



**NAMIBIA ASSOCIATION OF
LOCAL AUTHORITIES OFFICERS
(NALAO)**

**Report of the NALAO
Capacity-building Workshop
on the Local Authority
Response to HIV/AIDS**

Windhoek, Namibia, 15-17 July 2003



This workshop was made possible with the funding of the
United States Agency for International Development (USAID)
under its Cooperative Agreement HRN-A-00-97-0017-00
with **Family Health International**

Agenda / Contents

Acronyms and Abbreviations in this Report	3
Background to the Workshop	4
Welcoming and Introduction	4
Mr Martin Shipanga, NALAO President and City of Windhoek Chief Executive Officer	
Opening Address	5
Ms Tina Dooley-Jones, Director of Technical Programmes, United States Agency for International Development (USAID) – Namibia	
Keynote Address	6
Mr Erastus Negonga, Permanent Secretary, Ministry of Regional and Local Government and Housing (MRLGH)	
Basic Knowledge on HIV/AIDS	8
Presentation by Dr Fred van der Veen, Senior Regional Technical Advisor, Family Health International (FHI)	
Sex Game	9
Exercise facilitated by Mr Randolph Mouton, Deputy Director, Social Impact Assessment and Policy Analysis Corporation (SIAPAC)	
The Vulnerability of Municipalities to HIV/AIDS	9
Group work; plenary discussion	
Lessons Learnt from a Rapid Assessment of the Situation in Eenhana	10
Presentation by Eenhana Town Council Representatives	
The Response to HIV/AIDS in Walvis Bay	11
Presentation by Mr Flip Els, Chief of Health Services, Walvis Bay Municipality	
HIV Impact Assessment in Five Cities	11
Presentation by Mr Randolph Mouton, SIAPAC Deputy Director; plenary discussion	
The Change in Response to HIV/AIDS	12
Presentation by Dr Fred van der Veen, FHI Senior Regional Technical Advisor	
Sunshine City	13
Plenary exercise facilitated by Mr Clive Lawrence, Deputy Town Health Officer, Swakopmund Municipality	
The Role of the Local Authority as Employer, Service Provider, Coordinator	15
Group work	
Presentation of Existing Response Plans: Windhoek	16
Presentation by Mr Filemon Hambuda, Chief of Occupational Health and Safety, City of Windhoek	
Planning Framework for the Local Authority Response to HIV/AIDS	17
Presentation by Mr Randolph Mouton, SIAPAC Deputy Director	
Planning by Local Authorities	18
Group work	
Finalisation of Work Plan and Timetable	18
Review of and report-back on planning exercise	
Monitoring of Evaluation of the Local Authority Action Plan	20
Presentation by Mr Randolph Mouton of SIAPAC and Dr Fred van der Veen of FHI	
The Way Forward	21
Address by Mr Martin Shipanga, NALAO President and City of Windhoek CEO	
Closing Remarks	22
Ms Erica Ndiyepa, Deputy Permanent Secretary, MRLGH	
Workshop Evaluation	23

APPENDICES

NOTES ON THE APPENDICES:

- Each participating local authority will receive a **soft copy (CD) of this report**, so they will be able to access the **original full-colour slide presentations** in Appendix A for any data too small to discern in the hard copy. For the purposes of this report the slides are included without any notes or commentary. Most slides are self-explanatory, and additional noteworthy points made in the commentaries are recorded in the main body of the report.
- The **action plan template** and **blank questionnaires and checklists** in Appendix B are included for participants' or readers' convenience – they can photocopy or print these documents out from the CD and adapt them as necessary instead of reproducing them from scratch. (The "HIV/AIDS Facts Sheets" included in the handout folder are not included in this report as they are very long.)
- On the **CD** the appendices are accessible as the **original Microsoft PowerPoint or Word files**, and in a slightly modified form (a few minor edits and changes for layout purposes) in **MSWord files** created as part of the report. All the handouts in Appendix B, for example, are combined in a single Word file, and all action plans in Appendix C are combined in a single Word file. All the Word files making up the report are also included on the CD as **Acrobat (pdf) files** for 'trouble-free' transfer by e-mail. To read Acrobat files it is necessary to have **Acrobat Reader** installed on the computer. This software can be downloaded free of charge from the Internet – search for "Acrobat Reader".

Appendix A: PRESENTATIONS 25

A.1	"HIV and AIDS in Namibia: Basic Facts" – Slide presentation by Dr Fred van der Veen, FHI	26-30
A.2	"Eenhana Municipal Assessment" – Slide presentation on the findings of the HIV/AIDS impact assessment conducted by the Eenhana Local Authority	31-32
A.3	"The Response to HIV/AIDS in Walvis Bay" – Slide presentation by Mr Flip Els, Chief Health Services, Walvis Bay Municipality	33-36
A.4	"The Response to HIV/AIDS in Walvis Bay" – Accompanying text prepared by Mr Els for the workshop.....	37-41
A.5	Draft Walvis Bay Action Plan Tables	42-54
A.6	"HIV/AIDS Impact Assessment on the Municipalities of Ongwediva, Oshakati, Swakopmund, Walvis Bay and Windhoek" – Slide presentation on the SIAPAC study findings by Mr Randolph Mouton, SIAPAC Deputy Director	55-57
A.7	"The Role of Local Government in the Partnership Against HIV/AIDS" – Slide presentation by Mr Clive Lawrence, Deputy Town Health Officer, Swakopmund Municipality.....	58-59
A.8	"Brief Response Strategy: City of Windhoek" – Slide presentation by Mr Filemon Hambuda, Chief of Occupational Health and Safety, City of Windhoek Municipality.....	60-61
A.9	Draft Windhoek Action Plan Tables	62-70
A.10	"HIV/AIDS Strategic Planning" – Slide presentation by Mr Randolph Mouton, SIAPAC	71-72
A.11	"Monitoring and Evaluation Pipeline" – Diagram presented by Dr Van der Veen.....	73

Appendix B: HANDOUTS 74

B.1	Self-Administered Questionnaire on HIV Knowledge and Attitudes (results)	75-76
B.2	Sex Game (results)	77
B.3	NALAO Worksheet: HIV/AIDS Risk Assessment (Part 1): Generic Checklist	78
B.4	NALAO Worksheet: HIV/AIDS Risk Assessment (Part 2): City of Windhoek Checklist	79
B.5	NALAO Worksheet: HIV/AIDS Risk Assessment Checklist.....	80-81
B.6	Diagram of "Workplace Impact" adapted from <i>The Response of African Businesses to AIDS</i>	82
B.7	Action plan template.....	83

Appendix C: LOCAL AUTHORITY DRAFT ACTION PLANS¹ 84

C.1	Eenhana.....	85-87
C.2	Grootfontein	88-98
C.3	Karibib	99-105
C.4	Mariental	106-113
C.5	Omaruru	114-116
C.6	Ondangwa.....	117-121
C.7	Otjiwarongo	122-125
C.8	Outapi.....	126-134
C.9	Usakos	135-137

Appendix D: PARTICIPANT NAMES, POSTS AND CONTACT DETAILS 138-140

¹ The Katima Mulilo action plan is not included in this report. See explanation on page 18.

Acronyms and Abbreviations in this Report

AIDS	Acquired Immunodeficiency Syndrome
ALAN	Association of Local Authorities in Namibia
AMICAALL	African Mayors' Initiative for Community Action on AIDS at the Local Level
ARV	anti-retroviral
ARVT	anti-retroviral treatment
CAA	Catholic AIDS Action
CCN	Council of Churches in Namibia
CDO	Community Development Officer
CEO	Chief Executive Officer
CoW	City of Windhoek
DAC	District AIDS Committee
E/E	employer/employee
ELCIN	Evangelical Lutheran Church in Namibia
FHI	Family Health International
GTZ	Deutsche Gesellschaft für Technische Zusammenarbeit / German Cooperation for Technical Development
HAART	HIV/AIDS anti-retroviral treatment
HIV	Human Immunodeficiency Virus
HRO	Human Resources Officer
IEC	Information, Education and Communication
IT	Information Technology
KAP	Knowledge, Attitudes, Practices (type of study)
LA	Local Authority
MC	Management Committee
M&E	monitoring and evaluation
MoHSS	Ministry of Health and Social Services
MPC	multipurpose centre
MRLGH	Ministry of Regional and Local Government and Housing
NALAO	Namibia Association of Local Authorities Officers
NASOMA	Namibia Social Marketing Association
NaTIS	Namibia Traffic Information System
OHEAP	Oranjemund Health Education and HIDS Programme
PLWA/ PLWHA/PWHA	people living with AIDS / people living with HIV/AIDS / people with HIV/AIDS
PRAP	Prevention Response and Action Plan
PRO	Public Relations Officer
RACOC	Regional AIDS Coordinating Committee
SIAPAC	Social Impact Assessment and Policy Analysis Corporation
SME	small and medium enterprises
STD	sexually transmitted disease
TB	tuberculosis
ToR	terms of reference
USAID	United States Agency for International Development
VCT / VTC	voluntary counselling and testing / voluntary testing and counselling
WPP	workplace policy

Note: Some acronyms/abbreviations used in the draft action plans (Appendix C) are not included in this list as neither the rapporteur nor the organisers know what they stand for and no responses were received on the relevant queries.

