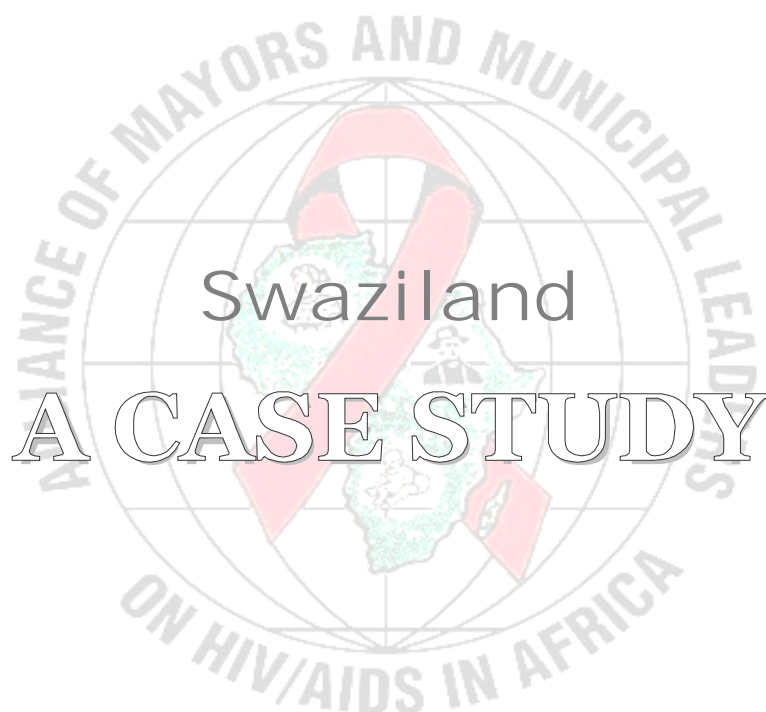


FROM ADVOCACY TO ACTION
THE ALLIANCE OF MAYORS' INITIATIVE FOR COMMUNITY ACTION ON AIDS AT
THE LOCAL



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THE ALLIANCE OF MAYORS' INITIATIVE FOR COMMUNITY ACTION ON AIDS AT THE LOCAL

Swaziland
A CASE STUDY

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PREFACE

The Swaziland AMICAALL Programme is showing promising results in mobilizing our towns and cities to implement a comprehensive local response to HIV/AIDS. In doing so, our programme fortifies the nation's goals as set out in the national strategic framework on HIV/AIDS: to prevent new infections; to provide a range of care, support and treatment services for those living with HIV/AIDS; to nurture and support the increasing numbers of children and young people who have lost their parents to AIDS; and to find solutions to the growing impact of the epidemic on our societies and the consequent increases in poverty, hopelessness and despair.

We have committed ourselves to use every conceivable opportunity to speak out on HIV/AIDS. This epidemic is devastating our society. From individuals to families, from communities to the government, HIV/AIDS is changing the face of the nation. It is imperative for all of us to respond in the communities in which our affected brothers and sisters live. To become involved is easy... it is all about partnership and working together to find sustainable solutions.

We would like to highlight one of the direct results of the AMICAALL Swaziland Programme. In this country, there are many that have benefited from education campaigns and now understand HIV/AIDS. However, fearing the prospect of being HIV positive themselves they do not get tested. This fear, stoked by concerns of public prejudice and stigma, often leads to denial or, worse still, an attitude of abandonment or recklessness unless particular measures are taken to allay fears, to confront the stigma, to provide concrete services and to create support systems for people who are directly affected by the epidemic. The AMICAALL programme in Swaziland has been instrumental in doing exactly this. A new openness at the community level has occurred through the work of AMICAALL. Where local governments had been silent, new plans are being made and community based projects designed, reviewed and implemented. Already the first fruits are visible. Voluntary counselling and testing centres are opening steadily across the nation and home-based care is becoming a reality. We see more city-to-city cooperation between towns in developed countries and our own communities, and we see cooperation and collaboration, as once disparate efforts to respond to HIV/AIDS are harmonized. We hope to see these scaled up. It is only through such efforts that, together, we can overcome this epidemic.

AMICAALL/Swaziland is the result of a collaborative effort amongst a committed and growing number of individuals and organizations, public and private. We would like to acknowledge our various partners for their outstanding contributions to all that we have achieved thus far. In particular the efforts of: the Alliance of Mayors and Municipal Leaders on HIV/AIDS in Africa; the UN AMICAALL Partnership Programme (UNAPP); the Africa Capacity Building Foundation (ACBF); UNDP; UNAIDS; PricewaterhouseCoopers (PwC); the Coca Cola Foundation; the Association of Dutch Municipalities (VNG); the Swazi National Emergency Response Council on HIV/AIDS (NERCHA); the Swazi Ministry of Housing and Urban Development, the European Union; the Swazi Ministry of Health and Social Welfare; the Swazi Ministry of Education; the Swaziland Council of Churches; and the Coordinating Assembly of Non-Governmental Organizations.

Finally, we want to stress the point that we are all only at the beginning of a long journey. The years ahead will be trying. We must all respond with our hearts, in our homes, in our places of work and in our communities. My best wishes go to AMICAALL Swaziland as it works hand-in-hand with the Swazi government and other partners at both local and national levels in building the capacities and services needed to confront this epidemic.

