

**HIV/AIDS in the informal economy: an
analysis of local government's role in
addressing the vulnerability of women
street traders in Durban**

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Abstract

The study was motivated by a concern for the high vulnerability of poor African women to HIV/AIDS in South Africa and an understanding of their role in the growing informal trade sector in Durban. As the institution responsible for managing informal trade development, this study examines the role of local government in addressing AIDS vulnerability and impact within this economic sector.

Local government in South Africa is at the centre of potentially conflicting policy agendas: promoting citizen participation in social and economic development while creating an efficient and competitive local economy. The research outlines how the challenge of meeting these divergent goals has influenced policy approaches to informal trade and the extent to which these constrain or support women traders and their enterprises. The study examines how this in turn influences their economic vulnerability to HIV/AIDS. The study also explores the institutional attitudes and current approaches to addressing HIV/AIDS in the informal trade sector and explores the potential for a targeted and integrated response.

In-depth interviews with local government staff and external stakeholders were used to investigate institutional perspectives on the significance of HIV/AIDS and the importance of creating appropriate local level interventions within informal trade settings. Interviews also assessed current management and support strategies for informal trade and examined whether these create an enabling environment for women to protect themselves and their enterprises against the threat and impact of HIV/AIDS. Interviews were supported by an extensive review of gender and HIV/AIDS literature and analysis of relevant policy regarding informal economy and SMME development in South Africa.

The study found that the multiple pressures on local government, as well as institutional restructuring and staff changes have inhibited progress towards implementing an effective management strategy for informal trade. A lack of regulation threatens the security and livelihoods of survivalist women traders, and high barriers to obtaining permits to trade impact negatively on women due to their multiple constraints and responsibilities. The study revealed that priority in providing holistic business support, including skills development and financial

services, is skewed towards more profitable enterprises which has excluded most women traders. This has restricted women's productive capacity and enterprise development and heightened their economic vulnerability to HIV infection and impact. This is compounded by a lack of functional, representative organisations to convey the concerns of marginalised female traders to local government.

It is likely that the prevalence of HIV/AIDS in informal markets in Durban is high. However, stigma and discrimination has prevented widespread disclosure. The vulnerability of women and the impact of HIV/AIDS on their enterprises and local economic development is recognised by staff working at street level, but not by key decision makers. This, in conjunction with the marginalisation of the sector as a whole, has influenced the lack of progress in developing a co-ordinated multidisciplinary response to HIV/AIDS among informal workers. Few interventions which directly address HIV/AIDS have been put in place in the informal workplace, largely because of a lack of understanding of the crisis; its conceptualisation as a health issue only; and the fixed location of local government's response within the health department.

Acknowledging the resource and capacity constraints within local government, the study concludes by outlining a series of realistic potential interventions which can be mainstreamed within the standard functions of local government. A shift in thinking is required to conceptualise AIDS as a workplace issue, and recognise the significance of its economic impact. Women traders need to be considered as valuable and vulnerable workers, as well as mothers and carers and therefore as an important group for targeted HIV/AIDS interventions. The study calls for gender-sensitive measures to be implemented, which recognise the specific needs and constraints of women in the informal trade sector.

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Declaration of Originality

This dissertation represents original work by the author and has not been submitted in any other form to another university. Where use has been made of the work of others it has been duly acknowledged and referenced in the text.

List of Acronyms

AIDS.....	Acquired Immune Deficiency Syndrome
ARV	Antiretroviral
ATICC.....	AIDS Training, Information and Counseling Centre
CBD.....	Central Business District
HIV.....	Human Immunodeficiency Virus
GDP.....	Gross Domestic Product
GEAR.....	Growth, Employment and Redistribution strategy
IDP.....	Integrated Development Plan
ILO.....	International Labour Organisation
ITMB.....	Informal Trade Management Board
ITRUMP.....	Inner Thekwini Renewal and Urban Management Project
KZN.....	KwaZulu Natal
LGA	Local Government Authority
NGO.....	Non-Government Organisation
PMTCT.....	Prevention of Mother to Child Transmission
RDP.....	Reconstruction and Development Programme
SEWU.....	Self-Employed Women's Union
SMME.....	Small Medium and Micro Enterprise
STD.....	Sexually Transmitted Disease
UNAIDS.....	Joint United Nations Programme on HIV/AIDS
UNDP.....	United Nations Development Programme
UNHABITAT.....	United Nations Human Settlements Programme
URP.....	Urban Renewal Project
VCT.....	Voluntary Counselling and Testing

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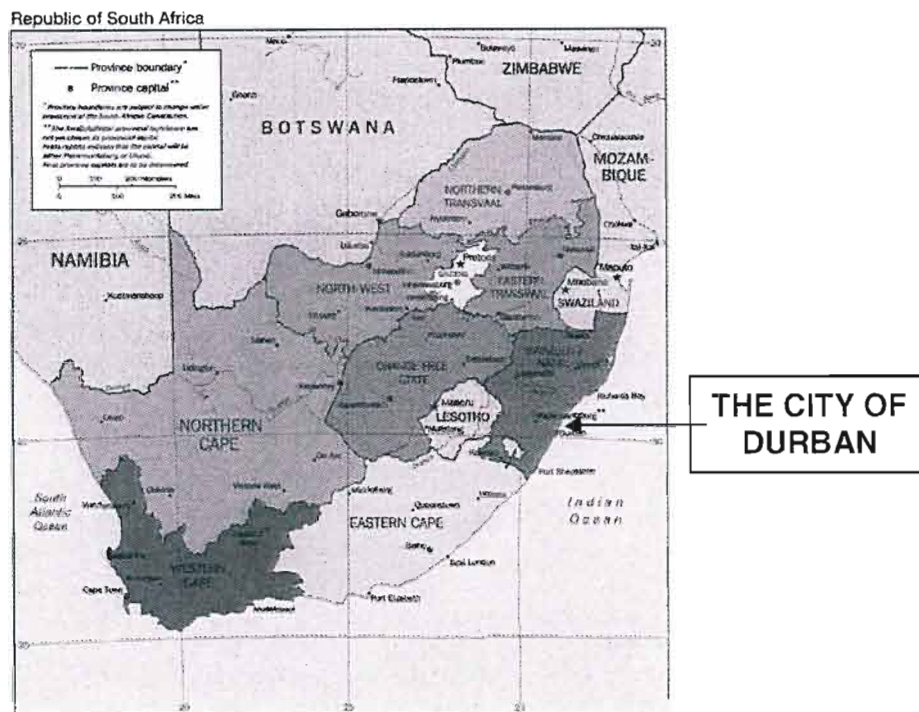
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Maps of the study area



Map 1: Map showing the location of KwaZulu-Natal and Durban within South Africa
 (source: www.maps.e-pages.com)



SECTION ONE

Chapter One: Introduction and background to the study

1.1 The problem statement

The informal economy in South Africa represents an important source of employment for many in the face of decreasing formal sector work opportunities. Women, and mainly poor black women, are disproportionately represented in informal employment and are concentrated within insecure, low-income occupations such as street trading (Valodia, 2001).

In the majority of cases women working informally are marginalised and living in poverty, a contributory factor to the spread of HIV/AIDS (Barnett and Whiteside, 2002). Women are physiologically more susceptible to HIV/AIDS, and a number of social and economic factors compound their heightened risk compared to men (Baylies and Bujra, 2001). While many studies have examined the impacts of poverty and gender inequality on the spread of HIV/AIDS (for instance Walker and Gilbert, 2002), little research exists to explore the relationship between women's social and economic marginalisation in informal employment and their vulnerability to HIV infection. This research aims to begin an exploration into this important research area.

This study focuses attention specifically on street trading in Durban, a sector in which women are over-represented. Although women street traders cannot be characterised as a homogenous group, the majority remain permanently at the survivalist level. Street trading in Durban has also been a particularly dynamic area of local economic development over the last 20 years, accompanied by dramatic changes in local authority approaches. Durban's municipal councils have shifted significantly from punitive and repressive approaches to promotion and encouragement of informal trade. The establishment of a separate Informal Trade department to manage, regulate and support the sector and the development of a policy document to guide these processes make Durban a conducive environment in which to set this study.

Two major objectives of local government in South Africa are: promoting citizen participation in social and economic development, which encompasses informal trade;

and promoting and protecting the health of citizens, which involves developing an appropriate response to HIV/AIDS. However, there has been little attention paid to how these two important local government mandates could be integrated such that women street traders as a vulnerable group, and as economic actors, are able to access appropriate HIV/AIDS prevention and impact mitigation measures.

This study investigates the extent to which local authority intervention in informal trading impacts on the livelihoods of women street traders and how this inhibits or creates an enabling environment to reduce HIV/AIDS vulnerability and impact in informal trade settings. The study also examines how Durban's local authorities can, and should, be responsible for measures to prevent and mitigate the impacts of the epidemic among women street traders and what measures would be the most realistic and effective.

In order to understand state responses to informal trade it is necessary to understand the myriad of theoretical influences which have informed national and local government approaches to the informal economy. This chapter gives an overview of the major debates surrounding informal economy development and the role of the state. It also looks specifically into the emergence of the modern informal economy in South Africa. Finally, this chapter examines the gender inequality inherent within street trading structures, which subordinates women and heightens their poverty and the precariousness of their employment.

1.2 Defining the informal economy

The informal economy is widely regarded as a heterogeneous collection of economic activities and unregulated production, constituting a diversity of livelihoods and forms of employment. This includes, for example, street trading and home-based work (such as garment workers) as well as domestic service, and part-time temporary and industrial contract workers (Valodia, 1996). Originally, the informal economy was defined by Keith Hart (and quickly adopted by the International Labour Organisation (ILO)) in 1972 as a sector which is characterised by low barriers to entry; small-scale, family owned enterprises; the use of labour intensive technology; and reliance on indigenous resources (ILO, 1972).

However, this definition lacks recognition of the continuous process of informalisation; the diversity of the informal 'economy' as opposed to 'sector'; and the precarious nature of many enterprises and livelihoods. Consequently, the informal economy is also defined as employment without secure contracts, worker benefits or social protection (Chen, 2002). Implicit in most definitions is that activities are largely those which elude government regulations such as registration, tax and social security obligations as well as health and safety rules (Devey *et al*, 2002).

1.3 Theoretical debates surrounding the informal economy

Current thinking on the informal economy has been informed by a rigorous debate from the 1970s to date surrounding the conceptual and working definitions and the role of the informal economy. This has sparked controversy in policy responses. One fundamental question of this debate has been whether small-scale informal enterprises can generate not only employment but also economic growth (Rakowski, 1994).

The early debate surrounding the informal economy in developing nations related to the nature of the relationship between the widely diverging informal and formal economies. This 'dualist' model put forward by the ILO recognised the different origins, functions and potential of the formal sector distinct from the informal sector. The model suggests that the informal sector is survivalist and transitional and is likely to regress as industrial development progresses. However, most segments of the informal economy have direct production, trade and service links with the formal economy, under subcontracting and industrial outsourcing agreements (Chen *et al*, 2001). The nature of these ties formed a significant feature of the debate. While the ILO dualist model emphasised benign links between the informal and the formal economy advocating for stronger linkages, the petty commodity production school advanced by Moser (1978) advocated for increased autonomy of petty commodity producers and severing of seemingly exploitative links with large scale enterprises. This approach conceptualised informal economic activity as part of a continuum, as opposed to one half of a dichotomy and saw complex linkages and dependent relationships within and between production and distribution systems. These links were said to subordinate workers in the informal economy, exploiting cheap, unregulated labour (Rakowski, 1994).

Structuralist and Marxist theories were applied almost a decade after this early debate. These theoretical approaches saw a shift of focus from informality represented as a marginalised sector to 'informalisation' as a wider response to economic stagnation. Informal forms of production and distribution were perceived as 'part of capital's search for flexibility in the use of labour, with the aim of avoiding the costs of social security obligations and other overhead costs of formal operations' (Meagher, 1995: 265). According to proponents of these approaches the emergence of the sector was a response to falling real wages and rising unemployment and job insecurity in the formal sector. However, the informal economy also consisted of survivalist strategies of the permanent poor (Rakowski, 1994). Structuralist approaches identified economic restructuring or crises as factors in the expansion of informality and perceived the informal economy as a specific form of relationships of production, and poverty as an attribute linked to the process of distribution (Castells and Portes, 1989). Informalisation was not seen as entirely independent of state control. Indeed, according to Castells and Portes (1989) it represented a new form of control characterised by the disenfranchisement of the working class and an attempt by large firms to evade costs associated with protective labour legislation and taxation (Rakowski, 1994).

These marginalist approaches suggest that there is no potential for growth in the informal economy which represents abuse, exploitation and limited productivity. More recently neo-liberal theories have challenged these marginalist interpretations. For instance De Soto's (1989) legalist approach suggested that informality is characterised by 'survival strategies' of the poor undertaken with dynamism and entrepreneurial spirit, emerging as a rational response to over-regulation by government bureaucracy. The informal economy was perceived as the 'key to survival and success' and as part of the genuine path to development (De Soto, 1989). This approach advocated for deregulation of legal institutions, de-bureaucratisation and privatisation (Bromley, 1990). The state was thought to play an excessive regulatory role and should relax its controls to allow entrepreneurship and free market competition to flourish.

In contrast to the dualist analysis which saw the informal economy as marginal and transitory, ILO thinking developed and began to 'celebrate the dynamic and efficient alternative to the interventionist models of economic development and....found that 'small-scale, decentralised forms of production....provide creative and flexible

solutions to economic crises and underdevelopment' (Meagher, 1995; 259). It was recognised that the informal sector had not just persisted but expanded, and included profitable and efficient enterprises. However, despite the potential for economic 'take-off', the ILO envisaged certain weaknesses in the informal sector including low incomes, low productivity, limited skills and technology, which required more rather than less state intervention. This included the removal of state restrictions and access to resources eased by state assistance (Meagher, 1995). This view recognises that in the context of modern state crisis the informal economy can play a central role in economic development and is a significant feature of ongoing economic transition (Chen *et al*, 2001).

More recently the international research network, Women in Informal Employment, Globalising and Organising (WIEGO) has contributed to a fundamental shift in thinking which conceptualises the informal economy along employment, rather than enterprise lines. This new thinking accommodates but amends the legalist and structuralist views, suggesting that it is mainly the employer who chooses to avoid legal obligations. Informal wage workers and own-account workers would choose to be formalised provided they were guaranteed secure contracts and benefits (Chen, 2002). This approach recognises informalisation of employment relations as a prominent feature of global reorganisation and deregulation, which has resulted in jobless or insignificant economic growth (Chen, 2002).

1.4 The emergence of the informal economy in South Africa

These global economic processes have influenced the growth and expansion of the informal economy within South Africa. The labour market has been transformed from a situation of over-regulation, under Apartheid, to under-regulation, during the transition. During the Apartheid era in South Africa informal work was a means of survival for many, as discriminatory measures such as Job Reservation policies (for 'Whites') and the Group Areas Act, oppressed the African majority and resulted in many people seeking a living outside of the formal, regulated work environment (Valodia, 2001).

More recently, Skinner and Valodia (2001) report that heightened global competition has re-structured production through sub-contracting chains in formerly protected

industries such as clothing and textiles. This has increased the precariousness and insecurity of employment under short-term, casual contracts and decentralised, home-based working (Chen *et al*, 2001; Carr and Chen, 2002). These informal work arrangements are generally characterised by a lack of job security, minimum wages, social protection and benefits (Standing, 1999). Deregulation has also resulted in the mass retrenchment of unskilled workers (mainly Africans), in industries where women were over-represented in the workforce (Ray, 1997). These structural changes and the flexibilisation of labour practices have given rise to an overwhelming growth in the numbers of women who are self-employed or employed by others in informal enterprises. Dramatic economic restructuring has effectively led to the ‘feminisation’ of precarious, insecure and low-paid employment reflecting severe discrimination and disadvantage for women in developing countries (Standing, 1999).

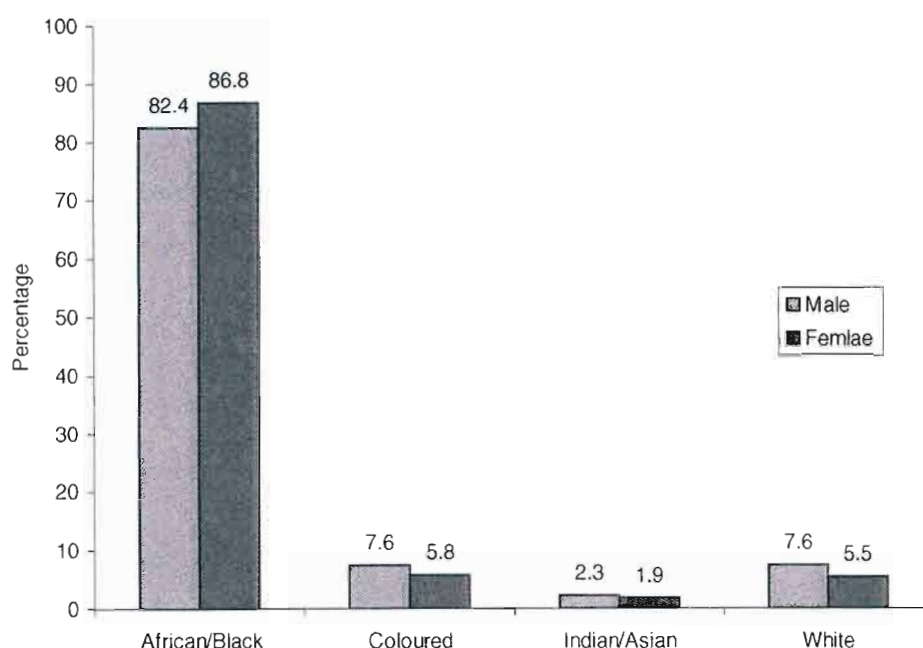
1.5 The role of women in the informal economy

While many informal economy activities remain absent from national accounts data, some data suggests that the informal economy is growing in terms of its contribution to employment and Gross Domestic Product (GDP)¹. In 2002, 28% of people in South Africa were engaged in informal employment outside of agriculture (ILO, 2002).

While recent statistics in South Africa show that slightly more men than women work informally, more women participate in informal compared to formal work (Devey *et al*, 2002). Women therefore tend to rely more heavily than men on informal employment and African women are very highly represented in the informal economy. The graph below shows that the vast majority of Africans are employed informally, compared to very low numbers in other racial groups:

¹ The contribution of the informal economy to GDP has been estimated in a number of African countries. However, there is little data on this in South Africa.

Fig. 1: Proportion of people in South Africa who are informally employed, by race and gender (Source data: Devey, 2003)



Despite serious limitations of the data, the available statistics point to the importance of women in street trading where they reportedly represent around 70% of those active (Devey *et al*, 2002). The table below shows that forty percent of women informal workers in South Africa are street traders compared to 14.2% of men and many more women than men are engaged in low-income food vending activities.

