

The Msunduzi HIV/AIDS Strategy

A Case Study of a Partnership Response to HIV/AIDS at Local Government Level

GGLN Learning Event on HIV/AIDS,
Local Government and Human
Settlements Planning

18 July 2007, Cape Town



BACKGROUND

- Documented by BESG for Msunduzi Municipality and UN-Habitat UMP in 2003
- Example of an innovative, comprehensive municipal response to HIV/AIDS

MUNICIPAL CONTEXT

➤ **Msunduzi Municipality (Pietermaritzburg)**

- Capital of KZN
- Umgungundlovu District
- Population: 523 470 (2000)
- +/- 35% unemployment

➤ **HIV/AIDS profile (2001)**

- 36% ANC attendees HIV+ (up from 1.6% in 1991)
- Est. 18% population HIV+ (88 000)
- 55-65% patients in public hospitals HIV+
- Approx. 250 deaths/month related to AIDS
- Most deaths 20-39 years age group
- Dramatic increase in cases of TB

EMERGENCE OF THE STRATEGY

- Uncoordinated response, little co-operation between LG & civil society
- 2001 ETU at UP approached municipality to develop a pilot HIV/AIDS strategy
- Deputy Mayor & Head of Health Dept. took lead
- 3-day workshop (Nov. 2001) - brought together municipality, NGOs/CBOs, PLWAs, other role-players
- Msunduzi AIDS Strategy drafted

THE STRATEGY

Focus area	Goals
1. Education, awareness, openness & prevention	Reduce HIV incidence through education, availability of condoms & changed sexual behaviour
2. Treatment & care for people living with HIV/AIDS	Create a continuum of care that is well-known & well-utilized
3. Care for vulnerable children, including orphans	Ensure that infected & affected children receive appropriate food, shelter, schooling, care & support


THE CONTINUUM OF CARE

HIV/AIDS status	Service needs	Service providers
HIV status unknown, information & testing required	Prevention through education, VCT	Msunduzi LM, provincial government, NGOs/CBOs/ FBOs – CINDI (Children in Distress Network)
Status known, living with HIV/AIDS	PMTCT, Support groups, Wellness prog's, Income generation, Medical care HBC	
Terminal illness/palliative care	Medical care, HBC, Hospice & estate planning, Death & burial, Bereavement support, Care for orphans	

MANAGEMENT STRUCTURE

- Co-ordination through Head of Health, with ATICC manager
- Steering Committee (councillors, officials, reps. from CSO partners, PMB Chamber of Business)
- Political leadership from Deputy Mayor

FUNDING

- Strategy initially costed at R8m for first 3 years
 - Municipality provided direct funding or absorbed costs
 - Donor funding (Oxfam GB)
 - Partners contributed financially/in-kind
- 

ACHIEVEMENTS

- Detailed business plan developed
- Msunduzi Referral Network established, linking CSOs, municipal & provincial clinics (co-ordinated by LifeLine)
- Expansion of VCT provision
- Municipality provided buildings to 2 FBOs to establish hospice, HBC and nutrition training centres
- Msunduzi Housing Summit (March 2003 – BESG)
- Ward-based community response strategies
- Support to CINDI projects & partners
- Mobilised funding from donors and private sector

ADVANTAGES OF THE STRATEGY

- Linking LG & civil society & promoting opportunities for constructive engagement
- Cross-sectoral scope
- Minimises duplication & optimises/expands service provision
- Generates supportive relationships
- Raises partners' profiles and access to funding opportunities

ENABLING FACTORS

- Political champion & committed senior official
- Size and character of municipality
- Pre-existing and effective network of CSOs working in the sector (CINDI est. 1996)
- Role of municipality:
 - Co-ordinator/facilitator
 - “Neutral” actor
 - Birds-eye view – identifying gaps
 - Provider of resources and support

CHALLENGES/THREATS

➤ **Financial sustainability**

- Reliance on CSO contributions & ability of municipality to contribute as demands increase

➤ **Organisational sustainability**

- Scaling-up services to meet demand
- Accessibility of services
- Lack of direct representation of PLWAs
- Not “mainstreamed” within municipality
- M&E capacity
- Over-reliance on individuals

LESSONS FOR LOCAL GOVERNMENT

- Support from political champions & senior officials critical
- Draw on existing organisations, networks & initiatives
- Set realistic goals
- Recognise & nurture contributions & capacities of all partners
- Balance independence with shared commitment to common goals & programmes