Nokuthula Mthembu
Chairperson
Executive Council, AMICAALL Swaziland

FOREWORD

Mayors and local government authorities are advantageously positioned to provide leadership on HIV/AIDS and promote the scaling up of community-based services and programmes. Since its launch two years ago, much has been accomplished by the national AMICAALL program in Swaziland. All of the country's eleven local government authorities have developed plans and initiated actions to expand HIV/AIDS services and programmes in their cities and towns. Local, national and international resources have been mobilised. A growing number of organisations, public and private, are working together to develop sustainable responses to the challenges of HIV/AIDS and re-ignite the flame of hope for people living with and affected by the epidemic.

AMICAALL Swaziland exemplifies the original vision of the Alliance of Mayors and Municipal Leaders on HIV/AIDS in Africa: that strong leadership at national and local government levels coupled with concrete actions at the local and community levels can begin to break down barriers to confronting HIV/AIDS and build foundations for expanding services that reflect the needs and realities of people and communities.

This case study documents the development and implementation of the AMICAALL programme in Swaziland. It highlights achievements to date, the emerging lessons as well as the challenges for the future. This publication has been prepared with the principal aim of documenting and sharing lessons that are becoming evident from initiatives being taken by mayors and local government authorities to respond to the challenges of the HIV/AIDS epidemic in their communities, cities and towns.

This publication is a collaborative venture: the work of many dedicated people. Mr. Rudolph Maziya, AMICAALL Coordinator in Swaziland facilitated meetings and discussions with a wide range of stakeholders in the country and contributed important insights; Mr. Saul Helfenbein, consultant, worked with Mr. Maziya and others in Swaziland to gather information and facilitate the process of "strategic questioning". Mr. Terry Parker, who is based at the Alliance Secretariat and is also the former Town Clerk at the City of Manzini, provided constructive comments on draft materials. Margo Kelly, Andrew Doupe, Arit Amana, and Peter Gordon, Consultants, took on the task of editing the numerous versions of the draft text. It has been a privilege to share in this process of reflection and learning.

Mina Mauerstein-Bail
Director
UN AMICAALL Partnership Programme

INTRODUCTION

Local Government and the HIV/AIDS Epidemic

With increasing emphasis upon decentralization, democratisation and participation, local government is potentially ideally situated to coordinate and lead responses to the epidemic at municipal level. Until very recently, however, this particular contribution has been insufficiently recognised either by national governments or by donors.

Thankfully, the situation is changing rapidly. In a growing number of countries, local government authorities have not only begun the process of institutionalising local responses to HIV/AIDS, they are also working strategically to ensure that national priorities reflect local realities.

The Alliance of Mayors and Municipal Leaders on HIV/AIDS in Africa

In 1998, a group of African mayors and municipal leaders, witnesses to the devastation caused by the epidemic in their own cities and towns, came together to form an Alliance of Mayors and Municipal Leaders on HIV/AIDS in Africa. Initial support for the initiative was provided by the UNDP HIV and Development Programme, UNAIDS and USAID. Since then, the Alliance has expanded rapidly and is now at the forefront of a global effort to promote multisectoral responses to the epidemic at the municipal level. To date, National Chapters of the Alliance have been launched in eleven sub-Saharan African countries, and AMICAALL action programmes are at varying stages of implementation in all Alliance member municipalities. More recently programme activities have been launched in East and Central Europe in response to emerging interest in this region.

The Alliance was founded to work in partnership with the government, civil society organizations, the private sector and local communities. The goal of the Alliance is to promote actions that contribute to limiting the spread of HIV and to alleviating the social and economic impact of the epidemic on urban and peri-urban communities in Africa.

The Alliance operates within the overall framework of the International Partnership Against AIDS in Africa (IPAA)¹, launched by the Secretary General of the United Nations. IPAA is part of the global effort to achieve the UN General Assembly Millennium Development Goal Number Six² which challenges the global community to halt and begin to reverse the spread of HIV/AIDS by the year 2015.³

The Alliance of Mayors' Initiative for Community Action on AIDS at the Local Level (AMICAALL)

Since its launch, the Alliance's efforts have been focused upon the implementation of an initiative for community action: the Alliance of Mayors' Initiative for Community Action on AIDS at the Local Level (AMICAALL). The initiative mobilizes communities, strengthens partnerships between municipalities, community groups and organizations and enables them to contribute to the overall national response to HIV/AIDS. AMICAALL is based on the

¹ The IPAA is a coalition of African governments, Cosponsors of UNAIDS, donors and private and community sectors cooperating in order to significantly scale up efforts in Africa to curtail the spread of HIV, to reduce its impact and halt the further reversal of human, social and economic development.

² Millennium Declaration signed by 189 countries, September 2000. www.un.org/documents/ga/res/55/a55r2002.pdf

³ <http://www.unaids.org/UNGASS/>

premise that a supportive policy and social environment, characterized by good governance, decentralization and strong local leadership, is necessary for people to be able to respond to the demands of the epidemic in ways that are effective, locally owned and sustainable. This kind of approach is developmental and cumulative, and as such requires sufficient time, flexibility, resources and commitment from government as well as from donors.

AMICAALL PRINCIPLES

AMICAALL is based upon the following principles:

Inclusiveness: involving a broad range of stakeholders with a specific commitment to reaching out to those most affected by the epidemic;

Responsiveness: reacting to locally articulated needs and brokering dialogue among local people, municipalities, policy-makers and decision-makers;

Gender Sensitivity: responding to the different experiences of men and women in terms of vulnerability, response and impact;

Sustainability: local action informs national policy which in turn supports a more enabling environment for sustained responses;

Accountability: strengthened management and financial systems at the local level, combined with action orientated monitoring and evaluation, provide the foundations for scaling up responses to the epidemic.