Background to the Workshop

The following is an adaptation of NALAO's letter of invitation to the workshop with additional post-workshop information about the participants and facilitators.

The findings of an assessment of the impact of HIV/AIDS on the Municipalities of Ongwediva, Oshakati, Swakopmund, Walvis Bay and Windhoek conducted by SIAPAC were presented during the NALAO AGM in November 2002. Since then, these municipalities have formulated action plans that will enable them to emerge as natural leaders in coordinating HIV/AIDS activities. Following the discussion on the results of this impact assessment, the AGM decided to convene a national consultative meeting on HIV/AIDS for local authorities.

Following the AGM a number of key local authorities confirmed to NALAO their commitment to addressing HIV/AIDS, and NALAO invited them (see list next page) to participate in this workshop, the purpose of which was to build their understanding of the impacts of HIV/AIDS and help them arrive at a tangible and practical local authority response.

The specific aim of this workshop was to build the capacity of the participating local authorities to:

- understand the impact of HIV/AIDS on local authority employees and the community;
- identify the role of the local authority in responding to HIV/AIDS; and
- develop a draft action plan for the forthcoming 12 months.

Three key representatives of the 10 participating local authorities were invited to attend, namely:

- the Chief Executive Officer or Town Clerk,
- the Human Resource Officer or Health Officer; and
- a Councillor.

A total of 32 local authority officials participated (see **Appendix D** for names, posts and contact details).

The workshop was facilitated by:

- FHI Senior Regional Technical Advisor Dr Fred van der Veen;
- SIAPAC Deputy Director Mr Randolph Mouton;
- Swakopmund Municipality Deputy Town Health Officer Mr Clive Lawrence;
- City of Windhoek Chief of Occupational Health and Safety Mr Filemon Hambuda; and
- Walvis Bay Municipality Chief of Health Services Mr Flip Els.

Mr Terry Parker, Programme Officer in the UN AMICAALL Partnership Programme, and Mr Klaas van den Berg, Director of Price-Waterhouse-Coopers Global Risk Management Solutions in Utrecht, an AMICAALL partner, were present in some sessions as observers.

Welcoming and Introduction

Mr Martin Shipanga, NALAO President and City of Windhoek CEO

Mr Shipanga spoke briefly ad lib. The following is a summary of his introductory remarks.

The purpose of this workshop is to enable the participating Local Authorities (LAs) to acquire an understanding of the impact of HIV/AIDS, with a specific focus on transmission, prevention and treatment, and to come up with practical plans for empowering themselves to deal with the pandemic within their own ranks and in the communities they serve.

SIAPAC's local-level HIV/AIDS impact assessment gave the five LAs involved the information they required to come up with a local response strategy and plans. The LAs are close to the communities and can therefore make a big difference in responding to HIV/AIDS in the communities. The challenge is to plan practically for giving them the skills they need to do so.

Having considered the results of the SIAPAC assessment, NALAO decided to identify 10 LAs with which to share the information with the aim of building their capacity to respond, and assisting the applicable town councils to come up with a response strategy and action plans. A further NALAO aim is to take the same knowledge to the remaining 30 LAs – there are 45 in total in Namibia and 5 have already been through this planning process. The LAs participating in this workshop are:

1. Eenhana
2. Grootfontein
3. Karibib
4. Katima Mulilo
5. Mariental
6. Omaruru
7. Ondangwa
8. Otjiwarongo
9. Outapi
10. Usakos

The NALAO National Executive Committee is confident that the knowledge to be shared here will also be shared with the other LAs, and is grateful to SIAPAC for providing this knowledge.

Namibia is the first African country to have conducted this type of study. Others are starting to take the same approach. Hopefully the Namibian communities will soon feel the impact of this workshop and programme.

Opening Address

Ms Tina Dooley-Jones, Director of Technical Programmes, USAID – Namibia

The following is a verbatim transcription of Ms Dooley-Jones' written address.

Mayors, President of NALAO, Chief Executive Officers, Councillors, Development Partners, Ladies and Gentlemen –

It is a pleasure for me to give an opening address at this important meeting.

In February 2003 the Municipalities of Windhoek, Walvis Bay, Ongwediva, Swakopmund and Oshakati shared with us their experiences of an HIV/AIDS impact assessment process and how this helped them to formulate action plans to address HIV/AIDS in their respective towns.

From the USAID's involvement in the Multipurpose Centres in Walvis Bay and Ongwediva, I have had the opportunity to see first-hand the active leadership role of these municipalities in responding to HIV/AIDS. Since the opening of the Walvis Bay centre about two years ago, it has served as a platform for and acted as a catalyst in providing a community-based expanded response to HIV/AIDS. From this centre, workplace peer education, holiday programmes for school youth, outreach to shebeens, computer courses, a soup kitchen for orphans, counselling and home-based care services and many other activities take place. The achievements of this centre constitute only one example of the many functions local authorities can carry out in stimulating practical initiatives to address HIV/AIDS at community level.

I am happy to see that several representatives of the municipalities that participated in the impact assessment are now here to share their experience and plans with you. The fact that they have already started implementing these plans shows the commitment of those local councils.

Obviously, addressing all aspects of HIV/AIDS is a major challenge, as it has such a deep impact on so many aspects of local community life. Local authorities, however, are not alone in this task as all sectors should be actively involved.

I have been told that the aim of this workshop is to give you a good understanding of the different aspects of HIV/AIDS, clarify your role as local authorities in the expanded response to HIV/AIDS, and give you practical

tools to plan and coordinate this response at local level. We realise that much has already been done to address the epidemic. Much of this workshop will therefore involve an exchange of your experiences in implementing and coordinating HIV/AIDS initiatives. Based on your understanding of local communities, you are also likely to come up with new ideas, e.g. on how existing programmes could be adapted to local circumstances.

I congratulate NALAO for its leadership – first, for initiating the concept of a municipal impact assessment in five towns, and second, for mobilising 10 other municipalities to participate in this process of strategic planning and responding to HIV/AIDS.

I am confident that NALAO, together with the Ministry of Regional and Local Government and Housing, will continue to facilitate the exchange of experiences and networking on the local authority response to HIV/AIDS. USAID is pleased to be a partner in this process, and we are keen to learn more about your vision on the way forward and further steps to keep up the current momentum so that local communities will fully benefit from your efforts.

I thank you for your attention.

Keynote Address

Mr Erastus Negonga, Permanent Secretary, MRLGH

The following is a verbatim transcription of Mr Negonga's written address.

In introducing the speaker, City of Windhoek CEO Martin Shipanga noted that the government has adopted a sectoral approach to HIV/AIDS with the MRLGH as the lead ministry, and the support received from the MRLGH as from the inception of this programme initiative has been a strong motivating factor. He expressed NALAO's gratitude to the Permanent Secretary for being present to address this forum.

Your Worships the Mayors, President of NALAO, Chief Executive Officers, Councillors, Development Partners, Ladies and Gentlemen –

It is my singular honour to address this important planning workshop on HIV/AIDS for local authorities this morning.

Four years ago, in March 1999, His Excellency Dr Sam Shafiishuna Nujoma, President of the Republic of Namibia, launched the expanded programme as a response to HIV/AIDS in Namibia. At that occasion he handed over copies of the Second Medium Term Plan on HIV/AIDS to all Honourable Ministers, Regional Governors and representatives of civil society organisations in attendance. According to this framework, all local authorities were given the task to plan, coordinate and monitor the local response to HIV/AIDS, and to develop sound mechanisms for resource mobilisation, allocation and utilisation.

It was anticipated at that time that most of the resources for the Second Medium Term Plan would be made available through regional councils and local authorities.

Unfortunately, as noted during a recent mid-term review, the Medium Term Plan remained severely underfunded. Local authorities therefore had few resources to develop and implement comprehensive action plans.

Distinguished Participants, Ladies and Gentlemen, you may recall that in November 2001, the Association of Local Authorities in Namibia (ALAN) launched the Declaration of Local Authorities on HIV/AIDS in Namibia. This declaration of commitment to actively address HIV/AIDS has been signed by all municipal leaders of local authorities.

Furthermore, I am delighted to note that an HIV/AIDS impact assessment on five municipalities was carried out by SIAPAC with the support of the United States Agency for International Development and Family Health International.

