



## Bringing the AIDS response home: Empowering district and local authorities in Lesotho, Tanzania and Mpumalanga, South Africa

### The Context

As a result of AIDS, 12 countries in sub-Saharan Africa have been experiencing development reversal for the first time in their histories and, in some cases, their average life expectancies have been cut nearly in half (Human Development Report 2005 and World Population Prospects: the 2004 Revision.) Among the 12 are the Kingdom of Lesotho, the United Republic of Tanzania and the Republic of South Africa, where the Province of Mpumalanga has the country's highest rates of HIV prevalence among people 15 to 54 years old. The people of Lesotho, Tanzania and Mpumalanga are largely rural, very poor and dependent on subsistence agriculture. They often live in small, remote villages, sometimes accessible only by foot, mule or all-terrain vehicle and far from health clinics and other services. Yet, even in such villages, HIV prevalence rates are comparable to those of people living in large towns and cities.



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### Empowering district and local authorities

The Governments of Lesotho, Tanzania and Mpumalanga have all recognized the importance of "bringing the AIDS response home" to even the smallest, most remote villages. This means giving people opportunities to assess their own needs for HIV and AIDS-related programmes in all sectors - for example, in the agricultural sector, ensuring a secure supply of nutritious food to keep people healthy and resistant to opportunistic disease - and to participate in the processes whereby higher levels of government and international donors allocate money and other resources.

The three governments have been encouraging district and local authorities and their councils to establish AIDS committees with broad representation from key stakeholders in their communities. Typically, these include elected and traditional leaders, people living with HIV, women and youth, community-based agencies and organizations (including faith-based ones) and private businesses. GTZ has been providing technical support to get these committees up and running.

### The "Gateway Approach" in Lesotho

The Kingdom of Lesotho has ten District Councils and under them are a total of 128 Community Councils and one City Council. The Government sees the Community Councils as the Gateways to Lesotho's holistic response to AIDS and supports them in establishing HIV and AIDS Impact Mitigation Committees to help them develop and implement Community Council Action Plans.

### German HIV Practice Collection

The German HIV Practice Collection is edited by the German HIV Peer Review Group (PRG), an initiative of AIDS experts working in the context of German and international development cooperation. Approaches published in this collection have been peer-reviewed and approved by PRG members on the basis of a set of criteria for 'good practice'.

The BMZ-commissioned project "Strengthening the German contribution to the global AIDS response" serves as Secretariat to the PRG and moderates its internet platform at <http://hiv.prg.googlepages.com/home>

PRG membership is open to AIDS experts and development cooperation planners and practitioners with an interest in German contributions to the AIDS response in developing countries. For more information, contact the Secretary of the Peer Review Group at [aidsprg@gtz.de](mailto:aidsprg@gtz.de)

Peer-reviewed

Since 2003, Lesotho has been taking a learn-as-you-go approach including:

- A pilot project, in one of the most mountainous and inaccessible Districts, consisting of seven-day training workshops for each of 21 Community Councils and their AIDS committees, giving them basic knowledge and skills
- A post-project evaluation one year later that identified challenges that had to be met if the Gateway Approach was to become fully effective
- Development of a “Quick and Smart” planning methodology that is easy to understand, practical and achieves results within a short time frame.



The training workshops and “Quick and Smart” planning methodology now undergo continual refinement in response to lessons learned through repeated application. All ten districts now have at least some Community Councils with HIV and AIDS Impact Mitigation Committees that have experience with “Quick and Smart” planning. The immediate aim is to have Community Council Action Plans on HIV and AIDS ready in time to influence national budget decisions that will be made in November 2006.

### Building capacity of districts and wards in Tanzania

The Tanzania Commission for AIDS (TACAIDS) is responsible only for Mainland Tanzania (not Zanzibar) and its 21 Regions, which are subdivided into a total of 123 Districts, Towns, Municipalities and Cities, each with its own Council. The Council areas are further divided into Wards, with up to eight villages each. Since 2003, TACAIDS has been supporting all of these local entities as they get Council Multi-Sectoral AIDS Committees (CMACs) and Ward Multi-Sectoral AIDS Committees (WMACs) established and fully operational. Tanzania, too, has been taking a learn-as-you-go approach, with steps including:

- A baseline survey in eight Districts to establish how much members of CMACs knew about HIV and AIDS and about the roles and responsibilities of CMACs
- Development of ten training modules and a field training guide through a series of workshops involving educators and professionals from a number of key institutions and then through field testing
- Training workshops that cascade down through administrative levels, starting with Regional Administrative Secretariats, going on to CMACs and eventually reaching WMACs and village AIDS committees
- One year later, evaluations to find out how well Regional Administrative Secretariats and CMACs were functioning, followed by development of a plan of action to provide them with additional support in meeting their challenges
- Another year later, another evaluation identifying the needs of CMACs for further support – for example, in completing or improving their AID strategies and in building the capacity of WMACs.