UN-AMICAALL Partnership Programme (UN APP)

The UN-AMICAALL Partnership Programme (UN APP), based in Geneva (Switzerland), was established in April 2001 with the support of UNAIDS. Its activities are implemented through the UN Office for Project Services (UNOPS). UN APP works in collaboration with the Alliance of Mayors and Municipal Leaders on HIV/AIDS in Africa (the Alliance) and others to promote and support expanded, multisectoral responses to HIV/AIDS at the local level.

Specifically, UN APP provides support services in the following areas:

- Advocacy and partnership development
- Targeted capacity development at the level of local government for planning and programme development

- Resource mobilization
- Documentation and dissemination of lessons learned
- Institutional support to the Alliance Secretariat in Windhoek, Namibia

The UN AMICAALL Partnership Programme works in collaboration with an increasingly broad range of partners such as UNAIDS, other UN organizations, bilateral agencies, foundations, the private sector and non-government organizations.

Purpose of this Case Study

The purpose of this case study is to describe how, in Swaziland, local authorities are engaged in the process of translating the core concepts of AMICAALL into concrete actions that benefit people and communities throughout the nation. In documenting the experience so far together with the lessons learned and challenges encountered, it is hoped that this study will increase understanding of how the role of local government can be enhanced in terms of supporting and implementing local responses to the epidemic.⁴

⁴ See BIBLIOGRAPHY

Swaziland Profile

Population:	929,718*
Urban Population (%):	22*
Annual Population Growth Rate (%):	2.9*
Orphans (due to AIDS):	35,000
HIV Prevalence Rate (%):	38.6**
Life Expectancy at Birth:	44.4
Unemployment Rate (%):	22***
Per Capita Income (USD):	1,350
Population Below Poverty Line (%):	66***
Adult Literacy Rate (%):	79.6

Data Source, unless otherwise indicated: UN Human Development Report, 2002

*Census, 1997

**National HIV Sentinel Survey, 2002

***Swaziland Central Planning Commission

The HIV/AIDS Epidemic in Swaziland

The Kingdom of Swaziland, with a population approaching one million, has the second highest rate of HIV infection in the world. Nearly 12,000 deaths were attributed to HIV/AIDS in 2001. The 2002 sentinel surveillance report estimated HIV prevalence among pregnant women at 38.6%. UNAIDS estimates that there is already 35,000 children orphaned by the epidemic and that 170,000 people are presently living with HIV. It is estimated that by 2016 orphans will comprise 25% of the population. While HIV awareness is virtually universal in Swaziland, this is yet to be translated into demonstrable changes in sexual behaviour.

The economy of Swaziland registered impressive growth in the 1980s, with real GDP growth averaging about 6% during the second half of the decade. This tapered off to an average of 3% in the 1990s. The economic gains led to substantial improvements in social indicators with Swazi life expectancy estimated at 60 years; infant mortality per 1000 births at 65; and primary school enrolment as a percentage of school-age population standing at 118. However like many other African countries, the development gains of the past 30 years are being eroded by HIV/AIDS. For example, productivity losses resulting from absenteeism and morbidity are estimated at 17 million SZL (~ 2.78 million USD) for the fiscal year 1999-2000, constituting about 1.7% of the total wage bill. It is thought that by 2016 a 30% reduction in human resources will occur in every sector. Thus, the epidemic is increasingly understood not only in terms of its health dimensions but as a critical development challenge that threatens the gains of recent decades and that has the potential to alter the lives of all Swazis.

The impact of the epidemic, magnified by the small size of the country, is reflected in reduced life expectancy, large numbers of orphans, reduced school enrolments, strains on families, households and communities, reduced productivity in agriculture and industry, decreased foreign investments, and diversion of resources from national development to health care. All of which undermine the country's ability to reduce poverty and promote economic development. In response to the relentless unfolding of the impact, in 1999, His Majesty King Mswati III, declared AIDS a national disaster.

Local Government in Swaziland

In order to understand the process of establishing AMICAALL in Swaziland, it is necessary to consider the evolution of local governance in the country. Although contemporary local government in Swaziland dates back to the early 1960s, it was not until the late 1980s and early 1990s that the rapidly increasing urban population required a proactive national management strategy for the urban and peri-urban areas. In this history of participatory local governance, several factors helped create a positive environment for the reception of the AMICAALL Programme in Swaziland. These included:

- An Enabling Policy Environment at the National Level. The Ministry of Township (later Housing and Urban Development) was created in 1991 and gave voice to local government at the national level. This Ministry became a champion for local action on HIV/AIDS and the establishment of the AMICAALL programme in Swaziland.
- Institutionalisation of Citizen Participation. The first urban government democratic election took place in 1995. This landmark event institutionalised true citizen participation in the process of local government. These elections, and those following in 1998 and 2001, provided a foundation for the successful introduction of participatory community governance reflected particularly by the work of the Municipal HIV/AIDS Teams (MHTs) in the AMICAALL Programme.
- Creation of Professional Networks. The emergence of the Swaziland National Association of Local Authorities (SNALA) and the Local Authority Managers Association of Swaziland (LAMAS), the local authority representative associations, provided institutional umbrellas for operationalising the approaches underpinning AMICAALL, obtaining funding, and establishing credibility with international partners.

This social and political evolution has been complemented by extensive capacity building in areas such as financial management, information technology, public information and strategic planning in the Ministry of Housing and Urban Development and within local authorities. When AMICAALL was introduced in Swaziland, there was already an institutional and policy framework in place, based on the tenets of good governance, which helped create an environment conducive to participatory local governance and responsive to local issues.

