

# **MANAGING THE HIV AND AIDS PANDEMIC AT THE LOCAL LEVEL**

## **EXPERIENCE FROM THE BLANTYRE CITY ASSEMBLY, MALAWI**

### **A. INTRODUCTION**

Malawi is a small landlocked country in Southern Africa with a population of 12 million. For administrative purposes, the country is divided into three regions, namely Northern, Central and Southern regions, with the latter being the most densely populated compared to the other two regions.

The economy of Malawi is largely agro-based with tobacco, tea and sugar being the major export crops for the country. As a result, there is a lot of internal migration as families move from rural areas and other districts to the farm areas in search of employment.

#### **HIV/AIDS SITUATION IN MALAWI**

The first case of HIV infection in Malawi was diagnosed in 1985. HIV prevalence currently stands at 14.0%. The prevalence is highest in urban areas (17.1%) compared to rural areas (10.8%). According to the 2005 evaluation report, 930,000 Malawians are living with HIV and AIDS and the country has recorded a total of 430,000 orphans to date.

The Southern region of Malawi has the highest HIV prevalence in Malawi at 18.6%, followed by the Northern region, 13.5% and the Central region with 9.3% of the population infected with HIV.

#### **HIV PREVALENCE AMONG PREGNANT WOMEN.**

There has been slight drop in prevalence of HIV infections in pregnant women in Malawi between 2003 and 2005. In 2003, HIV prevalence was at 21.7% and dropped to 20.4% in 2005 in urban areas compared to rural areas, 14.5% in 2003 to 13.0% in 2005. The highest rate of HIV infection is found in young pregnant women aged between 25 to 29 years of age. Across the whole country, HIV prevalence in pregnant women has dropped from 19.8% in 2003 to 16.9%.

#### **CITY OF BLANTYRE**

The City of Blantyre is the oldest city in Malawi and in Southern Africa. It was established in 1876 when Scottish missionaries, led by Dr. David Livingstone, passed through the area in the early 1870s. Later more missionaries and traders followed to set up a church (the Blantyre Mission, which is still standing today) and businesses in the "City". It was called Blantyre in reference to a place called Blantyre near Glasgow, Scotland, the birthplace of Dr. Livingstone. Today, the City of Blantyre is the main industrial and commercial center for Malawi and nearly all industries in the country have their headquarters here. The major industries in the City are manufacturing and tourism.

#### **HIV/AIDS SITUATION IN THE CITY OF BLANTYRE**

The City of Blantyre has a population of 800,000 with an annual growth rate of approximately 3%. Being the industrial and commercial hub of the country, there is a lot of migration from the rural areas and the surrounding districts into the City in search of employment and business opportunities. Others come to the City in search of social services, such as education and health services.

Almost 60% of all new migrants to the City of Blantyre live in unplanned and squatter areas that have sprung up in the peri-urban areas of the City. Over-crowding, poor housing, drug and alcohol abuse,

low access to some social services such as safe water supply and infectious diseases such as diarrheal diseases, cholera and HIV/AIDS, are some of the major threats faced by the residents in these unplanned areas. According to reports from the National AIDS Commission for 2005, HIV prevalence in the City of Blantyre stands at 19%, a drop from 21.0% in 2003. This represents about 150,000 people living with HIV/AIDS in the City. This figure could be an under-estimate, as not all people have been tested for HIV, and could also be influenced by the fact that some people come to the City to seek medical care as the City is home to the biggest referral hospital in the country.

The City of Blantyre was home to the highest number of people living with HIV/AIDS in the country until recently, when the rural district of Nsanje in the Southern region of Malawi topped in number of PLWHA. In the City of Blantyre, most of the infections occur in young people aged between 15 and 24 years of age. Young females are twice as likely to be infected with HIV as young men, probably because older men have sexual relationships with young women. Other contributing factors playing a role in the high levels of HIV infections could be as follows:

- Important knowledge gaps about HIV/AIDS;
- Incorrect and inconsistent use of condoms;
- Harmful cultural practices;
- Gender inequalities;
- Poor socio-economic status of women;
- Stigma and discrimination;
- Low risk perception, especially among the youth who may view HIV/AIDS as a problem for the “grown ups”, and;
- Lack of dialogue and the culture of silence (spouses, families, workplaces and in the communities).

Because of the high prevalence rate of HIV infection in the City prior to 2002, a number of interventions were taking place in the City of Blantyre through the District AIDS Co-ordinating Committee, (DACC) for Blantyre District, some Non-Governmental Organizations (NGOs) and Faith Based Organizations (FBOs), but the activities were not coordinated. It was therefore very common to find several organizations working in the same area without relating to each other, leading to the duplication of efforts and waste of scarce resources. Blantyre City Assembly (BCA) was not aware of what was going on the ground and neither the City Assembly nor the other organizations working on HIV/AIDS knew much about the magnitude of the HIV/AIDS situation in the City.

Nearly all local communities in the City of Blantyre were mere “spectators” of the projects, as they were never involved in the planning and execution of HIV/AIDS project activities for ownership and continuity when and NGO left the community. The relationship between the City Assembly and most civic groups working on HIV/AIDS was not good because most of them were well resourced and felt that the City Assembly was there to control their activities.

## **B. BACKGROUND TO THE BLANTYRE CITY ASSEMBLY HIV/AIDS INITIATIVE**

In February 2002, the Blantyre City Assembly, upon invitation from the Malawi Local Government Association (MALGA,) took part in a regional workshop on “Strengthening Civic Participation in Municipal Governance and Development in Eastern and Southern Africa” organized by Municipal Development Partnership for Eastern and Southern Africa (MDP-ESA) and the World Bank Institute in Mozambique. Following this workshop, Blantyre City Assembly requested MDP-ESA to assist with a study to work at the existing work relationship between BCA and civic groups that were based in the city. A good number of big civil society organizations are headquartered in the City of Blantyre but concentrated their work in the rural areas. They felt that the Blantyre City Assembly was well resourced and can work without their support. They also felt that the problems of the urban areas

were too complex for the organizations, and that communities in the urban areas were not easy to mobilize.

A study was therefore commissioned in May 2002 to look at the relationship between civic groups and BCA and find ways in which this social capital could be utilized to benefit the urban poor in the form of social services delivery, etc. In addition, the study sought ways of strengthening the relationship between BCA and the civil society organizations, building on the Local Government Act of 1998, which provides a legal framework for decentralization and promotion of democratic decision making by local authorities in the country by leveling the playing field to allow people to decide, plan and implement projects at the local level.

The study was conducted through literature reviews, focus group discussions, seminar feedback and interviews with stakeholders such as civil society groups, officials from the City Assembly (members of staff and councilors), private sector, other Government Departments and institutions and individuals. The results of the study indicated that even though there is a legal framework for more formal interaction between the City Assembly and civil society organizations, most of the interactions were on an informal basis, including such initiatives as clean-up campaigns, cholera taskforces, Local Agenda 21 activities, etc. There was also an indication from the study that some NGOs, just like some residents, were ignorant on issues of governance and development in the City. This could be attributed to the fact that at the time of the study, no civic group was involved in civic education on development and governance issues.

The findings of the study also indicated that officials from the City Assembly viewed civic groups as having narrow and short term project focus and as not willing to participate in long term development programmes of the City. The City Assembly also felt that some civic groups lacked legal mandate, were formed for personal benefit or indulged in local politics.

In conclusion, the study demonstrated a deep-seated mistrust between civic organizations and Blantyre City Assembly. At the same time, there was a yearning for collaboration from both the civic groups and the City Assembly.

