDS won't be effective and successful without the support and commitment from political leadership. Msunduzi municipality is a good practice case study when it comes to political commitment to HIV and AIDS. The mayor of Msunduzi Local Municipality played a pivotal role in eradicating stigma in communities and in mobalising resources to capacitate the response to the epidemic.

The importance of undertaking locally-specific HIV and AIDS related data.

The study found that the most municipalities utilised the National Antenatal HIV survey to inform their planning at the local level. In order to plan effectively and accurately, it is important for municipalities to understand the local HIV and AIDS situation within the municipal area. Experience has shown in uMngeni Local Municipality that the under taking of the workplace HIV prevalence study and Impact Analysis assisted the municipality to understand the impact of the epidemic on its workforce and municipal revenue.

Collaborative Partnerships

The fight against HIV and AIDS won't be won outside multisectoral partnerships. Municipalities need to establish partnerships with government departments, civil society and private sector. Experience has shown in uMgungundlovu District Msunduzi municipalities that collaborative partnerships could play a big role in sharing of information and resources in order to capacitate the response to HIV and AIDS.

The hierarchical position of the HIV and AIDS portfolio influenced the effectiveness of the HIV and AIDS response.

The position of the HIV and AIDS portfolio in the municipalities determines the effectiveness of the municipality's response to the epidemic. The study found that in most municipalities the HIV and AIDS portfolio is located in the Community Services Department. HIV and AIDS tends to get lost in this department because the Community Services departments are also responsible for other various portfolios. Such as women, people with disabilities, youth development and community development. Msunduzi Local Municipality is a good practice case study, the HIV and AIDS portfolio is located within office of the Mayor. This ensured that HIV and AIDS are prioritised, budgeted for and senior managers and councilors are held accountable.

Budget Allocations and dedicated and enthusiastic HIV and AIDS coordinators play an important role in capacitating the response to the epidemic.

The municipalities without sufficient budgets allocated to HIV and AIDS struggled to implement and sustain HIV and AIDS interventions because of financial constraints. Municipalities with budget allocations relied on municipal budgets to implement HIV and AIDS interventions and these budgets were insufficient. uMgungundlovu District Municipality established partnerships with the civil society and this assisted the municipality to obtain financial and human resource to capacitate it's response to the epidemic. Enthusiastic HIV and AIDS coordinator in Msunduzi and uMgungundlovu played a pivotal role removing HIV and AIDS from the biomedical corner and ensured that HIV and AIDS is taken seriously by senior management and political leadership.

Recommendations

7.2 Elements of an effective Response to HIV and AIDS.

The municipal manual for HIV and AIDS Sustainable Human Settlements Development in South Africa (2007) points out that that an effective response to the epidemic consists of three focus areas and they include: HIV prevention and reducing vulnerability to infection, treatment, care and support and mitigating the current and future social, economic, political and institutional impacts of the epidemic.[187] Overall an integrated and holistic response to HIV and AIDS is one that does not only consider the biomedical approach but also considers the socio-economic factors that make people vulnerable to HIV infection and assist people infected and affected communities to cope with the impacts of the epidemic.

In addition to the findings, this case study found that the six elements below are critical factors to an effective and coordinated response to the epidemic at the local level:

- Political will from municipal leadership and senior management
- The importance of undertaking accurate baseline data against which municipalities can plan and measure their responses.

- Collaborative Partnerships
- Mainstreaming into the core mandate of the municipality
- Community Mobalisation/Public Participation and HIV and AIDS
- HIV and AIDS score cards

7.2.1 Political buy will from the municipal leader leadership

Political leadership is a key element of an effective response to the epidemic. Versteeg, Dhlamenze and Molema (2009) share a similar view that the commitment and political buy in from municipal leadership are regarded as cornerstones of an effective response to the epidemic.[188] The study found most HIV and AIDS coordinators are finding it very difficult for HIV and AIDS coordinators to integrate HIV and AIDS in all activities of the municipality because of lack of political will from political politicians and senior managers. The revision of NSP's needs to provide guidance to Local Government on how to address drivers and impacts of the epidemic.

National political leadership also needs to emphasise the critical role of local government in co-ordinating the response to the epidemic. Clear are guidelines are needed to guide Local AIDS Councils on how they should function. Political leaders need to take leadership and responsibility on the wellbeing of their employees and communities. Political leadership at the municipal level can demonstrate a commitment to HIV and AIDS by placing it on agenda in fora and ensure that HIV and AIDS is integrated in all municipal programmes, projects and policies.

7.2.2 The importance of accurate baseline data on HIV and AIDS against which municipalities can plan and measure their responses.