Table 1: Proportion of informal workers in South Africa engaged in food and non-food street vending (Source data: Devey, 2003)

Occupation	Male		Female	
	N	%	N	%
Street food vendors	96,586	9.5	270,294	31.7
Street vendors – non-food products	47,983	4.7	70,450	8.3
Total	144,569	14.2	340,744	40

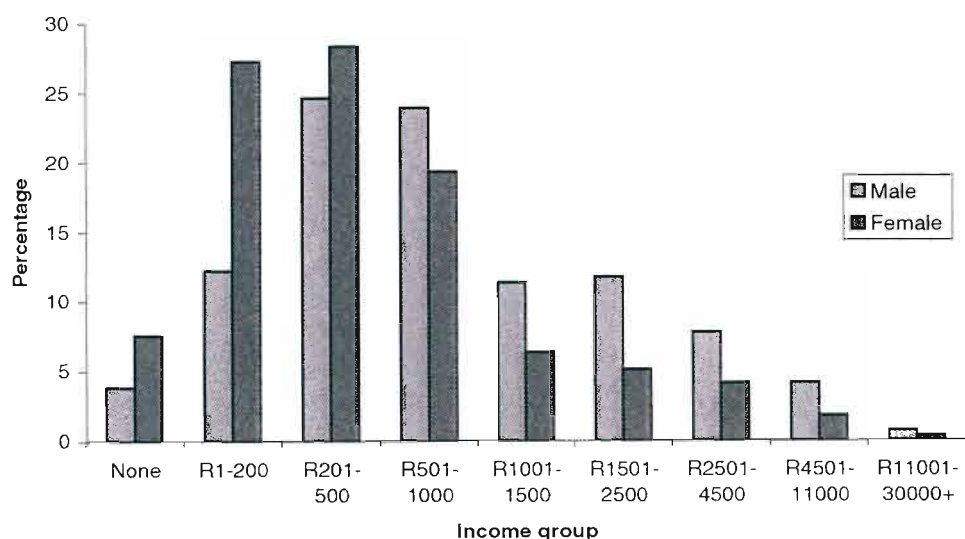
Despite the size and contribution of the informal economy, there are significant links between being a woman, working in the informal economy and living in poverty (Chen, 2002). A higher percentage of informal workers are poor relative to formal workers and this is greater for women than for men. The correlation between informal employment and poverty intensity appears when informal workers are disaggregated along employment lines. For instance, employers, self-employed and wage workers form a pyramid of increasing numbers and declining incomes (WIEGO, n.d).

1.6 Women's vulnerability and risk in informal trading

As mentioned earlier, women working informally tend to occupy the most elementary, exploitative, precarious and low-paid positions in the informal economy (Carr and Chen, 2002). For instance, women's roles in street trading are often an extension of their traditional roles within the household. Men tend to be concentrated in larger enterprises, trading in manufactured goods and services which comprise a small but profitable proportion of informal trade. Conversely, women are generally over-represented in small-scale operations, trading in fresh produce and goods such as clothing and cosmetics. Table 1 shows that in South Africa 31.7% of women in informal activity sell food compared to only 9.5% of men (Devey, 2003). These activities constitute a larger and less-lucrative proportion of informal trade and women tend to be permanently restricted to these low-income activities (Lund, 1998; Chen, 2000).

Lund's (1998) synthesis of research studies on street trading in South Africa found that women street traders are almost exclusively self-employed in either micro or survivalist enterprises, generating very low incomes. The graph below shows the majority of informal workers earn between R201 and R500 per month which is less than the minimum acceptable income level of R600 per month (in 1995). It is also clear that a higher proportion of women than men earn within the low-income brackets:

Fig. 2: Income distribution in informal employment by gender (source data: Devey, 2003)



Women are far less likely than men to venture into other informal enterprise opportunities, or to take financial risks, because of the significance of their income for household and family welfare (Lund, 1998). This is compounded by their lack of information about their rights and how to improve their skills, and their limited access to credit (Masagwane, 1998; Skinner, 2000a).

Women survivalist traders also have extremely low levels of education. Almost half of the street traders in South Africa have no education or only primary schooling, and this is far higher for women than for men (Lund, 1998). As a result self-employed women have limited bargaining power and are therefore exposed to exploitation. This also inhibits their access to resources and prevents them moving beyond survivalist activity. However, more recently, there has been an increase in younger women with mid-level education entering street trading, reflecting decreasing opportunities for women with reasonable education to obtain standard employment (Pick *et al.*, 2002).

Women are generally more vulnerable to the impacts of oppressive legislation. For example, in many metropolitan areas in South Africa bylaws particularly disadvantage women, forcing them to work in precarious locations and increasing their vulnerability

to crime (Skinner, 2000b). Studies have cited crime as a major concern for street traders. In a survey of Durban street traders in 1997, theft and criminal violence was cited by 41% of female and 33% of male street traders (Lund, 1998). In Johannesburg, 12% of street traders have faced life threatening or dangerous situations, with one in ten suffering assault (CASE, 1995). Studies conducted in Durban have also observed women's vulnerability to sexual assault (Nair, 1993; Naidoo, 1996, cited in Lund, 1998). In addition to violent crime, street vendors are often the victims of harassment, intimidation and abuse of regulations by officials (Nesvåg, 2002).

Informal work carries with it both physical and economic risks. Workers in the informal economy face greater work-related risks than those formally employed. For example, informal employment offers little guarantee of work, low wages and work is often hazardous and unhealthy. Informal workers have limited access to formal social protection measures such as health insurance, disability allowances and retirement benefits (Chen *et al*, 2001). In addition, South Africa's Unemployment Insurance Fund (UIF) is contingent upon a formal employer-employee relationship, which excludes the majority of informal workers (Veenstra, 2004). Street traders, and particularly women, have insufficient income and lack market information, skills and negotiating power to protect themselves against economic risk individually (Chen *et al*, 2001).

Those unemployed or employed informally are currently supported by a system of means tested targeted social assistance grants or policies which aim to improve access to public services, including old age and disability and a range of child support grants. However, there are significant limitations with these grants including low take-up rates, and poor access to services and assistance offered by government (Guthrie, 2002). While the issue of social protection in informal work arrangements is important in the analysis of women's economic vulnerability, there is limited scope in this study to pay specific attention to these issues.

The following table summarises the socio-economic and demographic profile of a typical woman street trader in South Africa:

Table 2: Socio-economic profile of the average woman in the informal economy in South Africa

Indicator/Characteristic	Description
Race	The average woman informal worker is African (86.8%) (Devey, 2003)
Age	The average woman informal worker falls within the 30-39 year age range (32.9%) (Devey, 2003)
Education	The average woman informal worker has some secondary education (excl. Grade 12) (36.5%) (Devey, 2003)
Income level	The average woman street trader earns R201 – 500 per month (Devey, 2003)
Working hours	Street traders work an average of ten hours a day excluding Sundays. Women have multiple domestic, economic and social roles which place additional constraints on their time (Lund, 1998).
Type of work, occupation and industry	The average woman informal worker works on her own or with a partner in a business (73.5%), in an elementary occupation (43.9%), and in the wholesale or retail sector. The vast majority (40%) are street traders (Devey, 2003).
Children/child care	Majority of women street traders have up to three children (77%). About half of the children aged under 6 are cared for by a relative and 28% are cared for at the place of work (Lund, 1998).
Accommodation	Increase in weekly migration of women from rural to urban areas. However, there is limited affordable accommodation in cities. Short-term overnight facility for traders in Durban was created in 1994 (Lund, 1998).
Health status	Subjective health ratings in Johannesburg show the majority of traders rate their health as excellent, very good or good. In Durban 12% said their health problems were related to work (CASE, 1995).
Crime	Theft and criminal violence experienced by 41% of women street traders in Durban (Lund, 1998). In Johannesburg, 12% of street traders have faced life threatening or dangerous situations, with one in ten suffering assault (CASE, 1995).
Social protection	Limited access to formal social protection measures such as health insurance, disability allowances and retirement benefits (For example, Chen <i>et al</i> , 2001)

1.7 Conclusion

Developments in the theoretical debates surrounding the role of the informal economy show that there has been a gradual transition from marginalist interpretations of informality, as exploitative and unproductive, to an understanding of its central role in economic transition and growth. Recent thinking on the informal economy has converged to recognise both the productivity and precariousness of informal employment, and the fundamental role of the state in fostering its growth and protecting workers. This conceptual understanding is manifest in South Africa's street trading sector which is making an increasingly important contribution to employment in urban areas of South Africa. Yet the sector is disproportionately occupied by poor, marginalised and unprotected women who are generally subordinated to extremely low-income activities. Gender inequality and poverty, which are inherent in street trading, are intrinsically linked to social inequalities in health and are therefore two of the major determinants of women's heightened vulnerability to the HIV/AIDS epidemic (Walker and Gilbert, 2002). HIV/AIDS in South Africa has emerged as a social, economic and personal crisis in which women are particularly implicated. In the following section the linkages between the gender inequality, poverty and HIV/AIDS will be discussed.

Chapter Two: HIV/AIDS - the epidemic in South Africa and the vulnerability of women street traders

2.1 An introduction to HIV/AIDS in South Africa

The HIV/AIDS pandemic in Africa, unlike other diseases, is deeply rooted in the structural inequalities and chronic poverty of the region. HIV in Africa is largely transmitted through heterosexual transmission and Africa creates an environment in which the virus can thrive. The increased pace of social change has caused high rates of mobility, including rural to urban migration which has diminished social cohesion and resulted in changed patterns of sexual behaviour. A 'slowly emerging cultural crisis' has transformed notions and values attached to sexual behaviour and practices (Baylies and Bujra, 2001). However, while individual behaviour patterns strongly influence the transmission of HIV, it is argued that social inequality, particularly gender inequality, is the greatest transmitter of the virus (Walker and Gilbert, 2002). In addition to the patriarchal nature of African society, internal social conflicts, poor economic management and slow rates of growth have exacerbated the situation of disorder, poverty, exploitation and inequality and have created a breeding ground for HIV/AIDS in Africa (Barnett and Whiteside, 2002).

In South Africa specifically, institutionalised discrimination and inequality have fueled the spreads of AIDS since the late 1980s. The prevalence of HIV/AIDS in the country has continued to rise unabated. While statistics on HIV prevalence are in a constant state of flux, it is estimated that HIV/AIDS in South Africa has risen from 7.6% in 1994 to 21.5% in 2004 (UNAIDS, 2004). South Africa's epidemic is unique in that in spite of its well-developed multi-sectoral HIV/AIDS plan, well-functioning economy, sizable pool of skilled health and education workers and a sophisticated media, a number of factors have contributed to the spread of HIV. This includes the depth of poverty and inequality established in Apartheid, which has remained: transformation and restructuring of the public sector; the devolution of authority to local government and a lack of high level leadership and commitment to combat the epidemic (Health Systems Trust, 2002).

2.2 HIV/AIDS: economic growth and poverty linkages

HIV/AIDS in Africa constitutes one of the most formidable challenges to development and social progress. The epidemic is reversing the development process, undermining economic progress, threatening security and destabilising communities (ILO, 2001). HIV/AIDS is fundamentally linked to poverty and economic growth. This vicious cycle has been termed the 'development dilemma' (Nattrass, 2003: 13). Poverty contributes to the spread of AIDS. Therefore poverty alleviation is recognised as a pre-condition for combating AIDS. On the other hand, AIDS undermines productivity and economic growth, so addressing the epidemic is a pre-condition for fighting poverty.

Death rates in South Africa have increased dramatically in the reproductive and productive age group (15-39 years) as a result of HIV/AIDS. This increase in mortality has been disproportionately born by women, with a sharp increase in deaths among South African women in their twenties (Nattrass, 2003). High mortality rates within this age group have undermined South Africa's economic growth and security. HIV/AIDS has increased production costs at firm-level and reduced productivity in the workforce. The negative impact of HIV/AIDS on income and consumption amounts to slow economic growth (Nattrass, 2003). The epidemic has had a serious impact on individuals and families, increasing economic pressure on resource-poor households through increased dependents and caring for the sick. Resources have been diverted away from regular household consumption and savings towards AIDS-related expenditure such as medical expenses and funeral costs (Steinberg *et al*, 2002; Cross, 2001). Households are directly threatened by the morbidity and mortality of household members and also indirectly by the impact of HIV/AIDS on the broader economy and government (Nattrass, 2003). Furthermore, these rising levels of poverty inevitably increase vulnerability to HIV/AIDS.

While the relationship between HIV/AIDS and poverty is not a simple one, poverty is a clear driving force of the epidemic. There are links between poverty, low levels of development and HIV transmission. Poverty creates the conditions in which resistance to disease is inhibited, through poor nutrition, housing, sanitation and limited access to health care (ILO, 2001; Barnett and Whiteside, 2002). Poverty has also created a situation in which HIV/AIDS becomes harder to tackle at an institutional, community and household level. However, AIDS is not just a disease of poverty. The epidemic

has also affected the middle and professional classes and skilled workers. Nevertheless, HIV and AIDS in South Africa impacts predominantly and most seriously on those who are poor, marginalised and displaced. The epidemic has therefore had a disproportionate impact on women in Africa (Tallis, 1998).

2.3 The vulnerability of women street traders to HIV/AIDS

“Gender inequality is not simply a matter of justice or fairness. [In the context of HIV/AIDS] gender inequality is fatal” (Commonwealth Secretariat, 2001)

Women are physiologically more susceptible to HIV infection and more vulnerable to the negative impacts of the pandemic than men in heterosexual relationships.² Fifty-seven percent of all HIV positive adults in South Africa are women (UNAIDS, 2004). A recent sero-prevalence study of women attending ante-natal clinics estimated that 26.5% of all pregnant women in South Africa are infected with HIV (Department of Health, 2002).

It has been established here that there is a clear association between working in the informal economy, being a woman and being poor. While the non-poor are infected and affected by HIV/AIDS, the majority of people infected in South Africa are young, poor, and African, and are economically marginalised and least educated (Walker and Gilbert, 2002). Therefore, many of the key socio-economic and demographic determinants of *susceptibility* to HIV/AIDS are characteristic of the large majority of street traders (Barnett and Whiteside, 2002; Baylies and Bujra, 2001; Walker and Gilbert, 2002). However, there is limited empirical data to measure the risk of HIV infection to street traders generally and women street traders in particular, and this therefore requires cautious analysis.

Accordingly, the concept of *vulnerability* can be used to infer the threat of infection to women traders by drawing attention to the socio-economic and behavioural dynamics within informal trade settings, and so to the processes that influence the transmission of

² Women are between two and four times more likely than men to contract HIV from a sexual encounter. Women have a larger mucosal surface exposed to abrasions during sex, and semen has a higher concentration of HIV/AIDS than vaginal fluid (see Baylies and Bujra, 2001:5).

HIV/AIDS. Underpinning the concept of vulnerability, although contested, is that the construct means differential access to resources including political, social and economic power. When assessing women's vulnerability to HIV/AIDS, poverty and gender inequality emerge as the main factors which limit the resources available (Kalipeni, 2000). While poverty impacts on both men and women, women are subjected to a range of factors such as discrimination, violence and negative gendered stereotypes which compound their low social and economic status.

Women's increased vulnerability is determined by a number of social, cultural, economic factors, which are connected with sexual behaviour and economic security. Women's disadvantaged economic positions compound their unequal positions and limited control in their relationships with men, which heighten vulnerability to infection. The low economic status of the majority of street traders would suggest that very few will gain a level of emancipation which allows them to be financially independent of men. This has serious implications for their ability to negotiate safe sex practices or refuse unsafe sex in long-term dependent relationships (Weiss and Rao Gupta, 1998). It is precisely this powerlessness, low status and limited control to determine their own lives which underlies women's vulnerability (Tallis, 1998).

Furthermore, labour migration of men from rural to urban areas creates high risk environments in cities where street traders are working. Studies have found that with greater knowledge of the HIV/AIDS epidemic there has been a decline in those who pay for sex, and an increase in the formation of long-term 'trust' relationships with women at multiple truck-stops and trading towns (Marcus, 2001). A study in Nigeria by Orubuloye *et al* (1993) suggested that young itinerant traders often engaged in commercial sexual practices, which renders them more vulnerable to HIV/AIDS. In a study of women in Impolweni Township near Durban it was revealed that women engage in transactional sex in order to supplement the little money they earn from informal trading. This was particularly the case where women's long-term partners are economic migrants (Madondo, 2004). Given the status of many women street traders as de facto household heads it may be fair to infer that some women engage in short-term, insecure and unequal relationships with transient men based on the need to supplement income. This could place women street traders at higher than average risk of infection (Whelan, 1999; Nattrass, 2003).

However, this should be treated with caution as little is known about the boundaries between street trading and commercial or transactional sex. The possible engagement of women traders in sex work of any kind is not necessarily linked to their productive roles as street traders, but dependent on a range of factors which limit their personal resources, including their subordinate role in society, low income and education.

Furthermore, gender-based violence is inherently linked to HIV/AIDS. Rape and sexual violence are matters of deep concern in the context of HIV/AIDS and are occurring on a particularly wide scale in South Africa. In 2003/2004, it was estimated that over 52,733 cases of rape were reported, and many more go unreported (South African Police Service, 2004). However, violence against women appears in a number of forms and is exacerbating the threat of HIV infection to women. HIV/AIDS and gender specific violence overlap in terms of rape, coerced sex and abusive relationships, within which women are unable to negotiate condom use or disclose HIV positive status because of the fear of violent reprisals (Vetten and Bhana, 2001). While some research suggests that women street traders in South Africa have been the victims of assault and other life threatening situations (CASE, 1995), there was little identified research on sexual violence and coercion towards street traders in South Africa. However, research in Uganda revealed that women are subjected to sexual intimidation and advances from fellow traders and law enforcement officers, who expect sex as a bribe to overlook illegal trading activity (Ahikire and Ampaire, 2003). Many men will also refuse to pay for food or become violent if their advances are rebuffed (Musisi, 1995).

2.4 The gendered impact of HIV/AIDS on informal enterprises and the implications for households

Because women have a greater reliance on informal employment than men, the detrimental effects of HIV/AIDS on the informal economy will have a greater impact on women than men. Women's enterprises rely on a lower labour base and are therefore likely to fail if the enterprise owner falls sick (ILO, 2001). This problem is compounded for women, whose responsibility for care draws them away from productive work towards the household to care for sick family members. A survey in South Africa found that 68% of care givers in a sample of AIDS affected households

were women, and the same sample found that 40% of care-givers had taken time out of formal or informal employment to care for an AIDS sick person (Steinberg *et al*, 2002). While the majority of care-givers are women, this figure is lower than expected suggesting a higher proportion of men are now taking on a primary care role.

The responsibilities of care placed on women who work informally is further compounded by the lack of access to social protection. HIV/AIDS impacts negatively on women's already low and irregular income flow by reducing their capacity to work. It also simultaneously raises expenditure on the lowered income. Disruptions of operations due to HIV/AIDS and the increased costs of family support will cause a downward spiral into deep and chronic poverty and increase vulnerability to infection for women (Wilkin, n.d). Furthermore, fewer than 16% in a sample of 700 HIV/AIDS affected households in South Africa received any kind of government grant, or home-based assistance from welfare services to assist with these expenses (Steinberg *et al*, 2002).

