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Building 'Positive' Spaces

Sustainable Human Settlements
Development in the Context
of HIV/AIDS

Foreword

The notion of integrated and sustainable human settlements holds great promise for those concerned with HIV/AIDS as a governance and development issue. It acknowledges that people's rights and aspirations with respect to shelter, meaningful work, good health and a decent quality of life are interconnected and that a holistic, integrated and coordinated effort is required to realise these rights and aspirations. In its ambition, the sustainable human settlements agenda dovetails with a developmental perspective on HIV/AIDS, which recognises that factors in the socio-economic and physical milieu contribute to an environment in which HIV continues to spread and the ability of individuals, households and communities to cope with HIV/AIDS-induced shocks and stresses is undermined. As such, the policy shift towards sustainable human settlements presents us with a strategic opportunity to develop and implement effective local responses to the drivers, dynamics, manifestations and implications of HIV/AIDS.

But unless human settlements planning, development and governance is informed by an explicit HIV/AIDS perspective, one that locates HIV/AIDS at the centre of development, this potential will not be realised and valuable opportunities to reduce vulnerability to HIV infection and to strengthen coping capabilities and resilience in the face of the epidemic will be lost. This concept paper seeks to provide guidance on how HIV/AIDS can (and should) be integrated into human settlements planning and development in South Africa.

Mirjam van Donk DIRECTOR

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Table	of	Co	nte	nts
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List of Acronyms	1
Executive Summary	2
1. Introduction	3
2. Sustainable human settlements: Integral to an effective response to HIV/AIDS?	5
2.1 Traditional approach to HIV/AIDS	5
2.2 HIV/AIDS in the context of poverty, informality and underdevelopment	6
2.3 Integrated and sustainable human settlements: An effective response to HIV/AIDS?	8
3. Sustainable Human Settlements	10
3.1 Key characteristics of sustainable human settlements	10
3.2 Integrating HIV/AIDS in human settlements planning and development	17
3.2.1 In situ upgrading	17
3.2.2 Greenfields Developments	18
3.2.3 The Housing Subsidy	19
3.2.4 Social housing and other rental options	22
4. Local government: A pivotal actor in sustainable human settlements development and in	
responding to HIV/AIDS	23
5. Recommendations	25
6. Conclusion	27
References	28
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List of Acronyms

ABC	Abstain, Be Faithful, Condomise
AIDS	Acquired Immune Deficiency Syndrome
ARV	Antiretroviral
DPLG	Department of Provincial and Local Government
HIV	Human Immunodeficiency Virus
HSRC	Human Sciences Research Council
IDP	Integrated Development Plan
SACN	South African Cities Network
SALGA	South African Local Government Association
STI	Sexually Transmitted Infection
TB	Tuberculosis
VCT	Voluntary Counselling and Testing

Executive Summary

A key development in South Africa's response to the HIV/AIDS epidemic has been the recognition that there are a number of external factors in the socio-economic and physical environment in which people live that are central to the spread of the epidemic. A growing body of evidence suggests that poverty, inequality, inadequate shelter, overcrowding and other symptoms of underdevelopment are fundamental drivers in increasing the risk of HIV infection whilst simultaneously affecting the ability of individuals, households and communities to cope with the subsequent health and socio-economic effects of infection. In a context where large numbers of South Africans live in poverty, without adequate shelter and access to basic resources and services, HIV/AIDS will thus have far reaching and serious impacts, not only on citizens and communities but also for and on the state.

This paper argues that the creation of sustainable and integrated human settlements is a crucial component in the response to HIV/AIDS. In light of this, the paper considers whether the current approach to sustainable human settlements, as articulated in 'Breaking New Ground', provides an appropriate response to the changing context due to HIV/AIDS. Specific attention is given to the role of local government (as the primary basic service provider within South Africa's system of intergovernmental relations) to respond effectively to HIV/AIDS by integrating it into human settlements planning and development.

Key findings include the following:

- Poor, marginalised South Africans, particularly those in informal settlements, are most vulnerable to HIV/AIDS infection and often lack the resources and supportive infrastructure to cope with the consequences of HIV/AIDS.
- The dominant emphasis on abstinence, fidelity and the promotion of condom use is insufficient and to some extent inappropriate as factors like poverty, gender inequality, adequate shelter, overcrowding and the lack of basic services and infrastructure impact on the ability of people to make "safe" sexual choices.
- The realisation of integrated and sustainable human settlements with adequate access to basic services and social, economic and public infrastructure is vital if South Africa is to address the HIV/AIDS epidemic effectively.
- 'Breaking New Ground' fails to effectively take into consideration the changing shelter and services needs resulting from the HIV/AIDS epidemic.

The paper makes a number of recommendations for effectively integrating HIV/AIDS into sustainable human settlements planning and development:

- 1. Actively involve people living with HIV/AIDS, marginalized social groups and households and communities that are affected by the epidemic in the design and development of sustainable human settlements.
- 2. Review policy assumptions underpinning sustainable human settlements planning.
- 3. Broaden the scope of interventions to overcome the policy bias with individual home ownership and greenfields development.
- 4. Accelerate in situ upgrading in a manner that recognises and supports livelihood strategies and social support systems.
- 5. Take cognisance of HIV/AIDS in urban planning and settlement design.
- 6. Take cognisance of HIV/AIDS in housing unit design.
- 7. Proactively and creatively allow for the transfer of title deed or rental agreements in the case of succession.
- 8. Consider housing provision within the context of a comprehensive social development package that includes municipal indigent support.
- 9. Recognise and support the inter-related agendas for between sustainable human settlements and local economic development.
- 10. Provide the necessary guidance and support for local government to integrate HIV/AIDS in sustainable human settlements planning and development.
- 11. Recognise the implications of HIV/AIDS for the institutional capacity required for sustainable human settlements planning and development.

In conclusion, the development and implementation of a sustainable and integrated human settlement agenda is critical in responding to HIV/AIDS and its consequences. However, this will only be achieved if HIV/AIDS becomes an explicit component of sustainable human settlements planning and development.

1. Introduction

A key development in South Africa's response to the HIV/AIDS¹ epidemic has been the recognition that there are a number of external factors in the socio-economic and physical environment in which people live that are central to the spread of the epidemic. This has led to the further recognition that an effective response to the epidemic has to be one that goes beyond a mere bio-medical and behaviour change oriented approach. Studies increasingly show that poverty, inequality and underdevelopment are fundamental drivers in increasing the risk of HIV infection whilst simultaneously affecting the ability of individuals, households and communities to cope with the subsequent health and socio-economic effects of infection. In a context where large numbers of South Africans live in poverty, without adequate shelter and access to basic resources and services, HIV/AIDS will have far reaching and serious impacts, not only on citizens and communities but also for and on the state. It is becoming clear that the South African government will not only have to respond to an increase or decrease in certain needs and basic services, but it will have to employ innovative tactics to respond to the changing needs resulting from the epidemic.

According to the South African National Department of Health's recently adopted National Strategic Plan on HIV/AIDS for 2007-2011, approximately 5.54 million people in South Africa were estimated to be living with HIV/AIDS in 2005 (Department of Health 2007). This figure accounts for nearly one in five (18.8 percent) of the country's adult population, aged between 15 and 49. Those most affected by the epidemic are women who make up 55 percent of people infected with the disease (Department of Health 2007). Research has further shown that people who reside in urban informal settlements are disproportionately vulnerable to infection due to their lack of access to basic services like water and sanitation, and the conditions created by unemployment, informality, overcrowding and poverty (Collins and Rau 2000, Holden 2004, Van Donk 2006). According to a 2007 study by the Human Sciences Research Council (HSRC), urban informal settlements have the highest incidence² rates compared to people in rural formal areas, rural informal areas and people in urban formal areas (Rehle, Shisana, Pillay, Zuma, Puren and Parker 2007). The study found that incidence in urban informal settlements is highest at 5.1% compared to rural formal areas (1.6%), rural informal areas (1.4%) and urban formal areas at 0.8% (Rehle et al 2007). Most concerning is the finding that incidence for women between the ages of 20 and 29 was estimated to be 5.6% which is 6 times higher than the 0.9% found in males of the same age group (Rehle et al 2007).

Despite indications (and rhetorical acknowledgement) that developmental factors play a role in the spread of the epidemic and that the epidemic in turn has long term developmental implications, the South African government's response to the epidemic is largely, if not exclusively, based on the ABC (Abstain, Be faithful, Condomise) approach. Only recently has the link between HIV/AIDS, poverty, underdevelopment and inequality been established in official government responses.³ Central to this is the recognition that an effective response is one that involves not only the Department of Health, but all government departments, in all spheres of government - national, provincial and local. Local government in particular has an important role to play as it is the level of government closest to the people and responsible for providing basic services.

At the same time, local government's role in overcoming the divided and fragmented city is given increased prominence. Most recently, this is couched in the language of sustainable human settlements, with local government seen as a key actor in ensuring that human settlements are integrated and sustainable. In September 2004, the South African National Department of Housing introduced its "Plan for the Development of Sustainable Human Settlements," commonly referred to as "Breaking New Ground" (BNG) (Department of Housing 2004). This policy document defines sustainable human settlements as "well managed entities in which economic growth and social development are in balance with the carrying capacity of the natural system on which they depend for their existence and result in sustainable development, wealth, creation, poverty alleviation and equity" (Department of Housing 2004:11). The Department of Provincial and Local Government (DPLG) has recently identified the two main priority areas for local government as promoting sustainable human settlements and driving local economic development (LED) (Patel 2006; Pieterse and Van Donk, forthcoming; Patel and Powell, forthcoming).

A large number of South African households reside in informal areas characterised by high levels of poverty, unemployment, inadequate shelter and inadequate access to a range of basic services. This situation is

crucial for understanding why HIV/AIDS is so prevalent in informal settlements. This paper therefore argues that what is needed to respond to the HIV/AIDS epidemic is the creation of an enabling environment in which people are empowered to access a range of resources and services that will contribute towards improving their livelihoods, which, it is argued, is vital to enable people to remain HIV negative and, where necessary, to be able to 'live positively' and cope with the consequences of HIV/AIDS.

The aim of this paper is to consider whether the current sustainable human settlement agenda provides an appropriate response to the changing context due to HIV/AIDS and how local government (as the primary basic service provider within South Africa's system of intergovernmental relations) can respond effectively to HIV/AIDS by mainstreaming it in terms of human settlement development planning. The next section looks at the link between HIV/AIDS and other symptoms of underdevelopment and inequality, such as poverty, gender inequality, overcrowding and inadequate shelter. It concludes that the sustainable human settlements agenda offers the prospect of a more comprehensive response to HIV/AIDS. Section 3 discusses the key characteristics of a sustainable human settlement agenda in the context of HIV/AIDS and reviews the current instruments for the implementation of a sustainable human settlement agenda in light of the changing context as a result of HIV/AIDS. Section 4 focuses on the (anticipated) role of local government in both sustainable human settlements development and in the national response to HIV/AIDS, suggesting that the possibility of synergy exists between these two imperatives. Section 5 outlines a number of recommendations for integrating HIV/AIDS into sustainable human settlements planning and development. The final section of this paper includes some concluding observations.

