AN INVESTIGATION INTO

THE

ROLE AND CHALLENGES FACED BY AIDS COUNCILS

IN

ADDRESSING HIV AND AIDS IN THEIR COMMUNITIES:

THE CASE

OF THE

EHLANZENI AIDS COUNCIL

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AN INVESTIGATION INTO THE ROLE AND CHALLENGES FACED BY AIDS COUNCILS IN ADDRESSING HIV AND AIDS IN THEIR COMMUNITIES: THE CASE OF THE EHLANZENI DISTRICT AIDS COUNCIL

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DECLARATION

I hereby declare that this study: AN INVESTIGATION INTO THE ROLE AND CHALLENGES FACED BY AIDS COUNCILS IN ADDRESSING HIV AND AIDS IN THEIR COMMUNITIES: THE CASE OF EHLANZENI DISTRICT AIDS COUNCIL is my own work and that all sources used or quoted are identified and acknowledged by means of complete referencing.

Zitha Sipho Siphiwosethu

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Date   Signature

SUMMARY

The purpose of this study was to investigate the role and challenges of AIDS Councils in addressing HIV and AIDS in their communities with regard to community mobilization and advocacy within the broader advocacy function of the South African National AIDS Council (SANAC) and within the framework of the HIV & AIDS and STI Strategic plan for South Africa 2007-2011(NSP). A qualitative research design was applied. Individual face to face interviews were conducted with the respondents who were purposively sampled across the five local municipalities comprising Ehlanzeni District Municipality.

Similar studies conducted previously suggest that many AIDS Councils stakeholders and members had a limited understanding of their role, and encountered more challenges in addressing HIV and AIDS in their communities. This study revealed that stakeholders and members seem to have steadily progressed in understanding their role as well as in weathering the various challenges they are confronted with within the AIDS councils. Be that as it may, there still exists some gaps between what is envisaged in both the NSPs (NSP 2000-2005 and NSP 2006-2011) and the current situation in many LACs. Many questions still need to be answered if South Africans are prepared to triumph over the AIDS pandemic.

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ACRONYMS AND ABBREVIATIONS

AIDS   Acquired Immune Deficiency Syndrome

AMICALL   Alliance of Mayors Initiative for Community Action on AIDS at Local Level

ART   Antiretroviral Therapy

ARV   Antiretroviral

BBR   Bushbuckridge

CADRE   Centre for AIDS Development, Research and Evaluation

CBO   Community Based Organizations

CD4 Count   A lab based test that measures the quantity of CD4 lymphocytes (CD4 Cells) in a person's blood sample in order to determine whether an HIV infected individual has progressed to full blown AIDS as indicated by the number of CD4 Cells (below 200 CD4 Cells)

CMRA   Centre for Municipal Research and Advice

DAC   District AIDS Council

DCS   Department of Correctional Services

DPLG   Department of Provincial and Local Government

ECAC   Eastern Cape AIDS Council

EDAC   Ehlanzeni District AIDS Council

EDM   Ehlanzeni District Municipality

ETU   Education Training Unit

FBO   Faith Based Organizations

GRIP   Greater Rape Intervention Project (A Mpumalanga based non-governmental organization established in 2000 to provide support and assistance to victims of sexual violence by availing such assistance in SAPS and Hospitals in and around Nelspruit area)

HIV	Human Immunodeficiency Virus
HR	Huma Resources
IDP	Integrated Development Plan
KPA	Key Performance Areas
KZN	KwaZulu Natal (A province in South Africa)
LAC	Local AIDS Council
MLM	Mbombela Local Municipality
MPAC	Mpumalanga Provincial AIDS Council
NAPWA	National Association of People Living with HIV and AIDS
NGO	Non-Governmental Organizations
NSP	HIV&AIDS and STI National Strategic Plan for South Africa (2007-2011)
PAC	Provincial AIDS Council
PMTCT	Prevention of Mother to Child Transmission
SACC	South African Council of Churches
SADTU	South African Teachers' Union
SANAC	South African National AIDS Council
STI	Sexual Transmitted Infections
TAC	Treatment Action Campaign
TLM	Thaba-Chweu Local Municipality
UNGASS	United Nations General Assembly Special Session (on HIV/AIDS)
UNAIDS	United Joint Programme on HIV/AIDS
VCT	Voluntary Council and Testing