According to this study, the financial burden consequent to HIV/AIDS impact on municipal staff for the City of Windhoek alone is estimated at over N\$3 million per year. This high cost derives from sick leave, decreased

productivity, death-related expenses, and wasted training and recruitment costs. In general, HIV/AIDS has a negative impact on the revenue bases of businesses, increases the demand for health and social services and reduces the ability of poor households to pay for essential services such as water and electricity.

The impact assessment under consideration has mapped out challenges for local authorities in responding to the HIV/AIDS pandemic. Subsequently, workplace preventative programmes must be in place not only to prevent new infections among municipal staff, but also to support infected and affected municipal staff.

During the launch of the impact assessment, the Deputy Minister of Health and Social Services, Dr Richard Kamwi, stressed that municipalities should include anti-retroviral treatment in their medical benefit schemes for their staff in order to prolong and improve the quality of life of infected staff members and reduce sick leave and replacement expenditures.

During the 53rd ALAN Congress at the end of last week, delegates were quite vocal about the prevalent high risk for HIV/AIDS transmission around major transit routes, industrial workplaces, shebeens, border posts and ports. Local authorities are therefore well-placed and urged to stimulate targeted prevention programmes to reduce HIV/AIDS transmission in these high-risk environments.

HIV/AIDS orphans in urban areas may not find extended family support and be compelled to drop out of school for social and/or financial reasons. Timely support to these and other children made vulnerable by HIV/AIDS in their own environment is essential to ensure universal access to education and meet their other basic needs.

Although the local authorities are not expected to provide solutions to all HIV/AIDS-related problems by themselves, their active role is essential for the success of the national response to the pandemic.

Success in the fight against HIV/AIDS in local authorities demands protracted but sustainable war waged by visionary leadership and committed management. Local authorities should therefore ensure the coordination of this war at all levels in their localities by embarking upon the following sustainable frameworks:

- Acquire a systematic knowledge of the local population and understand which interventions or available programmes exist for each population group.
- Lobby and advocate on these programmes, and monitor their execution.
- Involve all stakeholders in planning and implementing the local response to HIV/AIDS.
- Mobilise resources from the national and sub-national budgets, the private sector, NGOs and other development partners to finance the above-mentioned frameworks for a healthier local authority.

Distinguished Participants, Ladies and Gentlemen, this workshop is attended by key personnel of the Ministry of Regional and Local Government and Housing (MRLGH) who have a comprehensive understanding of the challenges facing local communities. During the coming three days you will work intensively together to come up with plans to address the HIV/AIDS scourge.

For the five municipalities that participated in the municipal impact assessment, you are among the first local authorities developing these action plans. The MRLGH is looking forward to receiving feedback from you at the end of this workshop so that we can work jointly on the way forward.

Last but not least, I wish to congratulate NALAO as the organisation that started this initiative, and those who assisted in making this workshop possible. I want also to thank USAID and FHI for their assistance in organising this important Capacity-building Workshop on the Local Authority Response to HIV/AIDS.

I wish you all a healthy and constructive discussion for the three days of the workshop.

I thank you

Basic Knowledge on HIV/AIDS

Presentation by Dr Fred van der Veen, FHI Senior Regional Technical Advisor

See Appendix A.1 (slide presentation), pp.26-30.

EXERCISE: Completion of Self-administered Questionnaire

A full understanding of the basic facts and a non-judgemental, non-discriminatory attitude are essential for an effective response to HIV/AIDS. At the beginning of the first session a questionnaire designed to measure basic knowledge and attitudes regarding HIV/AIDS was distributed – an “anonymous and fully confidential” questionnaire deriving but adapted from the FHI HIV/AIDS Peer Education Programme – which the participants had to complete individually in time for Dr Van der Veen to analyse the responses and present the results at the end of the workshop. As the reader will glean from the results (**Appendix B.1**, p.75-76), there was almost universal knowledge among the respondents on most questions concerning HIV transmission, e.g. 22 (100%) of the sample knew that HIV is not transmissible through mosquitoes and kissing, and that people can protect themselves by always using a condom. For some transmission-related questions, however, a significant proportion of the respondents answered incorrectly, e.g. that there are invisible holes in condoms, that faithful women cannot be infected or that all children of HIV+ mothers will be infected. Despite their good general knowledge on HIV transmission, several respondents (27%) would not buy food from an HIV+ food handler, indicating an underlying discriminatory attitude. So, to achieve an effective response to HIV/AIDS, improved knowledge of the basic facts and attitudinal changes are needed even among LA officials. (It was noted that the responses to this questionnaire are not generalisable to the public at large or other groups.)

An additional noteworthy point made in this session: the *LAs should obtain copies of the Ministry of Labour’s guidelines on HIV/AIDS in the workplace.*

SLIDE PRESENTATION: HIV and AIDS in Namibia: Basic Facts

Dr Van der Veen presented facts and data on the following:

- The natural course of HIV disease and characteristics of HIV infection
- The epidemiology of common infectious diseases
- HIV prevalence in pregnant women in Namibia in the period 1992-2002 (Sero-survey results, trends, etc.)
- The estimated number of people with HIV/AIDS (PWHAs) in Namibia
- The projected annual number of deaths from and orphans from AIDS in Namibia in the period 1995-2010
- The projected impact of HIV and AIDS
- HIV prevalence among patients with STDs at different sites in Namibia in 2002
- Prevention, care and support interventions
- Mother-to-child transmission (MTCT)
- Voluntary counselling and testing (VCT) as an important entry point for HIV prevention and care
- Characteristics of and conditions for HIV/AIDS anti-retroviral treatment (HAART)
- Costs of 1st-line anti-retroviral (ARV) treatment regimens in the private sector in Namibia in 2003
- Policies, strategies, interventions and targets – specifically those of the business and education sectors
- Interdisciplinary teams and their interaction with PWHAs
- The *MoHSS Guidelines for Anti-retroviral Therapy*

Some crucial points made in the commentary for LAs to bear in mind:

- What is primarily sought in a response to HIV/AIDS is **behavioural change**.
- **Stigma reduction** is central to everything else. HIV/AIDS can never be addressed if stigmatisation persists.
- Current **treatments** can suppress but not eliminate the virus. The problem with the drugs is not their side effects, but that it is just “not human” to take drugs every day. A resistance is built up to the drugs if they are not taken regularly. The main challenge is therefore to help people to take the drugs regularly. If they take ARVs twice a day forever they will survive, otherwise not. The MoHSS is already buying ARVs and establishing a treatment programme in six hospitals with support from FHI and USAID, which also support treatment in five additional hospitals. The programme will slowly be expanded, so access to treatment will become a reality in Namibia. There will also be Global Fund support for this treatment programme.

- The **predicted trends** for pregnant women in Namibia are almost exactly on target, so predicted trends for other groups are also likely to be.
 - With the current **cost of ARVs**, it is more economical to provide adequate treatment to parents and keep them alive than to give grandmothers orphan grants.
 - Prevention and care **interventions** do not yet form a circle so as to hit the HIV/AIDS target (see slide 22), but they are moving into a circle – a compact one. At local level this positioning can be effected much more easily than at national level to achieve a comprehensive response to HIV/AIDS. For such a response, the facilitating role of the LAs is essential.
-

Sex Game

Exercise facilitated by **Mr Randolph Mouton**, SIAPAC

See **Appendix B.2** (results), p.77.

SIAPAC has used this game in workshops before, with “surprising” results. The aim is to determine whether participants as individuals are vulnerable to HIV/AIDS. By getting participants to look at their own individual sexual practices over the last 10 years – sometimes people forget to look at themselves – the game gives them a general understanding of what makes them and any person vulnerable. It also compels people to speak about sex more openly, which is one of the things people need to start doing. A very significant result was that 27 (100%) of the respondents had had unprotected sex in the last 10 years with partners whose HIV status they had not known. All the respondents were educated people aged 29+ with access to information and services, yet all still placed themselves at risk.

The Vulnerability of Municipalities to HIV/AIDS

Group work and plenary discussion

GROUP WORK

Task 1: Mapping Municipalities

The objective of this group work was to determine what makes a municipality vulnerable to the impact of HIV/AIDS, which entails identifying what elements in a municipality represent a high risk and a low risk for HIV transmission. The participants were asked to bring to the workshop a map of their municipality. Those who did not have one could draw their own map on flipchart paper. On this map they had to give an idea of the social and economic activity in the municipality, e.g. by identifying shopping areas, industrial areas, squatter areas, entertainment areas, areas with shebeens and sex workers, etc. For this work they were asked to consider the NALAO worksheets and checklists in the handout folder (**Appendices B.3, B.4 and B.5**). They were told that there is no right or wrong answer as to what represents a high or low risk, but it is just important to discuss their thoughts on this.