2. Sustainable human settlements: Integral to an effective response to HIV/AIDS?

2.1 Traditional approach to HIV/AIDS

Traditional responses to the HIV/AIDS epidemic have mainly viewed it from a bio-medical perspective (focusing on the virus and treatment related issues) and tend to focus on individual behavioural change as the most important method of prevention. While prevention and treatment form an integral part of any strategy to address HIV/AIDS, this does not take into consideration the factors that preclude people from taking personal responsibility for infection and treatment. It is important to recognise the socio-economic conditions that affect people's ability to make rational and informed decisions about their sexual experiences and relationships. In other words, it is important to understand and respond to the factors that increase vulnerability⁴ to HIV infection and also the factors that affect the ability of individuals, households and communities to develop adequate coping mechanisms in response to HIV/AIDS.⁵

It is important to emphasise at this stage that while this paper will only concentrate on the external factors that affect the ability of people to make "safe" sexual choices, it does not deny that there are a number of behavioural factors that also impact on the HIV infection rate, which highlights the ongoing need for traditional prevention and treatment messages. For example, a recent study by the Markinor polling firm and the University of South Africa found that HIV prevalence was increasing amongst educated and well off South Africans. Possible explanations offered for this occurrence include the lack of effective leadership from government on HIV/AIDS, more disposable income for leisure and other pleasurable activities, and apathy about safe sex (Markinor 2007). Perhaps some of the "blame" could also be attributed to the fact that research and responses to the epidemic often focus on South Africa's poor, which allow those who are well off to ignore personal risk levels. While the rate of new infections among the more affluent groups in South African society is concerning, that is not the focus of this paper. The factors that impact on and contribute to the rising infection rate amongst educated people differ from those that render people residing in informal, under resourced areas, in some instances incapable of making "safe" decisions about sex, or of making long-term decisions that affect their health and well-being in the more distant future. In addition, despite an increase in the infection rate amongst those in higher income groups, due to poverty, inequality and underdevelopment, poor people remain disproportionately vulnerable to infection. The difference between these two groups is even starker when one considers what services they can draw on or what mechanisms they employ to cope with infection. For people from middle and upper income backgrounds HIV/AIDS can become a manageable chronic disease as they have access to the benefits of medical aid and treatment at private medical facilities. As such, their illness will not have the debilitating effect that it has on poor households.

Another important point is that it is not the intention of this paper to suggest simplistic or oversimplified causal links between the factors highlighted and HIV/AIDS. Poverty alone is not an explanation or a sufficient cause for HIV infection. Instead, what is argued is that the combination and interplay of factors in the socioeconomic and physical environment contribute to a situation whereby people's ability to exert informed choices about their long-term sexual health and overall wellbeing is compromised. It is also acknowledged that it is inappropriate to make broad generalisations and assumptions about informal settlements and the actions and behaviour of residents. For example, it would be incorrect to assume that all people living in informal settlements are poor, unemployed or infected with HIV. Many informal settlement residents are young men and women who have moved from their previous residence (often from their parents' houses or backyard shacks) for various reasons which include the ability to live independently from parents or families and landlords (Urban Landmark 2007). In addition, the paper does not claim to be providing the definitive answer or reason for the high HIV infection rate in South Africa. Rather, it seeks to show how certain socio-economic factors affect the ability of some people, particularly those living in informal settlements, to make informed decisions concerning their sexual health in the context of HIV/AIDS. The following section will focus on the factors in informal settlements that are associated with increased vulnerability to HIV infection and that affect the ability of HIV positive people and HIV affected households and communities to cope effectively with the effects of the disease.

2.2 HIV/AIDS in the context of poverty, informality and underdevelopment

HIV prevalence⁶ is highest among poor, marginalised South Africans, particularly those who live in urban informal settlements (Van Donk 2004; Rehle et al 2007; Department of Health 2007). A recent study by the Human Sciences Research Council (HSRC) has even more concerning statistics regarding the incidence of HIV/ AIDS (Rehle et al 2007). According to the HSRC, incidence is the ideal way for monitoring the HIV/AIDS epidemic as it measures the number and distribution of new infections. This is particularly important in light of the fact that the epidemic is not homogeneous and, due to a number of interrelated factors, has been more prevalent in certain locales, more specifically urban informal settlements. These settlements are characterised by poverty and inequality (particularly gender inequality), overcrowding, inadequate shelter and lack of services and infrastructure. This, in turn results in unhygienic, unhealthy and unsafe living conditions, which increase vulnerability of people living in these areas not only to HIV/AIDS, but also to other illnesses and infections which, if left untreated, compromise the immune system, thereby adding to the risk of HIV infection (Collins and Rau 2000; Ambert, Jassey and Thomas 2006). As suggested earlier, these factors also affect the ability of individuals, households and communities to cope with the subsequent health and socio-economic effects of infection. This has long-term effects for society and a number of consequences for policy development and implementation within all spheres of government.

While **poverty** alone is not responsible for increased vulnerability to HIV infection, it is a very important co-determinant (Collins and Rau 2000; Van Donk 2006). People in impoverished situations are more likely to be preoccupied with day-to-day survival than with a disease like HIV/AIDS which can take a number of years to become symptomatic (Collins and Rau 2000). Those who are most adversely affected by poverty are women and children (particularly girls), a situation often referred to as the feminisation of poverty (Bridge 2001). It is therefore important to define what is meant by poverty in this context. Poverty does not only refer to the lack of income but also to social, economic, spatial, environmental and political factors (Khan 2003). Khan (2003:34) argues that "Effective poverty reduction must look simultaneously at issues of income, infrastructure, spatial isolation (from employment and social opportunities) and environmental degradation, social exclusion and access to power and resources and the livelihood strategies of the poor." Issues related to poor living conditions are further elaborated on below.

Poverty and inequality are most certainly not features that are unique to urban areas in South Africa. However, cities and secondary towns and industrial hubs have added factors which contribute to the spread of HIV/AIDS. These include population density in urban areas and particularly in informal settlements, migration to cities mostly in search of better job opportunities, the rate and depth of poverty in urban areas compared to that in rural areas, poor living conditions in crowded informal settlements, lack of basic services and infrastructure, and inadequate planning on the part of government to create integrated, sustainable human settlements in urban areas.

Reducing poverty is about reducing social exclusion and about promoting integration as well as eliminating inequality, particularly **gender inequality**. While it is not suggested that there is a causal link between poverty and unemployment on the one hand and violence against women and children on the other hand (as if such social ills do not occur in more well off areas), there is evidence to suggest that the inability to find employment or take control of one's life leads to feelings of disempowerment and frustration amongst people, particularly men, which at times is expressed through physical (including sexual) violence against female partners or family members (Van Donk 2006). Many women, particularly those who are dependent on a male partner, do not have the resources to leave abusive relationships or to negotiate safer sexual practices.

In South Africa many men (and women) have multiple concurrent sexual partners and women in particular often turn a "blind eye". This places them at increased risk as it is unlikely that safe sex methods are consistently used (Pettifor, Measham, Rees and Padian 2004). Due to skewed power relations in instances where women, in long term relationships with their husbands or partners, insist on condom use, they are at risk of being verbally, physically or sexually assaulted and abused (Dunckle, Jewkes, Brown, Gray, McIntryre and Harlow 2004; Pettifor et al 2004).

When having to deal with their impoverished situation some women have very little choice but to engage in commercial or transactional sex.⁸ Women who engage in commercial sex work are rarely able to negotiate safe sex and in instances, when faced with the possibility of losing a client, the immediate concern of providing

an income for their families, might convince some women to engage in riskier sexual practices (Collins and Rau 2000). These women are also at risk of violent assault, not only from their clients but in certain instances from the police (Fick 2005). In the case of transactional sex, young girls might engage in relationships with older men, known as "sugar daddies," who provide them with money, food, clothes or gifts (Shisana and Simbayi 2002; Van Donk 2006; Khan 2007). At the third South African AIDS conference, held in June 2007 in Durban, the HSRC revealed alarming statistics about the role of "sugar daddies" in increasing the rate of HIV infection (Caelers 2007).

As part of a coping strategy in response to the shocks and stresses associated with HIV/AIDS, young girls are often taken out of school, both to save money and also for them to help out with the household chores or the care of sick family members. The lack of education significantly reduces the opportunities of these girls/young women and increases the likelihood of them becoming involved in relationships where they are dependent on the male partner to provide shelter and income (Shisana and Simbayi 2002). Such coping strategies serve to entrench existing gender disparities. The HSRC research confirms the fact that young African women, living in poor and impoverished urban informal settlements are the most vulnerable group to HIV infection.

An immediately obvious characteristic of urban informal settlements is **overcrowding**. Overcrowded conditions and **inadequate shelter** result in a lack of privacy within the home, with children exposed to sexual activity from a young age. This has been associated with earlier sexual debut (including forced sex) and more sexual partners during their life time (though this does not necessarily mean concurrently) (Van Donk 2006; Zulu, Nii-Amoo Dodoo and Ezeh 2004).

Overcrowding also has a number of consequences for HIV positive people. Opportunistic infections like tuberculosis (TB) thrive in overcrowded areas (WHO 2004) and this is exacerbated by the lack of adequate ventilation, a big problem for large families living in poorly ventilated shacks. Preserving the dignity of people who are HIV positive or who have AIDS is a very important component of living positively with the disease. In overcrowded conditions, it is often difficult to ensure the dignity of the infected person when the lack of space means that they are not afforded the necessary privacy when suffering from ailments like diarrhoea or vomiting or when bathed and fed by a caregiver.

The HIV/AIDS epidemic is able to thrive in informal settlements because of the lack of basic services and infrastructure. In instances where facilities and basic services are available, these often have to be shared by large numbers of people. For example, in Khayelitsha, Cape Town's biggest township, about 55 percent of its almost 500 000 residents live below the poverty line, while 80 percent live in informal dwellings in overcrowded areas and lack adequate access to services like water and sanitation. This is illustrated by the fact that in two areas of Khayelitsha, there is an average of one toilet for every 105 people (Thom 2006). While it is not implied that one can contract HIV from a communal or dirty toilet, the implication is that the high volumes of people having to make use of minimal facilities increases the possibility of unsanitary conditions that have significant effects on the health of people who reside in these areas (Ambert, Jassey and Thomas 2007). Collins and Rau (2000:6) argue that "impoverishment often results in undernourishment and the lack of hygienic living conditions." They further suggest that "malnourished" and unhealthy bodies are less capable of fighting off infection to not only HIV/AIDS but also other infections. When people are not well, they are less likely and able to fight off infections like sexually transmitted infections (STIs) and research has consistently proven that the existence of STIs increases people's risk of becoming infected with HIV (Shisana and Simbayi 2002; Barnett and Whiteside 2002). People in informal settlements typically do not have sufficient access to health or other emergency services and it is clear from the above that treating infections like STIs is absolutely vital to decrease the possibility of future HIV infection.

