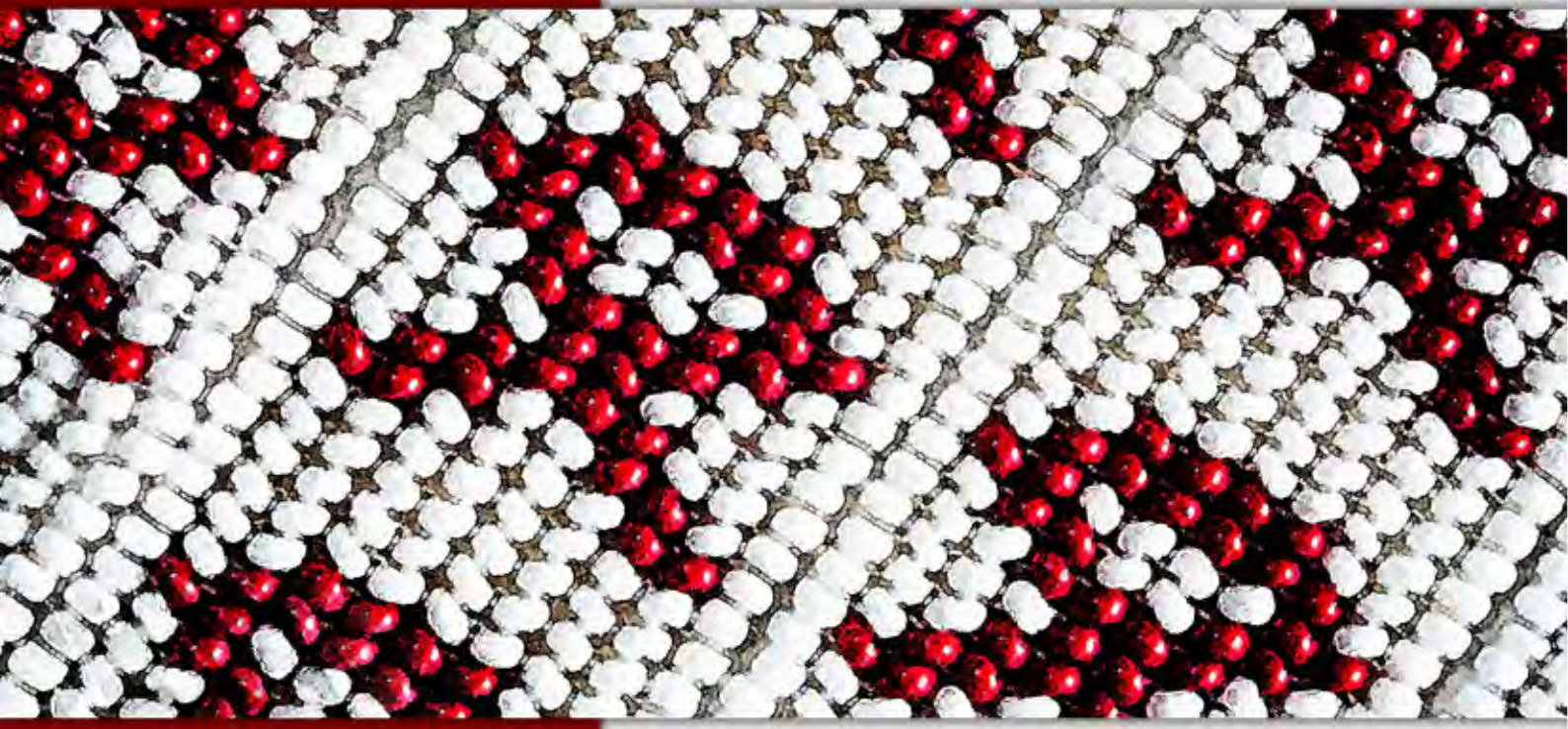
Quality Assurance Manual For Local AIDS Councils



A Guide for Local Government AIDS Councils

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Federal Republic of Germany
The Federal Government

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EVERYONE
HAS AN HIV STATUS

An Overview

The AIDS epidemic is among the greatest hindrances for development in South Africa. Internationally, South Africa has the highest number of HIV-infected citizens, namely 5,6 million within a total population of approximately 48,6 million according to DOH 2010. However, the prevalence (frequency of the disease) show significant differences between regions and risk groups. The infection among young women is disproportionately high. In the age group of 20-24 years, their risk is four times as high as that of the general population. The estimated HIV prevalence among antenatal clinic attendees ranges from 39,5% in KwaZuluNatal (KZN) and 35,1% in Mpumalanga to 29,9% in Eastern Cape and 18,5% in Western Cape. The annual incidence (new infections) in South Africa was still a high 1,5% in 2009, down from 2,4% in 2001 and it varied considerably as already mentioned above - from 0,5% in Western Cape province to 2,3% in KZN, the most severely affected province in the country[1]. These trends have occurred alongside apparent shifts to safer sex among young people due to increased condom use[2].

In order to reduce the infection rate and the impact of the epidemic, the South African government, introduced a national programme to provide universal access to HIV prevention, treatment, care and support This is in line with the National Strategic Plan (NSP) for HIV, STIs and TB, 2012 - 2016 and the preceding ones.

Furthermore, the NSP identifies the importance of multi-sectoral oriented responses to the epidemic, linked to a deep understanding of the local context, including the local drivers of the HIV and TB epidemics.The NSP assigns Provincial and District AIDS Councils the responsibility for the implementation of planned activities at provincial, district and local level as well as the management of the multi-sectoral response to the epidemic at community level. The NSP 2012 - 2016 responds to the need of integrating the management of HIV, STIs and TB through one comprehensive strategy. This is a significant shift from the initial focus mainly on HIV and AIDS and requires that the roles of the AIDS Councils at the different levels change to accommodate this approach.

The Quality Assurance Manual describes standard operating procedures and practice guidelines for the work of District and Local AIDS Councils in South Africa which will guide them to assess their performance and identify capacity development needs. Well-performing AIDS Councils will be the key to an effectively implemented National Strategic Plan.

The German Gesellschaft fuer Internationale Zusammenarbeit (GIZ) GmbH is, in support to the South African National AIDS Council (SANAC), currently implementing a programme to support and strengthen District and Local AIDS Councils. This manual was developed as part of the GIZ supported programme.

[1] National antenatal sentinel HIV and syphilis prevalence survey in South Africa, 2009. Pretoria, Department of Health 2010

[2] Shisana O et. al. South African national HIV prevalence, incidence, behaviour and communication survey 2008: The health of our children. Cape Town, HSRC Press 2010

Abbreviations

AIDS	Acquired Immuno-Deficiency Syndrom
AMICAALL	Alliance of Mayors Initiative for Community Action on AIDS at the Local Level
ART	Antiretroviral Treatment
CBO	Community Based Organsiation
DAC	District AIDS Council
DOH	Department of Health
DPLG	Department of Provincial and Local Government (now Department of Cooperative Governance and Traditional Affairs - CogTa)
ETU	Education and Training Unit
GIZ	Gesellschaft fuer Internationale Zusammenarbeit GmbH
HTC	HIV Testing and Counselling
HIV	Human Immunodeficiency Virus
HR	Human Resources
IDP	Integrated Development Planning
IMC	Interministerial Committee on AIDS
KM	Knowledge Management
LAC	Local AIDS Council
M&E	Monitoring & Evaluation
MFMA	Municipal Finance Management Act
NACOSA	National AIDS Coordinating Committee of South Africa
NGO	Non-Governmental Organisation
NHC	National Health Council
NSP	National Strategic Plan
PAC	Provincial AIDS Council
PFMA	Public Finance Management Act
PMTCT	Prevention of Mother to Child Transmission
PLWH	People living with HIV
SALGA	South African Local Government Association
SANAC	South African National AIDS Council
STI	Sexual Transmitted Infection
TB	Tuberculosis
UNAIDS	Joint United Nations Program on HIV and AIDS

Contents

Introduction to this manual

This Manual describes standard operating procedures and practice guidelines for the work of District and Local AIDS Councils in South Africa. The Manual guides AIDS Councils to assess their performance and plan their capacity development measures. Regular performance assessments will monitor progress of the councils and direct their capacity development measures to critical issues. Improving the performance of District and Local AIDS Councils will ultimately have its impact on their respective Integrated Development Plans, funding or supporting activities and programmes of government, non-governmental organisations including churches and the private sector which are addressing the key social and biomedical drivers of the HIV, STI and TB epidemics.

I. Purpose

Given the strategic and logistical benefits of managing HIV, STIs and TB at community level through District (DAC) and Local AIDS Councils (LAC) the purpose of this manual is to provide the necessary knowledge, skills and tools to support the effective and efficient functioning of DACs and LACs.

II. Target group

The target group for this manual are LACs. However, the information contained in the manual can be used by Provincial Aids Councils (PACs) and DACs to enhance their own efficiency as well as to enable them to support LACs under their jurisdiction.

III. Structure of the manual

This manual is divided into four sections and an additional Resource Book which include the following:

SECTION 1	
Local AIDS Councils shaping Local Governments' response to HIV, STIs and TB	Overview of roles and responsibilities of Local AIDS Councils and other structures supporting the government in the multi-sectoral response to the epidemic based on the National Strategic Plan for HIV, STIs and TB. Presentation of the IDP process and how Local AIDS Councils can contribute.

SECTION 2	
The HIV epidemic in South Africa	Overview of the HIV epidemic in South Africa, its modes of transmission and its main drivers; approaches to manage the disease and importance of developing a single integrated strategy for HIV, STIs and TB

SECTION 3	
Operational Issues for District and Local AIDS Councils: Cooperation and Steering	Overview on rules of engagement, how to motivate and involve others to participate in the response against HIV, STIs and TB as well as how to steer processes in order to manage strategies and initiatives at local level.

SECTION 4	
Operational Issues for District and Local AIDS Councils: Strategy Development, Learning & Innovation	Overview on operational issues such as identifying gaps and needs related to HIV, STIs and TB, supporting strategic and operational planning, promoting mainstreaming of HIV and TB at local level, measuring effectiveness in the form of monitoring and evaluation and initiate learning processes.

RESOURCE BOOK	
	Useful tools to increase capacity and efficiency of Local and District AIDS Councils

IV. Meet our Local AIDS Council team

A Local AIDS Council brings together Local Municipal Councillors, officials from various municipal departments and civil society representatives from that Municipality. The structure may also replicate that of the PAC and/or DAC but, local realities are considered in determining what other members should serve on the AIDS Council as well as what committees and other sub-structures are put in place.

For the purposes of this manual, we have established a fictitious LAC to provide an example of how LACs are typically constituted. The members of this LAC will, in introducing themselves, provide some initial thought to new members of real LACs on the possible role each member can play.

Meet our team who are newly appointed members of the Local AIDS Council at a medium-sized local municipality called ***Ubuntu***.

Richard

Mayor of Ubuntu

Welcome, I am Richard and the mayor of Ubuntu Local Municipality. I am proud to chair our Local AIDS Council and will make sure that we can reduce the number of new AIDS cases in our municipality

I am Zodwa, your IDP Coordinator. I am glad to be part of the LAC. I think it is important and about time for us to include the management of HIV, STI and TB in our plans to uplift the lives of the people in our municipality.

Zodwa

IDP Coordinator

Sophie

AIDS Coordinator

I am Sophie, the AIDS Coordinator. I will be providing secretariat services to the Local AIDS Council. My experience working on programmes to manage HIV and AIDS has taught me that the health sector can never do it alone. I am glad to be part of this team that is going to ensure that all aspects of managing the HIV and TB epidemics receive the necessary attention.

I am Lindiwe. Same as Sophie, I am happy that the LAC has finally taken off the ground. It will be exciting to work in a team with people from so many different backgrounds and with so many expertise, all working towards curbing the spread of the epidemic and its impact on communities. Being part of this team will help make our department's programmes more efficient.

Lindiwe

Department of Health and Social Services Representative

Liziwe

Department of Education Representative

Good day. I am Liziwe. Lindiwe and Sophie have summed up how I feel about being a part of the LAC. We are already experiencing the negative impacts of HIV and AIDS in our schools. Children are heading households and lack the necessary parental support for their school work. I am looking forward to being part of this team that will coordinate the response to this and many other challenges presented by HIV and AIDS in our community.

And I am Mrs Florence Khoza representing women. We all know that women face the triple burden of the HIV and AIDS epidemic. First, we are affected as citizens in a country with high levels of infection. Secondly, women are more at risk for biological and socio-cultural reasons and thirdly, we are the carers for all the others when they are sick and need care. It is thus my pleasure to represent this important sector on the LAC.

Florence

Women Sector Representative

Nkululeko

Faith Based Sector Representative

Amen brothers and sisters! My Name is Pastor Nkululeko Maseko. As a representative of the Faith-Based sector, I am looking forward to educating my fellow leaders of the different places of worship for them to stop moralising about the epidemic and judging those infected and affected. We are there to educate, love, care and share His Word with those in need of love and care. Is that not what "love thy neighbour" means?

Honourable Mayor and fellow members of the LAC, I am Themba. I was initially confused about the role I would be playing on the LAC. I must admit that, after listening to other members who spoke before me, I am now clear what my role will be and I am looking forward to that responsibility. Workers are members of the community and their needs extend beyond the workplace. HIV and AIDS have taught us that much.