The creation of the AMICAALL programme has also been facilitated by members of local government institutions, such as SNALA and LAMAS, in decision-making positions who understood the value and importance of the approach and who were willing to seek international support. This facilitated the subsequent mobilization of other local leaders. The programme has also been assisted by local government officials who have been willing to experiment with new approaches to service delivery at local level and to include previously neglected groups within the programme development process.

AMICAALL SWAZILAND ACTION PROGRAMME

The AMICAALL Vision

Since the launch, in January 2000, of the Swaziland Chapter of the Alliance of Mayors and Municipal Leaders in Africa, a Start-Up Workshop has been held (August 2001) and all municipalities have been supported in initiating local HIV/AIDS projects.⁵

The overall objective of AMICAALL Swaziland is to address the social, economic, cultural, political and health dimensions of the HIV/AIDS epidemic in the 11 urban local authorities. The AMICAALL Programme is included within the Swaziland National Strategic Plan 2000-2005 on HIV/AIDS as part of the Local Government Sector Response. The government of Swaziland, through the National Emergency Response Council on HIV/AIDS (NERCHA), recognizes AMICAALL as a lead organization for facilitating local government responses to the epidemic within urban areas, and has allocated US \$300 000 to AMICAALL for 2002 – 2003 fiscal year.

Goals of AMICAALL Swaziland

According to its constitution, the objectives of AMICAALL Swaziland are to:

- Facilitate the promotion, implementation and evaluation of effective multi-sectoral responses to the HIV/AIDS epidemic in Swaziland under the auspices of SNALA, which advocates for stronger local government, and LAMAS which promotes ethical and professional standards for local officials.
- Create a forum for consultation and exchange of experiences amongst its Members
- Reinforce solidarity amongst its Members and between members and their Partners.

There are five key targets:

- To increase awareness among national and municipal policymakers of the specific and local causes and consequences of the epidemic
- To improve capacity of local government and communities to identify and resolve problems associated with the epidemic.
- To enhance understanding of the relative importance of the risk factors, causes and consequences of the epidemic in the 11 municipalities.
- To create an enabling policy environment to respond to the needs of vulnerable groups affected by the epidemic
- To increase capacity at the national and regional levels for scaling up, mainstreaming, and disseminating the approaches underpinning AMICAALL throughout the country under the aegis of SNALA and LAMAS.

⁵ With the exception of Manzini and Mbabane, the towns and cities in Swaziland are very small, often with populations less than 5000, though the boundary between towns and rural areas is fluid with the populations of towns swelling during the day.

AMICAALL brings together mayors, municipal authorities, civil society partners, and those most affected by the crisis: local people, their families and communities. Through a structured, participatory process community members identify local risk factors, explore the impact of the epidemic on the most vulnerable and collaborate with policymakers in the setting of priorities. The action plans which emerge from this process thus respond to local felt need. For example, one community may identify as most pressing a support programme for children who are left without caregivers when their parents die, while another may feel that a voluntary counselling and testing center (VCT) or hospice services are most urgently required.

Establishing the AMICAALL Programme

A critical element of AMICAALL has been a clear focus on the establishment, at local government level, of sustainable, institutionalised responses to the epidemic. This is particularly pertinent given that local politicians tend to have a high turnover rate and that in many countries local governments are lacking both capacity and resources. However, they also tend to have a comparative advantage in terms of a public-service staff, the authority to allocate public buildings and space, and perceived legitimacy within the community. The AMICAALL programme builds the capacity of local government to manage a comprehensive, local response implemented by local partners including NGOs, which are often already providing a range of services and forging links with local government services. Swaziland has benefited from the prior existence of an institutional and policy framework which supported decentralization together with organizational and management capacity at local government level.

Through an intensive sensitisation process comprising study tours, inter-continental exchanges, workshops and conferences, key individuals have emerged from the group of Mayors in Swaziland as leaders and “agents of change” among their peers. Of particular note in this regard is the former Mayor of Manzini, Fikile Mthembu, who became an important advocate for AMICAALL in Swaziland.

The Africa Capacity Building Foundation (ACBF) grant (see Section 4) has been a significant boost to resource mobilization efforts and has facilitated the development of a comprehensive response involving all municipalities in the country. Initial work in Manzini, supported by the Telluride AIDS Benefit (TAB) (*See EXPANDING THE CONCEPT OF PARTNERSHIP*), provided an opportunity to test municipal level responses to HIV/AIDS and stimulated other municipalities in Swaziland and beyond.

AMICAALL Swaziland is now involved in conducting sensitisation work throughout the region. For example, the National Coordinator participated in the launch of the Zambia national chapter of the Alliance in 2002. Similarly, the Swaziland experience was presented at the World Summit on Sustainable Development in Johannesburg, South Africa (2002), as part of a continuing effort to share lessons and to encourage expanded responses to HIV/AIDS at the local level. Both the Commonwealth Local Government Conference on Service Partnerships (Pretoria 2003) and the Local Government Association of Kenya Policy Advocacy Dialogue Forum (2003) showcased the Swazi example. Sharing experiences and lessons learned in this way is generally a highly positive experience and one which sustains and encourages those already involved and promotes new (or renewed) engagement among others who find themselves energised by the potential of AMICAALL.

