

Final Report

Volume 7: Annexes

Impact Assessment of HIV/AIDS on the Municipalities of Ongwediva, Oshakati, Swakopmund, Walvis Bay and Windhoek

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for
Family Health International (FHI) and the municipal authorities of
Ongwediva, Oshakati, Swakopmund, Walvis Bay and Windhoek,
on behalf of USAID/Namibia

February, 2003



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Annex A: Field Instruments

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Focus Group Discussion Instrument Middle Management and Staff

Impact Assessment of HIV/AIDS on Oshakati, Ongwediva, Swakopmund,
Walvis Bay and Windhoek

Prepared and Administered by SIAPAC for FHI on behalf of the Municipalities of Oshakati,
Ongwediva, Swakopmund, Walvis Bay and Windhoek

1	Municipality	____ - 1 Oshakati ____ - 2 Ongwediva ____ - 3 Swakopmund ____ - 4 Walvis Bay ____ - 5 Windhoek
2	Grade of Respondents	
3	Group [same sex groups ONLY]	# males _____ # females _____
4	FGD Leader	
5	FGD Assistant	
6	Date and Time	Date: Start Time: ____ Finish Time: ____ Total Time: _____
7	Cooperation	_____ - 1 High _____ - 2 Medium _____ - 3 Low
8	Person and Date of Note Rewriting	
9	Person and Date of Final Check	
10	Person and Date Entered	

[Int: Introduce yourself and give a brief overview of the project. Once you have done so, be sure to emphasise as a final introductory comment that we are doing an impact assessment, not a study, and that the impact assessment is a planning tool designed to help municipalities cope with HIV/AIDS impacts. Tell them that we will be asking questions about HIV/AIDS -- how serious they think the problem is, what they think the impacts have been and will be, etc. -- as well as questions about what is going on in the municipalities to protect their own workforce, and what they think could be done. Tell them that we will also touch on personnel issues, including sick leave, death benefits, training issues, temporary replacements, etc.]

Introductory Questions

- 12) We would like to start by asking you your names, and a few other things. [Int: get first name, occupation, length of time at the municipal authority, place of posting, education, sex and approximate age. Be sure that you understand what 'level/band' in the municipal service the participants are in. The purpose is for you to understand a bit better who you are meeting with, helping to inform your probes.] [Int: Assign a number to each respondent and, to the extent possible, use this numbering to isolate out single responses.]
- 13) Just to be sure that we understand your positions in the local government service correctly, please tell us what position you report to, and what position(s) report to you, if any. [Int: Get the information for each participant and number this, consistent with the previous question.]
- 14) Could each of you please give a brief overview of your key responsibilities in your jobs. [Int: All we need are key responsibilities, not a detailed list. Get the information for each participant and number, consistent with the previous question.]

Knowledge and Attitudinal Questions

Now that we have collected this basic background information, we would like to shift to a discussion about HIV/AIDS itself before we speak about any possible impacts. [Int: Be sure to number responses, look for patterns of higher and lower levels of knowledge depending on who is speaking.]

- 15) Could you first tell us a little bit about what HIV/AIDS is, as you understand it?

- 16) How is HIV most commonly transmitted? [Int: Once they discuss these, probe for common misconceptions, such as sneezing, coughing, kissing, holding hands, sharing cutlery and dishes, mosquitoes, etc.]
- 17) How can HIV transmission be most effectively prevented?
- 17a) One of the most common means of prevention of HIV transmission is condoms, as most transmission occurs via sex. Do you have any objections to condom distribution here within this local authority?
- 17b) What types of materials on HIV/AIDS, condoms, etc. would be acceptable for distribution here within this local authority? [Int: Probe posters, notices, pamphlets, booklets, videos, and other]
- 18) Do you *personally* know someone that you were fairly certain died of AIDS? [Int: We are not referring to 'celebrity' cases of someone who went public with their status and then died, or something they read in the paper/heard on the radio etc. Rather, we are speaking about people that they knew **personally**, or that were close to people they are close to.]
- 19) You have probably heard quite a bit in recent years about HIV/AIDS. Do you think that HIV/AIDS is really a problem in Namibia? If yes, to what extent, that is how serious is it? If no, please explain why you feel this way.
- 19a) Do you believe that there are people you come into contact with (that is, that you interact with, socialise with, pass in the corridor, pass on the street, etc.) who are infected with HIV or have AIDS? If yes, why do you think this? If no, why do you think this?
- 20) Just a few true-false statements on HIV/AIDS. We would like to hear your responses to these, and why you believe that your answer is correct:
- 20a) "If a pregnant woman has the AIDS virus, her child will inevitably get the AIDS virus as well."
- 20b) "Kissing someone who has the AIDS virus can result in AIDS infection, as it can be transmitted via saliva."
- 20c) "Condoms make the transmission of the AIDS virus more likely."
- 20d) "Someone who is infected with HIV will show clear symptoms, so one can tell who is HIV positive and who is not."
- 21) Sometimes there is reference to HIV, other times AIDS, still other times HIV/AIDS, and sometimes 'the AIDS virus'. In fact, we had done this in our discussions today. What

can you tell us about what you understand to be the relationship, if any, between HIV and AIDS? [Int: We want to know about whether they believe the two are linked and, if so, how HIV eventually leads to AIDS, and how long it takes from HIV infection to result in AIDS.]

- 22) What are the symptoms of AIDS?
- 23) We also have a few attitudinal statements that we would like you to consider. Please indicate whether you agree or disagree with the statement, and explain why?
- 23a) "I don't think that there is anyone in our local authority who has the AIDS virus."
- 23b) "There is a serious problem of 'sugar daddies' in our community."
- 23c) "If someone is known to have the AIDS virus, they should be isolated."
- 23d) "Households that are taking care of an AIDS patient are avoided by other households."
- 23e) "A number of people believe that they can be cleansed of the AIDS virus if they have sex with a virgin."
- 23f) "If a woman wants to use a condom but the man does not, the man's decision should rule and they should still have sex."
- 23g) "If one is in a long-term relationship, it is really impossible to refuse sex, including sex without a condom, even if you fear that they have a sexual infection."
- 23h) "If a shopkeeper has the AIDS virus, I would still buy products from them, including fresh produce."

Local Authority AIDS Prevention Activities Questions

- 24) What, if anything, is going on in your local authority with regard to HIV/AIDS prevention? [Int: When they are finished, depending on the local authority you are meeting with, take out the HIV/AIDS action sheet indicating actions that are currently being carried out in their local authority, and compare this to their list showing what they were aware was going on.]
- 24a) After looking at this list of activities, do you think that there are any that are missing?
- 24b) Do people take the advice given seriously, or are they seen as 'overly dramatic' or 'unimportant'?
- 24c) More specifically, do you think HIV/AIDS is serious enough to warrant such interventions? [Int: We are trying to establish whether they have latent beliefs that HIV/AIDS really isn't a big deal because they might not be seeing it, or because they believe that AIDS is either a fiction, or that it is an 'old' disease given a new name. We also want to try and establish whether they see themselves in any way at personal risk, or whether they feel that they are not at risk.]
- 24d) Beyond trying to reach all local authority personnel with basic interventions, is there any need to target specific interventions towards any particular local authority personnel that might be, for example, at higher risk?

AIDS Impacts on Local Authorities

- 25) According to recent data, some one-fifth of Namibians aged 15-49 are already HIV positive, and the percentage is growing fast. For Oshakati, Ongwediva, Walvis Bay and Windhoek, the rates are well above the national average, while for Swakopmund the rate is lower but is growing faster than the other locations. If the local government service is roughly similar to the general population, up to one-quarter of local government employees, or even higher, may be HIV positive.

HIV positive people will live approximately 8 years after infection without showing symptoms that they are ill, but soon after that they will start to become regularly ill, and will usually die within a year or 18 months after first illness. This means that, as AIDS sets in, infected local government employees will become increasingly absent and will then die. Along with them will die their training, skills and experience.

Consider what this might mean for the functioning of units you are familiar with in your local authority in terms of the following:

- 25a) Key posts are filled by people without the requisite skills and experience because people with the necessary skills cannot be found. What effect would this have on the local authority? [Int: This should be considered in the context to which this is *already* a problem. In other words, the problem would worsen. Therefore, get a sense of the severity of the problem and then what the impacts of HIV/AIDS would be.]
- 25b) Some posts will remain vacant for long periods of time, and the functions of these posts will have to be handed by others who also have their own responsibilities. This may last for years. [Int: This should be considered in the context to which this is *already* a problem. In other words, the problem would worsen. Therefore, get a sense of the severity of the problem and then what the impacts of HIV/AIDS would be.]
- 25c) The local government pension scheme will be put under extreme pressure to pay out benefits that it cannot afford due to AIDS illness and death. For example, resources could be drained through early retirement, payment to widows and dependents, death benefits, etc. What effect would this have on the pension scheme for your municipality?

Closing Question

- 26) Do you have any final comments before we finish?

Key Informant Interview Instrument

Middle and Senior Management

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1	Municipality	____ - 1 Oshakati ____ - 2 Ongwediva ____ - 3 Swakopmund ____ - 4 Walvis Bay ____ - 5 Windhoek
2	Grade of Respondents	
3	FGD Leader	
4	FGD Assistant	
5	Date and Time	Date: Start Time: ____ Finish Time: ____ Total Time: _____
6	Cooperation	____ - 1 High ____ - 2 Medium ____ - 3 Low
7	Person and Date of Note Rewriting	
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[Int: Introduce yourself and give a brief overview of the project. Once you have done so, be sure to emphasise as a final introductory comment that we are doing an impact assessment, not a study, and that the impact assessment is a planning tool designed to help municipalities cope with HIV/AIDS impacts. Tell them that we will be asking questions about what they believe to be the impact of HIV/AIDS on their workforce. Tell them that we will also touch on personnel issues, including sick leave, death benefits, training issues, temporary replacements, etc.]

Introductory Questions

- 11) Where does your position fit into the overall structure of your municipality. That is, who do you report to, and who reports to you? [Int: We are looking for positions, not names. Use an organogram to 'place' the post.]
- 12) [For more senior management only] What are the functions of your municipality?
 - 12a) Which of these would you classify as the core functions of your Municipality, and which can be classified as peripheral functions?
- 13) Please outline your key responsibilities. [Int: All we need are key responsibilities, not a detailed list.]

Internal Staffing Questions

- 14) Regarding those who report to you, we need to understand what the impacts might be of the illness or death of people in these positions. We would like to discuss impacts of past illness or death, and understand what has been done to deal with the situation, or what would be done to deal with such a situation in future. Given the HIV prevalence rate of over one-quarter for 15-49 year olds in the general population in your municipalities, please consider the following questions in terms of affecting over one-quarter of all posts. [Int: Use the organogram you wrote on above.]

- 14a) Of the units on the organogram, what would you describe as the key functions of each? [Int: We only want the top few. Add this to the organogram.]
- i) If these key functions are not performed for a day or two, which would be the most damaging to the functions of your section? [Int: Mark these on the organogram. Use a yellow marker.]
 - ii) If these key functions are not performed for a month or two, which would be the most damaging to the functions of your section? [Int: Mark these on the organogram. Use a blue marker.]
 - iii) If these key functions are not performed for 6 months or more, which would be the most damaging to the functions of your section? [Int: Mark these on the organogram. Use a green marker.]
- 15) If key members of this unit are absent for at least a few weeks, what would be the management response? In other words, what would management do, if anything?
- 15a) What constraints would affect management's ability to respond?
 - 15b) What opportunities promote the ability of management to respond?
- 16) If key members of this unit are absent for at least a few weeks, who else would be able to take over key functions, if anyone?
- 17) Looking at the various responsibilities of the units we have been discussing, we would like to take one at a time. Within each of these units, what points of vulnerability are there that would restrict the ability of the unit to perform its functions? In other words, consider the chain of delivery of key functions/services, and think about where this would be most vulnerable to interruption.
- 17a) Unit 1 (specify)
 - 17b) Unit 2 (specify)
 - 17c) Unit 3 (specify)
 - 17d) Unit 4 (specify)
 - 17e) Unit 5 (specify)

- 18) Again looking at these units, to what extent would you say each unit is operating to its capacity? That is, are all fully busy, or is there 'slack time'? [Int: If answers are vague, give them a few categories to consider: fully busy; mostly busy; somewhat busy; not very busy] [Int: If necessary, remind them that we do not need to know the names of people or even the names of the key positions at this time.]
- 18a) Unit 1 (specify)
- 18b) Unit 2 (specify)
- 18c) Unit 3 (specify)
- 18d) Unit 4 (specify)
- 18e) Unit 5 (specify)
- 19) Consider the most important people who occupy key positions in these units. To what extent are they trained and able to do the jobs they have to do? [Int: If answers are vague, give them a few categories to consider: fully able; mostly able; somewhat able; not very able] [Int: If necessary, remind them that we do not need to know the names of people or even the names of the key positions at this time.]
- 19a) Unit 1 (specify)
- 19b) Unit 2 (specify)
- 19c) Unit 3 (specify)
- 19d) Unit 4 (specify)
- 19e) Unit 5 (specify)
- 20) Historically some municipal authorities have been better endowed with financial and human resources. This applies for Windhoek, Walvis Bay and Swakopmund, while Oshakati and Ongwediva were historically less well endowed. What effects has this legacy had, in either positive (for Windhoek, Walvis Bay and Swakopmund) and negative (Oshakati and Ongwediva) terms, on your municipality's ability to respond to the epidemic? [Int: Go over some of the above issues again when they are considering this question.]

Loss of Senior Management

- 21) [Int: Excludes the Town Clerk and Mayor] What about the loss of people more senior than you. Please consider the following:
- 21a) If their key functions are not performed for a day or two, which would be the most damaging to the functions of your section?
 - 21b) If their key functions are not performed for a month or two, which would be the most damaging to the functions of your section? [Int: Once these are marked on the organogram, ask the following] Can you rate the impact of the damage as 'most severe', 'somewhat severe', or 'somewhat of a problem' for each of these.
 - 21c) If their key functions are not performed for 6 months or more, which ones would be the most damaging to the functions of your section? [Int: Once these are marked on the organogram, ask the following] Can you rate the impact of the damage as 'most severe', 'somewhat severe', or 'somewhat of a problem' for each of these.

Critical Functions Analysis

- 22) In considering what we have discussed above, and putting this in the context of the your functions as a local authority, what will be the overall impacts of HIV/AIDS on the ability of your municipality to provide municipal services? [Int: Using your list of services provided by the municipality you are speaking with, ask by type of service. Ask them to consider which of these services requires people with higher skills levels, and what impact this may have on the vulnerability of the service area to HIV/AIDS.]
- 23) What personnel policies do you think inhibit your municipality's ability to be flexible in adapting to the impacts of HIV/AIDS? What should be changed? [Int: Probe extensively for policies across appointments, sick leave, pensions, death benefits, temporary replacement and permanent replacement, etc.]
- 24) What other policies do you think inhibit your municipality's ability to be flexible in adapting to the impacts of HIV/AIDS? What should be changed?

- 25) What do you think will be the impact on labour relations of the human resources changes being caused by HIV/AIDS?
- 26) As a final question, we need to know whether your Municipality is planning any new services, is intending to commercialise any services, or will be privatising any services over the next fifteen years.

Closing Question

- 27) Do you have any final comments before we close? [Int: Once you have closed the interview be sure to remind them that you will likely have to call on them again for specific information in the course of the study.]

Story With A Gap Instrument

Middle Management and Staff

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Walvis Bay and Windhoek

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3	Group [same sex groups ONLY]	# males _____ # females _____
4	SWAG Leader	
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Introductory Questions

- 12) We would like to start by asking you your names, and a few other things. [Int: get first name, occupation, length of time at the municipal authority, place of posting, education, sex and approximate age. Be sure that you understand what 'level/band' in the municipal service the participants are in. The purpose is for you to understand a bit better who you are meeting with, helping to inform your probes.] [Int: Assign a number to each respondent and, to the extent possible, use this numbering to isolate out single responses.]
- 13) Just to be sure that we understand your positions in the local government service correctly, please tell us what position you report to, and what position(s) report to you, if any. [Int: Get the information for each participant and number this, consistent with the previous question.]
- 14) Could each of you please give a brief overview of your key responsibilities in your jobs. [Int: All we need are key responsibilities, not a detailed list. Get the information for each participant and number, consistent with the previous question.]

Knowledge and Attitudinal Questions

Now that we have collected this basic background information, we would like to shift to a discussion about HIV/AIDS itself before we speak about any possible impacts. [Int: Be sure to number responses, look for patterns of higher and lower levels of knowledge depending on who is speaking.]

- 15) Could you first tell us a little bit about what HIV/AIDS is, as you understand it?

- 16) Do you *personally* know someone that you were fairly certain died of AIDS? [Int: We are not referring to 'celebrity' cases of someone who went public with their status and then died, or something they read in the paper/heard on the radio etc. Rather, we are speaking about people that they knew **personally**, or that were close to people they are close to.]
- 17) You have probably heard quite a bit in recent years about HIV/AIDS. Do you think that HIV/AIDS is really a problem in Namibia? If yes, to what extent, that is how serious is it? If no, please explain why you feel this way.
- 17a) Do you believe that there are people you come into contact with (that is, that you interact with, socialise with, pass in the corridor, pass on the street, etc.) who are infected with HIV or have AIDS? If yes, why do you think this? If no, why do you think this?

Municipal AIDS Prevention Activities Questions

There are five municipalities in this assessment. Some have established HIV/AIDS prevention programmes (e.g., Walvis Bay), others do not, but are planning to do so and are well along in this plans (e.g., Windhoek) or intend to do so (e.g., the remaining three). With specific reference to your municipality, we would like to conduct an exercise where you describe your ideal future in terms of HIV/AIDS prevention activities, and mitigation activities. We would then like to ask how you think it would be best to achieve this desired future.

