

THE ROLE OF SUSTAINABLE HUMAN SETTLEMENTS IN THE

Response to the HIV and AIDS epidemic

Municipalities are key institutions in bringing about sustainable human settlements that respond adequately to the challenges and implications of the HIV and AIDS epidemic. The physical conditions in which people live, and the services and facilities they have access to, have direct consequences for the spread of HIV. They also influence the severity of the health, social and economic consequences of the HIV and AIDS epidemic. Poorly resourced communities, such as informal settlements, are closely associated with widespread poverty, inequality, poor health and gender-based violence.

Collectively, these constitute a fertile environment for the HIV and AIDS epidemic to flourish. Integrated, holistic and coordinated approaches to the development of human settlements are imperative if current responses to HIV and AIDS are to be effective.

“HIV kills, blah blah blah” came the response from Nosipho, when she was asked what she thought of HIV and AIDS. Nosipho and her friends, all young women in their early 20s, are among those most at risk of HIV infection. They live in Khayelitsha, Cape Town, where one in three adults is estimated to be living with HIV and AIDS, almost double the rate for Cape Town as a whole.

Informal settlements and HIV and AIDS

Informal settlements such as those found in Khayelitsha have long been known to be hotbeds of HIV and AIDS. Throughout South Africa, the rate of new HIV infections in urban informal settlements is five times higher than in urban formal settlements. The question is: why should this be so? Is there something about living in certain conditions that puts people at greater risk of HIV infection? And how should local government respond?

There is evidence that sexual behaviour in informal settlements differs from that in other types of settlements. This partly explains the higher rates of HIV infection in informal settlements. One study conducted in South Africa found that twice the percentage of men living in informal settlements (23.5%) as compared with those in formal settlements (10.2%) reported that they had had multiple sexual partners in the previous year.

Factors that influence HIV infection in urban informal settlements

It is important to note that levels of HIV infection tend to be higher in urban areas generally. Various factors contribute to this.

- The level of urbanisation (population density) and the rate of urbanisation (the rate at which people are moving into urban areas).
- The age and gender profile of migrants into the city. Young people and males are overrepresented in the cities. HIV infection tends to be highest among younger people, and males living in informal settlements tend to have more sexual partners than females.
- Mobility. Higher rates of mobility usually correlate with

higher rates of HIV and AIDS. People living in informal settlements are more likely to have recently moved, compared with those living in other types of settlements.

- Socio-cultural and economic factors. For example, women in urban areas are more at risk of rape than women in other areas. Urban poverty also forces some women to engage in transactional sex as a last-resort livelihood strategy.
- Factors related to the socio-physical living conditions.

Socio-physical living conditions

Basic services

In recent years there has been growing acknowledgement that the underlying drivers of HIV and AIDS are about more than biomedical concerns. As mentioned above, factors related to the socio-physical living conditions in urban informal settlements help to explain their higher HIV prevalence rates.

Water and sanitation

The overcrowded, unsanitary living conditions so typical of informal settlements, with limited or no access to services such as clean water and sanitation, generally lead to poor health and compromised immune systems. Water is required to ensure adequate levels of hygiene in the home, and for washing clothes and bedlinen. For those caring for people living with HIV and AIDS, the lack of access to services like water and sanitation makes their task much more difficult. Contaminated water and unsanitary conditions put individuals in greater danger of absorbing the HI virus into their bodies during sexual contact. Worms in mothers, caused by drinking unsafe water, have been found to increase up to seven times the risk of their transmitting HIV to their unborn children. Moreover, unsafe drinking water makes formula feeding potentially life-threatening for babies. It also puts babies at risk of HIV infection through breastfeeding by HIV-positive mothers.

Living conditions

Unhealthy, overcrowded and poverty-stricken living conditions make it much more difficult for residents, especially those who are HIV-positive, to maintain a healthy lifestyle. Poor living environments – for example, where housing conditions are overcrowded or cold and damp, or where services such as water, sanitation, refuse removal and electricity are limited or non-existent, impinge directly and negatively on the health, comfort and dignity of all residents. People living with HIV and AIDS are even more severely affected. In overcrowded settings it is also much more difficult for residents, especially those living

- The social and physical conditions in which people live have direct consequences for the spread of HIV as well as the severity of the health, social and economic consequences of the epidemic.
- Informal settlements have the highest rates of HIV of all settlement types.
- Upgrading informal settlements is a priority intervention in the municipal response.
- HIV and AIDS should be taken into account in the planning, design and ongoing governance of human settlements.

key points

with HIV and AIDS, to keep their health status private, which exposes them to possible discrimination and stigma from the community. Furthermore, in housing units where whole families live and sleep in the same room, children risk exposure to sexual activity at an early age.

