

# Public participation, local government and HIV/AIDS

*E.A. Mantzaris is a Professor in Social Planning at UKZN and N.I. Ngcobo is a researcher at the Health Economics and HIV/AIDS Research Division (HEARD) at UKZN.*

EVERY YEAR the Joint United Nations Programme on HIV/AIDS (UNAIDS) releases new statistics on global HIV/AIDS trends. Unfortunately, many regions, mainly in developing countries, such as sub-Saharan Africa, are deeply ravaged by this epidemic. The 2006 report shows that HIV/AIDS continues to pose major challenge to nations across the globe. The 2005 report noted that approximately 38.6 million people worldwide were living with HIV. An estimated 4.1 million became newly infected with HIV and about 2.8 million lost their lives to AIDS. This report further shows that developing countries are hardest hit by this epidemic, a situation exacerbated by their lack of adequate resources to deal with the challenges posed by this epidemic.

Socio-economic, political and cultural conditions have been cited by social scientists as primary factors in determining the extent to which HIV/AIDS affects each country and different sectors (Collins and Rau 2000, UNESCO and UNAIDS, 2001). South Africa's political history disadvantaged a large percentage of the black majority, which were displaced and removed from mainstream economic development (Terreblanche, 2002; Gumede, 2005), resulting in endemic and complex socio-economic, political and cultural conditions, namely: poverty, racial capitalism, gender disparities, urban and rural inequalities, unemployment, and inadequate health care systems. There are reasonable predictions that these conditions will significantly influence the management of the HIV/AIDS epidemic and impact upon societies' political systems (Dorrington, Bradshaw and Budlender, 2002, Terreblanche, 2002 and Gumede, 2005).

This article contends that South Africa, as a relatively new democratic dispensation, is not immune to struggles in terms of effectively managing the HIV/AIDS epidemic. Already the impact is

hard-felt by historically marginalised communities in this country. Institutions such as the Institute for Democracy in South Africa (IDASA) argue that if no proper intervention strategies are adopted by the South African government against the HIV/AIDS epidemic, its impact will "weaken political institutions by depleting the skills base and diminishing capacity to deliver" (2006). Dr. Per Strand (2005)<sup>1</sup> shares a similar view to that of IDASA, by noting that if not guarded against through effective policy interventions, HIV/AIDS can have direct negative consequences on this region's socio-economic and political systems.

It is against this backdrop that this article intends to examine the direct correlation between the empirical significance of public participation in the context of local government, and the direct and indirect fight against HIV/AIDS in post-apartheid South Africa. The article focuses on case studies in the Umzinyathi Municipality in KwaZulu-Natal. KwaZulu-Natal is one of poorest provinces, and is hard-hit by the HIV/AIDS epidemic (HST 2006). The sad reality is that rural areas in this province are the ones that bear this brunt. Despite structured policy and advocacy intervention strategies by local government and civil society to arrest this scourge, the severity of this epidemic proves to have the lives of the poor in its grip.

This paper therefore maintains that intervention mechanisms against HIV/AIDS will only make sense if at heart they acknowledge and appreciate the role of the public as agents of social change. It is a constitutional obligation that local governments have to honour. The following section therefore discusses the correlation between the empirical significance of public participation in the context of local government in the fight against HIV/AIDS in KZN.

## Local government, public participation and HIV/AIDS

Local government is a crucial vehicle for effective and efficient service delivery to meet people's basic needs. Municipalities can be described as an important vehicle in the effort to build a society in which every citizen plays a valued role in the process of service delivery. This is because local government is the tier of government closest to the people of our country. It delivers services to local communities at household level, and ensures that the decisions undertaken by the national and provincial governments are implemented satisfactorily, to the benefit of communities.

It is an international phenomenon that local governments are more successful when they commit themselves to teamwork. All stakeholders in this sector: councilors; traditional leaders; officials; communities; the private sector and all structures of government; must work together as partners in the transformation process (Michael 2004; Greenstein 2004). In South Africa, one of the key interest groups in this effort are *amakhosi* (traditional leaders). Given the realities of the situation on the ground, these stakeholders namely, councilors; traditional leaders; officials; communities; the private sector and all structures of government are directly responsible for assuming and implementing decisive leadership in the fight against HIV/AIDS.