## **METHODOLOGY**

The results on the study on strengthening civic participation in Municipal Governance in the City of Blantyre were presented at a City-wide consultation workshop organized by Blantyre City Assembly with assistance from MDP-ESA and Urban Management Programme-South Africa Office in December 2002. Various stakeholders attended from civic groups, private sector, rate payers, City Assembly officials, members of the Community Development Committees, etc. After two days of discussion, it became evident that there was need for a very close working relationship between the civic groups and the City Assembly. The civic groups indicated three major areas in which they could collaborate with the City Assembly and these areas were as follows:

- Municipal HIV/AIDS management.
- Participatory Budgeting.
- Public-Private Sector development partnerships.

Following further consultations with the stakeholders, it was finally decided to pilot on collaboration between the City Assembly and the civic groups on management of HIV/AIDS at the local level with technical and financial assistance from MDP-ESA and UMP and Southern Africa AIDS Information Dissemination Service (SAfAIDS).

The decision to pilot on management of HIV/AIDS at the local level was made for the following reasons: -

- HIV and AIDS have negative effects on the socio-economic development of the City of Blantyre.

- There is an increased demand on health services as patients with HIV/AIDS related illnesses occupy over fifty percent of medical beds at the main referral hospital in the City.
- There is an increase in morbidity and mortality because of HIV/AIDS related illness, such as tuberculosis, leading to increased demand for cemetery space.
- There has been a noticeable increase in child-headed families at the community level.
- There have been increases in school-drop out as financial resources are re-directed towards sickness of parents or breadwinners.
- The number of orphans and street children who require care is increasing.
- Significant institutional memory loss occurs when well trained member of staff get sick and die.
- There are increases in medical and funeral costs as many organizations and Government Departments struggle to care for their sick employees and transport dead bodies to their respective villages.
- The number of families below the poverty line is rising, again, as more and more family financial resources are spent on illness and funerals.
- Deaths of productive members of families have led to food insecurity in some families and communities.
- Early payments of death benefits on newly result from recruited employees who fall sick and die.
- There has been reduced participation in self-help projects at the ward level because of illnesses and deaths of very active members of the communities.
- Many institutions and organizations have faced reduced productivity.
- The effectiveness of local government service delivery has been reduced through higher staff turnover and absenteeism due to funerals and illnesses.
- Capabilities for families to pay for services from City Assembly and other service providers, such as water boards, has decreased.

## OBJECTIVES

The objectives of the Blantyre City Assembly HIV/AIDS Initiative were as follows: -

### *Broad Objective:*

To come up with a broad based multi-sectoral and well-coordinated intervention against the HIV/AIDS pandemic in the City of Blantyre.

### *Specific Objectives:*

- To improve the relationship between Blantyre City Assembly and civic groups and community organizations in the fight against HIV/AIDS in the City of Blantyre.
- To coordinate anti HIV/AIDS activities at the local level.
- To mobilize adequate resources for the fight against HIV/AIDS at the local level.
- To improve the capacity of Blantyre City Assembly in leading the fight against HIV/AIDS.
- To promote partnership with local, regional and international organization in the fight against HIV/AIDS.

Following a citywide workshop, eight priority areas were identified as focus areas for the Blantyre City Assembly, and these were as follows:

- Information dissemination.
- Condom promotion.
- Stigma and discrimination.
- Women/girls and HIV/AIDS.
- Harmful traditional practices that promote spread of the virus.
- ART
- Behavioural change in the face of HIV/AIDS.
- Counselling and testing.

## **ROLES OF BLANTYRE CITY ASSEMBLY**

At the city wide consultative workshop, the Blantyre City Assembly was asked to provide leadership in the fight against the pandemic. They were asked to coordinate all activities at the local level for the maximum utilization of resources, since at that time, the Assembly was already carrying out some anti-HIV/AIDS activities such as workplace activities, school-programmes on HIV/AIDS and reproductive health, condom promotion and distribution, sexually transmitted infections (STI) screening and treatment. In addition, local government is closest to the people and is charged with responsibility to safeguard the well being of residents in its area of jurisdiction. It is also possible for local government to mobilize citizens through elected councilors, mobilize resources through linkages with other partners and promote local community participation in various activities.

## **C. PROCESS**

Following the citywide consultation, Blantyre City Assembly has successfully undertaken the following:

- Prepared and produced a catalogue of all CBOs, NGOs, FBOs, and Community organizations working on HIV/AIDS in the City Assembly. This exercise has helped with the mapping of HIV/AIDS activities in the city.
- Worked with local organization to identify gaps in terms of capacity and resources and sought ways of filling these gaps.
- Mobilized local communities at the ward level to take part in planning, execution and monitoring of community based activities on HIV/AIDS. This has empowered local communities to own and continue with activities once an NGO or CBO has left an area. In addition, the process has encouraged local communities to identify local cultural and socio-economic factors fuelling the spread of HIV at this level and come up with possible solutions.
- Mobilized resources both locally and internationally to enable local organizations (including the City Assembly itself) to carry out many anti HIV/AIDS activities.

## **ACTIVITIES CARRIED OUT UNDER THE HIV/AIDS INITIATIVE**

Since the inception of the Blantyre City Assembly HIV/AIDS initiative, the following activities have been carried out:

- (a) City of Blantyre HIV/AIDS Profile. This activity was carried out at the early stages of the initiative to identify the extent of the HIV/AIDS problem in the City of Blantyre, and which organization is doing what and where. It also identified the most common modes of HIV transmission, most commonly infected groups of people and the associated risk factors. The HIV/AIDS Profile also made some recommendations to Blantyre City Assembly and its partners as to which areas needed urgent attention in the fight against the pandemic.
- (b) Transformational Leadership Training. Sixty volunteer interviewers drawn from local stakeholders including the City Assembly were elected to undergo training conducted by a team of international partners (UNDP, UMP, MDP-ESA, UN-HABITAT). Over half of those trained came from NGOs, CBOs and FBOs. The objective of the training was to equip trainees with the skills to carry out “appreciative inquiry” interviews in the City on the respondents’ aspirations about HIV/AIDS; the good things that they have done or seen happen in the city on HIV/AIDS. This approach emphasized the positives and successes rather than the negatives so that the Assembly and its partners could build on these success stories for future activities on HIV/AIDS and other related subjects.
- (c) Community Conversation Facilitators Training. One of the objectives of BCA’s HIV/AIDS initiative is to empower communities at the local level to take an active role in the fight against the HIV/AIDS pandemic. With this in mind, out of the forty-six (46) participants to the training workshop, thirty (30) came from Ward Health Committees, which are sub-committees of Community Development Committees.

The facilitators were trained to enable them to trigger conversation on HIV/AIDS by engaging local people in a discussion on HIV/AIDS and related subjects. This allowed them to discover what the people know already about the subject matter. It also created a safe environment for people to ask questions and get feedback from the trained facilitators and their peers on the spot to remove fears, myths and other misconceptions that community members have on HIV/AIDS, in addition to the benefit of mutual learning.

The training changed the way information on HIV/AIDS is passed on from one person to another in the City of Blantyre. The norm in the past was for officials from BCA to go out and give out leaflets and posters to the residents at various workplaces. Success was measured by the number of leaflets and posters that were distributed without much regard as to whether the recipients of these leaflets were going to understand, let alone read them. However, following the training on Community Conversations, residents are now engaged in a dialogue/conversation on the subject before any leaflets are handed out. This often generates into discussion on the subject whereby the residents are given an opportunity to ask questions on HIV/AIDS and other related issues such as condom use, TB, ART, C&T, etc and answers are provided on the spot in most cases. There are also opportunities for the facilitators to demonstrate on proper use of condoms and their disposal.