In the context of HIV/AIDS, having adequate, reliable and convenient access to potable water sources is another essential factor. In many informal settlements, water is commonly provided via communal standpipes. These are often far away or might be in darkened areas where women and young girls (most likely responsible for water collection) may be at risk of being attacked or raped. A study by Van Rensburg, Friedman, Ngwena, Pelser, Steyn, Booysen and Adendorff (2002) suggests that urban women are more likely to be the victims of sexual violence and attack than their rural counterparts. Given this finding, it is therefore even more important that services are provided in a manner that does not expose women and girls to the risk of attack.

In instances where people are HIV positive, water is absolutely essential for their health and also for taking adequate care of ill household members. Food has to be prepared with clean hands and in a sanitary

environment and water is also required to deal with opportunistic infections which might cause diarrhoea and vomiting which needs to be properly cleaned and sanitised to protect other family members from the risk of infection. People also need adequate amounts of water to take their medication and to replace the fluids lost when they have diarrhoea or vomiting in order to prevent dehydration. Having the means to stay clean and comfortable also contributes to the dignity and overall wellbeing of persons sick with AIDS related illnesses.

A similar situation pertains to accessing communal sanitation facilities and it is clear that women and girls are at increased risk of HIV infection due to the enhanced risk of sexual violence when toilets are outside and possibly shared. Safe, clean and accessible toilets are also particularly important for people who are sick, including those living with HIV who suffer from recurring diarrhoea.

Having safe access to electricity is also important as it allows people to access news and information sources like radio and television. This also provides alternative forms of relaxation and entertainment. In addition, children are able to complete school work and other educational related activities at night which would not only contribute to their future but in terms of more immediate consequences, it might keep them off the streets at night. In the absence of electricity connections in the home, households may feel compelled to set up illegal connections, given the importance of electricity for household activities like cooking, cleaning, preparation of food as well as ensuring sterility when taking care of ill HIV positive family members. This is clearly a very dangerous practice for children and adults alike, with many people dying from electrocution through exposure to live wires and cables (Witbooi 2007).

Informal settlements commonly lack access to social and public infrastructure like libraries, recreational facilities or gathering places like halls and even parks. These are important for not only educating young people but also keeping them occupied and stimulated. The existence of alternative ways to remain occupied could desist young people in informal settlements (who may feel despondent because of their social and economic situations) from engaging in drug and alcohol abuse which contributes to the inability to make safer sexual choices and therefore increased possibility of HIV infection (Needle, Kruger, Belani and Hegle 2006). Also, there seems to be an increasing preoccupation with material wealth among youth, particularly urban youth that is not always driven by poverty or need but by an increasing consumerist culture (Shisana and Simbayi 2002). While the scope of this paper does not allow for an in depth interrogation of the role that this plays in increasing vulnerability to infection, it is important to keep this in mind particularly in light of the debate around "sugar daddies" and their role in the spread of the HIV epidemic.

2.3 Integrated and sustainable human settlements: An effective response to HIV/AIDS?

The development of integrated and sustainable human settlements with adequate access to basic services and social and public infrastructure is vital if South Africa is to address the HIV/AIDS epidemic effectively. The response from policymakers in South Africa should be one where the needs of communities in informal settlements are understood as this is the only way to develop policy to respond to poverty, inequality and underdevelopment and HIV/AIDS. However, the implementation of policy has often been a top down approach, especially in relation to dealing with informal settlements. The reason for this is that informality is a much contested subject, traditionally seen as "bad, criminal and unsavoury" and something which should be "eradicated." It is a process which, according to some urban researchers has been described as cleaning up and getting rid of the "foul smelling haven of gangsters, shebeen9 owners, street children and prostitutes" (Swilling, Khan and Simone, quoted in Smit 2000: 2). Informal settlements have been demonised to the extent that "it has become increasingly legitimate to officially label shacks or informally constructed homes as a threat" (Huchzermeyer 2006a, no page numbers). This is an extremely negative and narrow view of informal settlements and informality in general, which indicates a failure to understand how such settlements have developed in response to a situation where the state has failed to effectively provide for all those within its territory. Despite the obvious need for inputs from people living in informal settlements about their specific requirements and resources to respond to their situation, policies intended to improve the plight of the poor have usually been imposed on them without a clear and thorough understanding of what exactly is required to "lift" them out of their impoverished and marginalised positions in society. With the added burden created by HIV/AIDS, it is even more important for government to understand the needs of the people it serves.

The preceding argument has illustrated how certain factors in informal settlements are associated with enhanced vulnerability to HIV infection and undermine coping capabilities of HIV infected people and affected households. In many ways, the logical conclusion to this argument would be to call for the eradication of informal settlements, which the South African government has identified as its ultimate goal, to be reached by 2014.10 If anything, it could be argued that HIV/AIDS adds credence to this position. However, as the next section will show, arguing for the eradication of informal settlements would be to take a very simplistic and naïve view of the situation. Firstly, the eradication of informal settlements is unrealistic, given government's current policies and instruments to do so, as these approaches tend to exclude people who are most likely to reside in informal settlements. Other barriers to achieving this goal include narrow time frames as well as constraints caused by the lack of adequate human and capital resources particularly in municipalities who are the main implementers of government policy. Secondly, calling for the eradication of human settlements fails to take into consideration the role of the informal system, which has developed in response to the inadequacies and inability of the formal system to absorb people who reside in informal areas into social and economic sectors. In addition, this stance ignores the many innovative strategies and mechanisms that have been put in place by local residents and communities in order to survive. And finally, the social contacts and community networks that exist in the informal context form an essential component of people's day-to-day lives and provide both a safety net and a sense of community spirit and engagement. The call for the eradication of informal settlements seems to stem from a failure to understand why informal settlements exist, how these settlements (and residents within them) function, and what should be done to decrease the vulnerability of informal settlement residents to HIV infection as well as other poverty related illnesses.

The following section interrogates the South African government's attempts to address issues of housing and informal settlement development through its Breaking New Ground (BNG) policy. This section primarily assesses the government's new approach to human settlements and its value and relevance in relation to the challenges associated with the HIV/AIDS epidemic.

3. Sustainable Human Settlements

3.1 Key characteristics of sustainable human settlements

Between 1994 and 2004, the South African government made significant progress in terms of addressing one of the starkest legacies of the apartheid regime which left millions of South Africans without access to adequate housing. For South Africa's first democratic government, the provision of houses to the country's poor was the key step towards addressing poverty and inequality (Department of Housing 1995). However, it became increasingly clear during these ten years that the provision of houses alone was not enough and that what was instead needed was the creation of an enabling environment in which people are empowered to access a range of resources and services that will contribute towards creating sustainable livelihoods. The BNG policy, introduced in 2004, recognises the need to "move away from a housing-only approach towards the more holistic development of human settlements and the provision of social and economic infrastructure" (Department of Housing 2004:15). Smit (2000) has proposed eight key aspects or characteristics of sustainable human settlements, namely: the provision of shelter, access to social and economic infrastructure, economic viability, access to efficient and reliable transport systems, social integration within communities, the use of densification and compaction to reduce urban sprawl, access to basic services and environmental sustainability. The following section will discuss these characteristics with reference to the challenges presented by the HIV/AIDS epidemic.

Box 1: What constitutes sustainable housing?

According to the Urban Sector Network (2003), sustainable housing should include the following aspects:

- Legal security of tenure
- Availability of services, materials, facilities and infrastructure: This would include access to adequate basic services like water, sanitation, solid waste removal and safe and reliable sources of electricity as well as infrastructure for community and social participation like community halls, parks and recreational facilities.
- Affordability: This is absolutely key to ensuring people's right to housing and effective measures should be in place to ensure that people are able to support themselves and that they have the required resources to maintain their shelter and security of tenure.
- Habitability, which includes adequate space, and protection from cold, damp, heat, rain, wind or other threats to health, structural hazards, and disease vectors. Many of the houses that were provided by the South African government post 1994 did not conform to these standards and increased the possibility of falling ill due to damp and leaking walls, poor ventilation, and so on.
- Accessibility: Adequate housing must be accessible to those entitled to it. The housing subsidy is the primary
 instrument through which the resources for housing are provided. However, as discussed below, it excludes a number
 of vulnerable groups.
- Location: This relates to issues of access to employment options, health-care services, schools, child-care centres and other social facilities.
- Cultural adequacy: It is essential that the settlement provides the space for people of different cultures to perform their cultural practices and encourages cultural diversity and integration.

The above aspects are essential for "spatial, sectoral, sequential/strategic, policy, racial, integration between levels of government, between government and non-government (including community) activities; between people and their environment" (Hellberg-Phillips 2000). This notion of integration is a crucial component of any sustainable human settlement planning and development strategy. Without ensuring that integration takes place, the state will essentially continue to create housing developments that do not meet the necessary requirements for sustainable livelihoods.

Provision of adequate shelter

While shelter provision is recognised as central to sustainable livelihoods, and as such may be seen as an important strategy to reduce vulnerability to HIV infection and serve as a buffer for households faced with the shock of impoverishment as a result of HIV/AIDS, there are other ways in which the provision of adequate shelter has particular relevance in the context of HIV/AIDS. For example, having adequate shelter that allows for privacy between consenting adults may minimise exposure of children and youth to sexual activity, which may positively affect sexual choices and behaviour of youth.

Box 2: The Right to Adequate Housing

Despite the broader focus on holistic developments of human settlements, the provision of housing is a primary component of sustainable human settlement planning and development. The ideal situation would see everyone in South Africa accessing their right to housing as set out in section 26 of the Constitution which states that:

- (1) Everyone has the right to have access to adequate housing
- (2) The state must take reasonable legislative and other measures, within its available resources, to achieve the progressive realisation of this right

The provision of housing should conform to Articles 60 of the Habitat Agenda, which defines adequate housing as

... more than a roof over one's head. It also means adequate privacy; adequate space; physical accessibility; adequate security; security of tenure; structural stability and durability; adequate lighting; heating and ventilation; adequate basic infrastructure; such as water supply, sanitation and waste management facilities; suitable environmental quality and health related factors; and adequate and accessible location with regard to work and basic facilities: all which should be available at an affordable cost.

The South African Housing White Paper of 1995 and the Housing Act of 1997 both identify their goals as

"the establishment of viable, socially and economically integrated communities, situated in areas allowing convenient access to economic opportunities as well as health, education and social amenities, within which all South Africa's people will have access on a progressive basis, to:

- A permanent residential structure with secure tenure, ensuring privacy and providing adequate protection against the elements; and
- Potable water, adequate sanitation facilities including waste disposal and domestic electricity supply.