AN INVESTIGATION INTO THE ROLE AND CHALLENGES FACED BY AIDS COUNCILS IN ADDRESSING HIV AND AIDS IN THEIR COMMUNITIES: THE CASE OF THE EHLANZENI DISTRICT AIDS COUNCIL

CHAPTER 1
INTRODUCTION AND BACKGROUND

1.1 INTRODUCTION

This study investigated the role and challenges faced by Local AIDS Councils (LACs) in addressing the impact of HIV and AIDS in communities, with regard to community mobilization and advocacy within the broader advocacy function of the South African National AIDS Council (SANAC) and within the framework of the HIV&AIDS and STI National Strategic Plan for South Africa 2007-2011(NSP).The study was conducted within the Ehlanzeni District Municipality in the lowveld part of Mpumalanga Province in South Africa. Face-to-face interviews were conducted with Ehlanzeni District Municipality AIDS Council (EDAC) members. Nine stakeholders of EDAC were sampled using a purposive sampling method. Each stakeholder representative was individually visited either at their respective homes or workplaces in order to conduct the interviews. The interviews ranged from three to five hours on a specific day, and each member was visited more than once.

1.2 BACKGROUND TO THE STUDY

As in many parts of the world, particularly in southern Africa, HIV and AIDS have reached generalized proportions in South Africa. Though it is not a secret that in the late 1990s and the early 2000s, South Africa's responses to HIV (human immunodeficiency virus) were characterized by controversies and court battles between the state and civil society regarding the responses that were deemed appropriate, eventually South Africa developed a comprehensive and structured response to HIV and AIDS. A number of HIV responses have been aimed at addressing the impact of HIV and AIDS on sustainable development in South Africa.

The most progressive is the establishment of a structure called the South African National AIDS Council (SANAC). The rise of civil society organizations such as the Treatment Action Campaign (TAC) and National Association of People Living with HIV and AIDS (NAPWA) can be said to have served as an impetus in South Africa's response to HIV and AIDS (Avert:2010).

HIV and AIDS mitigations in South Africa can be seen as organized in a hierarchical order. Whereas the cabinet serves as the highest in terms of political authority except on issues of constitutional disputes, the authority regarding management of HIV and AIDS mitigations is deferred to the so called Inter-ministerial Committee on AIDS (IMC) and SANAC. SANAC serves as an advisory structure to both civil society and the state in all aspects pertaining to HIV and AIDS mitigations in South Africa. Some of the main objectives of SANAC are:

- Create communication channels amongst all relevant key stakeholders from both government, and civil society.
- Provide guidance to the state on HIV and AIDS, STIs, policy and strategies in lieu of HIV and AIDS responses
- Mobilise resources in support of HIV and AIDS responses
- Ensure that there is adequate monitoring and evaluation of all HIV and AIDS responses

(Avert 2012)

SANAC can be regarded as operating at the National level; Provincial AIDS Councils (PACs) at provincial level; District AIDS Councils (DACs) at district municipality level; and Local AIDS Councils (LACs) at local municipality level (South African Government, Department of Health 2007).

In 2000, SANAC conducted an assessment of the implementation of the National Strategic Plan 2000-2005. The findings of the assessment highlighted the achievements and shortcomings. NSP 2000-2005 was found to have contributed to the establishment and expansion of some HIV mitigation strategies in the form of a number of programmes such as voluntary counselling and testing (VCT), prevention of mother to child transmission (PMCT) and antiretroviral therapy (ART). Weaknesses

highlighted included capacity deficiencies, poor coordination at the level of SANAC and lack of a clear target and monitoring framework, particularly in formerly underprivileged rural communities. After the assessment, recommendations were made, resulting in the launching of the HIV&AIDS and STI Strategic Plan for South Africa 2007-201(NSP 2007-2011). In this NSP 2007-2011; four Key Priority areas (KPAs) are emphasised, and these are

a) Prevention
b) Treatment, care and support
c) Research, monitoring and surveillance
d) Human rights, access to justice and law reform

(South African Government, Department of Health 2007).

The above stated KPAs and objectives are expected to be realized in all spheres of government: national, provincial, district and local level. The KPAs and objectives suggest that LACs have a role to play in community mobilization and advocacy within the broader advocacy function of SANAC and within the NSP 2007-2011.

