

# Looking Through the HIV/AIDS Lens...



5 Steps to Building Competencies  
and Capacities to Address HIV/AIDS  
in Local Governance

September 2006: DRAFT



AFRICAN LOCAL  
GOVERNANCE PROGRAM

**NOTE TO READER:** This draft document has been developed in collaboration with partners in the African Local Governance Program from Ghana, Mali, Mozambique, Tanzania and Canada. Approximately 150 people from Canada and 12 countries in Africa (Benin, Botswana, Burkina Faso, Ghana, Kenya, Malawi, Mali, Mozambique, Namibia, Tanzania, Uganda and Zimbabwe) helped to build the document in a series of four workshops held in ALGP countries in 2005/2006.

The guide is a tool for Local Government Authorities (LGA) to consider the competencies and capacities necessary to address HIV/AIDS issues and challenges in all areas of LGA responsibility. A strong LGA capacity to address HIV/AIDS will increase the opportunity for all citizens, women, men and children, to attain a better quality of life. The guide will be finalized following receipt of input from participants in a thematic session on HIV/AIDS at the Africities conference in Nairobi in September, 2006.

The reader is asked to review the content of the guide and to provide input, which will be taken into consideration in finalizing the guide. Please send your input to [dchiarelli@fcm.ca](mailto:dchiarelli@fcm.ca) by September 30th, 2006.

The next step in this process will be to finalize the guide and pilot it in selected LGAs in partner countries of the African Local Governance Program (ALGP), including Mali, Ghana, Mozambique and Tanzania.

ALGP implementing partners include national associations of local authorities/ municipalities in Canada and four countries in Africa, as well as two regional technical assistance organizations and the continental body representing local authorities in Africa.

These include:



ALAT – the Association of Local Authorities of Tanzania



AMM – the Association of Municipalities of Mali



ANAMM – the National Association of Municipalities of Mozambique

**FCM**

FCM – Federation of Canadian Municipalities



NALAG – National Association of Local Authorities of Ghana



MDP – Municipal Development Partnership (East and Southern Africa)



PDM – Partenariat pour le développement municipal  
(West and Central Africa)



UCLGA-United Cities and Local Governments – Africa (formerly CCRA)

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# Introduction

At a special session of the UN General Assembly in 2001, leaders from 189 countries committed to comprehensive targets for the delivery of effective HIV prevention, treatment, care and support. This commitment, known as the Declaration of Commitment on HIV/AIDS, emphasized the need for transparency and accountability; in many countries, a strong foundation now exists on which to build an effective HIV response, with increasing political commitment and coordination at the country level. However, there are still significant weaknesses in the response to HIV globally.

Have you ever wondered how well prepared your **local** government is to deal with the issues and impacts of AIDS? What services, programs, policies, and resources have been put in place by your local government to raise awareness of the epidemic among local elected officials, its employees, and the people it serves? What skills and capacities have been developed among those tasked with addressing HIV and AIDS issues, or providing services and programs, at the local level?

The terms HIV and AIDS are familiar to those who work in local government. However, most local governments do not know how to assess their capacity to deal with, or their success in dealing with, issues related to HIV and AIDS.

This guide was designed by local government stakeholders to provide a practical tool to assess where your municipality currently stands and to suggest steps that Local Government Authorities (LGAs) and the community can take to promote awareness of and address challenges related to HIV and AIDS in their operations. It emphasizes that to be successful, such actions require collaboration and inclusiveness, not only of local citizens, but of all persons residing in the community.

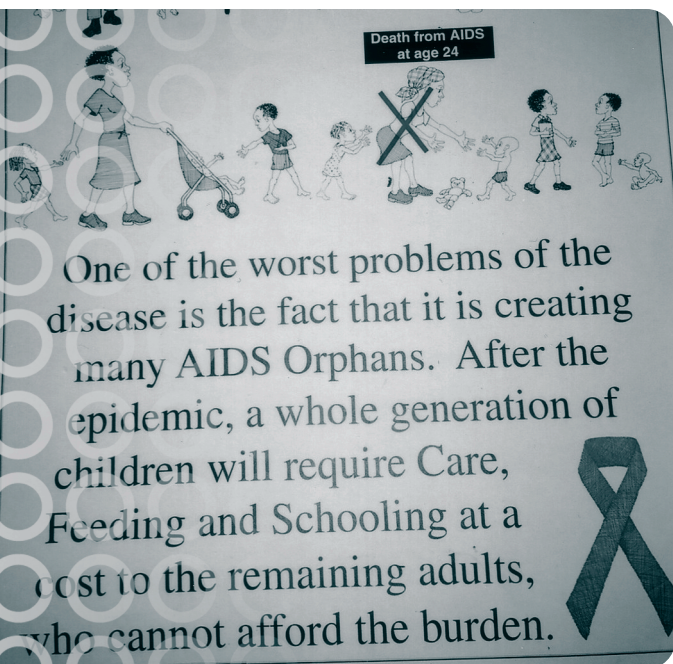
The tool is designed to be used on an iterative and ongoing basis to assess an LGA's capacity and competency to plan and implement HIV/AIDS-sensitive policy, programs and services. It assesses the LGA in terms of its:

## *Accurate Knowledge of:*

- HIV transmission prevention and the relationship of HIV to AIDS
- Differential socio-economic and cultural impacts of HIV and AIDS on women, men, girls, boys, as well as on different social and economic groups in society
- Relevant international and government commitments, policies, plans, and programs
- Legal frameworks governing the rights of affected persons

## *Commitment to:*

- Play a leadership role
- Increase the participation of multiple sectors, including people living with HIV/AIDS (PLWHA), community stakeholders, community-based organizations, and local businesses, in dialogue related to policy, program, and service development
- Promote positive behaviour change among politicians, local government officers, and community members



- Build LGA capacity and raise public awareness
- Build advocacy strategies and programs to support behaviour change
- Provide or source the necessary resources (technical, human, and financial) to implement policies, programs, and services

The tool enables LGAs to measure their competencies in 5 stages that lead to the appropriate and effective integration of HIV and AIDS in their policies, programs, and services. These steps are:

- Acquiring the necessary knowledge to address HIV and AIDS issues
- Building support to integrate HIV/AIDS-sensitivity within the LGA and broader community
- Developing and implementing HIV/AIDS-sensitive policies, programs, and services, and allocating the necessary resources
- Addressing challenges associated with AIDS beyond the LGA with citizens, organizations and businesses
- Fully integrating HIV/AIDS in local government operations, programs, and services

## Why Use this Guide?

- To improve the ability of the LGA to meet the needs of all men, women, children, and youth living in the community who are infected and affected by HIV/AIDS
- To identify the steps the LGA has already taken to address HIV/AIDS
- To identify the actions necessary to ensure that the LGA better meets the needs of all stakeholders dealing with HIV/AIDS
- To identify ways in which community members and stakeholders can work with and support the LGA to appropriately and effectively address HIV/AIDS issues, and hold it accountable for its progress.

## Who Should Use the Guide?

Any group can use this guide to assess an LGA's competencies and capacities in addressing HIV/AIDS issues and challenges. A group of elected officials or a group of municipal administrators or a group of community members could use it. Ideally, the guide is meant to be applied by a mixed group of the above who are committed to leading a change process to make improvements in the community, including:

- Elected officials
- Appointees to LGA Bodies and Committees
- Senior Managers
- Staff and Employees
- Community Stakeholders—individuals, organizations and businesses.

## Before You Begin: Key HIV and AIDS-related Issues that LGAs Should Consider

Using an HIV/AIDS lens to examine the different needs, perspectives and experiences of different categories of women and men can help to identify practical steps to address HIV/AIDS in the LGA. Outlined below are some key issues that LGAs should keep in mind.



## *Stigma and Discrimination*

HIV-related stigma consists of negative attitudes towards those infected or suspected of being infected with HIV and those affected by AIDS by association, such as orphans or the children and families of people living with HIV. Stigma, including fear, misinformation, and discrimination against people living with or perceived to be at risk of HIV, continues to widely exist among political leaders, health providers, and the general public. The social stigma associated with HIV often leads to discrimination, including exclusion from the community and/or family if a person's HIV+ status becomes known, as well as loss of employment and criminal repression. HIV-related stigma and discrimination especially target women (because of negative assumptions made about their sexual behaviour) and marginalized groups, including homosexuals, men who have sex with men (MSM), refugees, sex workers, etc. Fear of stigma and discrimination can lead to a refusal for at an-risk person to find out his or her HIV status, or to an HIV-positive person refusing to get information about HIV and sexually transmitted diseases or staying away from health-care professionals. Ending the AIDS pandemic will depend largely on changing social norms, attitudes, and behaviours, including LGAs supporting and facilitating the ending of AIDS-related stigma and discrimination.

## *Mobile and Migrant Populations*

Mobile populations – those who move from one place to another, temporarily, seasonally or permanently for a host of voluntary or involuntary reasons – are more vulnerable to HIV/AIDS than are more stationary populations. It is not simply because they are mobile but because of the situations they encounter while on the move and the behaviours they may adopt to deal with those situations. They may be infected with HIV while on the move, and take it home with them, often without knowing it. Accessing care and support services is much more challenging for mobile people living with HIV/AIDS, and they are often forgotten or ignored in the development and implementation of national, regional, and local

strategies and programs. Mobile populations include truck drivers, seafarers, transport workers, agricultural workers, business people, traders, employees of large industries, government officials, uniformed service officers, construction workers, and sex workers. The reduction of HIV and AIDS vulnerability in the migrant and mobile population is a key factor in local economic and social development, and so involving them in the LGA planning process is critical.