Basically, in terms of municipal interventions, they can be grouped into the following categories:

- support networks, NGOs, groups and clubs
- condoms
- financial support
- awareness raising
- reducing 'risk behaviours'
- political will
- testing, counselling and treatment (if HIV positive)
- destigmatisation
- confidence building

Taking these one at a time, please describe the ideal set of interventions in your municipality in terms of each as follows:

- 18) Support networks, non-governmental organisations, groups and clubs - This might include formal and informal organisations, either formed within or outside the municipality, that municipal employees can rely on to learn more about how to reduce the risk of HIV infection, care for sick relatives, cope with the loss of a family member or colleague, learn about their HIV status and, if positive, learn how to cope with their situation, etc. It could include non-governmental organisation activities, networks of peer educators, the involvement of churches for emotional and spiritual support, anti-AIDS clubs, etc. It could also include assistance to family members.
- 18a) What would the interventions ideally look like?
- 18b) What would it take to make such interventions acceptable and effective?
- 18c) What factors would undermine the interventions?
- 19) Condoms - This might include availability of free and/or purchasing of condoms [male and female] in municipality offices, availability of male condoms to males and females, condom demonstrations, leaflets visible, condom instructions, posters advocating condom use for those sexually active, etc.
- 19a) What would the interventions ideally look like?
- 19b) What would it take to make such interventions acceptable and effective?
- 19c) What factors would undermine the interventions?
- 20) Financial support - This might include mechanisms to improve the financial situation of those HIV positive, so that medical bills can be covered and so that families can be assisted after the death of an income-earner. This is beyond existing sick leave, death benefits and pension packages. Examples could include a municipal credit unions to raise capital, savings groups, or other approaches. Much of this would be focused on how to financially cope with HIV infection and treatment for AIDS-related diseases, and coping with the loss of an income-earner.
- 20a) What would the interventions ideally look like?
- 20b) What would it take to make such interventions acceptable and effective?
- 20c) What factors would undermine the interventions?

- 21) Awareness raising - This might include trained people coming in to discuss HIV/AIDS and answer questions, whether one-on-one or with groups of people, do condom demonstrations, etc., medical people who explain the medical details about HIV and AIDS, the distribution of pamphlets and other information documents, etc.
- 21a) What would the interventions ideally look like?
- 21b) What would it take to make such interventions acceptable and effective?
- 21c) What factors would undermine the interventions?
- 22) Reducing 'risk behaviours' - This refers to working with those who have a high 'risk profile', specifically those who have many sexual partners, those who rarely or never use condoms even with multiple sexual partners, those with an untreated sexually-transmitted infection, and those who have sex with commercial sex workers. It may also include problems of alcohol or drug abuse, given the relationship between alcohol abuse and poor sexual behaviours. Studies have found that people away from their families for long periods of time are particularly at risk. The intervention would require that those who are engaged in high risk behaviours be 'self-identified', by learning through information interventions that certain practices are risky.
- 22a) What would the interventions ideally look like?
- 22b) What would it take to make such interventions acceptable and effective?
- 22c) What factors would undermine the interventions?
- 23) Political will - This refers to strong support for HIV/AIDS interventions by key leaders within your municipality, and within the Ministry of Regional and Local Government and Housing, their breaking down stigma towards those who are HIV positive, their personal commitment to a healthy lifestyle and safer sexual conduct, etc.
- 23a) What would the interventions ideally look like?
- 23b) What would it take to make such interventions acceptable and effective?
- 23c) What factors would undermine the interventions?

- 24) Testing, Counselling and Treatment (treatment for those HIV positive) - This refers to a willingness to go for testing to see if one is HIV positive, coupled with pre- and post-test counselling, on-going counselling of those who are HIV positive, counselling for the families of those who are HIV positive or have AIDS, counselling for those who had lost a loved one, etc., and finally treatment for those who are HIV positive, referring to the municipality providing for the medical care associated with treatment of those who have tested positive for HIV, and who have a compromised immune system. It would include drugs to improve the ability of the immune system to delay the effects of HIV.
- 24a) What would the intervention to encourage testing look like?
- 24b) What would it take to make such interventions acceptable and effective?
- 24c) What factors would undermine the interventions?
- 25) Destigmatisation - This refers to overcoming the stigma attached to those who are known to be HIV positive or who have AIDS, so that they are better treated and understood, and so that others who know that they are HIV positive will be encouraged to publicly proclaim their status. or maybe speak freely about it
- 25a) What would the interventions ideally look like?
- 25b) What would it take to make such interventions acceptable and effective?
- 25c) What factors would undermine the interventions?
- 26) Confidence building - This refers to building the confidence of municipal officers to tackle HIV/AIDS. This could include, for example, deciding to report sexual harassment, willingness to declare one's HIV positive status, willingness to insist on condom use, gender issues, etc.
- 26a) What would the interventions ideally look like?
- 26b) What would it take to make such interventions acceptable and effective?
- 26c) What factors would undermine the interventions?

Closing Question

- 27) Do you have any final comments before we finish?

Annex B: Minutes of the Inception Workshop

HIV/AIDS Impact Assessment on the Municipalities of Windhoek, Swakopmund, Walvis Bay, Oshakati and Ongwediva

Minutes of Inception Workshop
7 - 8 November 2001

1 Introduction

An Inception Workshop for the HIV/AIDS Impact Assessment on the municipalities of Windhoek, Swakopmund, Walvis Bay, Oshakati and Ongwediva was organised in order to discuss the study with all parties involved. One of the main reasons for the workshop was to establish a partnership between key people within municipalities and the consultants for the successful implementation of the study.

The Inception Workshop was held on 7 and 8 November 2001, in Windhoek at the Safari Hotel, Omatako 3. The workshop started at 14h00 (7 November) following registration and completion of logistical arrangements, and ended at 16h00 on 8 November. The workshop was well attended by all municipalities as well as representatives from the United States Agency for International Development (USAID) and Family Health International (FHI). Please see Annex A for the list of participants.

2 Logistical Issues

Before the Inception Workshop, Mr. Mouton, Deputy Team Leader, visited the five municipalities in order to brief key people within the municipalities about the HIV/AIDS Impact Assessment. All municipalities warmly welcomed Mr. Mouton. A briefing document was provided to the municipalities (see Annex B). Representatives of the municipalities confirmed attendance of key people to the Inception Workshop. SIAPAC extended letters of confirmation to the municipalities after the briefing visits. Please see Annex C for confirmation letters.

Workshop participants were provided with accommodation and meals at the Safari Hotel. Participants also received money for incidentals for the duration of their stay. The study team would like to thank all municipalities for participating in the Inception Workshop.

3 Official Welcome and Background to the Study

Mr. Randolph Mouton, the workshop moderator, welcomed participants on behalf of SIAPAC and introduced Mr. Martin Shipanga, Chief Executive Officer of the City of Windhoek. Mr. Shipanga then officially opened the workshop.

Mr. Shipanga thanked the moderator, and indicated that he would usually have opened the meeting with a prayer but, as he had come from another meeting, he already prayed for this meeting.

He indicated that, some time ago, local government professionals realised the challenges that Namibia is facing. This realisation arose from indications provided by national government. Each time the President speaks, he highlights the challenges that Namibia faces. HIV/AIDS is among the challenges that Namibia faces and is a problem both globally and throughout Africa. If we look at what is happening, from local government's point of view, the nation keeps on talking about AIDS-deaths and that 'such and such' has contracted the virus. This impacts on our communities and, because this has become a crisis, people start acting haphazardly and spend a lot of time planning.

HIV affects the families, relatives and employers of those infected. There are awareness programmes, but the question is, what is local government doing to address the challenge that Namibia now faces? Several officials were asked what local government's response is, and while there were some answers, these were very mixed. This led to the idea that local governments need to jointly develop a comprehensive strategy that can assist in combating the epidemic. Firstly, in order to understand the extent of the HIV/AIDS challenge and, secondly, its impacts. For example, about 150 people are buried in Windhoek every month. We should bear in mind that the city does not have a large population. How many of these people are dying of AIDS? Examining the profile of these people, it may be that they are engineers, doctors, etc. These are people with skills. How can we develop the country if skilled people are dying? In addition, we need business people. These are people with entrepreneurial skills that can stimulate the economy of the country. If these skilled people are dying how are we going to build the country?

It is for these reasons that local government has thought of coming together and has started thinking about these impacts, so that we can develop a common approach to the epidemic. At the least, as a local government practitioner, official, councillor, etc. one should be in a position to know what to do. If the communities ask us what we are doing to fight the challenge of HIV/AIDS that we all face, we should be able to provide them with answers. The professionals are fortunate because they are the ones that advise the upper levels - the policy makers. Our councillors, mayors, the president, ministers, etc. constantly articulate the problem of HIV/AIDS.

Mr. Shipanga indicated his belief that local government authorities should develop an approach that can be put forward to policy makers for consideration so that this could be replicated.

He thanked FHI and USAID for supporting the study to assess the impact of HIV/AIDS on the five Namibian cities. This, he added, will give meaning to what the policy makers are trying to do. There are 52 local authorities in the country with whom this information can be shared. The study could then become a model for them to replicate.

Lastly, Mr. Shipanga wished the consultants luck in implementing this study and once again thanked FHI and USAID.

Mr. Mouton thanked Mr. Shipanga for his opening remarks and excused him from the workshop in order to attend to other commitments.

4 Finalisation of Agenda and Introductions

Mr. Mouton reviewed and finalised the agenda. Participants accepted the agenda without changes or additions. Please see Annex D for the agenda. Each participant was then requested to introduce himself/herself, and to include any information they would like to share with the other workshop participants.

In addition to the team members present, other team members were also introduced. These included: Mr. John King, Mr. Chris Desmond and Prof. Alan Whiteside as well as Ms. Jeany Auala and Mr. Immanuel Iita. Mr. Mouton also introduced SIAPAC as the implementing agency for the impact assessment.

5 Overview of the Impact Assessment Activities and Deliverables

Ms. Tomlinson, the Team Leader, gave an overview and background of the Impact Assessment activities and deliverables of the study. This presentation is outlined below.

5.1 Purpose

The purpose of the workshop is to:

- Introduce participants to the aims and objectives of the study assessing the impact of HIV/AIDS on five Namibian cities (Walvis Bay, Windhoek, Swakopmund, Oshakati and Ongwediva)
- To agree with participants on the study aims and objectives
- To plan and agree with the schedule of activities with representatives of each local authorities
- To inform strategic planning within local authorities and the communities they serve
- To lead to the development of strategies and plans that both prevent and mitigate HIV/AIDS impacts

5.2 Anticipated Impacts

- On personnel within each local authority
- On the ability of each city or town to meet its responsibilities, fulfil its mandate and provide urban services
- On the economic environment, including local business
- On demands for services, including health services
- On households within each local authority - impacting their ability to meet their basic needs and pay for services
- On the quality of urban life - social and economic (e.g., street children, crime, etc.)

5.3 Study Aims

- To provide insights into each of these impacts of HIV/AIDS for each of the five local authority areas
- To use this understanding to assist in “mainstreaming” HIV/AIDS in the planning and development functions of each local authority

5.4 Study Objectives

- Project the demographic impact of HIV/AIDS illness and death on local authority personnel
- Project the demographic impact of HIV/AIDS illness and death on the population in each local authority area
- Model and assess the economic impacts, on municipal revenue bases, the ability of households to pay for services and on the viability of local businesses
- Assess (qualitatively) impacts on the quality of urban life (e.g., the ability of households to meet basic needs, crime, etc.). Examine the costs associated with prevention for local authority personnel as opposed to those associated with taking no action. This would include treatment costs for those who are HIV+
- Outline an HIV/AIDS strategy and action plane for each of the five cities and towns

5.5 Study Activities

PHASE 1 - Data Collection and Design Phase

Data Collection

- Data and information on local authority personnel, structures, policies, services and functions, etc.
- Population data
- Economic data relevant to each city/town
- Relevant background documents and plans (e.g., structure plans, reports such as the 1996 Windhoek Municipality report, etc.)

Design Activities

Involves the design of qualitative survey instruments following a review of all data and literature collected. The following tools will allow us to gain further insights into ongoing and anticipated HIV/AIDS impacts:

- Key Informant Interviews
- Focus Group discussions
- Story with a Gap

Deliverables

- Submission of Progress Briefing Report 1. Five progress meetings will be held (one in each city/town) on completion of Phase 1 work

Phase 2 - Implementation

- Projecting HIV/AIDS demographic impacts using the Spectrum group of programmes
- Projecting the economic impacts
- Implementing Key Informant Interviews, Focus Group Discussions and Story With a Gap in each local authority, at municipal, business and household levels to obtain qualitative data

Deliverables

- Submission of Progress Briefing Report 2
- Five progress meetings

Phase 3 Analysis and Write Up

- Modelling of personnel, population and economic data Filling of data and information gaps Analysis and Write up

Deliverables

- Submission of Draft Report
- Progress meetings held in each municipality to review and receive comments/feedback on the draft
- Preparation and submission of final report

Phase 4 - Planning and Integration

- Development of methodologies to integrate HIV/AIDS in the activities of the local authorities
- Preparation of HIV/AIDS Prevention and Response Strategy and Action Plan for each local authority - to be done at an advocacy workshop held in Windhoek
- Integration of the five Actions Plans into the final report
- Development of methodologies to integrate HIV/AIDS in the activities of the local authorities
- Preparation of HIV/AIDS Prevention and Response Strategy and Action Plan for each to be done at an advocacy workshop held in Windhoek
- Integration of the five Actions Plans into the final report

In closing, Ms. Tomlinson indicated that the purpose of the study also included community responses to the challenge and what the municipalities will do to look at the anticipated impacts. We will also examine the impact on personnel of the cities and undertake what is known as a critical post analysis. This involves assessing where critical functions and posts lie within an organisation. It should be borne in mind that these are often not the obvious key posts. For example, if a security guard was absent from work and people were unable get into their offices for work because he was the only one that had the keys, there would be an impact far beyond the loss of a security guard. The purpose of the impact assessment is to allow the local authorities to understand these impacts, and to begin planning for them. The final product of the study is intended as a tool for municipalities to use and it must therefore be a practical document developed collaboratively with local authority representatives.

During the primary data collection process all kinds of data would be needed to understand the cities better. The primary data collection process will take about six weeks.

5.6 Questions, Comment and Responses

Question: When will the final product of the study be made available?

Response: In June, as delays are expected because of the Christmas break.

Comment: The consultants will need a great deal of information/documentation from the municipalities. The consultants know about possible problems that may be faced during this process of secondary data collection because we have experienced this with similar studies that the team has implemented in other countries (Swaziland and Mozambique).

6 The Sex Game

Following this session, Ms. R. Smart facilitated the sex game. The participants were asked anonymously to answer the questions in the table illustrated below. The question was whether participants have been involved in any of the sexual activities listed in the table. Feedback on the sex game was given during the optional session in the afternoon.

Sex Quiz: Activities in the past 10 years

No sex at all	
Sex with only one person	
Sex with more than one partner	
Sex with more than one partner at the same time	
Sex outside of marriage	
Sex with a same sex partner	
Sex with an animal	
Oral sex	
Anal sex	
Unprotected sex	
Viewed pornography	
Cybersex	
Group sex	
Sex with a sex worker	
Use of sex toys	
Masturbation	

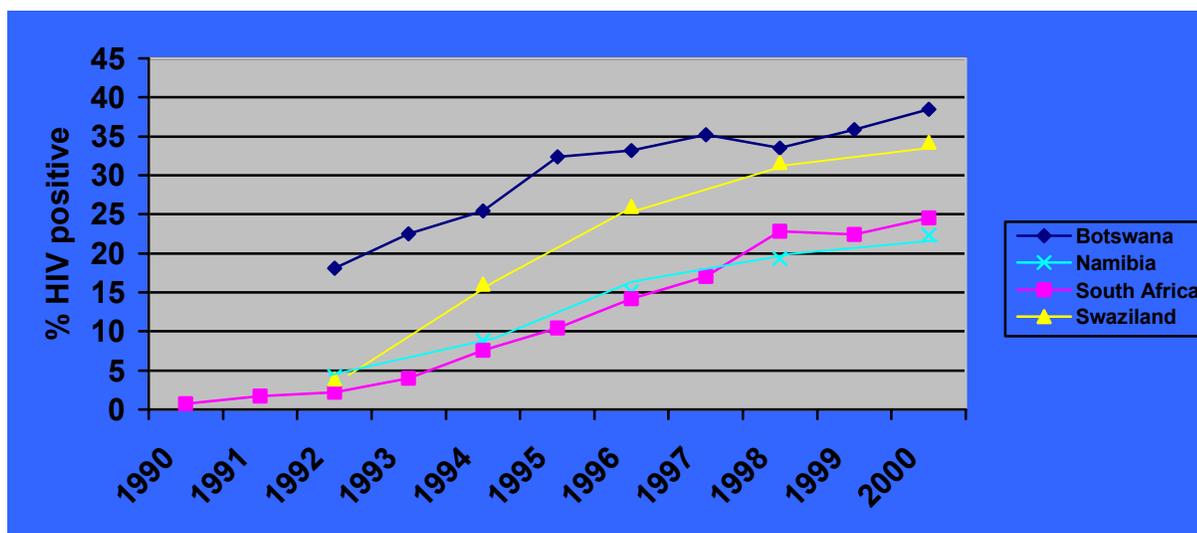
7 HIV/AIDS Impact and Planning

Ms. S. Willans provided an overview of the socio-economic impacts of HIV/AIDS in Namibia and the Southern Africa region. Her presentation is included below.

The first overhead illustrated Ante Natal Prevalence in four southern African countries.

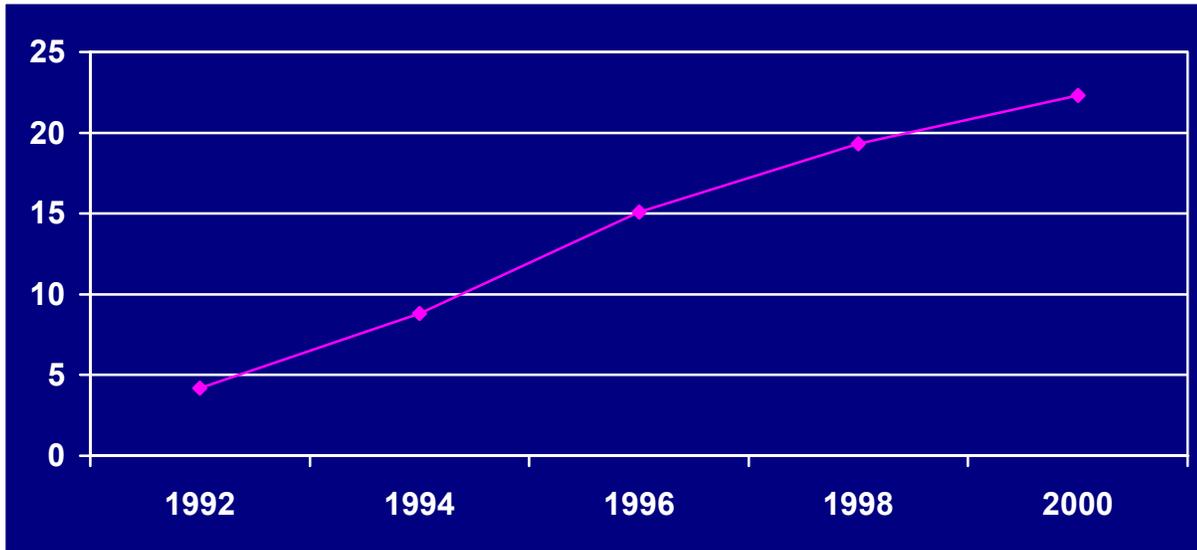
Namibia's prevalence rate among adults is now over 22 percent, close to that in South Africa.