LACs may be considered as the replica of SANAC, albeit at the local government level. Just as much as SANAC is comprised of both government and civil society, so are LACs expected to be. The institutional structure of LACs, too, resembles that of SANAC; for example, a LAC is supposed to be headed by a mayor, and is supposed to be comprised of a diverse civil society membership. The structural nature and proximity of LACs to communities and the role expected of civil society in addressing the impact of HIV and AIDS on sustainable development may be argued to be a route destined to successful HIV and AIDS mitigations implementation. Communities in their formations such as Faith Based Organizations(FBOs), Non-Governmental Organizations and so forth were found to be "*playing a vital role*" (CADRE, 2010:20) with regard to HIV and AIDS responses. Community involvement through NOGs formations were found to be the *"main vehicles for delivering official development aid to beneficiaries"* (Kelly & Von Donk, 2009:5)

Indeed this pandemic requires mobilization and collaboration at community level. Through LACs, local governments are supposed to obtain advice on policy

development relating to HIV and AIDS mitigations. LACs may achieve this by advocating the effective involvement of sectors and organizations in the implementation of programmes and strategies by ensuring community involvement (Versteeg & Strom 2007).

LACs have the potential to provide an integrated response to HIV and AIDS; this in turn would make an immense contribution towards achieving the country's goal of universal access to treatment, prevention, care and support. (Versteeg 2008)

A number of policies directly and indirectly meant to address the impact of HIV and AIDS in South Africa have been developed largely owing to the existence of SANAC at national level. LACs too have to a great extent contributed to these achievements. Some of these achievements include the announcement by the president of the Republic of South Africa in 2010 regarding the expansion of access to antiretroviral treatment to specific groups of patients who have a CD 4 count of 350 and less. Prior to this announcement, HIV infected patients were generally expected to wait until they had a CD 4 count of less than 200. This is expected to further increase the number of patients who are currently on ARV treatment to 1.4 million. Another ground-breaking announcement on HIV testing was the government undertaking to test 15 million persons between 2010 and 2011 June (UNGASS 2010).

In terms of HIV prevention, a significant increase in the supply of male condoms has been noted, though female condoms still lag behind. In terms of creating HIV and AIDS awareness, a number of programmes and campaigns such as *loveLife* have been developed and broadcast, reaching millions of South Africans across ages, societies and groups. These achievements are remarkable, but the status of the epidemic in South Africa requires much more than an integrated approach; it demands a much better coordinated, effective and efficient response in addressing the impact of HIV and AIDS. This is a glaring need when one studies the current situation of HIV in South Africa (UNGASS 2012).

1.3 THE SITUATION OF HIV AND AIDS

By the end of 2003, globally, about 35- 40 million people were reported to be living with HIV (Abdool Karim & Abdool Karim 2008). Between 60 and 70% (about 22.5 million) of people living with HIV and AIDS were located in sub-Saharan Africa. Over 30% of the 64% were found to be living in southern Africa. It is a concern that although southern Africa accounts for less than 14% of the world's population, its global share of adults living with HIV is estimated at over 30%. Countries like Swaziland, Lesotho, Botswana and many others in southern Africa have an HIV prevalence of over between 20 and over 25% (Avert 2012).

At an estimated HIV prevalence of over 12% of the general adult population in 2012, South Africa remains a country with the largest HIV epidemic. South Africa is however privileged as it also leads the world's largest HIV and AIDS treatment programme with over two million HIV positive people with a CD4 count of less than 350 (Shisana, O, Rehle,T, Simbayi LC, Zuma, K, Jooste, S Zungu, N, Labadorios, D, Onoya, D, *et al.* *2014)*

Scientists, scholars, practitioners and role players such as Halperin (2006) realize that in order to respond adequately to the AIDS epidemic, a thorough knowledge of the epidemic is necessary. The heterogeneity of HIV and epidemic typologies needs to be studied to understand that there are different epidemics across countries, even different epidemics within a country, and these epidemics should be addressed differently. South Africa is a good example to illustrate this point. (See table 1 below for more details)

Table 1:   **The heterogeneity of HIV and epidemic typologies**

Typology	Prevalence	Who has HIV?
Low-level	Below 1% of population	HIV has not spread to significant levels within any sub-population.
Concentrated	Below 1% of the population	HIV transmission occurs largely among vulnerable groups (e.g. intravenous drug users, sex workers and clients, men who have sex with men) but has not spread to the general population.
Generalized	Between 1-15% in pregnant women attending public sector antenatal clinics	HIV transmission occurs primarily outside vulnerable groups. HIV prevalence is present among general population and at sufficient levels for sexual networking to drive the epidemic.
Hyper-endemic	More than 15% of the adult population	HIV transmission driven through extensive heterosexual multiple concurrent partnerships with low and inconsistent condom use and in the context of low male circumcision.