2.5 Conclusion

The precarious and marginalised positions of women street traders, their general low levels of operation and income, and lack of social protection, suggest they are a highly vulnerable to HIV infection and the personal and household impacts. Women carry both the burden of the disease itself and the responsibility of care for family members who are HIV positive. Women's enterprises therefore are likely to be deeply affected by AIDS morbidity and mortality.

The informal economy and street trading in particular, has the potential to be an environment which increases women's vulnerability to HIV/AIDS. Especially where restrictive or punitive urban policies and legislation surrounding the sector inhibit women's productive roles and increase impoverishment. However, it can also provide a environment conducive to tackling poverty and improving the livelihood options of women and contributing to a reduction in the spread of HIV/AIDS. Local government in South Africa, as the arena of government closest to the people, and in the context of its responsibility to 'respond to socio-economic challenges in strategic and developmental ways' (Durban Unicity, n.d) can play an important part in addressing the epidemic among informal traders. However, this will depend largely on the extent to

which local institutional approaches to the informal economy take a developmental position, which can indirectly address vulnerability to the epidemic and provide an institutional framework conducive to the integration of HIV/AIDS programmes. The following chapter outlines the changes in the institutional approaches to informal economy development in South Africa, and local government roles and responsibilities to address HIV/AIDS.

Chapter Three: Local government approaches to the informal economy and to HIV/AIDS

3.1 Introduction

In most developing countries punitive and constraining regulatory frameworks create negative working conditions in the informal economy and inhibit the growth of informal enterprises. Inappropriate bylaws and regulations have often created obstacles for informal workers such that registration, licensing, organising and relations with various sections of government have become major issues of concern (Chen *et al*, 2001).

In South Africa, since the early 1980s, there has been a significant conceptual shift in informal economy discourse from marginalist interpretations to acceptance and encouragement of the informal economy (Lund, 1998). The more recent move towards deregulation recognises the informal economy as a viable means of production and employment creation and reveals a fundamental role for the state in fostering development of informal economic activity. This role has been decentralised to local authorities. In addition to this mandate, local government is also increasingly looked upon to develop an appropriate response to HIV/AIDS. However, defining their roles and determining capacity and responsibility to address the epidemic has been fraught with difficulty.

This chapter explores the changing institutional and policy environment surrounding street trading in South Africa, and looks specifically at how the transition from prosecution to promotion of street trading has been realised by Durban's local authorities. The section then moves on to address local government's role in addressing HIV/AIDS in South Africa.

3.2 The role of local government in street trading in South Africa

It was illegal to conduct informal street trade in South Africa, from the 1940s to the early 1980s. In 1991, street trading was legalised under the Business Act and the 1995 White Paper on Small Businesses in South Africa claims to support the advancement of women in all business sectors including 'survivalist' enterprises (Valodia and Skinner,

2001). The Small Medium and Micro Enterprise (SMME) sector has been recognised by government as crucial for economic development and has become a policy priority (Skinner, 1999). However, it should be noted that SMME policy has generally focused on those at the upper end of the small enterprise sector, which tends to be the reserve of men. Women micro and survivalist entrepreneurs have not received any direct support measures through these policies (Lund, 2004, pers. comm.). Furthermore, in principle, promotion of gender equality has become a policy priority within South Africa and gender concerns have been integrated into many government policies. However, as yet this renewed national commitment to gender equality has not impacted directly on street traders (Skinner, 1999; Valodia and Skinner, 2001).

The responsibility for informal trade has been decentralised under the 1996 South African constitution to Local Government Authorities (LGAs). LGAs are now separate spheres of government with responsibility for provision of services and the promotion of social and economic development and citizen participation. These roles have particular relevance for street traders (Skinner, 2000b). City level street trading policies have been implemented in the majority of the major metropolitan areas in South Africa, including Johannesburg, Cape Town, Durban, and East London. These policies prioritise promotion and support of the small enterprise sector, of which informal trading is an important component. However, the implications of these policies for women street traders differ widely across the main cities. While Durban has been relatively progressive in its approach to regulation and management of informal trade, research in 2000 revealed that the situation in Johannesburg was chaotic: only pressure spots are dealt with due to understaffing (Skinner, 2000b). However, recent newspaper reports show that informal trade in the city has become more highly regulated with allocated sites and provision of infrastructure (Jonews, 2002). This is also the case in Pretoria and Cape Town, where a highly regulated street trading environment has meant that only the better-off street traders are able to access trading space (Skinner, 2000b).

Other metropolitan areas in South Africa have implemented bylaws as the primary regulatory tools which aim to restrict rather than encourage street trading. Bylaws may be implemented to prevent traders obstructing traffic; protect the public from potentially dangerous equipment; and ensure sites are kept clean. Bylaws also include

provisions to restrict or prohibit trading zones and confiscate goods if laws are contravened (Skinner, 1999; 2000b). In addition, while many women traders welcome the payment of permits for trading space as it gives them security over their sites, poorer traders, the majority of whom are women, may be pushed to the more marginal areas and may be particularly disadvantaged (Skinner, 1999). A number of bylaws impact negatively on the more marginal and vulnerable street traders, especially women, for example, bylaws which ban traders from sleeping on the streets. In the absence of affordable accommodation women are left with no alternative and are unable to appeal to the police for protection. This exacerbates their already precarious situation (Skinner, 2000b).

Overall, street trading regulations throughout South Africa, tend to treat street traders as welfare recipients rather than credible economic actors, understanding very little of the economic or social reality of the trade (Skinner, 2000b). Women's needs and concerns within informal enterprises are generally given insufficient attention within local and national economic planning and policy development, despite a renewed commitment to gender equity and recognition of the economic potential of the informal economy.

3.3 Street trading in Durban

Before the mid-1980s street trading in Durban, as in most South African cities, was subject to a well-entrenched tradition of repression, harassment and prosecution (Nesvåg, 2002). In the late 1980s a loosely regulated control system which emphasised the promotion of informal economic activity was implemented (Nesvåg, 2002).

The 1990s saw a boom in street trading in Durban due to lenient policies and further deregulation under the 1991 Business Act, which restricted the regulatory powers of the local authorities. This led to the development of the Informal Trade Department to tackle the increasing numbers of traders. However, new street trading bylaws were implemented in 1996 after a review of this Act, restricting trading to demarcated sites; prohibiting overnight sleeping and erection of structures; and enforcing certain health and hygiene provisions. These bylaws were met with fierce opposition from street trader organisations (Nesvåg, 2002).

Since 1995 the working environment for many street traders in Durban has improved significantly, with major infrastructural development, indicating a degree of political prioritisation of street trading (Skinner, 1999). Much of this development has taken place as part of the Warwick Junction Urban Renewal Project (URP), which is an area-based management programme located on the periphery of Durban's Central Business District (CBD). The area includes the bulk of informal trade in the city as well as the only three built markets in the city, and is also the site of a major transport hub. The area contains almost two-thirds of the traders in the city, the majority of whom are women. At the heart of the URP is an attempt to increase market opportunities for street traders located in the area. The programme has contributed significantly to opening up this area to traders who can now legally pursue their activities without fear of police harassment and intimidation (Khosa, 1998). The URP has achieved significant success in public transport and services, storage, infrastructure and facilities for traders, environmental upgrades, affordable accommodation provision and social centres.

In 2000 it was estimated that there were around 20.000 street traders in Durban generating a total annual revenue of R500 million in informal outlets (street vendors, shebeens, spazas, tuckshops, private persons), R340 million of which was spent on food alone (Durban North and South Central Local Councils, 2000).

In October 2000, Durban's North and South Central Local Councils (NSCLC) adopted an Informal Economy policy, largely as a result of the success of the Warwick Junction URP. The policy aims to integrate informal work into economic and urban planning. Informal traders are viewed as small business people as opposed to a welfare category. The policy acknowledges that local government must take an active role in supporting informal enterprises and workers through distributing information about how to support workers to service providers, providing a referral service to workers, identifying gaps in support and where appropriate act as a direct service provider or fund appropriate agencies (Durban North Central and South Central Councils, 2000). The policy also aims to promote consultation and negotiation with strong stable partners such as informal workers unions and organisations.

3.4 Local institutional roles and responses to HIV/AIDS in South Africa

The South African government's response to the AIDS crisis has been piecemeal, uncoordinated and fraught with confusion and disputes, arising in large part from President Thabo Mbeki's refusal to acknowledge that HIV is the cause of AIDS. This was compounded by restructuring of public sector institutions responsible for addressing the epidemic and devolution of implementation tasks from national to the provincial level (Whiteside and Sunter, 2000). Only in more recent years has the launch of the National AIDS Council (SANAC) and the National HIV/AIDS and STI Strategic Plan (2000-2005) outlined a multi-sectoral and co-ordinated approach to address the epidemic. The policy prioritises prevention; treatment, care and support; human and legal rights; and monitoring, research and surveillance. The broadening of responsibility to all sectors of government and civil society has resulted in the establishment of provincial district and local HIV/AIDS councils (UNDP/UNHABITAT, 2002). However, local government has generally been slow to develop responses to the epidemic, unsure of what its role should be. This has been compounded by inadequate funding being transferred from the national to the provincial and local levels (Willan, 2004). Local governments generally have limited capacity, resources and skills to implement large-scale HIV/AIDS programmes.

While there is limited literature on local government's roles and responsibilities in addressing HIV/AIDS, there has been some work by international agencies to define the role of local authorities in their approach to the epidemic (see World Bank, 2003, UNHABITAT/UNDP, 2002). There are a number of important roles which local government can perform within its constitutional mandates and functions of local planning and development. This includes providing vocal political and public leadership; co-ordination of a multi-sectoral network and a local AIDS plan in consultation with community stakeholders; and facilitating community participation and partnerships. It is also suggested that local authorities integrate HIV/AIDS prevention and care activities into all functions of local government and promote communication around HIV/AIDS (Kelly, 2003; Smart, 2001). There is also a wider role for local government to integrate HIV/AIDS as a core issue within local social and economic development (Smart, 2001; UNDP/UNHABITAT, 2002). While there is this pressure internationally for local government to be directly involved in tackling the

epidemic, authorities suffer constraints in carrying out these responsibilities (World Bank, 2003).

Local level responses to HIV/AIDS in metropolitan areas in South Africa have largely been co-ordinated by the AIDS Training, Information and Counselling Centres (ATICCs). In Durban, the early role of this department was the provision of HIV Voluntary Counselling and Testing (VCT), training of counsellors, AIDS awareness programmes and information dissemination. More recently, this role has expanded and decentralised to include capacity building and provision of technical support and establishing referral systems. The ATICC has also attempted to mainstream AIDS activities into the work of other divisions within the health department. Nurses, family planning advisors and health educators have been trained to add HIV counselling to their work. Social workers have been trained to participate in outreach programmes, policy initiatives and training of peer educators (Thomas and Crewe, 2000). Within Durban's North and South Central Councils, the ATICC has also held awareness raising workshops with city councilors to enable them to lobby for resources, increase awareness among constituents and make appropriate referrals. A workplace policy for council employees has been developed and implemented, as well as a Metropolitan Health HIV/AIDS co-ordinating forum to improve communication within and between councils regarding HIV/AIDS programmes, activities and services.

The ATICC works within the framework of The Ethekewini Municipality Integrated Development Plan (IDP) (2003-2007) which specifically states that it aims to implement an HIV/AIDS strategy to effectively manage the impact of the epidemic in a holistic and integrated manner. This includes facilitating effective partnerships with key stakeholders; putting in place a preventative programme and an affordable treatment package; and ensuring co-ordinated planning and integration of HIV/AIDS interventions within all departments. Through the IDP framework the Ethekewini HIV/AIDS Council was launched in November 2003. The plan emphasises the work of the ATICC in supporting clinics in AIDS related functions, and promoting access to VCT, care, therapy and support and outlines a commitment to developing a Council HIV/AIDS plan (Ethekewini Municipality, 2003). The ATICC has been involved in the development of a Draft Metropolitan AIDS plan, which envisages that every council department will have a clearly defined role and that these roles will form a co-ordinated

and holistic response to HIV/AIDS for the Unicity structure (Thomas and Crewe, 2000).

3.5 Conclusion

Local government has the responsibility to reinforce sustainable economic growth and job creation, specifically addressing economic exclusion and marginalisation. Informal trade plays an important role in this. It is clear that local institutional approaches to the informal economy in South Africa show increasing recognition and support of informal traders and this has been particularly evident in Durban, through the implementation of the Warwick Junction URP and the adoption of a progressive informal economy policy.

While there is limited literature which links poverty, gender, informal trade and HIV/AIDS, there are several relationships which can be inferred, which suggest that women informal traders are a vulnerable group. Given the growing numbers of citizens engaged in informal trade, and the importance of this for sustainable economic growth of the city, local government has an economic interest and a social obligation to protect informal workers against HIV/AIDS.

Local government in Durban has made a clear commitment to address the HIV/AIDS epidemic through a range of functions. While local governments may be inhibited by financial and personnel constraints, they have the capacity to provide leadership and promote the integration of HIV/AIDS awareness, communication and prevention initiatives within council departments. These functions have been clearly set out in Durban's Integrated Development Plan

This study examines the perspectives of local government staff on the vulnerability of women street traders to HIV/AIDS. It explores how local government approaches to informal trade in Durban affects the livelihoods and productive capacity of women street traders and consequently influences their economic vulnerability to HIV/AIDS. This study then explores in further detail the potential for local government to tackle the epidemic among women street traders at the local level, and what measures could realistically be implemented.

The following section gives a detailed framework of the objectives and associated research questions which this study aims to investigate.

3.6 Research objectives and questions

Objective 1: How are women street traders in Durban vulnerable to HIV/AIDS, according to the perspectives of local government staff?

Objective 2: How does Durban's local government approach to street trading influence the vulnerability of female traders and what implications does this have for the development of effective HIV/AIDS interventions within informal trade?

- i. How do current measures to promote, regulate and manage informal trade in Durban impact upon the productive lives of women street traders?
- ii. To what extent do these measures create or inhibit an enabling environment within which to reduce women's vulnerability to HIV/AIDS?

Objective 3: How can measures to promote informal trade in Durban be integrated with realistic, effective measures to reduce the spread and mitigate the impacts of HIV/AIDS at the local level?

- i. To what extent is HIV/AIDS prevention and impact mitigation in the informal economy the 'responsibility' of local government?
- ii. What are the current measures employed to address HIV/AIDS among traders, and what could be realistically implemented?
- iii. What are the challenges faced by local government policy makers in implementing policies to address HIV/AIDS?

Chapter Four: Methodology

4.1 Introduction: using in-depth interviews

This study investigates the views, perspectives and opinions of local government staff and other key stakeholders in informal economy and HIV/AIDS policy. Therefore, semi-structured, in-depth interviews were chosen as the primary instrument for data collection for this study.

To begin the data collection process, an analysis of secondary resource material was used to develop a conceptual and theoretical understanding of the concepts and variables to be investigated. Semi-structured interview schedules or *aide-memoires* were developed based on this conceptual framework. These included a key set of open-ended questions. However, interview schedules were tailored to the specific knowledge and expertise of each interviewee and during the interview process questions were adapted to promote positive interaction. This allowed certain themes to be explored further depending on the knowledge, experience and professional position of the interviewee.

The flexible nature of the interview process enabled each participant to discuss their thoughts fluently on given topics. This allowed an analysis of where conflicts and partnerships can arise within and between local government departments and a sense of commitment, responsibility and priority could be gauged. The interview process facilitated exploratory, descriptive and explanatory data collection which offered participants the freedom to clarify and qualify their answers (Sellitiz *et al*, 1976). It also allowed the critical insight into a variety of personal and professional perspectives.

The broad themes which were covered in all interviews included:

- The perceived vulnerability to, and the impact of HIV/AIDS on women in street trading;
- The local institutional approaches to the management, regulation, and support of informal trade;

- The needs of women with regard to HIV; local government's responsibility to address the epidemic among traders; the prioritisation of the epidemic; challenges and capacity of local government to implement measures; and possible realistic measures which could be implemented.

Certain topics were elaborated on in the interview process and other topics were included to add depth to the interview process and explore other areas which had not previously been considered. Examples of interview schedules used in this study are included in Appendix 1.

4.2 Selection of informants

A total of eleven in-depth interviews were conducted with a range of interviewees from different areas of Durban's local council, a women's informal trade union, an NGO working on HIV/AIDS workplace policies and a VCT clinic used by street traders. Throughout this study interviewees are not mentioned by name to protect confidentiality. A list of interviews conducted with positions and departments of participants can be seen in Appendix 2. The interviewees were selected based on their areas of specific knowledge and expertise; their positions within and outside of informal trade policy development and implementation; and their varying levels of interaction with street traders. Interviewees were selected in three categories: members of staff working at the 'grassroots' with direct contact with street traders; those working at a managerial level; and members of non-government organisations in the field of HIV/AIDS and informal trade.

Interviews were conducted with individual Area Managers and Environmental Health officers who work with street traders on a day-to-day basis. Both departments have been involved in the developments in informal trade at Warwick Junction and throughout the city. Area Managers were chosen in two areas of the city: the Beachfront and Warwick Junction. They were carefully chosen based on their past and current experience with street traders and women especially. One particular Area Manager was selected for interview because of her past professional experience in the HIV/AIDS field. Environmental Health Officers within the City Health Department were selected because of their responsibility for training and their insight into

occupational health and safety issues within informal trade. One key informant was selected based on his involvement in assisting to build the capacity of trader organisations, in some cases with a specific HIV/AIDS focus. These interviews were able to offer insight into the experiences of traders, and their needs and potential responses from local government which could be useful.

Interviews with senior managerial level staff were conducted to give a broad range of perspectives on current policy implementation progress; the priorities, responsibilities and capacity of local government; the levels of co-ordination and integration within and between departments and commitment of local authorities to certain issues, particularly health issues, within street trading. Interviews with key policy development personnel took place within the Informal Trade Department, the Business Support Department, as well as Environmental Health and the AIDS Training, Information and Counselling Centre (ATICC) both within City Health.

An interview was also conducted with the CEO of the South African Business Coalition on HIV/AIDS, an NGO working on HIV/AIDS workplace programme consultancy. The former Regional Secretary of the Self-Employed Women's Union (SEWU), which operated predominantly in Durban and the Manager of the VCT Clinic, Ukuba Nesibindi, which is a locally run NGO at Warwick Junction were also interviewed. These interviewees were able to offer an external civil society perspective on the impact of HIV/AIDS on street traders; local government action and responsibility; and the most appropriate course of action to address HIV/AIDS in the workplace and for street traders specifically. Although only three interviewees external to local government were included in this study, it was useful to examine these outside perspectives on local government to assist me, as a non South African to assess the real position of local government.