However, while a strong argument could be made for shelter provision as a key component of an effective response to HIV/AIDS, this cannot be separated from issues related to the nature of tenure arrangements (e.g. rental or ownership), unit design and size, quality of residential units, cost/affordability, and the process whereby decisions about shelter provision are made. If anything, HIV/AIDS challenges the state's bias towards individual home ownership in its housing programme to broaden its approach to include other forms of housing types or tenure arrangements. Currently, the vast majority of housing subsidies are project-linked which provides freestanding units with full ownership as the only tenure option. While the ultimate goal could still be houses (of bricks and mortar), these do not necessarily have to be free standing individual housing units that are owned by the families inhabiting them. Researchers like Tomlinson (2001) have shown how this narrow concept of shelter provision fails to provide an effective response to the situation created by the HIV/AIDS epidemic. For example, for many poor families, the burden of taking care of a family member who is infected by HIV/AIDS means that expenditure on other items like the maintenance of a house/property takes a back seat. This has given rise to the argument that in the context of HIV/AIDS, which has primarily affected the poor and resulted in even more social and economic hardships, housing policy should be less concerned with providing houses for ownership but should be more focussed on housing in a form that provides shelter and access to basic services in a way that minimises housing expenditure (Tomlinson 2001).

Also, shelter provision can take other forms like multi-storey blocks of flats, semi-detached houses or renovated hostel units. Instead of only concentrating on ownership of (freestanding) housing units, other options

can include rental (both public and private) or rent-to-buy options that allow occupants to accommodate their particular needs. Alternative and affordable options are also relevant in light of the fact that many people residing in informal settlements have migrated to the city in search of employment and may not regard themselves as permanent or even long-term inhabitants of the city.

Another issue that should be highlighted is that in its quest to build houses for ownership, due to the high cost of well-located land, the state has built the large majority of its subsidised housing on the periphery, far away from markets, economic opportunities and social facilities. By its own admission the state had approached housing from a mass delivery perspective resulting in the perverse situation whereby the democratically elected government has perpetuated the apartheid style ghettos that marginalised and excluded people (Rust 2003). From the perspective of curbing the spread of HIV and ensuring adequate access to treatment, care and support for HIV/AIDS infected and affected households, this in turn has enhanced a variety of challenges, as highlighted in subsequent sections. Thus, it is important to consider alternative housing and settlement options, for example by using existing structures like hostels and building multi-storey blocks of flats (as opposed to free standing houses). This will be necessary to simultaneously address urban land pressures (particularly to overcome urban sprawl and peripheral housing development) and the developmental factors associated with vulnerability to HIV infection and the consequences of HIV/AIDS.

Yet, it should be remembered that regardless of the type of shelter that is provided, it should conform to the standards referred to in Box 1 and be created in a manner that ensures access to the necessary socio-economic, spatial and economic factors which are essential for creating sustainable livelihoods. Also important is recognition of how houses that were built up until 2004 might have contributed to the inability of people to cope with the effects of the HIV/AIDS epidemic. For example, many houses are poorly built, with no ceilings and inadequate insulation and are too small to accommodate large extended families (Smit 2000). This could have serious effects on the ability of HIV infected people to fight off opportunistic infections like TB through inadequate ventilation and overcrowding. In addition, the size and design of these houses means that they are not appropriate in terms of caring for ill family members as they rarely include wheelchair access or space for this to be included subsequently, let alone sufficient space to partition off a private room for someone who may be bedridden due to ill health.

Access to social and economic infrastructure

The primary intended beneficiaries of the state's sustainable human settlements agenda are the poor and marginalised. When considering the provision of human settlements, this should not be forgotten and it is important that people have access to the resources they require to live healthy, safe, fulfilling and productive lives. For example, people should be able to access health and educational facilities and facilities like community halls, parks, libraries, sports fields, police services as well as shops and trading facilities. Access to health and educational facilities are particularly important in the context of HIV/AIDS. As argued earlier, having access to adequate healthcare, particularly reproductive healthcare and treatment for STIs, is important in decreasing vulnerability to HIV infection. In addition, while there is some conflicting evidence on the risk of HIV infection for people with higher educational attainment in some countries in Africa, there has been increasing evidence that there is a higher disease burden among people with lower education levels (Shisana and Simbayi 2002). Both health and educational facilities are important in providing people with access to information on preventative health care as well as home based care methods and it is therefore important that these facilities are easily accessible to people from poor and under resourced backgrounds.

While there might appear to be less of a direct link to facilities like community halls, parks, libraries and sports fields, these are important for building stronger community cohesion and interaction as well as creating opportunities for leisure and entertainment. These can also act as important methods of knowledge and information sharing and creation of support networks amongst members of particular communities and across communities. For example, libraries can be used to access information while community halls can allow youth and women's groups to organise themselves or provide a space for training for home based care initiatives, amongst others. This might also be an important point of information and support for women who are involved in unequal and abusive intimate relationships, by exposing them to resources and opportunities that may allow them to negotiate "safer" relationships and particularly safer sex within relationships. An example where women have been empowered through economic resources is the IMAGE (Intervention with Micro-finance for AIDS and

Gender Equity) project. Though this is a rural project, it is a good example of how access to financial and economic resources has empowered a number of women and allowed them to negotiate their space within their homes and relationships (Bodibe 2007).

It is extremely important that people are able to access well resourced police and protection services. The rate of sexual violence against women and children is unacceptably high and there continues to be a low rate of reporting of these crimes. Police services therefore need to be equipped with the resources to deal appropriately with these issues and to assist communities with information about how to keep themselves safe and how to take action when they are the victims of sexual and/or domestic abuse. Another way to address this challenge is to encourage the idea of community policing in areas that are particularly affected by high levels of crime in order to assist the police. This could play an important role in decreasing vulnerability to HIV infection and at the same time assist in building cohesiveness in communities. However, it is important this be seen as a collective and cooperative arrangement between the community and the official police structures. It should not be seen as replacing the police or a vehicle for vigilantism.

Finally, having access to shops, trading and economic opportunities is important in terms or providing access to income and opportunities that prevent people from engaging in risky behaviour and practices. In terms of preventing vulnerability to HIV infection, having income security could help prevent women from being forced to engage in risky transactional sex while women who have access to some forms of income are able to negotiate safer relationships with intimate partners. In addition, this is of even more importance when a breadwinner becomes sick with AIDS related illnesses as there are opportunities available for other members of the household to engage in income generating activities.

It is not suggested that social and economic infrastructure is created from scratch. In order to promote integration of different communities and from a cost-efficiency perspective, it would make more sense for new settlements to be created close to existing facilities. This is also important in terms of promoting a city perspective, rather than a neighbourhood perspective, to development.

Affordability

For human settlements to be sustainable, they have to be economically viable and affordable for inhabitants. It is important that the former system of developing these settlements on the urban periphery, far removed from employment opportunities and potential markets, is not perpetuated. Where people have relocated to RDP homes from informal settlements and backyard shacks, this has had a major impact on their ability to retain employment and ensure a regular income in instances where they are relocated to areas that are far away from their workplaces or 'markets' (Smit 2000). The added cost of transport to work and school¹¹ is likely to place additional strain on already overstretched monthly incomes and the subsequent ability to afford the necessary rates and services and upkeep of their houses. Some argue that it is the responsibility and obligation of the state to "provide sufficient resources to ensure that poor people would be able to secure adequate housing and be protected against losing it due to unemployment or other vulnerability" (Urban Sector Network 2003:25). This further serves to illustrate the need for a number of tenure options, where shelter provision is not only equated with the ownership of a house but that people are given the options of accessing "inexpensive rental housing" or accessing the type of housing that they might need or can afford at that particular time. In addition, other forms of support may be required for households facing impoverishment as a result of HIV/AIDS, such as that provided under a municipality's indigent policy and a comprehensive welfare package.

The strain on households is worsening when one considers the financial implications of HIV/AIDS on poor households. Households affected by HIV/AIDS often have to reallocate resources to the needs of family members who are HIV positive. This includes more money and resources being spent on medicine and hospital visits and supplies for home-based care. This, coupled with a possible loss of income when the sick family member can no longer work or when the primary breadwinner dies, places a further strain on HIV affected households (Marais 2005). What should therefore be provided to these households is the opportunity to prioritise basic necessities like food, education, medical and associated transport costs, without being negatively affected by the costs of property ownership. Informal settlements were cheap and people were not required to pay for the rates and services attached to homeownership (Smit 2000). The expenses associated with home ownership therefore means that major adjustments have to be made to household income and expenditure.

Access to efficient, safe, affordable and reliable transport

In the case of most low-income settlements business, retail, leisure and economic opportunities are located far away and poor people have to make use of public transport or non-motorised transport to access those places. It is therefore crucial that sustainable human settlements include access to affordable, safe and reliable transport which is a major concern in South Africa with its transport system that is often neither safe nor reliable (Vanderschuren and Galaria 2003). As a result of the additional transport costs (and higher costs for the maintenance of new houses) many people are either forced to move out of their new houses and back to informal settlements that are situated closer to their workplaces, or they run the risk of losing their jobs, or they are forced to spend so much on transport and other costs that they have nothing or very little left to spend on basic necessities like food, health care and education (Smit 2000). In addition to efficiency, affordability and reliability, a transport system that promotes enhanced safety and security, especially for women and girls, is likely to help reduce vulnerability to HIV infection by minimising the risk of physical and sexual attack. A reliable and affordable public transport system would assist people to access income generating activities to improve their livelihoods, which may provide the necessary shield that reduces vulnerability to HIV infection and allows households to cope when household assets and income are eroded by the burden of HIV/AIDS. It is particularly important that people are able to access jobs and other forms of economic opportunities that require the least amount of effort and cost.

The provision of safe, reliable and affordable transport would also improve the lives of those who have to access medical facilities, particularly when they are very ill and suffering from opportunistic infections (Rangaka 2007). Currently the transport system does not for example cater effectively for people who have to make use of wheelchairs or other medical aids to move around. In the case of people who have to access medical facilities for antiretroviral (ARV) medication having the means to get there is important for adherence to their treatment regimes. People might find it harder to stick to their ARVs if they are not able to get to the clinic or hospital to collect their medication (Ambert et al 2007). Adherence to treatment is critical in order to prevent resistance to medication and ensure that people remain strong and healthy to fight off the opportunistic infections that are ultimately responsible for AIDS related deaths.

Socially integrated and inclusive communities

Marx (2003) has noted that one of the state's biggest challenges is to ensure inclusivity by addressing the factors that have excluded people from engaging in activities that have an effect on their lives. The location of state-provided housing on the periphery has resulted in the exclusion of people from a number of social, economic and political processes. According to the 2006 State of the Cities report by the South African Cities Network the location of housing schemes on the periphery has reinforced "the sprawling, fragmented, racially divided character of South African cities" (2006:59). It is important that poor people are not seen as passive citizens and mere beneficiaries of government policies. Instead, the state should create the enabling environment within which people are able to actively participate and access the necessary resources and opportunities. In the context of South Africa, where Africans (who comprise the majority of poor people in the country) were excluded from exercising their rights as citizens of the country, ensuring participation in social, economic and political processes is a crucial concern. The development of human settlements should therefore not only focus on the social and economic aspects like shelter provision and poverty eradication but it should also be about ensuring that people are able to exercise their democratic rights. According to a report by the Urban Sector Network (2003:25) on people's rights and access to housing, "the right to housing must be meaningful, people must be uplifted, their dignity restored, poverty alleviated, they must have the opportunity to grow. A fundamental thing to any family is shelter, a home, and this is also central to democracy, the exercise of our democratic rights." This also implies the importance of recognising the voice and experiences of social groups who are poor, marginalised and potentially vulnerable to HIV infection as well as people living with and directly affected by HIV/AIDS in relation to shelter provision. While it is acknowledged that community participation and mobilisation has its challenges and may add delays, it is an essential feature of substantive democracy.