Adapted from Halperin (2006)

One generic solution cannot respond to an epidemic which is possibly low-level, concentrated, generalized and hyper-endemic in the same country (Jackson 2008). An understanding of the evidence of the AIDS epidemic is essential. Without reliable data and interpretation of the data, the type and timing of the interventions will be poorly executed. Figure 1 illustrates the heterogeneous nature of the HIV epidemic in southern Africa. Even within a single country, the epidemic varies. HIV and AIDS affect the world in quite different ways; some continents have a generalized epidemic, whereas others have a concentrated epidemic. These differences are evident within regions, countries, provinces, districts, local communities and within individual communities. Some continents have as low as less than 5% of HIV prevalence, whereas others have over 30% of HIV prevalence (UNAIDS 2007).

Figure 1
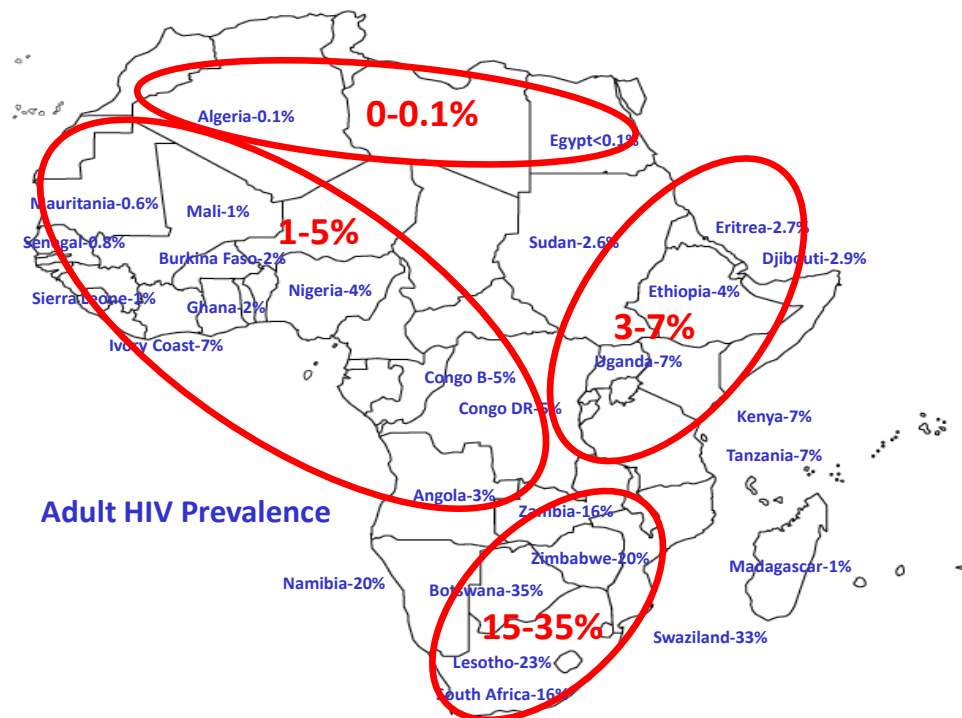
Adapted from Msiska (2005)

Some studies show that HIV prevalence in South Africa differs from province to province as illustrated in the following table (2).

Table 2

Name of Province	Kwazulu-Natal	MP	Free State	North West	Gauteng	Eastern Cape	Limpopo	North West	Western Cape
HIV Prevalence in %	16.9	14.1	14.0	13.3	12.4	11.6	9.2	7.4	5.0

Adapted from Shisana *et al. (2014)*

In South Africa, the first case of HIV was reported in 1980 and the government started its surveillance of antenatal attendees in 1990. HIV prevalence based on these studies increased from below 1% in 1991 to 10.4% in 1995 since then; there has been a steady increase in the number of people who get infected with HIV and those that are living with the HI virus. (Abdool Karim & Abdool Karim 2008).

On the basis of this increase in HIV prevalence among antenatal attendees, it is very clear that South Africa needs to put more effort into the HIV and AIDS response. More has to be done in order to address HIV and AIDS in communities. Challenges experienced in addressing HIV and AIDS must be identified, and fit-for-purpose measures put in place in response to the epidemic. Despite the above statistics, HIV prevalence has stabilized in some countries and there is evidence of decrease in new cases of HIV infections (UNGASS 2012). However, in South Africa and several other countries HIV prevalence has not decreased.