The trained facilitators visited different work places such as produce markets, street, bars, taverns, bottle stores and brothels etc. During such visits, BCA and its partners have taken other services such as Counseling and Testing (C&T) mobile units for HIV. This has proved very popular, as many people are not able to leave their business premises to go for C&T service at stationary sites which were often far away. The Malawi AIDS Counseling and Resource Organization (MACRO) and Malawi Red Cross have been very helpful in this regard by providing the HIV testing kits, counselors and shelter in form of tents. In almost all the areas that the facilitators have visited, BCA has been requested to continue with the dialogue sessions so that many more people are reminded about HIV/AIDS. In other cases owners of bottle store and bars have asked BCA to go to their premises and hold discussions with the patrons.

Community Conversations have proved to be a very powerful method of passing on information about HIV/AIDS to the general public and are probably superior to leaflets, posters and use of media, as they engage the recipient of the information in a dialogue. The recipient is more than a mere “receiver” with no chance of asking questions. Since the training took place in 2003, almost every corner of the City has been visited several times to engage communities in discussions on HIV/AIDS, STI, TB, condom promotion and disposal, ARVs etc.

(d) HIV/AIDS Activisms. Using Community Conversations as a technique of communicating with the general public, Blantyre City Assembly, together with its local partners, carried out two major activism sessions on HIV/AIDS and many minor ones since 2004, targeting specific hotspots such as bars, rest houses, brothels, produce markets and other places frequented by sex workers in the City of Blantyre. The first major Activism was held over 10 days, the second over 20. During the sessions, male and female condoms were distributed and demonstrations were held on correct use and disposal. Information on HIV/AIDS, TB, STIs, ART, Counselling and Testing, and more, was shared. Clients identified to have clinical conditions were referred to Government and City Assembly clinics.

In addition to the above major events, the City Assembly has been involved in many local events organized by community organizations, youth groups, etc. Since 2004, five more community-based activisms have been held in specific “hot spots” in the city. BCA and UN-HABITAT have both contributed funds to these events. In March 2005, the City Assembly organized local World AIDS Day commemoration activities in the City with assistance from the National AIDS Commission.

(e) Launch of AMICAALL. The Alliance of Mayors’ Initiative for Community Action against HIV/AIDS at Local Level (AMICAALL) Malawi Chapter was launched in the City of Blantyre in

November 2003 with financial and technical assistance from NAC, UNDP and UN-AMICAALL Headquarters in Namibia. All Mayors and Chairpersons of cities, towns and district assemblies in Malawi signed a declaration to put HIV/AIDS high on their agendas in their respective local authorities.

MALGA has taken the challenge to up-scale the lessons that have been learnt in Blantyre to other local authorities in Malawi with technical assistance from UN-AMICAALL Headquarters and financial assistance from NAC and UN-HABITAT.

(f) **MACRO – Counselling and Testing**

When the Blantyre HIV/AIDS Initiative started, there were only two testing centres in the city: the Queen Elizabeth Central Hospital and the Malawi AIDS Counselling and Resource Organization (MACRO). This made it very difficult for residents who wanted to access the services to do so because of the long distance from their homes to these two centres. Stigma was also associated with these stand-alone centres.

However, as at the end of 2005, there are now 15 testing centres that have been opened in health centres in the city, and 9 more centres that are going to be opened in the near future, including BCAs own staff clinic.

The number of clients at the 15 testing centres currently ranges from 60 to 1,500 per month, with MACRO and QECH doing most of the testing. The number of clients goes up whenever BCA conducts mini activisms open days on HIV/AIDS as temporary testing centres are set up the venues. On these events between 60 and 150 clients are seen.

Patronage at our activism and open days on HIV/AIDS vary depending on the locality, but ranges between 3,000 and 10,000 people, with the open days attracting more people than the mini activisms that are usually localised. To date, it is estimated that BCA and its local partners has had direct contact with about 350,000 and 400,000 residents over the past 2 years with information on HIV/AIDS and related subjects.

## **FUNDING**

In three years, the Blantyre City Assembly HIV/AIDS Initiative has cost nearly US\$800,000.00 from both local and international sources. At the beginning of the initiative, most of the financial and technical assistance came from MDP-ESA, SaFAIDS and UMP. However, the initiative was later linked up with other donors such as UNDP and UN-HABITAT for more financial, technical and human resources to assist the Assembly conduct training workshops for our volunteer interviewers and facilitators for community conversations and also to enable the Assembly carry out activism sessions on HIV/AIDS. SaFAIDS of Zimbabwe assisted the City Assembly with financial, technical expertise and capacity building assistance in order to set up a Resources Center on HIV/AIDS at the Civic Center.

In the later years of the HIV/AIDS Initiative, BCA started mobilizing financial and other resources locally. For example, a budget line on HIV/AIDS in the Health and Social Services Department and the City Community HIV/AIDS Challenge Fund was created, linking up NGOs, CBOs, FBOs and other community organizations with NAC for financial, technical and capacity building support to enable these organizations carry out anti-HIV/AIDS activities at the local level. To date, NAC has been the major donor of local level activities on HIV/AIDS in the City of Blantyre. In just over one year, over US\$400,000.00 has been dispersed to local organizations in the City through SAVE the Children (US) as an Umbrella Organization.

Another important source of funding for local activities on HIV/AIDS, especially in the area of impact mitigation, has been the Malawi Social Action Fund (MASAF). MASAF has been assisting local organizations with income generating activities to support orphans, single parent families, etc.

BCA gets its funding directly from NAC for CACC activities and also to carry out its own activities as an Assembly. CACC activities include meetings, CBO networking, community mobilization, community dialogue on HIV/AIDS, gender issues, community drama and video shows, etc. CBO/FBO NGO monitoring and evaluation activities are also funded by NAC directly to BCA. In addition, BCA can apply to NAC for funding for activities that are not included in the district implementation plan (DIP).

SAVE the Children (US), as an Umbrella Organization (UO), had its contract with NAC extended for another 2 years from May 2006 to give a chance for SAVE to improve the capacity of BCA to carry out the functions of the UO on its own by the end of 1 year. Thereafter, the UO will only give technical support to BCA when needed until the contract expires at the end of 2 years.

## **D. CHALLENGES**

There have been a number of challenges that the Blantyre City Assembly HIV/AIDS Initiative has been facing in its three years of existence. These are as follows:

(a) **Low level of confidence in the City Assembly.** When the initiative got off the ground, many civic groups and the general public were very skeptical that the Assembly would manage to effectively lead the fight against the HIV/AIDS pandemic in the City, especially a programme like this one involving many organizations both local and international. Even the City Assembly itself was not sure what would happen considering the low levels of both financial and human resources at the Assembly level.

The Assembly felt that it was important to be as inclusive as possible when it came to decision-making process to ensure that many civil society groups were part of the process. This helped the Assembly to learn from its more experienced local partners, especially the international NGOs and the influential citizens in the city, whilst at the same time the partner felt that their expertise is wanted.

The Assembly also thought that it was important to be as transparent as possible with donated financial resources and be realistic with our plans. Our stakeholders knew how much money has been donated to the Assembly and for what use. Members of Assembly (councillors) were briefed were updated at every opportunity so that they would in turn brief people at the ward level. They decided to build up capacity at its level by creating position for HIV/AIDS Coordinator and it also came up an HIV/AIDS team made up of Officers from different Departments of the Assembly.

(b) **Lack of or delays in mobilizing resources.** As mentioned earlier, in the initial stages of the initiative, our international partners provided most of the financial resources. These were meant for major events such as training of facilitators. However, for all other activities, such as meetings with local partners, the resources had to come from within the City Assembly. Because of the financial difficulties that the Assembly was facing at that time, it was not possible to mobilize resources at very short notice.

BCA decided to create a budget line on HIV/AIDS in the ORT Budget of the Health and Social Services Department to cater for some meetings, campaigns, etc that may not funded from external sources. In the next financial year's budget, BCA has set aside MK18.0 million (US\$15,000.00) FOR HIV/AIDS activities.

The Assembly has linked up with NAC for financial and technical assistance from 2005. Since then, there has been regular flow of funds and reading materials to BCA from the national body.

