

The Msunduzi HIV/AIDS Strategy

A Partnership Response to HIV/AIDS at Local Government Level



Document prepared for

Urban Management Programme, Sub-regional Office for Africa/
Msunduzi Municipality
by



BUILT ENVIRONMENT SUPPORT GROUP

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Foreword from Urban Management Programme

HIV/AIDS is the most recent theme to be added to the existing UMP thematic areas of urban governance, urban poverty, urban environment and gender equity. This addition prompted the UMP Regional Office for Africa to start documenting existing local government responses to HIV/AIDS in an attempt to draw out lessons and share experiences in the region.

The objective of this case study is to highlight how the municipality of Msunduzi, located in the Province of KwaZulu-Natal, South Africa, has developed a citywide partnership to reduce the impact of HIV/AIDS on households and communities.

In many countries HIV/AIDS programmes and initiatives have focused on national level responses through assistance to government line ministries, which has by the nature of government administration constrained the response to sectoral areas. It is now understood that multi-sectoral strategies and partnerships are required to effectively address the epidemic, as HIV/AIDS is not purely a health issue but a threat to human development. Local government, by its nature and the extent of its responsibilities at the local level, provides one of the best conduits for developing and implementing such local led multi-sectoral partnership responses.

However, the development of municipal HIV/AIDS strategies is a recent development which needs continuing support and technical assistance. It is hoped that this case study will inspire other municipalities to tackle the HIV/AIDS epidemic through a local partnership response.

Wagui Siby

Regional Co-ordinator, UMP Regional Office for Africa

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Message from the Deputy Mayor of Msunduzi Municipality

Dealing with HIV/AIDS in our municipality is a mammoth task. Women and children bear the brunt of hardship in our society. We initially did not have the budget allocated to deal with the issue of HIV/AIDS, or external funding. I have learnt from my past experiences that for anything to succeed you need a very strong, dedicated and passionate team especially if you lack funds. Often people despair if there is no money in the budget but I have always believed that everything starts with a vision and passion to achieve a goal.

Vision and passion – this is the strength of our strategy. You can have money in the budget but that alone does not achieve what you want. I would like to thank all the stakeholders for sharing this vision and for the contribution and impact this has had in our community. The task is not yet finished, we still have to reach every corner of our society, but I believe that united we stand against the spread of HIV/AIDS and divided we fall. We need to aggressively look into the issue of moral regeneration and the impact it has on the HIV/AIDS epidemic. We need to find a mechanism for local government to access funding directly from National donor funds to encourage other municipalities to have similar programmes.

Zanele Hlatshwayo

Acronyms

| | |
|----------|---|
| ATICC | AIDS Training, Information and Counselling Centre |
| BESG | Built Environment Support Group |
| CBO | Community Based Organisation |
| CDC | Communicable Disease Clinic |
| CINDI | Children in Distress Network |
| CSO | Civil Society Organisation |
| DFID | Department for International Development |
| ETU | Education and Training Unit |
| FAMSA | The Family and Marriage Society of South Africa |
| FCG | Foster Care Grant |
| HBC | Home-based care |
| HIV/AIDS | Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome |
| ID | Identity Document |
| IDP | Integrated Development Plan |
| KPI | Key Performance Indicator |
| KZN | KwaZulu-Natal |
| LHR | Lawyers for Human Rights |
| M&E | Monitoring and Evaluation |
| MoH | Medical Officer of Health |
| MTCT | Mother to Child Transmission |
| Msunduzi | Msunduzi Municipality |
| NGO | Non-governmental organisation |
| NICRO | National Institute of Crime Prevention and Reintegration of Offenders |
| NPO | Non-profit organisation |
| Oxfam GB | Oxfam Great Britain |
| PDI | Participative Development Initiative |
| PWA | People Living with HIV/AIDS |
| SAHECO | South African Healthworkers Coalition |
| VCT | Voluntary Counselling and Testing |

List of Organisations

Below is a list of Organisations involved in the programme, with a contact person for each

| ORGANISATION | CONTACT PERSON | ADDRESS | TEL | FAX | EMAIL | WEBSITE |
|--|-------------------|---|---------------------|-------------------|--------------------------|--|
| Built Environment Support Group (BESG) | Cameron Brisbane | 371 Loop Street/ PO Box 1369, Pietermaritzburg, 3200 | (033) 394 4980 | (033) 394 4979 | cameron@besg.co.za | www.usn.org.za/members/besg.html |
| Children in Distress (CINDI) | Yvonne Spain | Anglican Cathedral Complex, 169 Longmarket Street, Pietermaritzburg, 3201 | (033) 345 7994 | (033) 345 7272 | info@cindi.org.za | www.cindi.org.za |
| Kenosis Community | Elke Kaizer | P.O.Box 46215, Bishopstowe, Pietermaritzburg, 3252 | (033) 390 2746 | (033) 390 2746 | kenosis@telkomsa.net | www.kenosiscommunity.org.za |
| Lawyers for Human Rights, Pietermaritzburg | Sue Padayachee | 30 Timber Street, 4 th Floor, Allied Building, Pietermaritzburg, 3200 | (033) 3421130/80 | (033) 394 9522 | ilhrrpmb@wn.apc.org | - |
| Msunduzi Municipality, ATICC | Sanelisiwe Ndlovu | 42 Havelock Road, Pietermaritzburg, 3200 | (033) 395 1612/3 | (033) 342 3245 | - | - |
| Msunduzi Municipality, City Health Division | Dr Julie Dyer | 333 Church Street/ PO Box 89, Pietermaritzburg, 3200 | (033) 395 1350 | (033) 395 1505 | dyerj@pmbcc.gov.za | - |
| Oxfam GB | Dr Liz Thomson | 239 Berg Street, Pietermaritzburg, 3200 | (033) 342 1666 | (033) 394 1820 | lthomson@oxfam.org.za | - |
| Participative Development Initiative (PDI) | Vika Zama | 10 Intersite Avenue, Umgeni Business Park, Durban, 4001 | (031) 263 2003/4 | (031) 263 2006 | vzama@pdi.org.za | www.pdi.org.za |
| Pietermaritzburg Child and Family Welfare Society | Julie Todd | 224 Berg Street, Pietermaritzburg, 3200 | (033) 342 8971 | (033) 394 2080 | pmbcws@futurenet.co.za | - |
| Project Gateway | Listien Mchunu | Old Pietermaritzburg Prison, Cnr Burger and Pine Streets, Pietermaritzburg, 3201 | (033) 394 3342 | (033) 345 4838 | pg@futurenet.co.za | www.projectgateway.co.za |
| Tabitha Ministries (Hope Centre) | Gail Trollip | Doull Road, Pietermaritzburg/ Suite 192, Postnet X6, Cascades, 3202 | (033) 394 1079 | (033) 394 1079 | tabitha@3i.co.za | - |
| Thandanani Children's Foundation | Rob Maree | Ubunye House, 46 Longmarket Street, Pietermaritzburg, 3200 | (033) 345 1857 | (033) 345 1863 | rob@thandanani.org.za | www.thandanani.org.za |
| Youth for Christ | Sibongile Mchunu | 1 st Floor YMCA, 1 Durban Road, Pietermaritzburg, 3200 | (033) 345 2970 | (033) 345 1583 | sibongile@youthkzn.co.za | www.youthkzn.co.za |

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1. Introduction

Responses to the HIV/AIDS epidemic by the state in South Africa have to date generally been driven by national and, to a lesser extent, provincial government. However, the important role local government can play in providing leadership and resources in the fight against the epidemic has been under-emphasized.