The Structure of AMICAALL Swaziland

Following the approval in April 2002 of a constitution, the institutional arrangements for AMICAALL Swaziland are as follow:

- **Executive Council**
The Executive Council, which meets quarterly, approves work plans, budgets and agreements. It is composed of mayors, town council members and board chairpersons, with additional associate membership from partner organizations (government ministries, UNDP, PLWHA and other members of civil society). The Council also approves policies on membership, organizational structures, fiduciary and disciplinary actions, and the delegation of authority.
- **Programme Management Committee (PMC)**
The PMC includes the President and Vice President of the LAMAS, representatives of UNAIDS and UNDP, the Director of the Coordinating Assembly of NGOs, representatives from the Ministry of Housing and Urban Development and two officers from the AMICAALL Coordination Office, who meet monthly. The establishment of the PMC was a condition of the grant from the ACBF. The PMC considers broad policy items that need to be addressed in the implementation of the programme. It is the interface with NERCHA and receives input from MHTs. It addresses problems or constraints in the administration of projects and is responsible for approving the community-response project proposals generated by each Local Coordinator or MHT. As such, it has technical and administrative oversight, focusing on monitoring and evaluation as well as financial and administrative practices in order to ensure transparency.
- **National Coordination Office**
The office is staffed by the National Coordinator, a Financial and Administrative Manager, Administrative Assistants, six Local Coordinators and one Assistant Local Coordinator, based in the municipalities. The office was established on premises provided by and shared with the Ezulwini Town Board. The National Coordination Office manages the programme and is the focal point for policy, action and implementation at the local level. To date, the programme has focused on capacity building of the Local Coordinators and MHTs strengthening their ability to assess local situations, identify needs, develop project proposals and manage project implementation.
- **A Team of Six Local Coordinators**
Covering the 11 municipalities, they stimulate and coordinate responses at the municipal level. Their role at municipality level is similar to that played by the coordinator at national level. They also provide secretariat services to the Municipality HIV team.
- **Municipal HIV/AIDS Teams (MHTs)**
The Town Clerk chairs the MHT and the Local Coordinator acts as Secretary. The vice-chair is selected from the employees of the city or town board. The Mayor and Town Clerk have chief responsibility for the 3-year appointments to the MHT. To date, the MHTs have mobilized and built the capacity of community groups to prepare community-based project proposals. They have helped conduct surveys of local conditions and concerns and participated in response analysis, supported by consultants of the AMICAALL Swaziland Programme or UN APP. A crucial task of each MHT is to provide a forum for local policy dialogue on HIV/AIDS issues.

- **Community AIDS Response Committees**

They are the local operational units of the programme, established in each ward with the assistance of a councillor and are responsible for coordinating grass-root community responses. The committees receive support from the Municipal HIV/AIDS Teams⁶ which are linked to the national AMICAALL coordination system.

Implementation of the Municipal Response

Certain key activities are integral to the AMICAALL process and therefore occur across all municipalities. These activities include: consensus-building workshops (for example with young people), establishment of municipal HIV teams and community AIDS action committees, training in community based planning, project funding and management, HIV awareness for councillors and peer education training for young people. Food distribution occurs in all municipalities, as does observance of special events and occasions such as candlelight vigils and World AIDS Day.

Other activities are undertaken in response to specific local needs. To date these have included specific local fund-raising, studies of local problems (such as truancy and HIV), home based care projects, work in support of orphans and vulnerable young people, counselling, 'anti-AIDS' school clubs, interventions addressing specific groups such as migrant populations and men, and condom promotion.

The Manzini Experience

Manzini is the largest urban centre in Swaziland and has developed a multi-sectoral city action plan on HIV/AIDS, which reflects the particular nature of the local epidemic.

The Manzini City Council formed a Trust, which functions as the policy, coordination and legal structure for the management of the city's HIV/AIDS Programme of Action. The Trust includes representatives of the City Council, the Law Society, the Institute of Accountants, the Medical and Dental Society, the Council of Churches, the Federation of Employees, the Swazi Business Community, the Coordinating Assembly of NGOs, the Ministry of Housing and Urban Development and PLWHA.

Programme implementation is facilitated by the Municipal HIV/AIDS Team (MHT), which works with each community-based organization and governmental agency providing HIV/AIDS services within the city in order to develop an integrated, multi-sectoral response, to identify and address gaps in service delivery and reduce the possibility of duplication. The MHT explicitly encourages the involvement of PLWHA and others most affected by the epidemic.

Services provided in Manzini include free legal aid and counselling (Swaziland AIDS Support Organization), psychological support including grief counselling (Swaziland National Association for Mental Health), HIV testing (AIDS Information Centre and Family Life Association of Swaziland). Social welfare services are provided by the staff of the City Council and all services are coordinated and supported by the Hlanganani Help Centre.

In recognition of its innovative and integrated approach, the City of Manzini received the 2000 Africities award for the best municipal response to HIV/AIDS.

⁶ See EXPANDING THE CONCEPT OF PARTNERSHIP (p.17)

Evaluating the AMICAALL Swaziland Programme

It is very likely indeed that over time the AMICAALL programme will contribute to a reduction in overall HIV prevalence in Swaziland. AMICAALL focuses on capacity building and piloting of community/municipality-based projects with the potential for replication, scaling-up and investment. The programme promotes increased commitment to, and engagement with, the national response to the epidemic among officials, leaders and policy-makers at all levels. The AMICAALL Swaziland Programme has secured funding from ACBF⁷ for these purposes for a 4-year period.