Task 2: Visiting Other Municipalities

After the teams had drawn or marked up their maps, each ‘visited’ other municipalities (i.e. they were given a ‘guided tour’ around other maps) to enable them to compare the scenarios with their own. The participants were asked to bear in mind the information gleaned in this exercise throughout the workshop.

Report-back and plenary discussion on the group work

The report-back was given in an open plenary discussion on the main high-risk and low-risk factors common to all the participating LAs. The factors identified by the plenary are listed in Table 1.

Additional noteworthy points made in the discussion were as follows:

- It is not just a question of distributing **condoms in jails**, but also of **enforcing the law**: the new Combating of Rape Act makes the rape of a man by a man a crime. Prison officials must not allow rape to take place.
- Overnighting **truck drivers** “should be placed in formal accommodation”.
- A participant asked if HIV goes on spreading in Namibia due to insufficient **information distribution** or ineffective **current interventions**. Another responded that it is premature to judge any intervention as ineffective: first the stakeholders should talk about behavioural change. Smokers, for example, do not lack information about the effects of smoking but continue to smoke.

Table 1: FACTORS CONTRIBUTING TO MUNICIPALITIES' VULNERABILITY TO HIV/AIDS IMPACT

High-risk Factors	Low-risk Factors
Poverty	Old-aged homes
Unemployment	Churches
Culture* (e.g. men don't want to wear condoms)	Sports grounds*
Shebeens and bars	Formal settlements***
Army bases	Workplaces
Police stations and barracks	<p>* This was identified as a cross-cutting factor as it can contribute both positively and negatively to a municipality's vulnerability – often depending on the availability of alcohol.</p> <p>** These are all classified as “Recreation Areas”.</p> <p>*** There was some discussion on whether formal settlements are high/low-risk areas considering that Ludwigsdorf and Katutura in Windhoek are both formal settlements but the former (a very wealthy area) is seen to be a low-risk area and the latter (a mainly low-income area) is definitely a high-risk area. Consensus was reached that formal settlements are low-risk areas with potential to become high-risk areas.</p>
School hostels	
Refugee camps	
Main trucking and trading routes	
Coastal ports	
Truck ports and long-distance taxi ranks	
Border posts	
Informal settlements / squatter areas	
Central business districts	
Gambling houses, hotels and recreation areas**	
Commercial sex workers	
Mobile workers / seasonal or migrant workers living without their wives	
Migrants to Namibia from other countries	
Lack of access to health services for STDs	
People who intentionally or unintentionally infect others	
Traditional healers who misinform people about HIV/AIDS	
Lack of law enforcement	

Lessons Learnt from a Rapid Assessment of the Situation in Eenhana

Presentation by **Eenhana Town Council Representatives**

See **Appendix A.2** (slide presentation), pp.31-32.

Dr Van der Veen first noted that Eenhana was the first LA to return completed the questionnaire on HIV/AIDS sent out prior to the workshop (not included in this report), so the representatives were asked to present on how they had gone about completing the questionnaire and what they had found. The Eenhana LA had demonstrated that it is possible to do a lot of work without any additional resources or outside assistance.

The only discussion on this presentation concerned the **availability, cost and quality of condoms**. Participants reported that in some places where they should be available at no cost, they are charged for, and often the charge is justified on the grounds of *quality*. Dr van der Veen explained that all condoms are tested by the World Health Organisation so all are “quality” condoms, though “official brands” may be better tested. Free does not imply inferior quality. It was noted that there are several NGOs operating in Eenhana which need more support from the LA in responding to HIV/AIDS.

The Response to HIV/AIDS in Walvis Bay

Presentation by **Mr Flip Els**, Chief of Health Services, Municipality of Walvis Bay

See **Appendices A.3, A.4 and A.5** (slide presentation, accompanying text, action tables), pp.33-54.

Mr Els's slide presentation covered the following:

- The demographic profile and impact of HIV/AIDS in Walvis Bay
- A chronological overview of the Walvis Bay Municipality's response plan – this plan was drawn up before the SIAPAC impact assessment.
- The Walvis Bay Multipurpose Centre (MPC) which provides/accommodates/facilitates a wide range of essential HIV/AIDS-related services, facilities and activities.
- The Municipality's response strategies (management, internal programme and external programme) and action plans under each strategy.

[**Note:** The strategy and action plan tables in the slide presentation were updated and are included here as Appendix A.4 rather than as part of the slide presentation.]

Additional noteworthy points made in the commentary:

- Mr Els remarked that if Uganda can reverse the spread of HIV/AIDS, so can Walvis Bay.
- The **MPC** is "undoubtedly the heartbeat of the external programme and the most valuable thing the Municipality has in responding to HIV/AIDS". The MPC is not funded by the Municipality but by contributions from the partnering organisations that manage and use it.

There were some questions on this presentation but no noteworthy points of discussion (see p.12 for record of discussion on prostitution in Walvis Bay). In reviewing Day 1 of the workshop a participant remarked that the Walvis Bay Municipality had done a lot already by introducing programmes to support its own employees, and through the MPC the community at large. He also mentioned that the MPC has good support locally and from international donors, and pointed out that since it is making condoms freely available even on its small budget, it is spending on basic necessities and thus spending wisely.

HIV Impact Assessment in Five Cities

Presentation by **Mr Randolph Mouton**, SIAPAC Deputy Director

See **Appendix A.6** (slide presentation), pp.55-57.

Mr Mouton's presentation covered the following:

- The background to, aims and objectives of, and methodology used for the study
- Integrated (applicable to all five cities) projections and main findings, and those specific to particular cities and population groups
- Social and economic impacts of HIV/AIDS

Additional noteworthy points made in the commentary:

- A **soft copy (CD)** of the assessment report is available from FHI. [Each participating LA received a soft copy during the workshop.]
- The **stabilisation in HIV/AIDS prevalence in 2002** is attributable to people having left the prevalence pool due to death.
- Regarding **social and economic impacts**, questions to answer include what cost implications sick leave, training, recruitment, etc. will have for LAs, and how can they quantify losses such as a particular person's skills.

After the presentation Mr Mouton gave an explanation of how HIV/AIDS impacts on the household through to all other sectors/levels of society, and specifically municipalities. The following is a summary.

A man heading a household is employed by a certain company. The money he earns circulates in the community, e.g. he buys his groceries at Shoprite, which pays two of its staff with the money. A Shoprite employee loans money to an unemployed family member, and pays her Edgars account and water and electricity bills. (So now the municipality is in the picture.) The municipality employee earns a salary with which she pays Pick 'n Pay for groceries, Pick 'n Pay pays its staff who pay the municipality ... and so money circulates in the community. With HIV/AIDS, less money circulates, and the economic consequences are felt everywhere. This is why: The man who heads the household contracts HIV/AIDS and gets sick. His wife, who normally works in the field, must now care for her sick husband. He no longer earns a salary and she is unable to support the household as well as usual because she is tending to him instead of working in the field. Yet the household needs even more money than usual to cover the costs of medicines, hospital services, etc., in addition to paying for water and electricity, food, the children's schooling and other basic needs. The children drop out of school due to a lack of money to pay for their schooling. Eventually the household starts tapping into its assets – if enough households start using their savings, the national economy is affected. Eventually only medical costs and then funeral costs can be covered. The water and electricity bill has not been paid for a few months so these services are cut off, the household suffers even more, and the municipality in turn no longer earns revenue from the household, so its own staff are affected ... and so on.

Additional points: Since it is usually young and productive people who contract HIV, the **future scenario** in Namibian communities could be that of the **very old looking after the very young**, with neither generation earning any money to spend let alone save, with the result that the entire country is affected. **Extended families** are still in a position to cope, but their coping mechanisms won't endure for much longer.

Mr Mouton concluded by explaining that **municipal revenue** depends on population size, so if the population decreases in size, revenue decreases, and it is very important for municipalities to look at how to deal with this problem of revenue loss. In this regard it is critical that they review their sick-leave and other relevant policies.

The Change in Response to HIV/AIDS

Input from Dr Fred van der Veen, FHI Senior Regional Technical Advisor

Following are summaries of this input and the discussion that followed produced from the rapporteur's notes.

INPUT

Namibia first took a *concentrated approach* whereby the MoHSS was tasked to respond to HIV/AIDS, but it was quickly learnt that HIV/AIDS is not just a health problem to be dealt with by the ministry responsible for health: the pandemic has severe socio-economic impacts cutting across all sectors of society. A more *integrated approach* in the response strategy was thus taken, whereby more and more role-players are being brought into a multi-sectoral response. This is why the LAs are here; the LA sector has to do something and could become a frontrunner in the national multi-sectoral response. The LAs can make a difference even by contributing just a small portion of their budget. A study in Zambia found that information-sharing on HIV/AIDS begins at household level, and only when stakeholders there started working at that level did the prevalence curve in Zambia start dropping. The LAs are close to the households and should bear this important point in mind.