The Msunduzi Municipality's HIV/AIDS Strategy is one of the first attempts by local government in South Africa to actively address the HIV/AIDS epidemic. Launched in November 2001, the Strategy brings together a range of government and civil society actors within the city in a partnership. Facilitated by the municipality, the process aims to achieve a more coherent, organised and effective response to HIV/AIDS in the municipality.

This report documents and reviews the lessons of the process of developing a municipal response to HIV/AIDS in Msunduzi, including the roles played by various stakeholders, their views on the Strategy and the progress achieved to date. The objective is to disseminate the document to other local governments in South Africa and abroad, and to promote local government level engagement with partnership models for tackling the HIV/AIDS epidemic and poverty issues.

2. Methodology

The report is based on interviews and meetings with various participants and roleplayers, between December 2002 and February 2003, and review of documents and articles related to the partnership initiative. Issues addressed in the interviews were discussed with the Steering Committee, and included questions about: how each particular organisation became involved in the Strategy; what contributions they have made to the Strategy; how involvement with the Strategy has been of benefit to the organisation; relationships with other organisations they have established through the partnership; perceptions about how successful the Strategy has been to date; what its strengths and weaknesses are; and what lessons other municipalities could learn from the Msunduzi experience.

One of the acknowledged weaknesses of the research process has been the limited consultation with end-users of the services provided through the Strategy, and in particular, with people living with AIDS (PLWAs), the target group of the Strategy.

3. Background and Local Context

Profile of the Msunduzi Municipality

Msunduzi Municipality is located in the province of KwaZulu-Natal, approximately 80 kilometres inland from Durban. The municipality is the second largest urban centre in KwaZulu-Natal, and includes the city of Pietermaritzburg (the administrative capital of the province) and surrounding peri-urban and semi-rural areas. The municipality has a population of over 523 000 inhabitants, the majority of whom live in Pietermaritzburg (+/- 176 590), the township of Edendale (+/-197 320) and the semi-rural area of Vulindlela (+/-145 410).ⁱ Fifty-three percent of the population are female and 47% are male.ⁱⁱ Thirty-two percent of the population is below the age of 15 years, 64% are in the 16 to 65 year age group and just 4% are over the age of 65.ⁱⁱⁱ

Fifty percent of households in the municipality survive on incomes below R1 500.00 per month

Pietermaritzburg is the economic centre of the KwaZulu-Natal Midlands region, accounting for 80% of the region's turnover. Historically, the economy of the city has been based on manufacturing (35% of turnover), retail trade (23%), business, finance and government services. In recent years, however, the city has experienced an economic decline, particularly in the important footwear industry. This has contributed to rapidly rising unemployment and growing levels of poverty.^{iv} The unemployment level in the municipality is an estimated 35%. The main burden of this is felt in the townships and periurban settlements where some settlements experience up to 75% unemployment. Fifty percent of households in the municipality survive on incomes below R1 500.00 per month..^v

Msunduzi Municipality came into being in December 2000, following the new post apartheid demarcation of municipal boundaries. The municipality now forms part of a larger district municipality, the Mgungundlovu District Municipality. With successive changes in the boundaries of the municipal area over the years, Msunduzi Municipality has grown substantially larger, both in area and population size. The municipality also absorbed a number of impoverished rural areas that formerly fell outside of its area of jurisdiction.

Changes in the municipality since 1994¹

| PERIOD | NAME | AREA | POPULATION |
|------------|-------------------------------|---------------------|------------|
| Up to 1994 | Pietermaritzburg | 150 km ² | 176 590 |
| | Pietermaritzburg-Msunduzi TLC | 251 km ² | 373 910 |
| Since 2000 | Msunduzi Municipality | 649 km ² | 523 470 |

HIV/AIDS in Msunduzi Municipality

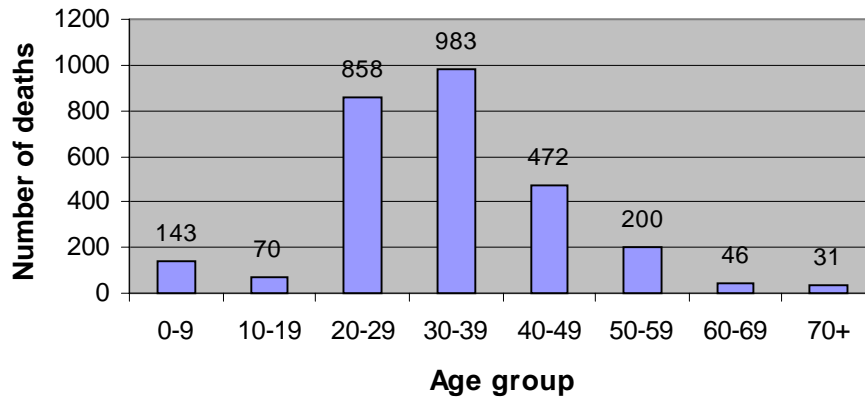
Msunduzi Municipality has a very high prevalence of HIV. Statistics reveal the following picture of HIV/AIDS in the municipality^{vi}:

- In 2001, 36% of attendees at ante-natal clinics were HIV+ (up from 1.6% ten years ago);
- Approximately 18% of the population are HIV+;
- Approximately 88 000 people are HIV+;
- There are an estimated 250 AIDS related deaths per month;
- An estimated 55%-65% of patients in medical wards in Pietermaritzburg public hospitals are HIV+;
- Most AIDS-related deaths occur in the 20-39 age group.

The experiences of individuals and families infected and affected by the disease testify to the devastating impact at a household level:

- Families are broken apart through death and illness;
- Household poverty increases as breadwinners lose their income;
- Children have to care for dying adults;
- Children leave school as household budgets are redirected;
- The aged have to care for the sick and orphans;
- There are increasing numbers of child-headed households.