7.1 HIV/AIDS Statistics



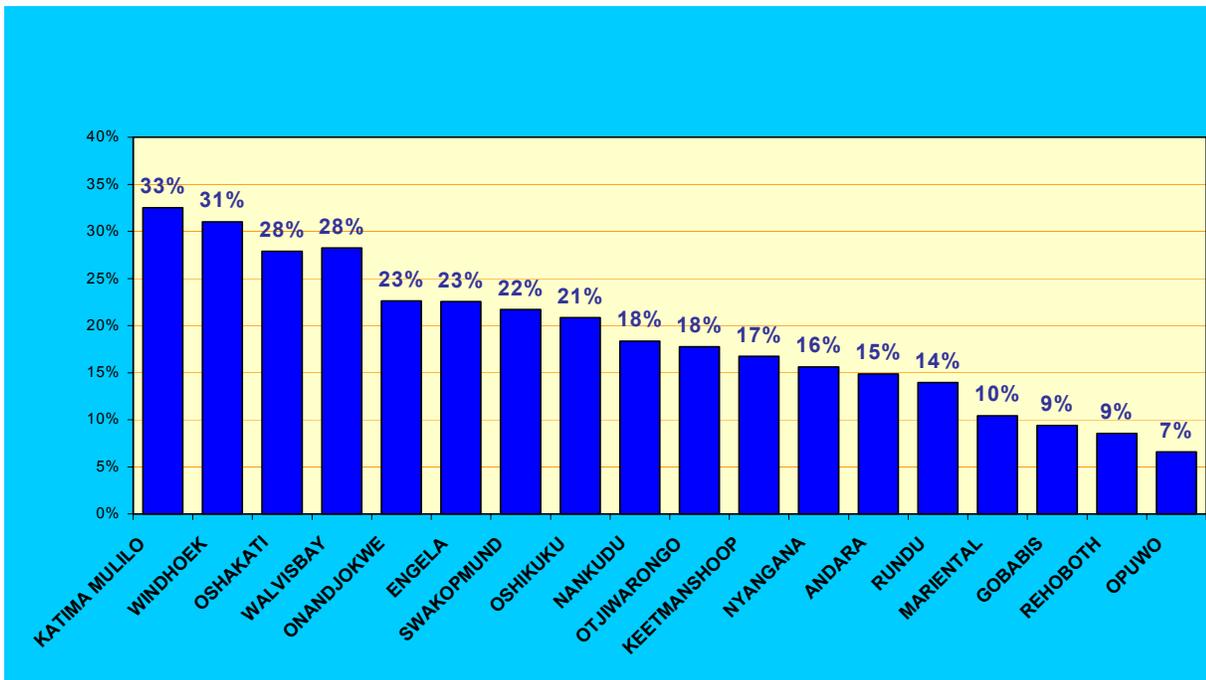
National ANC Prevalence (1990-2000)

Namibia's prevalence rate is illustrated below. It has risen continuously since surveillance surveys were first undertaken in 1992.

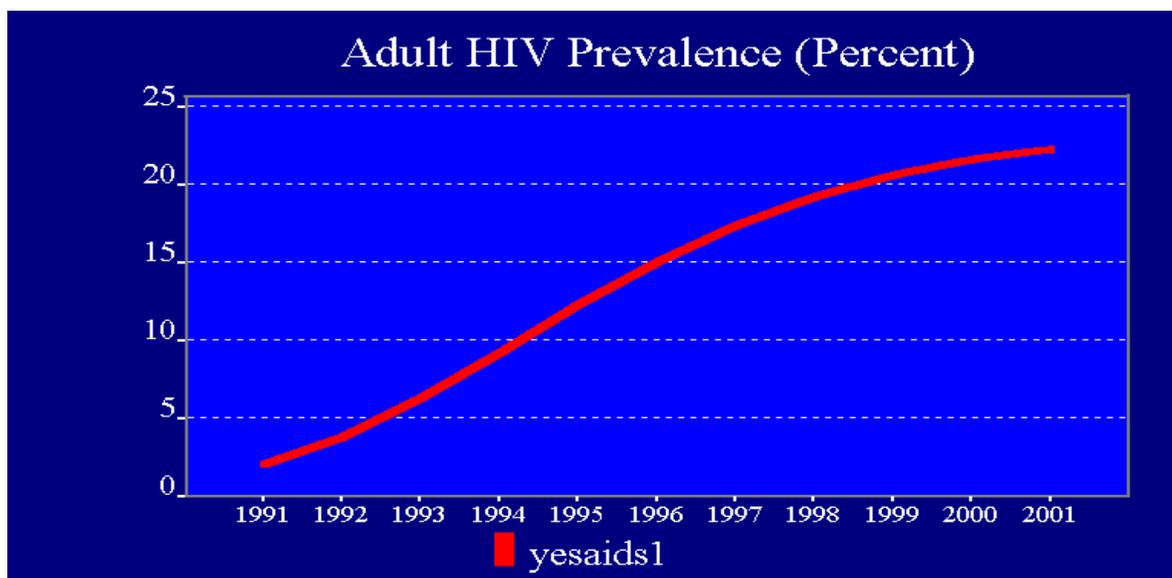


Namibia ANC Prevalence (percentage)

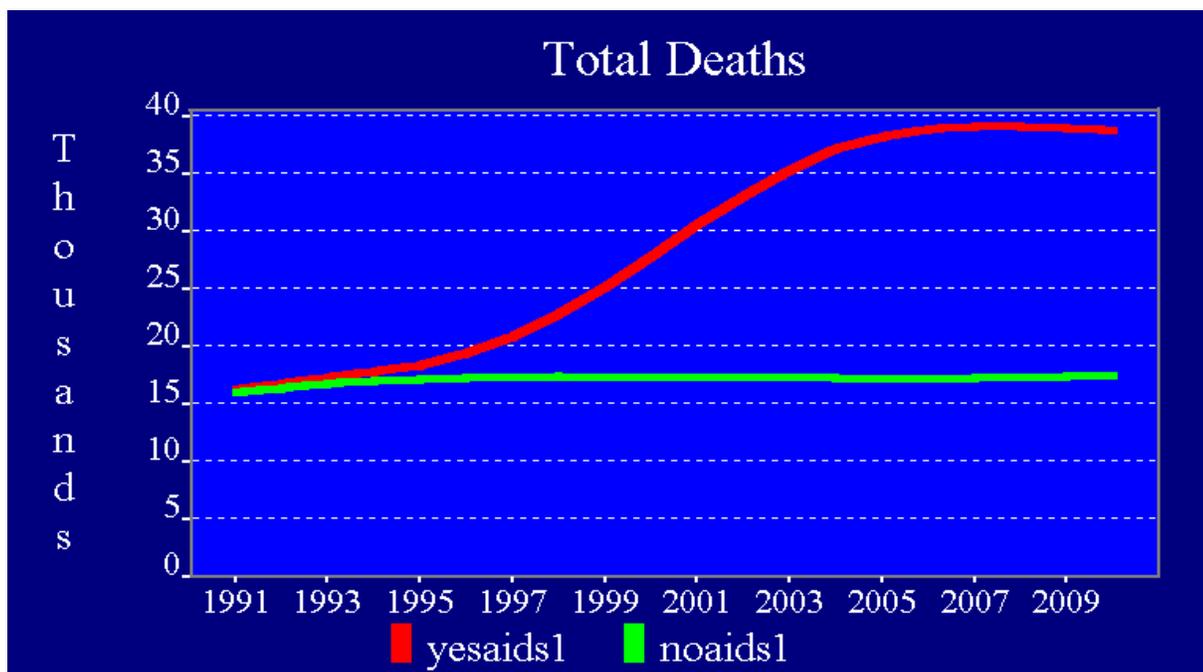
HIV prevalence among Pregnant Women at different sites, HIV sentinel zero-survey, Namibia 2000.



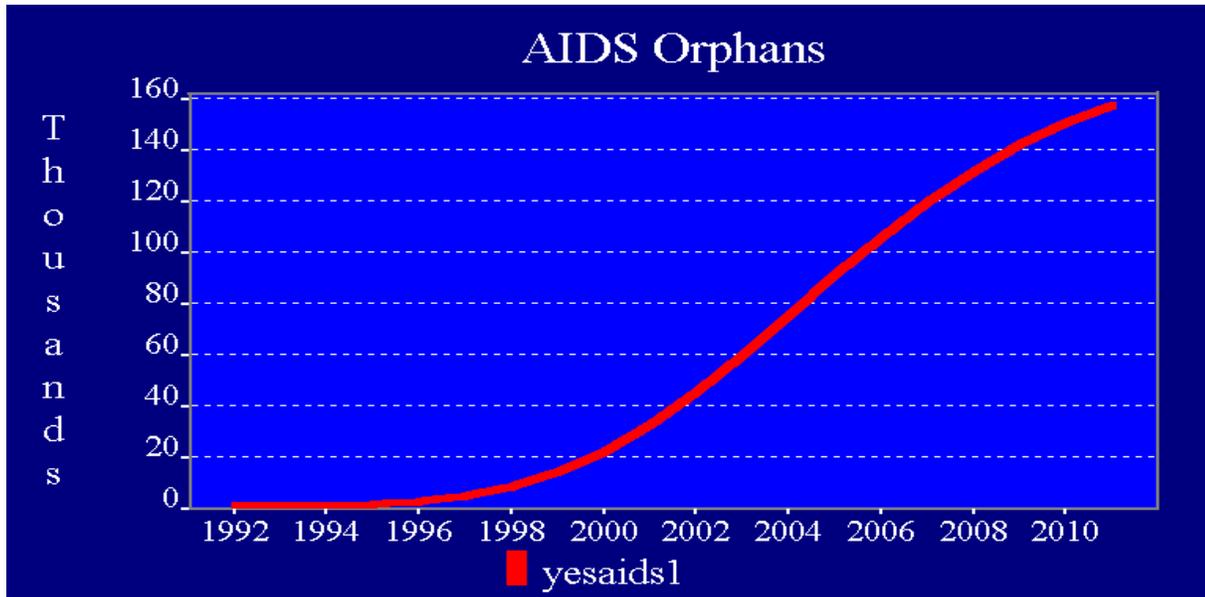
Namibia Adult HIV Prevalence



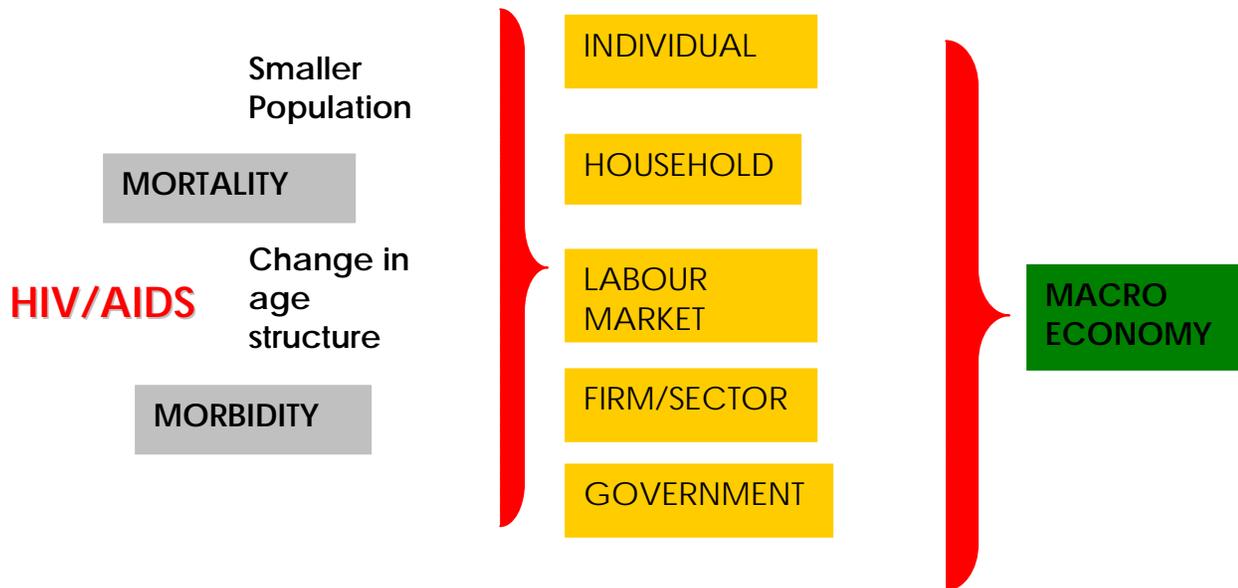
Namibia AIDS Deaths

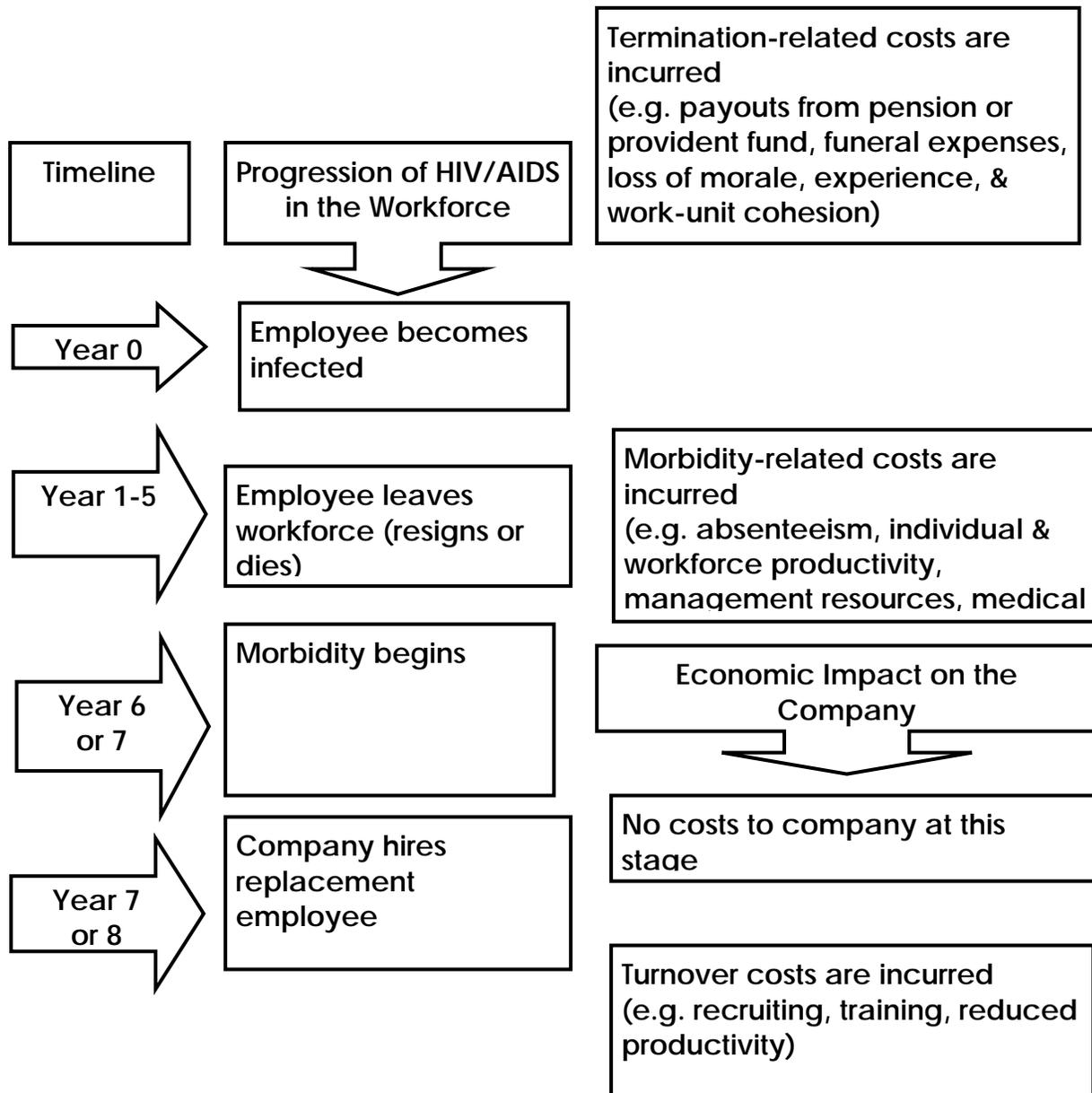


AIDS Orphans in Namibia



7.2 Channels of Economic Impact





7.3 Social Service Systems

The impacts are as follows:

- Health care
 - Increased demand
 - Decreased ability to offer services as a result of staff loss
 - Crowding out
 - Similar impact on welfare services
- Education
 - Reduction in demand
 - Greater reduction in ability to offer services

7.4 Socialisation

- Psychological impact on children
 - Parental illness and death
 - Educators illness and death
 - Increased death in the community
- Care of orphans
 - The need to care for orphans will increase
 - Ability of traditional arrangements to cope will be eroded

- Most important long term impact

Impact of HIV/AIDS on Democratic Governance

- Rule of Law & Human Rights affected
- Decreased citizen support for DG
- Decreased citizen involvement with DG
- Decreased citizen compliance
- Credible & competitive political processes affected
- Development of civil society hindered

7.5 Conclusions

- HIV has already reached very high levels in Namibia and is set to rise for a few more years
- All employers (including Government) will be affected by the epidemic, and need to develop comprehensive responses
- All Government delivery as such health care, welfare and education systems will be adversely affected
- HIV/AIDS is the single greatest threat to development in Namibia & has the potential to reverse all democratic gains
- A comprehensive multi-sect oral response, is essential to ensuring better prevention and to lessen the impact on the infected and affected
- HIV/AIDS must be recognised as a serious but manageable challenge to social development.

7.6 Questions, Answers and Comments

Question: The definition of orphans used, is it a national or international definition?

Response: It is an international definition.

Comment: In Namibia orphans are defined as children who lost one or both parents, mother and/or father.

Question: Does that definition include street children? I am concerned that we are excluding street children.

Response: In Southern Africa street children are not necessarily orphans. They may be orphans or not.

Question: Between teachers and learners who is most affected?

Response: Teachers are vulnerable. Many teachers teach away from the spouse. It also depends on the type of education the teacher has. Is the teacher trained? Children who are born with HIV or contract the virus when older are also affected.

8 Why Should Municipalities Lead HIV/AIDS Prevention in Communities

Ms. Willans' presentation was followed by Ms. R. Smart who started by asking the participants what comes into their minds when they think of Ms. S. Willan's presentation. The following answers were given by the participants.