The programme structure includes an explicit link between the Community AIDS action committees through the Municipal HIV Teams to the AMICAALL Swaziland national coordinating office, which, in turn, has a close working relationship with the NERCHA (the key national policy and coordination agency, reporting directly to the Prime Minister and Cabinet). This specific element of the structure has been designed to ensure harmony with national HIV/AIDS policy so as to reflect local concerns in the national level policy making process.

Thus, adequate measures of effectiveness need to reflect the extent to which capacity has been built, political commitment has been secured and increased, policies changed and with what results. Standard measures of self-reported behaviour at the level of individuals then do not capture nor reflect the scope and complexity of AMICAALL operations.

Consistent with its focus upon capacity-building, the AMICAALL programme has established an action-oriented monitoring and evaluation framework. This includes indicators intended not only to measure programme effectiveness but also processes designed to enhance learning throughout the programme and to identify and address challenges as these arise. The evaluation of the programme will pay close attention to both the outcomes as well as the process, exploring not only what was done, but how.

⁷ See EXPANDING THE CONCEPT OF PARTNERSHIP

⁹ <http://www.aidsbenefit.org/>

EXPANDING THE CONCEPT OF PARTNERSHIP

The concept of partnership is at the core of AMICAALL: partnerships with implementing agencies, with local communities, with donors and with others have had a profound effect upon how AMICAALL has been translated into action in Swaziland with results that extend far beyond the countries borders.

Increasingly, donors are concerned with issues of financial and administrative transparency as well as longer-term sustainability. To this end, efforts have been made within AMICAALL from the outset to ensure that mechanisms are in place for the efficient handling of funds. Sufficient time was allowed at the beginning of the process to establish management systems in support of overall programme activities as well as to ensure leadership and ownership by local and national stakeholders. The development of an action-based monitoring and evaluation framework has been a priority.

The attendance of the Right Honourable Prime Minister of Swaziland, Dr. Barnabas Sibusiso Dlamini at the AMICAALL Swaziland Programme Start-up Workshop in 2001 reaffirmed the Swazi Government's commitment to openness and accelerating efforts to address the challenges posed by HIV/AIDS. He noted that commitment is key for programmes to be effective and that all eleven local authorities had endorsed the SNALA Declaration and adopted the approaches and principles underpinning AMICAALL.

Local government authorities are demonstrating commitment by using municipal budgets to support HIV/AIDS related activities. This is expected to provide US \$30,000 annually. Additional contributions have also been made in the form of land and buildings.

AMICAALL Swaziland has already achieved considerable success in terms of generating funding, cooperation and technical support from a broad range of partners. These include more 'traditional' sources, such as established multilateral and bilateral donors. The AMICAALL Programme has also formed a number of innovative partnerships with local groups and the private sector. In addition to technical and financial support, these relationships have established and strengthened human ties between communities and across continents.

To date, key partners have included:

Africa Capacity Building Foundation (ACBF)

The ACBF awarded AMICAALL Swaziland a grant of 1.06 million USD over 4 years. This funding supports capacity development activities and support for innovative and catalytic community-based initiatives.

Global Fund on HIV/AIDS, Tuberculosis and Malaria

AMICAALL Swaziland participates in the Country Coordinating Mechanism (CCM) of the Global Fund on AIDS, Tuberculosis and Malaria (GFATM). A country proposal, which included AMICAALL Swaziland, was submitted to the GFATM and has been approved. Funds will be used to support:

- Voluntary Testing and Counselling (VCT) services in 5 towns which means that all towns will have at least one VCT centre. This will be followed by a second phase in which VCT services will be decentralized to suburbs in Mbabane and Manzini.
- Soup kitchens are to be set up in wards to address the nutritional needs of orphans, clients of home-based care and the elderly. Community groups within each town will run these soup kitchens.

- Home-based care services will be established in all wards, facilitated by local community groups.
- In each town there will be at least one multi-purpose centre for sports and recreation which will provide HIV/AIDS information. This will include the establishment of community youth clubs and community mobilization specifically in relation to the prevention of mother-to-child transmission of HIV.
- Community-based support groups for PLWHA will be instituted including the possibility to establish income-generating projects, as are deemed appropriate and feasible.

City-to-City Cooperation

The US Centers for Disease Control (CDC) and UN APP are working together with the US Conference of Mayors to expand city-to-city cooperation and partnerships between mayors and cities in the United States and Africa with a view to expanding technical and financial support. The partnership, launched in January 2003, will assist cities and towns in three African countries initially. Swaziland is one of the participating countries.

AIDS FONDS FOUNDATION, STOP AIDS NOW! And the Association of Netherlands Municipalities (VNG)

These groups are working with the Alliance of Mayors and Municipal Leaders on HIV/AIDS and UN APP to support a range of city-to-city partnerships. AMICAALL Swaziland has received funding and technical support in the area of HIV prevention targeting youth from AIDS FONDS Foundation and STOP AIDS NOW!. A grant of US\$ 25,000 to the Mbabane Youth Association has been provided for a project designed to empower young people to facilitate their own responses. The funding, over a period of 15 months, will provide young people with working space, equipment, and skills in peer education.

United Nations Organizations and Programmes

AMICAALL Swaziland works closely with the United Nations in Swaziland: with the UN Resident Coordinator, and the UNAIDS Country Programme Advisor as well as with the UN Theme Group on HIV/AIDS, and UNDP. These organisations were all actively involved in defining the AMICAALL Swaziland programme and continue to play a role in its subsequent development.

UNAIDS and UNDP have been partners and supporters of the AMICAALL programme, from initial sensitisation efforts including enabling key persons to attend meetings on governance and HIV at the launches of Alliance chapters in other countries, to facilitating AMICAALL Swaziland's contribution to the overall response to HIV/AIDS in the country. This initial support was critical in mobilizing both national commitment, and donor interest.