**Approximate number of AIDS deaths by age group:
Pietermaritzburg District, 2002**



HIV/AIDS and local government

Local government needs to take account of the following impacts of HIV/AIDS:

- Changes in family structures alter the type of demand for housing and other basic services;
- Increasing demand for health and home-based care services;
- Increased demand for cemetery space, and for pauper burials;
- Decreased capacity of households to pay for local government services, such as rates, water, and electricity;
- Possible migration of people living with AIDS to municipalities where there are better health care services available;
- Increase in the number of orphans and aged adults requiring care;
- Possible increase in the number of children living on the streets;
- Impacts on growth within the local economy, through higher staff turnover and absenteeism in the private sector;
- A reduction in the effectiveness of local government service delivery, through higher staff turnover and absenteeism;
- Deepening inequality between different sectors of the local population.

In terms of South Africa's Constitution, local government is mandated various absolute and concurrent powers and responsibilities which enable it, and could be interpreted as requiring it, to respond to the HIV/AIDS epidemic within its area of jurisdiction. Section 153(a) of Chapter 7 of the Constitution states, for example, that a municipality must "structure and manage its administration and budgeting and planning processes to give priority to the basic needs of the community, and to promote the social and economic development of the community."^{vii} In so far as HIV/AIDS impacts on people's basic needs (e.g. access to health care, income, food, shelter etc), local government has a constitutional obligation to do everything within its assigned powers to respond to the epidemic. There is however no significant mention made in the National HIV/AIDS Plan of the role of local government.^{viii}

A host of legislation pertaining to local government has expanded on and clarified the "developmental" role of local government. Perhaps most significantly, the Municipal Systems Act (2000), compels all of South Africa's newly demarcated municipalities to formulate Integrated Development Plans (IDPs), which must stipulate how the

municipality intends to address, among other issues, the health care needs of its population, including those related to HIV/AIDS.

A number of arguments have been advanced as to why local government is well-placed to play a central role in preventing, and reducing the impacts of, HIV/AIDS. These include the fact that local government is the level of government closest to the people^x and that it has powers assigned to it, and has unique resources at its disposal, which can be used in efforts to prevent and mitigate the impacts of HIV/AIDS.

Among the specific roles local government can play in addressing HIV/AIDS are the following^x:

| | |
|---|--|
| <i>Leadership</i> | Political leadership by councillors; Workplace policies and programmes |
| <i>Planning in consultation</i> | Developing a local AIDS plan with local stakeholders; incorporating AIDS issues into IDP processes |
| <i>Facilitation</i> | Identify and remove obstacles to action; Promote participation and partnerships |
| <i>Integration</i> | Integrate HIV/AIDS prevention and care into all local government services; Encourage partners in other sectors to do likewise |
| <i>Advocacy and mobilisation</i> | Promote awareness and debate about HIV/AIDS issues; Promote national campaigns locally; Promoting openness and combating the stigmatised status of HIV/AIDS |
| <i>Supporting community responses</i> | Provide technical assistance, and resources and start-up Funding (Grants-in-Aid) |
| <i>Promoting social and economic development</i> | Include AIDS as a core issue in all decision-making; Develop incentives to address AIDS |
| <i>Monitoring</i> | Incorporate AIDS programme targets into all monitoring processes; Include reports on AIDS responses in provincial and national forums |

Despite the advantages of local government driving the response to HIV/AIDS at the local level, it must be recognised that local government faces significant constraints, particularly fiscal and other resource shortages, which are compounded by low service payment levels. These challenges are particularly severe for many of South Africa's rural municipalities. These challenges underline the importance of local government working in partnership with civil society and other sectors to combat the impacts of HIV/AIDS.

HIV/AIDS and civil society organisations

Msunduzi Municipality is fortunate to have a rich diversity of Civil Society Organisations (CSOs) engaged with AIDS and related poverty and development issues. These organisations range from large, well-established professional NGOs, to faith-based organisations and CBOs. A unique resource in Pietermaritzburg is the Children in Distress (CINDI) Network, which is recognised for its key role in bringing together stakeholders in the city to address issues around children, poverty and HIV/AIDS.

A challenge for local government and CSOs is to forge effective partnerships to complement each other's work and avoid duplication and waste of limited resources.

Networks as a response to HIV/AIDS

Some of the common advantages of networks, and the typical activities they involve, have been identified as^{xi}:

| | |
|---|---|
| <i>Alliance building</i> | Creating relationships between organisations and individuals |
| <i>Producing and sharing information</i> | Providing a forum for members to generate and share information with each other |
| <i>Advocacy</i> | Co-ordinate advocacy action around issues raised by members |
| <i>Skills and capacity building</i> | Providing formal and informal opportunities for building the skills of members |
| <i>Building solidarity</i> | Providing mutual encouragement |
| <i>Creating opportunities for co-operation</i> | Generating or supporting programmes which complement members' work |
| <i>Monitoring progress</i> | Assessing progress made and identifying problem areas |

CINDI

CINDI (Children in Distress Network) was established in 1996. The network has over 50 full members and numerous other organisations and individuals affiliated to it who collaborate around the impact of HIV/AIDS on children in the KwaZulu Natal Midlands.

CINDI is divided into working groups focused around particular issues. Currently the network has 8 working groups: the Child Intervention Panel (CHIP) which seeks administrative justice for children in the child care system; Nutrition; Housing Access; Funding; Home-based Care Training; Medicines Access (Thapelo Project); Children Helping Children; and Palliative care.

4. Emergence of the Msunduzi HIV/AIDS Strategy

Prior to the launch of the Msunduzi HIV/AIDS Strategy, the response to HIV/AIDS in the Msunduzi Municipality was largely uncoordinated, with little co-operation between local government and civil society agencies. The CINDI network was the only significant forum in the Municipality that brought together diverse role-players with a concern about HIV/AIDS.

In 2001 the Education and Training Unit (ETU) at the University of Pretoria approached the Mayor of the Msunduzi Municipality to develop a pilot HIV/AIDS strategy for the municipality. The Mayor tasked the Deputy Mayor, Councillor Zanele Hlatshwayo, to drive the process due to her known interest in HIV/AIDS and children's issues. The Deputy Mayor enlisted the assistance of the Head of the Municipality's Health Department, to conduct a situation analysis, impact scan, and survey of HIV/AIDS-related support services within the municipal area. A call was then made to all service providers and other interested parties, including PLWAs, within the municipality to participate in a three-day information sharing and strategy formulation workshop in November 2001. Some 70 organisations and individuals participated in the event, facilitated by the ETU. It was from this workshop that the Msunduzi AIDS Strategy Partnership emerged. This document tells the inspiring story of progress with the Strategy Partnership up to April 2003.