Certain environmental design elements give rise to higher levels of crime. For instance, where there is inadequate street lighting, or where outdoor toilets or standpipes are in isolated locations, women and girls are put at particular risk of being sexually assaulted and contracting HIV.

Access to clinics

Access to health care facilities, treatment for opportunistic infections and antiretroviral treatment is critical for people living with HIV/AIDS. It is equally vital that clinics be serviced with clean water and electricity and be accessible through a decent road infrastructure.

How should local government respond?

What does all this mean for the role of local government, and especially municipal role players involved in human settlement processes, in responding to HIV and AIDS? For local government there are two distinct roles: HIV programming and HIV mainstreaming.

HIV and AIDS programming

Programming deals with the medical and behavioural approaches to HIV and AIDS and focuses on dedicated HIV interventions. HIV and AIDS programmes typically entail strategies and activities that:

- halt the spread of HIV infection (education and awareness, the Abstain, Be Faithful, Condomise [ABC] campaign,

voluntary counselling and testing, prevention of mother-to-child transmission);

- provide care and treatment to the infected and affected (antiretroviral treatment, home-based care, programmes for orphans and vulnerable children); and
- seek to mitigate and alleviate the negative social impacts of HIV and AIDS (income generation projects for poverty alleviation).

While the ABC message is critical, on its own it is insufficient as it does not address the daily realities that influence people's choices about their sexual behaviour and sexual health. This means that, while municipalities should promote HIV and AIDS awareness, voluntary counselling and testing, the use of condoms etc, they also need to understand their broader developmental role, which is the HIV and AIDS mainstreaming response.

HIV and AIDS mainstreaming

Through HIV and AIDS mainstreaming, municipalities help to create and maintain viable, sustainable human settlements that promote the health, well-being and dignity of all residents. This requires every municipal department to identify, *within its core competencies and sphere of influence*, how it can contribute to minimising HIV transmission and mitigating the impacts of HIV and AIDS.

Here are examples of what this translates to in practice:

Informal settlements

- Integrated in situ upgrading of informal settlements in line with the national Upgrading of Informal Settlements Programme should ensure provision of basic services and facilities within, and accessible to, informal settlements, including potable water, sanitation, health facilities (in the form of a permanent clinic or regular mobile clinics), electricity connections to each dwelling, regular solid waste removal, street lighting, schools within reasonable proximity, fire hydrants reasonably near all dwellings, stabilised earth roads; and lined stormwater drainage channels.
- Other interventions that help residents improve their shelter conditions, protect and strengthen tenure rights, promote social development and enhance livelihoods are also crucial.
- HIV and AIDS awareness drives and voluntary counselling and testing campaigns should be targeted at informal settlements.
- Where in situ upgrading is not possible, and the relocation of residents from informal settlements is unavoidable, relocations should be carefully planned, with the participation of affected residents, to minimise disruption.

Greenfield settlements

- HIV and AIDS should be taken into account in the *planning* of new settlements. The epidemic can have implications for the number and nature of new housing units required in a particular location, as well as the number and type of public amenities like clinics and schools. To assist in understanding local population shifts, knowledge about key attributes of the local HIV and AIDS situation is vital.
- The special housing needs of those directly affected by HIV and AIDS, such as orphans and vulnerable children, need to be accommodated.
- HIV and AIDS should be considered in the *design* of housing and built environments. For example:
 - Unit sizes should be adequate to avoid overcrowding and the spread of disease.
 - Internal partitioning should be included to afford inhabitants privacy.
 - Units should be oriented to maximise their potential for expansion to accommodate new household members.
 - There should be adequate protection from damp to reduce the potential for respiratory diseases such as pneumonia and bronchitis.
 - There should be adequate thermal insulation to maintain a healthy and comfortable temperature in the home.
 - All units should be equipped with a minimum level of services, including water, sanitation and electricity.
- New settlements should afford residents access to community amenities such as clinics, schools, recreational facilities, police stations, libraries and shops.
- Environmental design considerations can contribute to making settlements healthier and safer, such as providing green space, landscaping for shade, temperature regulation, noise reduction, wind control, growing fruits and vegetables, adequate street lighting and the control of vacant plots to reduce safety risks.
- Housing, community facility and infrastructure projects can provide useful opportunities for local economic development and poverty reduction, which can support the financial resilience of households affected by HIV and AIDS.
- Municipalities should also play a role in reducing poverty by means of financial assistance to so-called 'indigent' households in the form of subsidies for basic services like water, electricity, sanitation and refuse removal.