- HIV/AIDS is very dangerous and we must do some thing to combat it.
- The statistics shown indicate the impacts on economics and the figures are worrying. If the breadwinner in the household dies there would be no one to pay the accounts.
- Increasing number of orphans.
- Teenage infections and adults.
- The economically productive age groups (20-30) that are infected. Policies should be put in place.
- The country will run out of money.
- The impact on education and country.
- The statistics (numbers of those with HIV) are only taken from women.
- Skilled people are dying and productivity is decreasing.
- Households, spouses that work away and bring HIV back home.
- The increase in prices and decrease in income.

8.1 HIV/AIDS and Development

HIV/AIDS cannot be separated from broader development issues such as poverty, gender inequities and human rights. HIV/AIDS threatens human development and social and economic security. In developing countries, where 95% of all HIV infections occur, AIDS is already reversing decades of hard-won development gains in improving the quality of people's lives and reducing poverty. Individuals and communities need self-confidence to develop. HIV/AIDS erodes this development process through exacerbating poverty, promoting despair and destroying community spirit. The sustainability of HIV/AIDS programmes will depend, in part, on the degree to which HIV/AIDS programmes are integrated into other existing development structures and strategies.

A typical community affected by HIV/AIDS will experience the following:

- ❑ Economically productive adults leave work due to illness or to attend funerals or to care for people – the local school loses teachers, health-care workers become sick, husbands and fathers are no longer employed
- ❑ Life expectancy decreases, infant mortality increases
- ❑ Existing under-resourced health services become overwhelmed
- ❑ Disruption to family and community life emerges
- ❑ Children are kept away from school to care for adults
- ❑ There are increasing numbers of orphans – most of whom have less access to education and to adult role models
- ❑ Limited family resources are spent on care and funerals
- ❑ Food production declines – malnutrition increases
- ❑ Poverty, inequality and crime increase
- ❑ People with HIV become stigmatised and face harm and discrimination

8.2 Useful Concepts in Understanding HIV/AIDS Mainstreaming

Ms. R. Smart continued with her presentation by discussing several important concepts that need to be understood when undertaking an impact assessment of this nature. The first was 'mainstreaming' and what this meant. One of the participants indicated that it means bringing HIV/AIDS out of the closet. Other participants indicated that it means making the disease the responsibility of everyone.

The terms and definitions discussed are listed below.

Mainstreaming

A multi-sectoral, mainstreamed approach does not simply mean "other sectors in a support role for a master plan, or other Ministries finding ways to support a Health Ministry's response to HIV. Rather, it means all sectors determining how the spread of the HIV epidemic is caused or contributed to by issues in their own sector's purview, and how the epidemic is likely to affect their own sector's plans, objectives and goals in the future".

UNDP

Expanded response

'To match the expanding epidemic, we need an expanded response. Alongside increased and improved action in the health sphere, we need to do more about the underlying social and economic conditions that leave people few real options for protection. We need to strengthen the ability of individuals and communities to deal with AIDS as a new reality. And we need to incorporate AIDS issues into social and economic development'.

UNAIDS

Risk: The probability that a person may acquire HIV

Risk behaviour: Either individual or group behaviour which increases the chance of HIV transmission

Risk environments: Those environments in which the chances of HIV transmission are increased as a result of social, economic and/or cultural factors

Susceptibility: Those factors determining the rate at which the HIV epidemic is propagated at an individual, group or societal level

Local examples of susceptibility:

- ❑ infra-structural factors such as the development of a road;
- ❑ environmental factors such as a drought resulting in unusual population movements;
- ❑ cultural factors such as a particular sexual practice or belief, or a change in these;
- ❑ economic factors such as the closure of an industry resulting in job losses or the opening of a construction site with an influx of migrant workers;
- ❑ or social factors such as civil war.

Vulnerability: The features of a social or economic entity which make it more or less likely that excess morbidity and mortality associated with HIV will have a negative impact upon that unit.

8.3 HIV/AIDS Response

When developing an HIV/AIDS response it is useful to divide that response into two, an *internal* and an *external* response.

Internal response

As Government is one of the largest employers in any country, each Ministry, and each level of Government has a responsibility to develop a *policy* on HIV/AIDS and to initiate and sustain an HIV/AIDS *programme* for its staff. It furthermore has a responsibility to take the lead and serve as a role model for other employing bodies.

External response

The external response has two components, one related to the services and functions that each Government Ministry or level of Government is responsible for and the second which uses the opportunities and comparative advantages that Government has to contribute to the country's HIV/AIDS goals and objectives.

1. Using the services and functions for which it is responsible as a platform for HIV/AIDS prevention, care & support and impact mitigation activities.
2. Using all other opportunities when there is potential interaction with citizens and communities for contributing to activities such as advocacy around HIV/AIDS, the creation of awareness, distribution of materials and resources and identifying affected individuals and families and linking them to care and support networks.

8.4 Questions, Comments and Responses

Comment: The consultants will need to gather all available data from municipalities, and there is information that the consultants do not know exists that officials need to inform us about. For example, there are some 300 hundred members of the police force to be added to Windhoek municipality staff, according to a report in today's newspaper.

Also, each of the municipalities present may be differently accommodated under local government regulations. There are different functions in these municipalities as a result, and you may have expanded functions that may alter over time.

The role of the municipalities depends on where decentralisation is going and what your municipality physically looks like. We need to know what services you are delivering and are likely to be delivering over the next several years. Are you taking over health delivery and elements of water supply? Are you taking over electricity? These are the kinds of things that the consultants need to understand so that we can accommodate this in our assessment.

Question: We said people should have access to services. How can people be helped to access those services minimising HIV/AIDS?

Response: This must be an objective accomplished in the planning resulting from this study.

Comment: Allocation of resources. Access to services is limited especially in rural areas. Quality services are only available in urban areas.

Comment: The cities (local government) should ensure that people know about services and their location. People should know what is available and where.

Question: Will there be linkages between what is going to be done here (in this workshop and the project overall) and what national government is doing?

Response: This still needs to be established between the consultants, their client (FHI) and yourselves as representatives of the local authorities. It is, however, a key issue that must be resolved if the studies is to succeed.

Comment: With the assistance of the central government there must be a multisectoral response to the epidemic.

9 Day One - Closure

The moderator then closed the workshop for the day, summing up the presentations and discussion held thus far. He announced that Ms. R. Smart would facilitate an optional session on HIV/AIDS that would follow immediately. Nine participants elected to stay for this session.

10 Optional Session: What is HIV/AIDS?

The session began with the results of the sex game conducted earlier. Following discussion, the participants agreed that the results indicated that we are all engaged in risky behaviours, yet the group was representative of society.

The participants were then divided into 5 groups and each group was given three questions to answer. These are indicated below.

Group 1

HIV and AIDS

- What is the difference between HIV and AIDS?
- How does HIV affect the immune system?
- Where did AIDS come from (originate)?

Group 2

Transmission Facts

- How is HIV spread?
- What body fluids can transmit HIV?
- What do you know about the interaction between HIV and other STDs?

Group 3

Testing and Counselling

- How can you find out if you are infected with HIV?
- What is the “window period”?
- What do you understand by pre- and post-test counselling?

Group 4

Prevention

- How can you prevent sexual transmission of HIV?
- How safe are condoms?
- What do you know about preventing mother to child transmission?

Group 5

Treatment and Care

- How does HIV disease progress from infection to death?
- What conditions and diseases do people living with HIV/AIDS develop?
- What do you know about treatments for people living with HIV/AIDS?

Each group presented their discussion on and responses to these topics that were used to assess the level of knowledge on HIV/AIDS among participants. Ms. Smart provided additional information on each and filled in gaps on information and knowledge.

11 Day 2: Group Work

On day 2 Ms. J. Tomlinson introduced the day's work, indicating that two group sessions would be conducted by Ms. Smart and herself. Ms. Smart stated that the workshop participants had looked at HIV/AIDS in Namibia in general and that today they would be examining HIV/AIDS impacts within local government. The participants would now begin defining the way forward for the studies.

The participants were provided with handouts reflecting the previous day's presentation on the impact assessment and were asked to reflect on and comment on the proposed objectives, activities and data requirements, etc. Please see Annex E for the data needs. They were asked to form three groups for this exercise, with each having at least one representative from the participating cities (with the exception of Oshakati, as there was only one participant).

11.1 Session 1: To Agree on Study Objectives and Finalise Workplans

Group 1

Task 1 *Gaps and Omissions:*

Point 1: Review handouts on study aims, objectives and activities and the proposed work plan

Point 2: Assess and list where there may be gaps and omissions in impacts

Point 3: Review the list of data required it assess and project impacts for each local authority

Point 4: Assess and list additional data that may assist in projecting the impact of HIV/AIDS on your municipality, paying particular attention to areas where you may have identified gaps/omissions

The group responded as follows:

- Point 1 Aims and objectives are understandable and satisfactory. The definition of mainstreaming is very good and convincing. The abovementioned issues are in support of the ideas of government and mainstreaming is a very useful definition.
- Point 2 The group indicated that the data required should also look at others sectors that use the city and its services, e.g., tourists and migrant labourers.
- Point 3 This study should be used to assist other smaller municipalities as well.

- Point 4 Does this only include major businesses? SMMEs should also be included because they keep money in the city. The definition should be changed to accommodate this.
- Comment Data on tourism should also be included, because these people may also be affected by HIV/AIDS (e.g., if tourists do not get good services such as water, rubbish collection, etc., they won't come to the city).

Group 2

Task 2 *Integration of HIV/AIDS into local authority planning and activities*

- Point 1: Does your municipality have an HIV/AIDS policy?*
- Point 2: If so, does this policy recognize the multi-sectoral nature on the epidemic - which is involved?*
- Point 3: Does it implement workplace prevention activities?*
- Point 4: Are HIV/AIDS activities integrated into all aspects of your work?*
- Point 5: Is there co-operation and coordination with other government departments, agencies, NGOs etc?*
- Point 6: Has your municipality taken account on HIV/AIDS in planning for service delivery?*

The group responded as follows:

- Point 1 Walvis Bay has developed its policy on HIV/AIDS and this is now a final document. Other municipalities only have a draft policy and other cities have no HIV/AIDS policy.
- Point 2 Human Resources and Health and Safety Officers are responsible for the HIV/AIDS policies and programmes where these exist.
- Point 3 & 4 Some municipalities are implementing HIV/AIDS programmes, these include awareness creation, distribution of condoms, leaflets. The ribbons are worn by colleagues to send out a positive message. Female condoms are not readily available and people need to purchase them.
- Point 5 Yes, there is co-operation because the municipalities play a role on the day-to-day lives of the community.
- Point 6 This was difficult to answer. The answer is yes and no. There are no policies on this. There are budgetary provisions made to delivery provision made to deliver services such as condom distribution and awareness. There is no vision with regard to this issue.
- Comment We should talk to private consulting doctors as well in order to obtain data on HIV and AIDS in each municipality.

Group 3

Task 3 *Using the results of the Impact Assessment*

How do you see the results of the impact assessment being used in your municipality?

Who needs to provide leadership for this? Is there presently a structure within your municipality for implementing HIV/AIDS mitigation and prevention? If so, what is it, and if not, what do you think this structure should look like?

What tools, data, and support do you think will be needed to effectively to use the Action Plans to be developed at the end of the study?

The group responded as follows:

<i>Results Expected</i>

1. Required data for population projections (internal and external)
 - Numbers
 - Cost implications
 - Critical post analysis (positions/functions most at risk)

2. Action Plans
 - List impacts on each functional area (categories)
 - List information needs for each functional area
 - Action plans/functional area
 - Make proposal on a structure within organisation to address across line boundaries
 - Structure - compulsory political driver (human resources, finance, etc.)

<i>Tools/data/support needed</i>

- Generic policy
- Overall action plan for organisation – action plans/functional area
- Identify all external support agencies, for example NGOs and role players that could aid authorities in implementation
- Consider links with government strategic plans
- Communication plan both internal and external
- Indication of financing needs and potential sources of external financing/ aid
- State of financial health of each authority (to determine critical point of health)
- Out sourced functions – how could this impact on Local Authority Services
- Dependency on other institutions for info/assistance

In the subsequent session, workshop participants were divided up into five small groups with questions for each group. The questions and the group responses are presented below.

11.2 Session 2: Local Government Roles and the Impact of HIV/AIDS

Group 1

Constitutional and legal framework for an HIV/AIDS response

Question 1 What are the Constitutional and legal functions of LG in Namibia?

The group noted that the following legislation is applicable to local authorities and would need to be reviewed by the consultants.

- Public Health act #36, 1990 mandate Local Governments (LGs)
 - Local Authority Act #27, 1992
 - Regional Act
 - Environment Assessment Act
-
- To provide democratic and accountable government for local communities.
 - To ensure the provision of services to communities in a sustainable manner: health water, sewerage, refuse removal services, community health, electricity, etc.
 - To promote social development:
 - Needs of the poor
 - Recreation facilities
 - Alleviating poverty
 - Economic development
 - Investors – to be able to have a job and pay for their services
 - Enhancing job creation
 - To encourage the involvement of communities and community organisations

Question 2 What are the implications of these functions when defining LG roles and responsibilities in relation to HIV/AIDS?

- Integrated development planning
 - Providing vision and leadership
 - Working in Partnership – Smart Partnership
 - Investing in youth development

Group 2

Impact of HIV/AIDS on Local Government

Question 1 What are the three most important services provided by LG?

1. External
 - Infrastructure
 - Finance

- Emergency services

2. Internal

- Human Resources

Question 2 What will the impact of the HIV/AIDS epidemic be on each of these services?

Category	Internal Impact	External
Remunerative Services <ul style="list-style-type: none"> • Water • Sanitation • Electricity • Roads • Solid Waste Disposal • Housing 	Financial <ul style="list-style-type: none"> • Capital Projects • Maintenance • Operational Human Resources <ul style="list-style-type: none"> • Delivery 	Poverty Health <ul style="list-style-type: none"> • Deteriorate • Quality of life
Non-remunerative Services <ul style="list-style-type: none"> • Health Finance • Community Development • Emergency Services • Credit Control 	<ul style="list-style-type: none"> • Manpower • Financial Impact • Cost returns 	<ul style="list-style-type: none"> • Health • Quality of life • Rates

Group 3

Development challenges facing Local Government

Question 1 What are the three or four key development challenges facing LG in Namibia?

1. Challenges

- Proposed Decentralisation of Services by Central Government.
- Provision of Services
- Availability of Funds

Question 2 In addressing these development challenges, where are the opportunities to contribute to the country's HIV/AIDS response?

Challenges

Probable

1. Decentralisation of services

(a) Services

- Primary Health
- Provision of Social Resources (House of Safety, etc.) AIDS Orphanages (Care)

(b) Education

- Finances (Funding, availability)
 - Debt collecting
 - Provision Services
 - Payouts (Death, Pension)

(c) Manpower

- Employment Creation
- Development of provide understudies (Critical areas)

Opportunities

1. Primary Health Care

- a) Establish Home Based Care Unit
- b) Provide Councillors
- c) Establish "Care" Centres
- d) Develop Projects e.g. Agriculture Villages
- e) Notifiable Disease Establish

2. Financial Resources

- a) Budgetary Provision
- b) Obtain Financial Assistance from
 - i. NGO's
 - ii. Local Businesses
 - iii. Central Government

3. Manpower: Development

- a) Training - Community Involvement
- b) Put Policies in Place - Infected and Affected
 - i. Importing of Skilled labour
 - ii. Continuous upgrading of existing staff

Group 4

Information needs

Question 1 What data does LG collect about population and development?

Oshakati

Omikunda (scattered house groups - headmen...)

- Number of households/settlements facilities
- Composition of household (men/women/children)
- Age groups
- Employment/unemployment figures
- Income levels

- Educational information (literacy rates)
- Needs for services
- Needs in terms of social facilities
- In conjunction with other stakeholders
 - Census (MRLGH)
 - Mortality rates (HIV/AIDS)
 - Mortality rates (HIV/Survey by UNAM)

Windhoek

- PPP – Zone (12) – May/October
- Concerns/needs/priorities of various communities [land ownership, security like water, electricity, roads, refuse removal, pollution (noise), shebeen (criminal activities)]
- In migration (informal settlements with all the problems)
- Projects are identified to uplift the standard of living of the communities (clinic)
- Committee/SC (Informal settlements – meet on a regular basis)
- Registration of these informal settlements.

Question 2 What data will local government need to inform a comprehensive response to HIV/AIDS?

- Training the communities and raising awareness
 - Providing all the facts about HIV/AIDS
 - Causes (clear understanding of the phenomenon)
 - Prevention measures to reduce or combat HIV/AIDS
 - Statistics to amplify the dangers of the pandemic
 - Deaths as a result of AIDS in various age groups
 - Best practices in terms of addressing the issue (agenda). Best and successful ways to address the matter
 - Information from the internet
 - Effects of HIV/AIDS on families, social structures, economy, central governance as well as local government
 - HIV/AIDS impact assessment when planning for sustainable development (especially in terms of the provision of training centres/primary health care services, etc.)

Group 5

Information needs

Question 1 What data does LG collect about its employees?

1. Biographic data:

- Names, sex, gender, age, nationality, qualifications, job grade, ethnicity, date of appointment, marital status, sick leave, deaths, medical certificate, positions, CV, experience, place of birth, ID, training, absenteeism, etc.

Question 2 What data will LG need to inform a comprehensive workplace response to HIV/AIDS?

- Number of infected personnel
- Develop a succession plan
- To determine the high-risk areas: e.g. married and unmarried employees living without partners.
- Sick leave profiles (major disease related to HIV/AIDS)
- Medical cost
- Impact on pension fund
- Level of socialisation and cost
- Number of deaths as a result of HIV/AIDS
- Loss of productivity
- IODs – work-mans compensation assessment

11.3 Question, Comments and Responses

Question: Can the draft HIV/AIDS policy be explained?

Response: A Windhoek participant indicated that this city's draft policy was forwarded to the Legal Assistance Centre for comment and then subsequently revised and returned to the City of Windhoek.

Response: Swakopmund's draft policy is ready and awaits approval from that city's Management Committee.

Comment: Ms. Smart indicated that there seem to be a need for three policies on HIV/AIDS at the local authority level. These would a policy on services, one indicating the city's HIV/AIDS strategy (meaning education and assistance to the community) and a workplace policy for the municipality as an institution.

Question: Is HIV/AIDS counselling offered by the municipalities?

Response: Walvis Bay trained 15 counsellors who are also responsible for training others. Care educators are also trained. These individuals are available in the office, but many people prefer to see them outside of working hours for reasons of confidentiality.

Comment: People are trying to explore assistance from the municipalities.

Comment: In Windhoek the health and safety committee covers issues such as stress, alcohol use etc. with HIV/AIDS as the main target as these problems are interrelated. The HIV/AIDS councillors cover all illnesses.

Comment: In terms of the output of the study, an action plan should be developed for each function area of the respective municipality. It also crosses line boundaries. There will need to be a political driver for the inclusion of HIV/AIDS planning and prevention into the municipalities and the finance departments must be involved, as there will be costs incurred. Something needs to be done at the higher levels.