Themba

Labour Movement Representative

Inkosi

Traditional Leaders Representative

As Traditional Leaders, we are responsible for taking the lead in dealing with the problems of our people. This epidemic has become one of the biggest problems of our time. How can we ignore that? I am Inkosi Zulu and I am looking forward to taking on the responsibility of representing my colleagues on the LAC.

Nothing about us without us!
I am Zweli and I am HIV positive. I will bring the experiences of our sector to the LAC to ensure that the local response is based on our real needs and that the programmes are sensitive to our situation. I commit myself to representing all people living with HIV and AIDS and not just myself.

I challenge all fellow members to do the same.

Zweli

PLWH Representative

Nokuthula

Traditional Healers Representative

Good afternoon Honourable Mayor and colleagues.
I am Nokuthula, a registered Traditional Healer. I have practiced traditional medicine for over 20 years and I bring a lot of experience to this AIDS Council. I have worked with the Department of Health for many years on HIV and AIDS-related programmes. I have even attended several training sessions offered by the department. I have a good working relationship with all practicing Traditional Healers in this community and I have been selected by them to represent them. I look forward to bridging the gap between western and traditional medicine in the management of HIV and AIDS in our community.

Greetings to you Mr Mayor and fellow members of the AIDS Council. I am Mr Kenny Patel and I represent local businesses. I am the Corporate Social Investment Manager for Kagiso Coal Mine and I have been requested by the local business sector to represent them on the AIDS Council. As a sector, we are aware of the impact some of our operations have on the community, including on the spread of HIV. We are committed to working together with this AIDS Council to manage HIV and AIDS in this community and we commit ourselves to using the resources we have in support of this.

Kenny

Local Business Representative

You will meet our team throughout the manual raising their questions and presenting their different views.

V. What are mandate and responsibilities of Local AIDS Councils?

Local AIDS Councils were initially set up as part of the national response to HIV and AIDS. However, the country has learned over time that, given the link between HIV and AIDS, sexually transmitted infections (STIs) and TB, the response to HIV and AIDS must incorporate the management of STIs and TB. The 2012-2016 National Strategic Plan for HIV, STIs and TB (NSP 2012-2016) thus addresses the management of TB in more detail than the previous NSP. In line with this, it is important for AIDS Councils to also start integrating the management of TB as part of their mandate.

The country's success in managing the HIV epidemic depends greatly on the level of success at the Local Municipality level. Local AIDS Councils are part of a structure that was set up to ensure that the response to HIV filters from national to local level by assigning mandates, roles and responsibilities adapted to specific conditions at the various levels. This structure encompasses the South African National AIDS Council (SANAC), Provincial AIDS Council (PAC), District AIDS Councils (DACs) and Local AIDS Councils (LAC). Each Local Municipality is expected to have its own AIDS Council. In line with recommendations of the previous National Strategic Plan (2007 – 2011), LACs are local level versions of SANAC, the PAC and DACs with a mandate to advise Local Municipalities on HIV and AIDS-related matters.

The important aspects of the mandate of Local AIDS Councils are to:

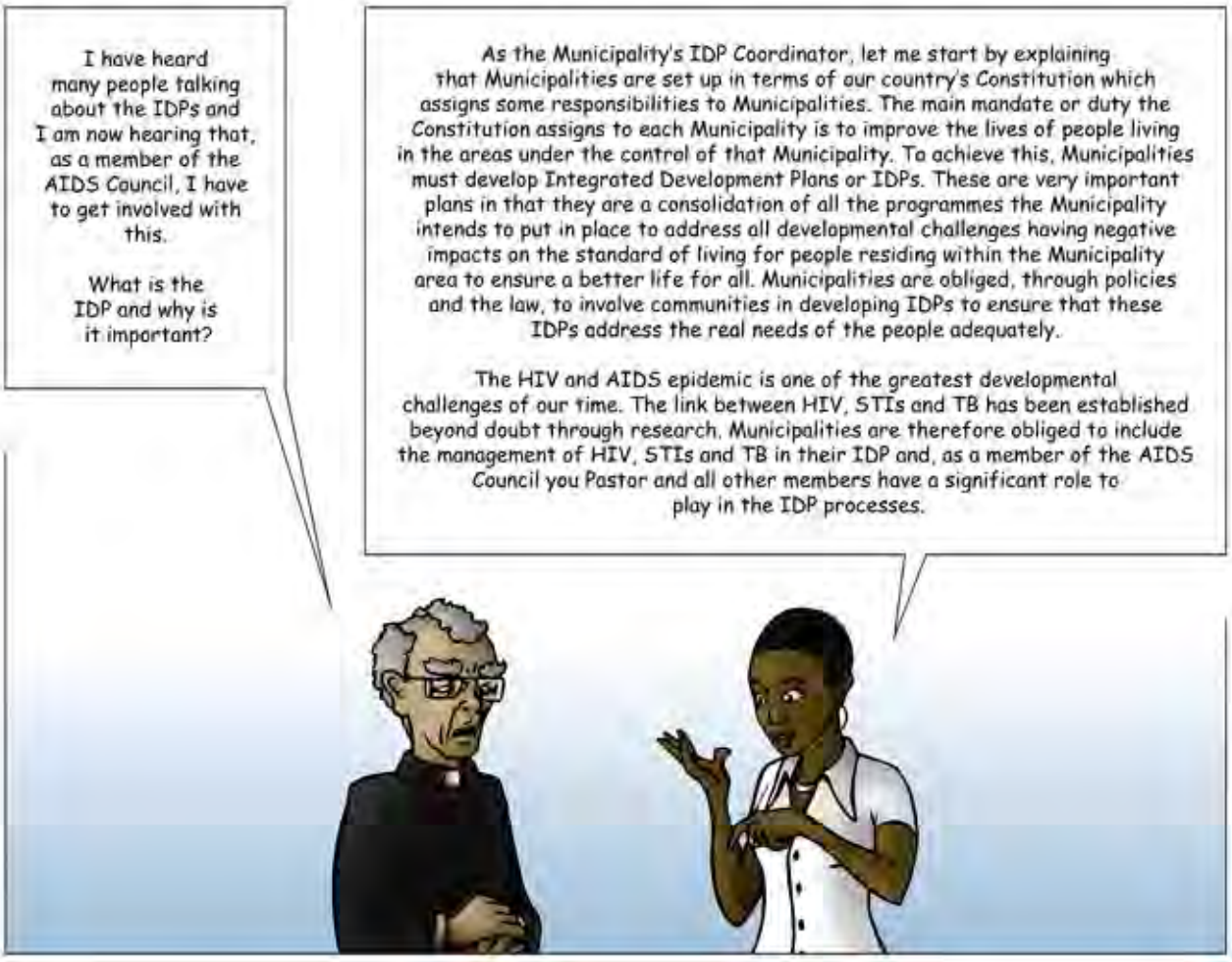
- act as an advisory structure to the executive committee of the Mayoral Council on all matters related to HIV and AIDS, STIs and TB
- advocate for the effective involvement of sectors and organisations in the implementation of programmes and strategies
- oversee the development of, and advocate for the inclusion of HIV and AIDS, STIs and TB in the Integrated Development Plan (IDP)
- oversee the local-level mobilisation of resources for HIV and AIDS, STI and TB programmes
- monitor the implementation of the provincial and district plans, identify gaps and support the development of strategies to address these gaps
- collect regular reports on progress towards meeting the objectives of the Provincial Strategic Plan (PSP) and to submit these to the DAC
- assess progress towards achieving the PSP objectives and targets, as well as identity achievements, new opportunities and lessons learned across sectors at implementation levels.

In line with the above presented mandate of Local AIDS Councils, the DPLG Framework for an Integrated Local Government Response to HIV and AIDS (2007) states that the important aspects of the mandate of Local AIDS Councils are to:

- act as a voice for HIV programming development in the IDP planning, implementation and monitoring processes
- take responsibility for co-ordinating, planning, implementing and monitoring of HIV programming interventions led by the municipality
- leverage, co-opt and support role-players outside the municipality who are providing HIV programming services
- report to the IDP Steering Committee on HIV programming / planning, implementation, monitoring and co-ordination.

For both approaches it is expected that Local AIDS Councils are able to:

- understand modes and drivers of the HIV and TB epidemics in South Africa and in their Local Municipality
- understand the mandate, roles and responsibilities of the AIDS Council and their various partners
- understand the IDP process and how to contribute to the IDP
- motivate and involve others to participate in the response against HIV, STIs and TB
- steer management processes of HIV, STIs and TB initiatives according their tasks
- develop strategies, support processes and initiate learning and innovation through:
  - identifying gaps and needs related to HIV, STIs and TB;
  - supporting targeted responses to the epidemic in the form of strategic and operational planning
  - measuring effectiveness in the form of monitoring and evaluation of initiatives at local level
  - promoting mainstreaming of HIV, STIs and TB at local level
- exchange experiences and secure knowledge management in cooperation with DACs, the PAC and the IDP Steering Committee.



VI. What are the strengths and challenges of Local AIDS Councils?

The **strength** of well-functioning LACs and DACs mainly lies in the fact that they have increased the acceptance of the multi-sectoral approach to managing HIV, AIDS, STIs and TB. The epidemic in South Africa is closely linked with other issues such as poverty, gender inequality and human rights. The HIV epidemic is showing dramatic impact on many different sectors such as education, transport, health, agriculture, the economic sector and many others. Whether the epidemic is a problem of the health sector or a multi-sectoral problem is therefore not only an academic question. It determines what budgets are made available and which sectors and human resources get involved.

Where LACs and DACs are present and functioning well, there are opportunities to identify and manage local realities like the drivers of the epidemic as well as its impact on families and communities. The District planning processes, including the inclusion of the LACs in the development of the IDPs, allow for more adequate understanding of the specific characteristics, the nature, as well as socio-cultural determinants of the HIV epidemic. This allows the municipalities and districts to develop more appropriate plans as well as to mobilise sufficient resources (human, financial and material) for their HIV and AIDS programmes.

Strengths of LACs will be in particular enhanced through well established DACs and PACs and also well functioning IDP steering committees. The **challenges** faced by LACs are similar to those of DACs and PACs and mainly include:

- Lack of political commitment and support
- Inadequate resources (financial and human)
- Lack of a dedicated secretariat with clear job descriptions
- Lack of requisite skills in those coordinating the LAC's processes
- Lack of induction for members of the LAC and the resultant lack of role clarity
- Lack of capacity building for members to enable them to carry out their envisaged roles and responsibilities
- Lack of support from PACs and / or DACs
- Lack of adequate involvement in the IDP processes.

This manual offers AIDS Councils an opportunity to assess their performance in order to improve their strengths. As already mentioned, regular performance assessments will monitor progress of the AIDS Councils and direct their capacity development measures to critical issues. Strengthening Local and District AIDS Councils will enable them to influence their respective Integrated Development Plans which in turn influences the level of funding and support for the activities and programmes of government and non-governmental partners, including the private sector.

Local AIDS Councils Shaping Local Governments' response to HIV, STIs and TB

1.1 Introduction

Over time, South Africa has developed, adopted and tested several approaches to managing the HIV epidemic. Like in many other countries, the initial approach was to view the epidemic narrowly as a medical crisis requiring health-related expertise to manage it adequately. The response at the time was thus to adopt a health care facility-based approach, which then placed the responsibility for managing the epidemic solely on professional health care workers. Learning from the experiences of other countries and from the reality that the epidemic continued to grow at a very fast rate despite the efforts in place to manage it, the country fast came to the realisation that managing the epidemic requires an all-inclusive multi-sectoral approach. To achieve this, AIDS Councils were set up at national, provincial, district and local municipality levels.

The main purpose of these AIDS Councils is to bring together all relevant stakeholders so as to develop and implement - through Local AIDS Councils - comprehensive community-based multi-sectoral programmes that identify and manage area-specific determinants and impacts of the epidemic. The AIDS Councils bring together government departments and the different sectors (business; NGOs; religious groups; traditional leaders; traditional healers; special interest groups like women, men, children, people living with HIV and AIDS; etc.) in managing HIV, STIs and TB. This ensures that skills, financial resources and material resources are pooled together to ensure that no gaps or duplications exist in the local HIV, STI and TB programmes. This further ensures that policies and programmes developed sufficiently address the challenges presented by the epidemic.

Definition: Multisectoralism / Multi-sectoral Approach

Multisectoralism means bringing together the different sectors of society to develop and implement a programme to manage the HIV and TB epidemics. Experience and research have demonstrated without doubt that the epidemics cannot be managed adequately by any one sector on its own and that all sectors have to work together to achieve any meaningful success.

The HIV and TB epidemics are developmental challenges and thus require the involvement of sectors beyond the mainstream health and welfare sectors to manage it effectively. This means that even sectors that traditionally would not have been involved in any programme that has to do with health-related matters need to be lobbied, empowered and involved in the response to the epidemic.

However, the reality is that, despite all well-intended interventions, the response at local municipality is not always as good as it could be. The need to strengthen and support AIDS Councils and in particular Local AIDS Councils as a means to achieve better implementation of the National Strategic Plan for HIV, STIs and TB has prompted the development of this manual.

The challenges South Africa continues to experience in managing the HIV and TB epidemics are an indication that there is an even bigger need for all available avenues and resources to be explored and coordinated fully. This will ensure that there are no gaps in the responses at the different levels within the country and that all available resources are used wisely. For coordination to be achieved

and sustained there is a need to develop clarity and a common understanding among the different stakeholders on:

- How is the strategic direction defined?
- Which structures are available at which level?
- Which structure is responsible for which area of the response?
- How do the different structures operate and relate to each other?
- What is the relationship between the community, district, provincial and national level?
- What is the relationship to Local Government and the Integrated Development Planning processes?
- What is the relationship to other relevant stakeholders?