## *Household Impacts*

The household implications of AIDS include increased medical costs and expenditures on funerals to withdrawal of family members from work or school to look after those who are ill. AIDS-affected households often have less to spend on children's education to cope with rising care, support and treatment costs due to HIV, and many are also forced to sell assets and borrow from friends and relatives. Female-headed households taking care of people living with HIV generally support more orphans than do male-headed households; they are also often "food-insufficient"—that is, they have less food than they need – and have fewer assets with which to support themselves. In the face of the HIV/AIDS pandemic, many family support responsibilities have shifted to grandmothers and children. The burden of care for HIV-positive adults and for children orphaned by AIDS frequently falls on elderly people—many of whom are poor and do not benefit from social protection measures such as state pensions. Globally, there are some 15 million children orphaned by AIDS, and an even larger number of children made vulnerable by the epidemic. It is important for LGAs to understand who is responsible for family care and support in order to ensure that LGA programs and services meet their needs.

## *Poverty*

Poor women, men, and children have less access to resources and, possibly, reduced access to LGA services. In addition, they are less able to pay for services. At the same time, AIDS tends to affect the poor more



heavily than other population groups. Households belonging to the poor and less educated or unskilled groups, as well as female members of households, face a proportionately greater economic burden due to AIDS. A worker who contracts HIV risks the well-being of those who are economically dependent on his or her income. Further, those dependents face accruing substantial debt if a worker in the family falls ill and needs medical attention. LGAs should recognize the particular needs of poor women and men and work to meet those needs. This is especially so in view of the changing roles and responsibilities brought about by the HIV/AIDS pandemic. The emergence of child- and elderly-headed households is a case in-point.

### *Marginalized Populations*

In most countries, sex workers, men who have sex with men, injection drug users, and prisoners tend to have a higher prevalence of HIV infection than that of the general population. Although these populations engage in behaviours that put them at higher risk of becoming infected, they are also among the most marginalized and discriminated against populations in society. They are largely under-represented and voiceless in the decision-making processes that affect their lives, including those related to HIV. Many other populations are also vulnerable to HIV (e.g. women and girls, young people, people living in poverty, migrant workers, people in conflict and post conflict situations, refugees and internally displaced people) and their HIV prevention needs should be addressed.

### *Safety*

Violence against women, and the fear of it, play a significant role in limiting women's choices and expectations in their homes, workplaces, and communities. Women are more likely than men to be the victims of violence from a relative or acquaintance. LGAs must address issues of safety for women and girls in the community (policing, lighting, safe streets, transportation, etc) and in their homes (e.g. education, policing, health care and crisis services for abused women, coun-

seling for women and male perpetrators, etc). The HIV/AIDS pandemic adds an urgency to this issue as infection with the virus can cause serious long-term social, economic and health consequences. Efforts to reduce sexual violence in all its forms become an urgent imperative for all LGAs.

### *Greater Involvement of People Living with or Affected by HIV/AIDS (GIPA)*

Though gains have been made, PLWHAs are much less likely to hold key management positions, be elected to LGAs, or be included in decision-making concerning HIV prevention and treatment programs. Yet, the first response to the AIDS epidemic in most countries came from HIV-positive individuals, their families and communities, by organizing themselves to care for those in need. Ensuring the meaningful involvement of people living with HIV is crucial to ensuring that policies, plans, and programs will actually meet their needs and be appropriate and effective.

### *Experiences and Perspectives Not Heard*

LGAs should make a concerted effort to consider which voices are not being heard in policy making, planning, program development and service delivery in order to ensure that they understand the perspectives of all community members. Special efforts may need to be made to reach and listen to:

- women, especially women with heavy family responsibilities
- poor women and men (and children)
- people living with HIV/AIDS (PLWHA)
- women and men who are illiterate or less educated
- male and female youth
- children, especially children with family responsibilities
- disabled women and men
- elderly women and men, especially those supporting AIDS-affected families.



## Some Useful Definitions

**HIV:** HIV stands for 'human immunodeficiency virus'. HIV is a retrovirus that infects cells of the human immune system (mainly CD4 positive T cells and macrophages—key components of the cellular immune system), and destroys or impairs their function. Infection with this virus results in the progressive depletion of the immune system, leading to 'immune deficiency'. The immune system is considered deficient when it can no longer fulfill its role of fighting off infection and diseases. HIV is transmitted through penetrative (anal or vaginal) and oral sex; blood transfusion; the sharing of contaminated needles in health care settings and through drug injection; and, between mother and infant, during pregnancy, childbirth and breastfeeding (though there is still no full agreement on the impacts of breastfeeding on the infant's HIV status).