4.3 Data reduction and analysis

Each informant was interviewed for between one and two hours. Extensive notes were made on each interview which were then written-up. A contact sheet was drawn up for each interviewee to summarise the main themes, issues and emerging questions to be followed up in further interviews. A content analysis was performed on the interview write-ups, using the research questions and conceptual framework as a guide. This

allowed data to be drawn out which had the most relevance to the study. Themes were generated which corresponded with the objectives and aims of the study. This was done using a system of codes. In addition to examining what was said, it was also important to look at what was inferred or implied by the interviewee and locate this within the identified themes. Responses which did not comply with the research objectives were also screened to ascertain their significance for the study. As is routine, the interview write-ups are available for scrutiny on request.

Using coding methods, attempts were made to systematically and consistently allocate categories to the data. Care was taken not to deliberately exclude portions of interviews which did not fit with the pre-determined aims of the study. The degree of flexibility and accommodation that was involved in the data collection process also extended to the analysis of the data.

4.4 Limitations of qualitative research and the study

All interviewees were articulate and confident professionals, who were willing to discuss issues which could have been interpreted as controversial or sensitive. All interviews were also conducted in English so there were no language barriers and underlying tones and expressions could be detected. Despite the richness of material which can be gained from interviews there are inherent problems in the interview process. For instance, there is the concern that interviewees may not be speaking their minds. The process is characterised by interpretation, and many interviewees have different interpretations of the same issue.

Furthermore, because qualitative researchers rely on themselves as the main research instrument, the process is open to subjectivity and bias. The adaptive and fluid nature of the interview process is a major benefit of the technique. However, there is a danger that researcher bias causes the researcher to try to substantiate preconceived positions and ideas. It is important to consider that the researcher's own perspectives, opinions and prejudices, created by background and education, can have an important influence on the interview situation and process. The researcher is likely to categorise and make assumptions about the interviewees and the situation to be investigated and in turn interviewees are also likely to make assumptions based on stereotypes, which in the South African context, are often racially defined.

In addition to the danger of researcher bias, researcher effects may also influence the data collection process. As a white, middle-class and British researcher, it may have been that the social distance between myself and the communities I was researching, and the preconceived ideas that the respondents believed I might have, influenced the depth and integrity of the responses. Particularly my status as a foreign researcher may have caused interviewees to make assumptions about my lack of knowledge or understanding of the specific South African political and social context which could again influence how interviewees reacted to my questions. Furthermore, my own understanding of, and deep concern for, the crisis of HIV/AIDS for women in South Africa, (although during the interviews I took care not to allow this to affect the process) may have skewed responses more towards what they perceived I wanted to hear rather than their true opinions and perspectives. At some points during the interviews controversial and racist comments were made, which made me uncomfortable. This may have been as a result of the assumptions interviewees had made about me as a 'white' researcher.

While there is a concern that researcher bias and effects may distort the collection, interpretation, and hence validity of the data, care was taken to put aside these assumptions and view the situation through the perspective of the respondents. Although I have my own opinions and perspectives of the vulnerability of women to HIV/AIDS and what local government's role should be I was careful not to be judgmental. With an understanding of the constraints and challenges facing local government, I endeavoured to remain focused on the views of key stakeholders in developing a realistic solution and to remain open to alternative findings and to acknowledge them in an objective manner.

Despite these limitations, and a relatively small number of interviews, a range of knowledgeable and articulate professionals was carefully selected and rich and detailed responses were obtained.

SECTION 2

Chapter Five: The vulnerability of women street traders to HIV/AIDS infection and impact

5.1 Introduction

This chapter examines the vulnerability of women street traders to HIV infection and impact according to the perceptions of local government staff. These perceptions reflect an understanding of the crisis among decision makers and staff and the likely prioritisation attached to integrating measures to address the epidemic within local government approaches to informal trade. With regard to women's vulnerability, themes throughout the interviews included: AIDS stigma and denial, transactional and commercial sexual relationships, and the threat of sexual violence. In addition, perceptions about the impact of the epidemic upon women's enterprises and the informal trade sector as a whole were explored.

5.2 Perceived infection rates of street traders and AIDS stigma and denial

The majority of informants who work closely with street traders felt that the epidemic was a significant problem among street traders. An interview with a Clinic Manager at the Ukuba Nesidindi VCT centre, located within Warwick Junction revealed that although the HIV/AIDS message was being heard by street traders, there was still stigma surrounding the virus. However, she mentioned that progressively more people are being tested and the majority of the clients are street traders. She said that the prevalence among women who had been tested was high: around 40% (Interview C). HIV/AIDS was described as the "main health issue", by one Environmental Health Officer. He added: "the majority of people who are sick and dying have HIV or AIDS" (Interview E). Relatively high mortality rates among traders were also highlighted by one member of the Environmental Health Department who said: "there has been a high rate of turnover of site permits, which may suggest an illness like HIV/AIDS. You know when someone is very sick, because you don't abandon your site for no reason" (Interview E).

A strong theme throughout the interviews was the stigma, discrimination and denial which resulted in a lack of disclosure of positive HIV status among street traders. Given the secrecy surrounding the virus most local government staff could only assume that many informal traders were infected or affected by HIV/AIDS. One Area Manager mentioned: “we have had a number of suspected cases of HIV/AIDS, but we really wouldn’t know because people are not open about it...quite a few traders have passed away” (Interview B). This lack of disclosure was thought to have negative implications for accessing treatment. One Area Manager commented:

“There is a strong stigma surrounding HIV/AIDS, they won’t tell you they have it...Because they are not open about it, it’s difficult to refer them to HIV/AIDS services...People are scared to know their status, but if they don’t know they can’t get help” (Interview B)

A further implication of the stigma surrounding the disease was the threat of verbal abuse. One respondent said that street traders who are HIV positive and open about their status are taunted: “people will start calling a woman a prostitute if they know she is infected” (Interview B).

While to some extent the vulnerability of women street traders to HIV/AIDS has been recognised by local government staff, a clear understanding of the extent and impact of the epidemic is inhibited by such stigma and denial. AIDS stigma is a particular concern for women in South Africa, who are more likely to be carrying the burden of the epidemic in terms of care and higher vulnerability to infection. Denial of the disease is likely to increase vulnerability to infection and negative impacts of the disease. Unless there is an acceptance of the threat of infection women are unlikely to seek an HIV test which is critical for receiving treatment and accessing drugs to prevent mother to child transmission (PMTCT), as well as information and counselling (Rao Gupta, 2000). The fear of violence among women is often a reason for not disclosing HIV positive status, which further heightens women’s vulnerability (CADRE, 2003). Discrimination may impact negatively on women’s ability to cope with the personal impact of the epidemic and adds substantially to the burdens women face in their economic and domestic roles.

A salient point here is that high levels of secrecy and non-disclosure exacerbate not only the personal and social impacts of the epidemic, rendering it invisible within families and communities; it also translates to a limited recognition of the epidemic at an institutional level. This could influence the extent to which HIV/AIDS will be acknowledged as an important area for intervention. Stigma and denial among the public also results from ignorance surrounding the epidemic, and is linked to strong AIDS denial from within the national government, which has been particularly evident in the case of South Africa.

5.3 Women's vulnerability at the workplace

Some respondents considered that the suspected high rate of HIV/AIDS among women street traders was influenced by societal factors which are specific to their working environment. As discussed, studies carried out in South Africa suggest that around one in ten women street traders have been the victims of a life threatening crime or assault (CASE, 1995 cited in Lund, 1998). It is believed that sexual violence and other forms of violence against women are contributing to women's heightened vulnerability to HIV/AIDS (CADRE, 2003). A number of informants made the link between coerced sex and HIV/AIDS and felt that this was a factor which increased the vulnerability of women in informal trade environments. However, much of the information put forward was anecdotal, and there has been no reliable evidence that women street traders are more exposed to sexual abuse and exploitation as a result of their working environments and conditions.

One Area Manager said that although the affects of crime on street traders in Durban had not been thoroughly researched, "women are subjected to harassment and intimidation. There have been reported cases of rape also" (Interview A). This concern was also stated by a key informant at Durban's City Health Department who said:

"There have been serious problems in terms of safety and security...we have had to close down two taverns because there was known criminal activity there. This was having an impact on the traders: many of the ladies were mugged, had their goods and money stolen and there were attempts at sexual assault" (Interview D).

The AIDS Programme Manager at ATICC also mentioned that at a recent workshop a number of female street traders revealed that they had been raped around Durban station “but they don’t report it, because they can’t identify them” (Interview H). A representative from SEWU also commented that “women are working in dangerous situations; they are exposed to sexual violence, because they sleep on the streets” (Interview K).

While there was a perception that street trading environments place women in situations where the threat of sexual assault is heightened, there is some counter-evidence to suggest that the visible nature of street trading in high density trading areas may in itself be a form of protection against sexual violence (Lund, 2004 pers. comm). There is little firm evidence which suggest that the incidence of rape in trading areas is a factor which specifically increases the vulnerability of women street traders to HIV/AIDS.

An additional factor which was thought to heighten the vulnerability of women street traders and hawkers to HIV/AIDS was their potential involvement in commercial or transactional sex. While there is limited research in this area, some respondents cited anecdotal evidence that this may be occurring in Durban. For instance, one senior member of the Informal Trade department mentioned the vulnerability of itinerant traders working in precarious situations such as traffic intersections, where they may be propositioned by men to exchange sex for money. He mentioned that working after dark heightens this vulnerability. It was also suggested that street traders may engage in forms of transactional or commercial sex to supplement the capital they need to run their businesses. Conversely, it was mentioned that: “there are likely to be different levels of relationships based on economic factors”. However, it was unlikely that street traders engage in commercial sex work (Interview A). This was also stated by the Regional Secretary of the Self Employed Women’s Union.

The limited and conflicting anecdotal evidence presented with regard to street traders possible involvement in commercial and transactional sex should be treated with caution. Studies have examined the links between women’s low socio-economic status, limited financial security and the exchange of sex for money (Hallman, 2003; Gysels *et al*, 2002). It may be possible to infer that given the low incomes and precariousness of

women's employment in street trading, women may be inclined or forced to resort to transactional sexual practices. However, there is no clear evidence to substantiate these views, and it is important not to make the assumption that all poor women will resort to prostitution. It is unlikely that members of local government staff would be aware of commercial and transactional sexual practices among street traders. It is therefore not possible to draw conclusions from these opinions.

It is clear that generally women street traders are a vulnerable group because of their low income, low socio-economic status and education levels as well as limited access to productive resources and other social factors which limit their power in relationships (Walker and Gilbert, 2002). Their vulnerability to violence and their involvement in commercial and transactional sexual practices is largely as a result of these factors, and may not be influenced to any great degree by their roles as street traders and their working conditions.

5.4 Impact on women street traders and the informal economy

A number of respondents also mentioned the negative impact HIV/AIDS is having on women's ability to work and therefore their livelihoods and family welfare. One Area Manager summed up this general perception:

“There is a huge impact. There is a ripple effect. It affects their ability to work, their households and family. In many cases women are the main breadwinners, so it impacts on household welfare. Women may not be able to work for certain periods due to caring for sick family members” (Interview A).

While this impact was noted by those working directly with street traders, managers seemed unaware of the effect of HIV/AIDS on informal enterprises. The epidemic was also said to be having a wider impact on informal trade as a whole, with a number of people entering street trading and leaving as a result of death, sickness, or care responsibilities. The economic impact was also noted by the CEO of the South African Business Coalition on HIV/AIDS who commented on the impact on the informal economy and the implications of this for the formal sector. He stated:

“HIV/AIDS prevents informal businesses progressing to formalisation. If the informal sector is weakened, then so is the formal sector. Indirectly HIV/AIDS causes inner-city decay, increases poverty which leads to sex work, crime and violence and formal sector investment moves out” (Interview I).

These comments were enforced by the AIDS Programme Manager at ATICC who mentioned the impact of HIV/AIDS on the workforce. She said:

“[HIV/AIDS] incapacitates people, people become less productive. The informal economy is just as important as the formal economy because it generates employment, income and contributes to the economy.....it is also a tourist attraction...AIDS will have an impact on foreign investment into the city” (Interview H).

However, one senior manager did not perceive that AIDS would have a major economic impact in the informal economy, because of the relatively low contribution of the sector to local economic development, and the high number of traders. Indeed, it was felt that AIDS may help to improve efficiency and reduce disruption in the informal trade sector. He said: “We have illegal traders and extra illegal traders...we can afford to lose a few....there is an excess of unskilled labour; it may even be a solution!”

It seems that respondents working in the AIDS field have recognised the long-term, broader impacts of HIV/AIDS on informal traders' households and enterprises and the implications of this for the economy. However, those who are involved in local economic development have a narrower perception of the impacts of the epidemic. It is clear that there is little understanding among decision makers of the significance of the economic impact of HIV/AIDS on the informal economy and the implications of this for the city as a whole. Indeed, some of the opinions expressed with regard to the impact of HIV/AIDS were concerning, for instance that HIV/AIDS may be a solution to overcrowded trading areas. This strongly influences the extent to which AIDS is considered to be an area for intervention within local government departments working with informal trade. While it is important that AIDS is recognised as an economic issue

and a threat, if the epidemic is to be appropriately addressed within local economic development framework, this could mean that only the more profitable, visible enterprises are focussed on to the exclusion of more marginalised, survivalist traders, who are likely to suffer greater vulnerability and impact.

5.5 Summary

Although stigma has generally prevented disclosure of positive HIV status among women street traders, there is a clear recognition among local government staff that HIV/AIDS is a prevalent problem, in terms of its health, social and economic implications. The extent to which these implications are recognised seems to be dependent upon the position of the staff member within the institutional hierarchy. Overall, those higher in rank with no interaction with street traders believed HIV/AIDS was not having a significant impact. A number of issues were raised where the vulnerability of women street traders cannot be distinguished from that of similarly poor and marginalised women. Nevertheless, women street traders can be categorised as a vulnerable group and this vulnerability threatens their enterprises and livelihoods and has wider economic implications for the city as a whole.

However, one important issue to consider is that the local government framework and strategy for management and regulation of informal trade may influence this vulnerability through impacting upon the factors which contribute to women's poor, marginalised and unequal status in trading environments. These issues will be discussed in the following chapter.

Chapter Six: An enabling institutional environment to reduce women's economic vulnerability to HIV/AIDS

6.1 Introduction

The vulnerability of women to HIV/AIDS, which is largely dictated by women's poor and unequal economic status, can be influenced by the extent to which institutional approaches to informal trade support or constrain women workers and their enterprises. Conventionally, it may be perceived that support for all enterprises, formal and informal, will be provided through Small Medium and Micro Enterprise (SMME) policy. However, it takes a concerted effort on the part of local government to ensure such policies are translated into effective support at the micro and survivalist level.

The integration of an effective management strategy, with appropriate regulation functions is crucial to create an enabling environment for informal enterprise support and promotion. This can have a direct impact on women's ability to reduce their economic vulnerability to HIV/AIDS though improving the level and security of their income and livelihoods. It also creates the foundation for relevant local government departments to implement direct measures to prevent and mitigate the impact of HIV/AIDS among informal workers. This chapter therefore poses the question: does local government's approach to informal trade contribute to the problem of, or the solution to, women traders' vulnerability to HIV/AIDS?

It is necessary to situate this analysis within national policy objectives and local government transition, which have influenced much of the specific management and regulation functions within informal trade. This chapter examines how these measures, and support functions such as skills development training and access to credit influence the productive capacity of women and their enterprises and how this in turn impacts upon their economic vulnerability to HIV/AIDS. The chapter also examines local government links to informal trade organisations which play an important role in ensuring the needs and rights of women are recognised, thus promoting women's economic empowerment creating an enabling environment to reduce vulnerability to HIV/AIDS.

6.2 The context of Durban's approach to informal trade

The approach to informal trade development in South Africa has been implemented within a framework of dramatic institutional restructuring and transformation. Within local government mandates there are tensions between the political imperative to incorporate the previously excluded majority and the economic imperative of doing so within the context of tight fiscal discipline (Skinner, 2000b; Bornstein, 2000). These contradictory pressures are largely as a result of national government policy changes, including the shift from the Reconstruction and Development Programme (RDP), which focuses on the reduction of poverty and inequality, to the growth orientated Growth, Employment and Redistribution strategy (GEAR). This saw a shift from a basic needs approach to development towards a neo-liberal approach which includes lowering government expenditure and strict fiscal discipline (Habib and Padayachee, 2000).

These diverging national policy approaches to economic development have influenced the principles of local economic development models. In Durban, a Green Paper on Economic Development which forms part of the Durban Metropolitan Integrated Development Plan (IDP) was produced in 1996 which outlined the priority economic development areas for the city. This included building a world class metropolitan economic environment; extending the access of disadvantaged communities to economic opportunity; and ensuring economic development is sustainable (Khosa, 1998). The management of informal trade in Durban falls between these potentially competing policy agendas. The challenge of the new 'developmental' local government in South Africa is to achieve meaningful public involvement balanced with effective city management. There is a need to create a globally competitive city, which fosters the modern, formal sector in order to retain the revenue of local government and allow redistributive spending to meet basic needs (Grest, 2002).

Recently institutional changes have taken place within the Informal Trade Department, which have exacerbated these conflicting mandates. The Business Support Department, which was once fully integrated within the former Informal Trade and Small Business Opportunities Department (ITSBO), is now overseeing eight business development sectors e.g. construction, manufacturing and retail. The Informal Trade Department constitutes one of these sectors and is responsible for the implementation of Durban's

informal economy policy including functions of area management, site allocations and provision of support for informal enterprises. The department's mandate covers the Beachfront, areas of the Central Business District (CBD) in Durban, and Warwick Junction.

This institutional decentralisation of the Informal Trade Department seems to have marginalised the sector. The role of Business Support is to facilitate access to finance, to markets and training and skills transfer for all business sectors. However, informal trade, which has comparatively low economic growth prospects, competes with formal, high growth, competitive sectors for these crucial services. The increased institutional distance between this sector and Business Support, has inhibited informal traders' access to enterprise support and services. A senior member of Business Support emphasised the institutional marginalisation of the sector by suggesting that "the informal economy, by its very nature, is unsustainable" (Interview J). Informal traders are not recognised as economic actors by the Business Support department and there is a sense that the informal economy is perceived as a short-term welfare solution.

Within the Warwick Junction area there is a slightly different perception of informal trade because of the importance of upgrading the sector for urban renewal and regeneration within an area-based management structure. Warwick Junction forms part of ITRUMP (Inner Thekwini Renewal and Urban Management Project). This programme includes development and regeneration of all trading environments across the CBD including retail markets, informal economy, SMME development and ensuring sustainable economic growth and development of the inner city. The programme includes personnel from a range of municipal departments e.g. Informal Trade, City Health, Metropolitan Police, Traffic and Transportation etc. This allows operational and planning issues to be tackled in an integrated and holistic manner. Informal trade infrastructure has received greater attention here because of its influence on other line functions which are responsible for management and service provision. Developments in informal trade infrastructure and facilities are motivated by the need for efficient planning, regulation and co-ordination of activities, more as a foundation to safeguard and promote formal trade, investment and the overall state of the city and its development, rather than to support the specific needs of marginalised workers. Job creation and poverty alleviation are not strongly constituted in the mandate of the

programme, but are an indirect benefit. This is clearly aligned with the principles of the GEAR strategy.