This section will answer the above mentioned questions and provide a brief introduction to the main points of the National Strategic Plan for HIV, STIs and TB. Furthermore, it describes the structures and responsibilities of AIDS Councils and how Local AIDS Councils, in cooperation with other actors at local level, can shape the Local Governments' response to HIV, STIs and TB.

1.2 Strategic Direction for the Country's Response to HVI, STIs and TB

The National Strategic Plan (NSP)

South Africa started monitoring the HIV epidemic at a national level in 1990. It was soon realized that the rate at which the epidemic was growing from year to year required that a well-considered and coordinated national response be developed soon. In 1992, the National AIDS Coordinating Committee of South Africa (NACOSA) was launched and given the responsibility for developing the first national plan to manage HIV and AIDS. The plan was launched in 1994 and its implementation was commenced. The implementation of the NACOSA Plan was reviewed in 1997 and recommendations from the review process included that a multi-sectoral approach and more political commitment were needed to turn the epidemic around. The review further noted that the narrow focus on the medical aspects of HIV and AIDS was not adequate. These recommendations marked the beginning of the country's response as we know it today.

In 1999, through a consultative process with stakeholders, a National Strategic Plan (NSP 2000-2005) was developed. The aim of the NSP 2000-2005 was to strengthen the implementation of the recommendations of the NACOSA Plan review as well as to enhance the national response to HIV and AIDS and STIs. An assessment of the NSP 2000-2005 was carried out and its findings and recommendations were used to inform the NSP 2007-2011. The NSP 2012-2016 is a product of an extensive process of reviewing the NSP 2007-2011 with a wide range of stakeholders led and guided by SANAC (South African National AIDS Council).

From the lessons learned over time, the need for developing a common strategy to jointly address HIV, STIs and TB was identified due to the high co-infection rate between HIV and TB, and the interface between treatment and prevention for both HIV and TB. A significant difference between the NSP 2012-2016 and the previous ones is thus the more detailed integration of HIV, STIs and TB programmes. The NSP 2012-2016 is an overarching strategy to respond to HIV, STIs and TB and therefore provides the strategic direction to the country's response at the national, provincial, municipal and community-based levels.

The NSP 2012 - 2016 is driven by a **long-term vision** for the country with respect to the HIV and TB epidemics and has adapted the "Three Zeros" that have been advocated for by UNAIDS to suit the local context. The vision is to achieve in the next 20 years:

- Zero new HIV and TB infections
- Zero deaths related to HIV and TB
- Zero discrimination related to HIV and TB

The NSP is rooted in the protection and promotion of **human and legal rights** and focuses at a high level on strategic interventions required from all sectors of the society to reverse the HIV and TB epidemics. The NSP recognises that no single ministry, department or sector can, on its own, successfully address the HIV and TB epidemics and that only **multi-sectoral approaches** will be successful in dealing with the challenges of HIV, STIs and TB. In the review process of the previous NSP, it has also been highlighted that HIV and TB need to be considered as development issues which should be aligned with government planning cycles and associated programmes.

The multi-sectoral response is managed by organised structures at different levels of government. These structures bring together government, the private sector and civil society. At the national level, SANAC provides strategic leadership, coordination, as well as policy and legal direction for the response. Provinces and local government institutions are expected to lead the response at their respective levels of governance. Provincial AIDS Councils (PACs) lead provincial responses while DACs and LACs do this at municipality and community levels.

Implementation of the NSP 2012-2016

While the NSP provides broad strategic direction for the country's response to HIV, STIs and TB, the actual coordination and implementation of the response happens at provincial, district and local levels. Provinces are required to develop operational plans, while Municipalities are required to mainstream HIV and AIDS in their **Integrated Development Plans (IDPs)** as well as to lead the response at a community level. IDPs are planning tools that guide Municipalities in identifying all developmental priorities and challenges in their areas of jurisdiction. They support planning and implementing programmes to reduce these challenges and to deliver on the identified priorities.

The HIV epidemic is inarguably one of the most significant challenges facing the country and requires to be treated as a priority, hence the requirement that it be addressed adequately through the IDPs. Provinces, Districts and Local Municipalities are required to ensure that their plans are in line with and contribute towards the achievement of the targets set in the NSP, as well as to report on progress towards the achievement of these targets. The NSP thus provides strategic direction for HIV, STI and TB programmes, while also providing the necessary M&E framework for these programmes. The Tools in the **Resource Book** of the manual provide the necessary information required for developing appropriate strategic and operational plans as well as to support the implementation of these plans.

1.3 Structures supporting the multi-sectoral response to the HIV epidemic

The multi-sectoral national response is managed by various structures at different levels. Each government ministry has a focal person and team responsible for planning, budgeting, implementation and monitoring HIV and AIDS interventions. The implementing agencies are

the provinces, local authorities, the private sector and a range of CBOs. The following presents a brief overview of some of the important structures at various levels and their specific roles and functions relating to the HIV epidemic. As mentioned above, the responsibilities of these structures will have to be expanded to include the management of STIs and TB as outlined in the NSP 2012-2016.

Cabinet

The Cabinet is the highest political authority in the country. HIV issues are not regularly discussed at the weekly cabinet meetings as this responsibility has been deferred to the Inter-Ministerial Committee on AIDS (IMC) and SANAC.

South African National AIDS Council (SANAC)

SANAC is the highest body that provides strategic and political guidance as well as support and monitoring for sector programmes for HIV, STIs and TB. SANAC further has the mandate to support monitoring and evaluation strategies within the AIDS Councils from ward level up to the national level. However, the implementing processes are owned and managed by the provinces, districts and municipalities.

The Interministerial Committee on AIDS

The Inter-Ministerial Committee on AIDS (IMC) has been appointed by Cabinet to support and monitor work on HIV including that done by SANAC. It is chaired by the Deputy President and is composed of the Ministers of Health, Social Development, Education, Agriculture and Land Affairs, Mining, Public Service and Administration. The IMC serves as the interface between Cabinet and SANAC, providing leadership on urgent matters that may arise between SANAC meetings. It represents government at the high-level Council.

The Policy Committee of the National Health Council (NHC)

The Policy Committee of the NHC consists of the Minister of Health, the Deputy Minister of Health, the Director General of Health, all the Deputy Directors General in the DOH (Department of Health), all provincial health MECs (Members of the Executive Council) and their Heads of Department. The committee is the body that approves national policies and guidelines.

Government Cluster

Government departments at national and provincial level are organised around five clusters (economic; social; governance; justice; crime prevention and safety; and international relations), to ensure greater collaboration around cross cutting policy and implementation issues. Clusters meet at both Ministerial and official (Director General) levels and are replicated at provincial level. The Social Sector Cluster is the main cluster that deals with health and social matters. HIV and AIDS is one of the programmes on Government's Programme of Action for which the Social Sector Cluster is responsible. The social cluster is well placed to provide leadership and support to other clusters and public sector departments to ensure maximum discussion and government-wide programming on HIV and AIDS at both national and provincial levels.

HIV and AIDS Units in Government Departments

Each government department has a focal person to manage the implementation of relevant HIV and AIDS programmes. HIV issues are brought to the attention of the above national bodies by the HIV & AIDS Units. It is the responsibility of these units to prepare briefing documents for the national forums, and attend meetings to provide further information to aid decision-making in national committees and bodies. They are also responsible for the

They are also responsible for the development of relevant strategies, policies and programmes; ensuring availability of finance and other resources; and for providing support to implementing agencies in their departments.

SALGA

The main responsibility of SALGA is to provide support to the local sphere of government to ensure that Municipalities (district and local) are able to deliver on their legal and policy mandates. To achieve this, SALGA has an oversight responsibility over municipalities and supports them in delivering on their mandates. The NSP 2012-2016 outlines the responsibility of SALGA over the implementation of the HIV, STI and TB national strategy as that of ensuring that the necessary community systems are strengthened through the IDP process.

Implementing Agencies

These are mainly provinces, districts, and local authorities. The private sector and NGOs augment the services that are provided by government. The structures for different government departments are designed to suit the specific needs of the departments, but the principle of intergovernmental relations are the same. It is envisaged that at provincial and district level, the same national level structures will be replicated so that the critical mass of human resources for effective programme implementation is in place.

AIDS Councils at provincial and district level

AIDS Councils advise government on HIV, STI and TB policy, strategy and other related matters. They receive and disseminate information on sectoral interventions and they oversee monitoring and evaluation of interventions according to the Provincial Operational Plans. District AIDS Councils report to Provincial AIDS Councils, which, as envisaged, would in turn report to SANAC, guided and supported by SANAC.

Local AIDS Councils

LACs are responsible for carrying out the roles of the SANAC, the PACs and the DACs at Local Municipal level and have as such adopted the roles and responsibilities of these. The LACs are the lowest and inarguably the most critical level of planning, coordination and implementation of HIV, STI and TB programmes. The country's success in managing HIV, STIs - and TB depends greatly on the level of success at local municipal level regarding:

- How the different structures operate and relate to each other
- Relationship between the community, district, provincial and national level
- Relationship to Local Government and the Integrated Development Planning Process
- Relationship to other relevant stakeholders

1.4 Specific Roles and Responsibilities of Local AIDS Councils

As already mentioned, each local municipality is expected to have its own Local AIDS Council (LAC). The LAC is responsible for providing the link between the AIDS Councils and communities. LACs are the highest decision-making structure for the management of HIV, STIs and TB in Municipalities. In line with the recommendations in the previous NSP 2007 - 2011, most LACs are local-level versions of the PAC and DACs and play the role of advising local municipalities on HIV related matters, co-ordinating, monitoring and supporting the activities at ward

level. LACs are composed of local municipal councillors and officials from various local level departments. Non-governmental organisations that operate locally also participate. In a nutshell, the structure of the Local AIDS Council often resembles that of the DAC. The efficiency of LACs depends on well-functioning secretariats (see **section 1.5** for more information).

AIDS Councils at national, provincial, district and local municipality levels have, in line with all the NSPs up to the 2007-2011, been focusing narrowly on coordinating the responses to HIV and AIDS at the various levels. However, the NSP 2012-2016 integrates the management of HIV, STIs and TB into one overall national strategy. The NSP 2012-2016 provides strategic direction for the country and in line with the direction provided in this NSP, Provincial, District and Local Aids Councils are thus directed to integrate the management of HIV, STIs and TB.

The roles and responsibilities of AIDS Councils stated below have been adapted to the new context of the NSP 2012-2016.

1.5 Relationship between Organisations Supporting Local Governments's response to HIV, STIs and TB

Why should Local Municipalities lead the local response?

Firstly, municipalities have a legal and policy obligation to take leadership of the local HIV and AIDS efforts. The reason for the existence of local municipalities, as stated in the Constitution, is to provide services to the people in the areas of their jurisdiction so as to improve the quality of life for those people. In essence, the services delivered by municipalities are aimed at addressing all the developmental and other challenges facing local communities so as to realise a better life for all in those communities The HIV and TB epidemics present major challenges in communities and if these are not dealt with adequately, the ideal of a better life for all will never be realised. The municipalities have a constitutional mandate to provide all the services required to improve the lives of communities. To achieve this, the **Municipal Systems Act 32 of 2000** further requires municipalities to mainstream HIV and AIDS in the development and implementation of their Integrated Development Plans. The **Resource Book** of the manual provides a more detailed legal and policy framework for the management of HIV and AIDS at local municipality level. Municipalities receive their further mandate to lead the local-level responses to HIV, STI and TB from, among others, the NSP 2012 - 2016 which highlights the roles and responsibilities of Municipalities in this regards, as well as from the Abidjan Declaration on HIV and AIDS (AMICAALL, 1996) signed by Mayors and Municipal leaders from several African Countries, acknowledging the need for local level multi-sectoral responses to HIV and AIDS and thus committing that municipalities will take the lead in coordinating the responses in their respective municipalities.

Secondly, municipalities are elected by the people and given the duty to serve the community. If municipalities distance themselves from initiatives to deal with some of the biggest challenges faced by their voters, they run a risk of losing popularity and being voted out of office. Leading the local efforts to manage HIV, STIs and TB provides an ideal opportunity for the municipality to engage with the electorate to show that they care as well as to identify further pressing service delivery needs to meet and

thus accomplish the mission of improving the lives of communities.

Thirdly, a growing epidemic means a growing need for municipal health and social services. Taking the lead allows the municipality an opportunity to manage the epidemic so as to curb its spread and thus manage the demand for services. Fourthly, the municipality is the people. The politicians and employees are from the communities. If the epidemic is left unattended to grow in the community, politicians and employees in the municipality will also become infected and affected as members of the community. The demand for services will grow while the number of skilled people to provide the services will be reduced by the epidemic. The municipality must take a lead in the local response to the HIV and TB epidemics to ensure that this does not happen.

Lastly, for the municipality to be sustainable and financially viable, it must be able to generate revenue from payment for the services the municipality provides to communities (water, refuse removal, electricity, etc). If the people in the municipality's area of jurisdiction are getting infected with HIV and TB, they might be unable to pay for the services. The municipality will be presiding over sick, unemployed, poor and disgruntled communities. Taking a lead in the management of HIV, STIs and TB provides the municipality with an opportunity to work towards preventing such a situation.