**AIDS:** AIDS stands for 'acquired immunodeficiency syndrome' and describes the collection of symptoms and infections associated with acquired deficiency of the immune system. Infection with HIV has been established as the underlying cause of AIDS. The level of HIV in the body and the appearance of certain infections are used as indicators that HIV infection has progressed to AIDS. Currently, there is no known cure for this disease.

**VCT:** Voluntary counseling and testing refers to client-initiated HIV testing to learn about HIV status. Counseling is a vital component of the response to the AIDS epidemic; it is an essential part of the testing process as well, since people who wish to learn their status need to be psychologically prepared for the result, whether positive or negative, and to understand the implications for behaviour of either result.

**AIDS ORPHAN:** A child who has lost one or both parents to the disease. A maternal or paternal orphan is a child who has lost one parent—mother or father, respectively—while a double orphan has no living parent. Generally such children are below the age of 15 years.

**PLWHA:** People living with HIV/AIDS. This includes the range of HIV positive people from those with no symptoms to those with advanced HIV infection and AIDS.

**AMICAALL:** In 1998, mayors and municipal leaders from over a dozen African countries launched the Alliance of Mayors and Municipal Leaders on HIV/AIDS in Africa at the Africities Summit, with support from UNDP, UNAIDS, and other partners. The goal of the Alliance is to promote and support concrete actions that contribute to limiting the spread of HIV and alleviating the social and economic impact of the epidemic at the community level. The Alliance works in partnership with government, civil society organizations, the private sector and local communities.

National Chapters of the Alliance have been launched and AMICAALL action programs are in varying stages of implementation in 13 countries: Burkina Faso, Cameroon, Central African Republic, Côte d'Ivoire, Kenya, Malawi, Mali, Namibia, South Africa, Swaziland, Tanzania, Uganda and Zambia (as of October 2005). Requests for support to launch National Chapters of the Alliance and develop AMICAALL action programs continue to be received from other countries.

For more information see AMICAALL's website at: <http://www.amicaall.org/>



**GIPA:** Greater Involvement of People Living with or Affected by HIV/AIDS, a concept developed by UNAIDS in 1999 that seeks to ensure the meaningful involvement of PLWHA at every level of the HIV and AIDS response in order to adequately meet their needs and respect and protect their rights.

**Mobile people:** Those who move from one place to another, temporarily, seasonally or permanently for a host of voluntary or involuntary reasons.

**Migrants:** Mobile people who take up residence or who remain in a place away from home for an extended period.

**MSM:** Men who have sex with men. The term describes a social and behavioural phenomenon rather than a specific group of people. It includes not only self-identified gay and bisexual men, but also men who engage in male-male sex and self-identify as heterosexual or who do not self-identify at all, as well as transgendered males.

**CSO/CBO:** Community service organization/ community-based service organization.



# How to Do the Assessment

## *What do we need to do to ensure the assessment is done properly?*

The purpose of the assessment is to begin a dialogue about how best to take concrete steps to address HIV/AIDS in the LGA. Once the dialogue has begun, the process should continue. Ongoing meetings and discussions should be held.

### **STEP 1: IDENTIFY A MIXED GROUP TO PARTICIPATE**

First, identify and gain commitment from a mixed group of municipal officials, staff and community stakeholders, including persons living with HIV, to participate in the assessment process.

### **STEP 2: SELECT A FACILITATOR AND RAPORTEURS**

Select a facilitator\*, whose role is to guide the group through the steps within the time available and help whoever is designated to prepare a summary report/action plan following the assessment. Ideally, the facilitator is a neutral party who does not form part of the group of participants doing the assessment. One or two people should be selected to develop a summary record that can be shared with a wider audience.

### **STEP 3: DISTRIBUTE HARD COPIES OF THE GUIDE TO PARTICIPANTS**

The facilitator should distribute the guide to participants at least a few days in advance of the group discussion.

### **STEP 4: INDIVIDUAL ASSESSMENT OF LGA**

Each participant should read and complete the assessment thoughtfully a day or two before the group discussion. Based on their own experience with or knowledge of the LGA, participants should rate the LGA on each point, keeping in mind that:

● A **BASIC** rating indicates that the LGA has some awareness of HIV/AIDS issues and recognizes the need to take action.

○ A **DEVELOPING** rating indicates that the LGA has recognized the need for action and to take specific and practical steps. It is in the process of acquiring information, conducting analysis, seeking input, or drafting policies, program and service strategies.

○ A **FULLY PERFORMING** rating indicates that the LGA has a strong commitment and has made significant progress in implementing policies and strategies, taking action to address HIV/AIDS and monitoring and reporting on progress achieved.

Participants should note their rating and, where appropriate, the rationale for selecting that rating. Participants should also note areas where they do not have enough information to make an informed assessment.