(c) **Changes in Participants at Workshops and Training sessions.** Frequent changes in persons representing organizations at the Assembly's workshops and training sessions were another



challenge. This practice created difficulties in that some participants at the workshops and meetings had problems in contributing to the discussions because the issues were new to them.

This problem was sorted out by working with the organizations and institutions from which these participants came from and emphasizing that BCA would like to build up a team of dedicated team of participants for the initiative. The organization was requested to choose 2 Officers that would regularly be attending our workshops and meeting for continuity. Nearly all organizations agreed with the suggestion.

## **E. ACHIEVEMENTS**

The Blantyre City Assembly HIV/AIDS Initiative has made several strides since it was initiated in 2002. Amongst the most notable ones are the following:

- BCA now works with 223 CBOs, NGOs, and FBOs on the HIV/AIDS programme. These civil society organizations have been mapped as to their catchment areas and their NAC pillars, i.e. HIV prevention, HBC, Treatment, etc. Whenever BCA is carrying out an activity in an area, it calls upon all civil society organizations in that area to work with it. In big events such the commemoration of the World AIDS Day, as many civil society groups from across the city take part.
- BCA procures and supplies ARVs to its members of staff who need it for free. This has been going on since 2004 July, under the Workplace Policy on HIV/AIDS. In addition, Ministry Of Health and Population has started providing ARVs to BCA (the only local authority at the moment) for members of the general public using our staff clinic as one of the outlets for the Government's ART expansion programme. Again, these ARVs are free.
- There has been an increase in the flow of financial resources to the City Assembly from the National AIDS Commission and other donors to support HIV/AIDS activities at the local level.
- BCA has managed to come up with a well-coordinated fight against the HIV/AIDS pandemic in the City with support from its local and international partners.
- SFAIDS, a regional NGO based in Harare in Zimbabwe, has assisted BCA establish a Resource Center on HIV/AIDS. The Resource Center is an important reference center for youth groups, researchers, NGOs, CBOs, FBOs and others working on HIV/AIDS proposals.
- The HIV/AIDS Initiative has assisted BCA to mainstream HIV/AIDS in its activities and triggered the development of Blantyre City Assembly's HIV/AIDS Workplace Policy.
- The City Assembly has been invited to a number of international fora to present its experience on management of local response to HIV/AIDS pandemic. These have exposed BCA to new information on what is happening around the world and enriched BCA's own approach to the problem.
- The Blantyre City HIV/AIDS Profile that was done at the beginning of the initiative assisted the City Assembly and its partners to realize the extent of the HIV/AIDS problem in the City for a more focused and effective approach instead of just "shooting in the dark".
- Following recommendations from NAC, BCA has formed an HIV/AIDS activities coordinating body – City AIDS Coordinating Committee (CACC) to assist the City Assembly coordinate all activities on HIV/AIDS at Assembly level. CACC is made up of key stakeholders in the field of HIV/AIDS including PLWHA, Women groups, Youth groups and

those with disabilities. In addition, a Standing Committee on HIV/AIDS, made up of elected councilors, has also been set up to critique and approve project proposals coming from local organizations before making recommendations to NAC.

- The Initiative has helped improve the relationship between Blantyre City Assembly and civic groups in the City.
- Involvement of communities at the ward level and PLWHA has helped improve capacities at that level to enable community groups come up with project proposals and look at the cultural and socio-economic factors fuelling spread HIV at the level and collectively come up with mitigation factors.
- District Implementation Plans on HIV/AIDS are now being prepared annually with contributions from all local civic groups and local communities and submitted to NAC for funding.
- New staff positions have been created in the Department of Health and Social Services, such as the HIV/AIDS Coordinator and Communicable Disease Control Officer to assist with day-to-day running of the programme on HIV/AIDS. An HIV/AIDS Team, made up of representatives from all City Assembly Departments, has been set up to take on board interests of all members of staff in this initiative. Training sessions targeting specific Assembly staff, e.g. those from Finance Department, have helped build capacity at all levels of the City Assembly structure.

## **F. LESSONS LEARNT**

By getting involved in this initiative on HIV/AIDS, Blantyre City Assembly has learnt a number of important lessons such as:

- Strength in partnerships. Blantyre City Assembly has been able to harness power of many local organizations in the City to reach out to many more people with messages on HIV/AIDS. This would not have been possible if the City Assembly did it alone. There has been willingness by every stakeholder in this fight against HIV/AIDS to fight towards our vision – “an HIV/AIDS free Blantyre”.
- As the level of government closest to the grass roots, local government can effectively lead a fight against HIV/AIDS at a local level given good political and secretariat leadership and resources. Local Government can support civic groups and community organizations with leadership, funding for small local events, donation of land (to put up offices or start income generating activities), facilitation and offering moral support e.g. by attending local activities organized by local organizations.
- Resource mobilization can be enhanced through partnerships. Blantyre City Assembly has been able to mobilize resources through partnerships with both local and international organizations such as MDP-ESA, UMP, UN-HABITAT, NAC and MASAF to carry out important HIV/AIDS activities. One major lesson learnt in resource mobilization is that of over subscribing a subject when there are no adequate resources to support the interest that is aroused afterwards, as it happened in Blantyre.
- Use of local talent to deliver messages on HIV/AIDS is probably more effective than bringing talent from outside the District. During our various activities on HIV/AIDS, BCA and its local partners used more local drama groups, comedians, speakers, (for testimony), and others to convey the messages. It was satisfying to see that the local population was associating with these groups easily during their performances.
- Community conversation as a technique of communicating with people is a more powerful tool than the use of media e.g. radio, leaflets, etc. Community conversation provides for

dialogue on the subject matter, allowing people to ask questions and get immediate answers from their peers. It also allows for other demonstrations, e.g., how to put on a condom.

## **G. CONCLUSION**

The Blantyre City Assembly HIV/AIDS Initiative has demonstrated that Local Government, being a government closest to the grass root level, can play an important role in the fight against the HIV/AIDS pandemic. However, because of limited resources, both human and financial, there is need for political will and presence of a champion at an Assembly level can drive the process for the benefit of residents in a local government area and beyond. In addition, partnerships with local, regional and international stakeholders will help to mobilize or leverage resources for the course. Involvement of members of the communities at the ward level is crucial to bring a sense of ownership of the project to the communities at that grass root level and continuity of the activities afterwards.

### **ACRONYMS USED IN THIS DOCUMENT.**

AIDS – the Acquired Immuno-Deficiency Syndrome, a group of diseases including some opportunistic infections and cancers that persons with HIV often suffer from.

AMICAALL – Alliance of Mayors' Initiative for Community Action against HIV/AIDS at Local Level.

ANC – Ante-Natal Clinic.

ARVs – Anti-retroviral drugs used in HIV and AIDS patients.

BCA – Blantyre City Assembly.

CACC – City AIDS Coordinating Committee for City of Blantyre

CBO – Community Based Organization.

FBO – Faith Based Organization.

HIV – the Human Immuno-Deficiency Virus, a virus that destroys the body's immune system and eventually leads to AIDS.

MALGA – Malawi Local Government Association

MASAF – Malawi Social Action Fund.

MDP-ESA – Municipal Development Partnership for Eastern and Southern Africa.

NAC – National AIDS Commission.

NGO – Non-Governmental Organization

PLWHA – People Living with HIV/AIDS.

SAfAIDS – Southern Africa AIDS Information Dissemination Service.

STIs – Sexually Transmitted Infections.

TB – Tuberculosis.

UMP – Urban Management Programme.