Durban's informal economy policy has been an attempt to mediate between these competing economic and developmental agendas. However, there are significant gaps between policy and practice. The challenge of meeting these divergent goals has inhibited the creation of an effective management strategy for informal trade in the city. Although there have been vast improvements in informal trade infrastructure, action has been skewed towards the interest of capital and has had less of an impact on women at the survivalist level and suggests their vulnerability to HIV/AIDS is heightened. These implications will be discussed in later sections.

6.3 Regulation and management of informal trade

The regulation and management of informal trade in Durban came under some fierce criticism from respondents within Informal Trade and City Health Departments. Many expressed frustration at the slow rate of progress in implementing a management strategy for informal trade in the city. The situation of informal trade in Durban was described by two interviewees as 'chaotic'. It was emphasised that the capacity, the time and the manpower are available to implement effective management strategies, but very little progress has been made.

It was felt that the economic development of the city and formal industry in particular was under threat from unregulated informal trading environments. A member of Environmental Health said: "If the problem of informal trade is not sorted, investors will lose confidence and property owners will move out" (Interview D). This suggests that the motivation behind creating a positive informal trading environment is weighted towards the potential impact on formal sector investment and growth. He also mentioned the conflicting pressure on local government to serve the needs of both formal and informal enterprise holders: "there's a fine balancing act between oppressing and harassing people and observing laws and the needs of others like the formal, legal businesses and the public" (Interview D).

A prominent theme which emerged was the challenge of enforcing bylaws and regulations, and the conflict and competition between illegal and legal traders. A senior member of the Business Support department stated:

“There are a lot of illegal traders, without permits, which creates problems for sustainability. The legal traders are concerned that when the police finally raid they will be forced out with the illegal traders” (Interview J).

This is closely linked to concerns over the inadequacies of the current rental policy and registration process. The allocation of sites to legal traders with permits was considered successful by Business Support personnel and Area Managers, and one official noted that the procedure had been designed to allow more allocations to women. However, some interviewees felt that the registration process and payment of rentals was too complex and bureaucratic, which made legal registration of businesses difficult for under-resourced and uneducated traders. One City Health Official remarked: “having demarcated and allocated sites has solved a lot of problems but we need to make registering a business and getting a site more accessible” (Interview E). The problems with a lack of business registration and take up of business permits were also emphasised as a concern in the context of HIV/AIDS. It was felt that increasing the opportunities for people to make a secure and sustainable income through legally registered businesses would reduce women’s vulnerability to infection and impact on their livelihoods and family welfare. One official mentioned:

“Security of tenure is very important. We need to eliminate the nomadic nature of trading and assist to provide a sustainable income....we want to create a situation where people move from the streets to fixed premises, which will reduce poverty” (Interview E)

Furthermore, despite clear intentions to encourage a co-ordinated and multi-sectoral approach to informal trade, there appeared to be a general lack of collaboration between local government departments. One City Health official mentioned the lack of police capacity and resources to ‘control’ the influx of illegal traders and a lack of co-ordination between Informal Trade and the police in this regulation role. The overall

impression from discussions with Informal Trade and City Health staff was that Environmental Health was not integrated into planning, management, support and regulation functions for informal trade. An interview with a senior member of the Environmental Health department gave the impression that there was a wide institutional distance between the two departments, reflected by the frustration with management practices and procedures. One Senior Environmental Health Officer remarked:

“The management of the informal economy is not effective. Informal trading needs leadership which is firm and fair with efficient systems of management and control. ITSBO [Informal Trade Department] is ineffective, they have not pushed the issue forward strongly enough” (Interview D).

A number of respondents also mentioned the importance of a regulated and well-managed trading environment to promote sustainable livelihoods and in turn reduce the vulnerability of traders to HIV/AIDS. One City Health Official mentioned that in order to address HIV/AIDS there was a “need to provide a safe and secure environment by assisting to promote, regulate and manage the informal economy” (Interview F). The situation of informal trade was described as too chaotic to implement direct HIV/AIDS programmes among traders and that an effective management strategy was needed before this could be put in place. Other measures such as the provision of infrastructure, services and facilities were also suggested as a means to create this foundation.

Overall, interviews reflected that law enforcement and keeping a level of order and control is prioritised over support and promotion of informal enterprises. This was a view held particularly among higher ranking officials and is a reflection of the contradictory pressures which local government faces in implementing equitable and efficient local economic development models. Greater importance is clearly attached to creating an investor-friendly environment and fostering the growth of formal trade in the city. These conflicting interests have influenced the poor implementation of effective management strategies. For instance the high barriers and restrictions on registering businesses and obtaining legal permits could be as a result of unresolved

confusion over the boundaries between local government responsibility to create employment opportunities for excluded groups, while ensuring health and safety and orderly planning and management. Women traders are disadvantaged by these bureaucratic processes, which have inhibited their ability to achieve the legal right to trade. Women traders, who are largely economically marginalised and poorly educated, also have multiple responsibilities of work, childcare and domestic duties which place constraints on their time. Given women's heightened responsibility and low level of operation, the implications of lost earnings while making applications for site permits are particularly detrimental. Without an allocated site and trading permit women's ability to secure and sustain an adequate level of income is compromised and their inferior legal status renders them vulnerable to council sweeps. They are also unable to appeal to the police for protection. Despite a clear intention in the Informal Economy Policy to simplify these procedures, there has been little progress towards this.

Administrative and staff changes within and between departments and the lack of inter-departmental co-ordination have also compounded the problems in developing an effective system of regulation of informal trade and the enforcement of bylaws. For instance, the separation of the enforcement function i.e. safety and security services, from the management and support function within the Informal Trade Department, has exacerbated the lack of co-ordination between Informal Trade and Metropolitan Police and has consequently caused problems of crime and disorder. The lack of regulation and control of trading spaces creates a serious problem for women, given their concentration in an unprotected and largely unrecognised survivalist sector. It is likely that women are more exposed to exploitation and competition, as a result of the influx of illegal traders, which threatens their enterprises and their livelihoods. While bylaws used to regulate informal trade can be restrictive to more marginalised women, limited police presence and co-ordination in trading environments also compounds women's heightened vulnerability to crime and violence. The unregulated, disorganised situation of informal trade is also more likely to exacerbate the precarious and hazardous conditions in which women work, compounding occupational and environmental health problems.

It was encouraging to note that a number of local government employees recognised the linkages between creating secure livelihoods for women traders and reducing

vulnerability to HIV/AIDS. However, this connection was made mainly by staff who work directly with street traders and not by decision makers. The current management and regulation functions in informal trade pay little attention to the inequalities inherent in informal trade and the subordinate position of women. There are also few measures which explicitly address poverty. Given that women's vulnerability is shaped to a large extent by poverty and inequality, which inhibit their decision making power and control, it is possible that the lack of attention paid to regulating and managing informal trade could be heightening women's vulnerability to HIV/AIDS.

However, poverty alleviation has been an indirect benefit of the programme, with a larger number of marginalised traders gaining access to market opportunities. Effective allocations procedures have ensured that women have started to have equitable access to trading space. Yet these benefits of the urban regeneration programme may not be enough to redress the inequalities in access to resources which continue to subordinate women. A more targeted and pro-poor approach may need to be taken to address the specific challenges that women face in maintaining a sustainable and secure income, through the implementation of direct support measures for low-level enterprises. However, the implementation of effective measures to build the productive capacity of women entrepreneurs is contingent upon the existence of an overall management strategy, which is closely linked to both regulation and support functions. The institutional restructuring, a lack of inter-departmental co-ordination and the limited progress which has been made to implement effective management and regulation for informal trade have impacted upon the implementation of support measures such as training and skills development for informal traders.

6.4 Training and skills development

A major component of Durban's commitment to the promotion of informal trade is the provision of training and skills development and the allocation of resources and facilities to the micro and survivalist sector. This is an important area of direct intervention on the part of local government. These measures create the foundation to elevate emerging survivalist entrepreneurs out of poverty, redress inequality and assist to reduce long-term vulnerability to HIV/AIDS. Discussions with local government staff revealed that training was largely directly provided independently by City Health

and not Informal Trade, although some attempts at referral to existing support services had been made by the department.

City Health training programmes for traders have been running since 1994. The Department co-ordinates two half-day training sessions per week, with 50 to 70 participants in each workshop group. These training sessions have included environmental and occupational health, hygiene and safety, as well as business management, budgeting, basic accounting and finance skills. Each set of participants attends a seven week training block, which includes video presentations, lectures, discussions and practical demonstrations. Most of these training sessions have a sector specific focus. For example, specific training has been implemented for mielie cookers, bovine head cookers and traditional healers. According to one member of the Environmental Health Department traders were selected and grouped for training based on their geographical locations, and trade sector so that the training could be appropriately tailored to their needs. One member of Environmental Health mentioned that attendance rates for these sessions have tailed off recently. He said: "it is almost as if a climax has been reached, most traders have been to at least one or two training sessions" (Interview E). The Informal Trade Department has only played a limited role in these training programmes, including selecting and inviting traders to training sessions.

While sustained and consistent effort has been made to deliver appropriate sector specific training interventions for informal traders, this training focuses mainly on environmental health and hygiene issues and has excluded many traders who work outside of the food sector. The administrative structure of the Warwick Junction Urban Renewal Project has provided a more conducive environment for the co-ordination of effective and sustainable training interventions. In other, less structured, areas of the city it appears that there are serious gaps between policy and practice and business support measures such as training and information dissemination have not adequately reached street traders.

The Informal Trade Department focuses more on consultation on training needs and connecting traders with external training providers, or facilitating training through other local government departments. Over the past four years the department has 'tried' to

implement two training programmes per annum. This comprises one to two week full-time training sessions. In 2002, consultative workshops were conducted in all wards throughout the municipality to identify traders' needs, working closely with informal trader associations such as SEWU and the Informal Trade Management Board (ITMB). This included infrastructure and facility requirements, as well training and support needs. The training needs identified and prioritised by traders themselves included business management, health, legal issues, life skills and adult literacy. However, when asked about the organisation's links with local government, the Regional Secretary of SEWU expressed frustration at the lack of collaboration on training requirements. She commented:

“The municipality doesn't negotiate with us about training or which type of training we want....They wanted to give traders business management training and adult literacy, but we are already implementing these workshops” (Interview K)

This suggests that consultation with traders' associations is not an on-going process and there is some duplication of existing work and gaps in training provision. It would also suggest that SEWU's training programmes are not recognised and supported by the Informal Trade Department. One Area Manager mentioned that a one-week training programme on leadership and capacity building was set to begin in early October 2004. This is the first training programme implemented directly by the Department in 2004. Trainings are tailored to be suitable for traders who have no or only limited literacy. The department also refers traders to external training providers. For instance UNISA approached the department to provide business management training to traders. However, Area Managers mentioned that only a few women from the Beachfront market attended but the course did not finish, due to financial problems. The Area Manager for Warwick Junction mentioned that there was poor attendance because “some traders can't stay away from their businesses for more than a day” (Interview B). The Warwick Junction Project Centre has assisted training conducted by such external agencies through the provision of resources and facilities for meetings and workshops.

One area of training for survivalist and micro enterprises which has not been given adequate attention is increasing traders' level of knowledge of their legal rights,

responsibilities and entitlements. The Head of Area Management remarked that ‘the most crucial problem among low-income traders is that they are not aware of their rights’ (Interview G). One City Health official also remarked:

“People can not be empowered without being aware of their rights and legal status. We let them know about their legal rights in health education workshops, but people needed more information”

(Interview F).

This has implications for registering businesses and obtaining permits. The Head of Area Management also mentioned that traders are unaware of how to get access to grants. The role of local government in helping people access grants was highlighted by the Programme Manager of the AIDS Training, Information and Counselling Centre (ATICC).

Studies have found that training in micro-enterprise development is more likely to result in secure livelihoods if it is combined with access to credit (Chen *et al*, 1996; Leach *et al*, 1999 cited in Skinner, 2000a). While the direct provision of finance and credit services to street traders is not a function of local government, there is a potential role for local government to improve linkages between street traders and finance providers. With this in mind the role of micro-finance as a component of women street traders’ enterprise development was given brief attention throughout the interviews.

It was found that the Business Support Department had secured finance for small and medium-sized construction and manufacturing firms. While there had been some attempts to negotiate on the behalf of survivalist and micro entrepreneurs to development banks, there had been little progress and this was certainly not prioritised. As mentioned earlier, a key member of Business Support felt that the informal sector is ‘unsustainable’. This general institutional attitude is likely to prevent a concerted effort being made to access capital for informal enterprises. Within the department emphasis is placed on support for small business with growth-potential. This includes formal sector business and to a lesser extent informal traders with a higher resource base (mostly men), who have been able to register their business and have the legal permission to trade. Difficulty in achieving permission to operate consequently and

inevitably excludes marginalised street traders from business support and services, which further inhibit their ability to build secure livelihoods. This is compounded by traders' lack of understanding of legal rights and responsibilities. Although this is recognised by Informal Trade, there has been little intervention to improve information dissemination among traders. Given their lower education and limited bargaining power, this undoubtedly has a more serious impact on women than on men.

Access to capital or seed funding was recognised as a significant part of business start-up and development and a lack of access to finance was cited as the main problem for street traders, according to a trader representative. However, very few local government employees were aware of micro-finance institutions lending to women street traders. The Head of Area Management within Informal Trade had no knowledge of informal lending or micro-credit schemes and could not offer any insight into whether these schemes were beneficial to women.

There were also conflicting views over the merits and credibility of these schemes. It was noted by one Area Manager that micro-finance institutions are the only lending institutions which include street traders in their client base. However, she felt there was a lack of monitoring and quality control which resulted in very poor traders suffering high debt burdens (Interview A). This was confirmed by an Environmental Health Officer who felt the 'culture of repayment' in South Africa was weak, and would cause sustainability problems for lending institutions and financial difficulty for traders (Interview E). It was suggested by two members of City Health that local government should boost the institutional capacity of lending institutions and encourage them to provide financial products which are specifically designed for survivalist and low-level informal enterprises.

In the context of HIV/AIDS, there was also a clear indication that enterprise development and providing assistance and support to survivalist businesses was a significant means to reduce the vulnerability and impacts of the epidemic. One health official noted that:

'SMME promotion is likely to have a great impact on HIV/AIDS...Income is very important. People who are unemployed get

involved in crime or sex work, because they lack direction. [A small business provides] somewhere to channel their energy' (Interview F).

For those with direct contact with street traders it was felt that promoting women's entrepreneurship was considered to be a direct way to empower women, build self-esteem and to accumulate and have control over income. It was felt that building opportunities for women to become financially independent would elevate their status and control within relationships, allowing them to negotiate safe-sex practices and leave high-risk relationships. One Area Manager also mentioned that holistic business support was necessary, "including information, education and credit provision.... It is possible that these measures could bring people out of susceptibility" (Interview A).

Improving the productive skills and capacity of traders is important in reducing vulnerability to HIV/AIDS and mitigating the impacts of the epidemic. Appropriate training could enhance productivity and income and assist people out of marginal, over-subscribed activities (Skinner, 2000a). It has been identified that access to well-designed and well-delivered training can also lead to improved self-esteem and status in the household and the community, as well as better survival skills and the ability to cope in a crisis (Leach *et al.*, 1999, cited in Skinner, 2000a). This suggests that enhancing the skills base of women heightens their control and decision making power both socially and economically, which will reduce their vulnerability to HIV infection (Walker and Gilbert, 2002).

Some studies have highlighted the links between access to finance for women in small enterprises and managing the impact of the virus on households, through avoiding irreversible coping strategies (Donohue, 2000; Parker *et al.*, 2000 etc). However, apart from training implemented by City Health, there has been limited direct support of women's survivalist and micro enterprises. Women's enterprise development is not prioritised in terms of access to training and finance and this could be a contributing factor to their vulnerability to HIV/AIDS. The delivery of training could also provide an entry point for HIV/AIDS awareness. Therefore it would seem that women's access to information and education on the issue could be compromised as a result of their inadequate access to business support and training. It is also important to note that women may have greater difficulty attending and obtaining information on training

programmes than men due to the fact that the majority of women traders work alone and are unable to leave their stalls for long periods.

In order to reduce their vulnerability to HIV/AIDS, women need to increase both their social and economic capital and access to resources. In the context of informal trading women must have the legal right to work in safe and secure trading environments, with adequate infrastructure, facilities and support measures for their enterprises. While there has been progress in improving working conditions and environments for traders, limited access to training, information and credit has meant that women have not benefited substantially from the improvements. Regeneration of the urban fabric has taken precedence over assisting to create more secure livelihoods for women street traders and many of the benefits have accrued to enterprises which already have a relatively large resource base. Supporting survivalist entrepreneurs through training and access to credit is likely to be perceived as a poverty alleviation function which, as discussed, is not the core business of local economic development models such as the Warwick Junction URP.

6.5 Organising and representing informal traders

The implementation of effective management and support measures and the benefits which accrue to women in particular will depend to a large degree on their capacity to mobilise themselves collectively and the extent to which their concerns are represented to local authorities.

Participatory organising in informal trading environments is crucial to ensure informal workers are recognised as economic actors; to defend their legal and institutional rights; and negotiate for improvements in working conditions. These rights include, for example, the right to secure access to permanent public space, and the right to protection of property, a secure environment and police protection as well as the right to be informed about bylaws (Lund and Skinner, 1999). These functions contribute to the improvement and sustainability of women's enterprises and livelihoods and assist to create the conditions where women can prevent their long-term vulnerability to HIV/AIDS.

Within South Africa local government is also 'committed to work with citizens and groups within the community to find sustainable ways to meet social, economic and material needs' (Republic of South Africa, 1996, cited in Lund and Skinner, 1999). A central role for street trader organisations is to create and sustain mechanisms for continuous consultation with local government authorities to ensure the interests and rights of informal workers are integrated into urban and economic policies and bylaws.

Local government authorities in Durban have worked in close consultation with informal worker organisations to develop the informal economy policy. The two main negotiation partners are SEWU and ITMB. However, there are a number of other organisations which arguably represent the interests of informal traders. The Self-Employed Women's Union (SEWU), which has recently dissolved, was founded in 1993 and street vendors made up the bulk of the membership. The main aim of the organisation was to empower self-employed women to organise themselves and demand recognition for their work. SEWU placed considerable emphasis on national level advocacy and has negotiated with local authorities regarding the relocation of traders, in the re-negotiation of street trading bylaws, and declaration of certain restricted and prohibited trading zones (Lund and Skinner, 1999). The organisation also negotiated with Durban Central Council for improvements in facilities, such as shelter, water supplies and toilets, the need for childcare facilities and a designated market for 'muthi' or traditional medicines (Lund and Skinner, 1999; Interview K). The ITMB is represented in the District Working Group at the Warwick Junction URP, which brings together a range of stakeholders in co-operative and consultative meetings surrounding the planning process. The committee meets once a month to consider proposals for the redevelopment of the area (Grest, 2002). The ITMB was also mentioned by one Area Manager, in terms of its efforts to promote self-regulation and conflict management among traders as well as initiatives to prevent crime within Warwick Junction (Interview B).