### **STEP 5: GROUP ANALYSIS**

After the individual ratings have been completed, the group should meet and discuss each point. The role of the facilitator is to assist the group in completing the guide by soliciting views and examples from participants and then seeking consensus on each competency in Stages 1 through 5 of the guide.

It should be noted that it is not necessary for an LGA to become “Fully Performing” in one area before taking action in other areas. Some actions, like acquiring expertise and identifying resources, may take place at the same time.

The designated rapporteurs should take notes of the discussion and note areas of broad agreement or disagreement.

## STEP 6: POSSIBLE NEXT STEPS

Depending on who has participated in the assessment (e.g. elected officials, LGA management/staff, community organizations, individuals, businesses), the following actions may be taken as next steps in the process:

- Meeting with like-minded individuals and groups to develop a strategy for raising issues with the LGA
- Private meeting with one or more elected representatives
- Raising the issues at a council or committee meeting
- Request for a meeting with elected officials or LGA senior management
- Public meeting to discuss issues
- Education and information sessions.

## ISSUES TO CONSIDER IN FORMULATING NEXT STEPS:

- What are the key priorities for action? Why?
- What actions would be best taken by individual citizens? Elected citizens? LGA staff?
- Who, in the community, will have credibility and influence on HIV/AIDS issues?
- What actions would best be taken in conjunction with others?
- With whom can you best build alliances? Who (which groups or individuals) should be included?
- What resistance are you likely to encounter? How can it be addressed most effectively and productively?

The most important next step is to continue the dialogue and develop action plans on how best to build competencies and capacities to address HIV/AIDS-related issues and challenges.



# Stage 1

## LGA Acquires Information and Knowledge to Address HIV/AIDS



BASIC



DEVELOPING



FULLY  
PERFORMING

### A. Legal Frameworks and International Agreements Related to HIV/AIDS

LGA is aware that there are no international conventions on HIV/AIDS but is aware of relevant or applicable covenants and agreements to which the national government is a signatory (e.g. Declaration of Commitment on HIV/AIDS, Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), Convention on the Rights of the Child, The International Covenant on Civil and Political Rights, The International Covenant on Economic, Social and Cultural Rights).

- LGA is aware of the existence of the conventions and agreements but not their content.
- LGA has some knowledge of the content of Conventions and agreements and their implications for the LGA.
- LGA is fully aware of the implications of the Conventions and agreements in relation to LGA areas of responsibility.

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**LGA operates in accordance with national and sub-national legislation with regards to infected persons (e.g. non-discrimination and equality before law, the right to life and to health, the right to information and to freedom of expression, the right to marry and raise a family, the right to work to an adequate living standard and to social security, the right to share in scientific advancement and its benefits, etc.).**

Note: Some legislation may actually be discriminatory and/or harmful, such as the criminalization of homosexuality.

- LGA is aware that laws exist but is not aware of the content or implications for the LGA.
- LGA has some knowledge of the legislation and its implications for the LGA.
- LGA is fully aware of the implications of the legislation for LGA and takes action to harmonize LGA laws.

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**LGA has knowledge of the Abidjan Declaration – signed by Mayors and Municipal Leaders of Africa in December 9, 1997 in Abidjan, Côte d’Ivoire, on the occasion of the Xth International Conference on STD/AIDS in Africa (attached as Annex 1).**

- LGA is aware that the Declaration exists but is not aware of the content or its implications for the LGA.
- LGA is aware of the Declaration and has taken steps to adopt it.
- LGA has adopted the Declaration and has taken steps to adhere to the commitments associated with it.

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**LGA has knowledge of national policies that address and/or impact on HIV/AIDS issues, both positively and negatively (e.g. sexual offences' acts, labor legislation, national HIV/AIDS strategic frameworks, etc).**

- LGA is aware that national policies exist but is not aware of the details.
  - LGA has some knowledge of the content of national policies and their implications to the LGA.
  - LGA is fully aware of national policies related to or impacting on HIV/AIDS, their implications for the LGA and tries to harmonize LGA laws to them.
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## B. Expertise and Issues on HIV/AIDS

**LGA has knowledge of HIV/AIDS and its main issues.**

- LGA understands the basic facts about HIV and its relationship to AIDS.
  - LGA understands the socio-economic effects of HIV/AIDS and the differential impacts on men, women, boys, and girls.
  - LGA is fully aware of the range of possible effects of HIV and AIDS, including the issues of stigma and discrimination.
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**LGA has incorporated HIV/AIDS expertise into its organization.**

- LGA has an awareness of the need for HIV/AIDS focal persons and is in the process of training some.
  - LGA has trained some HIV/AIDS focal persons but has not fully integrated them into its day-to-day activities.
  - LGA has fully trained HIV/AIDS focal persons who are also fully integrated into the LGA strategic plans and day-to-day activities.
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**LGA has knowledge of experiences and best practices of other LGAs in addressing HIV/AIDS**

- LGA has some awareness of experiences and best practices in other LGAs.
- LGA has some knowledge of or exposure to other experiences and best practices.
- LGA is aware of the implications of best practices and relevance of other LGAs and takes steps to replicate or adapt them as appropriate.