Councils and their CMACs have now demonstrated their competence to the point where Tanzania’s 2006/07 budget will provide sufficient funding for them to start implementing their AIDS strategies.



### Mainstreaming AIDS at all levels in Mpumalanga

One of nine South African provinces, Mpumalanga is divided into three Districts and they are subdivided into a total of 18 Local Municipalities. GTZ partners with the Provincial Government through the Mpumalanga Rural Development Programme (MRDP), which has been supporting efforts to mainstream HIV and AIDS policies and programmes into the workplaces and work of provincial departments and then into the workplaces and work of District and Local Municipalities. Steps have included:

- Mainstreaming workshops for each of seven departments. Participants identified ways the department might be contributing to the impact of the AIDS epidemic and ways in which it might contribute to impact mitigation. The workshops concluded with formulation of departmental action plans.
- A mainstreaming workshop for Nkangala District Municipality and its six Local Municipalities, concluding with formulation of an action plan.
- Two years later, in June 2006, the Nkangala AIDS Summit with representatives from the federal and provincial governments, District and Local Councils and their AIDS committees. A result was the Nkangala strategic framework for AIDS, to be presented to the Nkangala District Council for formal approval.

Since their workshops, most provincial departments have upgraded the positions of their AIDS focal persons and given them additional staff and budgets to support ongoing mainstreaming efforts, including programmes to address HIV and AIDS in their workplaces. The AIDS committees of six Local Municipalities have developed AIDS strategies with approval from Local Councils either given or pending. In June 2006, the MRDP started training Municipal Councillors on how to mainstream their AIDS strategies into their Integrated Development Plans, their main planning/budgeting instruments.

### The German HIV Peer Review Group

Empowering district and local authorities for effective participation in the development, implementation and monitoring and evaluation of the AIDS response in their areas is a promising practice because it prepares them:

1. To put the money to work. Globally, over the past five years, the amount of money available for the AIDS response has increased substantially. A key challenge now is to streamline the flow of that money to the front lines of the epidemic and put it to work in the communities where AIDS-related programmes reach the people who desperately need those programmes. That requires work from both ends, from the international level on down and from the local level on up. It is of utmost urgency for communities heavily burdened by HIV and AIDS to demonstrate that they are prepared to make good use of any money that may be made available to them.
2. To make do with local resources. With technical support, trained volunteers and paraprofessionals can provide many of the AIDS-related services that might otherwise be provided by professionals and they can do so by using the most basic of facilities, equipment and supplies. In the health sector, for example, they can deliver Voluntary Counselling and Testing (VCT) door to door or in almost any kind of local centre, including a school, and they can help monitor patients' use of prescribed medicines and keep them healthy and resistant to infection by ensuring they are well nourished.
3. To ground the response in stable environments. HIV and AIDS programmes in developing countries are often jeopardized by high turn-over among elected officials and staff in government departments and by political interference, so the most qualified and dedicated people are not always the ones occupying key positions. In general, the population of rural communities is fairly stable and so is the leadership. When the response to AIDS is grounded in those communities there is less need to worry about problems at higher levels of government.

4. To counter fear, stigmatization and discrimination. Fear of HIV and stigmatization and discrimination against those infected or believed to be highly vulnerable to infection have always been the biggest obstacles standing in the way of getting people to face up to the realities of the epidemic and to respond in practical ways. A community's chiefs, elders, traditional healers, faith-leaders, and natural opinion leaders may contribute to the phenomena but they are also well-placed to counter the phenomena. For that reason, programmes of information and education to counter fear, stigmatization and discrimination are best designed and delivered at the community level, in collaboration with those individuals and with people living with HIV, men, women and youth.



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### Published by:

The German HIV Peer Review Group

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Eschborn, first edition: July 2006,

this edition: December 2007

### Tools on the internet

To download the following modules and materials, go to <http://hiv.prg.googlepages.com/bringingtheaidsresponsehome>

- For Lesotho:
  - Community Council Action Plan. A template for use by any Community Council.
  - Guidebook for Quick and Smart Community Council Planning.
  - Guidelines for Scaling Up the Fight against AIDS Using Local Authorities as the Gateway.
  - Lipitso Information Collection Kit: to assist Community Councillors to collect community priorities.
- For Tanzania
  - 10 Training Manuals for HIV/AIDS Committees at Local Government Authorities
- For Mpumalanga Province
  - A series of 9 fact sheets for Mainstreaming a response to HIV and AIDS with local and provincial governments