This fight cannot succeed without active community participation, as it is the people themselves who suffer and are well aware of the situation surrounding them and their families. Hence the design, implementation and evaluation of integrated development planning at local level will be an empty letter without active and decisive public participation. The Municipal Structures Act, Chapter 4, is clear when it states that the participation of citizens in local government structures will revolutionise the way in which local governance is managed at the metropolitan level.

Community participation relies on the nature of organization and mobilization of the community at the local level. The fight against HIV/AIDS requires synergy between local government structures, *amakhosi*, and the mobilization of community forums and other organs through which local communities articulate their needs and priorities. The synergy and cooperation between such stakeholders can be faced with a number of political and ideological contradictions, but is the only axis capable of solid service delivery. In such a situation, municipalities need to assist actively in enabling all community members to contribute to and influence the fight against HIV/AIDS.

One has to be extremely vigilant however, in regard to serious impediments posed by such efforts. Carothers (2005) notes that as poverty grows, and as citizens become increasingly mindful of political parties and the state in the latter's "efforts" to co-opt communities, there is evidence of declining political participation. Community participation is a much broader concept when compared to elite, NGO-driven, and private sector-dominated participatory initiatives. These institutions enjoy privileged access to financial and human resources, but can in no way replace the vitality of community participation and mobilization (Grenson and Ginsberg 2002). Hence there cannot be an inclusive, community-driven fight against HIV/AIDS without the creation of democratic community participation mechanisms agreed upon and activated through collective debates and decisions (Manor 2004).

Active community participation relies on the existence of a functional and decisive local municipality as well a civil society synergized in its efforts to enhance empowered participatory processes, to assess opportunities created for civic engagement in the fight against HIV/AIDS. In such a conjuncture participation becomes not only a key element intrinsic to the core meaning of democracy, but a fundamental milestone in all aspects of development, in which the struggle against HIV/AIDS is an urgent priority.

This struggle is instrumental in the efforts to reduce poverty and social injustices through the strengthening of citizen rights and voice, playing a key role in shaping policy-making, enhancing all elements of local governance, and improving the accountability and transparency and service delivery patterns of municipalities at all levels.

In this context the inherent danger is municipalities' possible "top down" approach, where communities may be used as "rubber stamps" to 'already made decisions' that will have a direct impact on their lives. Such a process will constitute a decisive closing-down of a democratic "space" that could lead to an erosion of deep civil engagement.

This brief description of public participation and the role of local and other authorities in the fight against HIV/AIDS will be tested against the findings of an empirical study undertaken in the Umzinyathi Municipality, one of the poorest in KwaZulu-Natal, and the country. They were obtained through a research initiative commissioned by the National Department of Social Development, and are based on

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face-to-face interviews and focus groups consisting of five socially vulnerable groups (youth, disabled, women, children and aged) as well as representatives of CBOs, NGOs, traditional and local authorities.

### The Umzinyathi Municipality: A brief socio-economic and demographic baseline

Umzinyathi is a municipality ravaged by poverty, unemployment and HIV/AIDS (HIV/AIDS Plan 2003). The municipality includes some of the poorest areas in the country, notably Nqutu and uMsinga. It is geographically located in the north-central areas of KwaZulu-Natal, and includes four local municipalities: Endumeni, eMsinga, Nqutu and Umvoti.

The most developed areas in the municipality are the towns of Dundee (in the Endumeni Municipality) and Greytown (situated in the Umvoti Municipality). However, even in this case, the towns of Dundee and Glencoe which used to be the main providers of employment through the coal mines, have been hard-hit by the demise of the industry that offered a fair amount of employment opportunities to semi-skilled and unskilled workers. The closure of the mines created a serious employment vacuum in the area as the economic base of the municipality was all but destroyed. However farming in some of the municipalities provides employment to a large number of people, but not enough to even dent the high rates of unemployment experienced in the area.

Statistics up to 2001 through the utilization of parameters found in the 1996 and 2001 censuses produced by Everatt (2006:17) put Umzinyathi in the fourth highest position in terms of poverty indicators, following O.R. Tambo and Alfred Nzo Municipalities in the Eastern Cape (1st and 3rd) and Umkhanyakude in KwaZulu Natal (2nd). In terms of ISRDP Umzinyathi's score was 59.7 in 1996 and 58.3, or down by 1.4%, in 2001.