The importance of setting up committees to represent traders' interests on specific issues was acknowledged by most interviewees. However, there were a number of concerns regarding their relationship with local government. For instance, one Environmental Health Officer stated that:

“There are problems with the links between trader organisations and local government....there needs to be efficient structures, committees and networks of trader representatives working with management, but this is not happening” (Interview D).

Frustration with the lack of collaboration between SEWU and the Informal Trade Department was also expressed by the organisation’s Regional Secretary who said: “they need to talk to us more, consult with us and learn from us....we know the traders, what they need, and what their concerns are” (Interview K).

The strengths of informal trader organisations was stressed by a number of local government staff in terms of their capacity to provide a ‘voice’ for traders, to put forward demands, and act as a median through which knowledge and information can be disseminated. However, members of the Area Management team also emphasised that trader organisations tended to focus on individual issues. One Environmental Health Officer stated the need to broaden the focus of trader organisations, towards a more developmental perspective.

As mentioned earlier traders needed more information on their legal rights as well as laws and regulations, which would be one of the key issues addressed by informal trader organisations. Yet it was suggested that even the Chairman of one of the main organisations was not aware of the relevant legislation. This knowledge is crucial in protecting and enforcing the rights of traders, particularly women who are some of the most vulnerable and marginalised.

Interviews revealed a key role for local government to support informal trader organisations. The need for empowerment and to build capacity through the provision of training was suggested by a number of local government staff. City Health has demonstrated a commitment to developing and assisting to build the capacity of trader organisations. One Environmental Health Officer said “traders have built support groups with the assistance of City Health” (Interview E). City Health has also helped to form an umbrella body for traditional healers associations.

The potential roles of street trader organisations would suggest that they could play a critical role in supporting and representing the needs of women in consultation with local government. While successful vendor organisations tend to be more of an exception than the rule, SEWU achieved significant success in assisting to create the conditions where women can reduce their vulnerability to HIV/AIDS. In addition to its work to protect the rights of women traders and put pressure on local government to provide important facilities and infrastructure, the organisation has also built capacity among its members by providing leadership and technical skills to women at all levels (Lund *et al*, 2000).

However, currently there appears to be a wide institutional distance between organisations and local authorities which prevents these concerns from being heard, and adequately addressed by decision makers. It is of particular concern that SEWU, as one of the most democratic and effective organisations to represent the needs of marginalised women traders, has had to dissolve. Without the important work of SEWU to defend the rights and advocate for measures to support the specific needs of women, as it has done in the past, it is possible that greater inequality will be seen in informal trade settings, with men able to seize greater market opportunities, resources and power. Furthermore, the ITMB is the only 'voice' of street traders represented on the District Working Group. This is a male-dominated organisation and may exclude the needs of women. There have also been concerns that this organisation lacks democratic accountability and organisational transparency (Grest, 2002). It is a concern that without proper representation, women will be further marginalised in terms of the lack of information which reaches them about legal rights and obligations, as well as their access to appropriately tailored training and other business support measures. Without effective lobbying and advocacy to persuade local government to recognise the needs of women, regulation and administrative procedures within informal trading environments will continue to penalise marginalised traders, and heighten their poverty and vulnerability to HIV/AIDS.

6.5 Summary

The perceptions of local government staff reveal that women and more marginalised traders have been negatively implicated by the lack of attention which has been paid to promoting access to safe, secure trading space in a well-managed and regulated

environment. This in itself has increased the precariousness of their working conditions and diminished the productive capacity of their enterprises. It could also be argued that this has further heightened inequality and poverty in trading environments through privileging traders with a higher resources base. These factors are likely to heighten women's economic vulnerability to HIV/AIDS and its impacts. The specific constraints placed upon women traders has inhibited their access to training and skills development, the provision of which has been skewed towards larger enterprises and those with environmental health implications. Overall, it is clear that despite a commitment to better co-ordination of functions, an effective strategy for the management, regulation and support of informal trading activity in Durban has not been well implemented. This has inhibited an enabling environment to reduce women's vulnerability to HIV/AIDS, which includes improving the socio-economic status of women and implementing direct prevention and impact mitigation measures. The creation of these conditions is further impeded by a lack of functional and representative organisations to represent the concerns of marginalised female traders to local government, and to provide direct measures to enhance their productive capacity.

At present it would seem that only City Health is well set-up to implement co-ordinated action to address HIV/AIDS among informal traders. Poor links with other departments, and to trader organisations limits the scope for an integrated response. Nevertheless, there is recognition among local government staff that changes and improvements in these management, regulation and support functions are necessary in order to promote equity and sustainable livelihoods in informal trade settings and assist women to reduce their vulnerability to HIV/AIDS.

Chapter Seven: The current and potential local government responses to HIV/AIDS among informal traders

7.1 Introduction

It has been established here that creating an environment which is conducive to the promotion of women traders' productive capacity could in large part reduce their vulnerability to HIV/AIDS. However, specific and targeted interventions to tackle the epidemic need to be set within this supportive framework to significantly reduce the spread of the virus and its impacts among informal entrepreneurs.

Given the social and economic threats posed by the epidemic and the nature and extent of its responsibilities, local government is in an appropriate position to tackle the epidemic among informal traders. The extent to which direct measures can be implemented depends on the conceptualisation of informal trade itself and the perceived impact of AIDS upon it. The informal trade sector has been institutionally marginalised, and the support and development of women's enterprises has not been given high priority. This affects the understanding of the impact of epidemic on women, and the extent to which AIDS is recognised as an issue of relevance to the work of local government departments.

Durban's response to HIV/AIDS is driven by the AIDS Training, Information and Counselling Centre (ATICC), located in the municipal health department, which has restricted much of the approach within a health framework. This has affected the extent to which departments outside of City Health prioritise and take responsibility for addressing the epidemic, and the extent to which direct measures have been implemented or supported.

This chapter aims to examine whether local government staff perceive the responsibility for addressing HIV/AIDS to be held within local government departments. It also details the specific and targeted interventions which have been implemented to address HIV/AIDS among informal traders. It explores the opinions of local government staff on potential measures which could be integrated within the functions of specific departments and the capacity of local government to deliver these interventions, both directly and through partnerships with civil society organisations.

7.2 Prioritising and identifying responsibility for addressing HIV/AIDS

As discussed in chapter five, HIV/AIDS is largely considered a priority for intervention by staff on the ground. However, it was not prioritised by the majority of senior level staff. A senior member of Environmental Health stated that he was 'unsure' as to whether it was or should be prioritised. He added: "I think it should be a priority for further research" (Interview D). The Head of Area Management, said that HIV/AIDS was "not priority issue number one" (Interview G). According to the Programme Manager at the ATICC, the issue was marginalised and sidelined within the Informal Trade department:

"I don't know whether they don't get it or whether they are not given the authority to act on it by the leadership, but there is very little attention paid to [HIV/AIDS]. It is marginalised as merely a health issue" (Interview H).

The Deputy Head of Business Support felt that until HIV/AIDS began affecting large numbers of skilled people, and had a dramatic impact on economic growth it was not an issue of priority for the department. It was stated that HIV/AIDS is a health and social issue, and has little relevance for the work of the department. This overly economic perspective was also stressed by an additional senior manager who mentioned that AIDS becomes an issue only in the sense that to train, give skills and build the enterprise of someone who is about to die is a waste of time and resources for the department. The Regional Secretary of SEWU expressed concern at the low level of priority afforded to the HIV/AIDS epidemic as it affects informal traders: "we think [HIV/AIDS] is a very important issue...it doesn't seem to be an issue for [the municipality]" (Interview K).

There were also diverging opinions over which departments, if any, should take responsibility for addressing the epidemic among informal economy workers. Again, this was dependent upon the way in which HIV/AIDS was conceptualised by decision makers. The Programme Manager at ATICC within City Health believed it was local government's responsibility to address HIV/AIDS. She said: "the Informal Trade

Department must recognise its responsibility to make people aware of health issues including HIV/AIDS” (Interview H).

In the new consultative framework being devised for ATICC’s municipal AIDS programme, informal trade is included within the business and labour section. This suggests that there should be recognition of the need to support informal traders as economic agents, in the context of HIV/AIDS. The Head of Area Management believed that the Informal Trade Department does have a responsibility to integrate HIV/AIDS awareness and information about where to access services into business support and area management activities, but that overall direction and initiation should come from City Health (Interview G). This devolving of responsibility for HIV/AIDS was confirmed by the Programme Manager of ATICC who mentioned a tendency within Informal Trade to marginalise HIV/AIDS and to “dump responsibility for it onto City Health” (Interview H).

Conversely, a senior City Health official felt that local government had no obligation to protect citizens against infection and the social and economic risks posed by the epidemic: “my opinion is that your life is in your own hands, you are the master of your own destiny. Why should local authorities take responsibility for that” (Interview D). With regard to HIV/AIDS there seemed to be conflicting views over where the boundaries lie between the local government's responsibility and the responsibility of traders themselves. HIV/AIDS programmes were described as “a luxury service over and above what [traders] are getting now in terms of services, infrastructure and facilities” (Interview D). There was a general feeling that while HIV/AIDS was an issue, and there were many potential programmes and interventions to address the epidemic, there were more important issues which need to be tackled. Given limited and diminishing resources of local government and increasing mandates, HIV/AIDS is not seen as a priority for resource allocation in informal trading settings.

The informal trade sector is seen as a labour intensive and low-skill set of activities. The economic threats of the epidemic to enterprises and the sector as a whole are not recognised. Indeed, according to the views of one key member of the Business Support Department, the informal trade sector is temporary and unsustainable feature of the city structure, and this clearly influences the extent to which potential threats to the sector

are prioritised. The impacts on the informal economy are likely to be greater impoverishment at a personal and enterprise level. This is likely to be undetectable and perhaps considered irrelevant to local authority managerial staff whose priorities centre around local economic development, urban renewal and the promotion of formal sector enterprises. However, the lack of priority accorded to addressing the epidemic is also as a result of a lack of clear understanding of the impacts of the epidemic. The concerns of staff who work closely with traders are not translated to senior management staff who have the greatest influence to implement effective measures. There has been little or no research on the impacts of HIV/AIDS on traders' personal health, enterprises and livelihoods or their needs with regard to information and service provision and this is reflected in the lack of priority accorded to addressing the epidemic.

These factors have effectively pushed responsibility for addressing the epidemic to the City Health Department. Currently through the work of ATICC, City Health is the department where much of local government's response to HIV/AIDS is initiated. This has reinforced the *laissez-faire* approach to addressing HIV/AIDS within the Informal Trade Department.

The CEO of the South African Business Coalition on HIV/AIDS believed this nonchalant approach was due to a lack of institutional leadership and commitment to addressing HIV/AIDS in the informal sector and in the Durban Metropolitan Area as a whole. He said: "the Ethekewini AIDS Council was launched in October 2003 but as yet nothing concrete has come out of it; there is no formalised policy" (Interview I). As discussed in chapter three, the Ethekewini Municipality Integrated Development Plan (2003-2007) specifically states the aim to implement an HIV/AIDS strategy and outlines a commitment to developing a Council HIV/AIDS plan (Ethekewini Municipality, 2003). This plan has been created by ATICC. However, it has yet to be finalised and approved by the AIDS council, and as a result it has not been implemented. There is a lack of clear guidelines for specific local government departments, outside of the Health department, on how to mainstream HIV/AIDS into their functions and this has led to confusion and indifference over where AIDS should be located within their roles, responsibilities and priorities.

7.3 Current HIV/AIDS interventions: access to HIV/AIDS related health services and information

Within the Warwick Junction area there are three health facilities carrying out AIDS related functions, including the Lancers Road clinic, Prince Zulu Communicable Diseases Clinic and the Ukuba Nesibindi VCT centre. The Programme Manager at ATICC confirmed that the Department provides VCT kits, information and technical assistance to the two latter clinics (Interview H). One key informant noted that the Prince Zulu Clinic within Warwick Junction was very accessible to street traders. It was described as efficiently run and well-used, providing treatment for STDs and TB, as well as HIV prevention measures and education (Interview A). Furthermore, the non-government run Ukuba Nesibindi VCT centre located in Warwick Junction has been successful in providing testing and counselling services to street traders. However, neither of these centres are Antiretroviral (ARV) roll-out facilities. The hospitals in Durban responsible for ARV roll-out, the King Edward, Addington and Mahatma Gandhi hospitals are not easy for street traders in the area to access.

However, despite the presence of these clinics there were concerns over street traders' inadequate access to health services, largely because of the opportunity costs of leaving their stalls to access medical treatment. This was highlighted by one Area Manager who said: "women have great difficulty accessing public health facilities. Every minute they are away from their stalls is a whole day's wages lost" (Interview A). It was suggested that traders may lose their site for an entire day if they take time out to visit health centres, "or the authorities could close you down" (Interview D). Although these concerns are likely to be exaggerated, lost earnings and restrictive regulations do pose a barrier to women's health seeking behaviour. A significant area of concern regarding access to health facilities, which was raised by Area Managers, was that traders require a referral from a Primary Healthcare facility in their area of residence before they could access STD clinics and other health facilities in proximity to trading sites. Clinic staff confirmed that the Lancers Road and the Ukuba Nesibindi VCT clinic are walk-in health centres. However a referral is needed to attend the Prince Zulu Clinic.

Furthermore, the limited capacity and poor quality of existing services was raised. As one Area Manager commented: "It seems clinic facilities are overstretched, they can't

cope with the influx of traders.....there are only two clinics and they are very overcrowded so people have to wait a long time” (Interview B).

There are clearly diverging opinions on the existence, capacity and accessibility of health facilities for street traders in Durban. However, it can be said with some certainty that while health facilities and HIV/AIDS services, with the exception of ARV facilities, are available and well-utilised, the quality of services could be reduced due to the large numbers of clients. Women are particularly disadvantaged by their limited access to services, given their reproductive health needs, and their responsibility for their children’s health. This increases the time that women are away from their businesses, which compounds the problem of lost earnings and threatens the legal status of their enterprises. These factors also inhibit women’s access to information regarding HIV prevention, care and counselling, which is often located in clinics. They also restrict their ability to attend specific education programmes on HIV/AIDS.

In terms of health promotion and education, the personal health issues of informal traders have received little attention both in the informal economy policy and in practice. Health education is implemented, but is weighted towards food and environmental safety standards, rather than personal health issues. This was confirmed by an Area Manager within Informal Trade who suggested that City Health is not ‘helping the [the health] of individuals as such’ (Interview B). While recognising the potentially detrimental impacts of HIV/AIDS on the informal economy, the informal economy policy only mentions HIV/AIDS briefly in terms of the need for further research on the implications of the epidemic.

Through sector-specific programmes the Environmental Health division of City Health has implemented HIV/AIDS awareness sessions and workshops for traders. For example, traditional healers have undergone extensive training on HIV/AIDS as will be discussed later. Within seven-week training blocks, discussed in chapter six, one half-day workshop is dedicated to HIV/AIDS and sexual health. ATICC has provided technical assistance and support to City Health’s workshops through provision of trainers, information, training materials and guidance. The department gives advice and consultation on integrating AIDS information and training within environmental health programmes. However, the AIDS Programme Manager at ATICC admits that

these programmes are *ad hoc* and there is no systematic and standardised system of training and awareness-raising for informal workers.

While there is a clear intention to mainstream HIV/AIDS within City Health programmes, the situation within the Informal Trade department is very different. There is little integration of HIV/AIDS into the area management and support activities of the department. This was confirmed by interviews with Area Managers and by the Programme Manager of ATICC, who stated that little, if any, work was being done by the Informal Trade department itself.

The comments of one Area Manager who has been involved in HIV/AIDS prevention and counselling activities suggested that initiatives to address AIDS within the department had been trivialised. She said: “I have done some counselling among small pockets of traders....many people [in the Department] see HIV/AIDS as *my issue, my thing*” (Interview B). She appears to be given very little support by management to pursue AIDS related activities.

While ATICC provides a relatively wide scope and scale of service delivery, the institutional centralisation within the City Health Department has limited the opportunity for a multi-sectoral and co-ordinated response as many departments believe the response will come from ATICC alone. Many documents detailing the role of local government in response to HIV/AIDS have emphasised the importance of mainstreaming HIV/AIDS into all policies, programmes, functions and services of local government departments (Smart, 2001; World Bank, 2003). However, this has been inhibited by the fixed institutional location of local government’s response to the epidemic.

The capacity of Environmental Health and ATICC to effectively integrate training functions is likely to be as a result of the institutional proximity of the two departments within City Health. The wide institutional distance between Informal Trade and City Health inhibits an integrated approach. The general impression gauged from respondents was that little collaboration between the two had taken place to co-ordinate a response to the epidemic. The Informal Trade department has not been involved in City Health training on HIV/AIDS for informal traders, except in identifying traders to

attend courses. As a result HIV/AIDS prevention and impact mitigation measures are not integrated into the planning and management of informal economy interventions. There is a definite lack of leadership on the issue and the work of certain Area Managers to address HIV/AIDS has been marginalised and sidelined.

7.4 Traditional Healers and HIV prevention, counselling and care

Despite this, there have been some creative and effective HIV/AIDS programmes within the informal trade sector. One important and interesting HIV/AIDS intervention within Warwick Junction has been the recent programmes which have taken place with ‘muthi’ traders. The ‘muthi’ or African traditional medicine sector is the largest and most economically important sectors of Durban’s street trading economy. It is estimated that 80% of the traders in the sector are women (Nesvåg, 2002).



Plate 1: Traditional medicine or ‘Muthi’ sellers at the Bridge Herb market

In 1998, Durban’s city council dramatically improved conditions for muthi traders through the establishment of the Bridge Herb Market. The project also involved capacity building processes led by City Health which resulted in the formation of the Traditional Healers Umbrella Body. Over 35 organisations of traditional healers and other muthi traders now belong to the umbrella body. This organisation has a wing dealing specifically with HIV/AIDS and a portfolio which deals with HIV/AIDS research in particular. Through this wing there have been significant research interventions into the relationships between traditional medicines and HIV/AIDS.

Traditional healers are considered important contributors in addressing HIV/AIDS, as they are generally the first point of contact for those seeking AIDS related treatment, and there is a huge demand for muthi among the African population. A recent intervention between the Nelson Mandela Medical School at the University of KZN and the Traditional Healers Umbrella Body aimed to explore the bio-medical and traditional healing approaches to HIV/AIDS in South Africa. The intervention identified ways that the skills of traditional healers can be integrated into western medicine; identifying the education needs of healers with regard to HIV/AIDS; and exploring the possibility of setting up referral channels and clinical trials. There is also collaborative research which examines how traditional medicines can be formally developed to assist people living with HIV/AIDS.