“As the level of government closest to the people, local government must play a leading role in protecting the wellbeing of its citizens.”

5. The Strategy

The Strategy that was devised at the November 2001 workshop has been built around three focus areas, with specific goals and activity areas elaborated within each area:

| FOCUS AREA | GOALS | ACTIVITY AREAS |
|--|---|---|
| 1. Education, awareness, openness and prevention | <p>Reduce infection rate through education, availability of condoms and changed sexual behaviour.</p> <p>Acceptance of people living with HIV/AIDS and openness in combating the disease.</p> | <p>Train all municipal councillors to provide leadership in their communities around HIV/AIDS issues;</p> <p>NGOs to train counsellors to be based at municipal clinics, to assist with VTC;</p> <p>Increase and co-ordinate education and awareness programmes;</p> <p>Raise awareness about HIV/AIDS amongst staff of the municipality.</p> |
| 2. Treatment and care for people living with HIV/AIDS | <p>Create a continuum of care that is well known and well utilised</p> | <p>Set up a comprehensive referral system to assist HIV + people at different stages of the disease;</p> <p>Provide support to NGOs and CBOs providing home-based and hospice care;</p> <p>Develop a system to access food support, including assistance with food production, nutrition training, and emergency food parcels;</p> <p>Build capacity of communities to enable them to develop their own strategies to respond to HIV/AIDS;</p> <p>Support the extension of MTCT treatment programme to all municipal clinics.</p> |
| 3. Care for vulnerable children, including orphans | <p>Infected and affected children receive appropriate food, shelter, schooling, care and support.</p> | <p>Improve access to social grants and address blockages;</p> <p>Incorporate children's issues into the Municipality's IDP;</p> <p>Address the housing needs of vulnerable children.</p> |

The Strategy is encapsulated in the provision of a *continuum of care*, through which citizens of the municipality can access a range of services, encompassing prevention through education, Voluntary Counselling and Testing (VCT), Mother-to-Child Transmission treatment (MTCT), support and wellness programmes, income generation, medical care, home-based care, hospice care, estate planning, death and burial services, bereavement support and care for orphaned children. For each service, appropriate agencies have been identified. Where gaps in service provision exist, attempts have been made to fill them. The continuum of care is facilitated by a referral system that is designed to link government and non-government service providers, with people requiring services.

The continuum of care

| HIV/AIDS STATUS | SERVICE NEEDS | SERVICE PROVIDERS |
|--|------------------------------|--|
| <i>HIV status unknown, information and testing required</i> | Prevention through education | Departments of Health and Education, NGOs and Local Government |
| | Pre-test counselling | Clinics, hospitals, ATICC, LifeLine, Tabitha Ministries, Siyaphila, SAHECO, private sector |
| | Testing/diagnosis | Clinics, hospitals, ATICC, LifeLine, private doctors |
| | Post-test counselling | Clinics, hospitals, ATICC, LifeLine, Tabitha Ministries, Siyaphila, SAHECO, Private Sector |
| <i>Status known, living with HIV/AIDS</i> | MTCT treatment (Nevirapine) | Hospitals and clinics |
| | Support groups | Siyaphila, LifeLine, Hospice, SAHECO, drop-in-centres |
| | Wellness programmes | LifeLine, Tabitha Ministries; CINDI members |
| | Income generation | SAHECO, Jambo Arts Centre, Project Gateway, drop-in-centres |
| | Medical care | Hospitals and clinics, CDC |
| | Home-based care | Hospitals and clinics, Project Gateway, drop-in-centres, SAHECO, Tabitha Ministries, Siyaphila |
| <i>Terminal illness/ palliative care</i> | Medical care | Hospitals and clinics, CDC |
| | Home-based care | Hospitals and clinics, Project Gateway, drop-in-centres, SAHECO, Tabitha Ministries, Siyaphila, CINDI's HBC Consortium |
| | Hospice and estate planning | FAMSA, SANTA, Hospice, Tabitha Ministries |
| | Death and burial | Local government, undertakers |
| | Bereavement | Hospice, Tabitha Ministries, Siyaphila, PMB Child Welfare |
| | Care of orphans | CINDI Network Partners |

Management structure

Co-ordination of the Strategy has to date been undertaken by Dr Julie Dyer, the municipality's Medical Officer of Health (MoH), with assistance from the manager of the city's ATICC, Mrs Sanelisiwe Ndlovu. Co-ordination of the partnership network, and strategic input, is also provided through the Strategy's Steering Committee, which meets on a monthly basis. The Steering Committee was elected at the November 2001 workshop and is made up of six partner organisations, six municipal councillors and one municipal official. In March 2003, two representatives of the Pietermaritzburg Chamber of Business joined the Committee. Political leadership of the Strategy is driven by the municipality's Deputy Mayor, who has played a central role in establishing the Strategy, and in mobilising communities to address the impacts of HIV/AIDS.

Funding

The business plan that was drawn up at the 2001 workshop costed the Strategy at approximately R8 million to implement over its first three years. Much of this has already been secured through the Council, donors, NGOs and the private sector. The Municipality has provided direct funding or absorbed costs within various departmental budgets. The Municipal Council has allocated R490 000 to the Strategy from the Restructuring Grant provided by national government. It is anticipated that Council will allocate a further a R1.5 million to the Strategy over two more years. Oxfam GB has, to date, provided over R1.5 million of funding to the Strategy. (see endnote v)

Achievements to date

The Strategy has made great strides since it was initiated in November 2001:

- The Strategy document has been ratified by the Steering Committee, and Council participation has been approved;
- A detailed three-year business plan has been developed;
- A public exhibition was held at the Pietermaritzburg City Hall in March 2002. NGOs and CBOs showcased AIDS-related work in the municipality;
- The Msunduzi Referral Network has been set up, linking a large number of CSOs, and 20 municipal and 8 provincial clinics to provide a comprehensive HIV/AIDS referral system;
- A new ATICC manager has been appointed, who will assume some of the co-ordination tasks of the Strategy currently being done by the MoH;
- VCT is now offered in 18 municipal clinics, with 12 counsellors appointed and trained by LifeLine to assist clinics with VCT;

The Msunduzi Referral Network

A core component of the Msunduzi HIV/AIDS Strategy is to create a comprehensive referral system for people living with HIV/AIDS. LifeLine took on the task of compiling and hosting a database of resources for the network. Currently the database consists of about 270 organisations that provide services related to HIV/AIDS.