The total population of the municipality is 427 052 people with 77 540 households with the highest population in Endumeni (178 000) and the lowest in Umvoti (approximately 177 000) ([www.demarcation.org.za](http://www.demarcation.org.za); IDP documents of all municipalities). Education levels in the municipality are low, with approximately 34% of the population being illiterate. The highest illiteracy rates are to be found in Msinga (45%), Umvoti (calculated at 31%) and Ngqutu at 27% ([www.dplg.gov.za/progs/isrdpNodes](http://www.dplg.gov.za/progs/isrdpNodes))

Income levels and employment are low, with

some calculations pointing to a 56% unemployment rates and 78.3% of households earning below R1500 per month ([www.dplg.gov.za/progs/isrdpNodes](http://www.dplg.gov.za/progs/isrdpNodes)). Such calculations vary in different areas of the municipality.

There is scarcity of land for the vast majority of the municipality's inhabitants, due to the restrictions faced by the population in the traditional settlement areas, where land distribution rests with Amakhosi. The commercial farms abound in local municipalities such as Umvoti and Endumeni, while such enterprises are not to be found in Msinga and Ngqutu.

The research areas were KwaHlongwa, a part of the Umvoti, and Ntinini, a part of Ngqutu local municipalities. KwaHlongwa is near the city of Kranskop and the Maphumulo Municipality, which has a number of ministries operating in it, such as agriculture, and includes a police station. KwaHlongwa is approximately 25 km from Kranskop and 12 km from the Maphumulo Magisterial District, and the local small town. One of interesting details of KwaHlongwa is that its proximity to Maphumulo makes some of its area fall under the Ilembe municipality, and the majority under the uMzinyathi Municipality.

KwaHlongwa, under the traditional leadership of Inkosi Hlongwa, an IFP Member of the KwaZulu-Natal Provincial Legislature, is an isolated rural area without evident growth or development, and lack of infrastructure. There are a number of serious, indeed taunting problems in the area, which have almost devastating effects for vulnerable groups, especially children and older women.

- The rates of HIV infection are high
- Hence large numbers of young and middle aged men and women die at a very rapid rate.
- This has resulted in a large number of HIV/AIDS orphans. (A list of over 130 of such orphans, combined by the KwaHlongwa CBO exists in an area of 8 000 people. According to the CBO volunteers, the list grows by the day.
- There are serious waves of migration to the town, and as a result there is a small number of young people in the area (excluding the school learners). The young women become prostitutes and the young men try to get menial jobs.
- Transport to Kranskop is expensive (between R8-10 per one way trip).
- Water and electricity services are non-existent for the vast majority of the households.
- Only one secondary school has a feeding scheme, which was stopped.
- A local CBO provides home-based care for 30-50 vulnerable families through the Department of Social Development with stable food.

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- There are no condoms freely available in the area.
- The mobile clinic visits once a week for a “short while”.
- There are no support organizations and structures in the area, or community based programmes.
- The spirit of volunteerism amongst the members of the NGO operating in the area is a great inspiration to the community.
- The SDS social workers and development workers visit the area consistently as does the Department of Agriculture, but not frequently.
- The suffering of the people, especially children in KwaHlongwa, is almost unbearable, especially amongst the orphans, due to HIV/AIDS deaths.

The Ntinini rural area is between 75-80km outside the city of Nqutu, and between 120-130km outside Dundee. It is under the traditional leadership of Inkosi uJiyane, who was interviewed in the context of the research. It is a deep rural area, with a traditional court, and a clinic next to it, but not much otherwise. Very few communal taps are available far way, no electricity, in an area where volunteerism also flourishes. There is a good number of volunteers, especially young women who with financial or other resources play a prominent role in the fight against HIV/AIDS.

The deep rural area is a part of the Nqutu local municipality, controlled by the IFP. It is under-developed with a social fabric devastated by HIV/AIDS, old-age headed families, social disintegration, but also very moving examples of social solidarity.