The report should indicate the impact on local authority services. Assistance will be need from other agencies, including government, NGOs, etc. A communications plan will need to be developed. Completion of the study and development of the action plans will need direct interaction with each local authority department. It would be helpful if the report included a general identification of external financial aid.

Comment: The consultants cannot develop the actual action plan. The local government should develop it. A joint five-day workshop was proposed to start the planning process as the local level. Is a joint meeting (such as this inception workshop) appropriate or single city meeting?

Question: Are the finances available to undertake separate planning workshops in each city?

Response: Cross fertilisation is important because of the different expertise and resources available across the five cities. It may be important to bring people together again to build on this experience.

12 Need for An Advisory Body and Working Group

Throughout the workshop participants had raised the need to ensure that the assessment of the impact of HIV/AIDS on the five cities was linked to national and regional policies, strategies and programmes. A steering or advisory committee was proposed on more than one occasion to assist in achieving this. The creation of this body would help to ensure that the final report and its action plans became a "living" document that each municipality would be able to implement.

In order to discuss this issue, an additional session was added to the workshop agenda to identify the purpose and roles of the proposed advisory committee and its potential members. Dr. Cownie facilitated the session.

The workshop participants agreed that a steering (advisory) committee and a working group should be formed to ensure that there is a body that has overall responsibility for oversight, ensuring linkages to national and regional HIV/AIDS policies, programmes and projects, and to monitor progress, etc. The suggested composition and duties of these two bodies are outlined below.

12.1 Advisory committee:

Workshop participants recommended the following be represented on the advisory committee.

1. Ministry of Regional and Local Government and Housing (MRLGH) - *Permanent Secretary (PS)*
2. Association of Local Authorities in Namibia (ALAN)
3. Namibia Association of Local Authorities Officers (NALAO) - *President*
4. Representatives from the five Cities (Windhoek, Swakopmund, Walvis Bay, Oshakati and Ongwediva) - *Chief Executive Officers (CEO)*

5. Family Health International (FHI) – *Ms. Rose de Buysscher*

The meeting further felt that the Chief Executive Officer of the City of Windhoek, Mr. Martin Shipanga, in his capacity as president of NALAO, should chair the Advisory Committee.

Responsibilities of the Advisory Committee

- Advisory to research team
- Co-ordination and liaison with national and regional authorities
- Monitor progress and assist with problem solving
- Advocacy – study process

12.2 Working Group

Should a working group be necessary, the participants recommended that its membership include the following institutions:

1. NCCI/FEN
2. NGO
3. MOHSS/NACOP
4. NPC
5. Association of Regional Councillors (ARC)

13 Identification of “Key Point” People in Each Municipality

At this session participants identified key contact people in each local authority with whom the consultants would liaise. Their role would be to assist in collecting data and setting up meetings and appointments, etc., as well as answering additional questions and requests for information as the study progressed.

The following individuals were appointed by workshop participants:

Walvis Bay

1. Human Resources – A. Beukes
e-mail – abeukes@walvisbaycc.org.na
2. Finance – C. van Loggenberg
E-mail – cvanloggenberg@walvisbaycc.org.na
(Tel. 064 – 2013340)

Ongwediva

3. Human Resources - A. Shilongo
E-mail - otc@osh.namib.com
(Tel: 065 - 230412)
4. Public Relations - A. Uutoni

Windhoek

5. Human Resources - F. N. Hambuda
E-mail - fnh@windhoekcc.org.na
(Tel. 2902425 - 0811223903)
6. Community Development - B. Alcock
E-mail - bsa@windhoekcc.org.na
(Tel. 2902702 - 0811278852)

Swakopmund

7. Public Relations - F. Kaukungua
(Cell. 0812523255)
8. Health Department - C. Lawrence
(Cell. - 0812426627)

Oshakati

9. Health Officer T. Kakololo
(Tel. 065 - 220805 - Cell. 0812559546)
10. Assistant Health Officer - M. K. Awene
(Tel. 065 - 220805 - Cell. 0812436678)

14 Study Programme

Mr. Mouton presented the study programme in detail and solicited inputs from workshop participants. All workshop participants agreed with the programme and indicated that they would have all required data available by 14 December, 2001. It was also agreed that Mr. Afrikaner visits municipalities in order to assist with any problems regarding the assembling of data. Please see Annex F for the programme.

15 Closure

Dr. David Cownie closed the workshop by thanking all the participants for their active participation. In addition, he indicated that the workshop had been extremely useful to the consultants as it permitted them to collect information that was provided by the municipalities that attended the meeting. In conclusion, he indicated that it was evident that the study would run smoothly if the co-operation that was shown in this meeting continues throughout the study. He closed the workshop by thanking all participants for their level of commitment and hard work.

Annex C: Minutes of the Planning Workshop

Introduction

The HIV/AIDS Prevention and Response Strategy and Action Planning Workshop for the HIV/AIDS Impact Assessment on the Municipalities of Oshakati, Windhoek, Ongwediva, Swakopmund and Walvis Bay was held at Long Beach Lodge in Walvis Bay from 12 to 16 August 2002. The workshop was well attended by representatives of the municipalities of Windhoek, Swakopmund, Walvis Bay, Oshakati and Ongwediva. Representatives from Family Health International (FHI), the Namibia Association of Local Authorities Officers (NALAO), and the Alliance of Mayors and Municipal Leaders on HIV/AIDS in Africa (AMICAAL) also attended the workshop facilitated by SIAPAC (the registration list is included below). Invitations to the workshop were circulated and confirmation from municipalities were received before the commencement of the workshop.

Most participants arrived on Sunday 11 August 2002 and checked in, while participants from Walvis Bay and Swakopmund commuted to the workshop venue on a daily basis.

This document represents a summary record of the workshop, and follows the agenda and daily activities.

Registration

Registration of participants took place from 8h30 to 9h00 on day one of the workshop.

Official Welcome and Opening

The official welcome and opening of the workshop was carried out by the Honourable Councillor, Mr Muatunga, of Walvis Bay on behalf of the Worship, Mr Jack Brown, Deputy Mayor of Walvis Bay. His speech was as follows:

“Fellow Councillors; the Deputy Director of SIAPAC, Mr R Mouton; representatives of SIAPAC; the Facilitator, Ms Rose Smart; representatives of the municipalities of Windhoek, Oshakati, Ongwediva, Swakopmund and Walvis Bay; invited guests; members of the media; ladies and gentlemen,

It is indeed an honour to be invited to this workshop that intends to get to the heart of a pandemic that threatens the very fabric of the Namibian society. The art of war has always been about knowing the strength of the enemy. It is for this reason that undercover agents are used to infiltrate enemy lines and report back. We are all very conversant with the existing strategies and plans countrywide but one can never get enough reports about this unseen enemy. HIV/AIDS is responsible for deaths in our country; for the immense suffering of families and friends alike; for the children born with the disease and for the orphans left destitute. We cannot allow this enemy to continue its circuit in Namibia, unchallenged.

Our municipalities are filled with people from all walks of life who are prime targets for HIV/AIDS. It is our task this week to earnestly develop plans to curb this disease. The adage states that *“Prevention is better than cure”*. Whether we focus on prevention or cure, we will have to give our utmost thoughts, to the strategies best suited for our respective municipalities. We are a democracy, which means the rule is of the people, by the people and, for the people. We, as the first level of government in Local Authority positions, must obey the rules we want others to obey. If that means that we are to change our lifestyles in order to show others the way forward, so be it. Colleagues, friends, life is too short to waste a moment. To waste a lifetime in fighting each other is foolhardy. Let us join hands in order to

win this war. I urge everyone sitting here today to engage heart and mind in this workshop this week. To the organisers, SIAPAC, I wish to extend heartfelt thanks for the effort taken to assist us in our battle and for the planning of this workshop. May all the deliberations be fruitful and may we continue to do the right thing for the future of our people in Namibia.”

Introduction of Participants

All workshop participants introduced themselves by giving their names and the role they played in respective municipalities.

Background Information to the Assessment

In recognition of the key role being played by local authorities, in 2000 the Chief Executive Officer of the City of Windhoek initiated a process to consider the impacts of the HIV/AIDS epidemic on the municipality of that city, as well as the people it serves. After discussions with counterparts in Walvis Bay and Swakopmund, the proposed investigation was broadened to include the two coastal towns as well, and was later further expanded to the two northern towns of Oshakati and Ongwediva.

Financing was sought for the impact assessments from the United States Agency for International Development (USAID), and provided via Family Health International, and international non-governmental organisation working in the HIV/AIDS arena. Technical support for the impact assessment was provided by Social Impact and Policy Analysis Corporation (SIAPAC). It was implemented by SIAPAC in conjunction with the Health Economics and HIV/AIDS Research Division (HEARD) of the University of Natal, Durban, South Africa and JTK Associates, a Swazi development consulting company.

The **aim** of this assessment was to provide detailed insights into the internal and external impacts of the HIV/AIDS epidemic on the five municipalities of Ongwediva, Oshakati, Swakopmund, Walvis Bay and Windhoek, as follows:

Internal Impacts

- the impact of HIV/ AIDS on the personnel within the Municipality;
- on the ability of the municipality to meet its mandated responsibilities;

External Impacts

- on the businesses within the city;
- on the health services;
- on the economic and social well-being of households covered by the Municipality;
- on the overall quality of urban life in the city.

Of equal importance, the assessment is intended to help 'mainstream' HIV/AIDS into the functions of the municipalities. This would be accomplished through the development of an HIV/AIDS strategy and action plan during this workshop.

Specific **objectives** of the assessment were as follows:

1. Project the demographic impact of HIV/AIDS illness and death on the population of local authority personnel, and indicate needed additional human resources.
2. Project the demographic impact of HIV/AIDS illness and death on the population living in the local authority areas.
3. Project the economic impacts of HIV/AIDS on households in the local authorities' areas and consider the impact this will have on affordability and payment for local authority services and the overall revenue base.
4. Project the economic impacts of HIV/AIDS on businesses in the local authorities' areas and consider the impact this will have on the viability of key business sectors.
5. Qualitatively assess the impact on 'quality of life' for the local authority areas (e.g., ability of households to meet basic livelihood needs, levels of crime, street children, etc.).
6. Consider the costs associated with HIV/AIDS prevention activities for local authority personnel. Compare this to the costs associated with *not* implementing the intervention. Outline possible medical cares programmatic interventions.
7. Outline an HIV/AIDS strategy and action plan.

Methodology

The methodology used to complete the above activities included the following four phases.

Phase 1: Design

The design phase included completion of the following activities:

Inception Workshop

The Inception Workshop was held in November, 2001. Its purpose was to discuss the way ahead with each municipality, agree to the project workplan and outputs, and appoint key individuals within each municipality to liaise with the consultants.

Start-Up

A Working Group was appointed, composed of representatives of the five local authorities and the people they serve. The Group was chaired by the President of the Namibian Association of Local Authorities Officers (NALAO), with membership suggested by participants at the Inception Workshop and thereafter approved by the local authorities. The Working Group provided guidance and leadership during the implementation of the study, assisting with access to data in their respective municipalities and reviewing the work as it proceeded.

Data Gathering and Literature Review

Following the Workshop, lists of data required were submitted to the municipality. These were to be returned by the Christmas break, for review by the consulting team members.

Simultaneously a comprehensive literature review of documents took place relating to similar impact assessments, information on the five municipalities, background information on the national economy and the economies of the five municipalities, and related materials.

Instrument Design

Three different instruments were designed following the literature review and receipt of initial data from the participating municipalities. The purpose of such data collection was to gather qualitative information on municipal functions, Knowledge, Attitudes and Practices (KAP) regarding HIV/ AIDS among employees and determine locally acceptable responses to the epidemic.

At the end of the Design Phase a progress meeting was held in each local authority to discuss and review work completed to date.

Phase 2: Implementation

This phase involved the following activities:

- 1) Reviewing the data made available by the municipality, the identification of gaps and projection of HIV/ AIDS demographic impacts (modelling).
- 2) Implementing key informant interviews, focus group discussions, and story with a gap. The following instruments were developed and implemented:
 - Key Informant Interviews (KII) - conducted with 6 senior managers in Windhoek.
 - Focus Group Discussions (FGD) - four such discussions were conducted with 22 mid-level and junior staff in the town.
 - Story with a Gap (SWAG) - four such discussions were conducted with middle management and staff in Walvis Bay
- 3) An extensive gap filling exercise, which involved obtaining additional information as needed.

Phase 3: Analysis and Write-Up

As data became available, the impacts of HIV/AIDS on the local authorities was analysed and modelled. Qualitative/participatory findings from the KIIs, FGDs and SWAG group discussions were compiled using NUD*IST, a data analysis software package designed to systematically interrogate qualitative findings. These findings were integrated into the analysis for each city.

The result of these activities was the draft report submitted for review and comment by each municipality. Comments are anticipated and, to facilitate receipt of this feedback, progress meetings were held in each local authority to present the draft report. Following this, the Consultants will proceed with preparation of the final report.

Phase 4: Planning and Integration

Planning for the impact of HIV/AIDS and integrating (or 'mainstreaming') these into municipal functions followed review of the draft report. The planning exercise was seen as the most important component of the assessment. These activities would be accomplished at this participatory advocacy workshop with the five local authorities. At this Workshop an HIV/AIDS Prevention and Response Strategy and Action Plan would be prepared for each municipality. The purpose of the Workshop is to assist local authorities to incorporate HIV/AIDS impact planning and mitigation into their functions and plan for the implementation of intervention programmes intended to reduce HIV prevalence rates both within the authorities and the communities they serve.

Workshop Expectations

Participants of the workshop were asked to divide themselves into three groups in order to discuss their expectations with regard to the workshop. Their expectations were as follows:

- Develop a strategic financial plan for HIV/AIDS activities.
- Develop a strategic human resources plan for HIV/AIDS activities.
- Develop an Employee Assistance Programme (EAP) (if not already in existence).
- Develop external HIV/AIDS Prevention Programme (Community-Based).
- Develop a workplace prevention and response strategy.
- Share experiences with other municipalities.
- Implement strategies to reduce HIV/AIDS-related deaths.
- Develop strategies on how to expand impact assessment to other municipalities.
- Commitment from all participants.
- Put economic and social structures in place to deal with HIV/AIDS.
- Strategies on how to source outside financial assistance.
- Medication.
- How to identify different approaches when addressing affected groups.
- Develop a timeframe to deal with HIV/AIDS.
- Freedom of expression.
- Develop preventative strategies for the community.
- The way forward – assistance from outside to counterpart with local initiatives.
- Identification of possible funding sources.
- Identification of support structures for HIV/AIDS activities.
- Knowledge on cost implications.
- Standardised approach to involve local business.

Hearing the Voices of Our People

Renate Hoëses, from the “Positive but Confident Support Group” from the Walvis Bay Multi-Purpose Resource Centre (WBMPC), shared her experience of being infected with HIV with workshop participants. Sharing her experience with the group allowed participants to think about the impacts of the HIV/AIDS in a more serious light. The project team would like to take this opportunity to thank Ms. Figaji of the WBMPC for organizing the presence of Ms Hoëses, and to express its sincere appreciation to Ms Hoëses for sharing her experiences.

The Sex Game

Following this session, Ms. R. Smart facilitated the sex game. The participants were asked anonymously to answer the questions in the table illustrated below. The question was whether participants have been involved in any of the sexual activities listed in the table. Feedback on the sex game was given during the optional session in the afternoon.

Sex Quiz: Activities in the past 10 years

Sex	Yes	No
No sex at all		
Sex with only one person		
Sex with more than one partner		
Sex with more than one partner at the same time		
Sex outside of marriage		
Sex with a same sex partner		
Sex with an animal		
Oral sex		
Anal sex		
Unprotected sex		
Viewed pornography		
Cyber sex		
Group sex		
Sex with a sex worker		
Use of sex toys		
Masturbation		

The main purpose of this exercise was to indicate that most people have participated in sexual activities in the past ten years that put them at risk.

Knowledge about HIV/AIDS

The session began with the results of the sex game conducted earlier. Following discussion, the participants agreed that the results indicated that we are all engaged in risky behaviours, yet the group was representative of society.

The participants were then divided into 5 groups and each group was given three questions to answer. These are indicated below.

Group 1

HIV and AIDS

What is the difference between HIV and AIDS?

How does HIV affect the immune system?

Where did AIDS come from (originate)?

Group 2

Transmission Facts

How is HIV spread?

What body fluids can transmit HIV?

What do you know about the interaction between HIV and other STDs?

Group 3

Testing and Counselling

How can you find out if you are infected with HIV?

What is the "window period"?

What do you understand by pre- and post-test counselling?

Group 4

Prevention

How can you prevent sexual transmission of HIV?

How safe are condoms?

What do you know about preventing mother to child transmission?

Group 5

Treatment and Care

How does HIV disease progress from infection to death?

What conditions and diseases do people living with HIV/AIDS develop?

What do you know about treatments for people living with HIV/AIDS?

Each group presented their discussion on and responses to these topics that were used to assess the level of knowledge on HIV/AIDS among participants. Ms. Smart provided additional information on each and filled in gaps on information and knowledge where needed.

Municipal Mapping

A mapping exercise was conducted by participants, which was presented during this session.

One of the main purposes was to identify three main development challenges in each town.

City of Windhoek

- 1) HIV/AIDS
- 2) Decentralisation
- 2) Urbanisation

Oshakati Town Council

- 1) HIV/AIDS
- 2) Unemployment
- 3) Financial Constraints

Municipality of Swakopmund

- 1) HIV/AIDS
- 2) Unemployment
- 3) Housing Provision (squatting)

Walvis Bay Municipality

- 1) Low-cost Housing
- 2) Industrial Development
- 3) Tourism

- Ongwediva Town Council
- 1) HIV/AIDS
 - 2) Unemployment
 - 3) Lack of Investments

Knowledge Gained Through HIV/AIDS Impact Assessment

The main purpose of this session was to present what was learned from the impact assessment. This presentation was an overview of the general findings as detailed findings were already presented to all municipalities.

HIV/AIDS Impact Assessment on 5 Namibian Municipalities

- What have we learnt?

What have we learnt?

- What have I learnt?
- What have you learnt?
- What have we learnt?
- The same but different?

Cities and their diversity

- Prevalence
- Demographic impact
- Economic structures and impacts
- Social impacts

Prevalence

- Different current rates
- Different peaks
- Some cities are closer to the peak of prevalence than others
- Why?

Demographic impact

- Population growth
- Cities and migrants
- Population structure
- Illness and death
 - How much, how many
 - Who!