The referral network is run from the LifeLine offices in the city centre. People attended to at clinics and hospitals are referred to the Referral Network office. Staff at the clinic or hospital fill out a referral form that states the person's name and the nature of their problem. The form includes a map showing directions to the Referral Network office. At this office, the client is interviewed by the referral officer, who is also a trained counsellor. The referral officer's task is to ascertain the needs of the client, then to identify an appropriate agency to refer them to and advise him/her about what documents are needed. Efforts are made to minimise the need for back and forth trips between service providers.

Where necessary, clients are supplied with an official letter that requests that the service provider assist the person with their particular problem. If clients return to the Referral Network office after having been referred elsewhere, the referral officer attempts to find out what the problem was with the service provider and to resolve the issue.

According to LifeLine, the Referral Network has been working well, although more slowly than expected. The office is currently seeing about 10 people per week, whereas they would like to refer that many clients per day. One reason for the slow take up is thought to be that the clinic counsellors are referring people directly from the clinics. Another reason is that hospitals are generally not making referrals to the extent that they could.

Oxfam GB has provided funding for the two staff of the network. LifeLine covers other operational costs. Anglo-American funded the purchase and renovation of the office building. Computers for the project were donated.

- The continuum of care is being expanded, as gaps are identified and organisations able to fill them join the Strategy Partnership;
- The municipality has accessed funds from the Provincial Department of Health for the purchase of home-based care supplies for CINDI's Thapelo project. This has enabled it to distribute R5 000 worth of supplies each month to CINDI members providing HBC. Some 200 carers and 470 patients have benefited from this funding, and a home-based care network has been established;
- The Deputy Mayor has met with the Department of Home Affairs, on behalf of the members of the partnership, to raise concerns about blockages in the issuing of birth certificates and the accessing of Child Support Grants.
- The Msunduzi HIV/AIDS Strategy has been incorporated into Msunduzi Municipality's Integrated Development Plan, as one of the municipality's top five priorities.
- The Deputy Mayor has held meetings with over 60 church groups to encourage them to become involved in the Strategy;

Nutritional support

One of the focus areas of the Strategy is to provide nutritional support to people living with HIV/AIDS. A number of projects have been started which will enable people to grow or access healthy food.

One such initiative is the e-pap project being run by the CINDI Nutrition Working Group and LifeLine. E-pap is a pre-cooked, concentrated maize-based, highly fortified nutritional supplement that provides a good substitute for fresh fruit and vegetables. It is particularly useful for people with oral thrush as it can be mixed with water to make a drink. The supplement is sold at a heavily discounted price and is being distributed from LifeLine's offices in the city centre.

The Nutrition Working Group is also assisting with a number of gardening projects in communities and is promoting the growing of traditional medicinal plants that can be used for treating thrush and other opportunistic infections.

Bethany House

Bethany House in Burger Street is home to Project Gateway's Community Care Project. The Msunduzi Municipal Council donated a building to Project Gateway to use as a training centre for the project, which trains groups of about 20 volunteers each month in all aspects of HBC. The trained volunteers then go into their communities to implement what they have learnt for two weeks, following which they attend a one day evaluation workshop to identify any problems and obtain advice. Volunteers who have been through the training are provided with HBC kits and receive ongoing support with medical supplies, food, clothing, linen and counselling from staff of the project.

- Ward-level strategies are being developed systematically across the municipality to assist community groups to address HIV/AIDS in their areas;
- Local resources have been mobilised through businesses and NGOs, to support the ward projects;
- The municipality has donated buildings to be used by community groups for training, home-based care support, and hospice services;

- A pamphlet about the Strategy has been produced and widely distributed;
- Funding interest in the Strategy has been generated amongst a number of donors and local businesses, and joint funding proposals have been prepared between the municipality and NGOs.
- The Msunduzi Housing Summit on 25th March 2003 explored housing issues affecting PLWAs. The summit focused on orphans and vulnerable children, and policies and mechanisms that can be developed to improve their access to adequate shelter. Some of the issues addressed include tenure security, housing models for care of orphans in the community, income security and relief of overcrowding. A key aim of the summit was to provide input to the Msunduzi Municipality's IDP on housing development for orphans and PLWAs.

The Hope Centre

Tabitha Ministries is converting a former transport department building donated by the Municipality into a shelter facility to provide care for PLWAs, and HIV/AIDS education, HBC and nutrition training for their families. The centre will initially provide day care and respite care for about 20 patients but is planned to eventually become a 24 hour care facility, catering for up to 40 people.

Ward-based strategies

A key objective of the Strategy is to build awareness and skills within communities to enable people to help prevent, and address the impacts of, HIV/AIDS. To this end, since September 2002, the municipality, along with a number of NGOs, has targeted areas in the municipality that have been particularly hardest hit by the epidemic. They are assisting community groups to devise local projects addressing HIV/AIDS. Projects in eight Wards have been initiated, with a further 16 projects to be established by mid-2004.

TO initiate ward-based strategies, the MoH on behalf of the Municipality meets with local councillors and organises a workshop in the community. The HIV/AIDS Strategy is presented and participants are encouraged to become involved in a project. In subsequent workshops, community needs analyses are conducted, existing services provided in the area are identified, and potential projects to address priority needs and service gaps are identified. Appropriate NGOs are then contacted to assist the groups in designing and implementing their projects.

Once the community groups have developed proposals, the municipality and NGOs assist them with obtaining funding and other resources through the Partnership. According to Dr Dyer, the municipality through the Partnership networks is able to help community groups make connections they would not otherwise have been able to do. Dr Dyer herself attends most of the community meetings, providing immediate support using her knowledge of these connections and also the authority to approve funding from her own Municipal Health Division budget. The intention is to fast track community projects promoted by the direct involvement of the MoH and ward councillors. Particularly in the more rural areas where capacity is generally low and relatively few NGOs are active, it has been important to involve key municipal officials to fast track capacity building initiatives. Community needs analyses have been conducted in eight wards, and various locally driven projects have emerged.

The initial lessons emerging from the community capacity building initiatives suggest that local government, in partnership with other service providers, has an important role to play in initiating, providing continuous support, monitoring and overseeing financial controls of community projects. The sustainability of community projects will need the support of all municipal service departments and of ward councillors.

