DESIGNING AND IMPLEMENTING

HIV and AIDS initiatives

LOCAL GOVERNMENT'S ROLE

"In line with the mandate assigned to municipalities as part of the vision of developmental local government, municipalities are expected to be active role-players in all efforts to prevent the spread of HIV and to mitigate the negative consequences of AIDS for communities" (DPLG Framework for an Integrated Local Government Response to HIV and AIDS, 2007). The various frameworks and plans guiding the HIV and AIDS response of local government insist on the municipalities' role in mainstreaming HIV, and also in coordinating the local responses.

Besides internal and external mainstreaming, notably in their integrated development plans (IDPs), and setting up local AIDS councils, municipalities can go further by designing and coordinating small-scale targeted projects, focusing on specific local HIV and AIDS challenges. These projects can be seen as a concrete way for a municipality to perform its various roles in coordinating the delivery of concrete HIV and AIDS services to vulnerable groups. These roles, identified and described in the DPLG framework, are the following:

- **coordinator/facilitator**: ensuring that others are performing their respective roles and responsibilities within the municipal area;

- **connector**: linking up demand-side stakeholders to service providers;

- **doer**: mobilising the municipal budget and personnel to implement; and

- **enabler/regulator**: making it easy for others to take action by ensuring that municipal systems and assets are available and performing regulatory roles.

These types of projects allow a municipality to put guiding frameworks and plans into action and increase the visibility of its HIV response to its constituency.

For the past year, CMRA has been helping six municipalities involved in the project "Decentralised Response to HIV and AIDS in South Africa" to design small-scale pilot projects. Through these projects, CMRA aims to support local government in initiating and coordinating concrete HIV prevention and care activities with vulnerable groups, in partnership with governmental and non-governmental bodies.

The process thus far and the first implementation steps offer some lessons that are worth sharing with other municipalities seeking to respond to HIV and AIDS by building partnerships that deliver services to all citizens, including the most vulnerable.

Pilot project objectives, principles and design process

Each pilot focuses on a different vulnerable group and responds to a local sectoral challenge. The objectives of the projects are to prevent HIV and mitigate its impact, and to improve the accessibility of HIV and AIDS services and, more widely, of social services.

- In Emalahleni Local Municipality, the focus is on underserved rural areas.

- The beneficiaries in Madibeng Local Municipality are farm dwellers and workers from three pilot farms; in Buffalo City Local Municipality, people with disabilities; and in eThekwini Metropolitan Municipality, truck drivers.

- In Nelson Mandela Bay Metropolitan Municipality, the focus is on preventing HIV and empowering the youth through the use of sport.

- In Hibiscus Coast Local Municipality, the objective is to mainstream HIV in a multi-purpose centre.

All of the projects are based on partnerships between local government and other local role players, depending on the project focus: special programme units or municipal health and

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HIV units, private businesses (truck companies in eThekwini and private farms in Madibeng), community-based organisations (HIV and AIDS CBOs in Emalahleni), civil society organisations (Grassroots Soccer, a CSO in Nelson Mandela Bay), and different municipal sectors (sport in Nelson Mandela Bay, agriculture and social development in Emalahleni).

CMRA provides financial and technical support for the development and implementation of the pilot projects for one to two years through the following means: the production of a comprehensive situation analysis identifying the major challenges and stakeholders, the concerns of the beneficiaries and possible responses; discussion of the recommendations between the various stakeholders of the project and with the beneficiaries; the compilation of a project document and a monitoring and evaluation (M&E) framework that can serve as a model for other municipalities facing a similar sectoral challenge; and support from technical experts, with a project coordinator based on site.

In order to ensure the sustainability of the project, a sustainability plan is discussed and designed with the municipality concerned, looking at the various funding options and at integrating the project into the municipality's IDP. In addition, local capacities are built: the technical support to the municipality includes the transfer of skills to the municipal staff by the consultants, and one activity of each of the projects is to build capacities amongst external project partners.

First lessons learnt

In addressing the fragmentation of local efforts – stakeholders acting in isolation from one another – these pilot projects have highlighted the need for local government to build partnerships. This is one of the guiding principles proposed to local government by the DPLG framework:

Partnerships: Facilitate comprehensive stakeholder consultations and dialogue, encouraging

Photo: Communications Department, eThekwini Metro

Councillor Chabalala, Exco member and Chair of the Health, Safety and Social Services Cluster, taking a voluntary HIV test.

clinic staff are trained in disability issues, and the CSOs encourage people with disabilities to come to the clinics, assess the accessibility of the clinics and participate in the training on disability and deaf culture. The SPU staff expect this partnership to "really address the vulnerability and susceptibility to HIV", as "people with disabilities are the most forgotten section of society and access to HIV information, education, training and services is long overdue" (Shaun Petzer and Sinazo Mgwigwi, SPU, BCM.)

In this project, local government is concretely playing its role of connector, but, more than that, is building a comprehensive, coherent referral system linking the local players involved in disability issues.