Economies

- Different economic structures
- Susceptibility
- Vulnerability
- Households and families

Social impacts

- Bigger than economics
- Communities
- Children are particularly at risk
- Orphans and other vulnerable children
- Inequality

Municipalities

- Internal impacts
- Municipalities as employers
- Costs (if - then)
- Careful on response
 - Cost minimising or cost shifting?

Municipalities are not isolated entities

- Linked to the economy
 - Revenue generation
 - Stimulating growth
- Linked to society
 - Services needed
 - Responsibilities

Responses

- The obvious
 - Workplace policies
 - Prevention programmes
 - Treatment?
- The less obvious
- The absent

Feedback from Municipalities

Following this session, participants were requested to discuss the draft reports and present their views, by local authority. While some amendments and corrections were requested, those present at the workshop indicated that while the magnitude of the demographic impacts arising from the modelled projections had "shocked" them, none were surprised at

the findings contained in the reports. Each local authority then completed a worksheet indicating where amendments, corrections and changes in the reports were required. These will then be incorporated into the final reports.

Current Internal and External Responses to the Impacts of HIV/AIDS

The purpose of this session was to identify current response activities by the municipalities for the municipalities as well as for the wider community. The session also concentrated on gaps within the assessment as well as gaps within responses.

Current Generic Internal Responses

Prevention

- Condom Distribution
- Awareness Raising
- Counselling
- Peer Education
- HIV/AIDS Policies
- Knowledge, Attitudes and Practices (KAP)
- Workplace Policies

Mitigation

- Succession Planning (Affirmative Action Policy)

Treatment

- None

Current Generic External Responses

Prevention

- Condom Distribution (lack of access to female condoms)
- Awareness Raising (IEC, competitions surrounding health issues, videos, etc.)
- Counselling
- Peer Education
- Home Based Care
- Support Groups

Mitigation

- Home Based Care
- Support Groups
- Orphan Care
- Little being done with Business Communities

Treatment

- Anti-retroviral Drugs for Mothers and Their Children (pilot in Khomas and Oshana regions)
- Treating Opportunistic Diseases

Active Organisation

- Catholic AIDS Action (awareness raising, counselling, home-based care, training, etc.)
- Namibia AIDS Care Trust (awareness raising, especially in the workplace)
- Khomas Women in Development
- Multi Purpose Resource Centres (Walvis Bay Multi-purpose Centre)
- Social Marketing Association (SMA) and NASOMA (awareness raising and condom distribution)
- Evangelical Lutheran AIDS Centre (awareness raising, counselling, home-based care, training, etc.)
- Ministry of Health and Social Services (MOHSS)
- National Namibian Aids Support Organisations (NANASO)
- Regional AIDS Committees (RAC)

Feedback from Municipalities on Current Responses

Ongwediva

Not surprised by the findings because findings regarding responses were accurate.

Windhoek

- Some of the responses indicated in the report were not happening at their municipality
- EAP not mentioned while they have a draft in place
- No HIV/AIDS education activities
- Distribution of condoms only at the workplace, but this is limited
- Draft HIV/AIDS Policy has been discussed with LAC, it is completed
- Draft HIV/AIDS Workplace Programme – how to respond and prevent
- Driving force behind HIV/AIDS activities is the Corporate Occupation Health and Safety Committee which involve all other committees chaired by the Chief Executive Officer

Walvis Bay

- Exactly what they are doing
- Condom distribution – they also distribute femidom free of charge and hold demonstrations
- Peer educators – session with employees
- Strategic plan in HIV/ AIDS activities
- HIV/ AIDS information in other languages
- Conduct regular meeting with other stakeholders
- Communicate HIV/ AIDS Policy with peer educators
- Regular video shows

Oshakati

- Partly surprised by findings because certain activities were not mentioned
- Distribute condoms
- Distribute HIV/ AIDS pamphlets
- Three monthly public meetings, highlight people who have died
- Policy in place which was just approved by council
- Have HIV/ AIDS Committee
- Response information is accurate to a certain extent
- No Employment Assistance Programme

Swakopmund

Swakopmund participants were not surprised by the findings. They agreed that not enough was being done by their municipality at the moment. They do have a Draft HIV/ AIDS Policy which has been accepted in principle by council, but awaits final approval.

The overall feeling was that a more in-depth list of AIDS Support organization needs to be compiled. It was decided that this list will become an annex to individual municipal reports.

13 Goals and Objectives of Individual Municipal Response

The MTP II was used as a guideline for municipalities to develop their individual goals and objectives.

Ongwediva

Goal - To reduce the incidence rate in Ongwediva

Objectives

- To involve all stakeholders to fight against the HIV/AIDS epidemic
- To promote behavioural change through awareness campaigns
- To care and support infected, affected people especially orphans and vulnerable children

Oshakati

Goal - Lessening the alarming HIV infection rate in Oshakati and enhancing a comprehensive prevention measures

Objectives

- Encouraging supportive and preventive attitudes towards people living with HIV/AIDS
- Disseminate information on safe sex practices
- Condom distribution
- Provide IEC materials
- Involve all stakeholders
- Design and implement appropriate measures and strategies to combat HIV/AIDS
- Empower all members of community on skills and home-based care activities

Windhoek

Goal - To reduce the incidence rate of HIV/AIDS infection in the city of Windhoek to below the national epidemic level

Objectives

- Prevention: awareness raising; training of staff; information, education and communication; provision of condoms
- Response: multi-skilling within the municipality; rendering of affordable and accessible services; internal and external counselling
- Care and Support: Home-based care, network support groups; continuous counselling; social responsibility (temporary employment of HIV infected people, etc)
- Involve local business and facilitate process whereby local businesses and community organisations also develop a policy on HIV/AIDS

Swakopmund

Goal - Reduce social and economic developmental consequences of the HIV/AIDS epidemic on the operations of the municipality and its staff.

Objectives

- Secure political and leadership support
- Create an enabling environment for effective responses
- Challenge discrimination
- Reduce transmission of HIV
- Plan for care for people infected with HIV/AIDS
- Support families and survivors
- Protect the rights of employees with HIV/AIDS
- Protect against victimisation
- Monitor policy and review programmes regularly
- Mobilise staff and community to join partnerships against HIV/AIDS
- Apply same principles governing medical conditions of all staff members equally to staff members living with HIV/AIDS

Walvis Bay

Goal - To reduce the incidence rate of HIV through all possible preventive measures and to minimise and obviate as far as possible the social, economic and development consequences of the epidemic in Walvis Bay

Objectives

- To ensure visible and vocal political and public leadership by example to maximise commitment, participation, leadership and experience in response to the challenge of the HIV/AIDS epidemic
- To promote local multi-sectoral approaches for HIV prevention and to participate in efforts for the care of infected and affected people
- To ensure appropriate counselling and educational services to empower the individual families and community members with knowledge and skills on prevention, self protection, care and support
- To integrate HIV/AIDS prevention and care activities into all services rendered by the local government and to make HIV/AIDS a core issue in all development decisions
- To create a supportive and non-discriminatory working environment to all employees, their families and people living with HIV/AIDS
- To ensure sustainable monitoring programmes on local HIV/AIDS programme management and response plans

A Closer Look at Prevention and Response Strategies

This session dealt with prevention and response strategies and specific aspects that need to be taken into consideration. The main purpose of this session was to illustrate that prevention and response strategies are not as straightforward as people might think. A few examples were given such as condom distribution. When one promotes the distribution of condoms, then one should take into consideration geographic settings of condoms within office buildings so that free and undisturbed access is allowed. Another example given was testing for HIV. It was said that when one person goes for a HIV test then that person does not just test him/herself but also the partner. Therefore, pre-test counselling should take into consideration other aspects than just the person to be tested. Another example given was that if drugs would be provided then one should look at the socio-economic situation of people receiving drugs because certain nutritional aspects should be adhered to when taking drugs for HIV/AIDS. The conclusion was that prevention and response strategies should look at the wider picture of influences on different interventions.

Visiting “Sunshine City”

Sunshine City is a story told by one of the facilitators about a Mayor of a town who realised that he and his municipality were not doing enough with regard to HIV/AIDS. As the Mayor realised the lack of action on the part of his municipality he went through a thought process of what needed to be done to conquer the negative impacts of HIV/AIDS. This exercise was used to get all municipalities to think about what needs to be done within their own municipalities to mitigate negative impacts on their municipalities.

Gap Analysis

Municipalities were asked to assess their current responses in respect to the following elements: management strategies, workplace programme and community strategies. The next table indicated how municipalities rated themselves.

Municipality	Management Strategies	Workplace Programme	Community Strategies
Windhoek	50%	40%	60%
Swakopmund	80%	35%	85%
Walvis Bay	60%	80%	50%
Oshakati	60%	40%	38%
Ongwediva	30%	2%	11%

Information is Powerful

Knowledge is powerful but you have to get it first

Two Areas of Knowledge

- Internal
 - Municipalities as employers
- External
 - Income generation
 - Service provision

Internal Human Resource Data

- HIV prevalence, illness, deaths
- Sick leave, compassionate leave
- Training and recruitment
- Benefits
- Critical posts
- Responses and their effectiveness

HIV/AIDS Illness and Death

- What is HIV prevalence within the municipal workforce?
 - Planning for illness
 - Planning for deaths
 - Planning for impacts and responses
- Who is infected?

Sick Leave

- Collected, but appropriate?
- Budgeting
 - Costs
 - Resource needs
- Planning
 - Training and recruitment

Risk Benefits

- Budgeting
- Monitoring response
 - Pensions
 - Medical aid
- Cost shifting or cost minimising?

Critical Posts

- Who is critical?
 - Immediate term
 - Short term
 - Long term
- How do you respond?

Measures of Success

- KAP surveys
- Disruptions
- Critical posts
- Monitoring success or failure

External Data

- Current impact
- Current response
- Planning

Current Impact and Response

- Population data
- Reasons for payment defaults
- Housing and land situation
- Economic data
- Changing needs and demands
- Current responses

Planning

- Population data
- HIV data
 - Prevalence
 - Incidence
 - Who
 - Mortality
- Future impact

Reviewing Information Needs from All Municipalities

During this session municipalities identified information needs from within the municipalities as well as from outside the municipalities.

Internal Data Requirements

- Knowledge of entire company structure
- Types of services rendering
- Number of employees
- Types of post and the identification of critical posts
- Prevalence by band
- Identify position that would employees more at risk of becoming infected
- Absenteeism
- Using performance appraisal instruments to measure productivity
- Types of illnesses stated on sick leave forms, especially opportunistic diseases
- Statistics on compassionate sick leave
- Statistics of deaths and reasons for deaths – reasons for exits
- Succession planning
- Injury on duty statistics
- Alcohol rehabilitation statistics
- Frequency of annual leave taken
- Data on condom distribution internally and externally
- Medical aids statistics
- STD Statistics
- Death, pension and medical aid benefit information
- Data on training and human resource development
- Data on recruitment
- Level of voluntary testing

External Data Requirements

- Unemployment rate from other sources
- Population trends
- HIV/AIDS prevalence
- Number of Orphans, street children and homeless people
- Information from socio-economic impact – business and household surveys
- Statistics on funerals – migrants usually go back home to pass away
- Information from local health centres (general health information) – top 10 diseases
- Number of shebeens

- Number of clients receiving home-based care and number of home-based care
- Drop-out rate of school children
- Migration patterns from censuses and internal strategies
- Number of sex workers
- Number of people living in informal sector
- STD statistics
- Identify HIV/AIDS training institutions
- Statistics on sexual abuse and rape cases, especially on minors
- Alcohol and drug abuse statistics
- Knowledge about research institutions
- Knowledge about government commitment in terms of nation budget
- Long distance transportation
- Statistics on suicides
- Knowledge on tourism and information available to them
- Statistics on TB
- Statistics and levels of defaulting

Barriers and Possible Solutions to Action

The table below indicates municipal identified barriers and possible solutions to each barrier.

Barriers	Solutions
Lack of human resources	New appointments as well as using people already in position to deal with these issues
Lack leadership and commitment	Mobilise, inform and educate
Unreliable national data	Collect own data by doing surveys Consult with national data gathering institutions Use local data that is used for national data
Lack of funds	Consult regional and district office to make use of excess budget Make use of other research results, instead of carrying out own surveys

Municipal Plans

Consolidated plans were developed for each municipally by each municipality using knowledge gained from the impact assessment and via this workshop. The following structure was given to municipalities as a guideline to draw up their plans:

Management Structures

Objective	Activities
1) Baseline and Periodic Assessments - To generate a "picture of the epidemic currently and in the future	1) Impact Assessment 2) Risk Profile
2) Data Collection and Analysis - To collect, analyse and utilise data to inform the city's HIV/AIDS response	1) Cost Analysis 2) Data Collection and Analysis
3) Structure and Planning - To establish and mandate structures to plan, implement and monitor the city's HIV/AIDS response	1) Structures 2) Strategic Planning 3) Skills Succession Plan 4) Long terms strategies to reduce risk 5) Audit and Legal Obligations
4) Leadership - To demonstrate leadership support and commitment on HIV/AIDS	1) Leadership Commitment

Internal Workplace Programme

Objective	Activities
1) Workplace Policy - To develop or adopt and implement a comprehensive workplace HIV/AIDS programme	1) Workplace Policy 2) Work Plan
2) Training Programme - To establish a cadre of appropriately trained and supported staff	1) Peer Education 2) Training of Trainers
3) Prevention Programme - To promote and support safer sexual practices in a well-informed workplace	1) Awareness Activities 2) Condom Promotion 3) Condom Distribution 4) Infection Control 5) STI Management
4) Programme for Infected and Affected Staff - To create an enabling environment and provide appropriate treatment, care and support for infected and affected staff	1) Testing and Counselling 2) Willingness Programme

External Programme

Objective	Activities
1) Baseline and Periodic Assessment - To collect, analyse and utilise information to inform and support the city's external HIV/AIDS response	1) Assessment of Potential Partners 2) Assessment of Available Organisation Resources
2) Participation in Community HIV/AIDS Responses - To join, participate and enrich community HIV/AIDS responses	1) Prevention 2) Care and Support 3) Participation in Community Projects 4) Support for NGOs and ASOs 5) Participation in a Multisectoral Network 6) Support for GIPA
3) Participation in Local Government For a - To ensure effective networking around HIV/AIDS and optimal sharing of experience	

Based on the above guidelines, municipal representatives developed prevention, response and action plans as indicated below. The plans are included in each municipal volume. Please note that these plans are the first draft and need to be further developed and accepted by municipal authorities.

The Way Forward

Municipalities were requested to make a list of main tasks that they would do immediately after this workshop as well as activities for the next month.

Oshakati

Immediate Activities for Next Week

Review draft action plan. On Tuesday, discuss the workshop results amongst participants who attended this workshop. Wednesday present information to HIV/AIDS committee for comment. Thursday present information to heads of departments and Councillors and staff.

Immediate Activities for Next Month

Present workshop findings to council to be transformed into a white paper. Identify partners in the fight against HIV/AIDS.

Main Barrier to Move Forward

Develop a budget that can accommodate all activities that need to be done in response and strategic planning.

Ongwediva

Immediate Activities for Next Week

Provide comments on the HIV/AIDS draft report

Immediate Activities for Next Month

Promote discussions on the plan of action and recommendations from the workshop by having a meeting with staff and key stakeholders of the municipality. Acquire commitment from council for implementing the HIV/AIDS action plan. This would be done through a presentation to municipal management and political authorities.

Main Barrier to Move Forward

Appointment of the HIV/AIDS Co-ordinator. This person should have social work or nursing background.

Swakopmund

Immediate Activities for Next Week

Workshop participants will finalise the proposed draft action plan for submission to the municipal management committee.

Immediate Activities for Next Month

Revisiting the HIV/AIDS Draft Policy. Seek council's approval to address management and staff on findings of HIV/AIDS Draft report and workshop. When final report is available, it would be submitted to council and if agreement is reached on recommendation than implementation would commence.

Main Barrier to Move Forward

The lack of commitment from councillors, management (especially senior management) and other staff members.

Windhoek

Immediate Activities for Next Week

Identify stakeholders for HIV/AIDS Task Force. Draft ToR for the HIV/AIDS Task Force. Distribute Draft Policy for final review by stakeholders. Collect all comments from stakeholders for HIV/AIDS Impact Assessment Draft Report.

Immediate Activities for Next Month

Institutionalise the Task Force. Determine types of information needed and organisations that can provide it. Prepare declaration of commitment by council, submit it and get approval from management and council. Publicly launch the HIV/AIDS Policy. Organise workshop to present the final draft of the report to strategic executives, councillors and managers.

Main Barrier to Move Forward

The main barrier would be to get full attendance at the workshop to take the developed plans to the next step.

Walvis Bay

Immediate Activities for Next Week

An HIV/AIDS Committee meeting would be organized to give feedback on the outcome of the Long beach Workshop. The plans developed during the workshop would be reviewed and gaps will be filled.

Immediate Activities for Next Month

One to two day workshop with stakeholders to discuss final plans. Plans and strategies will be made available to other towns and villages

Main Barrier to Move Forward

One of the main barriers was seen as the lack of commitment by decision-making authorities within the municipality.

Final Draft HIV/AIDS Impact Assessment Report

The final draft of the report would be available around middle September 2002. All municipal reports will have an executive summary. The structure of the final draft report was discussed. The final chapter of the individual municipal reports would discuss the process of the planning workshop while the action plans should go in as an appendix.

Possibilities and Additional Support

FHI and SIAPAC agreed that a no-cost extension to the current contract between SIAPAC and FHI would be granted to provide support to municipalities. Municipalities were requested to send letters asking for additional support, after which SIAPAC would get approval from FHI to actually do what was expected. Additional support should be provided in a partnership with municipalities. The proposal should go through main contact people within municipalities to Randolph Mouton, SIAPAC, who would thereafter approach FHI for their consideration.

The Global Fund is soliciting proposals for work in HIV/AIDS.

Another suggestion was to organise a donor conference with municipalities to discuss what is needed from municipalities. Bankable proposal could be presented to donors for implementation if accepted.

Networking

A suggestion was made that these five municipalities gather once a year at their own cost to review plans and share information. In addition, a suggestion was made that the first gathering be organised through the existing contract between SIAPAC and FHI. It was also suggested that NALAO should be responsible for networking between all municipalities.

A list and contact details of municipal contact people should be included in the report.

The Advisory Committee would also be involved in taking this process further to other municipalities. A concern was raised regarding a communication gap between the Advisory Committee and the structures on the municipalities. The same goes for ALAN and NALAO. This concern will be discussed at the next Advisory Committee meeting.

Municipalities should get access to reports on HIV/AIDS related activities that have taken place, such as the VCT survey currently taking place in Walvis Bay, Windhoek, Oshakati, Rundu and Katima Mulilo.