The Role of Local Government Leadership

Local government leadership includes mayors, councillors, traditional leadership, and civil society leadership. There are broad areas identified which can assist the local leadership in defining their role in scaling up responses to HIV, STIs and TB at municipal level. These include in line with the AMICAALL toolkit (2007):

- Contributing to making a broad-based, multisectoral response to the HIV epidemic at local level
- Promoting locally driven processes of policy dialogue
- Drawing upon local human resources to enhance local capacity
- Creating mechanisms for sharing lessons and good practices
- Supporting scaled up and enhanced availability of services that address community needs and realities
- Complementing existing efforts to expand and scale up responses to HIV and AIDS within the Municipality
- Filling in the gaps in the response to HIV and AIDS in urban centres (taking into account growing urbanization)
- Building on the respect and attention that they command

The Role of the Local Municipality (DPLG, 2007)

- To convene the AIDS council
- To provide the secretariat services
- To ensure that all necessary municipal departments are represented on the Local AIDS Council
- To co-ordinate the HIV and AIDS plans of all municipal departments
- To integrate the plans of the LAC with other municipal plans through the IDP process

The Role of the Secretariat (DPLG 2007)

- To provide project management and administrative functions to the LAC
- To compile, analyse and disseminate necessary information
- To consolidate project proposals and programmes as part of the IDP process

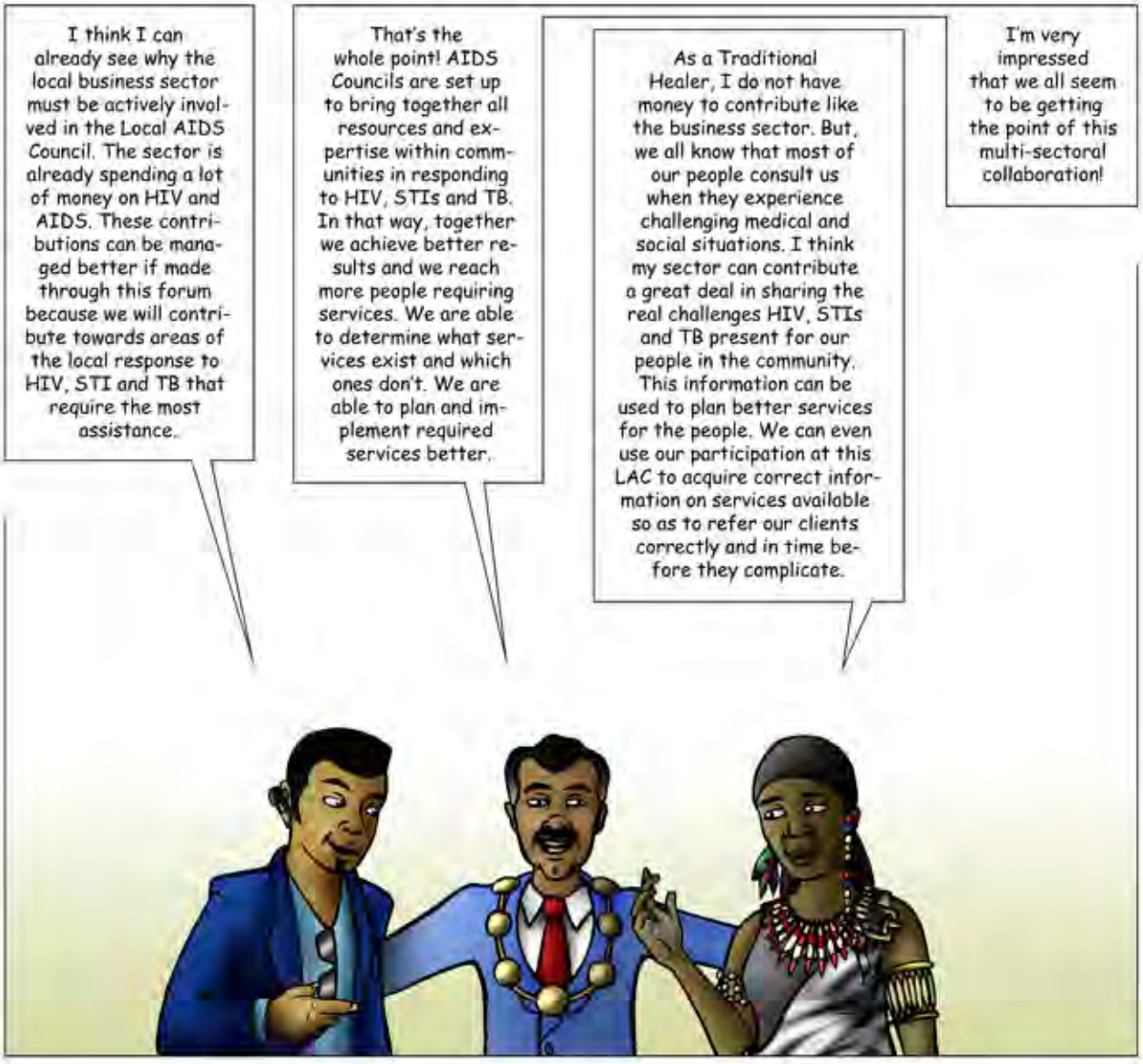
- To oversee the day-to-day management of the municipality-led activities as well as engagement with non-municipality partners
- To engage with line-function managers and portfolio councillors to ensure their contribution to the municipals response to HIV, STIs and TB
- To oversee monitoring and evaluation of other sectors' programmes
- To solicit political buy-in
- To report on the performance of multi-sectoral programme
- To ensure the technical soundness of strategic and operational aspects of related interventions in the IDP

The Role of Municipal Representatives on the LAC (DPLG, 2007):

- To bring the perspectives and technical expertise of their particular portfolio or department as it relates to HIV,STIs and TB
- To identify opportunities to collaborate with civil society organisations
- To identify opportunities to collaborate with other councillors and municipal departments
- To develop a holistic vision of how to deal with HIV, STIs and TB in the community, and not see things only from their departmental perspective
- To propose policies to the local AIDS Council, after thorough consultation with the community

The Role of NGOs and CBOs that are represented on the LAC (DPLG, 2007)

- To highlight the resources in the community that can be harnessed in the fight against HIV, STIs and TB
- To help to organise the community to unleash the hidden energy and talent of citizens to deal with HIV, STIs and TB
- To bring the needs of the community to the attention of the LAC
- To provide information about initiatives to deal with HIV, STIs and TB in the community
- To share insight and expertise gained from their work on HIV, STIs and TB
- To make policy recommendations based on their experience
- To provide advice to the LAC on how funds can be distributed
- To disseminate information to the community about the LAC
- To share information with other organisations, particularly regarding access to funding



1.6 Role of Local AIDS Councils in the IDP process

As mentioned above, municipalities were established in terms of the country's Constitution which gives them the mandate to develop and implement programmes to ensure that communities they serve progressively realise a better quality of life. The Municipal Systems Act no 32 of 2000 refines this by mandating municipalities to develop Integrated Development Plans (IDPs) and to ensure that all developmental issues are identified and addressed. The Act requires municipalities to involve communities in developing these plans.

The role of LACs in managing the local response to the HIV epidemic has been highlighted above. The LACs provide strategic direction to the municipality on HIV, STI and TB-related matters. In doing so, the LACs identify all the challenges within the community that increase risk, vulnerability and the impact of the epidemics. These challenges are mostly developmental in nature and need to be included in the IDP for them to be managed adequately. LACs thus have a critical role to play in providing a local voice for HIV, STIs and TB in the IDP process. The expertise present in the LAC will enable the IDP processes to adequately plan for and provide resources for the local HIV, STIs and TB response.

The LACs' involvement in the IDP process further allows the LAC to provide expert advice on the impact other developmental programmes included in the IDP might have on the HIV and TB epidemics, e.g. huge construction programmes that bring high numbers of men from other areas and house them in single-sex compounds near the construction site might lead to increases in sex work or the older men exploiting young girls in surrounding communities, resulting in an increased risk of contracting HIV. The LAC's involvement in the IDP process will ensure that such unintended and potentially negative impacts are managed proactively.

Related topics in the Resource Book

- Executive summary of the NSP 2012 - 2016
- Detailed information on responsibilities and composition of SANAC, PACs and DACs
- Detailed information on the IDP process

HIV, STIs and TB - Basic Facts

2.1 Introduction

The effective management of HIV, STIs and TB requires adequate levels of knowledge and understanding among all those involved. The partnership and all-inclusive approach of managing the epidemic has reaped undeniable benefits where this approach is adopted and implemented well. However, bringing together several partners with varying levels of knowledge, different attitudes and different ways of doing things sometimes creates significant challenges if not managed proactively. Each partner brings their own tried and tested meth ods, myths, misconceptions and prior knowledge to the partnership. Some partners traditionally have nothing to do with issues involving health-related matters and in some instances some partners hold conflicting views with other members.

An effective way of dealing with these dynamics must include the development of common knowledge and understanding among all partners. This requires that the basic facts on HIV, STIs and TB be discussed to ensure that the LAC collectively holds a common view on these. The process of discussing the basic facts, myths and misconceptions provides an ideal opportunity for identifying problematic views and attitudes, thereby providing a platform for dealing with these in a constructive and non-confrontational manner.

To enhance the effectiveness of the partnership approach, this section provides an overview of the HIV and TB epidemics in South Africa, including modes of transmission and main drivers. Furthermore, approaches to managing the disease are introduced. Basic facts on how to prevent HIV, STIs and TB, and in-depth information on the socio-economic determinants of HIV and TB in South Africa are presented in the **Resource Book**. This section will also highlight why it is important to integrate HIV, STI and TB interventions.

2.2 The HIV Epidemic in South Africa

Global and African HIV situation

HIV and AIDS continue to present significant challenges throughout the world. UNAIDS (2011) estimates that there were 34 million people living with HIV at the end of 2010. Among these, 2,7 million had newly acquired the infection in that year and an estimated 1.8 million people are said to have died from AIDS-related causes in 2010. As has been the case for a long time, the parts of Africa which lie below the Sahara Desert (Sub-Saharan Africa) still carry the biggest burden of the HIV epidemic. However, UNAIDS 2011 estimates indicate that the incidence (new infections) rate[3] within the Sub-Saharan African region have declined by 26% since 1997. While South Africa continues to have the highest number of infected individuals in the world, UNAIDS estimates that the incidence rate in the country has declined by 33,3% (a third) over the same period. There are other major success stories in the region, an example being Zimbabwe where the incidence rate has declined impressively from around 6% in 1991, to below 1% in 2010.

[3] Incidence of HIV: The number of new cases of HIV in a given time period, often expressed as a percentage for a given number of the susceptible population

Situation in South Africa[4]

In South Africa, the national Department of Health started monitoring the epidemic annually in 1990 through the National Antenatal Sentinel HIV and Syphilis Prevalence Survey.

National Antenatal Sentinel HIV and Syphilis Prevalence Survey

- This is commonly referred to as the "ANC Survey"
- Women attending designated Antenatal (pregnancy) clinics in October of each year are tested for HIV, with their permission
- The prevalence rate among those tested is the percentage of those found to be HIV-positive
- The prevalence rate among the pregnant women who tested is used, through applying certain scientific methods, to estimate the rate of HIV infection in the general population

The rate of HIV infection among pregnant women has grown rapidly over the years. In 1990, the rate was 0.8 %, in 1995 it had increased tenfold to 10.4%, in 2000 a further tenfold increase to 24.5% was noted, and in 2005 yet another significant increase to 30.2%. From 2005, the rate has stayed stable and was still 30.2% in 2010. However, the rates in seven provinces (Eastern Cape, Northern Cape, Western Cape, Gauteng, Free State, Mpumalanga and Limpopo) have increased between 2009 and 2010. The North West Province showed a slight decrease while KZN remained unchanged. In 2009, the national HIV prevalence rate for the general population was 17.8%, with an estimated 5.6 million adults and children living with HIV. The table below shows the rate of HIV infection among pregnant women from 2008 to 2010:

Tabel 1 HIV prevalence by Province 2008 - 2010 (DOH 2010)

Province	2008	2009	2010
South Africa	*29.3%*	*28.7%*	*30.2%*
Eastern Cape	27.6%	28.1%	29.5%
Free State	32.9%	30.1%	30.6%
Gauteng	29.9%	29.8%	30.4%
KZN	38.7%	39.5%	39.5%
Limpopo	20.7%	21.4%	21.9%
Mpumalanga	35.5%	34.7%	35.1%
North West	31.0%	30.0%	29.6%
Northern Cape	16.2%	17.2%	18.4%
Western Cape	16.1%	16.9%	18.5%

[4] Prevalence of HIV: Number of all HIV cases (new infections and continuous infections) .Source of figures and data: South African Department of Health. 2011

Within the provinces, significant differences in the rate of HIV infection have been observed among the different health districts over time. The prevalence rates at district levels need to be considered in order to plan adequately at district and local municipality levels. This information is available for each district in the Annual ANC reports mentioned above.

Although the Country Progress Report on the Declaration of Commitment on HIV and AIDS (2010) found the HIV prevalence to have stabilized at around 11% in the population under 2 years of age, women continue to be worst affected by the HIV epidemic in South Africa as can be seen in ***Table 2*** below:

Tabel 2 Impact of HIV on women

The statistics reflect South Africa's challenges and the disproportionate impact of the HIV epidemic on women and girls:

1.4 million people are on antiretroviral (ARV) treatment, approximately half of those in need of treatment. Some 6 million people are living with HIV and 60% are female.
1.3 million orphans related to maternal death, underscoring the important link between HIV and maternal mortality. An HIV positive pregnant woman in South Africa is six times more likely to die than a non HIV-infected woman.
The rate of mother-to-child transmission has been reduced to 3.5%. However, HIV prevalence in antenatal clinics is still alarming as can be seen in *Table 1*.
HIV prevalence remains disproportionately high for females overall in comparison to males.
HIV prevalence is highest among the 25-29 years age group, where one in three women were found to be HIV positive.