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**LGA has some knowledge of cultural values, attitudes and practices that fuel the spread of HIV in the local context.**

- LGA has some awareness of the role of knowledge, cultural values, attitude and practices that fuel the spread of HIV within the local context.
- LGA has good knowledge of the role of cultural values, attitudes and practices that fuel the spread of HIV.
- LGA is fully aware of the above and takes action to support values that reinforce positive behaviour change in relation to HIV.

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**LGA has developed information, education and communication strategies that challenge risky behaviours (e.g. unhealthy sexual practices and intravenous drug use) and promote behaviour change.**

- LGA has some strategies in place to reduce risky behaviours and promote behaviour change.
- LGA has a good education, information and communication strategy in place to reduce risky behaviours and support behaviour change.
- LGA has a fully integrated IEC strategy that has reduced risky behaviours and promoted behaviour change.

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**LGA has taken a leadership role in encouraging community authorities to fight against HIV/AIDS and to act as a positive role model.**

- LGA has attempted to challenge community leaders by assessing their contributions to behaviour change and safe sexual practices.
- LGA has taken a leadership role in challenging community leaders to be exemplary in their sexual behaviour practices and to take an HIV test.
- LGA has fully integrated and implemented guidelines related to the behaviour of LGA authorities.

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## C. Resources

**LGA is aware of nationally based organizations with expertise in HIV/AIDS issues (e.g. Ministry of Health, National AIDS Councils, NGOs, and CBOs, research institutions, etc.).**

- LGA is aware of nationally based organizations with expertise.
- LGA has good knowledge of organizations, their work and areas of expertise and has contacts with these organizations.
- LGA has developed working relations with organizations and is able to access their resources and support.

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**LGA is aware of international organizations with expertise in HIV/AIDS issues (e.g. UNAIDS, UNESCO, UNICEF, USAID, World Bank, other international NGOs, etc.).**

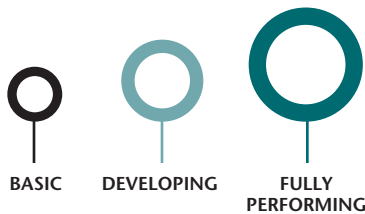
- LGA is aware of international organizations with expertise.
- LGA has good knowledge of organizations, their work and areas of expertise and has contacts with these organizations.
- LGA has developed working relations with selected organizations and is able to access their resources and support.

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# Stage 2

## LGA Builds Support to Address HIV/AIDS Issues and Challenges



### A. Leadership and Policy Development

**LGA accepts a leadership and advocacy role in addressing HIV/AIDS in the LGA.**

- LGA is aware that the LGA should play a role and has responsibilities related to reducing HIV transmission.
  - LGA has knowledge of the role and responsibilities of the LGA in reducing HIV transmission and has begun to take steps.
  - Staff and elected officials show leadership and advocacy by taking action on HIV/AIDS in the LGA and with the community on an on-going basis.
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**LGA develops an HIV/AIDS policy.**

- LGA makes a commitment to develop an HIV/AIDS policy.
  - Committee or staff drafts an HIV/AIDS policy for discussion and input (committee should be a mixed group of staff, elected officials and citizens).
  - LGA approves HIV/AIDS policy, disseminates, and implements it.
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**LGA develops appropriate local level policies and regulations that support its HIV/AIDS-related policies, programs, and services.**

- LGA is aware that it should develop local level policies and regulations that support its HIV/AIDS-related policies, programs, and services.
  - LGA has some local level policies and regulations in place that are complementary to and support its HIV/AIDS policies, programs, and services.
  - LGA has developed a series of local level policies and regulations that are fully integrated with its HIV/AIDS-related policies, programs, and services and implements them.
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## B. Program Development and Resource Allocation

**LGA develops HIV/AIDS-related programs and services and ensures that adequate human, technical, and financial resources are allocated to implement and manage them.**

- LGA is aware of the need to develop and implement HIV/AIDS-related programs and services but has not allocated sufficient resources to do so.
  - LGA has developed some HIV/AIDS-related programs and services and has allocated some resources towards their implementation.
  - LGA has developed a comprehensive set of HIV/AIDS-related programs and services (including but not limited to information resource centres, VCT centres, and peer-counseling), and is allocating sufficient resources for their implementation and management.
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**LGA recruits key HIV/AIDS focal champions from stakeholder groups (LGA staff, elected officials, CBOs/CSOs, women’s organizations, businesses, other government levels, professionals, youth, PLWHA, etc) to assist with program development, awareness raising, and capacity development.**

- LGA is aware of the need to work with all stakeholders to develop programs, raise awareness, and build capacity to address HIV/AIDS issues in the community.
- LGA identifies focal champions among diverse groups (men, women, youth, disabled, elderly, PLWHA, etc) and recruits them.
- LGA uses focal champions to assist with elements of its program development, awareness raising, and capacity development, and has incorporated their recommendations.