DISCUSSION CONCERNING SEX WORK IN NAMIBIA

A question on what action the Walvis Bay Municipality has taken on sex work at the harbour prompted a long discussion on sex work in Namibia, its role in relation to HIV/AIDS and the approach to sex work that the national response to HIV/AIDS should take. It was ultimately agreed that sex work should be legalised so it is practised openly rather than underground. This would mean that sex workers – many of whom do this work only to be able to support their children – are registered, pay taxes and have access to services. Sex workers should be seen as part of the solution rather than the problem. Also it must be borne in mind that there are different levels of sex work going on and the response must be comprehensive in targeting the most visible as well as the wealthier and invisible sex workers. The Walvis Bay Municipality is in fact in contact with and actively involved with sex workers in the town via the MPC. Their residences and whereabouts are known, and the MPC constantly holds discussions with them. They know the risks of unsafe sex, but when intoxicated they forget

what they have learnt. LAs can spend a lot of time raising awareness to change behaviour, but the use of alcohol can undo all the work done. The response should involve giving sex workers more information on substance abuse because they need to be ‘alcohol-literate’. It was noted that some sex workers in the country are not Namibian but are brought here by pimps. In conclusion, some problems relating to sex workers can be solved only through LA legislation, but parliament would still have to revisit the law on sex work first. On the other hand, the LAs as a tier of government must contribute to solving problems relating to sex work and not just rely on central government to legalise it. Human rights groups, grassroots groups and others involved in the multi-sectoral response to HIV/AIDS should lobby for sex work to be legalised.

Sunshine City

Plenary exercise facilitated by **Mr Clive Lawrence**,
Deputy Town Health Officer, Swakopmund Municipality

The following is a summary of the session produced from the rapporteur’s notes and facilitator’s flipcharts.

OBJECTIVE

The objective of this exercise was to determine what ingredients are needed to make up the recipe, i.e. the LA response plan. Mr Lawrence told the participants a story about a mayor who has a nightmare because his pot is unstable as it has only two legs. To stabilise it he needs the right ingredients. He calls together his councillors, management committee and heads of department to ask them what should go into the pot. If the recipe works, the result will be “Sunshine City”.

Together the facilitator and participants listed the necessary ingredients on flipcharts. The outcome with commentary is recorded in Table 2.

OUTCOME

Table 2: INGREDIENTS REQUIRED TO BRING ABOUT “SUNSHINE CITY” – THREE-LEGGED POT

STRATEGY AND INGREDIENTS	COMMENTS / CONSIDERATIONS / QUESTIONS / ACTIONS ADVISED
MANAGEMENT STRATEGY – FIRST LEG	
1. Political will and commitment	Council must first give its commitment and a mandate to do the work.
2. Structure	<ul style="list-style-type: none"> • Do the municipalities represented have a standing management structure? • Is anyone mandated to develop a structure to see to this particular issue? • A structure must be put in place and someone nominated to manage it before planning can start.
3. Policy and planning	<p>Without a policy it is not possible to plan, so first plan towards a policy. The policy must address these key issues:</p> <ul style="list-style-type: none"> • coordination (i.e. who is responsible for this); • sick leave (profiles, monitoring, etc.); • employee benefits; • the prevention programme already in place (whether it suffices, what resources are available in the LA for effective education on HIV/AIDS, etc.); • confidentiality and disclosure procedures (who an HIV+ person should talk to and other questions of confidentiality and disclosure); • medical issues (e.g. measures to be taken on STDs); <p>The response must then be planned: how will you respond; what staff will you utilise? Plan around your own municipality’s specific situation – don’t look at others except to find examples.</p>
4. Risk profile	The risk profile should incorporate HIV/AIDS and all other STDs and diseases in the community, as well as the use of drugs and alcohol in the community.
5. Cost analysis	Once the policy and plan are in place, the costs have to be estimated. Then the council should be approached for assistance in assessing the costs of e.g. training people to replace lost staff, paying pensions, benefits and funeral costs, etc. They should not just say in their policy that “council must provide for every person ...” since that is not possible.
6. Skills succession plan	A very important ingredient in responding to HIV/AIDS
7. Data collection and analysis	This refers to data on human resources, etc., obtainable from sick-leave files, etc.

WORKPLACE PROGRAMME – SECOND LEG	
1. Impact assessment	
2. Awareness-raising projects	
3. Peer education	This is a very important ingredient that should not be overlooked.
4. Training of trainers	
5. Condom promotion and distribution	
6. Voluntary testing and counselling	Municipalities should create avenues for VTC for their own staff.
7. STD management	This entails getting information from clinics and making councillors aware of what is happening in the communities in this regard.
8. Infection control	Municipalities should determine what equipment they need (e.g. protective clothing) to protect their staff from infections.
9. Wellness programme	What interventions are available for infected and affected staff? These must be mentioned in the plan.
10. Monitoring and adaptation to needs	
COMMUNITY PARTICIPATION – THIRD LEG	
1. Support to PLWHAs	If the LA can't support them, how can they work with them to help ease their burden?
2. Potential partners	Potential partners in the public, private and NGO/CBO sectors should be determined.
3. Involvement in community projects	The LA should participate in community development projects. It should not only get involved in those already being implemented, but also initiate projects.
4. Organisational resources	Who is responsible for mobilising resources to share with community-based projects?
5. Market research	
6. Support to service organisations	The LA should ensure support to NGOs and other organisations dealing with HIV/AIDS within it's own community.
7. Multi-sectoral network	Eventually, the activities of the LA and all HIV/AIDS-related organisations in each community should be combined for a multi-sectoral community response.

It was noted that the *list of ingredients in Table 2 is not exhaustive*; these are just examples of what ingredients are needed.

Other noteworthy points of discussion in this exercise:

- On the issue of **confidentiality** in terms of looking at other people's sick-leave files and medical reports, the facilitator said the best way to handle this is to involve someone from the Human Resources section. This profiling and data collection and analysis can be done anonymously; it is unnecessary to name anyone in the human resources profile.
- The **insurance sector** is a very important role-player in the response. Policies are needed to ease the socio-economic burden on the household, community and state. But it seems insurance companies discriminate against PLWHA. It is recommended that LAs play a role in remedying this situation. In fact, the LAs *must* address the insurance and medical aid issues as part of their response. But there are obstacles to overcome, e.g. the LA will have to get information about people who have died (e.g. figures) and insurance companies don't give the necessary information. This data is needed for planning the response, so something has to be done about this. Another confidentiality-related problem is that death certificates do not state the cause of death, so accurate figures on deaths from HIV/ AIDS cannot be obtained.
- On **medical aid**, Dr Van der Veen informed the participants that there is a lot of movement in the area of medical aid coverage; schemes are looking at what they can do. The municipalities should negotiate with medical aid schemes not only to cover treatment, but to enable people to stay on the treatment programme and not be turned away after six months. Mr Hambuda (CoW) informed the participants that he had met with three medical aid schemes and negotiations are underway (see also "The Way Forward" page 22). He pointed out, however, that medical aid covers only infected people, not those affected, so the LAs will have to put more resources into affected people still in the green to prevent them going over into the red.

The Role of the Local Authority as Employer, Service Provider, Coordinator

Group work facilitated by **Mr Filemon Hambuda**,
Chief of Occupational Health and Safety, City of Windhoek

The following is a summary of the session produced from the rapporteur's notes and the group flipcharts. The reader is also referred to **Appendix A.7** (pp. 58-59), Clive Lawrence's slide presentation on the role of local government in the partnership against HIV/AIDS, which was not presented but is included for the record.

OBJECTIVE

Mr Hambuda said the Sunshine City exercise could be regarded as the theory and this exercise as the practice: the aim now was to link up the Sunshine City ingredients in practical terms by looking at the roles played by LAs and filling in any gaps remaining in the three-legged pot. He noted that the discussion on these roles was not linked to HIV/AIDS or any other issue: the key question to be answered on these roles was how HIV/AIDS impacts on the LA's ability to play them.

The plenary divided into three groups with each tasked to look at one of the three LA roles identified before the workshop: (1) Employer; (2) Service Provider; (3) Coordinator.