Examples of contributions to the Strategy

| PARTNER | TYPE OF ORGANISATION/ SERVICES PROVIDED | CONTRIBUTION TO THE STRATEGY |
|---|---|--|
| Aberdare Cables | Engineering Company | Sponsored training, incentives for volunteers, and assistance to orphans in the rural Ward of Nxamalala in the Vulindlela area |
| African Enterprise | Faith-based organisation; Training and conflict resolution | Provided training to community group in Sobantu |
| Boehme Africa | Chemical company | Sponsored HBC packs, food parcels and training in Eastwood |
| Built Environment Support Group | Community-based development; Poverty reduction; Housing for poor & homeless; Institutional capacity building; Research and advocacy | Technical support to other partners on refurbishment/building of physical structures (architectural design, procedures for accessing funding) Provided advice to Tabitha Ministries regarding renovations to hospice building; AIDS housing policy development and project implementation; Co-ordinating Msunduzi Housing Summit, to explore issues around HIV/AIDS, housing and the municipality's IDP |
| Children in Distress (CINDI) | Network; Children's rights and welfare | Support to NGOs providing HBC and hospice services; Held workshop on food security/nutrition |
| Kenosis Community | Cluster foster care village; HBC training; Crèche; Plans to establish drop-in centre in clinic | Capacity to foster a limited number of children (maximum capacity 18 children) |
| KZN Department of Social Welfare and | Social assistance grants for adults and children; | Access to grants; Foster care and adoption placements of children |

| | | |
|--|--|---|
| Population Development | Social work services | |
| Lawyers for Human Rights, Pietermaritzburg | HIV/AIDS project; Child Rights Project | Workshops for counsellors on legal rights, behaviour change and acceptance; Legal advice clinics held in Glenwood; Development of a legal framework for child-headed households |
| Life Line | Counselling services; Crisis intervention; Rape crisis; HIV testing and support; Referrals; Training in counselling skills; | Trained 25 counsellors for VCT clinic programme; Employed 12 counsellors for VCT clinic programme; Set up Msunduzi Referral Network, based at LifeLine office; Providing staff and administrative input into referral network; Co-ordinated workshop to develop strategies around food production, provision and nutrition; Distributing e-pap nutritional supplement; |
| Msunduzi Municipality | Local government | Leadership and co-ordination of the Strategy through MoH, Deputy Mayor and ATICC; Financial and administrative support; Access to external funding; Providing VCT in municipal clinics; Promoting HIV/AIDS awareness in schools; Co-ordination of community capacity-building projects; Donation/lease of buildings/land to partner organisations and community groups; Printed referral forms for Msunduzi Referral Network; Publicised Msunduzi HIV/AIDS Strategy and Referral Network; Assisted Tabitha Ministries with obtaining lease of council-owned building for Hospice project; Sponsor and host workshops and events; Monitor epidemic and projects; Internal HIV/AIDS programme for Council employees |
| Natal Witness | Pietermaritzburg daily newspaper | Provided free publicity for the Strategy |
| Oxfam GB | Funding; Livelihoods; Gender; HIV/AIDS | Funded training and salaries of 12 VCT counsellors and 1 manager for VCT project at city clinics; Funded two counsellor posts for Msunduzi Referral Network; Funded event to publicise Referral Network (Aug 2002); Funded Dambuza Mayibuye Centre |
| Participative Development Initiative (PDI) | Institutional capacity building; Social Crime Prevention; Youth development; HIV/AIDS | Providing training and mentoring to community projects in Mpumzuza wards 1,2 and 3; Provided training in fundraising and proposal writing to group in Nxamalala |
| Pietermaritzburg Child and Family Welfare Society | Welfare services for children | Assistance with setting up a community resource centre in Dambuza; |
| Project Gateway | Business start-up training and mentoring; ABET for enterprise development; Overnight accommodation for adults; Pregnancy crisis centre; Short-term accommodation for women and children; Counselling; Foster care for abandoned babies; Home-based care training; Community capacity building | Capacity building for community group in Imbali, including training in proposal writing, creating a constitution; HBC training to community groups |
| Somta Tools | Engineering company | Sponsored training for community group in Azalea |
| Tabitha Ministries | HBC training; Bereavement counselling; Drop-in centre; Tabitha House (foster care facility); Income generation support; Hope Centre | Setting up Hope Centre, HBC training, nutrition and income generation support, wellness clinic, schools programme (drama and peer group education) |
| Thandanani Children's | Support to vulnerable children; Support to children in hospital; | Supporting for vulnerable children in 11 wards; Research on Child-headed Households |

| | | |
|--|---|---|
| Foundation | Training; Advocacy | |
| University of Natal, Pietermaritzburg | Tertiary institution | Advice on nutrition/medicinal plants; Research |
| Youth for Christ | Youth empowerment; Support to homeless children; AIDS awareness | Assistance to children living on the street; HIV/AIDS education in disadvantaged schools |

Projects in the pipeline

Thandanani Children’s Foundation is working with the Msunduzi Health Department and Youth for Christ (YFC) on a joint proposal for funders. The proposal includes:

- A programme for Community Child Care volunteers to identify and monitor vulnerable children in schools.
- Linking Thandanani and YFC staff and community volunteers with the city’s approximately 80 community health workers. Community health workers will be trained to identify and address vulnerability.

Thandanani Children’s Foundation is developing a project to use smart card technology to assist child-headed households. The project will involve compiling a databank with detailed profiles of each child-headed household. Smart cards will then be linked to the child’s ID (through the Department of Home Affairs) to enable the child heading the household to buy a certain amount of goods and services from particular suppliers each month. Thandanani is working with the South African Ambassador to France to access funding for the project. It is hoped that this project will help to forge links with organisations and resources in other parts of the world.

6. Perspectives on the Strategy

Value of the Strategy and the Partnership network

For participants in the Strategy a primary benefit of the Strategy was the partnership that enabled them to learn about other organisations and their work, to share ideas, identify gaps and plan jointly, and to create relationships with different organisations and funders. Specific advantages of the network included:

- Providing a forum to address cross-sectoral problems
- Helping to reduce duplication of service provision. Particularly for smaller/newer partners, it is useful for them to see what others are doing and to know that they don’t have to do everything
- Providing a wider coverage of services through organisations referring clients to each other
- Providing emotional and psychological support (“you know that you aren’t alone”)
- Enabling partners themselves to expand their service provision. This in turn, can help with funding.
- Raising partners’ organisational profile locally, and internationally
- Putting partners in contact with funders and key local government personnel
- Being part of a larger initiative such as the Strategy can be an advantage when seeking funding, particularly as donors often favour joint funding proposals, and with NGOs having a relationship with local government.
- The Strategy has helped reduce the divide between local government and civil society, and has opened up opportunities for NGOs to constructively engage in council policy.
- Being associated with the Strategy helped one NGO secure a longer lease of the council-owned building they use, which in turn enabled it to obtain donor funding to renovate the building.

Impact of HIV/AIDS in the municipality

Partners in the Strategy say they are experiencing a dramatic rise in demand for services as the full impacts of the epidemic begin to be felt.