Source: Centre for Strategic & International Studies 2011: Improving Women's Health in South Africa

As wider access to ARV increases the life spans of people living with HIV, it is becoming more difficult to discern recent HIV infection trends from prevalence data. The lack of reliable data on incidents rates presents challenges to effective programming.

2.3 Main drivers of transmission

South Africa has a generalised HIV epidemic[5] driven largely by sexual transmission. The main factors facilitating HIV transmission are summarized in the NSP 2012-2016 as including the following:

- Early sexual debut (age at onset of sexual activity)

[5] Generalised epidemic: An HIV epidemic is defined by the HIV prevalence in the general population, which is the percentage of the population living with HIV. An epidemic is generalised if the HIV prevalence is 1% or more in the general population

- Multiple and concurrent sexual partners
- Inconsistent and incorrect condom use
- Age-disparate sexual relationships (with an age gap above 5yrs between the partners)
- Abuse of alcohol and other substances
- Mobility and migration, with people moving out of their social contexts and norms
- Gender roles and norms which are disempowering to women
- Sexual abuse and intimate partner violence
- Inadequate prevention knowledge and risk perception
- Sexually transmitted infections (STIs)

2.4 The TB epidemic (NSP 2012-2016)

According to the World Health Organization (WHO) estimates[6], South Africa ranks the third highest in the world in terms of TB burden (0.4 - 0.59 million), after India (2.0 - 2.5 million) and China (0.9 - 1.2 million). HIV is fuelling the TB epidemic with more than 70% of TB patients also living with HIV.

More than 80 % of the South African population is infected with TB. However, not all of those infected develop active TB or get sick from it. Approximately 1% of the population develops TB disease every year. The number of cases detected for all forms of TB has steadily increased from 148,164 in 2004 to 401,048 in 2010. The highest prevalence of latent (inactive or dormant) TB infection estimated at 88%, occurred among people in the age group of 30-39 years in township situations and informal settlements. This underscores the fact that TB is a disease of poverty. Township and informal settlement conditions are characterised by overcrowding and low socio-economic status and conditions, all of which provide a fertile ground for TB infection and disease.

The TB epidemic in South Africa is further compounded by multidrug-resistant tuberculosis, commonly referred to as (MDR-TB). This is a type of TB which is resistant to more than one of the drugs commonly used for the treatment of TB. The main reason for this is that some people do not take their treatment as prescribed for a fixed period. As a result, these people risk the opportunity of developing a multi-resistant TB and also spreading this drug-resistant tuberculosis to others.

The link between TB and HIV is that, while many South Africans are able to live with the TB infection without getting ill from it, HIV reduces the body's ability to do this due to the weak immune system caused by HIV. People with both TB and HIV infections are more likely to get active TB disease than those without HIV infection. The other link is that, in the presence of active TB disease, people living with HIV progress rapidly from HIV infection to AIDS.

2.5 Key populations for the HIV and TB responses

The NSP (2012-2016) identifies key populations, who are at a higher risk of contracting HIV and TB, and who should, as a result of this, be targeted through appropriate pro-

[6] 2011, WHO Report, Global Tuberculosis Control

grammes. These include:

- Young women between 15-24 years old
- People living close to national roads and informal settlements
- Young people not attending school and young girls who drop out of school before matric
- People from low socio-economic groups
- Uncircumcised men
- Persons with disabilities and mental disorders
- Sex workers and their clients
- People who abuse alcohol and drugs
- Men having sex with men
- Transgender people
- People in age-disparate relationships (age gap 5 years or more)
- Orphans and other vulnerable children

2.6 Management of the HIV epidemic

In South Africa, the mode of HIV transmission is mainly through unsafe sexual practices often associated with gender-based violence as over a quarter of South African men reported to have been physically violent to an intimate partner[7]. The high number of new infections is an indication that, despite all the efforts of educating people, there is still a need to find ways of sharing information in a manner that will empower people to protect themselves from becoming infected with HIV by changing their attitude towards the epidemic, as well as their sexual practices. The high AIDS-related death rate is an indication that HIV-positive people to not receive adequate care to cope with the epidemic. Lack of access to HIV- related services but also fear of stigma and discrimination are the major causes for inadequate care and treatment. Another challenge is that some people do access services but do not comply with treatment instructions, thereby reducing the life-saving benefit they could reap from such treatment.

The country's strategy for managing HIV, STIs and TB is outlined in the National Strategic Plan (NSP) which provides strategic direction for the implementation of the programmes in the different provinces. Provinces, Districts and Local Municipalities then develop operational plans aligned to the NSP. The NSP provides the blueprint for all HIV, STIs and TB -related interventions, including the legal and policy framework for the management of HIV, STIs and TB throughout the country. The NSP 2012-2016, as well as the provincial, district and local plans are all aimed at achieving five broad objectives by the end of 2016:

Reduce new HIV infections by at least 50% using combination prevention approaches

Initiate at least 80% of eligible patients on antiretroviral treatment (ART), with 70% alive and on treatment five years after initiation

Reduce the number of new TB infections as well as deaths from TB by 50%

Ensure an enabling and accessible legal framework that protects and promotes human rights in order to support implementation of the NSP

Reduce self-reported stigma related to HIV and TB by at least 50%.

[7] Jewkes R 2009. Understanding men's health and use of violence interface of rape and HIV in South Africa. South African Medical Research Journal

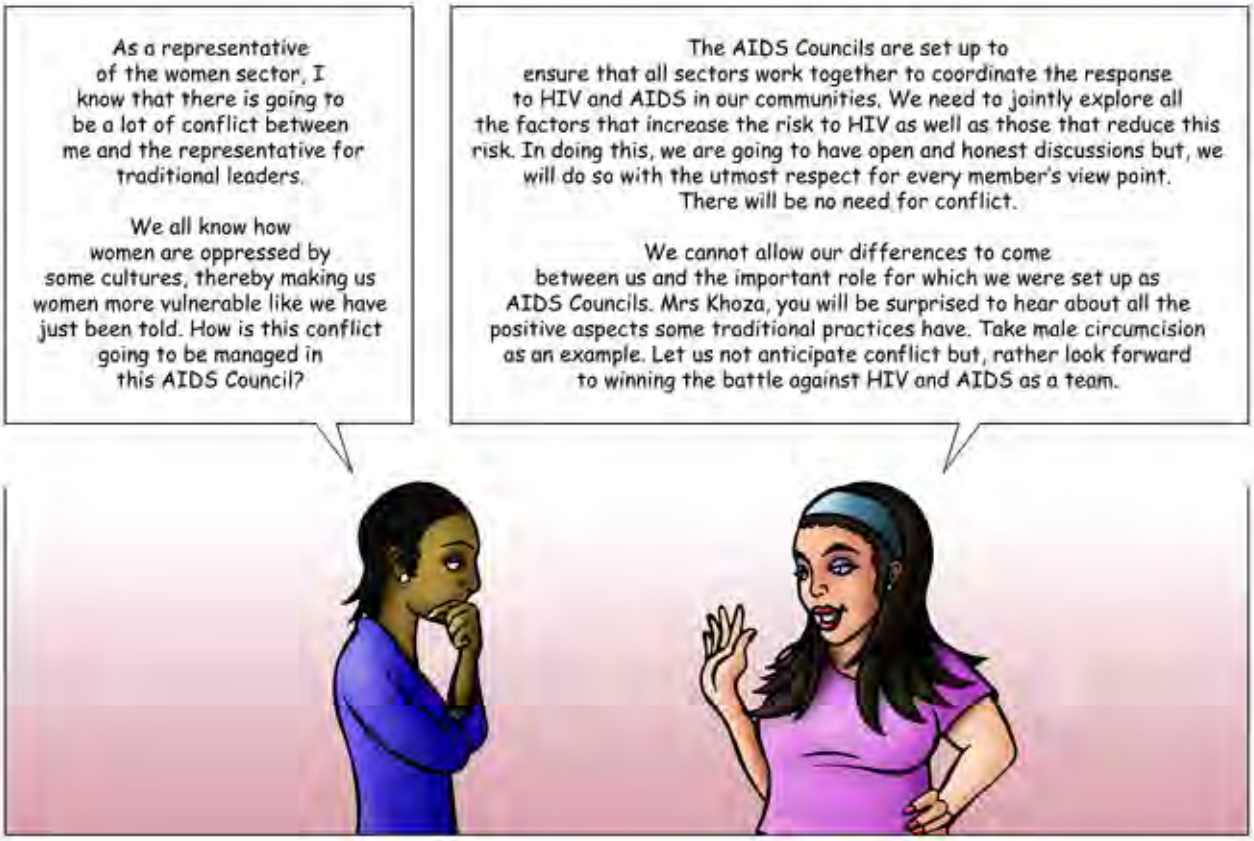
2.7 The link between HIV and STIs

Understanding the link between HIV and STIs is important for the improved management of the HIV epidemic. Testing for and preventing STIs has been proven to be an effective way to reduce HIV transmission. Research has proven that STIs increase both susceptibility (likelihood of becoming infected) to HIV and the infectiousness (likelihood of transmitting) in HIV-infected people.

In people having STIs, the likelihood of becoming positive if exposed to HIV increases 2-5 fold because some STIs cause sores / ulcers which provide a suitable portal for HIV entry into the body. Research has also found that HIV-infected individuals with STIs have higher concentrations of HIV in their genital secretions than those without STIs. This then makes HIV-infected individuals with STIs more infectious than those without. The effective prevention, screening and treatment for STIs will reduce both susceptibility and transmission of HIV.

Related topics in the Resource Book

- Basic facts on HIV, STI and TB
- Socio-cultural determinants and concepts
- Stigma and discrimination associated with HIV and AIDS
- Linking TB with HIV programmes



Operational issues: Cooperation and Steering

3.1 Introduction

Having articulated the need for effectively co-ordinating and managing the planning and implementation of the response to the HIV epidemic in the previous sections, section 3 and section 4 provide an outline of how this can be made to work better at district and local municipality level. The focus of both sections is on what needs to be done and how, to make Local AIDS Councils become more efficient. The critical role of DACs and LACs has been declared and even acknowledged by municipalities themselves.

Politicians and municipal leaders do not always possess the experience and skills required to implement mandates assigned to municipalities and LACs for them to provide adequate leadership. Section 3 and 4 aim to identify the important operational issues to empower LACs to carry out their management and coordination role effectively and to the benefit of the communities they serve.

3.2 Rules of engagement

Corporate governance

One of the most basic aspects of running a functional organisation is to put in place necessary and appropriate governance structures for the organisation. In South Africa, the King Committee on Good Corporate Governance, commonly referred as "the King Committee", sets standards for this and compiles periodic reports on the levels of compliance with these standards. The Code of Corporate Practices and Conduct by the King Commission outlines standards for good governance which are applicable to a wide range of institutions, including those for which the Public Finance Management Act (PFMA) and the Municipal Finance Management Act (MFMA) apply. Given that the different levels of AIDS councils are financed mainly through government funds, the King code applies to them. The King Code sets out the following seven characteristics of good corporate governance which AIDS Councils could benefit from implementing:

- **Discipline** - to adhere to the principles of good governance
- **Transparency** - making information available in a open and honest manner with nothing to hide, including information on how certain decisions were reached and how resources are distributed and used.
- **Independence** - to avoid conflict of interest and to avoid dominance of others by one partner. This will protect the AIDS Council from undue pressure from donors and other agencies with more resources or other sources of power.
- **Accountability** - with mechanisms for individual representatives and the collective to account to the community and organisations they represent.
- **Responsibility** - to put in place what is required to take the AIDS Council forward.
- **Fairness** - the rights and interest of all sectors must be respected equitably.
- **Social responsibility** - being aware of and responding to social issues and adhering to high ethical standards.

For effective corporate governance, the terms and rules of engagement need to be under-

stood and endorsed by all members of the AIDS Council. In the absence of a legal framework for this, having members committing to a specified set of rules through Member Commitment Pledges seems to be the route taken by the majority of reasonably functioning AIDS Councils. The **Resource Book of the manual** contains a sample Membership Commitment Pledge for consideration. The rules of engagement, sometimes referred to as Standard Operating Procedures, ordinarily contain, amongst others, guidance on the following:

- Cooperation with key partners and improvement in team cooperation
- Steering of AIDS Council activities
- Strategy development and implementation through operational plans
- Learning and Innovation to improve the quality of AIDS Councils

Code of conduct for AIDS Council members

AIDS Councils bring together a diverse group of individuals and sectors to achieve a common goal, that of ensuring an effective and well-coordinated programme to manage HIV, STI and TB. The individual members of the AIDS Councils bring with them different ways of doing things and sometimes even come from previously confrontational or competing structures. It is thus important that the rules of engagement for the AIDS Councils be determined upfront and agreed to by all members to avoid unnecessary conflict, hence the need for a Code of Conduct.