UN-HABITAT – United Nations Center for Human Settlement

UNDP – United Nations Development Programme

C&T – Counseling and Testing for HIV

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# **PROGRAMME VIH/SIDA ET GOUVERNANCE LOCALE DE LA COMMUNE DE LOUGA**

## **MISE EN OEUVRE, LECONS ET ENSEIGNEMENTS MAJEURS**

### **A. CONTEXTE ET JUSTIFICATION**

La consultation locale du processus AGENDA 21 de la ville de Louga, conjointement mené par la Municipalité, le CNUEH et l'IAGU grâce à un appui de la coopération française les 19 et 20 Mars 2002, a identifié trois (03) problématiques prioritaires dont le VIH/SIDA, la gestion des déchets et la mobilité urbaine. Juste après le forum de lancement, il a été mis en place des groupes de travail thématiques portant respectivement sur le SIDA, le transport et les déchets. Les membres des différents groupes de travail (2) ont été formés sur la fonctionnalité des groupes de travail, la mise en place de stratégies et de Plans d'Actions et l'élaboration de projets.

Le groupe de travail VIH SIDA a ainsi élaboré des plans d'actions, des stratégies et des projets qui ont été soumis aux populations dans le cadre de forums communautaires pour tester leur acceptabilité sociale. Ces plans d'actions et projets ont été déposés aux différents guichets de financement avec une plaidoirie du Maire et la convocation ultérieure le 12 Mars 2003 de la table ronde des bailleurs de fonds pour l'examen des différents projets issus du programme Agenda 21 local de Louga.

C'est lors de cette table ronde des bailleurs que le PGU s'était engagé à donner 20000 \$ US qui va aboutir au programme VIH SIDA et Gouvernance locale de la ville. L'exécution de ce projet a débouché sur une mini consultation de ville sur le VIH SIDA et la Gouvernance locale organisée les 14 et 15 Octobre 2004.

Après cette consultation de ville un projet démonstratif financé à hauteur de 3 740 000 Frs CFA a été mis en oeuvre et dont les résultats encourageants ont poussé le PGU à consentir 50 000 \$US sur fonds de l'ASDI pour financer l'Initiative d'Accompagnement et de Renforcement du Programme VIH/SIDA et Gouvernance Locale de la ville de Louga.

- L'esprit de ce programme c'est d'impliquer les élus locaux dans les stratégies de prévention et de sensibilisation à parti :
- De leurs capacités et de leurs dispositions à mener des activités de proximité en ciblant les capacités locales ;
- Des pouvoirs qui leur sont transférés dans la gestion et le financement des services de Santé et les autres services sociaux de base incluant l'Environnement, l'Education, ;
- Du rôle qu'ils peuvent jouer dans le renforcement du capital social au sein des communautés ;
- De la possibilité d'articuler le Vih Sida avec les politiques sociales locales municipales ;
- De la facilité de construire des coalitions locales sur le Vih sida avec une mobilisation effective des pouvoirs périphériques traditionnels et religieux
- De part leurs capacités à conférer à la lutte contre le Vih Sida une lisibilité opératoire dans le champs social en ciblant les comportements sexuels.

## B. BILAN DES INTERVENTIONS

Les différents projets exécutés jusqu'à présent dans le cadre du programme VIH/SIDA et Gouvernance Locale de la ville de Louga sont principalement axés sur la sensibilisation et le renforcement des capacités des acteurs locaux qui s'activent sur le terrain de la lutte et de la prévention contre le VIH/SIDA. Les activités de sensibilisation ont tourné autour de:

**Les causeries et les séances de mobilisation sociale:** Les causeries regroupent un nombre restreint de 25 à 40 personnes et ont porté sur les fausses croyances, la stigmatisation sociale, les moyens de prévention comme le port du préservatif, la fidélité, le dépistage volontaire et la solidarité envers les personnes vivant avec le virus dans les lieux de travail et dans les familles. Après une série de quatre (04) causeries, on procède à l'organisation d'une séance de mobilisation sociale qui sont le prétexte à la réunion de l'ensemble des populations d'un quartier l'instant d'un après-midi pour échanger sur les thèmes ayant fait l'objet des causeries, pour mesurer le degré de réception, de compréhension et d'appropriation du message par les populations.

**Les sermons et les prêches :** Les sermons s'adressent à toute la population musulmane, des deux sexes, qui assiste à la prière du vendredi et les prêches à toute la population catholique qui assiste à la Messe de Dimanche. Ils portent sur les thèmes relatifs aux facteurs de propagation de la maladie, à la prise en charge et de l'appui communautaire des personnes vivant avec le Vih, à la réduction de la stigmatisation et de la discrimination et au dépistage précoce au niveau des centres mis en place à cet effet (centre conseil ado, hôpital régional, ASBEF).

**Les conversations communautaires:** elles répondent à un ensemble d'éléments psychosociologiques soulevés par le profil spécifique au VIH SIDA et le rapport de la consultation locale sur le VIH SIDA.

**Les autres activités de sensibilisation sont les émissions au niveau des stations locales de radio et les dossiers de reportage au niveau de la presse écrite locale.** Mais, outre ces actions, le programme a permis la mise en place d'un Cadre de Concertation Communal qui se veut une structure d'orientation, de partage et de cadrage des différentes interventions à l'échelle communale dans le domaine de la lutte contre le VIH SIDA. Il a aussi mis l'accent sur un certain nombre d'études et de rapports dont le Profil du VIH/SIDA de la ville, les rapports du Groupe de Travail, les documents de projet, le rapport de la consultation locale sur le VIH/SIDA et l'Etude d'impact du VIH/SIDA sur l'économie locale et la gestion urbaine.

## C. LE RENFORCEMENT DES CAPACITÉS DES ACTEURS LOCAUX

- Le programme VIH/SIDA et Gouvernance Locale de la ville de Louga a accordé une part importante au volet renforcement de capacités des acteurs et structures qui s'activent dans le domaine de la lutte et de la prévention du VIH/SIDA. En ce qui concerne le volet formation, différentes sessions ont été tenues sur des thèmes portant:
- Les conversations communautaires: Les conversations communautaires constituent une méthodologie qui a été récemment développée par des organisations internationales s'activant dans le domaine du VIH/SIDA surtout ONUSIDA, le PNUD et plusieurs ONG internationales. Cet outil permet une bonne participation des communautés de base et une synergie des actions des organisations travaillant dans la lutte contre la pandémie.
- Le Counselling Vih Sida : L'objectif de cette session de formation était d'améliorer la qualité de la prise en charge et le renforcement des capacités opérationnelles de terrain.
- Le Transformationnal Leadership Approach : Le Transformationnal Leadership Approach est une démarche qui est adaptée dans beaucoup de problématique. Il part du principe de rendre possible ce qui semble impossible et réaliser ce qui est possible. Cette activité de

renforcement des capacités est complétée par l'équipement du district de santé et des principales structures d'accueil en matériel d'IEC. L'objectif de cette activité était d'améliorer la qualité des prestations de service.

## **D. L'ENGAGEMENT DES AUTORITÉS MUNICIPALES ET LA MOBILISATION DES ACTEURS**

La participation de la Municipalité s'est traduite à travers un certain nombre d'engagements pris dans les différents projets qui ont été mis en oeuvre. Cette contribution municipale s'est opérée en nature ou en espèces et a revêtu plusieurs formes. Dans le cas de Louga, la contribution en nature a primé sur la contribution en espèces. Elle va de la mise à disposition d'une partie du personnel municipal, des locaux et matériels municipaux au projet, au cofinancement de certaines activités. En plus de cela, la Municipalité a pris des engagements vis-à-vis de la formalisation d'une ligne budgétaire consacrée à la lutte contre le VIH/SIDA, l'appui technique et financier aux club Education à la Vie Familiale (EVF) et Stop SIDA, l'animation de dossiers de reportage sur le VIH SIDA avec la presse locale et l'organisation de vacances citoyennes sur le VIH/SIDA.