Comment

The HIV and AIDS epidemic offers insights and possibilities for local government and other role players engaged in human

settlement development processes to bring about more sustainable, integrated and healthy living environments. HIV and AIDS provide a useful entry point through which to focus attention on the core elements of sustainable and integrated settlements. At the same time, building sustainable communities is central to an effective response to HIV and AIDS.

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News Flash

Useful guide for municipal practitioners in sustainable human settlement development

Isandla Institute has developed *HIV/AIDS and Sustainable Human Settlements Development in South Africa: An Introductory Guide for Municipal Practitioners* (2007). The guide provides practical guidelines on what integrating HIV and AIDS means for the day-to-day work of various actors involved in human settlements development processes, including municipal planners and housing officials. The guide can be downloaded from the resources page of the SALGA HIV section: www.salga.net. More information can be obtained via admin@isandla.org.za.

'Benchmarking municipal responses to HIV and AIDS' project kicks off

The benchmarking project has taken off, with the first benchmark meeting held in August. The project, which aims to improve municipal development and governance responses to HIV and AIDS through a process of self-assessment, network formation and knowledge exchange, has brought together the following local municipalities: Ba-Phalaborwa, Delmas, Dhlabeng, Greater Tubatse, Greater Tzaneen, Inquza Hill, Intsika Yethu, Madibeng, Rustenburg and Umjindi. Good practices and lessons learnt and identified during the benchmark project will be shared with municipalities countrywide at the national conference in 2009. Municipalities that are not taking part in the project, but have a particular good practice in the field of HIV and AIDS to showcase, are invited to contact Ms Merle Voigts at CMRA: mvoigts@cmra.org.za. More information about the project can be found at www.cmra.org.za

HIV and AIDS training for the trucking industry by eThekweni Metropolitan Municipality

In July and August eThekweni Metropolitan Municipality, CMRA and the Durban Chamber Foundation conducted four workshops and trained 33 management delegates and 32 peer educators from the trucking industry. The training focused on managing HIV and AIDS in the workplace. It was part of a wider intervention that aims to improve access by truck drivers to HIV-related services in the eThekweni area. Besides building institutional capacity in the trucking sector to respond to HIV and AIDS, the municipality has established a fully equipped trucking wellness centre, which will operate from 6pm to midnight every day. The centre, to be officially launched in October, is the result of a public-private partnership with various stakeholders, including the provincial and district departments of health, Roadside Trucking Wellness and CMRA, Engen and the Marianhill Truck Stop. For more information contact Mrs Yasmin Khan: khanye@durban.gov.za.

More funding and a strengthened KwaZulu-Natal Provincial AIDS Council

The KZN provincial government has increased its funding for the HIV and AIDS Control Programme from R14 million in 2001 to R85 million in 2003 and R361 million in 2007. This was announced by Premier Sibusiso Ndebele during the KwaZulu-Natal Provincial Aids Council (KZN PAC) meeting held in August. Other issues discussed included the draft constitution of KZN PAC, the Provincial HIV and AIDS and STI Plan 2007–2011, an agreement to strengthen the KZN PAC secretariat and plans for an HIV and AIDS summit to be convened by KZN PAC. (Source: BUA News Online, 22 August 2008.)

These regular contributions on HIV, AIDS and local government are offered by CMRA in partnership with SALGA. As a partner in the "Decentralised Response to HIV and AIDS in South Africa" project, SALGA actively promotes the sharing of lessons learnt and other relevant developments in local government and HIV and AIDS through various media, including the *Local Government Bulletin*. While the articles in the *Bulletin* on HIV and AIDS do not necessarily represent the views of SALGA, any feedback on articles already published as well as ideas for future contributions would be warmly welcomed.