To be efficient, this type of project needs a champion to ensure ongoing interaction between the various partners, a constant level of involvement and buy-in from the political sphere. The municipal HIV champion is not an event organiser focused on the logistics of once-off launches, but rather a proactive 'coordinator/facilitator' and a real networker. In Buffalo City, the dynamism of the SPU staff, allied with some good skills transfer from initial work conducted by a disability expert assisting with the project conceptualisation, has allowed the project to progress smoothly and ensured continuous involvement by strong and motivated representatives of civil society.

For the partnership to be effective, one of the main roles of the coordinator is to plan from the bottom up and adopt a continuous participatory approach rather than a top-down centralised model. In Buffalo City, an initial workshop was organised with the various project partners (clinic staff, municipal staff, organisations for people with disabilities) to discuss the challenges and decide on the activities and roles of the partners in the implementation process. Since the beginning of the project, the same partners gather once a month in work planning sessions to discuss progress, challenges and future action.

partnership-driven development in planning and implementation of relevant HIV and AIDS responses involving all spheres of government, civil society, the private sector and development agencies (page 4).

Identifying and documenting specific local challenges and good practices, analysing the comparative advantages and the strengths and weaknesses of each of the local players in the response, and involving the various stakeholders in implementation make it easier for the municipality to duplicate the positive elements of the project and to extend them to other areas of its work. In the case of staff turnover, new officials can also take over more easily.

An example of a partnership between local government and civil society is found in the youth project in Nelson Mandela Bay. The HIV unit of the metro uses the creativity and knowledge of civil society in a pilot project in which the municipal team partners with Grassroots Soccer, an NGO, to work with young people in high HIV transmission areas. The NGO not only proposes HIV prevention sessions, using sport, to various groups of young people, but is also working with the municipal HIV and sport sectors and ward constituencies to set up youth ward committees. In building these committees, the project is not just contributing to preventing HIV and mitigating its impact by empowering the youth, but also seeks to have a long-term sustainable institutional impact.

In Buffalo City, the Special Programme Unit (SPU), three local clinics and disabled people's organisations (Disabled People South Africa and the Deaf Federation of South Africa) are working together to set up disabled-friendly clinics. The

If the project is implemented in a participatory way, role players can learn from each other. The municipal officials and councillors can identify and better understand the specific vulnerabilities and living conditions of the project beneficiaries, which allows them to address their situation better and to lobby the other municipal sectors to tackle the issues that they face. The civil society members involved understand better the constraints and opportunities of the local government systems, and the personal relations they build with municipal staff can be helpful. The external support of an expert builds the technical capacities of all role players.

This continuous learning process can lead the key role players to change their view of the situation; moreover, local needs change. Hence, flexibility and pragmatism in monitoring the project are essential. A rigorous participatory M&E system is also necessary to ensure that the project's destiny is not totally subject to individual decisions or an unstable municipal environment. The M&E framework is also a good tool for discussing the challenges and reorienting the project when needed. M&E records are important for institutional memory, which is central to the municipal capacity building process and essential for sharing lessons with other municipalities.

Challenges

A number of challenges have emerged during the implementation of the CMRA project.

Some are linked with the municipal environment. When comparing the municipalities involved in the project, there are marked differences in their understanding of the various dimensions of HIV and the priority they give to it, and this of course impacts on the level of engagement. Moreover, when the municipal environment is not stable and is characterised by a high staff turnover, internal challenges, difficult intersectoral relations or paralysing bureaucratic procedures, it is difficult for the champion to operate and to ensure the progress of the project and continuity of involvement by the various partners.

Some municipalities seem to approach the national, provincial or local plans and guidelines as mandatory procedures, while others make little use of them. Such plans and guidelines should rather be seen as a 'compass' which municipalities can apply to the local context flexibly. Moreover, a lot of energy and time can be spent on planning rather than doing. Finally, the concept of participation is not always internalised: several stakeholders gathering to discuss one issue of common concern and take decisions is not necessarily

participatory. The core role of the 'champion/facilitator' is to ensure that everybody's views are heard, that the decisions and time frames are realistic, that follow-up mechanisms are put in place and that there is a good M&E plan.

Finally, one of the main challenges identified in the DPLG framework is still valid:

> An understanding of HIV and AIDS as a development and governance issue remain limited among government and development role-players and stakeholders (page 3).

A 'silo mentality' still often prevails, and it is observed that difficulties are sometimes experienced in linking development and HIV issues in a conceptual and operational way. In some instances during the project, the silo mentality resulted in technical experts having difficulties in transferring skills, adopting a participatory approach and consulting directly with beneficiaries, and in producing recommendations which embedded technical propositions in developmental concerns. The developmental nature of HIV and AIDS was also not well understood by some government officials.

Local government as a driver

In this context, one of the major roles of local government is to take the lead in changing this situation. Ultimately, the success of these projects depends on the ability of the stakeholders to work together and to understand that each has a role to play. It requires each local partner to engage in a paradigm shift and accept that any efficient HIV and AIDS response cannot be driven solely by health, technical, academic, bureaucratic or charitable concerns, but requires a participatory developmental approach. Local government is the institution best placed to drive this shift and to facilitate a truly developmental approach.

The lessons, implementation process, achievements and challenges of the project will be recorded and analysed in a good practice document that will be disseminated widely. This will assist municipalities that are interested in coordinating similar partnership-based projects, but do not have access to external funds and expertise.

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