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## C. Public Information

**LGA puts HIV/AIDS issues on the LGA agenda for public debate.**

- LGA accepts HIV/AIDS issues for discussion.
- LGA supports public forums to discuss HIV/AIDS issues as they relate to LGA responsibilities.
- LGA holds public forums to discuss, seek input and make recommendations for action.

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**LGA appropriately manages information on HIV/AIDS.**

- LGA is aware of the need to carry out research, gather disaggregated data, analyze and disseminate it, and hold dialogue about the research results.
- LGA has a good framework for research, data disaggregation, analysis and dissemination, and dialogue.
- LGA has a fully integrated research, data disaggregation, analysis and dissemination, and community feedback framework.

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**LGA addresses issues of HIV-related stigmatization and discrimination.**

- LGA discourages HIV-related stigma and discrimination at the work place and in the community.
- LGA actively supports groups (CSOs) that work to combat HIV-related stigma and discrimination in the community.
- LGA has developed a fully integrated strategy for overcoming HIV-related stigma and discrimination and implements it.

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# Stage 3

## LGA Implements HIV/AIDS Policy, Programs, and Services and Allocates Resources to Address HIV/AIDS



### A. Implementation of HIV/AIDS Strategy

**LGA adopts a comprehensive strategy to be implemented across all areas of LGA responsibility (budgeting, legal framework, staffing/human resources, management, program development, service delivery, consultation, communication).**

- LGA is aware of the need for a strategy to effectively address HIV/AIDS in all areas of LGA responsibility.
- Committee or staff members have developed the HIV/AIDS strategy.
- LGA has approved and is implementing the HIV/AIDS strategy.

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**LGA enhances the capacity of LGA staff, elected officials, and focal persons to deal with HIV/AIDS issues through measures such as confidence building, skills training and counseling, diet/nutrition training, information giving and sharing, awareness creation workshops, provide support visits to the infected and affected, provision of visual aids or a resource centre for focal persons, etc.).**

- LGA is aware of the need to devote resources for continuous education and sensitization to enhance the capacity of LGA staff, elected officials, and focal persons to deal with local HIV/AIDS issues.
- LGA has devoted some resources and activities to continuous education and sensitization to enhance capacity.
- LGA has implemented a full continuous education and sensitization program to enhance capacity.

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**LGA is a partner to the AMICAALL.**

- LGA is aware of AMICAALL and advocates for a national AMICAALL chapter if one does not already exist.
- LGA has knowledge of resources and programs provided through its national AMICAALL chapter.
- LGA makes use of resources and participates in programs offered through its national AMICAALL chapter.

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**LGA mobilizes resources for the HIV/AIDS strategy (e.g. through linkages and networks with CSOs, fund-raising strategies, time, effort and commitment, accessing the global fund for HIV/AIDS, educating and informing top management, having a budget line item for HIV/AIDS, etc).**

- LGA is aware of the need for resources (human and financial) to support its HIV/AIDS planning strategy.
- LGA has secured and allocated human and financial resources to its HIV/AIDS strategy.
- LGA has budgeted for and approved adequate human and financial resources to support its HIV/AIDS planning strategy.

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**LGA ensures that its staffing and electoral regulations and conditions of service are non-discriminatory, HIV- and gender-sensitive, and supportive of PLWHA.**

- LGA is aware of the need for a constant review of regulations and conditions of service in order to ensure that they are non-discriminatory, HIV- and gender-sensitive, and supportive of PLWHA.
- LGA has approved actions and recommendations on staffing and conditions of service that are non-discriminatory, HIV- and gender-sensitive, and supportive of PLWHA.
- LGA has implemented actions and programs that ensure that hiring and electoral results are non-discriminatory, HIV- and gender-sensitive, and supportive of PLWHA.

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## B. LGA Develops Community Based Resources to Combat HIV/AIDS

**LGA encourages creative local solutions to generate community involvement and needed resources to address HIV/AIDS locally.**

- LGA is aware of the need for creative community-based initiatives to address HIV/AIDS.
- LGA has allocated or identified resources for innovative community outreach, information, and communication programs/activities focusing on HIV/AIDS.
- LGA has engaged local community members to create local solutions to finding sustainable resources to address HIV/AIDS-related needs in the community, including the development of fundable project proposals.