Official Closing of Workshop

The Workshop was closed by Dr. Cownie, Managing Director of SAIAPC. Thanks were given to the following individuals and groups:

- Mr M. Shipanga for getting the HIV/AIDS Impact Assessment process off the ground
- Mr Kamho, Mayor of Swakopmund for showing commitment by attending the workshop, consistent with his commitment to the development of his community as witnessed by residents of the coast
- Mr Muatunga, Walvis Bay Councillor for opening the workshop
- Mr Katiti for attending the first day of the workshop
- Dr van der Veen from FHI for attending the workshop
- Dr Parker for attending the workshop
- All Councillors who attended the workshop
- FHI for providing such a services and for having faith in SIAPAC to carry out the assessment
- Municipality of Walvis Bay as the host town
- The SIAPAC team
- Personnel of Long Beach Hotel
- Last, but not least a special thanks to the following municipal personnel who worked very hard during the data gathering process and throughout the assessment:
 - Mr Lawrence, Swakopmund Municipality
 - Mr McClune and Mr Beukes, Walvis Bay Municipality
 - Mrs Kakololo, Oshakati Town Council
 - Mr Shilongo, Ongwediva Town Council
 - Mr Hambuda, City of Windhoek

As a final word it was indicated that, however much we hope that the contrary is true, unmarried young people are sexually active. In Namibia over 90% of the population are sexually active before they reach the age of 20 years. Abstinence is the first line of attack, but we must be realistic, young people must be protected. Condoms should be used. Attitudes and behaviours need to change. Mother to child transmission of HIV should be reduced through the provision of anti-retrovirals therapy.

For the participants, thank you for your commitments to the fight against HIV/AIDS.

Keep in mind that we are talking about ourselves and our children when we discuss the infected or affected.

Thank you.

Registration List

HIV/AIDS Prevention and Response Strategy and Action Planning Workshop

HIV/AIDS Impact Assessment on the Municipalities of Oshakati, Windhoek, Swakopmund, Ongwediva and Walvis Bay

*12 August, 2002
Long Beach Lodge, Walvis Bay*

Registration Form

Name and Surname	Municipality	Department	Position
1) Hileni K. Auala	Windhoek	Councillor	Member of EXCO
2) Theopolina Kakololo	Oshakati	Health	Health Officer
3) Julia Nepampo	Ongwediva	Councillor	Member Management
4) G. C. Weitz	Windhoek	Finance	Costing Officer
5) L. Nehemiah	Oshakati	HR	PRO
10) E. Nghinamundora	Oshakati	Councillor	Deputy Mayor
7) J. Venter	Windhoek	Community Services	Health Officer
8) L. Kandetu	Ongwediva	Planning, Env. Tech.	EHO
9) M. Awene	Ongwediva	Councillor	Councillor
10) I. Kasita	Ongwediva	Councillor	O. T. Officer
11) P. KASHUUPULWA	Ongwediva	Councillor	Deputy Mayor
12) G. Makumbi	Windhoek	Health	CEHO - HCP
13) K. M. Shimbulu	Oshakati	Councillor	Chairperson of Management
14) F. N. Hambuda	Windhoek	HR	Health and Safety
15) N. A. McClune	Walvis Bay	Finance	Accountant
16) M. Valombola	Swakopmund	Councillor	Chairperson of Management
17) C. Katjitae	Swakopmund	Social Worker	Member of Management
18) F. Kaukungua	Swakopmund	Mayor	PRO/PA to Mayor

19) C. Lawrence	Swakopmund	Health	Deputy THO
20) Petrus Tjipute	Swakopmund	HR	Safety Officer
21) Flip Els	Walvis Bay	Health	Chief Health Services
22) Liina Muatunga	Walvis Bay	HR	Industrial Relations Officer
23) A. Katiti	Walvis Bay	CEO	CEO
24) A. Beukes	Walvis Bay	HR	HR Manager
25) Renathe Hoeses	Walvis Bay	Support Group	HR Manager
26) J. Rossouw	Walvis Bay	Finance	Finance Manager Admin
27) Fred van der Veen	FHI	FHI	Senior Regional Technical Adv.
28) Erastus Haufiku	Windhoek	NALAO	Executive Director

HIV/AIDS Prevention and Response Strategy and Action Planning Workshop

HIV/AIDS Impact Assessment on the Municipalities of Oshakati, Windhoek, Swakopmund, Ongwediva and Walvis Bay

*13 August, 2002
Long Beach Lodge, Walvis Bay*

Registration Form

Name and Surname	Municipality	Department	Position
1) G. Makumbi	Windhoek	Health	CEHO - HCP
2) G. Weitz	Windhoek	Finance	Costing Officer
3) Flip Els	Walvis Bay	Health	Chief Health Services
4) J. Venter	Windhoek	Health	Chief Health Services
5) M. K. Awene	Ongwediva	Councillor	D/C/M
6) M. Valombola	Swakopmund	Councillor	Chairperson M/C
7) D. H. Kamho	Swakopmund	Councillor	Mayor / Chairperson
8) C. L. Lawrence	Swakopmund	Health	Deputy THO

9) F. M. Kaukungua	Swakopmund	Mayor's Office	PRO
10) E. Nghinamundora	Oshakati	Councillor	Deputy Mayor
11) L. Nehemiah	Oshakati	HRD	PRO
12) L. Kandetu	Ongwediva	Health	EHO
13) P. Tjipute	Swakopmund	HRD	Safety Officer
14) T. Kakololo	Oshakati	Health	Head Of Department
15) K. M. Shimbulu	Oshakati	Councillor	Chairperson of management
16) Terry Parker	AMICAALL		Exec. Officer
17) Hileni K. Auala	Windhoek	Councillor	EXCO - Member
18) N. McClune	Walvis Bay	Finance	Accountant - Costing
19) A. Beukes	Walvis Bay	HRD	HR Manager
20) Ben Alcock	Windhoek	Community Services	Manager: Community Dev.
21) Patricia Kashiupulwa	Ongwediva	Deputy Mayor	Community Development
22) Johan Rossouw	Walvis Bay	Finance	Manager: Financial Admin
23) Gert Kruger	Walvis Bay	Community Development	Econ. Dev. Officer
24) Liina Muatunga	Walvis Bay	Human Resources	Industrial Relations Officer
25) Fred Van der Veen	FHI		Technical Advisor
26) Haufiku Erastus	Windhoek	NALAO	Ex. Director
27) Julia Nepambo	Ongwediva	Councillor	Management Committee
28) I. Kasita	Ongwediva	Councillor	Driver / OT. Officer

Contact Details for Municipalities and SIAPAC

Municipality	Contact Person	Telephone and Fax	E-mail
Oshakati	Mrs T. Kakololo	Tel: 065 220805 Fax: 065 220435	N/A
Ongwediva	Ms L. Kandetu	Tel: 065 230412 Fax: 065 230521	otc@osh.namib.com
Swakopmund	Mr C. Lawrence	Tel: 064 414335 Fax: 064 414216	clawrence@swkmun.com.na
Walvis Bay	Mr A. Beukes Mr N. McClune	Tel: 064 2013237 Fax: 064 204528 Tel: 064 2013340 Fax: 064 204528	abeukes@walvisbaycc.org.na mcclune@walvisbaycc.org.na
Windhoek	Mr F. Hambuda	Tel: 061 2902425 Fax: 061 2903212	fnh@windhoekcc.org.na

Annex D: Advisory Committee Meeting Minutes

Minutes

Advisory Committee Meeting No. 1

HIV/AIDS Impact Assessment of the Municipalities of Ongwediva, Oshakati, Swakopmund, Walvis Bay and Windhoek

- 1. DATE and TIME**
12 February, 2002 at 10h00
- 2. VENUE**
Conference Room, Sixth Floor, City of Windhoek
- 3. PRESENT**

Name	Organisation	Telephone	E-mail
E. Haufiku	NALAO	061 2902593	nalao@windhoekcc.org.na
A. N. Taanyanda	Ongwediva TC	065 230412	townclerk@otc.mun.na
T. Kakololo	Oshakati TC	065 220805	Not given
F. van der Veen	FHI	061 239463	fred@fhi.org.na
J. Tomlinson	SIAPAC	061 220531	jane@jtkassociation.com
A. Katiti	Walvis Bay Municipality	064 2013201	akatiti@walvisbaycc.org.na
C. Lawrence	Swakopmund Municipality	064 4104335	clawrence@swkmuncom.na
D. Cownie	SIAPAC	061 220531	siapac@mweb.com.na
R. Mouton	SIAPAC	061 220531	randolph@iafrica.com.na
C. Kirk Lazell	USAID	061 273715	klazell@usaid.gov
M. Shipanga	NALAO & CoW	061 2902615	msh@windhoekcc.org.na

4. APOLOGIES

P. K. Anyolo	MRLGH	061 297 5194	Not given
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5. ABSENT

H. Nkandi-Shimi	ALAN	061 240929	Not given
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6. AGENDA

The agenda was accepted as is.

7. AGENDA ITEMS

7.1 Opening and Welcoming

Mr Martin Shipanga welcomed all those present and officially opened the meeting.

7.2 Introductions

All members at the meeting introduced themselves and the institutions they represent.

7.3 Background to the Project

Mr M. Shipanga gave background information on the impact of HIV/AIDS on the five cities of Oshakati, Ongwediva, Swakopmund, Walvis Bay and Windhoek. He indicated that a lot of talk has been done and that practical things now need to be accomplished. He noted that he appreciated the commitment of the organisations present. The issue of HIV/AIDS was too important, not just to speak about, but rather how to respond practically.

NALAO is a key stakeholder, they are professionals who deal with municipal authorities. The Ministry of Regional and Local Government and Housing has an important role to play, they recognise that the epidemic is a serious problem. He was grateful to partners such as the United States Agency for International Development (USAID) and Family Health International (FHI) who are contributing toward the aim to find practical guides to minimise the impact of HIV/AIDS. He was also grateful to the consulting team of SIAPAC who were responsible for carrying out the assessment.

HIV/AIDS was presented as a crisis situation under which people normally panic. Fortunately, the municipalities were not panicking as they were looking for ways to lessen the impact of HIV/AIDS on the municipalities and its users. Such a strategic approach, based on sound scientific data, was needed.

The municipalities of Oshakati, Ongwediva, Swakopmund, Walvis Bay and Windhoek identified themselves to be the first to undertake such a study, which will be replicated to the rest of the municipalities in Namibia, supported by NALAO. Local Authorities (LAs) have already showed their commitment to the project and the fight against the disease. The LAs must see to it that their officers contribute towards the assessment in terms of data needs and time.

This study was initiated because all LAs needed to understand the impact of HIV/AIDS. This assessment will reveal what the actual impact really is, and what practical measures need to be implemented to minimise the impacts. If a systematic approach is not used, interventions would be uncoordinated and ineffective. This will help improve the quality of life of the people we serve.

The Advisory Committee should serve as a 'sounding board' for activities carried out by the consultants.

On a closing note, Mr. Shipanga indicated that he was concerned about the plans of the United States government to phase out USAID in the near future. Good partnership has been established with USAID and very helpful projects have been initiated. He encouraged USAID to see these projects through to their logical conclusion and continue their services to the Namibian people.

Ms Kirk, USAID, indicated that their mission will close at the end of September 2005 and that current initiatives will be completed. She noted that she appreciated the kind words.

The NALAO representative, Mr. Haufiku, asked if the Advisory Committee was only for this study, or whether its mandate would continue beyond the study period.

Mr Mouton responded that the Advisory Committee was established to monitor and evaluate the project. The purpose of the committee beyond the impact assessment should be discussed by members of this committee.

7.4 Progress Update

Mr Mouton, SIAPAC gave an update of assessment activities. He indicated that the following activities have been completed:

- Introductory visits to all municipalities
- Inception workshop
- Design of qualitative research instruments

The following activities are ongoing:

- Data collection from municipalities
- National data collection
- Qualitative data collection
- Data analysis
- Review

The project is about three weeks behind schedule due to delays in project start-up. The project was initiated late in 2001, and therefore organisation of the data needs by the

five municipalities could not be completed before the end of the year. While it was originally hoped that the data would all be available before the end of the year, this was unrealistic. We have, nevertheless, obtained much of what we need, and we are currently identifying gaps that will be discussed with the municipalities. The information gap analysis that will be conducted by the consultants should be presented at the next meeting. A handout should be distributed.

We will be having progress meetings with each municipality, once we have data and identify what is missing. We expect this to be in early March.

Ms. Tomlinson noted that one particularly important role for the Advisory Committee to play relates to the fact that we will be making assumptions during the impact assessment, and these need to be vetted with each municipality.

It was agreed that all correspondence to the municipalities should be copied to municipal representatives who sit on the Advisory Committee.

The role of NALAO should be to assist with the data collection exercise.

Mr Lawrence indicated that the Swakopmund municipality was ready to implement HIV/AIDS related activities. He wanted to know on what basis he could make provision for HIV/AIDS activities in his budget for the next financial year.

A discussion took place regarding the need to anticipate findings so that the municipalities could plan and budget accordingly. There was also a concern that, without going through the full assessment, the details provided might be misleading, and could possibly be used to discredit the investigation. It was therefore felt that planning must await the report. It was further noted that there may be clear findings from the impact assessment that the municipalities could take 'on board' without additional personnel or resources, or could be based on the support of HIV/AIDS organisations. NALAO could play a role in this regard. But, the focus should be on the clear identification of interventions, and itemising these in the municipal budgets. It was suggested that this was one thing that could be done during the 'mainstreaming' workshop at the end of the impact assessment.

Mr. Shipanga, as the Chairperson, asked what problems the consultants were facing. Dr. Cownie noted that one issue was how the data were to be used. He stated that the data were treated confidentially, and that it would be handled responsibly. We are currently faced with one situation where important data are not being provided to us, and we are told that it is confidential, yet it is central to being able to project financial impacts. Mr. Shipanga noted that the Advisory Committee should be the contact point for resolving these problems.

7.5 Advisory Committee Terms of Reference

The terms of reference will be reviewed by the Advisory Committee members and feedback will be provided by 22 February 2002. If no feedback is received by 22 February 2002, then the ToR would be accepted as is.

7.6 Advisory Committee Meetings

The consultants should decide when the next meeting would be. The meeting should be scheduled at such a time when constructive inputs could be provided.

7.7 Advisory Committee Composition

The present composition of the Advisory Committee should remain as it is. Other organizations such as the Ministry of Health and Social Service should only be involved on an as needed basis. The National HIV/AIDS Policy should guide the study.

Mr Shipanga requested all members to formally request respective Council's endorsement for the project. A motion should be passed by council to be involved in assessment and to mainstream HIV/AIDS activities. This should be done within the next two months and Mr Mouton should be notified when the motion has been passed.

Walvis Bay and Swakopmund have already passed the motion via their councils.

7.8 Subsistence and Travel Allowances for Advisory Committee Members.

Some municipalities have not budgeted for attending the Advisory Committee meetings and requested financial assistance with regard to S&Ts. The meeting indicated respective councils should show commitment by providing their time and pay for limited costs. It was agreed that the project would pay for the accommodation and food for representatives from Swakopmund, Oshakati and Ongwediva until June 2002.

7.9 Next Meeting

The consultants will circulate the date for the next meet during the week of 18 February, 2002.

7.10 Official Closing of the Meeting

Mr Shipanga thanked representatives from municipalities, FHI, USAID, NALAO and the consultants for attending the meeting. He indicated that when the history books of the LAs are written then he would like to see the work currently done enshrined in it.

Minutes

Advisory Committee Meeting No. 2

HIV/AIDS Impact Assessment of the Municipalities of Ongwediva, Oshakati, Swakopmund, Walvis Bay and Windhoek

1. **DATE and TIME**

10 April, 2002 at 10h00

2. **VENUE**

Conference Room, Oshakati Town Council

3. **PRESENT**

Name	Organisation	Telephone	E-mail
E. Haufiku	NALAO	061 2902593	nalao@windhoekcc.org.na
A. N. Taanyanda	Ongwediva TC	065 230412	townclerk@otc.mun.na
T. Kakololo	Oshakati TC	065 220805	Not given
C. Lawrence	Swakopmund Municipality	064 4104335	clawrence@swkmuncom.na
R. Mouton	SIAPAC	061 220531	randolph@iafrica.com.na
M. Shipanga	NALAO & CoW	061 2902615	msh@windhoekcc.org.na
C. Desmond	HEARD/SIAPAC	061 220531	Desmondc1@nu.ac.za
Nkenene	Oshakati TC	065 220805	Not given
R. De Buyscher	FHI	061 239463	rose@fhi.org.na

4. **APOLOGIES**

F. van der Veen	FHI	061 239463	fred@fhi.org.na
J. Tomlinson	SIAPAC	061 220531	jane@jtkassociation.com
A. Katiti	Walvis Bay Municipality	064 2013201	akatiti@walvisbaycc.org.na
D. Cownie	SIAPAC	061 220531	siapac@mweb.com.na
C. Kirk Lazell	USAID	061 273715	klazell@usaid.gov
P. K. Anyolo	MRLGH	061 2975194	
T. Parker	AMICAAL		

5. **ABSENT**

H. Nkandi-Shimi	ALAN	061 240929	Not given
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6. AGENDA ITEMS

6.1 Opening and Welcoming

Mr Martin Shipanga, Chairperson of the Advisory Committee welcomed all those present and officially opened the meeting.

6.2 Introductions of New People

All members at the meeting introduced themselves and the institutions they represent.

6.3 Corrections and Approval of Agenda

'The Way Forward' was added to the agenda and the agenda was accepted.

6.4 CORRECTIONS AND APPROVAL OF MINUTES

Page 2, item 7.3, paragraph 3, 2nd sentence should read - Fortunately, the municipalities were not panicking as they were looking for ways to lessen the impact of HIV/AIDS on the municipalities and its users.

Page 4, item 7.4, paragraph 6, should read - It was agreed that all correspondence to the municipalities should be copied to members of the Advisory Committee, and to Chief Executive Officers if they do not already sit on the committee.

Mr Shipanga commented Mr Mouton on well-written and detailed minutes.

The minutes were accepted with the changes.

6.5 ISSUES ARISING FROM PREVIOUS MINUTES

Mr Shipanga indicated that there were various initiatives to lobby the continuation of USAID by different Namibian organizations. Mr Shipanga will visit Washington D.C. in June/July which will give him another opportunity to continue the lobbying for USAID not to close offices in Namibia. He will brief the Advisory Committee meeting on his return.

The role of the Advisory committee was confirmed with the acceptance of the Terms of Reference (ToR) as no feedback on the ToR was received by 22 February 2002.

Mr Shipanga indicated that the process of the HIV/AIDS Impact Assessment and the role of the Advisory Committee will allow members to better articulate the process. This assessment is a pilot, which will be further pursued by NALAO to other municipalities not currently part of the process. ALAN should become more involved in the process for the assessment to enjoy political support.