REPORT-BACK FROM THE GROUPS

Table 3: THE ROLE OF THE LA AS EMPLOYER, SERVICE PROVIDER, COORDINATOR

ROLES, SUB-ROLES AND TASKS	
GROUP 1 – LA as Employer	
As employer the LA has three sub-roles, each of which entails specific tasks as follows.	
1. Financial	Entails: <ul style="list-style-type: none"> ensuring right-sized structures and the right people in the right places; mobilising resources to develop the city/town/village; sustaining service provisions and maintenance; putting the right financial policies in place, e.g. to recover from revenue losses; administering public funds.
2. Legal	Entails: <ul style="list-style-type: none"> putting the right legislation, policies, procedures and guidelines in place; developing human resources; implementing social programmes.
3. Moral	Entails: <ul style="list-style-type: none"> providing training relevant to employees; health and safety measures to protect employees; providing information to and communicating on issues with employees; facilitating recreation for employees; reviewing policies affecting employees.
GROUP 2 – LA as Service Provider	
Current services	
1. Water supply	11. Tourism services (accommodation, information, marketing)
2. Electricity supply	12. Local economic development (SMEs, PPPs, etc.)
3. Sewage disposal	13. Facilitation services (for CBOs, NGOs, etc.)
4. Refuse removal	14. Primary health-care services
5. Housing provision (formal and informal)	15. Registration of businesses (including issuing liquor licences, conducting inspections, etc.)
6. Transport provision	16. Abattoir
7. Recreational service provision (community halls, sports facilities, etc.)	17. Information and counselling centres
8. Provision and maintenance of cemeteries, parks, gardens	Possible future services
9. Traffic control, NaTIS, traffic law enforcement	1. Orphan care
10. Engineering services (roads, town planning, construction, delimitation of erven, etc.)	2. Multipurpose centre/s
	3. Museums
	4. Early Childhood Development centres
	5. Airports

GROUP 3 – LA as Coordinator	
This role entails internal and external sub-roles as indicated below, but in the first place, the Town Council as coordinator has to be willing to make a difference, and to express this will and its political commitment, and to demonstrate these by devising a plan of action for responding to HIV/AIDS.	
Internal coordination functions Initiates all internal response programmes (including structures and task forces, policies and plans, training, etc.).	External coordination functions Coordinates support services, resource distribution, community participatory actions; facilitates community responses to issues; coordinates support to NGOs, CBOs, etc.; promotes socio-economic development.

The next step was to link the output on LA roles to the three-legged pot whose legs represent: (1) Management; (2) Workplace or Internal Programme; and (3) Community Participation or External Programme. For example, coordination is linked to the external response and programme (i.e. how the LA supports the community response and how it work with its partners). Coordination also entails referring people to available resources and services. This linking would form part of the planning process and was not discussed further here.

Other noteworthy points in closing the session:

- The LA's **legal role** is very important. Laws are not all treated equally, e.g. traffic laws are enforced but not occupational health and safety laws. The LAs should consider this in planning their response.
- Sometimes if a municipality is facing a threat, certain services become more important than others, but if a municipality provides good roads where in fact water is needed, then it is not providing a good service. The LAs must therefore focus not only service provision, but on **appropriate service provision**.
- The LAs would have to decide where to place each ingredient or set of ingredients in their action plans.

Presentation of Existing Response Plans: Windhoek

Presentation by **Mr Filemon Hambuda**,
Chief of Occupational Health and Safety, City of Windhoek

See **Appendices A.8** and **A.9** (slide presentation and action tables), pp.60-70.

Mr Hambuda's presentation consisted of a brief overview of where the City of Windhoek (CoW) was, where it is now and where it is going with its response. The slide presentation covered the following:

- The City of Windhoek response before the SIAPAC impact assessment
- Factors reflecting the negative internal impact of HIV/AIDS in the CoW Municipality
- Factors reflecting the negative external impact of HIV/AIDS in the CoW community
- Management strategies adopted by the CoW in responding to HIV/AIDS
- The CoW internal and external programme objectives
- Other key response issues (policy, resources, VTC, treatment, etc.)
- The next steps for the CoW

Additional noteworthy points made in the commentary:

- Mr Hambuda said it is not possible to take a position until the LA knows where it is; until it is informed.
- **Stress and violence** are emerging as common responses to HIV/AIDS within the CoW Municipality.
- On the question of where the **moral responsibility of LAs** begins and ends in respect of the additional costs incurred by sick leave, compassionate leave, etc., Mr Hambuda gave information on medical aid coverage for CoW employees (see next point) and said the most important thing is to keep them in the workplace. A municipality can suffer a great deal from the loss of experience and "institutional memory", e.g. knowledge of what is underground, of buildings, bus services, etc. If a municipality loses all the people who remember these things, it could be in big trouble.
- **On medical aid:**
 - The majority of CoW employees, if not all, now have medical aid coverage. They were able to choose between three schemes, and ±98% joined Prosperity Health. The CoW contributes 60% of members' contributions and nothing is deducted from the members' salaries.
 - A participant proposed initiating a concerted all-inclusive effort of municipalities as one unified body to negotiate group medical aid coverage for all LA employees. Mr Hambuda responded that the CoW will put in place a technical committee to look at such issues and ALAN will determine what can be

done. The CoW will also consult with NALAO on this issue of negotiating individually or as a group, and on medical aid options. Dr Van der Veen said it is not easy to get coverage, e.g. because schemes are in competition and people don't really know what is going on with HIV/AIDS coverage, so there is a need for the LAs to form a committee to follow the HIV/AIDS "moving target" in this regard and identify mechanisms to make things work out.

- To get **VTC** going internally, the CoW will start with a KAP (Knowledge, Attitudes, Practices) study. VTC is a very sensitive issue, and it is important for LAs to let their staff know that the Mayor, Town Clerk and everyone down the line will be tested lest people think only the lower ranks are being targeted. The CoW stance will be that people are considered HIV-positive until they are tested negative. Asked what incentive there is for testing, Mr Hambuda said people who test positive are immediately placed in a programme of treatment, counselling, education, care, etc.
- The LAs should also think about the fact that ARVs require proper **nutrition**. First people need to be fed; the treatment comes later.
- An **AMICAALL document** is currently being produced that will inform the LAs of who all the Windhoek partners are and who is tasked to do what in the CoW response.
- On the **next steps**, the CoW declaration of commitment to the response plan was due to be signed and it was hoped that the policy would be approved in the week after the workshop. The CoW Training Manager has been tasked to come up with a skills succession plan – with "multi-skilling" the keyword – and a full-time Health Officer will be appointed (a woman). The HIV/AIDS Task Force or Committee has to have councillors as members, and there are four councillors in Windhoek to call upon.
- The CoW finalised its draft plans in September 2002 and then held an **in-house workshop**. Mr Hambuda advised all the municipalities to do this so they can get themselves into a position to sell it to higher ranks of government.
- The Windhoek plan doesn't include a **budget** because the infected are already taken care of by medical aid and the CoW feels that affected people need more awareness training, so it budgeted only for training (usually 1% of operational costs). It is important to do a **cost analysis** to know what the plan will cost and prioritise activities accordingly.

Planning Framework for the Local Authority Response to HIV/AIDS

Presentation by **Mr Randolph Mouton**, SIAPAC Deputy Director

See **Appendix A.10** (slide presentation), pp.71-72.

This presentation was intended to tell the participants what to bear in mind when drawing up their plans. The presentation covered the following:

- What the epidemic *could* do (e.g. create bad debts and skills shortages)
- What the epidemic *will* do (e.g. increase the number of orphans and exacerbate inequalities)
- Pillars of a local government response to HIV/AIDS (e.g. leadership, coordination, planning and monitoring)
- A model response (i.e. management, workplace programme, community participation – "three-legged pot")
- Response management strategies
- Steps in developing a workplace programme and elements of workplace policies and programmes
- Examples of strategies for community participation
- Key questions on the way forward (e.g. is your municipality a partner in community HIV/AIDS initiatives?)
- Final comments to bear in mind (e.g. the LA is the sphere of government best situated to address HIV/AIDS)

There was no discussion on this presentation.

Planning by Local Authorities

Group work

See **Appendix B.7** (draft action plan template), p.83.

The 10 teams (composed of 1, 2 or 3 people) had most of the afternoon of Day 2 and most of the morning of Day 3 to draft their response strategies and action plans – most teams continued working after hours on Day 2. First they were given a thorough introduction to the planning template.

Notes on the draft plans in Appendix C:

- The teams were told not to dwell too long on the last three columns, i.e. Budget, Funding Source and Technical Assistance, because they would not be able to determine these for most activities at this stage.
 - The handwritten outputs were typed up and e-mailed to the teams for any changes to be made for this record, so what appears in this record has been approved by the teams.
-

Finalisation of Work Plans and Timetable

Review of and report-back on planning exercise

The reader is referred to **Appendix C** (draft action plans of nine² LAs), pp.84-137.

REVIEW: Was the planning exercise useful?