UNAIDS, which had recognized and supported AMICALL as a means of contributing to and scaling up action on HIV/AIDS, assists and works with the AMICAALL Swaziland Programme to develop and test a framework of monitoring and evaluation of the programme. At present, UNAIDS is considering funding an urban HIV behaviour survey. UNAIDS, WHO and CDC also have provided technical guidance on VCT and WHO has provided additional guidance on drugs for home-based care and capacity building within the Ministry of Health.

Inter-Community Cooperation – Telluride AIDS Benefit

In 1999, an effective, continuing partnership was initiated between the City of Manzini and the Telluride AIDS Benefit (TAB⁹ - an NGO based in the United States), brokered by UNDP.

Through this initiative, clean water and sanitary facilities have been constructed; HIV/AIDS counselling and awareness programmes are being implemented and economic empowerment projects drawing on local skills, are being undertaken. One hundred and twenty families are receiving food support and others are receiving treatment for opportunistic and dual infections. Fifty-two children are receiving the fees, uniforms and books essential for them to attend school. Cumulatively, these projects promote self-esteem through their emphasis on partnership and autonomy.

This partnership with TAB has been positively evaluated and this has resulted in the further expansion of activities into other neighbourhoods, so that more than 300 families are currently benefiting from some form of support. To date, \$50 000 US has been provided in cash and in kind. There have also been visits to and from the United States to facilitate the sharing of information, knowledge and experiences. TAB has indicated that it will support the expansion of community level action in other areas of the city and peri-urban communities.

TAB advocates with other groups and organizations in the United States to become involved in the HIV/AIDS response in Africa through similar partnerships. Finally, apart from the clear financial benefits, the project has also created a strong bond between the two communities, despite the social and physical distance that separates them.

Private Sector Response

As part of its Ulysses Programme¹⁰, PricewaterhouseCoopers (PwC), a multi-national accounting, financial and management consulting firm, made available a team of three senior managers to Swaziland for a two month period. The team worked with local government authorities and the Ministry of Finance. They provided pro bono technical assistance and set up programme management systems and a detailed accounting and financial operations manual in support of the expanding roles being undertaken by local government authorities. This has been essential for establishing efficient, effective and transparent financial and administrative systems – and also a vital condition for continuing to attract donor support. The PwC assistance in kind is valued in excess of a quarter of a million US dollars.

The Coca Cola Foundation is providing financial support (estimated at US\$250,000) for the construction of a multi-purpose centre in Manzini, the commercial centre of Swaziland. This center will provide a range of services, including VCT, legal support (particularly for women) and home-based care.

Bilateral and Multi-lateral Donor Support

The European Union (EU) awarded a US\$100,000 per year grant renewable for 3 years to Ministry of Health and Social Welfare, in support of VCT centres in Piggs Peak. The EU has also given an equivalent grant to Population Services International to establish a centre in Siteki.

Several agencies have expressed interest in future collaboration with AMICAALL. The United States Agency for International Development (USAID), through UNAPP, has indicated interest in supporting the publication of HIV/AIDS services directories for Mbabane and Manzini while the Academy for Educational Development

¹⁰ <http://www.csreurope.org/whatwedo/>

(AED - based in Washington DC) has indicated interest in assisting in the mobilization of communities for the prevention of mother-to-child HIV transmission. This project will cover an initial period of two years. Tulane University has agreed, in principle, to work with AMICAALL Swaziland on behaviour change initiatives targeted at urban youth and is currently examining funding possibilities.

EMERGING LESSONS AND FUTURE CHALLENGES

Building Consensus and Partnerships

Since its inception, AMICAALL Swaziland, has built consensus on the need for a local government HIV/AIDS response that has become an integral part of the national strategy. It has established essential programme mechanisms and systems countrywide, covering all municipalities and has mobilized a variety of resources, human and financial, from a range of partners. It has also formed new and innovative partnerships through city-to-city and community-to-community cooperation with the US Conference of Mayors, Sister Cities International, Association of Netherlands Municipalities, and the Telluride AIDS Benefit.

More fundamentally, The AMICAALL Swaziland programme is stimulating a critical conceptual shift (in Swaziland and beyond) about the nature of effective, sustainable responses to the epidemic and its impact.

Enabling Policy Environment

The presence of an enabling policy environment, political engagement, for example, on the part of mayors and municipal leaders, and support for the development of local capacity is essential for national policies on HIV/AIDS to be translated into local action that benefits those most in need. Links with national level partners are necessary to secure high-level support and the allocation of resources for decentralized, local government responses.

Capacity Building

Institutionalizing responses to HIV/AIDS within the service delivery agenda and systems of local authorities depends upon an adequate level of capacity in terms of functional systems and human resources, both of which require continuing technical and financial support. To be effective, an enhanced local government response needs to be accompanied by intensive efforts to build the capacity of local communities and their organizations to respond to the epidemic. Timely access to flexible funding in support of community-based actions is critical. Combining capacity development of key stakeholders at the local government level with development of transparent and accountable community funding mechanisms that respond rapidly to urgent needs is vital in achieving credibility within local communities and in building effective partnerships for “ scaling up”.

Transparency

Transparency in financial and administrative procedures, together with effective monitoring and evaluation systems, are necessary at local and national levels in order to secure the confidence of civil society organisations and others, including donors.