Yet, while community participation and involvement is absolutely crucial to developing an adequate HIV/ AIDS response, studies suggest a correlation exists between HIV/AIDS and decreased political and societal involvement. Mattes (2003: 8) suggests that "the epidemic may reduce the importance which people attach to democracy because of more urgent priorities such as simple survival" and that "mounting AIDS deaths and

illness will reduce the absolute number of citizens able to vote or participate in public life." It is ironic that the HIV/AIDS epidemic is silencing the very voices that should be heard if an effective solution is to be found.

Another issue that policy makers should not lose sight of is the way social interaction takes place when people have moved to new housing projects. Research has shown that these projects in many ways discourage social interaction between people because houses are separated from each other, surrounded by a bleak landscape which is characterised by a lack of communal spaces for interaction. This has had detrimental consequences for community cohesion and people's sense of belonging to a community (Smit 2000). For many people in informal settlements social networks provide an extremely important resource and for many individuals and households affected by HIV/AIDS, community support can be extremely valuable. For example, people are able to rely on their neighbours to assist with food, care and shelter in instances where families are overburdened by having to deal with the disease. Also, neighbours can often assist in caring for younger or older members of the household who might require additional care and attention while women's groups, stokvels, 12 burial societies and church groups can also play vital roles in supporting HIV positive individuals and households affected by HIV/AIDS (Foster 2005). The disruption of these social networks and support systems can result in greater isolation.

Attempts at ensuring integration and inclusivity should not be limited to local settlements or neighbourhoods, but bring into view the city as a whole. One way to do this has been mentioned before, namely the creation of new settlements close to existing infrastructure and facilities. Existing infrastructure and services are most likely found in middle income neighbourhoods and might therefore increase interaction between different income groups. Social integration is also important for social networks to prevent the creation of homogenous ghettos of poor people, whose ability to support each other materially is limited. Government has recently proposed the introduction of "inclusionary housing" developments in an attempt to encourage integration of high income and low income households (Smit and Purchase 2006). The motivation behind the concept of inclusionary housing is to "allow affordable housing to become an integral part of development targeted for high-income groups. In this way the energy of market-delivered housing is used to increase the supply of affordable housing." This is also seen as a way of increasing social, racial and economic integration (Smit and Purchase 2006). However, this has not been met with much enthusiasm and could be explained by the fact that there continues to be a number of misconceptions in South Africa, particularly about the poor, that have been cultivated over years and will not be changed overnight. There seems to be a lack of understanding of the need for redistribution of wealth in South Africa (and an unwillingness to do so, as the 'NIMBY syndrome' 13 suggests) and for increasing the ability of poor people to engage in wealth generating activities that might assist them in moving out of their impoverished conditions, thereby providing them with the resources and opportunities to make different decisions about their sexual health and relationships. This, in turn, could serve to decrease their vulnerability to HIV infection.

What is also needed is a review of government policy. Existing laws, regulations and procedures are often the biggest impediments to creating integrated and viable settlement communities. For example, while this may be unintentional, strict building codes and attempts by municipal officials to stick to often rigid legislative and policy requirements, may cause a number of delays and backlogs in the creation of sustainable settlements (Urban Sector Network 2003). Pieterse and Van Donk (forthcoming) argue that "holistic development programmes require a high capacity for creativity and innovation" and that "technical, institutional, political and economic complexities of these programmes require managers who can work adaptively and not procedurally according to a rule-book." Thus, there is a need for innovative, creative and forward thinking policies as well human capacity to "think out of the box" to not only implement an effective human settlement agenda but also to do this from a perspective that recognises the challenges, implications and opportunities associated with the HIV/AIDS epidemic.

Box 3: N2 Gateway Pilot Project

Notwithstanding some of the problems related to this project the N2 Gateway Project in the City of Cape Town is an example of an apartment block where units can be rented or leased with the option to buy. In addition, this will address the situation where individual households are responsible for all the related maintenance costs as subsidies for these types of settlements are awarded to housing institutions that provide beneficiaries with rented accommodation. Not having to worry about expenditure on housing maintenance means that households affected by HIV/AIDS will be given the opportunity to prioritise other much needed expenses. In addition, this project could play a role in fostering a sense of community participation as families of housing units are jointly responsible for its upkeep and also live in relatively close proximity. Unlike the freestanding housing projects, this creates a sense of neighbourliness and community cohesion (which is often so essential for the reduction of vulnerability to HIV and the development of coping strategies in the face of HIV/AIDS) that in some ways emulates the situation in informal settlements without the associated challenges. Another key advantage of this subsidy is that people are able to apply for individual subsidies if they choose to do so at a later stage as the institutional subsidy is not in the name of individual households but that of the institution that received the subsidy.

Greater efficiency from densification and compaction

The policy (and public) preference for freestanding houses and the location of new low density, low-income housing projects on the urban periphery has contributed to urban sprawl. According to the SACN (2006), due to the apartheid system, South African cities are characterised by urban sprawl and have extremely low urban density levels, namely 1 560 people per square km, compared to levels of 13 346 in London, 24 439 in Paris and 23 801 in Calcutta. It further notes that low density development has been identified as a key impediment to creating integrated and sustainable settlements. Among the problems created by low density development are some of the factors already raised, like the inconvenience and associated cost for people who have to commute long distances to work. Other factors include the cost to municipalities of having to provide services in far-flung areas to a relatively small group of people (SACN 2006). It also does not bode well for integration and inclusivity.

From the perspective of HIV/AIDS, densification offers a number of advantages. Locating communities closer to social/public facilities and economic opportunities will bolster their livelihood strategies. Being closer to possible places of work, retail, leisure and emergency services (e.g. clinics, police) means people would have to spend less money on travel costs. Thus, by creating denser and more compact settlements, close to socioeconomic opportunities, some of the most important factors that contribute to vulnerability to HIV infection would be addressed. In addition, if these factors are addressed, it is likely that HIV-affected households and communities will be better equipped to cope with the epidemic and more connected to relevant services and facilities.

Environmental sustainability

Environmental sustainability is the final characteristic of sustainable human settlements. This is relevant not only for new or existing settlements, but also for the city as a whole. It is undeniable that urban sprawl undermines the prospect of sustainable cities. City compaction through land infill and higher density development will contribute to more efficient provision and use of basic services like water and electricity and reduce time spent commuting to work, thereby reducing gas emissions from vehicles and trains. In turn, more time, energy and resources can be spent on creating environmentally sustainable settlements that include the promotion of reusable energy sources (e.g. solar energy), recycling and water and sanitation options that are environmentally friendly. Where such service provision options are affordable and reliable, it will serve the interests of the poor in general and those most vulnerable to and directly affected by HIV/AIDS in particular. Similarly, as mentioned earlier, greater proximity to and improved access to socio-economic opportunities and facilities may serve to address some of the drivers of the HIV/AIDS epidemic and enable poor households to cope better with the consequences of HIV/AIDS.

Unserviced informal settlements in particular are health hazards that not only jeopardise the health and wellbeing of current residents, but the environmental sustainability of cities as a whole. Inadequate housing and

basic service provision (water, sanitation, waste) creates a condition of risk for the urban poor, which makes them more susceptible to infection with HIV and associated illnesses. At the same time, HIV/AIDS exacerbates the environmental health burden on poor and marginalized social groups.

In pursuing environmental sustainability it is crucial that efforts are made to reconcile the 'brown agenda', focused on environmental health concerns that disproportionately affect poor communities, and the 'green agenda', which focuses on longer-term ecological burdens that have implications for the ecosystem and future generations. Pursued separately, these agendas suggest very different priorities, yet a synergy can — and must — be found if human settlements and cities more broadly are to become environmentally sustainable.

One of the most striking features of post-apartheid housing schemes is the lack of green spaces, such as parks and playgrounds. In many ways, new low-income housing developments look no different from informal settlements and are in stark contrast to the green leafy suburbs of middle and high income suburbs in the city. Such public spaces can also serve as important spaces of interaction and engagement, which is likely to enhance social cohesion and integration. From the perspective of HIV/AIDS, these are important elements of a comprehensive response.

3.2 Integrating HIV/AIDS in human settlements planning and development

BNG identifies a number of approaches to bring about sustainable human settlements. These include in situ upgrading, greenfields development (which is linked to the housing subsidy) and rental options, including social housing. While BNG does not explicitly mention HIV/AIDS, each of these interventions can be reviewed from the perspective of HIV/AIDS. In the following discussion, attention is paid to if, and how, these approaches may help to reduce vulnerability to HIV infection and/or enhance the resilience of households and communities directly affected by HIV/AIDS.

3.2.1 In-situ upgrading

As noted previously, informality is associated with disproportionate levels of HIV prevalence and a particularly worrying HIV incidence rate. This paper has sought to highlight the key factors and dynamics in the socioeconomic and physical environment that may not only be associated with enhanced vulnerability to HIV infection, but also severely undermine the resilience and coping mechanisms of individuals, households and communities directly affected by HIV/AIDS. Thus, the principle of in situ upgrading, as it pertains to a phased in approach to service provision and support to existing informal settlements, can be seen as an important contribution to an effective, comprehensive response to HIV/AIDS.

In-situ upgrading consists of four phases. The first three phases concentrate on the provision of basic services like water and sanitation, electricity, waste removal as well as infrastructure upgrading like improving or increasing the number of roads in informal settlements to ensure better access to health care, educational, employment and recreational facilities (Department of Housing 2004). By ensuring that people have adequate access to water, sanitation, electricity, solid waste removal, basic health care and emergency services, some of the developmental factors associated with increased vulnerability to HIV infection would be addressed. Access to clean and adequate sources of basic services would allow people to lead healthy lives and prevent their immune systems from being compromised, which, as mentioned earlier, puts them at increased vulnerability to HIV infection (see Ambert et al 2007; Collins and Rau 2000). Also, in the case where households are affected by HIV/ AIDS, these services are vital in allowing entire households to cope. These basic services, particularly water, are important in terms of helping sick family members to improve their health as extra water is required for replenishing lost fluids, taking medicines, for maintaining high levels of hygiene and providing dignity to sick persons as they require more regular bathing and cleaning.

Because informal settlements tend to be on marginal and/or peripheral land, roads infrastructure and improved access to public transport are particularly important to enhance access, mobility and urban connectivity. Not only will this improve access for residents to socio-economic opportunities, but it would also mean that emergency medical vehicles can better respond to calls for emergency transfers of not only people with AIDS related illnesses but also other health concerns. Another issue warranting attention relates to the need for better policing in these areas, thereby addressing safety and security concerns, especially for women and young children.