For example, the Pietermaritzburg Child and Family Welfare Society reported a large increase in Foster Care Grant (FCG) applications by grandmothers in recent years. In the past, the agency dealt with about 20-30 new FCG applications per month, now it handles 200-300 per month.

The KZN Department of Social Welfare has also felt the effects of the epidemic. The number of children’s court enquiries for foster care placements handled by the Department in Pietermaritzburg alone has increased by over 100% between 2000 and 2002. Foster Care placement applications for 2000 numbered 275 in 2000 , 418 in 2001 and 551 in 2002

- Saving time by bringing organisations together in one forum, rather than organisations having to meet one another individually.

Leadership of the Strategy

The Deputy Mayor and the MoH were commended by participants for the leadership roles they play in the Partnership. It was noted that a significant factor in the success of the Partnership and of the Strategy is the active involvement of a high profile political champion from within local government.

Some participants expressed a concern that leadership needed to be deepened to strengthen the Partnership. For example, while some respondents praised councillors for their commitment to addressing HIV/AIDS and for their role in facilitating community projects, others felt that there is a general lack of commitment from political leaders, with the exception of the municipality's Deputy Mayor. It was felt that councillors, as figures of authority in their communities, could have a significant impact on HIV/AIDS by being more outspoken and involved in HIV/AIDS initiatives.

Role of local government

Partners identified a number of advantages to local government playing the lead role in facilitating the Strategy, including:

- Its ability to play a strategic role as it has an overview of the area and can identify gaps in service provision in terms of type of service and geographic coverage. Where gaps are identified, the municipality can either encourage appropriate service providers to expand services to under-served areas or extend its own services;
- The municipality is perceived by many as being “neutral” and able to mobilise, and help avoid or mediate conflicts between various role-players;
- The municipality has specific resources at its disposal which can be made available to partners e.g. council-owned buildings, meeting venues and logistical support, and administrative support;
- Progress with the Strategy has been significantly facilitated because the MoH has mobilised the resources of the Health Department, including the ATICC.

Why Msunduzi Municipality?

Participants feel that key reasons for the successful development of an AIDS strategy partnership the Msunduzi Municipality are the size of Pietermaritzburg, and the existence of the CINDI network.

A number of partners commented that Msunduzi is “both big and small enough” to have a partnership of the kind that has been set up. It is large enough to have a diversity of CSOs to be able to tackle the AIDS challenge through a partnership approach, but small enough for organisations to know each other and for effective networking to take place. Organisations in Pietermaritzburg have also learnt that, because of the city's relatively small size and limited resources, working together and pooling resources is the most effective way of addressing the HIV/AIDS epidemic.

The CINDI network, formed in 1996, has been building partnerships between different organisations in the city around children's issues. This has laid the foundation, and served as a model, for the Msunduzi HIV/AIDS Strategy Partnership. CINDI has also played a critical role in creating awareness about HIV/AIDS and its implications for the municipality. Some partners commented that the municipality had, correctly, attempted to build on to what CINDI had started, instead of creating an alternative structure.

Challenges for the Strategy Partnership

The Msunduzi AIDS Strategy Partnership faces a number of challenges as it matures and demands on it grow.

Financial sustainability

- Some partners indicated that the Strategy has relied heavily on the “generosity” of NGOs, a situation they may not be able to sustain without financial support from the municipality. Some funding has been obtained from

international donor agencies such as Oxfam GB, but it was felt that donors would not fund the Strategy indefinitely. The municipality might therefore need to take a more direct funding approach to certain aspects of the Strategy, for example, funding VCT counsellors in the clinics. Providing start-up funding for community projects was also identified as an important contribution the municipality can make.

- While the Strategy relies heavily on municipal support and resourcing, the municipality itself is likely to face increasing demands on its resources while the capacity of constituents to pay for services declines. The challenge will be to determine how to redirect spending to priority areas while also developing strategies to sustain or increase revenues. The capacity of the municipality will remain crucial for the Strategy.
- Currently, funding for HIV/AIDS is channelled from national government level to provincial government. Local governments, however, do not have a mechanism to access funding for an AIDS Strategy. This is a long-term issue, which the Strategy will attempt to highlight and help resolve.
- The private sector has been slow to respond and become involved in the Strategy. Thus far the financial and other resource inputs from local businesses have been limited although there is a commitment by Chamber of Business to the Strategy. This key constituency needs to be mobilised to engage more actively with the Strategy and to contribute resources to it.

Organisational sustainability

- Currently the Strategy is only able to reach a small proportion of the people living with HIV/AIDS in the municipality. The challenges of expanding the existing services and responding effectively to new demands on the Strategy are likely to place both new organisational and resource demands on the Partnership. The Partnership will need to adapt to these changes with organisational innovations as well as with a larger scale of operation.
- While the medium term challenge is to increase the scale of service delivery, the more immediate concern is that some services are not being taken up. Service providers face questions about how to target services more effectively and how to make them more accessible to target groups. These questions must be addressed before services are scaled up.
- While community leaders and ward councillors who have been active in the Strategy represent PLWAs from within their constituencies, there has been no direct representation of PLWAs in the structures of the Partnership. There is understandable difficulty in getting direct representation of this key constituency, given the stigma and prejudice to be overcome. But the challenge remains for the Partnership to promote direct representation and strategic input from PLWAs.
- A cornerstone of the Strategy is using and building local capacity at both the municipal level and the community and ward level. This places a significant demand on the Partnership to direct resources and support into many under-resourced local areas. The challenge of developing effective ward level interventions has been taken up. These interventions will need to be monitored and reviewed to guide further capacity building efforts on a wider scale.
- The Partnership that sustains the Strategy is made up of a wide variety of organisations and entities with varying levels of capacity and access to resources, and different kinds of interests. The challenge to the Partnership is to provide the requisite support and encouragement to the different partners, while at the same time respecting the independence of each partner. The Partnership will need to continue to balance and hold together this wide range of participants.
- The Strategy relies on a significant corps of volunteers who carry the responsibility for a wide range of tasks. Where the volunteers are from poorly resourced communities and poor households this volunteer work may further stretch already strained resources. In particular women are tending to bear the burden of care as family members, as neighbours, and as volunteers in many different capacities. While the Ward initiatives do provide incentives to volunteers in the form of food parcels or vouchers, the challenge to the Partnership is to develop

models and strategies to ensure that volunteers are well supported and that the work of the Strategy builds capacity and the resource base of the poorest and most vulnerable sectors.