Plate 2: Traditional medicines could be beneficial to people living with HIV/AIDS

During an interview one Environmental Health Officer who works closely with traditional healers described the benefits of working with healers, in the context of HIV/AIDS:

“Traditional healers are crucial in the HIV/AIDS issue because people trust them. They play an important role in HIV/AIDS awareness, informing people about HIV/AIDS and recruiting volunteers for vaccine research. We have created a link between traditional healers and orthodox medicine....a two way referral system now exists which is going well” (Interview F).

In addition to this research collaboration, traditional healers have also undergone an extensive training programme on HIV/AIDS awareness, trained by medical professionals from Stanford University and the KZN Provincial Health Department. One respondent said that it was important to “enlighten traditional healers on the AIDS issue, and to use them as a medium to pass information through” (Interview F). While there has been recognition of the benefits of some of the remedies and methodologies used by traditional healers, there was also a concern about the claims that traditional healers could cure AIDS and the contradictory and often dubious advice which was given. This resulted in the need for rigorous training. One City Health official explained the training process:

“We established a train-the-trainer programme, which involved simple processes such as first aid, as well as in-depth medical, physiology training. We got them to think about the validity of their own remedies and blending these with western medicines. There was proliferation of AIDS awareness from prevention issues, to the problems of the ‘virgin myth’ ” (Interview E).

Traditional healers were also trained in prevention and management of HIV/AIDS and some were trained as AIDS counsellors and peer educators. It was also noted that “home-based care initiatives have been set up voluntarily by the ladies in the council” (Interview F).

In summary, there has been substantial progress in registering, regulating and organising traditional healers within Durban, which has been a crucial step towards integrating them in HIV prevention, counselling and care programmes. Vital links have been established between orthodox, western medicine and traditional healers to establish referral channels, vaccine trials, and research into the potential contribution of traditional medicine in the treatment of opportunistic infections. Training on AIDS has raised awareness on the benefits and limits of traditional medicine, and is an important step leading to higher levels of HIV awareness and testing among clients. Traditional healers are also playing an increasingly important part in communication, surrounding the epidemic as well care and counselling for people living with HIV/AIDS.

7.5 Potential HIV/AIDS interventions for informal traders

The success of interventions with traditional healers reveals that there are potential as well as realistic measures which can be undertaken by local government in collaboration with external partners to address HIV/AIDS among informal traders. Based on the perceived needs of traders in terms of HIV/AIDS interventions, there was some consistency among local government staff regarding the possible measures which could be implemented.

However, there were conflicting views over whether awareness of HIV/AIDS was still a problem. Some senior officials in City Health and Business Support felt that people were aware of HIV/AIDS and its consequences and how to prevent infection. Yet a number of local government staff working directly with street traders and a representative of SEWU remarked that awareness was low. One Area Manager commented: "some traders will tell you they still need information, where to go and what to do. We need to give them relevant information about prevention, treatment, care and support services" (Interview A). Education was also considered an important requirement to dispel stigma and encourage people to get tested and know their status. This was confirmed by the Head of Area Management who commented that trader organisations had approached him to implement interventions, particularly surrounding education and awareness, but this has not yet been implemented. The AIDS Programme Manager also mentioned that women street traders "have no prevention education programmes, maybe once in a year they are supplied with condoms" (Interview H).

The importance of awareness raising activities and education campaigns were noted by those in Area Management, City Health and ATICC, as well as external agencies. The integration of HIV/AIDS awareness messages into all aspects of informal economy interventions and programmes was also suggested. This is in line with local government's mandate to mainstream HIV/AIDS programmes across and within all departments. The AIDS Programme Manager at ATICC commented that 'simple, practical interventions' were necessary "just spending 15 minutes talking about HIV/AIDS at regular meetings, helping to distribute condoms, telling people about services available including VCT and PMTCT" (Interview H). The role of the Informal Trade Department as a medium between traders and AIDS related services was

emphasised by the Head of Area Management, who also highlighted the need for a partnerships and a multi-disciplinary approach:

“Informal Trade should approach City Health and work in partnership with them to start a programme in certain areas, particularly awareness, counselling, and referral to treatment and care programmes...we need to make sure people are aware of what is available to them and how to access support and services”

(Interview G).

Despite the realistic potential of this approach little action has been taken. It appears that Informal Trade is searching for impetus from City Health. It was also suggested that local government should train and sensitise all officials (who work on a daily basis with street traders) on the issue of HIV/AIDS. This will allow them to recognise the needs of traders and carry out this mediation role, through conveying information to traders (Interview E). It was felt that the role of ATICC as a training and resource provider should be exploited to implement training days for staff and clients as part of a standardised education programme on HIV/AIDS.

Further potential measures which were mentioned included fostering and supporting the activities of informal trade associations such as SEWU in their efforts to educate members through workshops in various locations:

“We hold workshops for our members and invite government people dealing with health issues to come and speak. We go to each branch and give talks on HIV/AIDS, how it affects their businesses, prevention, care and support services” (Interview K)

SEWU has contacted ATICC to provide a series of HIV/AIDS awareness activities for traders. In response to this the Programme Manager of ATICC said that although they feel it is very important to work with groups like SEWU and expressed an intention to do so: “it is difficult because women will lose wages if they come in for a day to train, and we do not have the cash to compensate for this loss” (Interview H). One interviewee also noted: “Traders have to be educated [about HIV/AIDS] at their stalls,

while working, to minimise economic loss - they don't have time to attend workshops," (Interview C). However, in consultative meetings with SEWU members in the past it was revealed that women traders have made rational calculated decisions about which training courses to attend despite the loss of income (Lund, 2004 pers. comm)

As part of their aim to mainstream HIV/AIDS within and across all departments within local government, ATICC runs an inter-departmental AIDS forum which encourages a multi-sectoral response. A representative from each local government department is trained and supplied with information to deliver to all colleagues and clients. The aim is for these representatives to set up an AIDS committee and decentralise functions to other offices. The Programme Manager at ATICC mentioned that the Informal Trade department employs one Area Manager, a so-called 'AIDS champion' who has a background in HIV/AIDS counselling and "is empowered with information to disseminate to colleagues and clients" (Interview H). When asked about Informal Trade's commitment to HIV/AIDS the Deputy Head of Business Support also mentioned that the department has an 'AIDS champion', yet this was not mentioned by her direct superior. The Area Manager has not attended the inter-departmental AIDS forum, and only seemed to be vaguely aware of the existence of the forum and her potential role within it. Again, this would also seem to suggest a lack of communication and co-operation between ATICC and Informal Trade. This has heightened the barriers to the implementation of effective measures and a multi-sectoral approach to address HIV/AIDS. The existence of an 'AIDS champion' in the department seems to be more of a token role rather than a concrete assignment, and reflects the marginalisation of the issue within Informal Trade. It seems to be enough to satisfy Business Support that AIDS is being adequately addressed. However, there is little or no support for the Area Manager to implement HIV/AIDS programmes. This further highlights the perceived insignificance of, and lack of commitment to, the issue.

The extent to which these potential responses can be implemented effectively and sustainably is conditional upon the financial and human resource capacity of local government departments. It was found that those in managerial positions who felt that HIV/AIDS was not a priority for local government intervention also considered that the capacity of local government was far too stretched to implement HIV/AIDS programmes in informal trade environments. A Senior Environmental Health Official

stated that: “workplace programmes have their merits but only if financial resources are available...Metro is growing so wide, resources are stretched and capacity is a major problem” (Interview D). This lack of institutional and financial capacity was also highlighted by the Deputy Head of Business Support who also felt that:

“There is not sufficient revenue to implement AIDS programmes for the informal sector. Business support running programmes for thousands of traders is a huge challenge, even impractical. We simply can’t do it, there is no capacity, resources are too low” (Interview A).

One City Health official also mentioned a lack of time and human resources as a crucial factor in local government’s lack of response to the HIV/AIDS epidemic among street traders. This was highlighted in further interviews within City Health where it was suggested that local government’s capacity is limited to supporting external responses:

“Local government does not have the capacity to implement medical aid schemes for informal traders, but they can support certain initiatives through providing facilities and training” (Interview F).

Conversely, those external to the local government felt that local authorities have greater capacity to implement more effective and sustainable measures than are currently implemented for informal workers. The CEO of The South African Business Coalition on HIV/AIDS stated that the capacity of local government to prevent and mitigate the impacts of HIV/AIDS was extensive, particularly in forging partnerships with the formal sector. Furthermore, the Programme Manager at ATICC added:

“It is not an overwhelming challenge....the task for the [Informal Trade] department is to get the information out there, to create a change in the level of awareness....and connect people with the resources, information and services” (Interview H).

Despite a lack of effort to engage in HIV/AIDS measures the Head of Area Management said that the Informal Trade Department does have the capacity to work

on the issue, if it works in partnership with City Health, particularly in achieving better access to support and services for traders.

There seems to be confusion over what local governments role should be and this has had implications for perceived capacity of local government to address the epidemic. Some interviewees seemed to believe it was an overwhelming task requiring huge amounts of staff time and funding. Others felt there were simple measures which could be integrated within current activities. There seems to be a lack of awareness of the overall facilitation, leadership and mobilisation role local government can play, which would not dramatically deplete resources. This however, is largely as a result of a lack of commitment and a lack of knowledge of the extent and impact of the problem.

7.6 Summary

It is clear that AIDS within informal trade settings has received little attention from local government. While AIDS is prioritised by those who have frequent contact with street traders, whose understanding of the impacts of the epidemic is greater, these concerns are rarely translated into effective action by decision makers. This is largely the result of a lack of recognition of the economic impact of HIV/AIDS both for informal sector enterprises and the implications for the formal private sector. The issue is marginalised as a health issue by the Business Support and Informal Trade departments which has inhibited a co-ordinated and multi-disciplinary response. The institutional isolation of the response to the crisis within the municipal health department has compounded the lack of leadership taken on the issue by departments outside of City Health. While the IDP for Durban sets out a clear commitment to developing a holistic response to HIV/AIDS across local government there remain a lack of clear guidelines to assist individual departments to mainstream AIDS interventions and to work collaboratively with other departments. The focus remains on health sector management. This has also compounded the confusion over whether human and financial resources and capacity within departments to implement measures to address HIV/AIDS exist.

Despite this some positive measures have been put in place by the Environmental Health Department such as the traditional healers programme and regular (although limited) training sessions for street traders. While these interventions have focussed

largely on health issues they create a foundation from where programmes can be replicated, broadened and scaled-up. However, to be effective these measures must be located within an institutional framework which explicitly addresses poverty and inequality within informal trade settings.

Chapter Eight: Conclusions

While there has been little research which examines the relationship between women's vulnerability to HIV/AIDS and their economic roles, previous research has shown that gender inequality and poverty strongly influence the spread of the virus (Baylies and Bujra, 2001; Walker and Gilbert, 2002). A review of the literature on gender and the informal economy has shown that women street traders are working in precarious and exploitative positions, earning extremely low incomes and remaining permanently at a level which is subordinate to their male counterparts (Carr and Chen, 2000; Lund, 1998). There is a clear relationship between the structural, social and economic factors which heighten vulnerability to HIV/AIDS and the conditions and characteristics of informal employment, which suggests that women street traders are vulnerable workers. Given the likely social and economic risk and impact of the epidemic on women working informally, this study has attempted to examine the institutional factors which could influence this vulnerability.

Local government plays a critical role in shaping women street traders' working environment and conditions. Approaches to regulation, management, and support of informal trade can influence the productive lives and hence the economic vulnerability of women street traders. However, local authorities, which take on this role, have conflicting mandates and functions which influence both the vulnerability of women to HIV/AIDS and the extent to which an appropriate response can be implemented. For instance, as Grest (2002) states Durban's municipal government sets out to create a 'world class city', which is investor-friendly and promotes the interest of sustainable economic growth of the private sector. Within this framework local government is also responsible for promoting citizen participation in social and economic development by creating economic opportunities for those who are marginalised and excluded. The Warwick Junction URP provides a good example of a mediation between these two mandates, and to a large extent it has achieved success in urban regeneration which benefits both the interests of capital and informal workers. However, this study has revealed that the emphasis is skewed towards the economic imperative, and has had less of a positive impact on the more marginalised and emerging traders, who are predominantly women. This has also been a function of the restructuring of departments and re-allocations of staff which has marginalised the sector itself.

A great deal of progress has been made to regulate and manage informal trade and new employment opportunities have been created, along with dramatic improvements in working conditions and infrastructure. There is also greater equality and efficiency in the allocation of trading sites, which has meant that formerly excluded traders have been given opportunities to trade. However, this developmental and progressive approach has not benefited all equally. Marginalised women traders are unlikely to be able to consolidate these benefits due to their continued lack of awareness of their legal rights and responsibilities, and high barriers which are still in place in obtaining the legal rights to trade. This has inhibited their access to holistic business support. Furthermore, despite a commitment to consultation and collaboration with a range of stakeholders in the project process, the voices of poorer women traders have not been adequately and consistently represented, which has further marginalised their specific needs. Co-ordination within and between departments to ensure that regulation and management functions are integrated is lacking, which has caused confusion surrounding law enforcement and placed poorer women, who may have difficulty achieving legal status to trade in a vulnerable position. As was also found in Khosa's (1998) study the larger, more lucrative informal and formal enterprises, which are predominantly run by men, are able to take greater advantage of deregulatory policy, which could create greater inequality in informal trade settings. Women continue to have limited bargaining power and access to resources in terms of skills, education and finance which would help them consolidate the benefits of greater market opportunities and elevate their social and economic status. This study has shown women's vulnerability to HIV/AIDS may be heightened as a result of institutional factors which restrict their productive capacity, income and economic security and heighten inequality within informal trade environments.

With large and increasing numbers of poor, marginalised and vulnerable women engaged in informal trade, and the role they play in local economic development, local government has an economic interest and social obligation to reduce the vulnerability of this group. This relates to the development dilemma developed by Natrass (2003): effective local economic development can not be achieved without addressing HIV/AIDS, and HIV/AIDS cannot be tackled without poverty alleviation and job creation. Therefore, it is logical that addressing the poor economic and social positions

of women in informal trade settings to promote their contribution to economic development should be combined with systematic interventions to reduce their vulnerability and prevent and mitigate the impacts of HIV/AIDS.

However, the study showed that the role of local government in addressing HIV/AIDS is unclear. This is in part due to a lack of direction which has filtered through to local levels from national government. Yet, within its key mandates to protect the health of citizens and promote citizen participation in social and economic development, there are a number of functions which can be undertaken to address HIV/AIDS, including promoting AIDS as a key issue in economic development planning and integrating HIV/AIDS prevention and care activities within regular local government services.

The research identifies that little has been achieved to integrate HIV/AIDS measures within management, regulation and support for informal trade. One factor is the lack of awareness of HIV/AIDS as an economic issue, which encompasses the impact on private sector enterprise, and hence a lack of priority attached to addressing the epidemic. The location of ATICC within the City Health Department defines the epidemic as a health issue, and has inhibited the potential for an inter-departmental response. This has been compounded by limited communication between departments. Furthermore, there is confusion over the capacity and designated roles and responsibilities of local government departments to address HIV/AIDS within informal trade. Despite a clear indication in the IDP for the city that HIV/AIDS interventions should be mainstreamed within the services and functions of local government departments, there are no clear guidelines on how this should be achieved.

An appropriate response to HIV/AIDS needs to come from a full understanding of the impacts of HIV/AIDS on women traders and a recognition of the epidemic as a multi-faceted issue which has severe health, social and economic implications. The relevant local government departments need to reconsider their specific roles in management, regulation and support of informal trade such that they create an environment in which women can reduce their long-term vulnerability to infection, through promotion of their economic security and livelihoods. This also provides a foundation for the integration of specific measures to prevent and mitigate the impact of HIV/AIDS.

The majority of respondents in this study recognised that reducing women's vulnerability to HIV/AIDS involves improving their long-term economic and social status. This requires fundamental changes in the approach to informal trade. This includes implementing measures which address the specific constraints placed upon women, in terms of access to secure trading space, training and credit. An intention to simplify the bureaucratic processes in registering sites and obtaining permits through 'one-stop centres' was mentioned in the Informal Economy policy but as yet little has been done to achieve this. Training provision by City Health has focused largely on enterprises with environmental health implications and Business Support has prioritised larger SMMEs, which is a concern put forward in research by Valodia and Skinner (2001).

While the Informal Trade department has made attempts to consult traders on their needs, this was on a one-off basis and has not been sustained. Training is provided in long and full-time courses on a very infrequent basis. These programmes do not take into account the constraints women face in leaving their businesses for long periods. Furthermore, very little attention has been paid to promoting women's survivalist entrepreneurs access to financial resources, which confirms Skinner's earlier research in 2000. Although this is not a direct function of local government further research into accessible and appropriate forms of finance and savings facilities could be undertaken by local authorities.

The impact of the HIV/AIDS epidemic is likely to be felt most by those at the survivalist level, whose already low resource levels will be depleted further by the additional costs of the epidemic. This is especially the case for women who are more vulnerable to infection and have heightened responsibility for care. A gender-sensitive re-evaluation of informal trade regulations, in the context of HIV/AIDS, is necessary to give women flexibility on leaving trading sites so that they can carry out these responsibilities, and protect their businesses. For instance, the 'one trader, one site' policy exacerbates the opportunity costs of seeking healthcare, or caring for dependents and the sick, and compounds the impacts of HIV/AIDS on enterprises. Site permits belong to the trader and not the site itself. Therefore, if someone comes in the place of the trader the business can be closed down by the authorities. While this regulation was intended to limit the practice of single entrepreneurs occupying multiple sites, and

make allocations more equitable, in practice the regulation shows little understanding of the reality of street trading and the multiple roles of women. If traders lose their permits and rights to trade as a result of such bureaucracy, it could have serious repercussions for their livelihood security and family welfare, which has already been adversely affected by the increased household expenditure associated with HIV/AIDS.

Previous research has noted that promoting the economic empowerment and livelihoods of women and integrating HIV/AIDS measures is one of the most effective means to address women's heightened vulnerability to the epidemic (Nattrass, 2003). Therefore, implementing direct anti-AIDS interventions within an informal economy strategy which promotes gender equality and women's economic security is a potentially effective means to reduce HIV risk and impact among this group. Given the vulnerability of women traders and their social and economic responsibility for their families, targeting such women as part of specific HIV/AIDS programmes could also be an important area of intervention for local government to tackle HIV/AIDS on a broader scale.

However, despite the recognition of street traders as 'economic actors', addressing the personal and economic impact of HIV/AIDS is not prioritised and very few interventions have been supported or implemented directly by local government. There was limited evidence to suggest that HIV/AIDS is viewed as a 'workplace' issue by local government staff. Despite this a number of potential considerations for realistic interventions were outlined. When these are considered with an understanding of the roles and capacity of local government and the identified needs of traders, it is possible to draw out a series of interventions which could reduce the long and short-term vulnerability of women traders and mitigate the social and economic impacts of HIV/AIDS.