1.4 THE STATUS OF THE EPIDEMIC IN MPUMALANGA PROVINCE

Based on antenatal attendees' studies, in the 1990s; HIV prevalence in Mpumalanga was at 04%. Five years later; in 1995, it was estimated at 16.2%. In 2000, 29.7% of antenatal attendees in Mpumalanga were estimated to be living with HIV and AIDS. In 2009, the proportion increased to over 32.6%. By the end of 2010, Mpumalanga's HIV prevalence among antenatal attendees was estimated at 32.0%. A National HIV Survey conducted in 2008 found that 24.5% of people from as young as two were living with HIV in Mpumalanga. (South African Government, Department of Health 2010)

The latest HIV survey (South African National HIV Prevalence, Incidence and Behaviour Survey, 2012) show an increased in HIV infection rate in Mpumalanga, with Gert Nsibande District being labelled the HIV city of the country. Nkangala district has recorded some increase, while Ehlanzeni recorded a decrease in HIV prevalence. The HIV prevalence situation in Gert Sibande is attributed to amongst others to a number of socio-economic factors such as high unemployment rate, low literacy levels. Thriving sex work opportunities for unemployed women from the long distance truck drivers due to the existence of N17. There is however a disturbing factor here with regard to the accusations levelled against the political leadership whose commitment to addressing HIV and AIDS is questioned by civil society (Avert 2012).

Surely it must be a course for concern that as recently as 2013, after the implementation of two NSPs (2000-2005 and 2007-2011) including the recently established one (NSP 2012-2016) already a year old, in a province regarded as second hardest hit by HIV after KZN, one still hear of such accusations. As shown in

table (2), during the year 2012, Mpumalanga was estimated to have continued to be on the increase in HIV prevalence as it stood at 14.1% of the general population.

Table (3) as well as fig 1 below show HIV prevalence differences from district to district:

Table 3

Name of District	Nkangala District	Gert Sibande	Ehlanzeni
Name of Local municipalities under each district	1. Dr. JS Moroka 2. Thembisile 3. Steve Tshwete 4. Emalalhleni 5. Emakhazeni 6. Victor Khanye	1. Albert Luthuli 2. Msukaligwa 3. Govan Mbheki 4. Dipalseng 5. Lekwa 6. Pixley ka Seme 7. Mkhondo	1. Mbombela 2. Umjindi 3. Nkomazi 4. Thaba Chweu 5. Bushbuckrdige
HIV Prevalence in %	29.6	46.1	35.8

Based on the South African National HIV Survey (2012)