A Code of Conduct is a special agreement / contract members of the AIDS Council commit to regarding the behaviour expected from each member in order to develop and sustain a cordial and functional relationship amongst members. For the Code of Conduct to work well, it must be well-considered and well written to avoid any ambiguity or misunderstanding. It must state what consequences are in place for non-compliance with the Code. The Code must be understood by each member and commitment to abide by it must ideally be expressed in writing. Most AIDS Councils achieve this by requesting members to sign individual commitment pledges stating, amongst other things, that they shall abide by the Code of Conduct.

Responsibility and accountability

AIDS Councils are set up to provide guidance and direction for HIV, STI and TB programmes. This is a serious responsibility that requires responsibility and accountability from all those involved. AIDS Council members carry both individual and collective responsibility to ensure that the council works well and that the response to HIV, STIs and TB is well co-ordinated, resourced and managed. Each AIDS Council member represents an institution or sector and thus carries the responsibility for participating meaningfully in AIDS Council activities and processes. The mandate to represent an institution or sector carries an inherent requirement to be accountable to those being represented.

In simple terms, being responsible means being dependable while accountability means being answerable. In other words, each AIDS Council member is answerable to those he or she represents and in doing so, each member must be dependable. Collectively, the AIDS Council is accountable to those on whose behalf the programme is being implemented. The LAC will thus carry accountability towards the DAC which is accountable to the PAC. The PAC is accountable to SANAC which is in turn accountable to the people of South Africa and to the government.

Each individual member is further accountable to those he or she represents on the AIDS Council and must thus report to them and solicit their mandate for representing them on a continuous basis. The problematic tendency is for members to be elected on to AIDS Councils to represent institutions or sectors and once this is done, the people hardly ever report back nor consults as required for certain far-reaching decisions. In such a case, the AIDS Council

members represent only themselves and the value of true multi-sectoral collaboration is thus lost. It is thus of utmost importance that AIDS Councils hold their representative accountable to ensure that they consult and report back to the structures they represent on the council.

Lines of responsibility and accountability

The general responsibilities of AIDS Council members and the need for accountability were explained above. The structures of LACs required for carrying out these responsibilities were also discussed above. The structure, systems and procedures adopted by each AIDS Council assign responsibility and accountability for each function and activity to a certain individual or group of individuals within the AIDS Council. The systems and procedures further outline how and at what level decisions are made on behalf of the AIDS Council; who is responsible for what; as well as who reports to whom. This is commonly referred to as the "lines of responsibility and accountability".

The lines of responsibility and accountability are important for the smooth running of the AIDS Councils. In the absence of these, there is a potential for conflict and the subsequent collapse of the AIDS Council. The induction of new AIDS Council members must include a discussion on the lines of authority and accountability to ensure that each member understands what is expected of them. The Commitment Pledges must include a commitment to abide by these and the Code of Conduct must outline how non-compliance shall be dealt with.

Strategy Development

Cooperation or involving others is an important key to successful functioning of the multi-sectoral AIDS Councils. However, involving others is a costly process and it takes time. In order to avoid wasting scarce resources, it has to be handled in a professional manner.

The information offered in this section provides some guidance on how to do this. Cooperation within the framework of AIDS Councils means involving the public (communities, stakeholders) and it also means involving other spheres of government as well as involving specialists and consultants. It means effectively selecting the right people or groups for specific tasks, giving them clear direction, and making sure that they fulfill their task. It also means to shape partnerships and promote the dialogue between different sectors, to select committed partners and introduce the work and tasks of AIDS Councils to new members.

3.3 Identification of sectors to be represented on the AIDS Council

For AIDS Councils to be effective in coordinating the multi-sectoral response to HIV and AIDS, they have to be constituted to include as many stakeholders as possible. A process of identifying sectors to be represented on the AIDS Council is critical to the success of the

council. This process, commonly referred to as "stakeholder mapping" or "stakeholder analysis", provides an opportunity to identify, analyse and rank stakeholders that provide services and/or resources that could enhance the coordination and implementation of the local response to HIV, STIs and TB. The **Resource Book** of this manual provides a tool with step-by-step advice on how to identify all relevant stakeholders for inclusion in the AIDS Council.

3.4 Using advocacy for the involvement and commitment of sectors

Given the importance of involving all sectors in the management of HIV, STIs and TB at community level as outlined in previous sections, strategies to ensure the involvement and commitment of each sector are required. The HIV and TB epidemics present developmental challenges that require urgent responses to mitigate their impact on individuals, families and communities. Rapid responses and long-term commitment is required from each partner. Advocacy should thus form an integral part of the responses to the epidemic at a local level.

Advocacy is a process through which information is provided to important stakeholders to create awareness, build confidence and instil commitment in support of a certain developmental cause, in this case the local HIV, STI and TB response. It empowers those targeted by providing them with the necessary awareness and information to support and commit to the cause, hopefully resulting in positive change in the community. The end result of advocacy is solidarity, partnership and commitments among the various role players.

Given the centrality of providing necessary information and creating adequate awareness in advocacy, the process cannot be taken for granted. It needs to be planned for and the people responsible for it or "advocates" must be well-informed, committed and believe in the cause themselves, otherwise the desired effects will not be realised. A tool for enhancing the positive effect of advocacy is provided in the **Resource Book**.

3.5 Procedure for selecting individual AIDS Council members and Term of Office for members

AIDS Councils are set up to meet a critical need within communities. It is thus important that these structures be fully endorsed and supported by communities served by the AIDS Councils. For the AIDS Councils to be accepted and in order to avoid unnecessary conflicts, there is a need for transparency in establishing and sustaining them. The process for selecting individual members needs to be transparent and involve communities. The term of office also needs to be announced upfront and abided by.

Generally, employed representatives for government departments and other state-owned entities are selected based on the functions/jobs they are employed for. Some employees will thus become members of the AIDS Council because of their jobs and cease being members when they no longer hold those jobs. The term of office for these members will thus be linked to their continued employment in certain positions or jobs. Similarly, politicians holding certain portfolios e.g. Mayors, become members by virtue of

them being deployed in those portfolios. For them, their term of office as AIDS Council members is linked to them continuing to be in those portfolios. Should they be redeployed during the term of office of the government level they represent, they will stop being members of the AIDS Council.

Where the sectors are functional, civil society representatives must ideally be selected by the sectors themselves. The process in this case will typically involve an announcement by the AIDS Council in local newspapers and other available avenues, that representatives are needed for specified sectors. The process for sectors to follow in selecting representatives will be included in the announcement. Sectors, which are made up of several organisations working towards a certain goal, e.g. home-based care or caring for vulnerable children, will then meet and appoint a representative. To enable an effective selection of the right people for specific tasks, it would be important to develop detailed terms of references for the new position.

The sectors must endorse the selection by signing a letter informing the AIDS Council that the individual has been selected to represent the sector. The term of office for sector representatives will be linked to the term of office of political office bearers at the level at which the council is. AIDS Councils are at liberty to design their own system for selecting sector representatives, provided that such process is practical and transparent.

3.6 Strengthen partnerships and promoting the sector dialogue

Strengthening the AIDS Council as a team and shaping partnerships with the various sectors in the municipality is a broad field. Human beings are social creatures, and as such are constantly connecting and splitting up, both amicably and non-amicably. Various factors such as power relations, intrigues, and institutional aspects might influence the work of the AIDS Council and the dialogue between different sectors. Nevertheless, there are aspects which might support successful partnerships.

As a matter of general principle, it should be ensured that the regulation and structuring of partnerships does not hinder the process of cooperation. A minimum of regulation should be applied, so that the cooperation can function and develop as flexibly as possible.

As more partners co-operate, the need for co-ordination and harmonisation increases. The required measures can then help facilitate and optimise the process of cooperation, and improve mutual learning. A partnership has a structure, which we can be imagine as a river bed. It develops as a process, which we can imagine as a river that flows relatively fast along the river bed. The participants are carried along by the river. The same moment never occurs twice. The shared journey and the shared experiences are part of the process. The **Resource Book** offers tools which will help to identify the institutional capacity of relevant partner institutions and also support the development of well functioning partnerships and the fruitful dialogue between different sectors.

3.7 Induction of new AIDS Council members

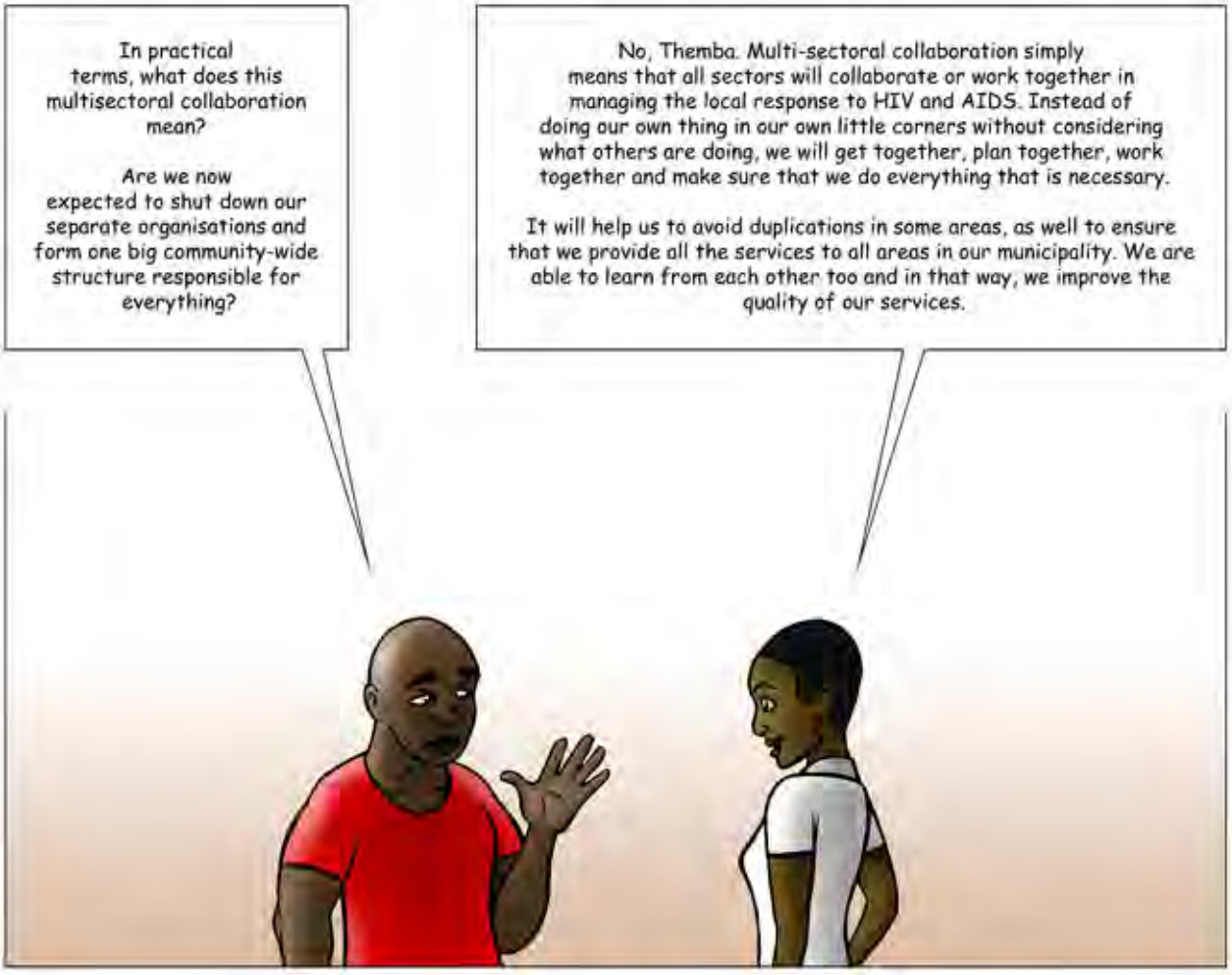
In simple terms, induction refers to the process of making new members joining an organisation understand the organisation sufficiently for them to carry out their assigned responsibilities optimally in that organisation. Induction is a process of initiating people into the organisation to make sure that they understand the vision, mission, culture and general functioning of the organisation with the aim of establishing congruence or alignment between the individual's expectations and that of the organisation. The induction process must result in the group having the same vision, mission, goals and objectives. The group must also share a common set of ethos and performance standards that then define the group to those interacting with it.

For AIDS Councils, induction is of critical importance and often determines whether the AIDS Council will eventually function efficiently or not. As already mentioned, AIDS Councils bring together a large group of diverse individuals with sometimes conflicting views and believes. The members also bring to the AIDS Council different levels of knowledge and experience around HIV, STI and TB-related matters. In some instances, the different members have unresolved previous or current conflicts amongst themselves because of the organisations they come from. The true value of multisectoralism can only be realised if the group is inducted well, soon into their term of office, to establish a common way of viewing and thinking about the programmes being coordinated through the AIDS Councils.

The induction process is not an ad hoc activity that happens as and when someone decides it should happen. It is a process requiring deliberate planning and a commitment from all members involved to succeed. The process must be organised at the highest level and be facilitated by a well-informed and experienced facilitator. At the end of a successful induction process, all members of the AIDS Council will understand the programme they will be co-ordinating, how AIDS Council works, who does what, how and when. They will all possess above-average knowledge on HIV, STIs and TB to enable them to make informed decisions and contributions during and between AIDS Council proceedings. An effective induction will end with a call to action challenging members to look forward to performing their individual and collective responsibilities. The **Resource Book** contains a tool on preparing and implementing a successful induction process.