It could be useful for municipalities to undertake HIV prevalence and impact analysis studies as this could assist the municipal leadership to understand the impact of the epidemic on its workforce, municipal revenue and service delivery. Municipalities could partner with academic institutions to undertake HIV prevalence studies at the municipal level or access data HIV and AIDS research already undertaken.

Municipalities could also obtain HIV and AIDS related data from the provincial and district departments of health. They can have access to data on the number of people testing for HIV, number of people receiving, number of orphans and needing ART, number of people living with HIV. This could assist municipalities to understand the impact of the epidemic on the workforce, municipal revenue and service delivery.

7.2. 3 Mainstreaming

Mainstreaming is built on the premise that HIV and AIDS are developmental issues and they require long term solutions to preventing and alleviating the negative impacts of the epidemic.[189] This means that the biomedical approach is inadequate to curb HIV and AIDS and a response from various sectors of society is required in order to develop an integrated and effective response. For effective mainstreaming to occur, the municipality needs to integrate HIV and AIDS into the core mandate of local government. This means that every department should consider how HIV and AIDS impact on their core work and assess how the epidemic could impact on the ability of the different municipal departments to render services[190].

The different municipal departments should integrate HIV and AIDS in all the phases of the IDP (planning, implementation, budgeting and evaluation and monitoring).[191] The IDP manger should also mobalise the community and workplace voices of HIV and AIDS and ensure that they participate in the IDP process.[192] The municipal manager could also encourage senior managers to integrated HIV and AIDS into their programmes, policies and strategies.

It is also important that municipalities mainstream HIV and AIDS in their external activities. Municipalities can mainstream HIV and AIDS externally by providing basic service such as water, sanitation, adequate housing ,and transport facilities and waste removal to citizens and communities as this will ensure that communities have access have coping mechanisms in the face of the epidemic.[193] These services are vital for particularly for people living with HIV and AIDS in urban informal settlements. Municipalities need to prioritise the delivery of basic services in urban informal settlements. It could be useful for municipalities to facilitate the process for orphans to receive grants from social services department.

Municipalities can also work in partnerships with the civil society and government departments to implement income-generating and food insecurity programmes in order to mitigate the impact of HIV and AIDS on communities.

7.2.4 Public Participation and HIV and AIDS.

The backbone of developmental local governance is the IDP process and public participation should be at the forefront of this process. Developmental Local Government is mandated to carry out the community participation processes and there are various instruments which include budget meetings, ward committees, ward councillors, izimbizo's and project steering committees. Municipalities need to ensure that public participation structures and mechanisms are accessible.[194]

The IDP manager needs to mobalise and encourage the voices of the epidemic such as people living with HIV and AIDS, women, children and people living with disabilities and the civil society to participate in the IDP process and in public participation processes.[195] The impact of the epidemic is directly felt by people infected and affected by HIV and AIDS and it makes sense to involve the voice of the epidemic in all appropriate participation processes of local government.

The direct involvement of PLWHA in public participation processes and in municipal HIV and AIDS interventions will assist municipalities to understand the impact of the epidemic on citizens and communities and this could also enable better planning.[196] The civil society needs to make municipalities accountable and should ensure that they participate in public participation processes.

7.2.5 Collaborative Partnerships

The battle against HIV and AIDS won't be successful outside multi-sectoral partnerships. Municipalities could establish collaborative partnerships, particularly with civil society groups that directly work with PLWHA and private sector in order to share information, good practices and resources. Local AIDS Councils could play an important role in facilitating and coordinating solid partnerships with the various sectors within the municipal area.

7.2.6 HIV and AIDS Scorecards

It could be useful for the municipal political leadership to introduce HIV and AIDS into the scorecards of municipal managers, IDP managers, and ward councillors or as part of their Key Performance Indicators. This could ensure that municipal employees such as the senior managers and councillors are held accountable for issues relating to HIV and AIDS. The HIV and AIDS portfolio needs to be placed in a department where it will receive more oversight and monitoring from the political leadership and senior management of the municipality. It could be useful for the for the HIV and AIDS portfolio to be placed in the Mayors or Municipal Manager's Office as this will ensure that HIV and AIDS are prioritised, funded and monitored closely and to hold managers to account.

7.3 Areas for future Research

The study succeeded in examining the nature of municipal responses to HIV and AIDS in uMgungundlovu District, with its four locals.

However there are still opportunities for future research in identifying some of the challenges and that future research could look into the following:

- The mandate of Provincial AIDS Councils, District Local AIDS Councils and Local AIDS Council and the way in which their work should be aligned.
- The role of the voices of HIV and AIDS in Local AIDS Councils.
- Ways of addressing the tensions between local government and civil society.
- How to capacitate small and rural municipalities in South Africa, especially regarding their response to HIV and AIDS
- How to enhance interest of PLWHA to participate in the local decision-making processes for their development.

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