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# Stage 4

## LGA Addresses HIV/AIDS Beyond the LGA



BASIC



DEVELOPING



FULLY  
PERFORMING

### **LGA establishes training committees at the ward and village levels to address HIV/AIDS.**

- LGA is aware of the need to establish and support community-based training efforts that will enable local stakeholders to address HIV/AIDS issues.
- LGA has sought views, opinions and inputs from local community stakeholders on how best to address HIV-related challenges in their activities.
- LGA has established functioning training committees to oversee the development and implementation of training activities at the ward and village levels.

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### **LGA ensures availability of resources for the care and support of PLWHA, widows, orphans, etc., including access to ARV.**

- LGA is aware of the need to source and allocate adequate resources for the care and support of PLWHA, widows, and orphans.
- LGA has sought funding and examined best practices for specific programs related to the care and support of PLWHA, widows, and orphans and improving access to ARVs.
- LGA has committed adequate resources to integrated programs related to the care and support of PLWHA, widows, and orphans and to improved access to ARVs.

# Stage 5

## LGA Fully Addresses HIV/AIDS Issues and Challenges



BASIC



DEVELOPING



FULLY  
PERFORMING

**The LGA has mobilized local community actors to give priority to HIV/AIDS issues.**

- LGA elected officials and staff are aware of the need to give HIV/AIDS issues priority in all interactions.
- LGA officials have developed a vision/mission on HIV/AIDS priorities and sought input from local stakeholders.
- LGA has implemented its vision/mission in collaboration with local community actors.

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**LGA uses community feedback when undertaking internal audits, and monitoring and evaluation of all HIV/AIDS programs in consultation with CSOs.**

- LGA is aware of the purpose of internal audits, monitoring and evaluation of HIV/AIDS programs.
- LGA has taken action to seek inputs from CSOs, staff and elected officials on the design of internal audits and monitoring and evaluation protocols and terms of reference.
- LGA carries out periodic internal audits, monitoring and evaluation assignments within the LGA in association with CSOs and other stakeholders, and incorporates a community feedback loop into the process.

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**LGA involves the public in discussing annual progress reports.**

- LGA is aware of the need to report annually on its progress in addressing HIV/AIDS into its programs.
- LGA takes action to report on progress in addressing HIV/AIDS and ensures full participation of all stakeholders.
- HIV/AIDS progress report is discussed fully and action taken to implement concerns raised during the discussions.

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**LGA ensures that there is an adequate enabling policy/legal and institutional environment to support the mainstreaming of HIV/AIDS at the local level.**

- LGA is aware of the need to develop an enabling policy/legal and institutional environment.
- LGA has developed HIV/AIDS committees and coordinates efforts between the LGA, other levels of government, and community stakeholders.
- LGA has established transparent multi-stakeholder consultation, decision-making, and coordination mechanisms for HIV/AIDS policy development, and programming.

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## ANNEX 1

### ABIDJAN DECLARATION BY AFRICAN MAYORS AND MUNICIPAL LEADERS ON STD/AIDS

We, the Mayors and Municipal Leaders of Africa, meeting December 9, 1997 in Abidjan, Côte d'Ivoire, on the occasion of the Xth International Conference on STD/AIDS in Africa, have adopted the following declaration, called the "ABIDJAN DECLARATION".

Aware that precarious economic conditions in our cities intensify the impact of HIV/AIDS on vulnerable communities, in particular women and youth, and jeopardise our long term local development plans;

Recognising that our cities are increasingly becoming centres of demographic growth in our countries and that, given the powers invested in them, our municipalities have an important role to play in responding to the many challenges posed by the HIV/AIDS epidemic;

We hereby commit ourselves to search for solutions relevant to local needs and realities, in accordance with the goals and principles of the United Nations and our own laws and regulations, in order to respond more effectively to HIV/AIDS in our communities.

To this end, we have agreed to:

- Aim to reduce the socio-economic impact of HIV/AIDS in our communities by implementing effective measures to reduce HIV transmission.
- Promote and co-ordinate local multisectoral approaches for HIV prevention and the care of infected and affected people.
- Participate in efforts to mobilise the human and financial resources necessary to implement local strategies.
- Ensure the active involvement of people infected and affected by the HIV epidemic in designing and implementing local strategies.
- Strengthen solidarity amongst our cities and develop an effective partnership with national and international, public and private stakeholders.

We therefore commit ourselves to:

- Ensure that the search for effective solutions to HIV/AIDS is a public policy priority.
- Effectively involve our citizens in designing action plans, defining local strategies, and implementing activities.
- Provide the necessary institutional support to our cities and communities and strengthen their capacity to intervene.
- Guarantee transparency and accountability in programme management.
- Create an ALLIANCE OF MAYORS AND MUNICIPAL LEADERS to maximise commitment, participation, leadership, capacity and experience at community level in response to the challenge of the HIV/AIDS epidemic in Africa

Abidjan, 9 December 1997