One important area of intervention which was identified was the need to raise awareness and promote communication surrounding HIV/AIDS among traders. While there have been some education sessions for traders run by SEWU and Environmental Health, there has been little co-ordination between the two, and awareness is still considered to be lacking. Local government is well-equipped to implement comprehensive HIV/AIDS awareness and education programmes through ATICC. This

is a clear function of local government's role in the IDP for the metropolitan area. An effective means of doing this is to incorporate prevention information and education into existing health promotion programmes, which is already being implemented by City Health. However, in order to reach larger numbers of traders this should be scaled-up, gender sensitive and tailored to the information needs of traders. These programmes can also be integrated with the distribution of prevention methods. However, there is a lack of clear understanding of what the information needs of informal traders are, which indicates the need for a baseline study into street traders' levels of awareness of the virus and its implications.

High levels of discrimination and stigma surrounding the epidemic also suggest the need for far-reaching communication campaigns. It has been found that widespread scepticism as well as discrimination and stigma have partly been because public and media campaigns are the main source of communication on HIV/AIDS in South Africa. However, in Uganda, for example, personal communication channels and social networks are a far greater source of information about HIV/AIDS and this has increased disclosure and reduced discriminatory behaviour (Low-Beer and Stoneburner, 2003). Although the IDP states that local authorities will 'initiate and support behaviour change communications programmes' there is no clear indication as to what this entails. Progress reports from ATICC on the implementation of the Council HIV/AIDS plan does not reflect that this has yet been addressed. Studies on AIDS and local government advocate for local government to take the opportunity to support debate and communication surrounding the epidemic (Smart, 2001, Kelly, 2003). Within informal trade settings this could be achieved through training peer educators among traders, and members of staff who come into contact with traders. The need to train staff members on matters of informal trade is outlined in the Informal Economy policy. In an attempt to mainstream HIV/AIDS, information on HIV/AIDS should be integrated into such training. This would include training members of staff from management level to site inspectors, law enforcement officers, health and safety personnel and other relevant employees. If communication surrounding the epidemic is encouraged during daily trading operations, it will also limit the time which must be spent away from enterprises to attend workshops and lectures. As suggested in the ILO Code of Practice on HIV/AIDS (2001) at all levels education and training needs to be gender-sensitive, recognising the different degrees of risk for men and women. This

includes explicitly targeting both men and women, or addressing either men or women in separate sessions. Programmes should help women to be aware of their rights, both in and outside of the workplace and alert them to their higher risk of infection.

Interventions which have taken place with traditional healers have particular relevance for street traders. Street traders are able to access information, advice and counselling from trained traditional healers. The referral links which have been established between traditional healers and medical clinics will encourage higher levels of testing among traders within the Warwick Junction area, as well as treatment of opportunistic infections and STDs related to HIV/AIDS. In addition to their role in health promotion, this programme also offers the potential for replication among other sectors of street trading. For instance, local government can work directly with groups of organised traders to raise awareness, train counsellors and where possible assist to establish community support interventions such as home-based care programmes. This intervention, which has been facilitated by the Traditional Healers Umbrella Body, reflects the importance of informal sector organising for street traders, and the role they can play in co-ordinating an effective response to HIV/AIDS.

However, this organisation is well affiliated to, and supported by, the City Health department. While there seems to be a vague awareness of other civil society interventions to address HIV/AIDS among informal traders, there are no clear links to local government, or any indication that these measures are being supported through technical or financial assistance. However, there is an understanding of the importance of external partners and civil society in addressing the epidemic. For instance, through mainstreaming HIV/AIDS interventions within informal trader organisation activities. The importance of social dialogue with organised workers in the informal economy is also emphasised in the ILO Code of Practice on HIV/AIDS (ILO, 2001). The participation of, and consultation with, representative women's organisations in the design and implementation of direct HIV/AIDS interventions is necessary to ensure that women's needs in the context of HIV/AIDS are addressed. As Kelly (2003) states, local government has the comparative advantage of being able to consolidate and mobilise civil society intervention. They could therefore attempt to promote strategic links between AIDS service organisations and informal trader associations, through which

support can be channelled. Informal trader organisations effectively provide local government with a captive audience for targeted HIV/AIDS programmes.

Outlined here are simple, realistic and valuable measures which can be integrated into regular area management and support functions of informal trade, and are not beyond the personnel and financial capacity of local government departments. The need for co-ordinated planning and intervention within all departments is outlined clearly in the IDP, and the inter-departmental AIDS forum has been established. However, there is little to suggest that any lead is being taken by Informal Trade in this collaborative approach. One important step towards addressing HIV/AIDS as a workplace issue within informal trade would have been the inclusion of AIDS prevention and impact mitigation measures explicitly within the Informal Economy Policy.

The implementation of these direct measures and the creation of an enabling environment to address HIV/AIDS in informal trade are contingent upon HIV/AIDS achieving a higher profile outside of the health department. The issue should be located within the Mayor's Office to achieve the political prioritisation needed to address the epidemic holistically at the local level. The issue needs a dynamic, enthusiastic and committed management structure to push interventions forward in all departments. The current instability of the Ethekewini AIDS Council and the delays in finalising and approving the AIDS plan gives the impression of a lack of overall commitment to the epidemic. This has been a major factor in the inadequate attention given to addressing the epidemic within non-health sector departments. Furthermore, this study has shown that staff who work directly with street traders have a better understanding of the impacts of the epidemic as well as traders' needs and potential interventions which could make a difference. The consultation mechanisms when implementing this plan must involve these members of staff, as well as informal trader representatives, particularly those sensitive to the needs of women, and people living with HIV/AIDS. A closer relationship is needed between these groups and the decision makers to create real and positive change.

However, in order to drive this plan forward within informal trade settings it must be recognised that the informal sector is here to stay. It is a long-standing feature of Durban's economic landscape. While on paper this is acknowledged, there is an

indication that many local government staff see informal enterprises as unsustainable and transitional units waiting to be formalised. In conjunction with this HIV/AIDS must be recognised as a workplace issue with economic implications and dealt with as such. Most importantly the approach must recognise the specific role of women as economic actors, but also as carers and mothers, as well as acknowledging their heightened vulnerability to infection. The multiplicity of constraints and barriers women face in reducing their own vulnerability to infection and limiting the negative impacts of the epidemic must be fully understood, as well as their specific needs in developing a programmatic response.

This study has only been able scratch the surface of what is needed to understand women street traders' vulnerability to HIV/AIDS and what can be done to develop a holistic, integrated response in informal trade environments. The study has highlighted a number of important issues which clearly require further investigation. For example, in-depth research is required to assess the vulnerability of street traders (both men and women) to HIV/AIDS, in comparison to other professions in the formal and informal economy. This is necessary to establish the specific risk factors in informal trade environments as well as the impacts on traders' enterprises and livelihoods and their specific needs in interventions.

It is also important to explore the question of whether just creating employment opportunities is enough to build sustainable livelihoods and elevate people out of poverty and economic vulnerability to HIV/AIDS. Informal economy employment is rising. However, it remains precarious and insecure. Social protection and assistance is very important in the context of HIV/AIDS. Much attention has been paid to the issue of social protection in informal work (For example Chen *et al*, 2001; Lund, 2002; Lund and Srinivas, 2001). However, further studies are needed to examine how creating insecure employment opportunities impacts upon the poverty and livelihoods of poor workers, and hence upon their vulnerability to HIV/AIDS. Local government's role in this needs to be further examined and clarified.

Finally, this study has focused on women at the survivalist level of informal trade. However, women traders are not a homogenous group. The socio-economic status of women traders is wide ranging. Much of the policy relating to informal traders

disaggregates traders by business sectors, but neglects the crucial class differences between traders. A further study would be useful to stratify women traders according to their socio-economic and class status and determine the differences in the vulnerability of these groups to HIV/AIDS infection and impact.

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Appendix 1: Example Interview Schedules

Example interview schedule A: Area Managers, Informal Trade Dept

Name: _____ Position: _____ Department: _____

Date of interview: _____ Time of interview (start): _____

Time of interview (end): _____ Location of Interview: _____

Brief description of main responsibilities:

1. Women street traders' vulnerability to HIV infection and impact

- a. What are the main health problems of women working in street trading?
- b. To what extent do you think women street traders are infected and affected by HIV/AIDS?
- c. What do you think are the factors which influence women's susceptibility to infection working in street trading enterprises?
- d. How do you think the HIV/AIDS epidemic is impacting on their enterprises and livelihoods?

2. Management, regulation and enterprise support (measures which indirectly address vulnerability and impact)

- a. What progress is being made towards management and regulation of informal trade?
- b. What impact do these measures have on traders, particularly women?
- c. What support measures have been put in place (e.g. training and microfinance)?
- d. Are there any ways in which management of the informal economy influences women's vulnerability to HIV/AIDS?
- e. Which aspect of Durban's informal economy policy do you think might reduce women's vulnerability to HIV/AIDS?
- f. What is the role of informal trade unions in supporting/promoting the rights of women traders?

3. Direct HIV/AIDS interventions

- a. How important is addressing HIV/AIDS among women in informal economy for local government?
- b. Where does responsibility lie for implementing direct interventions?
- c. What measures are currently being implemented and how effective are they?
- d. What measures do you feel should be implemented?
- e. What is needed for women to reduce their own vulnerability to HIV/AIDS?
- f. Who should implement these measures?
- g. What is local government's direct role?
- h. What other stakeholders should be involved?
- i. Apart from direct AIDS programmes, what can LG do to assist women traders?
- j. What are the factors which influence LG in implementing a direct targeted response to HIV/AIDS in the informal economy?

Example interview schedule B: Deputy Head, Business Support Dept

Name: _____ Position: _____ Department: _____

Date of interview: _____ Time of interview start): _____

Time of interview (end): _____ Location of Interview: _____

Brief description of main responsibilities:

Management, regulation and enterprise support

- a. Can you tell me about the role of the department?
- b. Can you briefly explain where responsibility for the informal economy falls in the institutional structure of LG?
- c. What programmes does the department have in place to specifically support women working informally?
- d. What progress do you feel has been made to implement a management strategy and effective regulation of informal trade?
- e. What do you feel is the impact of this on survivalist women traders?

HIV/AIDS vulnerability and direct measures

- a. How do you think HIV/AIDS impacts on women in the informal economy?
- b. Is addressing AIDS a priority for the department?
- c. How does the department conceptualise HIV/AIDS i.e. health, social, economic issue?
- d. Whose responsibility is it to address HIV/AIDS among informal traders?
- e. What measures do you feel could be implemented, and who by?
- f. How might small business support and promotion impact on trader's vulnerability to HIV/AIDS?
- g. Has HIV/AIDS affected the work of your department in any way?

Example interview schedule C: Chief Environmental Health Officer, City Health

Name: _____ Position: _____ Department: _____

Date of interview: _____ Time of interview start): _____

Time of interview (end): _____ Location of Interview: _____

Brief description of main responsibilities:

1. Women street traders' vulnerability to HIV infection and impact

- a. What do you feel are the most pressing occupational and environmental health and safety issues of street traders?
- b. What do you feel is the impact of HIV/AIDS on women working in informal trade?
- c. What do you think are the factors which influence women street traders' vulnerability?

2. Management, regulation and enterprise support (indirectly affecting vulnerability and impact)

- a. What do you feel has been the progress in managing and regulating informal trade?
- b. How do you feel this has affected women informal traders?
- c. What has the Environmental health department done to support informal traders?
- d. What impact do you feel this has had on women traders?
- e. Are there aspects of these institutional approaches which could heighten or reduce women's vulnerability to HIV/AIDS?

3. Direct HIV/AIDS interventions

- a. Do you feel it is the responsibility of local government, and if so which departments should take the lead?
- b. Is the impact of AIDS on street traders a priority issue for the department?
- c. What do you feel the role of local government in addressing HIV/AIDS among street traders should be?
- d. What measures are currently implemented to directly address HIV/AIDS among informal traders?
- e. Does local government have the capacity to implement workplace programmes for informal workers?
- f. What measures do you think are needed to address HIV/AIDS?

Example interview schedule D: AIDS Programme Manager, The AIDS training, Information and Counselling Centre (ATICC), City Health

Name: _____ Position: _____ Department: _____

Date of interview: _____ Time of interview start): _____

Time of interview (end): _____ Location of Interview: _____

Brief description of main responsibilities:

- a. Can you tell me about the work of the department?
- b. How do you feel women street traders are affected by HIV/AIDS (susceptibility to infection and impact of epidemic)?
- c. Would you define them as a vulnerable/high risk group and if so why?
- d. Whose responsibility do you think it is to prevent/mitigate the impacts of AIDS among informal workers?
- e. What are the relevant departments (Environmental Health, Informal Trade) doing to address AIDS?
- f. Do you think they give enough attention/priority to the issue?
- g. Do you think they have the capacity to implement AIDS programmes?
- h. Which programmes do you feel would be most realistic and effective?
- i. Have you worked with Environmental Health to implement AIDS programmes for traders?
- j. How could ATICC work together with Environmental Health and Informal Trade to support the needs of street traders with reference to HIV/AIDS?
- k. What measures do you feel your department could implement to support women traders?
- l. Who are the other stakeholders (NGOs, Informal workers organisations) who could be engaged and how?
- m. What do you think are the indirect measures which could be implemented by local government to prevent and mitigate the impact of HIV/AIDS among traders?
- n. What role do you think woman's enterprise promotion could play in this?
- o. How do you feel addressing HIV/AIDS in the informal economy could contribute to local economic development?

Example interview schedule E: Head of Area Management, Informal Trade Department

Name: _____ Position: _____ Department: _____

Date of interview: _____ Time of interview (start): _____

Time of interview (end): _____ Location of Interview: _____

Brief description of main responsibilities:

1. Women street traders' vulnerability and impact on enterprises

- a. What do you feel is the impact of HIV/AIDS on women informal workers
- b. How are you aware of this?
- c. What factors do you feel make them vulnerable?

2. Informal economy policy: management, regulation and support functions

- a. Please describe the main functions of the department?
- b. How is the implementation of the informal economy policy progressing?
- c. Is there an effective management strategy in place?
- d. What support measures i.e. skills training are implemented by the department?
- e. What measures are in place to assist traders to access finance and training?
- f. What are your links to other departments i.e. policy, environmental health
- g. What are your links to trader organisations
- h. Which organisations do you negotiate with and on what issues?
- i. How do you think they contribute to promoting women's enterprise development?
- j. What aspects of the policy and interventions implemented by Informal Trade could assist to reduce women's economic vulnerability to HIV/AIDS?

3. Specific HIV/AIDS interventions

- a. Is AIDS a priority for the Informal Trade department?
- b. What do you feel needs to be done to prevent and mitigate HIV/AIDS in informal trade settings?
- c. What is the role of the Informal Trade Department?
- d. What interventions, if any, are currently in place to directly address HIV/AIDS?
- e. What specific interventions could potentially be put in place?
- f. What other key players need to be involved?
- g. How can these interventions be integrated into day to day functions of the department?
- h. Are there any challenges faced by the department to implement these measures?

Example interview schedule F: Regional Secretary, Self-Employed Women's Union

Name: _____ Position: _____ Department: _____

Date of interview: _____ Time of interview (start): _____

Time of interview (end): _____ Location of Interview: _____

Brief description of main responsibilities:

1. Women trader's vulnerability and impact on enterprises?

- a. Do you know if any of the women you work with are infected or affected by HIV/AIDS?
- b. Do you feel that women street traders are particularly vulnerable to HIV/AIDS? If so why?
- c. Are there aspects of their working environments which heighten this vulnerability?
- d. What do you think are the impacts of HIV/AIDS on their work and livelihoods?

2. Collaboration and negotiation with local government: support and management functions

- a. Do you think that informal trade is well-managed by the Informal trade department
- b. What do you think are the problems women face in developing their enterprises?
- c. What aspects of the policy are priorities for women traders?
- d. What improvements do you think local government could make?
- e. Can you tell me about how you work with local government?
- f. On what issues do you negotiate with informal trade?
- g. Who do you work with?
- h. Do they support your work in any way?
- i. Are they responsive to your demands?
- j. How would you like LG to support your work?
- k. What do you think are local government's priorities?

3. Direct HIV/AIDS interventions

- a. Whose responsibility is it to address HIV/AIDS among informal traders?
- b. Is AIDS an issue which should be prioritised within informal trade environments?
- c. Do you think local government gives enough priority to HIV/AIDS?
- d. What do you think are the measures which could be beneficial to women?
- e. What measures do you feel local government could put in place to address HIV/AIDS?
- f. How could SEWU work with local government to develop interventions?
- g. Does SEWU currently implement any measures to address HIV/AIDS?

Example interview schedule G: VCT Clinic Manager

Name: _____ Position: _____ Department: _____

Date of interview: _____ Time of interview (start): _____

Time of interview (end): _____ Location of Interview: _____

Brief description of main responsibilities:

- a. What services does the clinic run?
- b. Is it a walk in facility?
- c. Do many street traders come in to get tested?
- d. What do you think is the prevalence rate among traders?
- e. What do you think makes them vulnerable?
- f. Do you think traders experience any problems accessing health services?
- g. Do you think they have access to information about HIV/AIDS and services?
- h. What do you feel can be done by local government to prevent HIV and mitigate the impact of HIV/AIDS?
- i. Who are the other stakeholders who could play a role?

Appendix 2: Table of interviewees

Throughout this research interviewees are not given by name to protect confidentiality. Full details of each interview with the exception of the participant's name, is provided in the table below

Interview code	Position	Department/Organisation	Location	Date	Duration
A	Area Manager	Informal Trade Department	75 Winder Street, Durban	05/04/04	1hr
B	Area Manager – Warwick Junction	Informal Trade Department	Warwick Avenue Project Centre	06/04/04	1.5hrs
C	Clinic Manager	Ukuba Nesidindi VCT centre	Ukuba Nesidindi VCT centre	06/04/04	40 mins
D	Chief Environmental Health Officer	Environmental Health - City Health Department	Old Fort Place, Durban	07/04/04	1hr
E	Senior Environmental Health Officer	Environmental Health - City Health Department	Old Fort Place, Durban	07/04/04	1 ½ hrs
F	Senior Environmental Health Officer	Environmental Health - City Health Department	Old Fort Place, Durban	08/04/04	1 ¾ hrs
G	Head of Area Management	Informal Trade Department	75 Winder Street, Durban	19/04/04	1hr
H	AIDS Programme Manager	AIDS Training, Information and Counseling Centre – City Health Department	Old Fort Place, Durban	23/04/04	1hr
I	Chief Executive Officer	South African Business Coalition on HIV/AIDS	Durban Airport	29/04/04	1hr
J	Deputy Head	Business Support Department	Shell House, Smith St, Durban	05/05/04	1 ½ hrs
K	Regional Secretary	Self-Employed Women's Union (SEWU)	Bishopsgate, Smith St, Durban	06/05/04	1hr