This plenary review preceded the group report-back on planning. The participants were asked how the planning exercise went and whether it would prove useful or a waste of time. The following comments encapsulate the round-table responses:

- There was not enough time given for developing such a complicated plan, but the more time spent working on it the easier it became.
- This exercise was very useful just for having created awareness of how to plan. It was a very good learning experience – we did not know how to draft an action plan until now. We are thankful just for the skeleton.
- This exercise will definitely move us forward; it was an eye-opener.
- It is clear in comparing the Windhoek and Walvis Bay plans that they have tapped each other's ideas, which shows that it is not necessary for LAs to reinvent the wheel.
- We have learnt a lot here and hope all other municipalities will have the same opportunity.
- There is still a lot of confusion on some issues and where to fit them into the plan. We needed more outside input on some issues.
- It may be difficult for smaller (one-person) teams here to sell their planning ideas back home.

DISCUSSION ON THE REVIEW

The following were noteworthy points made after the review.

- The comments were useful for future planning work with LAs on HIV/AIDS.
- It is “an impossible task” to draw up such a plan in one day, but if the template was seen to be on the right track, then the LAs will have been given a good start. What was needed here was just to get the plan drafted as far as possible. Most important in pursuing the goals of the plan is keeping up the **momentum**. It is very difficult to get back on track if momentum is lost. A good way to proceed is to incorporate the three legs of the Sunshine City pot as a starting point. If these key strategic elements are captured, the specifics on activities, timeframes, etc. can be built in over time.
- To help prevent the scenario of people going home enthusiastic only to find they do not have the necessary skills to take the plan forward, the participants would have an opportunity in the workshop to say what **support** they need. NALAO and ALAN, for example, both have a responsibility to work with all LAs.

² Katima Mulilo's draft action plan is not included in Appendix C because the LA is in the process of restructuring and thus the representatives did not consider it an opportune time to prepare a long-term plan.

REPORT-BACK ON DRAFT ACTION PLANS / ADVICE ON PLANNING

The aim was not to hear the report-back of every team but to hear from different teams on different aspects of their plan. The plans (Appendix C) are self-explanatory. Other noteworthy points made in the report-back:

- Because HIV+ people frequently die of **TB**, treatment for TB could prolong their lives, so LAs should consider incorporating TB treatment into their plan, as Walvis Bay Municipality has done – it keeps track of TB patients and also treats their family members if necessary. It was agreed that the plan would not be complete without the inclusion of TB treatment. If resources are lacking for this, LAs should look at how to mobilise existing resources, e.g. home-based caregivers who can administer TB treatment as well.
- Establishing a **task force** and **policy-making** are major activities in themselves; both entail a bunch of sub-activities and internal and external factors, so the LAs will need input from councillors and key partners on these critical preliminary activities at the outset
- Crucially, a staff member must be identified to **champion** the planning process.
- Some groups tackled the leadership and commitment issue by including in its management plan the signing of a **declaration of commitment** as a first step.
- In finalising the draft plans, if an LA cannot **budget** or make resources available for an activity, they should at least specify what is needed and push for funds to be made available in the next funding period.
- The LAs should not plan around **resources**. If they do, they will never do what they want to do; they will never even get started if they don't separate the two processes of planning and finding resources; they will never have enough money, time or human resources if they combine these processes.
- The LAs will have to update their own **policies**, e.g. management and human resource policies, so as to support this plan.
- Regarding **data collection**, it is necessary to be very specific about what data is needed – don't just say "data collection" in the plan.
- Each LA should write up a **2-page background** on the situation with HIV/AIDS in its locality. Information for this write-up can be obtained from reports on studies conducted, e.g. the SIAPAC study.
- The MPCs could provide **skills training**; arrangements can be made for personnel from one municipality to go e.g. to the Walvis Bay MPC for e.g. two weeks of training on how to run a workplace programme.
- It seems all the participating LAs are experiencing an increased **absenteeism** problem. It is advisable for them to look at sick-leave patterns in their existing records, make deductions and take these to council. It must be ascertained whether any obvious increase in absenteeism due to sick leave is HIV/AIDS-related. The cost implications, e.g. in replacing an absent person with a temporary worker, must also be gauged. In this regard it must be borne in mind that HIV/AIDS related deaths will only start becoming clearly visible in about eight years' time when people now infected with HIV start dying from AIDS.
- The **monitoring and evaluation** plan is crucial: the whole response could come to nought without this.
- **Information/awareness/educational materials** have been or are being developed, e.g. by the Walvis Bay and Otjiwarongo MPCs. Much can be learnt from these materials and the LAs should make use of them. It is always easier to adapt something to local conditions than to start something new. Also, manuals are available based on the experience of key stakeholders.
- On the question of whether LAs should apply to NALAO for **technical assistance**, the participants were informed as follows: such requests are usually directed from CEO to CEO. NALAO/ALAN will soon appoint a full-time technical assistant for this initiative who will move from one LA to another to assist with planning. Technical know-how also already exists in some LAs and can be called upon. NALAO can facilitate this process. NALAO has a branch in every region and could thus fairly easily address this need internally. Alternatively the workshop could make a recommendation to NALAO. (See also "The Way Forward", p.21, for information on NALAO's role in this initiative.)
- In the **workplace programme** it is necessary not just to "raise awareness" but to actually *discuss* with people practical issues, e.g. treatment.
- The workplace programme must start at the top with **management**. People are often tempted to start a project before management gives its full commitment and this can be problematic.
- It is advisable to have a particular place in the municipality office where people go for information on HIV/AIDS and particular people responsible for collecting and disseminating information, e.g. the **Information Desk** could incorporate HIV/AIDS into its services and also have PR function in this programme.
- The Mariental LA can disseminate the findings of a consultancy underway to assess which **medical aid** scheme is the best for its staff. The Otjiwarongo LA offers incentives to staff who join schemes and could share information on these with other LAs. NALAO could be asked to facilitate this information exchange.

EXERCISE: Preliminary planning

The participants were referred to a handout (not included herein) titled “**Worksheet: Preliminary Plans for the City of Windhoek**”, which sets two tasks:

- **Task 1:** Discuss with colleagues what is realistic and possible to achieve in the next week and in the next month, and record it on this form.
- **Task 2:** Note down any barriers, challenges or constraints that might prevent you from achieving what you wish to achieve.

The responses were read out to the plenary. (The groups have their worksheets so the responses are not being recorded here.) Common examples of responses:

- **In the next week we will:** report back to council on the workshop; draft a declaration of commitment for management to sign; report to the management committee, councillors and staff members on the impact of HIV/AIDS in the town and the envisaged LA response.
- **Possible barriers, challenges, constraints:** possible resistance from council; other workloads and the need to make up for working time lost while attending this workshop; time frame; availability of references.
- **In the next month we will:** draft a policy on HIV/AIDS; initiate an awareness campaign in the whole LA; establish task force; conduct a KAP study with staff; communicate the draft declaration with internal and external stakeholders and submit the draft to council for approval.
- **Possible barriers, challenges, constraints:** limited staff; possible resistance from staff; lack of expertise; financial constraints; delays in getting comments from stakeholders; lack of leadership commitment; timing bad due to forthcoming local elections.

Monitoring and Evaluation of the Local Authority Action Plan

Presentation by **Mr Randolph Mouton**, SIAPAC, and **Dr Fred van der Veen**, FHI

See **Appendix A.11** (monitoring and evaluation pipeline), p.73.

Appendix A.11 indicates how monitoring and evaluation (M&E) should be approached. As already noted, the participants were told that without M&E their plans could come to nought. Key points made on M&E:

- LAs should be specific on inputs and outputs on process (monitoring) and effectiveness (evaluating), i.e. they should say how many people have been trained and how many condoms disbursed.
- LAs should involve all their local partners (e.g. CAA, ELCIN) in the M&E process: each should be asked to provide specifics, e.g. on the number of households visited, the number of counsellors and home-based caregivers trained, etc.
- From all the specifics gathered the LA should determine improvements, setbacks and trends.
- For M&E the LAs should also consult relevant national reports and reports on national-level surveys, e.g. among youth.
- The national LA bodies should figure out how to feed national information back to the LAs to help them with M&E.
- The actual tools to be used for M&E can be determined later.

The Way Forward

Address by **Mr Martin Shipanga**, NALAO President and City of Windhoek CEO

The following is a summary of Mr Shipanga's address in point form produced from the rapporteur's notes.