Figure 2
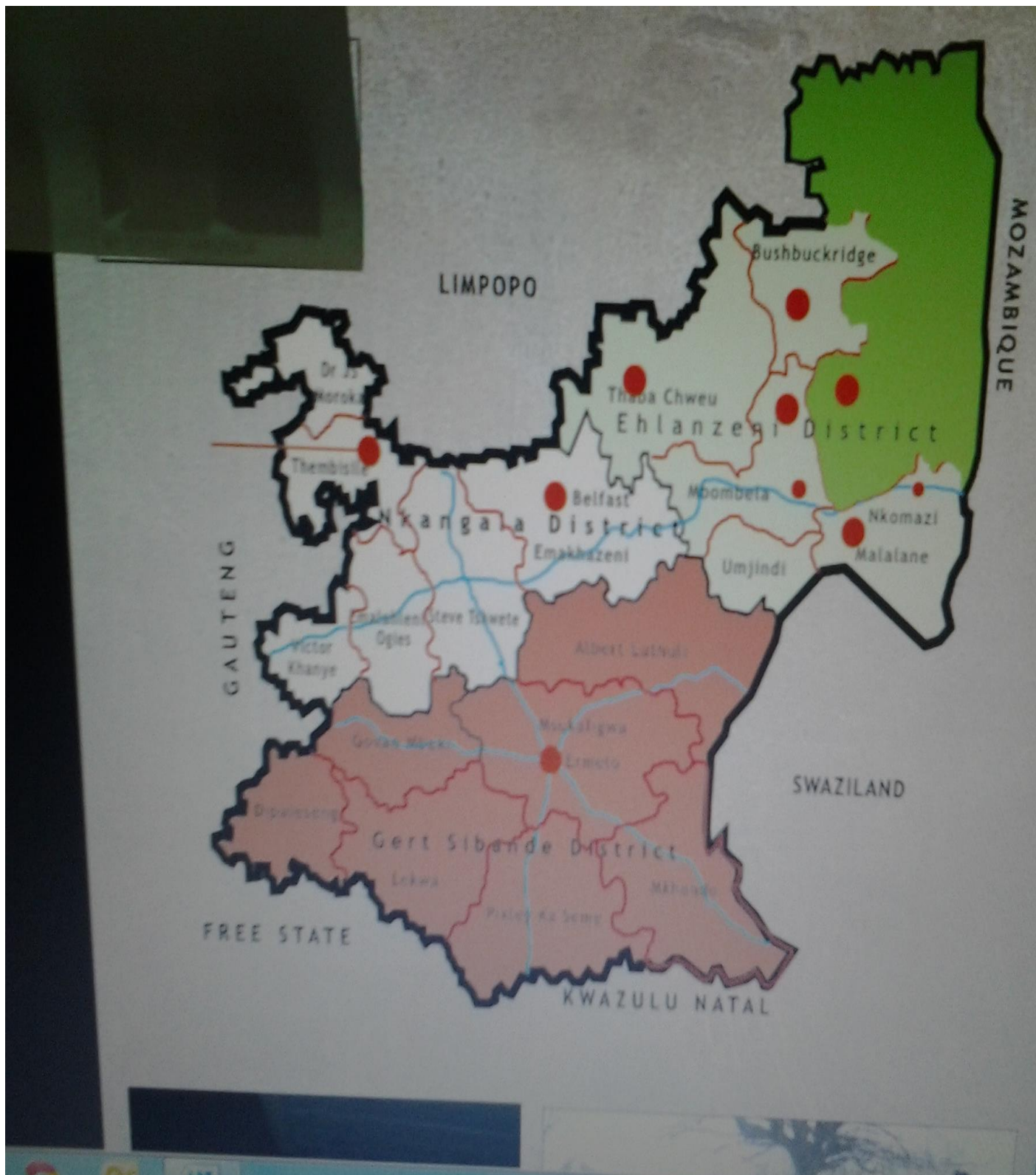
Adapted from Ziwaphi (2014)

Map depicting the three districts and the local municipalities in each district.

As indicated in (figure 1) geographically, Mpumalanga shares international boundaries with Swaziland and Mozambique. It is divided into three district municipalities: namely, Nkangala, Gert-Nsibande and Ehlanzeni. The Ehlanzeni District Municipality (EDM) lies in the lowveld part of Mpumalanga, and is comprised of five local municipalities: namely, Nkomazi, Mbombela, Umjindi, Thaba-Chweu and Bushbuckridge. Each one of these municipalities has unique social factors such as geographical settings and socio-economic factors pre-determining certain HIV responses that differentiate them from one another. For example, owing to the huge inflow of illegal migrants from Swaziland and to a certain extent Mozambique into Nkomazi Local Municipality, the Nkomazi Local AIDS Council has to deal with issues pertaining to doctors who allegedly sometimes refuse to render ARV treatment services to illegal immigrants. This may not be an area of concern for a LAC such as Thaba-Chweu (Nkomazi Local AIDS Council Strategy 2010-2011).

The focus of this study was at district level, and the subject of analysis was EDAC; thus the study investigated the role and responsibilities of and challenges faced by EDAC in as far as addressing HIV and AIDS through advocacy and mobilization within the geographical boundaries of the Ehlanzeni District Municipality.

AIDS councils are expected to have the required capacity to fulfil certain expectations with regard to HIV and AIDS responses. One such responsibility is that they must be the voice that represents the interest of HIV and AIDS development when local government crafts or reviews their annual Integrated Development Plans(IDPs) (Versteeg: 2008)

Incongruously, even though HIV prevalence rate is on the increase in Mpumalanga, turbulent and antagonistic relations between the provincial government and some prominent HIV and AIDS focused NGOs such as (TAC) were sadly witnessed. Whereas at national level this turbulence and antagonism were more prevalent during the era of Dr Manto Tshabalala as health minister, and Mr Thabo Mbeki as the president of South Africa, in Mpumalanga, particularly Ehlanzeni, and a similar NGO called Greater Rape Intervention Programme (GRIP) was forced to close its doors at the Rob Ferreira Hospital. At that time the minister of health in Mpumalanga was Ms Manana. According to Von Mollerndorff (2008:55-58), the minister of health issued

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an instruction to the effect that "*GRIP be chased away* ... [from the hospital premises] *and that the room in which they rendered services to rape survivors which included antiretroviral treatment (ART) be locked because the provision of ART was against government policy*".