Related topics in the Resource Book

- How to encourage advocacy and mobilise the various sectors
- How to initiate the process of selecting sector representatives
- How to draft Terms of References (TOR)
- What are the challenges of team building
- How to get information on the capacity / suitability of partners and stakeholders
- How to strengthen partnerships and promote the sector dialogue
- How to plan and conduct the "Induction of AIDS Council members"



Steering

Steering means coordinating and managing complex and comprehensive tasks and processes such as those AIDS Councils are facing. In this section the benefit of assessing skills and gaps of AIDS Councils are described in order to influence focused capacity building of AIDS Council members and the strategic development of the AIDS Council. Furthermore, the section demonstrates that effective workshops and meetings support steering processes.

3.8 Assessing skills and gaps of Aids Council members

Individual AIDS Council members join the council with different levels of related knowledge and skills. For employed government representatives, some may have been employed in their jobs for long and yet have had nothing to do with HIV, STIs and TB up to that point. Politicians most often have also never had anything to do with HIV, STIs and TB up to that point. Politicians most often have also never had anything to do with HIV, STIs and TB before, while sector representatives have often worked on a specific focus area only and lack the general knowledge required to contribute effectively as members a multi-sectoral AIDS Council coordinating the overall local response. Some members may be holding responsibilities that have equipped them with advanced levels of related technical knowledge and yet lack the necessary community-centred focus. It is thus critical that each member's skills be assessed at the onset of the term of office and that a plan for building the capacity of each member is developed. The tool **"Self Assessment: Improving the quality of AIDS Councils"** is designed for assessing the capacity of AIDS Council members. It is attached in the **Resource Book**.

3.9 Assessment of District anf Local AIDS Council' environment to identify areas for improvement

Any AIDS Council operates in a specific environment, the so-called policy field. This is shaped by an organisational structure comprised of institutions, organisations, networks, processes and rules. It is of utmost importance for successful operating AIDS Councils to be aware of the overarching governance regime on one hand, and the forces, cultures and coalitions operating in the municipality on the other. The above introduced tool **"Self Assessment: Improving the quality of AIDS Councils"** also enables AIDS Councils to assess their specific environmental situation in order to orient themselves within the relevant policy field in which they would be operating. Based on the results of this analysis AIDS Councils would be in the position to develop specific strategies as a key for successful operations.

3.10 Initiate change and encourage the learning processes

Change processes promote the search for new forms of effective performance and cooperation. Managing these processes therefore constitutes a particular challenge in the steering of complex projects and programmes. It is not only processes, structures and rules that are changed; quite often, values and goals of the actors involved are also at stake.

Wherever new processes, structures or rules are created, or existing ones changed, this constitutes a deep disturbance in the established routines of the actors involved. Consequently, when managing change processes, it is advisable to adopt a creative but circumspect approach that takes into account these established routines, as well as the relevant contexts and settings.

Change processes are planned, designed, experienced, sometimes suffered, and steered by internal and external actors. As this change unfolds some things are thrown overboard, others become unnecessarily complex, and power relations shift.

Change processes are always politically charged, because they affect existing constellations of influence and power. This usually causes feelings of insecurity and resistance among those involved. Where this resistance occurs within the change process, we need to work constructively with it so that it can be addressed. More information is provided in the **Resource Book**.

3.11 Conduct effective workshops and meetings

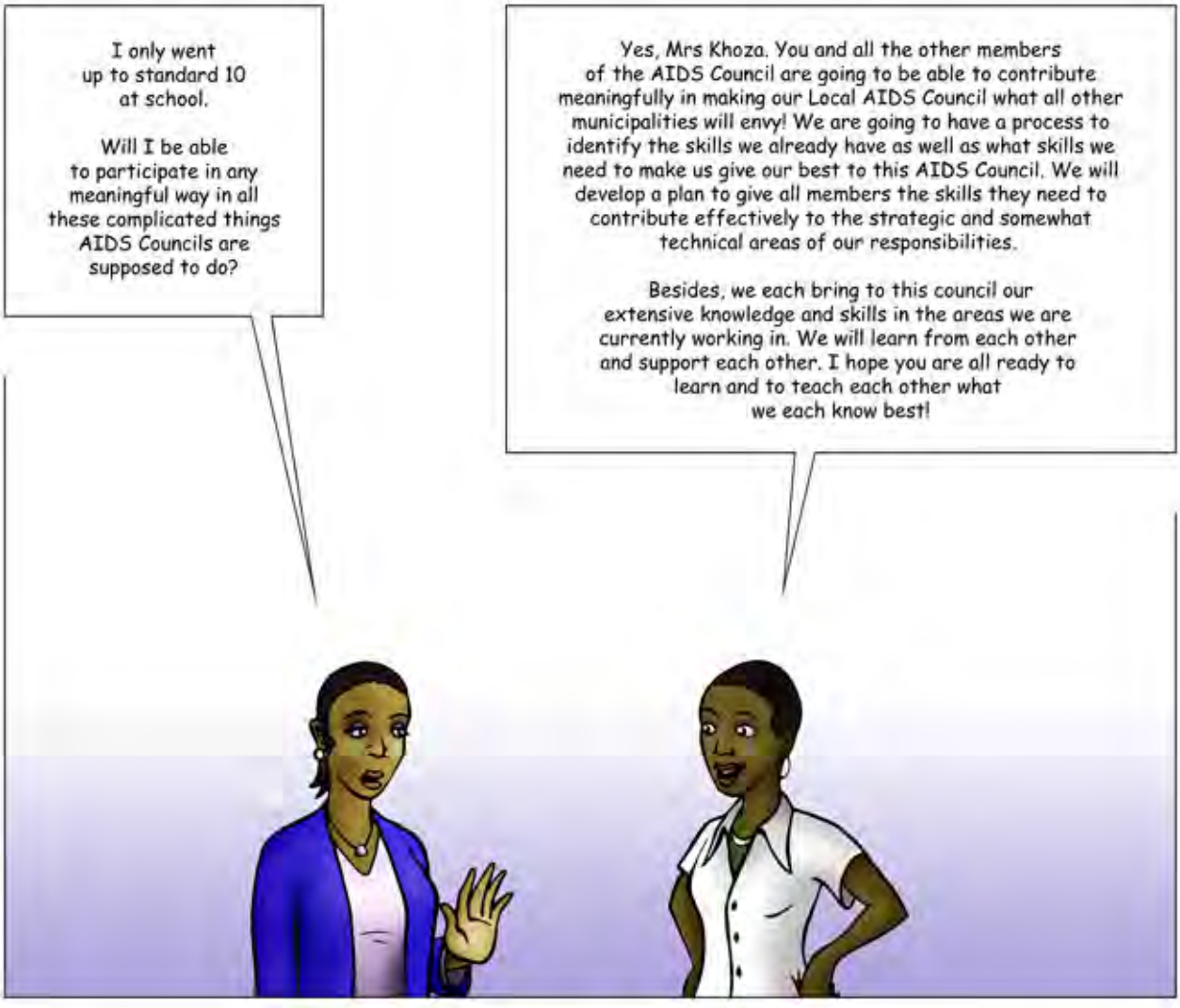
Meetings and workshops are a critical part of the effective running of AIDS Councils. AIDS Councils that do not hold meetings or workshops cannot be said to be functional because it is through meetings and workshops that the AIDS Council is able to do strategic and operational planning as well as to coordinate activities and assess the level of success of the plans and activities carried out as part of those plans. Given the significance of meetings and workshops in the functioning of AIDS Councils, it is critical that:

- AIDS council meetings / workshops be held in accordance with a predetermined schedule
- meetings / workshops be chaired by the designated chairperson as far as reasonably feasible
- meetings / workshops be guided through a well-considered and adopted agenda
- the quorum (necessary number of people) for each meeting be met
- minutes of each meeting and reports of workshops are captured adequately and adopted at the next meeting
- each AIDS Council member must attend all meetings as far as reasonably practical
- all reports on the activities that happen between meetings be presented and discussed objectively at meetings
- all important council decisions / resolutions be taken at meetings with the required quorum

For AIDS Councils to hold effective meetings, the behaviour or conduct of members must allow for open discussion of issues. The Code of Conduct must specify appropriate and acceptable behaviour of all members, including the rules of engagement during meetings. **The Resource Book** provides tools that could be used to support the AIDS Councils in this regard.

Related topics in the Resource Book

- Self-assessment tool for AIDS Council members to identify individual capacity gaps and their political environment
- How to initiate change and encourage the learning process
- How to prepare and conduct effective workshops and meeting


I only went up to standard 10 at school.
Will I be able to participate in any meaningful way in all these complicated things AIDS Councils are supposed to do?
Yes, Mrs Khoza. You and all the other members of the AIDS Council are going to be able to contribute meaningfully in making our Local AIDS Council what all other municipalities will envy! We are going to have a process to identify the skills we already have as well as what skills we need to make us give our best to this AIDS Council. We will develop a plan to give all members the skills they need to contribute effectively to the strategic and somewhat technical areas of our responsibilities.
Besides, we each bring to this council our extensive knowledge and skills in the areas we are currently working in. We will learn from each other and support each other. I hope you are all ready to learn and to teach each other what we each know best!

Operational issues: Strategy Development and Learning & Innovation

Strategy Development

AIDS Councils, like other organisations, use a wide variety of processes in order to develop strategies and achieve their goals. Successful strategies are based on three key characteristics:

- the taking into account of the actions of other actors and the dynamics of the environment,
- the clear distinction between the strategic and the operational level, and
- the long-term nature of strategic action.

In this section, information is provided to support AIDS Councils through a process of developing the systems, processes and procedures required for them to function optimally. The section begins by supporting AIDS Councils to perform needs assessment through situational analysis and self assessment, followed by providing support for planning and implementing programmes and the section ends by providing support for collecting and preserving knowledge gained over time so as to benefit future programme development.

4.1 Assessment of the HIV and TB epidemics at local level

As mentioned above, the strengths of coordinating the response to HIV and TB at a local level lies with the ability to provide context-specific and need-based programmes at that level. The LACs are made up of members who live and/or work in those communities and thus know the community well. Despite this, there is still a need to systematically collect the necessary information to assess the local situation more adequately. This process must involve the community whose experiences and knowledge are important in understanding the local situation fully. The process of assessing the situation at a local level forms the basis for planning and implementing programmes as part of the local response to the epidemic and is thus one of the first steps in developing strategic and operational plans for the LAC. The **Resource Book** provides guidance on how this could be done efficiently and effectively.

4.2 Organisational self-assessment: Identification of strengths and challenges

To identify a selection of strategic options for an organisation such as the AIDS Council or a project, it is useful to use a tool known as "The SWOT Analysis" (Strengths, Weaknesses, Opportunities and Threats) which is described in the **Resource Book**. It is helpful to apply this analysis specifically to record and document the divergent perspectives and perceptions of the participating actors or group of actors.

4.3 Joint strategic and operational planning

Joint or participatory planning means mobilizing all stakeholders to be part of the planning process when formulating the future courses of action for the AIDS Councils. The multi-sectoral approach required for the effective management of responses to HIV, STIs and TB requires that the planning process includes all relevant stakeholders (see the **Resource Book** for a tool to support this process). The process of participatory planning is aimed at developing a blueprint for the management of the HIV and TB epidemics and all its negative impacts on individuals, families and communities with the municipalities. The envisaged outcome of the participatory planning process is to have a local strategy that will be understood and owned by all sectors, thereby resulting in a common course of action among all stakeholders within the municipality. After the NSP has been developed, an operational plan must be developed to guide the implementation of the strategic plan at Municipality level. The benefits of implementing the participatory planning approach include that:

- All important stakeholders are identified and involved
- All stakeholders know exactly what their individual and joint responsibilities are within the partnership
- The plans are owned by all sectors, thereby making implementation more likely
- All needs, priorities and potential challenges are identified and addressed
- Duplications and gaps are minimized.

4.4 Coordination of HIV, STI and TB initiatives: Optimising implementation

As mentioned already, appropriate structures, systems and procedures for coordinating the local response to HIV, STIs and TB are critical to the successful mitigation of the epidemic's impact. AIDS Councils are set up precisely for this purpose. The response is guided by the strategic and operational plans as discussed above. The successful implementation of these plans depends on having the best possible and most effective coordination systems and mechanisms in place. The AIDS Councils should not be seen as structures that "control" projects and activities in the area. They are meant to ensure that the most affected areas and individuals in the community are effectively serviced and that available resources are used as efficiently as possible. It is vital that AIDS Councils do not become gate-keeping structures that stop other organisations from getting involved. HIV, STIs and TB are issues that affect everyone and should not be dealt with in a way that excludes anyone.

Based on available case studies (e.g. Eastern Cape and KZN), the government structure at each level should ideally play a leading role in coordinating the response and must use its resources to facilitate meetings and the general administration of the AIDS Councils. The KZN and Eastern Cape examples further seem to suggest that AIDS Councils function better if placed under the authority of the highest political office at each level of government e.g. the Premier at provincial level, Executive Mayor at district level and the Mayor at local level, to give the AIDS Councils political clout and status. Lastly, the experiences from the two provinces suggest that the effective functioning of AIDS Councils in their role of coordinating the HIV, STI and TB response requires that the

councils have adequately resourced Secretariats. The Secretariats must ideally be headed by adequately skilled individuals appointed exclusively for this and in positions with adequate authority. The strategic planning process above and the tool for this provided in the Resource Book include further advice on how to achieve effective coordination of the response at the different levels of the AIDS Councils.