En ce qui concerne la mobilisation des acteurs, ces derniers ont toujours répondu à l'appel de la municipalité sur toutes les initiatives concernant la prévention et la lutte contre le VIH/SIDA. Ces acteurs sont constitués, au-delà des structures sanitaires, des ONG, des OCB et des autorités coutumières et religieuses. Ils sont regroupés au sein du Cadre de Concertation.

Communal institué par arrêté municipal et qui a pour tâche :

- le contrôle de la conception des programmes de lutte contre le VIH SIDA ;
- le suivi de la réalisation des projets et programmes ;
- l'orientation et la coordination des différentes interventions ;
- l'évaluation qualitative et la capitalisation des programmes de lutte contre le VIH SIDA au niveau de la commune.

## **E. QUELQUES ENSEIGNEMENTS MAJEURS DU PROGRAMME**

Au vue de tout le parcours méthodologique du programme VIH SIDA et Gouvernance Locale de la ville de Louga, le premier constat reste que aussi bien les populations que les autorités et autres acteurs locaux ont conscience de l'avancée significative du VIH SIDA au niveau national et local. Les différentes activités menées ont permis des discussions de fond sur le Sida ce qui permet de noter une désacralisation du débat sur le VIH Sida à l'échelle locale en dépit des résistances liées à la religion et au poids de la tradition. La participation des autorités religieuses et coutumières a été déterminante dans ce sens.

Des changements de comportements ont été visibles à travers les différentes couches de la population grâce à la bonne communication participative qui a prévalu dans toutes les activités surtout de sensibilisation. Ces changements sont visibles à travers la ruée des populations vers les centres de dépistage anonyme pour connaître leur statut sérologique.

Le Sida n'est plus une représentation fictive en dépit de certaines résistances, mais de plus en plus, une réalité avec les PVVIH qui s'assument difficilement du fait du poids des coutumes, de la religion, de stigmatisation et de la peur du rejet. Ces dernières restent le parent pauvre des différents programmes menés par la Municipalité. Elles n'ont cessé de décrier leur mise à l'écart surtout en ce qui a trait à un soutien matériel conséquent de la part des autorités municipales. Ce soutien reste une recommandation perpétuelle dans toutes les rencontres parlant des questions de SIDA organisées par la municipalité.

La question de la dispersion des différentes interventions des acteurs locaux a trouvé un répondant favorable avec la mise en place du Cadre de Concertation Communal sur le VIH/SIAD piloté par la

Mairie. Il reste maintenant à voir l'opérationnalité de ce cadre au vu du fonctionnement, des spécificités et de la structuration des différents organismes qui le composent.

## **LA COMMUNICATION SOCIALE DANS LA MISE EN OEUVRE DU PROGRAMME VIH/SIDA ET GOUVERNANCE LOCALE DE LA VILLE DE LOUGA.**

### **OBJECTIF DU PROJET**

Le projet VIH-SIDA et Gouvernance locale de Louga vise à renforcer les capacités des autorités locales et de leurs partenaires locaux à développer des réponses appropriées permettant de mieux prévenir et gérer la maladie.

Adoption d'un plan de communication sociale dans tout le cycle du projet. L'objectif de ce plan est d'augmenter le niveau de connaissance des populations sur le Vih Sida dans la perspective de changements de comportement.

La consultation locale sur le VIH/SIDA, un moment privilégié pour discuter toutes les questions liées au VIH/SIDA avec tous les acteurs de la ville.

- Réunir les principaux acteurs des secteurs public, privé et populaire;
- Mettre en évidence un processus visant à définir les préoccupations et identifier les principaux acteurs aux différents niveaux;
- Mobiliser un soutien social et politique.

L'objectif recherché était de désacraliser davantage le débat sur la pandémie du Vih Sida et renforcer l'avènement de discussions libres sans blocage psychologique sur les déterminants en interrogeant les pratiques sexuelles.

Les outils utilisés sont Le transect walk, Les calendriers saisonniers, La cartographie des risques, Le questionnement stratégique, L'écoute active, La méthodologie des histoires, L'analyse du capital social.

Les thèmes abordés sont:

- Perceptions du VIH-SIDA, représentations et état des connaissances.
- Approches de prévention développées
- Causes et conséquences du VIH-SIDA : sociales et économiques.
- Perception des malades du VIH-SIDA dans la communauté
- VIH-SIDA et analphabétisme.
- VIH-SIDA, religions et coutumes.

Les conversations communautaires: une réponse à un ensemble d'éléments psychosociologiques.

- Coutumes, traditions et pratiques qui favorisent le VIH-SIDA : à Louga et ses environs et au Sénégal.
- Risques du VIH-SIDA.
- Changements sociaux et VIH-SIDA.
- Premier contact avec un porteur du virus et / ou un malade atteint.

Racontez l'histoire de façon substantive.

- État des connaissances sur les politiques officielles nationales et locales en matière de prévention du VIH-SIDA.
- Fausses croyances et incompréhension sur le VIH-SIDA.
- Immigration et VIH-SIDA. Fondements et logiques opératoires.
- Facteurs sociaux favorisant le VIH-SIDA : à Louga et ses environs et au Sénégal.

- Solidarité sociale, VIH-SIDA versus pratiques, coutumes et religions.

Les sermons et les prêches dans les mosquées et les églises: Une mobilisation des religieux Le poids des pouvoirs religieux;

Une évolution des mentalités grâce à une utilisation du discours religieux et des personnalités de culte dans les stratégies de prévention et de lutte contre le Sida. Entre autres thèmes abordés:

- le respect mutuel au sein du couple, la fidélité, l'abstinence sexuelle;
- les mariages forcés;
- l'ostentation vestimentaire;
- la prostitution clandestine des jeunes filles et des femmes;
- le dépistage volontaire

Les causeries et Les séances de mobilisation sociale

Les causeries se déroulent dans les quartiers et s'adressent à un nombre de 25 à 40 personnes, pour permettre une meilleure distribution de l'information à la cible et des échanges après l'exposé liminaire des animateurs.

Les thèmes abordés lors des causeries portent sur le niveau de connaissance des populations sur la maladie; les fausses croyances, la stigmatisation sociale; le port du préservatif; la fidélité, les autres modes de transmission du VIH; le dépistage volontaire; et la solidarité envers les PVVIH.

Les séances de mobilisation sociale sont le prétexte à la réunion de l'ensemble des populations d'un quartier l'instant d'un après-midi pour échanger sur les thèmes ayant fait l'objet des causeries, pour mesurer le degré de réception; de compréhension; et d'appropriation du message par les populations.

Les activités de vacances citoyennes sont les conférences publiques, les séances d'animation, le théâtre populaire et les cérémonies sportives

Organisation d'émissions radiophoniques et de dossiers de reportage mise en contribution des communicateurs traditionnels. Les thèmes favoris sont les fausses croyances and la stigmatisation sociale. L'animation de dossiers de reportage sur le Vih Sida à l'échelle de la ville en partenariat avec des journaux locaux.



# **MANAGING THE HIV AND AIDS PANDEMIC AT THE LOCAL LEVEL**

## **EXPERIENCE FROM KISUMU, KENYA**

### **A. BACKGROUND ON KISUMU**

Kisumu, the third largest city in Kenya with a population of approximately 345,312 people, is the headquarters of Kisumu District, as well as Nyanza Province respectively. It has developed progressively from a railway terminus and internal port in 1901, to become the leading commercial/trading, industrial, communication and administrative centre in the Lake Victoria basin, an area that traverses three provinces of Nyanza, Western and western Rift Valley. In addition, Kisumu serves as the communication and trading confluence for the Great Lakes region - Tanzania, Uganda, Rwanda and Burundi.