There are several crucial factors that make households and communities vulnerable, such as the non-availability of land, the negative effects of the HIV/AIDS pandemic, rampant unemployment, lack of employment opportunities and even “survival skills”, lack of infrastructural developments in the area, family and support structures disintegration, lack of government inter-departmental cooperation and a lack of basic services that will positively affect their livelihoods. Both areas are very hard-hit by the pandemic, with serious negative consequences on the very basic fabric of society. Whole families have been completely eliminated. The very social structures of these close-knit communities have suffered serious ruptures as hundreds of children have been orphaned, having lost both parents to the disease. Now almost all of them are looked after by their grandmothers, many of who are very old and sick and in most cases carry the whole financial burden for their depleted families. The situation is more visible in the KwaHlongwa area, because in this vicinity the researchers were able to gather very

tangible evidence through the long list of orphans due to the disease collated by the locally based CBO. In Ntinini a number of volunteers and a good number of the participants in the vulnerable groups also painted a very bleak picture of community disintegration due to the disease.

### HIV/AIDS initiatives in municipalities

The Philani Drop-In Centre provides home care for a wide variety of children inflicted with HIV/AIDS, and orphans. It operates at various levels in terms of child-care, gardening projects, paralegal services, food distribution, meals for children (three times a day), feeding schemes, and HIV/AIDS training and counseling. It is a very professionally run center, with a few salaried staff members and a number of volunteers. There is a very cordial relationship between the establishment and the community.

The KwaHlongwa CBO deals with a wide variety of services and functions, but its principal targets are:

- Collection of names of orphan children, especially those directly affected by HIV/AIDS.
- Home based care
- Distribution of food to indigent families provided by the Department of Social Development
- Distribution of “Health Kit” provided by Health Department
- Workshops on HIV/AIDS issues and reproductive health issues to school children in the secondary and primary schools in the community
- Workshops on life skills to primary school children
- Counseling support to affected children and adults
- Mobilising and organizing both young and old regarding the acquisition of social grants, by approaching the relevant departments and authorities such as Home Affairs, SDS etc.

The CBO is housed in the area’s Tribal Court premises, and is run on a volunteer basis by a core group of six young people. There are 19 volunteer workers who provide the services.

The Ilembe Municipality has donated a container where the food to be distributed among indigent families is kept. The CBO and its volunteers, as in the case of the drop-in centre are a major tribute to the spirit of Ubuntu (Humanity), despite the fact that the vast majority of them do not receive financial compensation for their services.

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## Perception of municipality's involvement in the fight against HIV/AIDS

In interviews with Philani's staffers, a strong feeling was expressed that public participation regarding the fight against HIV/AIDS was not on the top of the agenda for the leadership of the municipality, despite the fact that it is mentioned prominently in Nqutu Municipality's Integrated Development Programme Review for 2005-2006. One of the reasons for such behaviour on the part of the municipality leadership was the perceived lack of human resources, lack of capacity and lack of political will to face the reality of the pandemic.

It was stressed, however, that it was evident that the community of Vulamehlo, where the establishment is situated, is extremely eager and prepared to participate actively in all initiatives undertaken by municipalities and the provincial government in all developmental issues affecting them. It was

revealed that the community has regular meetings called by the *Inkosi* (tribal chief) and his *Izinduna* (headmen). The community is seriously involved in all activities of the centre, which is evident through the provision of photographic evidence produced by the management of Philani. It is evident that the centre's leadership takes community participation very seriously and has taken measures to ensure that it takes place.

A representative of the municipality acknowledged that the level of public participation especially in regard to the fight against HIV/AIDS was low, because of a number of reasons:

- Staff shortages.
- Lack of communication channels operating efficiently
- Lack of capacity and support systems
- Extremely limited training
- Lack of inter-departmental cooperation and synergy
- Misunderstanding of key priorities in relation to the IDP guidelines
- Lack of transport
- Long distances between designated areas.

In Ntinini, both volunteers and participants felt strongly that there was hardly any communication with the leadership of the municipality, including the local councilors, but there was praise for traditional authorities regarding public participation. It became obvious that there is a much stronger sense of

support towards the efforts of traditional authorities, who held regular public meetings in order to communicate with the people in the area.