General points on the way forward

- The participants should not take their input here as a final position on their response plan, but rather as a **broad framework** for continuing to plan the response. They should amend their plans as they wish.
- Having gone through this planning process and looked the dynamics involved, the participants now know that planning a response to HIV/AIDS is not a simple and straightforward matter. But what is needed is **practical application**. The most important thing is just to get started.
- The LAs need to start **working with the communities** if they are to make a difference in the communities.
- It was hoped that practical information could be shared on activities that do not require money either in the LA or the community, but time did not allow. Some activities already being run do not require additional resources. In planning their response LAs should **prioritise actions** that need time but little or no money.
- Ten LA response plans were drafted here, and 5 other LAs have completed their planning. There are 45 in Namibia in total. If resources can be mobilised the **remaining 30 LAs** will go through the same planning process. However, some LAs are saying there is no HIV/AIDS problem in their town, and with that type of response it will not be easy to get them to join this process.
- The **Regional Councillors or Governor** should put pressure on local councils to improve their efforts around HIV/AIDS. However, it is important not to force this initiative but rather advocate for its implementation and make known to council all the opportunities it will facilitate for sharing ideas, training, etc.
- **MPCs** like the one in Walvis Bay and the one being built in Otjiwarongo can be very effective. Windhoek will also have one; the donor commitment is there and the centre only has to be built.
- Just by going through this process these LAs are in a position to do certain things. The CoW is moving, but very slowly. It is better to plan right than to do the wrong thing, but LAs should not hold meetings to plan for the planning, or years may pass before the plan is implemented. They should look at their draft plans to determine what can be done immediately and **make a start** and not get trapped in the planning process.
- The **workshop proceedings and outcomes** must be documented not only for sharing in Namibia but also regionally and even internationally.
- NALAO is very grateful to its **partners** including FHI, SIAPAC, USAID and AMICAALL for this process. They should please continue this support; it *is* needed. The USAID office in Namibia was going to close, but the government convinced the US government that it is still needed. A process such as this can justify the continuation of USAID's presence in Namibia.

Points on NALAO s future role specifically

- NALAO is at the service of any LA wanting its support. In this workshop NALAO wants to start a **process of providing support** to LAs for their response to HIV/AIDS, but does not yet know what kind of support will be needed. Based on their draft plans, the LAs should put in writing what support they will need and forward their **inventory** to NALAO. Examples of the kind of support NALAO can offer:
 - Financial/fundraising assistance.
 - Training assistance, e.g. arranging for a training of trainers course– each LA could send one person who would then train others, e.g. peer educators and counsellors, in different sectors in the same LA.
 - Information provision, e.g. materials (soft copies), and providing for the production of materials and for sufficient hard copies to supply smaller LAs too.
 - Guidance on assessing risks and monitoring trends.
- NALAO wants to encourage the LAs to **work together**. They cannot tackle all the challenges alone. They must use the available technology to get input, collaborate, network and talk. It also makes sense for people in the same region to get together regularly to compare notes. NALAO can assist with **networking**.
- For actions requiring resources, NALAO as a professional association of LA officers could start pulling together all the LA response plans and mobilising resources. NALAO could compile a document for the purpose of **mobilising resources and canvassing** for support.

- NALAO will move with those LAs that are ready and hold the hands of those that are lagging, but in the end the **LA's commitment** will drive this programme.
- When the money from the **Global Fund** arrives, the LAs must have their plans ready. If the plans are not there, NALAO will not be able to help them with canvassing for these funds. NALAO can act only on the **directive** of the LAs, so the LAs must give that directive by producing their plans quickly. NALAO will be guided by them [point emphasised]. In this effort NALAO should not be accused of favouring one town or another. It may be best to start in those towns where an impact assessment has already been done.
- NALAO can also facilitate the provision of institutional support for **capacity-building**, e.g. through FHI and the business forum on HIV/AIDS. **Businesses** want to do something. They might make resources available.
- If any **skills training** is needed to move the plan forward, NALAO could mobilise for collective training for people active in mitigating HIV/AIDS, bring them together to identify their training needs, and then find trainers/facilitators/presenters. This is a new role NALAO can play, but the LAs must show their willingness to get the training.
- NALAO is appointing an **HIV/AIDS Programme Officer/Manager** to take charge of this effort. Asked if anyone could already identify particular kinds of support they will need from this officer, the only response was information on **medical aid** schemes and how the LAs can help infected employees to get coverage. NALAO will come up with a treatment scheme for municipal officials as it will be much easier to deal with this issue nationally than to leave each LA to do so alone. Terry Parker of AMICAALL said an **organised lobby** on this issue to the Global Fund through AMICAALL would probably be a useful exercise. (NALAO already has a commitment on paper from AMICAALL to support this process.)
- It is crucial that someone is in control of what happens next so that people don't simply go home with plans and do nothing, thus a **follow-up workshop** should be held soon, for NALAO can draft a proposal.
- The next **NALAO AGM** in Katima Mulilo in November will take stock of what has happened to date and take things forward.

Decisions of the workshop

Deputy Permanent Secretary of Regional and Local Government and Housing Erica Ndiyepa asked for a commitment to be made in the workshop as to when the final action plans will be submitted, so as to compel the LAs to do the required work and share information on what they have done. She said she would initiate something in the MRLGH based on what she had learnt in the workshop. After a long discussion and different dates proposed, consensus was reached that:

- **the finalised draft action plans will be submitted to the Town Councils for approval in November and copies will be forwarded to the MRLGH;** and
- **this forum should reconvene in June 2004.**

Closing Remarks

Ms Erica Ndiyepa, Deputy Permanent Secretary, MRLGH

The following is a verbatim transcription of the Deputy Permanent Secretary's written address.

It is my distinct honour to have been a participant in this workshop and to be accorded the opportunity to close it. Let me use this opportunity on behalf of the MRLGH, NALAO and my fellow participants to thank the organisers and sponsors, the NALAO President, Dr Fred Van der Veen, Mr Randolph Mouton, the representatives of the piloted LAs, the hotel management, and last but not least all the hard-working participants, for their respective efforts.

We have spent three days working hard with the intention of addressing the challenges facing the LAs due to HIV/AIDS. I am sure this workshop has attained its objectives since we are now able to understand the impact of HIV/AIDS on our employees, communities and service provision, and to plan our response to it.

Very importantly, we have learned that one effect of HIV/AIDS on our LA workplaces and communities is a decrease in work performance and revenues, with a concurrent increase in fringe-benefit payouts. This means one thing: we have to cut costs and save funds by right-sizing our structures, prioritising our needs and allocating resources effectively. In doing so, we must spend less on recurrent expenses and prioritise the following:

- Infrastructure development projects
- Social development programmes (e.g. HIV/AIDS awareness creation programmes)
- Human resource development
- Infrastructure maintenance and sustainability

As managers we are tasked to take care of our assets, and we must bear in mind that the most important asset, human resources, is also the most scarce and therefore the most valuable and precious.

I am confident that all the LAs represented here will be able to finalise their draft action plans by the agreed date and that the plans can be approved by the end of this financial year. This does pose a challenge to all of us, however, including myself at the ministerial level.

Colleagues, you are urged to examine your budgets when you return home. If you have not provided for a workplace HIV/AIDS programme, please make provision for one in your next budgeting process.

The local authorities are our second tier of government, and you as LAs are very lucky to be the closest tier to the people. Your role and contribution to the national effort to fight this deadly enemy must therefore be visible and widely known in your communities.

In conclusion, let me quote an Ethiopian proverb: “Many spider webs can kill a lion” – meaning if we unify our efforts we can defeat HIV/AIDS.

I thank you.

Workshop Evaluation

An evaluation form (anonymous) was included in the handout folder (not included herein) posing the following questions:

1. Were your municipal expectations of the workshop met? Please explain why or why not.
2. Which sessions were most useful? Please explain your response.
3. Which session were least useful? Please explain your response.
4. Please comment on the following logistics (i.e. Poor/Good/Excellent): Organisation of the workshop; Accommodation; Food.
5. Any other comments?

The responses were virtually unanimous:

1. Every respondent said their municipal expectations *were* met, primarily because the workshop taught them how to draft an action plan and enabled them to return home with a provisional plan, but also because it conveyed all the basic knowledge they need to structure and plan a response, and because “I am leaving this workshop as a well-equipped resource person”, “we found that we are on the right road with our [existing] plans”, “it told us what is needed from council’s side”, and “the multi-sectoral approach is a major lesson”. One respondent was a bit less positive in saying that his/her expectations were met “but the planning framework is difficult to understand”.
2. Most participants found “All” or “Every session equally” useful, and some specified as most useful the rapid assessment input (presentations and checklists), the input on what makes the LAs themselves vulnerable, the Sunshine City exercise, the actual LA planning and report-back sessions, the Sex Game and Self-administered Questionnaire and the input on the way forward (i.e. what support NALAO can offer).
3. Every respondent answered that “every session” or “all” were useful.
4. All respondents found the workshop organisation either good or excellent, and the accommodation and food either good or poor.
5. There were only a few additional comments, to do with the commitment required for a successful LA response, the greater need of small municipalities for technical assistance and skills training, and the need for NALAO to monitor the progress of all LAs in implementing their plans. (A few respondents commented only on the accommodation and food in this space.)