In situ upgrading recognises, firstly, that traditional responses are insufficient to meet current – and continuously growing and changing – need and, secondly, that informal land occupation is "...relatively benign and uncommodified" and represents certain universal needs including "community, individual and cultural expression, shelter and home-making, access to a livelihood and access to schooling" (Huchzermeyer 2006a: no page numbers). BNG further recognises the need for support to informal communities. Of particular significance in this regard are social and economic initiatives that have formed part of a livelihood and coping strategy for many poor citizens in informal areas. For example it is necessary for the state to identify some of the informal economic activities that allow people to receive some form of income in the absence of employment opportunities in the formal economy. What is required is an effective response to the problems and challenges in informal settlements that does not undermine the often fragile survival strategies and mechanisms that poor people have developed. Otherwise, this may render them more vulnerable to HIV infection and/or result in a faster onset of full-blown AIDS.

In instances where in situ upgrading is not feasible, for example on land that is unsuitable for human habitation or development, relocation may be the only option. In such instances, it is crucial that community consultation includes consultation with households and social groups affected by HIV/AIDS to ensure that existing social networks and livelihood strategies are not unnecessarily disrupted or curtailed. Within this context, it is particularly important to engage with people living with HIV/AIDS, affected households and people providing home-based care to ensure that existing support networks and strategies are not eroded and access to services (e.g. clinics) is not lost.

To conclude, the current informal settlement upgrading tool does in some way respond to the challenges and dilemmas brought to the fore by HIV/AIDS. Unlike other approaches to sustainable settlement provision, where beneficiaries have to conform to certain qualification criteria (which may be discriminatory and exclusionary), the way that the settlement upgrading programme is conceived of is that communities as a whole would be recipients of improved infrastructure and services. One of the most important advantages of the programme is therefore that it does not exclude certain groups like single people without dependants or people that have previously owned a house or benefited from a housing subsidy (Huchzermeyer 2006b). However, this "blanket" upgrading is only restricted to the first three phases while phase four of the settlement upgrading programme focuses on the provision of housing as the ultimate goal of the programme. In order to access this phase, beneficiaries have to qualify for the housing subsidy, which currently does not include groups like child headed households or poor families who may have previously benefited but had to give up their houses due to the unaffordability and unsustainability of previous housing schemes.

3.2.2 Greenfields Developments

New (greenfields) housing developments for low income households, commonly referred to as RDP projects, can potentially help reduce vulnerability to HIV infection and enhance the resilience of households and communities directly affected by HIV/AIDS. Whether that potential is realised in practice depends on the extent to which such developments conform to the eight characteristics of sustainable human settlements discussed previously and on the process followed. An important consideration is to avoid a situation whereby new low-income housing developments ultimately leave people more vulnerable to HIV infection through, for example, factors related to location / dislocation, cost / affordability considerations, loss of livelihood and reduced quality of life. Likewise, it is important to ensure that existing coping capabilities, however fragile, are not undermined and that people living with and households directly affected by HIV/AIDS do not loose access to vital services (such as clinics) and support. For example, research has shown that some people might lose access to a number of informal employment activities that are not "acceptable" or viable income generating activities in their new "formal" environments (Huchzermeyer 2006b; Smit 2000).

Apart from the issues and responses mentioned before, related to transport, social infrastructure and economic opportunities, amongst others, particular attention needs to be paid to issues related to housing design and settlement design. Appropriate housing design can play an important part in reducing vulnerability to HIV, for example by addressing safety considerations (especially for women and girls) and through partitioning to allow consenting adults the necessary privacy, which in turn will shield young children from exposure to sexual activity. Housing design is equally important for people living with HIV/AIDS, as issues such as unit size, internal partitioning, insulation, ventilation and damp proofing all impact on their health, comfort and dignity.

Furthermore, by creating the conditions for the unit or plot to be used as a base for economic activity or food gardening, livelihood strategies can be enhanced which may have important positive implications for the reduction of vulnerability to HIV, the health and well being of people living with HIV/AIDS and the ability of households affected by the epidemic to absorb HIV/AIDS-related shocks.

Similar considerations apply to settlement design. For example, the location of housing units, street lighting and neighbourhood services can contribute to enhanced (or reduced) safety and a greater sense of security and 'neighbourliness', which can have positive implications for all three core dimensions of a holistic response to HIV/AIDS (i.e. HIV prevention and reducing vulnerability to HIV infection; treatment, care and support; impact mitigation).

The housing subsidy instrument is currently the only funding mechanism that provides access to new housing schemes for low-income households. While it is an important element of a comprehensive human settlements response, it is not a sufficient response as not all in need of public housing provision can qualify for a housing subsidy. As the following discussion will show, it currently also does not sufficiently cater for those directly affected by HIV/AIDS.

3.2.3 The Housing Subsidy

Table 1 explains the subsidies available to people in urban areas and what type of housing delivery each subsidy can be used for. Given the focus of the paper, the rural subsidy is not included.

Table 1. Types of housing subsidies

Subsidy	Tenure option	Qualification + Contribution	Subsidy amount ¹⁴
Project linked – enables a qualifying household to access a complete residential unit, which is developed within an approved project linked housing subsidy project for ownership by the beneficiary	- Individual ownership	Beneficiary must make own contribution of R2 479	R0 - R1500 (R36 528) R1501 - R3500 (R34 049)
Institutional Subsidy — available to institutions to create affordable housing stock for persons who qualify for housing subsidies in the form of subsidised housing on deed of sale, rental or rent to buy options. Beneficiaries may not be forced to pay the full purchase price and take ownership within the first 4 years of receiving the subsidy.	Rental option Individual ownership Group ownership	Based on household income. Has to be RO — R3500	R34 049
Consolidation Subsidy – Designed to afford previous beneficiaries of serviced stands, financed by the previous housing dispensation the opportunity to acquire houses. Top-up subsidy of R21 499 granted to beneficiaries with household income not exceeding R1500 per month and R19 020 to beneficiaries with household income between R1501 and R3500 per month	- Individual ownership only	Beneficiary must make own contribution of R2 479	R0 – R1500 (R21 499) R1501 – R3500 (R19 020)

Subsidy	Tenure option	Qualification + Contribution	Subsidy amount ¹⁴
Individual subsidy – provides qualifying beneficiaries with access to housing subsidies to acquire ownership of serviced stands and allows the beneficiaries to enter into housing building contracts, or to purchase existing improved residential properties which are not part of approved housing subsidy projects.	- Individual ownership only	Beneficiary must make own contribution of R2 479	R0 - R1500 (R36 528) R1501 - R3500 (R34 049)
People's Housing Process – aims to support households who wish to enhance their housing subsidies by building or organising the building of their homes themselves.	- Individual ownership	"Sweat equity" contribution	R0 – R1500 (R36 528)

Source: Information sourced from the South African Department of Housing Website, subsidies home page, www.housing.gov.za

According to information supplied by the National Department of Housing, in order to qualify for a subsidy, a beneficiary has to be:

- 21 years or older¹⁵
- a citizen or lawful resident of South Africa
- legally competent to contract
- a member of a household where the gross monthly income does not exceed R3500 per month
- a new applicant and not a former recipient of any state housing subsidy or a previous homeowner except in the case of people applying for the consolidation subsidy
- able to make a contribution of R2 479 towards your housing or be prepared to contribute sweat equity (with some exceptions for people who are disabled or health stricken)¹⁶

A significant amount of research has been conducted on the way housing in South Africa is delivered and in some instances it has been criticised for being exclusionary and only catering for a sector of the population (Smit 2003; Khan 2003). Often those that have been excluded include some of the most vulnerable groups in society. Previously, young persons, particularly women who required shelter but who were under the contracting age of 21, fell in this category. Despite the revision of the contracting age, under the revised Child Act of 1995, to 18, in many instances children even younger than 18 are responsible for their younger siblings (Streak 2004). The current qualification criteria also exclude households that have previously benefited from state subsidised housing, except in the case of the consolidation subsidy and, finally, it excludes households that do not qualify for a housing subsidy on the basis that they earn more than R3500. While this latter category of households do not necessarily fall within the definition of the "poorest of the poor," they are by no means well off, many even residing in informal settlements (Porteus and Naicker 2003). They are vulnerable to HIV/AIDS due to the same factors as people earning less than R3500 and more often than not also require assistance from government.

From the perspective of HIV/AIDS and its impact on households and communities, there is a need for more flexibility with regard to this. Tomlinson (2001) argues that "the recipient of a housing subsidy will become less defined" due to the fact that the traditional target market for housing subsidies coincides with people who are worst affected by the HIV/AIDS epidemic. Tomlinson further indicates that instead what will be the case is a situation where those requiring access to housing "will include HIV infected heads of households, adults and children expelled from the family due to the stigma and/or cost of being infected, child-headed households and AIDS orphans." Another group that could be added to this is older persons who have to shoulder the burden of taking care of children sick with AIDS related illnesses or their grandchildren. Many of these people themselves

live in tenuous conditions and only have an old age grant to depend on. While they might be able to access temporary disability grants (for their AIDS infected children or family members) and foster care grants for young children, the application processes are often odious, time consuming and take months and in some instances years to be processed.¹⁷

The provision of housing through housing subsidies belies the South African government's preoccupation with housing ownership as the primary mechanism of shelter provision for the poor. Despite attempts to implement a broader understanding of this issue, the ultimate goal always appears to be concentrated on ownership. This does not always reflect an understanding that what is needed in the context of poverty, underdevelopment, unemployment, inequality and HIV/AIDS is a response that is flexible and understands the complexities of the South African housing question. This includes affordable tenure options for the poor like low cost rental agreements. However, the latter is often primarily directed at higher income groups, which effectively excludes the very poor. Tomlinson (2001) suggests that a possible solution to this situation would be for government to ensure the provision of a "minimal housing service rather than a once off housing subsidy to affected households and individuals." The provision of a once off subsidy (geared at the poorest groups in society) places the onus on the household receiving the subsidy to be solely responsible for the maintenance and upkeep of the house.

Indigent policies in municipalities have attempted to address this situation as they include free basic services (FBS) that are meant to relieve some of this burden. However, indigent policies have not been consistently implemented across all municipalities and some have even attempted to implement prepaid services together with its indigent policies. This means that although people are entitled to access their free basic water (6000 litres per household per month) and free basic electricity (50kwh), often access to these services requires the purchase of a prepaid card. Those who cannot afford this expense often resort back to rivers and other water sources (Hemson, Dube, Mbele, Nnadozie and Ngcobo 2006). Thus, people are exposed to water borne diseases like cholera that weaken the immune system, in turn increasing vulnerability to HIV infection. These day to day concerns are not reflected in the current subsidy scheme.

In addition, many houses that have been built in the past have not always been of a very high standard and quality and housing recipients have had the added burden of spending resources on addressing this issue. What Tomlinson (2001) suggests is therefore an all inclusive "welfare package" that includes a number of basic services, the provision of which is not contingent on qualification for a housing subsidy.