Foundations for Scaling Up

AMICAALL has expanded the coverage of the national response in terms of its geographical reach and the number of people and communities that are accessing services, the types of interventions, the stimulation of responses in every municipality, and the amount and source of resources generated (both human and financial).

At the municipal level, AMICAALL focuses simultaneously upon increasing the capacity of local government institutions, expanding community participation, coordinating the collaborative efforts of a diverse group of stakeholders - encouraging them to draw upon their respective comparative advantages, and creating a channel through which local concerns can inform the discussion of national policy makers. AMICAALL has ensured that the local responses are both an integral part of the Swazi national response (as reflected in the National Strategic Framework) and that they remain high on the policy agenda.

FUTURE CHALLENGES

Sustainable Funding

To be effective, the shift in conceptualising effective responses needs to be matched by a parallel shift in funding practices of donors. Commensurate with the demands of the epidemic, it requires a commitment to the provision of sustained funding that is consistent with the multisectoral nature of the epidemic, rather than the single-sector (health) 'compartmentalized' focus of funding which characterized previous responses to the epidemic.

Local Coordination and Data

A further challenge concerns the lack of local data necessary to integrate HIV/AIDS within urban planning as well as for monitoring and evaluation purposes. Gathering and updating basic information, for example in relation to local demand for and provision of services, is time-consuming and involves networking with an increasingly large group of agencies and groups, and the implementation of effective monitoring systems.

Gender

The gendered nature of the epidemic is reflected in higher infection rates among women who also tend to become infected at an earlier age than men. Women's cultural and socio-economic dependence on men seriously increases their vulnerability to infection. Moreover, women bear a disproportionate share of the impact of the epidemic as it affects households and communities. The challenge is to reduce the vulnerability of girls and women and support them in surviving the epidemic, while simultaneously challenging entrenched and destructive patterns of male behaviour and promoting values and attitudes, which are consistent with overcoming the epidemic.

SNALA DECLARATION ON HIV/AIDS

A DECLARATION BY MAYORS AND MUNICIPAL LEADERS OF THE CITIES AND TOWN OF SWAZILAND ON HIV/AIDS

PREAMBLE:

We, the leaders and representatives of local governments of the Kingdom of Swaziland:

Firmly concede that the HIV/AIDS epidemic is indeed a national crisis as declared by His Majesty King Mswati III;

Considering that local governments, as an integral part of the national structure of governance, is [sic.] the level of government closest to the citizens and therefore is [sic.] well placed to respond to the many challenges posed by the HIV/AIDS epidemic;

Realising that the threat and propensity of the pandemic to critically impact on the way of life of the Swazi population;

Deeply concerned that the towns and cities of Swaziland are becoming increasingly flooded by street kids, orphans, affected families who try to make ends meet through street vending and other means that will in the long term adversely impact on sustainable urban development;

Recognising that national and international efforts to fight the scourge need to be augmented at local (grassroots) level;

We thus affirm our commitment and resolve to the Alliance of Mayors and Municipal Leaders on HIV/AIDS in Africa and to the Abidjan Declaration.

We commit ourselves and our respective local governments to the following:

- a. Creating an enabling environment wherein multi-faceted approaches to HIV prevention and care of infected and affected persons can develop;
- b. Providing the necessary institutional capacity and financial support however possible to the already existing NGO structures and HIV/AIDS programmes;
- c. Supporting and fund-raising for programmes and campaigns towards the HIV/AIDS fight;
- d. Raising awareness and changing attitudes on stigmatisation, denial, rape, incest, multiple partners and other unsafe practices;
- e. Developing programmes to reduce the socio-economic impact of HIV/AIDS in cities and towns.

In endorsing the above we, the leaders of local governments of Swaziland, hereby sign this declaration at Manzini on the 28th day of January 2000.

Manzini City Council

Mbabane City Council

Nhlangano Town Council

Piggs Peak Town Council

Siteki Town Council

Hlatikulu Town Board

Lavumisa Town Board

Mankayane Town Board

Ezulwini Town Board

Ngwenya Town Board

Vuvulane Town Board

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LIST OF ACRONYMS AND ABBREVIATIONS

ACBF	Africa Capacity Building Foundation
AED	Academy for Educational Development
AIDS	Acquired Immune Deficiency Syndrome
Alliance	Alliance of Mayors and Municipal Leaders on HIV/AIDS in Africa
AMICAALL	Alliance of Mayors' Initiative for Community Action on AIDS at the Local Level
CBO	Community based Organisations
CCM	Country Coordinating Mechanism
CMTC	National HIV/AIDS Crisis Management and Technical Committee
EU	European Union
GFATM	Global Fund on AIDS, Tuberculosis and Malaria
HIV	Human Immunodeficiency Virus
IPAA	International Partnership Against AIDS in Africa
LAMAS	Local Authority Managers Association of Swaziland
MDG	United Nations General Assembly Millennium Development Goals
MHT	Municipal HIV/AIDS Team (Manzini)
NERCHA	National Emergency Response Committee on HIV/AIDS
NGO	Non-Governmental Organisation
PLWHA	Persons Living with HIV/AIDS
PMC	Project Management Committee
SASO	Swaziland AIDS Support Organization
SNALA	Swaziland National Association of Local Authorities
SNAP	Swaziland National AIDS Programme
STI	Sexually Transmitted Infection
TB	Tuberculosis
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNAPP	UN-AMICAALL Partnership Programme
UNDP	United Nations Development Programme
UNGASS	United Nations General Assembly Special Session on HIV/AIDS
USAID	United States Agency for International Development
VCT	Voluntary Counselling and Testing