The Kisumu City Council's main functions are to mobilize internal and external resources and, within existing regulatory framework, direct the resources towards addressing the following basic social needs of the populace in the City, for example, provide social services esp. water supply and sewerage services; Infrastructure development (roads, parking spaces, houses etc.); Environmental sanitation, garbage collection and disposal; Housing, Health, Education, Welfare - Markets, recreation and Sports. There has been a recent shift towards nurturing an enabling environment for the enhanced participation of the citizens in urban development

Kisumu has high levels of skilled and unskilled unemployment. With a 30% unemployment rate, 52% of the working population engaged in the informal activities have their monthly wage in the range of 3,000-4,000Ksh, and 48% of the urban population live within the absolute poverty bracket (Nat. Avg. 29%). The city lacks adequate shelter with approximately 60% of the urban population resident in the peri-urban and informal settlements lacking basic services. The city experiences one of the highest incidences of food poverty with 53.4% of the population below the food poverty line in comparison to Nairobi (8.4%), Mombasa (38.6%) and Nakuru (30%). The city suffers from shortage of clean water though the town lies next to the second largest fresh water lake in the world.

### **B. HIV/AIDS PANDEMIC IN KISUMU**

HIV/AIDS in Nyanza Province is very alarming with a prevalence rate of 15%, which is double the national prevalence rate, an awareness rate of 99.9% and less positive indices of attitude and behaviour (KDHS 2003). The report also points out the gender disparity in indication favouring men over women. Similarly geographic disparity shows urban areas to be more adversely affected than rural areas. Other developmental indicators also show the region to be worse off than in other parts of the country. There is a high incidence of disease due to the geographical environment and the socio-economic factors. These are further worsened by the rural-urban migration for employment.

#### **RAPID ASSESSMENT OF THE OF THE PREVALENCE AND IMPACTS OF HIV/AIDS ON THE LOCAL MUNICIPAL COUNCIL AND LOCAL COMMUNITIES**

According to a rapid assessment carried out by Tropical Institute of Community Health and Development (TICH) in 2005, it exposed the seriousness of the HIV/AIDS scourge on the Kisumu local residents, and on the KCC institution.

HIV/AIDS is highly prevalent among KCC staff and communities residing in the municipality areas. Statistics from official sources in the ministry of health show two-digit prevalence. This is in reverse

of the national situation, which according to the 2003 KDHS shows prevalence to have dropped from about 13% to 6.7% (1). Subjective descriptions of the prevalence include; 'grave' and 'serious'. The KCC loses about 38 to 40 of the 1200 workers per year, or 3-4 per month, to AIDS related deaths. Official statistics indicate population-based prevalence of 15%. The general perceived notion is that HIV/AIDS is on the rise and its devastating effects worsening. Some of the factors cited as contributing to the HIV/AIDS problems include: Poverty, Adaptation of western Life style, especially social behavior and personal relationships, and certain socio-cultural practices e.g. Wife Inheritance, Stigma and discrimination.

Other issues exposed were: Lack of policy, Inadequacy of coordination of activities, Inadequacy of an effective information, monitoring and evaluation system, Poor capacities, Poor governance of resources and direction of interventions, Adverse social dimensions including persistent risky sexual behavior, and stigma and discrimination.

HIV/AIDS has contributed to a compromised health status which has not been adequately addressed in this area due to the socio-economic factors and hence the need to scale up interventions that will greatly improve the situation.

### **STRENGTH AND OPPORTUNITIES**

KCC has about ten departments, most of which have potential for having significant roles in the fight against HIV/AIDS, with the Health department playing the leadership role:

- Social services
- Health (Preventive/curative)
- Environment
- Town Clerks office
- Housing and development
- Youth and Children
- Town planning
- Town treasury
- Engineering
- Internal audit

KCC has 13 health facilities (out of about 33 HFs within the municipality) which if adequately facilitated can increase access to HIV/AIDS services to community members. The education department through the Municipal Education Officer (MEO) and the Education committee are able to provide coordination, including HIV/AIDS interventions. Indeed there is already sensitization and counseling training and services for schools. A variable number of teachers have been trained. The presence of the provincial and district hospitals, as well as several big and medium level private hospitals, within the municipality improves access of health services. However financial access may be another matter.

There is a rich and varied presence and participation of many local and international organizations in the fight against HIV/AIDS. A strong central government policy and commitment provides an enabling environment for all actors to play their roles. Through the NACC, administrative structures have been established at the periphery, namely the Constituency AIDS Control Committees (CACCs), and supported by Provincial AIDS Control Committee (PACC) and District AIDS Technical Committee (DATC).

### **CHALLENGES**

There is no effective information, monitoring and coordinating mechanism within the council. There is a lack of accountability and transparency, mismanagement and corruption, absence of a HIV/AIDS work place policy, inadequate health/social technical staff, limited prevention effort (Condom distribution, VCT, PMTCT), no advocacy, and limited capacity for treatment and care of HIV/AIDS

and opportunistic infections as well as limited capacity for social support. Stigma and discrimination is still prevalent and hinders both preventive efforts and access to treatment, care and support.

#### **STRATEGIC INTERVENTIONS ARISING FROM RAPID ASSESSMENT FINDINGS**

- Policy Reorientation: Establish LA HIV/AIDS policy, complete with budgetary allocation; including Work place policy confidential testing and availing of AIDS drugs, policy on OVC.
- Establish and operationalize standing committee on HIV/AIDS and or ACU
- Establish appropriate instrument for wide stakeholder participation, e.g. CITY CONSULTATION
- Economic empowerment of KCC staff and communities through job creation (including youth), better and reliable salary structures, IGAs
- Build capacity of KCC –Technical capacity, Information, M & E system
- Targeted IEC and advocacy. Focus on vulnerable and hard to reach groups
- Special risk reduction intervention programmes based on support groups
- HIV testing coupled with appropriate facilitated support services, e.g. early treatment, and provision of nutritional care/support and medication (ART and OI) for PLWHAs.

#### **D. THE ROLE OF ASSOCIATION OF LOCAL GOVERNMENT AUTHORITIES OF KENYA (ALGAK)**

One of the objectives of the project was to strengthen regional and national HIV/AIDS networks of municipalities. In Kenya, ALGAK is the umbrella organization for all local authorities in Kenya. ALGAK's role is to strengthen the on-going HIV/AIDS related work in Kisumu and disseminate this to other members of ALGAK, support TICH in carrying out city consultation process in Kisumu city on HIV/AIDS, strengthen the HIV/AIDS unit in Kisumu City Council by establishing a resource centre and a coordination office, and undertake national replication of Kisumu HIV/AIDS experience to other cities in Kenya.

#### **EXPECTED OUTPUTS**

- Sensitize and train community leaders, councillors, Heads of Departments, Heads of Sections
- Facilitate Kisumu City consultation
- Facilitate development of action plans
- Support Establishment of a fully functional office
- Support Establishment of a resource centre

#### **CONSULTATIVE WORKSHOP AND WARD LEVEL CONSULTATIONS**

A consultative workshop for the councillors, heads of department and section heads of Kisumu Municipal Council was held in February 2006 followed by Consultative meetings in the seventeen wards within the Municipal Council of Kisumu in March.

Emerging issues from the consultations were:

- Need for an adapted workplace policy for the municipal council.
- Rampant stigma and discrimination
- Incorporation of gender specific issues in HIV/AIDS activities
- Improved care and support for PLWHAs infected and affected e.g. support for home based care workers in terms of IGAs and care kits Improved care for OVC,
- Prevention activities e.g. Expansion of VCT services, Peer Educators at work, and particularly for teachers and children at school, Expansion of access to PMTCT services.
- Capacity building for ward committees in order to mobilize, access, manage, monitor and coordinate the resources
- Aggressive sensitization on harmful cultural and religious practices especially areas bordering the lake have to deal with the “jaboya” issue-fish for sex.

- Mitigation of socio economic effects of HIV/AIDS
- Mapping and development of service directories to show existing services.