The Municipalities of Oshakati, Ongwediva and Windhoek have received endorsement by respective councils for the HIV/AIDS Impact Assessment. Swakopmund and Walvis Bay municipalities already had received endorsement for the assessment.

Mr Lawrence extended thanks to SIAPAC and the donors for financially assisting the Municipality of Swakopmund to be able to send a representative to this meeting.

6.6 PROGRESS UPDATE

Mr Mouton gave an update of assessment activities. He indicated that the following activities have been completed:

Data collection from all municipalities has been completed with very few data outstanding. Oshakati Town Council provided outstanding data at the meeting. The few data gaps from municipalities will be filled in the next week. This data will be used by the consultant to project HIV/AIDS impacts on operations of the municipalities. A copy of the gap analysis was distributed at the meeting.

Primary data collections, which consisted of small group discussion and one-on-one interviews were also completed with one outstanding at the City of Windhoek. Data entry and data compilation were already underway, after which analysis of the data will commence

Progress meetings have also been conducted at Swakopmund and Walvis Bay, while Windhoek, Swakopmund and Oshakati were to be done next.

Initial demographic projections using the Spectrum model have been done and presented to municipalities where progress meetings were conducted in order to solicit inputs.

Mr Mouton also presented the “with” HIV/AIDS and “without” HIV/AIDS projections to the meeting. The Spectrum model is a Ministry of Health and Social Services (MOHSS) accepted model to carry out these types of projections. He indicated that four main assumptions need to be made for the model to work: 1) total fertility rates; 2) life expectancy rates; 3) in-migration and 4) adult HIV prevalence. The results from the projections are attached. The meeting was not surprised but astonished by the impact that HIV/AIDS would have on the population, based on the number of people infected and the cumulative number of people who would die from the disease. Detailed discussions and questions regarding the projections took place. Initial projections were accepted by the meeting.

Scheduling of upcoming activities was also discussed and a copy of the schedule was circulated.

Mr Shipanga suggested that after analysis have been completed and when initial projections of the impacts becomes available that write-ups of the analysis be circulated to respective municipalities for discussion. The purpose being that local authorities have an opportunity to comment on the findings before the Planning Workshop in August 2002. It is very important for councillors to see the projections in

order to get their input and support for further work. In addition, he suggested that two political figures (Mayor and one Councillor) from each municipality be invited to the workshop in August. Political participation was seen as essential because they need to play an active role in implementation.

Representatives from ALAN should be invited to the workshop as well. It was suggested that Mr Mouton update Dr Nkandi-Shimi, President of ALAN on progress made, and request that a representative be sent to project meetings and the workshop. Ms Anyolo, MRLGH needs to send a representative to attend meetings while she is on maternity leave. The MOHSS should also send a representative to the workshop. It was noted that AMICAAL has been invited, but that they could not attend this meeting, but promised that they would attend the next meeting.

It was also suggested that municipalities pay for their transport and accommodation for the Planning Workshop in order to show commitment.

Mr Shipanga will brief the Minister of MRLGH, as the minister has shown great interest in the fight against AIDS.

Mr Haufiku indicated that AMICAAL and Price Water House & Coopers will be working together on HIV/AIDS initiatives. AMICAAL have also shown willingness to support the current initiative in terms of taking this assessment to other municipalities. AMICAAL is strategically connected to African and world mayors.

Mr Shipanga indicated that this study is based on science and not feeling, which is very important when one needs to make recommendations for the future. He indicated that the assessment should make use of examples from other countries and from within Namibia to substantiate and complement what is found in this assessment.

Ms de Buyscher suggested that the assessment look at the following studies: 1) the Orphans Study which was conducted by SIAPAC and the HIV/AIDS Impact Assessment which was conducted by Abt Associates, SA. She also agreed that the assessment should make use of studies conducted elsewhere.

Mr. Lawrence indicated that he is often asked the question, 'what can the municipality do which is not already done to fight HIV/AIDS?'

Mr Desmond indicated that a lot has been done with prevention but not so much on response. The importance of this study is that it will look at both prevention and response strategies. Focus should be on economics, health care, health services, local businesses, etc. Focus should be on 25 - 40 year olds and the impact that that has on the economy. Politicians should be part of the process because the impacts will affect their votes as well as their families.

Mr Shipanga added by saying that pre-and post-test counselling is very important. Many people encourage the 'all to be tested' method, but no counselling happens after the test. The NGOs already plays a major role in counselling and should continue to do so, but this should be taken further to local authorities if it is not already in place.

7 NEXT MEETING

The date, time and venue for the next meeting will be decided upon in consultation with all members.

8. OFFICIAL CLOSE OF MEETING

Mr Shipanga thanked contributions and commitment towards the big challenge of HIV/AIDS. Doing this assessment and these meetings may sound like something small, but this is how good things are generated. Someone once said that 'the most difficult thing to do is to think and to plan', but once this is done then we have a way forward. He appreciated sacrifices being made by all involved and looks forward to the completion of the assessment, and the actual implementation of the strategies. Thank goes to the Oshakati Town Council for providing the venue and refreshments.

Minutes

Advisory Committee Meeting No. 3

HIV/AIDS Impact Assessment of the Municipalities of Ongwediva, Oshakati, Swakopmund, Walvis Bay and Windhoek

1. **DATE and TIME**

22 July, 2002 at 10h00

2. **VENUE**

Management Committee Room, Swakopmund Municipal

3. **PRESENT**

Name	Organisation	Telephone	E-mail
E. Haufiku	NALAO	061 2902593	nalao@windhoekcc.org.na
A. Katiti	Walvis Bay	064 2013201	akatiti@walvisbaycc.org.na
E. Demasius	Swakopmund	064 4104335	swkmun@swkmun.com.na
C. Lawrence	Swakopmund	064 4104335	clawrence@swkmun.com.na
R. Mouton	SIAPAC	061 220531	randolph@iafrica.com.na
F. Kaukungua	Swakopmund	064 4104335	swkmun@swkmun.com.na
P. Tjipute	Swakopmund	064 4104335	hresources@swkmun.com.na
Maya	USAID	061 273715	klazell@usaid.gov
R. De Buyscher	FHI	061 239463	rose@fhi.org.na

4. **APOLOGIES**

F. van der Veen	FHI	061 239463	fred@fhi.org.na
J. Tomlinson	SIAPAC	061 220531	jane@jtkassociation.com
M. Shipanga	NALAO & CoW	061 2902615	msh@windhoekcc.org.na
D. Cownie	SIAPAC	061 220531	siapac@mweb.com.na
C. Kirk Lazell	USAID	061 273715	klazell@usaid.gov
A. N. Taanyanda	Ongwediva TC	065 230412	townclerk@otc.mun.na
T. Kakololo	Oshakati TC	065 220805	Not given
P. K. Anyolo	MRLGH	061 2975194	
T. Parker	AMICAAL		
C. Desmond	HEARD/SIAPAC	061 220531	Desmondc1@nu.ac.za
Nkenene	Oshakati TC	065 220805	Not given
H. Nkandi-Shimi	ALAN	061 240929	Not given

5. AGENDA ITEMS

5.1 Opening and Welcoming

Mr E. Demasuis, Chief Executive Officer, Municipality of Swakopmund officially opened the meeting and welcomed all representatives to the Swakopmund. Mr Demasuis voiced his appreciation for the HIV/AIDS Impact assessment and wished the meeting all the best and fruitful discussion at the end of the day. Mr Demasuis could unfortunately not stay for the duration of the meeting as he had other commitments to attend to.

Mr Haufiku, Executive Director of NALAO served as the chairperson of the meeting in the absence of Mr Shipanga Chief Executive Officer, City of Windhoek who could not attend the meeting due to other commitments.

5.2 Introductions of New People

All members at the meeting introduced themselves and the institutions they represent.

5.3 Corrections and Approval of Agenda

No additional items were added to the agenda

5.4 CORRECTIONS AND APPROVAL OF MINUTES

Mr Lawrence's e-mail address should be as follows – clawrence@swkmun.com.na .
The minutes of Meet No.1 was approved.

5.5 ISSUES ARISING FROM PREVIOUS MINUTES

Mr Haufiku indicated that Price Water House Coopers and AMICAALL were interested in assisting municipalities with the implementation of HIV/AIDS activities. AMICAALL have existing proposals which need to be considered for implementation.

IBIS, a Danish Donor Agency have also indicated their interest in assisting municipalities with the implementation of HIV/AIDS activities.

A National workshop will be organized by NALAO where the Final Reports should be officially launched. It was suggested that the launching of the Final Reports be done in partnership between SIAPAC and the municipalities. A suggestion was made that SIAPAC should present the methodology used, while representatives from each municipality present main findings of the assessment and the prevention and response strategies and action plans. The National Workshop is planned for November 2002.

One representative wanted to know how much donor funding was available to assist the 5 municipalities as well as other municipalities to take the achievement of the impact assessment further. Based on this, it was suggested that a donor meeting be organized, so that municipalities and donors can exchange ideas on what needs to be done and how much donors would be able to assist. The HIV/AIDS Impact Assessment Final Reports should be distributed to donors who work in the field of

HIV/AIDS for informed decisions to be made regarding mainstreaming HIV/AIDS activities into municipal functions.

The HIV/AIDS Prevention and Response Strategy and Action Planning Workshop scheduled to take place in August 2002 was also discussed. Representatives of municipalities voiced the seriousness of the workshop and promised that the municipal representatives with the right profiles would attend the workshop.

The meeting was also informed that Ms Hoëses via the Multi Purpose Resource Centre in Walvis Bay would share her experiences of being HIV positive with the workshop.

The lack of representation on the part of the Ministry of Regional, Local Government and Housing and Association of Local Authorities (ALAN) was voiced by members of the meeting. Apologies were received from MRLGH and ALAN regarding their attendance. It was suggested that representatives of MRLGH and ALAN be invited to attend the HIV/AIDS Impact Assessment Draft Report Presentation at the City of Windhoek. It was also suggested that Dr Fred van der Veen attend the same meeting.

5.5 PROGRESS UPDATE

Mr Mouton gave an update of assessment activities. He indicated that the following activities have been completed:

- Inception Workshop in October 2001
- Secondary and Primary Data Collection
- Demographic Projections
- Cost Projections (a few of these were shared with the meeting)
- 3 Advisory Committee meetings
- Data gaps were filled to the extend possible
- Planning for the August Workshop to be held at Long beach
- Draft Reports

The role of the Advisory Committee after the completion of the HIV/AIDS Impact Assessment was discussed. It was suggested that the next Advisory Committee meeting initiate ideas on how this process should be replicated in other municipalities.

Lessons learned via the assessment process should be shared with other municipalities. NALAO is already developing inventory lists for selected municipalities. It was suggested that one compare the 5 municipalities involved in the current assessment with similar municipalities in terms of population size or prevalence rates for purposes of replication some activities.

6. NASOMA PRESENTATION

National Social Marketing Association gave a presentation on their programme.

7. NEXT MEETING

The date, time and venue for the next meeting will be decided upon in consultation with all members.

8. OFFICIAL CLOSE OF MEETING

Mr Haufiku thanked all representatives for attending this meeting and indicated that he was looking forward to the outcome of the workshop in August 2002.

Annex E: Spectrum Model Assumptions

SPECTRUM Models

Introduction

AIDS modelling was conducted by SIAPAC for the five cities using the Spectrum System of Policy Models (hereinafter referred to as Spectrum). This model was used by the Ministry of Health and Social Services of Namibia for the national model, and is among the most commonly used HIV/AIDS demographic impact projection model.

Spectrum System of Policy Models

Data compilation consisted of securing data needed for the model and data needed so that the impact of the HIV/AIDS epidemic on the five cities could be estimated (both the general population and those working for the local authorities). It is important to note that models are, by definition, a *representation* of an *aspect* of reality. Models cannot, therefore, fully represent the complexity of real life. If used correctly, however, and if based on reliable data, models are the most effective way of projecting what might be taking place in the population of Namibia and the impacts of HIV/AIDS. Relevant demographic data of sufficient rigour were therefore collected from Government institutions, including the Ministry of Health and Social Services (MOHSS) and the Central Bureau of Statistics, for use in the model.

The Spectrum System of Policy Models, or Spectrum for short, was used for the project. Two sub-routines, DemProj and the AIDS Impact Model (AIM), were used to develop projections of the HIV/AIDS epidemic in Namibia and its impacts on the population. The Spectrum Models were developed by The Policy Project, a United States Agency for International Development-funded project implemented by The Futures Group International. The

Spectrum Models are designed to facilitate planning and policy formation. They were *not* designed to conduct in-depth research into the underlying processes; this was instead the focus of qualitative data collection.

DemProj is the demographic model in Spectrum and is used to create population projections based on the current population, fertility, mortality and migration. AIM is the model used for projecting the impact of the HIV/AIDS epidemic.

Base Projection

The first stage in the development of HIV/AIDS projections for each of the five cities was to create a base demographic projection using DemProj. This is a demographic projection that does *not* include the impacts of HIV/AIDS. The demographic projections require data and assumptions related to the population by age and sex for the base year, current and future fertility rates, current and future mortality rates, and international migration.

Base Year Population

This is the population by age and sex for the base year. Figures are usually obtained from census data. It is preferable to select as base year a year which is prior to the time when AIDS began to have a significant impact on the nature of the population, as the base projections run on the assumption of a no-AIDS scenario for comparative purposes.

For the Demproj projection, the population figures from the 1991 Census were used for the base projection for all of the cities except Walvis Bay, as it was not included in that Census. In the case of Walvis Bay, 1996 data were used, and worked backwards to obtain a 1991 figure.

Although the HIV epidemic had already taken hold by 1991, because of the time delay between infection and death population figures had not yet been significantly affected by AIDS deaths. This assumption is supported by evidence from the 1992 DHS that suggested a

continued increase in life expectancy from the 1981 census (that is, figures suggest that, by 1992, AIDS had not yet significantly affected the population size). The other alternative would have been to use data from the 1996 Intercensal survey. However, the base projection requires figures *without* the impact of AIDS, and one can assume that the 1996 census figures would reflect some impact of AIDS deaths (this is borne out in the findings which follow).

Fertility

Information about current and future levels of fertility, as obtained through measures of Total Fertility Rate (TFR), are required by the model. In addition, the model needs information on the age distribution of fertility.

The total fertility figures used in the projection were taken from the Population Projections 1991 - 2021, Namibia, National and Regional Figures by the Central Bureau of Statistics, National Planning Commission, February 2001. It was assumed that the fertility rates in the towns and cities were approximately equal to the regional figures provided by the Central Bureau of Statistics.

The age distribution of fertility was assumed to follow the United Nations fertility sub-Saharan Africa pattern. This pattern was agreed to be the best representation of fertility in Namibia by the working group on HIV/AIDS impact projections for Namibia.

The male:female sex ratio at birth was assumed to be 103:100 based on regional data, again accepted by the working group on HIV/AIDS impact projections for Namibia.

Mortality

Life expectancy at birth for males and females and a model life table of age-specific mortality

rates is required to describe mortality. Life expectancy at birth for males and females was taken from regional projections provided by the Central Bureau of Statistics, the medium scenario was used.

For the model life table, the United Nations General Model provided the closest match to measured Infant Mortality Rates (IMR) and Crude Death Rates (CDR) for 1991. In previous projections in Namibia the Coale-Demeny South model table had been selected and was agreed to be the most appropriate by the working group on HIV/AIDS impact projections for Namibia. The Coale-Demeny South model was therefore also used for these projections.

Migration

Typically, international migration does not account for a significant proportion of change in populations. At a city or town level migration is, however, very important. Urbanisation is responsible for much urban growth in Namibia. To account for this, regional patterns of migration were used based on materials provided by the Central Bureau of Statistics. Number of migrants was then determined by applying these rates to the base year populations of the five cities. The estimates of future migration are based on two simplifying assumptions: 1) that the pattern (male: female and age distribution?) will remain constant; and 2) that the number of migrants will grow at a rate equal to national population growth.

HIV/AIDS Projections

The second stage of the projection process is to develop an AIDS projection using AIM. The model takes as its starting point the base population projection and then projects the impact of HIV/AIDS on the population given assumptions about HIV prevalence, age-sex distribution, progression of the disease, etc. Health and economic impacts may also be projected if the required input data are available.

Adult HIV Prevalence

The percentage of adults infected with HIV in the base year and estimates of prevalence for subsequent years of the projection are required. An adult is defined as anyone aged 15 or older.

Estimates of HIV prevalence are typically based on figures obtained from antenatal sentinel surveys, which are considered by modellers to be generalisable to the total adult population (this has been checked against population based surveys in a number of African countries and shown to be the case).

Antenatal clinic prevalence for each site was projecting using AIDSproj. This involved finding the epidemic curve which best fits past observations. This provides an estimate of the probable future path of the epidemic, at least until its peak. We do, however, know little about what will happen after HIV prevalence peak. For the purposes of these projections it was assumed to remain constant, which is the typical assumption made in these circumstances.

HIV/AIDS Parameters

Several parameters must be specified for the AIM model:

- 1) *The starting year of the epidemic.* This was assumed to be 1984.
- 2) *Prenatal transmission rate.* The default value of 35% was used (that is, 35% of babies born to infected mothers will be infected), as this is the rate typically observed in sub-Saharan Africa.
- 3) *Percentage of infants dying within the first year of life.* This value is used to calculate infant mortality rates. The default value of 67% was used, meaning that it was assumed that two out of three HIV-infected infants would die within their first year of life.
- 4) *Life expectancy after AIDS diagnosis.* This typically varies from 6-18 months in developing countries. The default value of one and half years was used.

- 5) *Percent reduction in fertility for HIV-infected women.* In the absence of country-specific data, the default value of 30% was used.

Incubation Period

The incubation period refers to the amount of time between initial infection and the onset of AIDS. For the current projection, the adult incubation period pattern based on a model constructed by James Chin (1996, in Stover, 1997) was used. This is a medium pattern which has a median time from infection to AIDS of eight and a half years. For the child incubation period a medium pattern was also chosen of two and half years. This is the default option in the Spectrum Model, and is considered to be the best option for sub-Saharan Africa in the absence of country-specific data.

Age and Sex Distribution of New Infections

The male to female ratio was assumed to be 1:1 as Namibia has had a heterosexual epidemic from the outset. No reliable data are available regarding the ratio of male to female infections rates, so a 1:1 sex ratio was considered appropriate. The age distribution based on a 'typical' pattern for eastern and southern Africa was employed, again in the absence of country-specific data.

Information Gaps

As the modelling section suggests, gaps exist in available data. For the modelling, assumptions had to be made that the demographic and infection patterns in Namibia were similar to other Southern African nations. With the exception of minor impacts expected from international migration, however, the modellers believe that the assumptions made are accurate, and that they have not seriously affected the reliability of the projections.