4.5 Mainstreaming HIV

HIV mainstreaming is an approach whereby the epidemic is seen through a development and governance lens. Mainstreaming as an approach to HIV and requires municipalities to analyse how HIV impacts on themselves as organisations and on their core work, and to determine how they should respond. The concept of mainstreaming is based on the understanding that HIV and AIDS is not merely a health issue and that education and awareness around prevention is not enough to stop the rapid spread of the disease and deal with its consequences. To deal with the negative impacts of the epidemic, we need sustained, equitable and inclusive socio-economic development. This means that all sectors, including those that traditionally are not considered to have a bearing on health issues, have a role to play in responding to the HIV epidemic.

Mainstreaming requires all municipal departments to look at their core work through the lens of HIV and to take the associations and cause-effect-relationships between HIV, STI and TB into account during all stages of the municipal planning, implementation, budgeting, monitoring and evaluation process. Mainstreaming should be taking place in both the internal functioning of a municipality, and the externally focussed service delivery work.

Internal mainstreaming deals with measures to reduce the susceptibility of municipal staff to HIV infection, and to reduce the vulnerability of the organisation to the impacts of the epidemic. It includes working with staff to educate them about HIV, STIs and TB, conducting HCT, and providing, or facilitating access to ART. It also means re-examining and adapting internal systems and procedures to reduce the negative impacts of HIV on the organisation, for example, reviewing HR policies and succession planning. The aim of internal mainstreaming is to try to ensure that the organisation can continue to operate effectively in the face of HIV and continue to fulfill its functions.

External mainstreaming deals with the work of the municipality in the community. It means that every line department within municipalities should adapt their core work to take into account susceptibility to HIV infection and vulnerability to the impacts of the epidemic amongst the communities within the municipal area. Adapting core work does not mean fundamentally changing what municipalities do, but rather identifying the possibilities that exist within their core work for reducing susceptibility and vulnerability in communities.

The DPLG **Handbook for facilitating development and governance response to HIV and AIDS** provides a tool on "Institutional Arrangements for Mainstreaming and Programming".

4.6 Mobilising and managing resources

Without the necessary human, financial and material resources, even the best crafted strategic and operational plans will not achieve their desired impact. It is for this reason that identifying and mobilising resources forms an integral part of the planning processes. Mobilising and managing resources require specialised skills which, if not already available within the AIDS Council, will have to be developed urgently or sourced from outside the council. The strategic and operational planning processes will ideally have identified the resources required and what is left would be to identify individuals and structures from which these resources can be sourced.

The process must start with the identification of already existing financial and human resources from amongst the partners (government and stakeholders of the AIDS Council, etc) and identifying the gap between what exists and what is needed. This is then followed by the planning for how the gap will be filled. This can be done by sensitizing and motivating people to participate in project activities and developing new partnerships (see section on cooperation). It can also be done through requesting funding from identified potential funders, a process that also requires skills in preparing and submitting proposals for funding. The appropriate management of available resources is just as important as the process of mobilising these resources. An effective M&E will support this process and thus make it easier for the AIDS Council to request further funding.

The **Resource Book** provides useful tools for these processes.

Related topics in the Resource Book

- How to assess the situation at local level and its implication to the local response
- How to get information on strengths or challenges of an organisation
- How to conduct strategic and operational planning
- Mobilizing resources: How to write proposals
- How to assess gender-responsive proposals

Learning & Innovation

Organisations such as AIDS Councils are "beings" in their own right. Organisations generate their own sense of fixed purpose. They try to offer solutions to tasks according to needs they identify. On the one hand, organisations are self-steering systems when they follow their internal rules and this separates them from their environment. On the other hand they are linked to their environment via numerous interfaces. So, in this sense they are open and learning systems guided by goals and objectives. In this context, this section describes the value of monitoring and evaluation. Furthermore it is pointed out that reporting change processes and knowledge management are important aspects to initiate learning and innovation processes.

4.7 Monitoring and evaluation

The HIV epidemic requires a multitude of interventions provided by a multitude of individuals and groups. A lot of money and other resources are put into HIV and AIDS, STI and TB programmes. Each programme must, before being implemented, have some specified desired outputs and outcomes. The many programmes should ideally be complementary and work towards achieving a common goal, that of mitigating the impact of the HIV and TB epidemics on individuals and groups within our communities. For that common goal to be reached, each intervention needs to achieve its intended purpose. Only an effective monitoring and evaluation (M&E) process is able to ascertain whether interventions are efficient and effective enough to reach stated objectives. AIDS Councils at the different levels thus require good M&E frameworks to support their decision making as well as to contribute towards the assessment of the overall national response to the HIV and TB epidemics. This will allow for the necessary policy and programmatic amendments to meet all identified unmet or further needs.

M&E requires a well-conceived and structured framework to support the process of assessing the value of interventions. The framework should be developed at the onset of programmes or projects, when the plans are still being drawn up for these. This ensures that the information needed for M&E is collected right from the start of a programme and not scrapped together unsystematically towards the end when it is time for reporting. An effective M&E framework describes what information needs to be collected and what observations need to be made, when, how and by whom. It supports the overall implementation of the programme because it outlines what needs to be done, when, how and by whom as well as how the determination of whether these did happen will be made. For M&E to work well, reporting templates need to be developed and the M&E framework should be included in the induction of new members. An effective M&E framework takes the pain out of reporting because all the information necessary becomes readily available. The **Resource Book** provides a tool to support effective M&E for AIDS Councils.

4.8 Reporting

AIDS Councils have specified roles and responsibilities as outlined in **Section 1**. The AIDS Councils have a duty to be responsible and accountable in carrying out these assigned responsibilities. Reporting is an effective and necessary way of assessing how AIDS Councils are performing towards reaching their intended purpose. In general, the main aim of any report should be to give adequate feedback to those on whose behalf responsibilities or tasks are being undertaken as well as to those who provide the resources for that. It is through reporting that AIDS Council members are held individually and jointly accountable for the efficient and effective functioning of these councils to ensure that the objectives of the AIDS Councils are met. Ideally, reporting must be in writing and happen at times specified in the M&E framework for each AIDS Council. Even when verbal reports are to be given in meetings, it is still critical that these be submitted in writing for ease of reference as well as for knowledge management purposes.

Reports are generally prepared to provide feedback on progress during the course of a programme / project or for programmes / projects that have been completed. The amount of detail of each report must be determined upfront through the M&E framework and the person responsible for submitting the report must also be specified. The templates provided as part of the M&E framework will specify the format for each report. However, most reporting templates adopt what is referred to as "the sandwich" structure with a brief introduction, followed by the main content or body of the report and then ending with a brief conclusion. Information is provided in the **Resource Book** on how to compile adequate reports.

4.9 Knowledge management (KM)

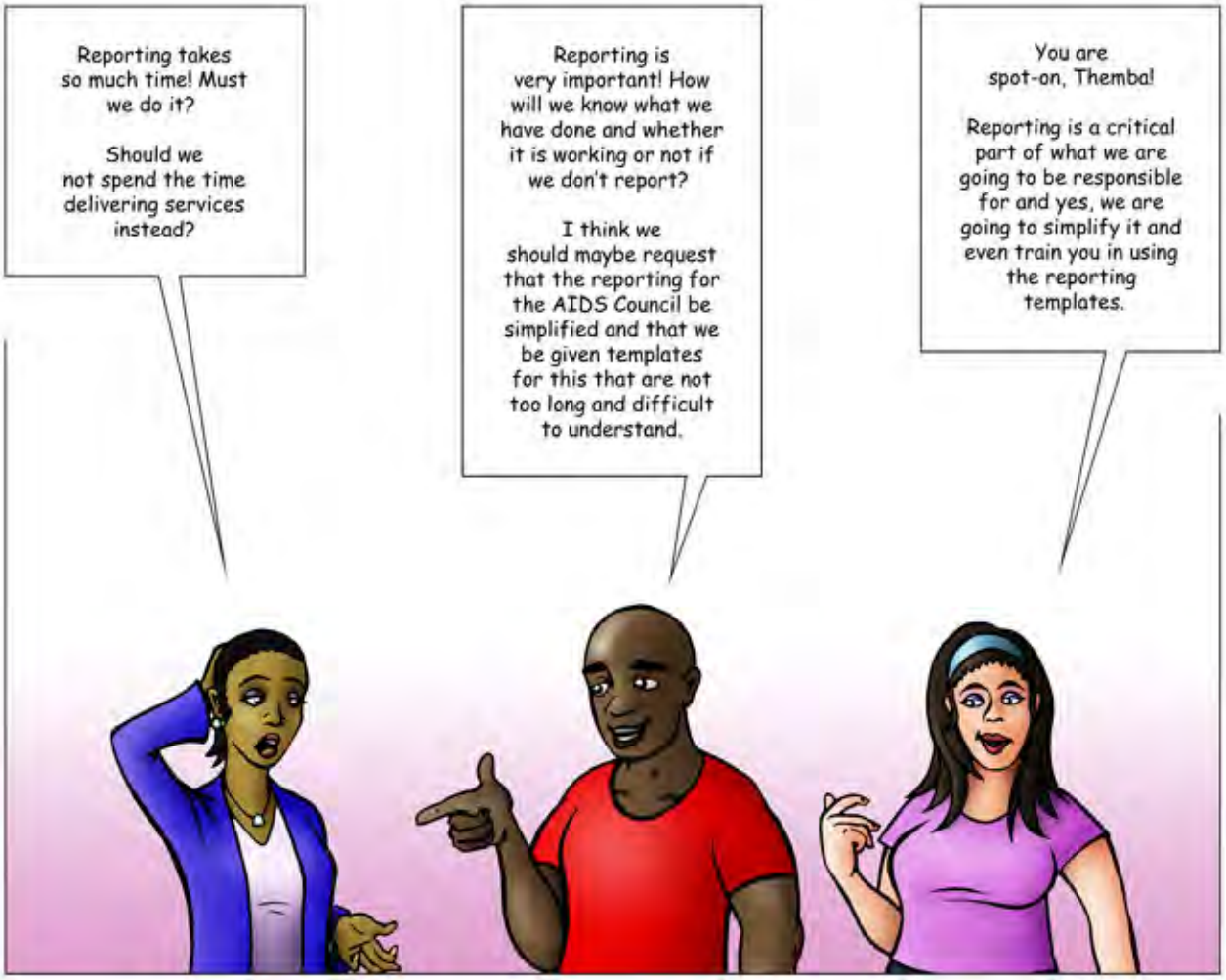
Knowledge is the insights, understandings, and practical know-how that we all possess. It is the fundamental resource that allows us to function intelligently. Knowledge Management for the AIDS Councils consists of activities focused on gaining knowledge from their own experience and from the experience of others, and on the effective application of that knowledge to fulfil the mission of the AIDS Council.

Managing knowledge effectively is about identifying critical knowledge areas that will make the most difference, collecting and interpreting new learning and ideas in these areas, retaining knowledge and applying it to make the best decisions. It requires the best communication, collaboration, learning and knowledge methods, tools and techniques.

Membership on AIDS Councils is not permanent. As members leave the council to be replaced by new ones, the knowledge and experience they gained leaves with them, including the established good-practice systems and methods tried and tested by the out-going team. If AIDS Councils do not put in place appropriate KM systems to preserve knowledge acquired over time and to share this with in-coming members, the councils will spend a lot of time trying to establish ways of doing thing, sometimes even coming up with less effective methods than out-going members. This will disadvantage the local HIV and AIDS response and be a disservice to those needing urgent and good quality programmes from the councils on a continuous basis. KM includes simple methods like good M&E, well-written and well-filed reports, case studies, photographs and videos, handover between out-going and in-coming members of councils, as well as the use of more sophisticated methods. It is important that AIDS Councils determine how they will ensure that the knowledge gained over time stays with the councils beyond the terms of office of members.

Related topics in the Resource Book

- Monitoring and Evaluation Tools
- How to write reports
- How to initiate patterns of innovation
- How to ensure knowledge management



REFERENCES

AMICAALL	1996. Abidjan Declaration on HIV/AIDS Alliance of Mayors' Initiative for Community Action on AIDS at the Local Level
AMICAALL	2007. The AMICAALL Toolkit. Local Governance and AIDS
DOH	2006. HIV & AIDS and STI Strategic Plan for South Africa 2007 – 2011
DOH	2009. Prevalence Survey in South Africa
DOH	2010. National Antenatal Sentinel HIV and Syphilis Prevalence Survey. South Africa
DOH	2011. National Antenatal Sentinel HIV and Syphilis Prevalence Survey. South Africa
DPLG	2007. Framework for an integrated Local Government Response to HIV7AIDS
DPLG	2006 IDP Guide Pack, (Book I – IV)
DPLG & SALGA	2008.Handbook for facilitating development and governance responses to HIV/ AIDS
ETU	2008 Municipal AIDS Manual
GIZ	2009. Capacity WORKS, Management Model for sustainable development,
SANAC	2006 HIV & AIDS and STI Strategic Plan for South Africa (2006-2011)
SANAC	2011 National Strategic Plan on HIV, STIs and TB (2012-2016)
World Bank	2007 Local Government Responses to HVI/AIDS: A Handbook
WHO,UNAIDS and UNICEF	2011 Global HIV/AIDS Response: Epidemic Update and Health Sector Progress Towards Universal Access. Progress Report
UNAIDS & WHO	2010. AIDS epidemic update: December 2009

For more information on topics discussed in this Manual and for handy tools to use for strengthening the functioning of your AIDS Council, please refer to the **Resource Book** developed in conjunction with this Manual.