## CITY CONSULTATION

As a follow up of the ward level consultations a city consultation was carried out on May 23-24th at Imperial Hotel Kisumu. One hundred participants attended from CBOs, NGOs, Kisumu City Council officials and UN-HABITAT representatives.

A city consultation is a participatory event for bringing stakeholders together to create a better understanding of issues, to agree on priorities, and to seek local solutions built around broad-based consensus. The purpose is "to facilitate information sharing, consensus building and broad based stakeholder participation."

Dinesh Mehta from UN-HABITAT welcomed the participants and gave an overview of UN-Habitat's work in Kisumu mainly on Cities Without Slums, City Development Strategy, Sustainable Urban Mobility and now HIV/AIDS. The HIV/AIDS prevalence in Kisumu is very high and that calls for concerted efforts in order to reverse the pandemic. The ongoing projects from UNHABITAT created a platform for the inclusion of HIV/AIDS project with the municipality in order to have an integrated approach.

Local Authorities are closest to the people, and so they need to play a significant role in control the pandemic. Local Authorities in line with government policies have the potential to reverse infection trends, and provide adequate care for the affected and infected. The task is therefore to translate the development strategy goals into concrete interventions. The Kisumu council has the potential to facilitate the coordination with the other stakeholders. He therefore encouraged the participants to come up with an all inclusive action plan and explore means of implementing it. The greatest challenge now is resource mobilization. Stake holders should pool together in planning, implementation, resource mobilisation, in order to create a collective/ fronted effort in addressing the pandemic.

An overview of the HIV/AIDS situation in Kisumu was presented by Mercy Ohingo from Kisumu City Council. She gave the HIV prevalence rate in Kisumu District as 11.1% (KDHMIS, 2006) a figure that may be used to reflect the municipal prevalence rates, as well. However official statistics indicate population-based prevalence of 15% (TICH, 2005). The general perceived notion is that HIV/AIDS is on the rise and its devastating effects worsening. She went on to describe the council's commitment to HIV/AIDS since the inception of the project the council has created a HIV/AIDS committee with a chairman, and Desk Officer, incorporated a HIV/AIDS budget within the estimates for the next financial year, (2006/7) and created room for the establishment of the HIV/AIDS resource centre. The challenges that lie with the municipality are: massive expectation from the community members, high levels of poverty and heavy impact of HIV/AIDS.

Kenya National HIV/AIDS Strategic Plan 2005/6-2009/10 was presented by Edwin Lwanya-Provincial AIDS Control Council Coordinator for Nyanza. He gave an overview of KNASP, whose goal is to reduce the spread of HIV/AIDS, improve the quality of life of those infected and affected by HIV/AIDS and mitigate the socio-economic impact of the epidemic in Kenya. He went on to describe the key priority areas of intervention and acknowledged an Increase in KNASP Financial commitment from Kshs. 25 billion in 2005/6 to KShs. 45 billion in 2009/10. The presentation was useful for guiding focus on project proposal and the formulation of action plans which should conform to the requirements of KNASP. However there were concerns about direct linkage to NACC by local authorities. This area need to be followed up.

The findings of the rapid assessment and the ward level consultations were presented by TICH and ALGAK in order to form the basis for the action planning and discuss further interventions. Other key presentations were made by representatives from African Medical Research Foundation

(AMREF), Federation of Women Lawyers (FIDA), Family Aids Care and Education Services (FACES) and Federation of Kenyan Employers (FKE).

The following key areas were highlighted:

- Caution should be taken when celebrating the national decline in HIV prevalence because Nyanza's prevalence (15%) is still more than double the national one and this calls for hard work
- Stigmatization is embedded within individuals, and so the first step is to work on our own stigmatizing nature.
- In an effort to prevent new infections there is definite need to target socio-cultural factors accelerating the spread of the disease
- The Government of Kenya has published a draft workplace policy that should be followed by institutions when coming up with their own work place policies
- sensitization of the legal implications of inheritance and disinheritance and writing of wills, child defilement which exposes the children to infections, is needed

## **ACHIEVEMENTS**

In response to the introduction of the HIV/AIDS project, Kisumu City Council has committed itself to ensure that activities are well coordinated and implementation is going on.

Some of the achievements so far are:

- KCC has created a structure to mainstream the council responses to HIV/AIDS at the council level, complete with a HIV/AIDS committee, chairman, and Desk Officer answerable to the town clerk.
- Incorporated a HIV/AIDS budget within the estimates for the next financial year, (2006/7).
- The council did provide room for the establishment of a HIV/AIDS resource centre, and office
- Other partners like Merlin International, Federation of Kenya employers, and the Ministry of Health have supported the resource center with visual material, and educative video tapes.
- Formation of Municipal Teams –with membership representing local govt. authorities, NGOs, CBOs, PLWHAs, FBOs and a range of service providers to continue in the development of an action plan.
- Partnerships established across sectors and among different groups, together with frameworks to support them.
- Planning and Overall participation of KCC officials in the city consultation

## **F. WAY FORWARD**

- Completion of action plans.
- Mobilization and constitution of workplace policies
- Facilitation of community projects, including capacity building, resource mobilization and stakeholder analysis.
- Capacity building for staff and community members
- Facilitation of networking and coordination/collaboration
- Official opening of the Kisumu city council HIV/AIDS resource Centre
- Development of service provider inventory.

## **PARTNERS**

UNHABITAT  
ALGAK/AMICAALL  
TICH

Ministry of Health  
Merlin International  
Centre for Disease Control  
Kenya Medical Research Institute  
Federation of Kenyan Employers  
World Vision  
ADRA  
Tropical Institute Community Health and Development (TICH)  
Ward Communities.

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# **MANAGING THE HIV AND AIDS PANDEMIC AT THE LOCAL LEVEL**

## **EXPERIENCE FROM ABENGOUROU, CÔTE D'IVOIRE**

In Abengourou, work has been underway since June 2005 between BNETD and the Abengourou Commune to develop a municipal Action Plan against HIV/AIDS. An assessment of the incidence and impacts of HIV/AIDS in Abengourou shows a prevalence rate of between 10.5 and 12.5% nationally, with Abengourou at 14.6%.

Some of the challenges facing the country are the existing conflict that has delayed commencement of the activities and caused inaccessibility, lack of funds in NGOs and CBOs, lack of decentralisation (funds do not get to the grass root levels), lack of political commitment and immigration problems.

At the national level, there has been progress with the creation of a Ministry in charge of HIV/AIDS, the elaboration of the National Strategic Plan Against HIV/AIDS 2002 – 2004 and the hosting of the first international conference on “Mayors and the Role of Local Government in the Fight against HIV/AIDS”. Equally important is the establishment of the national AMICAALL chapter and the elaboration of a strategic plan for 2005 – 2010 with an Action Plan developed for 2005 – 2007. Partners have been mobilized for the municipal action plans.

In Abengourou, the community profile has been completed, a consultative process has been undertaken and 200 persons interviewed. A municipal action plan has been prepared and adopted.

The Abengourou Vision is to “... sensitize the commune on the HIV/AIDS pandemic, with the prevalence rate reduced to 7% by 2015, and the creation of an environment for better treatment and care of infected and affected persons...”. The three priority actions to achieve this are prevention, care and treatment and local response.

For prevention, projects at the city level will be centered around training for various actors, working with those infected or affected by HIV/AIDS, promotion of the use of condoms and creation of a knowledge management and communication strategy. For care and treatment, activities will include income-generating activities, assistance to those living with HIV/AIDS and promotion of VCT centres. Local response will include promoting support and leadership within the municipality and the elaboration of a further action plan.

The above projects will include sensitization of the municipal council and other actors in Abengourou; impact assessment of HIV/AIDS in Abengourou; training of local actors on appreciative inquiry and community conversation methods, and; support to AMICCAAL activities.