However, instead of Tomlinson's assertion that housing demand will eventually decrease and that the state should develop an adequate response to this, it is more likely that new household formations, resulting from the effects of HIV/AIDS, will provide the most important challenges for the state. For example, not only will it have to deal with the provision of shelter for households where the head of the house is a child, but it will also have to respond to certain needs, like education, that were previously provided for by parents or other adults. This highlights the need for ongoing collaboration between the major service delivery departments of housing, education, social development and health as a consolidated effort from all these departments across all spheres of government will be needed to respond to these developments. Another critical concern is that of orphaned children, which according to the NSP have doubled in numbers between 2003 and 2006 (Department of Health 2007). The NSP further notes that "often these children are separated from caregivers and siblings and sent to stay with other relatives or other carers or social networks (Department of Health 2007). However, this is increasingly becoming the least likely scenario (Marais 2005). In many instances, where families lose their shelter provisions young children might end up on the street particularly as community support networks and extended family networks become increasingly overburdened due to the HIV/AIDS epidemic (Tomlinson 2001, Marais 2005) Children who end up on the street have to employ a number of unsafe survival methods, such as sex for money transactions or stealing which could land them in prison or other juvenile facilities. Thus, while the housing subsidy does provide a response to the need for shelter provision, it is not sufficient to deal with the situation created by HIV/AIDS as it excludes some of the most vulnerable members of society like orphaned and vulnerable children.

3.2.4 Social housing and other rental options

Social housing is defined as "a rental or co-operative housing option for low income persons at a level of scale and built form which requires institutionalised management and which is provided by accredited social housing institutions or in accredited social housing projects in designated restructuring zones" (Department of Housing 2005:8). The aim of the social housing programme is twofold. Firstly, it is meant to produce institutional housing in areas where the need for this type of housing exists (Department of Housing 2004). Social housing, which offers alternative tenure options (rental, instalment sale and co-operative ownership) is envisaged as responding to the shelter needs of those households who are in the lower income salary band but who do not necessarily qualify for a housing subsidy (Department of Housing 2004). Rental accommodation by its very nature depends on the availability of a secure and steady income (Department of Housing 2005). Due to the higher costs associated with social housing, this option is therefore mainly geared toward people or households who earn around R3500 per month. Secondly, this programme is also intended to address the spatial, economic and social make up of particularly urban areas.

This paper, on numerous occasions, advocates for different tenure options that are affordable, particularly to people in the lowest income groups. However, by its own admission, the Department's social housing programme, despite its emphasis on alternative tenure options like rental and collective ownership, has not as yet responded to this need. The reason for this is that social housing is more costly than the current RDP houses that are provided. As a result, the current subsidy for institutional housing is insufficient. Another issue is that institutional housing projects depend on the ability of the tenants to make regular rental payments (Department of Housing 2005). A research study into social housing institutions highlighted a number of concerns relating to the institutions' ability to respond to the environment of its tenants. For example, most social housing institutions indicated that eviction would follow in instances where people were not able to pay their rental regardless of the reasons for non-payment or any other mitigating circumstances (Rust, Moat, Kunene and Lotriet 2002). In light of the increased need for expenditure on medical and related services in the context of HIV/AIDS, it is clear that a number of households would be adversely affected.

Another important point the study highlighted relates to the issue of succession in the case of the lessee passing away as the remaining participants are forced to vacate the premises and rejoin the waiting list. Similarly, in the case where the lessee was in the process of purchasing the property, if s/he dies before the finalisation of the transaction, the remaining occupants have to vacate the property (Rust et al 2002).

The social housing policy clearly states that one of its target groups are "persons with special housing needs but who are able to live independently, such as those with disabilities living with HIV/AIDS, including orphans and children" (Department of Housing 2005:14) Yet, is it clear from the way that the social housing policy is currently conceptualised, that the needs of particularly vulnerable groups like those infected with or affected by HIV/AIDS will not be met. Social housing institutions themselves have noted that "nothing exists to accommodate households who cannot afford to continue with their rental payments as a result of their HIV status" (Rust et al 2002:49).

Yet, social housing does begin to provide an alternative and complementary response to the current housing provision model. Its focus on issues of racial, spatial and economic integration are also crucial to the development of sustainable and integrated settlements that would provide the enabling environment within which people are able to access the necessary resources that allow them to make decisions about their livelihoods. However, there remains much room for improvement in light of the fact that it excludes a number of vulnerable groups like the very poor and people affected by HIV/AIDS, despite the fact that its intention was to provide alternative options for particularly these groups. It is important that the current conceptual and financing frameworks for social housing are redefined.

4. Local government: A pivotal actor in sustainable human settlements development and in responding to HIV/AIDS

The responsibility for policy, planning and implementation of sustainable human settlements is located across and between various sectors and spheres of government. South Africa's system of intergovernmental relations is complex and continues to evolve, in an effort to seek greater clarity on what exactly the role of each sphere entails when spheres operate in ways that are both 'interdependent' and 'independent' (Patel and Powell, forthcoming). Municipalities are increasingly being recognised as the primary entities for addressing poverty and inequality and overcoming 'the apartheid city' (Mbeki 2007), although they clearly cannot do so without the support and assistance of provincial and national governments. More recently, as highlighted earlier, for the DPLG this has distilled into a two-pronged, and inter-linked, strategic agenda for municipalities: the promotion of sustainable human settlements and the promotion of local economic development.

One of the major impediments to government reaching the vision of sustainable human settlements is that the constant confusion and debate about who is responsible for the delivery of houses overshadows the need for providing sustainable settlements, i.e. the provision of services and infrastructure that will provide poor people, particularly those infected with and affected by HIV/AIDS, with important resources that are vital for their survival and livelihood strategies. It is therefore essential that each sphere understands its role and responsibilities within this complex institutional system. In reality, roles and functions between the spheres of government have in some instances been blurred and have not always been "neat and straightforward" (Patel and Powell, forthcoming). For example, "municipalities are responsible for settlement and planning, infrastructure, water, electricity reticulation and other built environment functions, yet public transport and housing, which are crucial functional areas for metropolitan government, are provincial responsibilities" (Ibid). The recently embarked on review of provinces and local government respectively is clearly intended to create greater clarity in this respect (DPLG 2007a).

Another problem is that policy priorities are often not communicated effectively to officials at local government level and this is coupled with insufficient understanding of how these policies work and how they should be reconciled with the need on the ground. Furthermore, the lack of coordination and forward looking and innovative planning and implementation are among the key reasons why attempts to address poverty, informality and inequality have narrowly focussed on the provision of housing on the periphery.

It is therefore recognised that the realisation of the two-pronged strategic agenda for municipalities is contingent on better coordination and alignment, joint planning and implementation by different departments and different spheres of government within particular localities. Thus, efforts are underway to 'streamline' planning processes and priorities at local, provincial and national level through the consolidation of a development planning system that encompasses the National Spatial Development Policy (NSDP), Provincial Growth and Development Strategies (PGDSs) and Integrated Development Plans (IDPs). It is envisaged that this will overcome a situation whereby "services are delivered and spatial patterns entrenched around current inefficient forms rather than in anticipation of a new collective vision of sustainable human settlements configured around housing, transportation and economic node integration and environmental principles" (Patel and Powell, forthcoming).

Critically, an understanding of the factors that enhance vulnerability to HIV infection and undermine the ability of people and households to cope with the consequences of HIV/AIDS is absolutely essential if the South African government is to respond effectively to poverty and underdevelopment. Such an understanding also has to inform government's ambitious goal of bringing about sustainable and integrated human settlements.

Importantly, local government is also recognised as a central actor in South Africa's national effort to curb the spread of HIV and respond to the epidemic (DPLG 2007b). Clearly, all spheres of government need to understand the developmental dimensions of HIV/AIDS and equally have a role to play in the national response to HIV/AIDS and the promotion of integrated and sustainable human settlements alike. But local government is particularly well placed to integrate a developmental perspective on HIV/AIDS into its strategic agenda and

ensure that local responses are appropriate to the various needs of households and communities faced by HIV/ AIDS. To achieve this, responses should be based on a thorough understanding of the developmental needs required in different localities, by different social groups, at different points in time. Patel and Powell suggest that "an understanding of communities should be developed through a range of methods and should move beyond just large community meetings wherein needs are highlighted but not engaged with effectively and addressed through responsive and realistic development plans, programmes and regulatory frameworks" (Patel and Powell, forthcoming). If done effectively and in a manner that is inclusive (i.e. involving people living with HIV/AIDS and their representative organisations, care givers and affected households/social groups), municipalities will be able to identify the priorities in their specific localities, the dynamics and implications of HIV/AIDS in their constituencies and what this means for local policy and planning. This should then be tied into the overall policy and planning priorities identified by provincial and national government.

To achieve this, a paradigm shift is needed that recognises that HIV/AIDS is not merely a health and behavioural concern, but intricately linked to poverty, (gender) inequality and (under)development. Unfortunately, the majority of municipalities have as yet to develop a comprehensive response to the localised manifestations and implications of the epidemic. Where municipalities have developed policies or projects on HIV/AIDS, these have tended to be restricted to workplace policies, awareness raising messages and condom distribution in public facilities. Recent initiatives by the DPLG, SALGA and bilateral agencies¹⁹ to guide municipalities in embracing a broader understanding that locates HIV/AIDS squarely within local governance and development are very encouraging. Such initiatives need to be supported and scaled up to realise local government's potential of being a vehicle and instrument for equitable and integrated development within the context of HIV/AIDS. It is envisaged that municipalities require clear guidance and practical support on how to integrate an HIV/AIDS perspective into sustainable human settlements planning.

5. Recommendations

Based on the preceding analysis, the following recommendations are made for effectively integrating HIV/AIDS into sustainable human settlements planning and development:

- 1. Actively involve people living with HIV/AIDS, marginalized social groups and households and communities that are affected by the epidemic in the design and development of sustainable human settlements. Community participation is a well established and recognised principle of local development and municipal planning, although in practice it is often a fraught and contested process. In light of South Africa's serious HIV/AIDS epidemic, it is particularly important that policy makers and planners make conscious efforts to involve those most vulnerable to and most directly affected by the epidemic in human settlements planning. Not only will this enable them to exercise their democratic rights to express 'voice', it will also serve to highlight where current approaches and instruments may be inadequate to respond to the particular challenges posed by the HIV/AIDS epidemic.
- 2. Review policy assumptions underpinning sustainable human settlements planning. HIV/AIDS is challenging a number of assumptions underpinning current approaches to sustainable human settlements and housing delivery in particular. These include assumptions regarding the size and structure of households (ignoring, for example, the plight of child-headed households), the value and use of a house/residential unit (which changes in the context of ill health), and affordability/household ability to pay (e.g. services, rates, rental).
- 3. Broaden the scope of interventions to overcome the policy bias with individual home owner-ship and greenfields development. While Breaking New Ground recognises the need for additional and complementary approaches to greenfields developments in the promotion of sustainable human settlements, this has not yet translated sufficiently into alternative approaches and suitable instruments to facilitate this. Both in situ upgrading and social housing, if designed and implemented appropriately, can potentially contribute to reduced vulnerability to HIV infection and enhance poor households' ability to cope with the consequences of HIV infection and AIDS-related death.
- 4. Accelerate in situ upgrading in a manner that recognises and supports livelihood strategies and social support systems. Housing and basic service provision and infrastructure development are critical interventions to address some of the developmental drivers of the HIV/AIDS epidemic. Such interventions will also serve to bolster the capabilities of poor households and communities to better cope with the health, social and economic consequences of HIV/AIDS. In situ upgrading needs to be informed by an understanding of the complexities of informality, the strengths and weaknesses of existing livelihood strategies and social support systems that local residents may (or may not) be able to draw on.
- 5. Take cognisance of HIV/AIDS in urban planning and settlement design. From the perspective of HIV/AIDS, issues such as safety, urban connectivity, mobility and access are particularly important. Thus, in deciding on the location for new low-income settlements careful attention needs to be given to its location in relation to work opportunities, markets, social facilities and public services, including transport. From a settlement design perspective, it is important to consider the location of residential units in relation to one another and in relation to shops, community facilities, public spaces, and so on. Settlement design considerations should be informed by principles such as improved safety (especially for women and children), social integration, local connectivity and flow, for example.
- **6.** Take cognisance of HIV/AIDS in housing unit design. An important case can be made for the provision of residential units that allow for partitioning (to give consenting adults privacy and avoid early exposure of young children to sexual activity and/or to allow sick household members a private space), proper insulation and ventilation (to minimise the risk of tuberculosis, for example), service connections in the unit (to avoid physical attacks when using external toilet facilities or collecting water, for example) and overall hygienic conditions and accessibility (e.g. to allow for wheelchair access in later stages of HIV/AIDS-related illness).