- Awareness of the Strategy and the Partnership has not yet reached many important constituencies. For example some participants in some of the activities are not aware of the overall Strategy, while others are not contributing because they know little about it. Promoting the Strategy publicly and developing a sense of identity and shared ownership amongst all the partners will be a continuing challenge as the Partnership grows and changes over time. The identity of the partnership needs to be developed and promoted, particularly amongst its members, and its profile in the municipality needs to be raised, particularly since relatively few organisations sit on the Steering Committee.
- There is a perception by some partners that within the municipality the Strategy is carried largely by the Health Department and that it has not been integrated into the work of other municipal departments. A more cross-sectoral engagement is clearly important, both within the municipality and at other levels of government and in civil society.
- The extent to which there is knowledge of or support for the Strategy amongst political leaders, particularly ward councillors, in the municipality could not be categorically established. This was, however, an issue of concern to a number of partners.
- Partners in the Strategy are keenly aware of the need to develop more effective monitoring and evaluation capacity to enable more effective management of the overall Strategy and of specific projects and activities which contribute to the Strategy. Initiatives are underway to address this and to secure more resources to build monitoring and evaluation capacity.

7. Lessons for building an AIDS Strategy Partnership

Strengths

The Msunduzi HIV/AIDS Strategy has substantially raised the profile of HIV/AIDS and its impacts in the municipality, and has created a highly valuable forum through which organisations can network, learn from each other, and develop opportunities to co-operate and share resources. It has also encouraged greater co-operation between CSOs and local government. Many important projects have been initiated as part of the Strategy that are likely to make a significant impact in terms of preventing the spread of HIV/AIDS and extending the provision of care and support for people living with HIV/AIDS in the municipality.

The Strategy has created an important conduit for funding HIV/AIDS work in the municipality, given many donors' preference for channelling funding through networks rather than individual organisations. The partnership approach has also created stronger integration between the services of a range of municipal and civil society organisations, as well as the prospect of private sector support.

Role of local government

The Strategy Partnership has demonstrated the very important role local government can play in addressing HIV/AIDS. The following are some of the contributions the Msunduzi Municipality has made to the Strategy:

- Leadership;
- Co-ordination/facilitation;
- Logistical support to partner organisations;
- Funding;
- Medical care;
- Provision of medical supplies to home-based carers;
- Donation of buildings/land to NGOs and community groups/
- Negotiation with provincial government to secure buildings;
- Capacity building of communities.

An issue that has been highlighted by the Strategy is the difficulty local government faces in accessing donor funding. Most donors are reluctant to distribute funds directly to local government, favouring instead joint funding proposals by the municipality and NGOs, or national government-donor partnerships.

The Strategy has demonstrated that significant benefits can be gained through local government and NGOs working in partnership. NGOs and other organisations are able to add value to some of the municipality services. One example that has emerged is the VCT clinic counsellors project, where the city had originally sought mainly pre- and post-HIV test counselling, the NGO involved (LifeLine) was able to provide a broader AIDS counselling service through the training it provided to the counsellors.

Lessons for local government

The experience of Msunduzi Municipality provides a useful model for other local governments seeking to address HIV/AIDS. However, it is important to recognise that a number of the factors which enabled progress with the Strategy in the Msunduzi Municipality might not exist in other municipalities. These factors include:

- A local government with the political will to tackle AIDS and a high profile local political leader to champion the Strategy;
- Capacity within the municipality to start and sustain such an initiative, including having a dedicated and enthusiastic senior official in touch with community needs and able to drive the whole process;
- A diversity of organisations working in the AIDS field, technical capacity within many of these, and commitment to working together to achieve common goals;

- The nature of the organisational community, locally well networked and with established relationships between staff of many of the organisations;
- The existence of an established and effective network, in the form of CINDI.

There are, however, many lessons that all local governments and other role-players can take from the Msunduzi experience:

- It is important to start small, with a group of committed organisations, and to set goals that are realistic. In Msunduzi, the Strategy recognised the larger picture of HIV/AIDS and its impacts on the municipality but did not try to tackle everything at once;
- It is useful to build on successful initiatives that have already been established, rather than creating new, competing structures;
- It is critical to have support for the Strategy from senior political leaders and from senior managers within the municipality. It is also important for the Strategy to have a high-profile spokesperson (such as the Mayor/Deputy Mayor) who is prepared to take a public stand on HIV/AIDS;
- Partnerships between local government and the non-government sector to address HIV/AIDS are possible and can be highly beneficial to both parties and the constituencies they serve;
- It is important to include as wide a group of organisations and sectors as possible;
- The strategy should be dynamic and be able to respond to the changing environment;
- The participation of partners should be constantly nurtured and the various strengths of different partners should be promoted and relied upon;
- The partnership should be managed in a manner that balances each partner's need for independence with the partnership's need for a clear identity and common commitment to shared goals;
- Progress towards the goals of the strategy, both large and small, should be recognised.

The Msunduzi partnership has been developed in a city of about half a million people. Most partners felt that a strategy such as the Msunduzi HIV/AIDS Strategy would be unlikely to succeed in quite the same form in the large metropolitan municipalities, mainly because the personal nature of relationships between organisations tends not to exist in these centres. Some of the metropolitan municipalities are developing their own responses to HIV/AIDS (e.g. the eThekweni AIDS Council in Durban) which might provide useful models for addressing HIV/AIDS in large cities. Regardless of size of municipality there remains potential for learning from the Msunduzi experience to be applied in charting a municipal level partnership response to HIV/AIDS.

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Endnotes

ⁱ Msunduzi Municipality. 2002. *Draft integrated Development Plan, 2002 – 2006*, Pietermaritzburg, pg.13.

ⁱⁱ Msunduzi Municipality. 2002. Pg.14

ⁱⁱⁱ Msunduzi Municipality. 2002. Pg.13

^{iv} Msunduzi Municipality. 2002. Pgs.30-31

^v **The SARand/USDollar exchange rate fluctuates. As at May 2003 it was between 7 and 8 Rands to the Dollar.**

^{vi} Msunduzi Municipality. 2002. Pgs. 19-21

^{vii} Republic of South Africa. 1996. *The Constitution of the Republic of South Africa*, Pretoria, pg. 81.

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^{xi} Adapted from Smart, R. 2001. *HIV/AIDS Toolkit for Local Government*, Health Economics and HIV/AIDS Research Division, University of Natal, Durban, pg.22.

The Urban Management Programme (UMP) represents a major approach by the United Nations family of organisations, together with external support agencies, to strengthen the contribution that cities and towns in developing countries make towards economic growth, social development and the alleviation of poverty. The programme develops and promotes appropriate policies and tools for municipal environmental management, poverty alleviation and good governance. Through a capacity building component the UMP supports the establishment of an effective partnership with national, regional and global networks and external support agencies in applied research and dissemination of information and experiences of best practice and promising options.

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