Such feelings were shared by a representative of the municipality who, while arguing that political will is evident and the spirit of *Batho Pele* (People First) very high on the agenda of everyone, there are a series of logistical problems such as long distances, lack of inter-governmental cooperation, severe staff limitations and scarce financial resources which are an impediment to the empowerment of communities through active public participation. It was argued that HIV/AIDS initiatives at the local level and the potential for supporting and strengthening them through the enhancement of public participation, is the competency of the Provincial Departments of Health and Social Development. This, despite the fact that the municipality's IDP review, is clear in identifying the fight and mobilization against HIV/AIDS as one of its top priorities.

In KwaHlongwa, interviews with the CBO leadership revealed that relations with the local municipality are cordial, but the lack of communication and cooperation is evident, as there is a feeling that the municipality is understaffed and lacks the political will to both communicate with the people and encourage empowerment through public participation. On the other hand, traditional authorities hold regular meetings with the community, which are very well attended. During the interviews with the various vulnerable groups, the enthusiasm for community participation was apparent, with participants walking many kilometers to attend the focus groups. The same interviewees were in fact completely ignorant of a possibility of the municipality becoming involved with them in their developmental or survival agendas.

A senior municipal employee indicated that efforts were made to communicate with all communities in the area in terms of the developmental goals described in the IDP, as the document was described aptly as "the Bible of Service Delivery". The interviewee denied that there is no political will on the part of the municipality to empower communities in the common struggle against HIV/AIDS through public participation, and reiterated that relations between the representatives of traditional and elected authorities are based on a common understanding of community problems, cooperation and synergy. However an assortment of human resource deficiencies and logistical problems constitute a very serious impediment in the fight against HIV/AIDS.

For public participation to become a reality a number of initiatives need to be put in place:

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- Acquisition of the requisite skills and knowledge of public participation, civil society, local government;
- Provision of education and literacy skills in historically neglected communities;
- Understanding community views on participation;
- Encouragement of voluntary participation;
- Ensuring that the public's contribution will influence planning decisions;
- Ensuring equal opportunities for participation;
- Seeking out and facilitating the involvement of those potentially affected;
- Communicating to participants how their input affect decision-making;
- Providing participants with the information they need to participate in a meaningful way;

Most importantly perhaps, councillors and officials must realise that community participation is not a neutral endeavour. Hence they must consider the following planning issues that impact on community participation vis-à-vis integrated development planning at the local level:

- **Intervention:** Who makes the decision(s) with regard to specific issues? Officials and councillors, or civil society bodies, or all of them, and how?
- **Initiation of specific steps to change the existing situation on the ground.** For example, in terms of the Reconstruction and Development Programme [RDP]: What is the origin of specific development policies? Were they local, national, regional or global, and why?
- **Identification.** For example, who identifies specific policy issues? What factors impact on particular service delivery programmes? Are they all taken into consideration? If not, why?
- **Orientation.** For example, whose voices are heard? What are the overriding perspectives, ideals, and frames of reference? Who are the intended beneficiaries?

- **Authentication.** For example, are there instances of co-determination of service-related issues that take place through partnerships with specific community groups? Are these partnerships sustainable?

For public participation to become meaningful, the knowledge, understanding, trust, confidence and practical skills of all stakeholders, especially communities, need to be enhanced, as most of them become involved in local government for the first time. In addition the same virtues and characteristics are also important for all those involved in the running of local government at all levels.

## Conclusion

This paper has attempted to critically examine the correlation between the empirical significance of public participation in the context of local government and the indirect fight against the HIV/AIDS epidemic in the context of the Umzinyathi Municipality. Extensive focus groups amongst five vulnerable groups and face-to-face unstructured interviews with municipal officials, volunteers and caregivers were used as data collection instruments.

The paper contended that even though democracy is essential in reinforcing public participation, the role of civil society and local government in the fight against HIV/AIDS epidemic is extremely important. It is a struggle that can only be fought and won by committed community and government structures and institutions of this society. The post 1994 democratic constitutional framework provides a basis for such commitment to be translated into meaningful action, which is much needed in this era of poverty and HIV/AIDS.

However for a number of historical and present reasons outlined in the context of the paper, public participation in the uMzinyathi municipality is at a very low level.

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## ENDNOTES

- 1 Per Strand is a visiting research fellow at the Centre for Social Research (CSSR) at the University of Cape Town in South Africa. He has conducted key research into how political responses to HIV/AIDS in Southern Africa impact on the quality of democracy and governance in the region.