- 7. Proactively and creatively allow for the transfer of title deed or rental agreements in the case of succession. More often than not, dependents of a beneficiary of a housing subsidy for home ownership or social housing loose the right to remain in the property if the beneficiary passes away. While there are examples of municipalities that actively engage with beneficiaries to ensure that they draw up a will to facilitate the transfer of the house to their named beneficiary, there is currently no national guideline that supports such efforts. Also, this does not address the shelter needs of dependents in the case of a rental agreement. The Department of Housing should consider the development of a policy or guidelines to guarantee the transfer of the title deed or rental agreement to the surviving spouse or dependents in instances where the owner or lessee has passed away.
- 8. Consider housing provision within the context of a comprehensive social development package that includes municipal indigent support. In light of the financial shocks and stresses that HIV/ AIDS poses to poor and low income households, the continued ability of these households to pay rent, rates or service charges is under threat. As a result, households affected by HIV/AIDS may be compelled to give up the newly acquired security of tenure or house. It is therefore important that adequate provision is made in a municipality's indigent support policy to support households affected by HIV/AIDS, including child-headed households. The provision of free basic services to poor households, whether or not directly affected by HIV/AIDS, is an important component of a comprehensive social development package. Consideration needs to be given whether the stipulated quantities (especially for water) are sufficient for households that have to cater for the additional service demands to ensure adequate care and hygiene in the context of HIV/AIDS.
- 9. Recognise and support the inter-related agendas between sustainable human settlements and local economic development. While the hallmark of sustainable human settlements is a more holistic and integrated approach, one that recognises the need to link housing provision with the provision of social and economic infrastructure, it is important to avoid a situation whereby municipalities pursue sustainable human settlements and local economic development as separate (and possibly conflicting) agendas. The outcome of sustainable human settlements is intricately linked with the outcome of economic development. It is therefore crucial to ensure that livelihood strategies and income generating opportunities are supported and enhanced as an integral part of sustainable human settlements planning and development. From the perspective of HIV/AIDS, this means that attention needs to be given to bolstering livelihood strategies and work opportunities that will serve to minimise vulnerability to HIV infection and that will provide adequate support to households affected by HIV/AIDS.
- 10. Provide the necessary guidance and support for local government to integrate HIV/AIDS in sustainable human settlements planning and development. It is envisaged that municipalities require guidance and support from national and provincial government to implement the sustainable human settlement agenda in a manner that integrates an HIV/AIDS perspective. For this, greater clarity is needed on the envisaged role, competencies and varying capacities of municipalities to take a more active role in promoting sustainable human settlements (e.g. municipal planning, housing delivery and maintenance, service provision and infrastructure development). Clarity is also needed on HIV/AIDS as a developmental issue and its implications for municipal planning and service delivery.
- 11. Recognise the implications of HIV/AIDS for the institutional capacity required for sustainable human settlements planning and development. HIV/AIDS is not only a challenge in the external environment; it may also undermine the planning and implementation capacity of the three spheres of government to promote sustainable human settlements.

The recommendations offered here are not exhaustive, but are meant to be indicative of the policy and planning implications that need to be considered to integrate HIV/AIDS into sustainable human settlements planning and development. The Isandla Institute publication HIV/AIDS and Sustainable Human Settlements Development in South Africa: An Introductory Guide for Municipal Practitioners provides a more in depth discussion with practical examples for municipalities to promote sustainable human settlements in ways that recognise and respond to the developmental challenges posed by HIV/AIDS.

6. Conclusion

Recognising how developmental factors like poverty and gender inequality relate to and interact with HIV/AIDS signifies a major step forward in understanding the South African HIV/AIDS epidemic and its consequences at individual, household, community, societal and institutional levels. By recognising how HIV/AIDS exploits and reinforces social fault lines, thereby particularly disadvantaging poor, underdeveloped and under-resourced individuals and communities, the role of government and particularly local government becomes increasingly apparent. It is no longer sufficient for government, at all three spheres, to concentrate its interventions on traditional prevention, care and treatment and limited impact mitigation. Instead, what is required is a holistic response that takes into consideration the developmental nature and implications of HIV/AIDS.

This paper has highlighted how factors like poverty, inequality, inadequate housing and inadequate access to services and infrastructure can increase vulnerability to HIV infection whilst simultaneously undermining the coping mechanisms of individuals, households and communities. More specifically, the paper has highlighted the link between HIV/AIDS and the sustainable human settlement agenda as proposed by Breaking New Ground. It has sought to interrogate the extent to which this agenda takes the context of HIV/AIDS into account and how it responds to HIV/AIDS and has pointed to a number of strengths and weaknesses in this regard. This has informed a number of recommendations to overcome some of the identified weaknesses and ensure that an HIV/AIDS perspective is integrated into sustainable human settlements planning.

The primary conclusion that is reached is that the development and implementation of a sustainable and integrated human settlement agenda is critical in responding to HIV/AIDS and its consequences. However, in its current format the plan for implementing the sustainable human settlements agenda does not effectively take into account the changing shelter and services needs created by the epidemic. This is further exacerbated by the fact that the implementation of this agenda has to take place within a complex system of intergovernmental relations. Municipalities have to come to terms with their role as coordinators and primary service providers for sustainable human settlements, but they have to understand this role within the context of HIV/AIDS.

Without purporting to provide all the answers, the paper has offered some suggestions on how sustainable human settlements planning and development can become an integral component of South Africa's national response to HIV/AIDS. As such, it has provided a basis for reflection and discussion that will hopefully assist all three spheres of government to better understand their role in responding to HIV/AIDS.

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Endnotes

- 1 In many other instances and research done by others, reference has been made to HIV and AIDS as a way of recognising the different nature and impacts of infection with HIV compared to the development of AIDS, and its related illness. While this distinction is recognised this paper will use the abbreviation "HIV/AIDS."
- 2 Incidence refers to the number and distribution of new HIV infections.
- 3 Despite the fact that President Mbeki has consistently raised the point that poverty and underdevelopment lead to many of the illnesses associated with AIDS, official policy responses from government have, until recently, largely failed to develop effective strategies to address underdevelopment and poverty in the context of HIV/AIDS.
- 4 Vulnerability in this context refers to the factors that contribute to an increased risk of HIV infection. This term is referred to by some, including Sue Holden as susceptibility, defined as "the likelihood of HIV infection."
- 5 Holden's definition of vulnerability as "the likely impacts of HIV and AIDS, once HIV transmission has taken place" is referred to in this paper as "coping mechanisms."
- 6 Prevalence refers to the number of infections in a particular area at any given time.
- Anecdotal evidence suggest that people are increasingly moving to cities due the belief that they would be able to more easily access certain services like healthcare, education and other social services. However, once in the city, it becomes increasingly apparent that this access is not always guaranteed and depends on a number of factors like social and economic status, proximity to healthcare and education etc.
- 8 Transactional sex refers to sex in exchange for money, goods, services, favours and protection. Unlike in the case of commercial sex work, transactional sex often takes place with someone that is known and may take place on an ongoing basis in a monogamous relationship.
- 9 Shebeens are informal drinking areas often found in low income suburbs and informal settlements.
- 10 The stated Millennium Development Goals include: the eradication of extreme poverty, achieving universal primary education, the promotion of gender equality and empowerment of women, reduction of child mortality, improvement in maternal health, combating HIV/ Aids, malaria and other diseases, ensuring environmental sustainability and the development of a global partnership for development. Although the eradication of informal settlements is not explicitly stated, addressing the issue of slums has been globally recognized as a crucial component of poverty alleviation. For more information on South Africa's Vision for 2014, see *Letter from the President* ANC Today, Vol. 4 No. 17 30 April to 6 May 2004.
- 11 A recent study conducted by Isandla Institute and Stephen Berrisford Consulting for Urban Landmark indicated that people preferred schools to be closer to their homes which indicates the need for government to consider the building of accessible education facilities in new settlements.
- 12 A stokvel is an informal savings club where members contribute an amount of money and each member benefits as the pool of money is given to a different member each month
- 13 NIMBY refers to 'not in my backyard'.
- 14 These are the amounts available on the National Department of Housing website. Accessed on 4 June 2007 from www.housing.gov.za/content/subsidy%20information/subsidies%20home.htm
- 15 The South African government has recently announced a revision in the Child Act of 1995 which sets the contracting age at 18 instead of 21. This has obvious consequences for other pieces of legislation which would have to adapt to reflect this change. In light of this paper and the arguments that have been made, this is beneficial in terms of increasing access to housing subsidies for persons younger than 21.
- 16 Sweat equity refers to individuals (or family members or other members of the household) who want to make a contribution by assisting in the physical building process and this is generally in the case of people accessing housing through the People's Housing Process.
- 17 Despite the fact that grant applications should not take more than three months to be processed, in some instances people have waited up to three years for their grants. For more information on the delays in accessing social grants see Joseph, S. 2005. Resorting to the court: Litigation and the crisis of social grants in the Eastern Cape. Public Service Accountability Research Report. In the case of HIV infected people, they only qualify for a temporary disability grant once their CD4 counts are below 200. In the event of a long wait, these people may pass away before being able to benefit from the grant. In addition, the effects of the illness on the family is long term and by the time of death in all likelihood had an impact on deepening situations of poverty and adding to an already precarious situation.
- 18 These are not by their nature affordable and a number of housing schemes where rental accommodation has been an option, has often been too expensive. What is therefore needed is affordable rental accommodation for the poor.
- 19 The DPLG is currently in the process of rolling out its Framework for an Integrated Local Government response to HIV and AIDS while SALGA is in the process of developing a Country Plan for Local Government on HIV and AIDS. In addition a number of bilateral donors like the Deutsche Gesellschaft für Technische Zusammenarbeit (GTZ), the Swedish Development Agency (SIDA) and USAID are involved in assisting municipalities to develop effective responses to HIV/AIDS.