This commotion is alleged to have led eventually to the dismissal of one of the most senior medical personnel at the Rob Ferreira Hospital for allowing the NGO to provide the above-mentioned services to rape survivors. Provision of ART to rape survivors came to an abrupt screeching halt. It is however encouraging to note that relations between NGOs representing South African civil society and the South African government seem to have taken a new direction towards a more cooperative stance (Avert 2012).

To help promote this new direction towards a more cooperative stance in as far as HIV mitigation strategies are concerned in South Africa, and to gain insight into the structured response to HIV, the researcher was strongly motivated to study the role of LACs in South Africa, in this instance in lowveld part of Mpumalanga Province.

1.5 RATIONALE OF THE STUDY

LACs are nearer to their constituencies and are juxtaposed to engage in activities aimed at addressing the impact of HIV and AIDS on sustainable development at grass roots level. LACs are expected to play an active role in addressing HIV and AIDS within communities as envisaged in the SANAC objectives with the main aim being to develop a coherent strategy and action plan (ETU 2007).

According to Versteeg (2008) one of the national expectations of LACs is implementation. The researcher subscribes to the view that LACs must actively play an implementation role in as far as pursuing of HIV and AIDS mitigations is concerned. The extent and nature of implementation activities should not however mean that LAC itself be engaged in HIV mitigations at grass root level to an extent of taking over from NGOs and NPOs, but since the managers of such organizations are seating in LACs, theirs would be to ensure mainstreaming of such HIV mitigations activities.

The findings of this investigation about the role and responsibilities of and challenges faced by EDAC are likely to contribute significantly to identifying some of the challenges that might have a bearing on the optimal response of LACs to the impact of HIV and AIDS on sustainable development. When such challenges are laid bare, the likelihood of improved HIV mitigation strategies may increase, thereby enhancing opportunities for decreasing the rate of HIV prevalence and HIV incidents within the Ehlanzeni District Municipality. The findings are further likely to stimulate research into the roles and responsibilities of LACs.

The researcher felt that he had to contribute to the scarce literature available on the role and responsibilities of and challenges faced by LACs mainly in Mpumalanga, South Africa, particularly in the light of the role that local government is expected to play in ensuring that HIV mitigation strategies are accelerated as a developmental matter of urgency.

1.6 RESEARCH PROBLEM STATEMENT

Many Local AIDS Councils were found to be experiencing more or less similar challenges in pursuing their SANAC envisaged mandate. Some of these challenges pertained to *"lack of understanding of the mandate itself, confusion around the roles and responsibilities"* (Versteeg and Strom 2007:4). This study therefore seeks to investigate whether LACs still suffer similar challenges, and to establish what possible interventions are there to improve the role of LACs when addressing the impact of HIV and AIDS on sustainable development within their respective communities.

The EDAC annual reports for 2004/2005, 2005/2006, 2006/2007, 2007/2008 2008/2009, and 2009/2010 and local print media reports such as those in the *Lowvelder* and *Mpumalanga News* in the same period on the role and responsibilities of EDAC pertaining to the implementation of the NSP suggest that EDAC's role as envisaged in the NSP (2007-2011) was to a certain extent compromised by a number of challenges. These challenges are likely to have adversely affected the implementation of the NSP in the Ehlanzeni District, and probably in the province.

As mentioned above, some of the challenges relate to financial constraints, the appointment of AIDS coordinators and the launching of LACs. Investigating these challenges and seeking ways to deal with such challenges will assist in ensuring that future LACs are alerted to these challenges. Strategies may be developed to address such challenges, and thus empower AIDS councils in addressing HIV and AIDS in communities through mobilization, advocacy and engagement. Hence this study intended to provide insight into and understanding of LACs' responsibilities and challenges, experiences and feelings associated with the role of addressing the impact of HIV and AIDS on sustainable development within their respective communities. A further aim was to investigate the role that LACs play in addressing HIV and AIDS in communities regarding advocacy, mobilization, and the challenges encountered in the implementation of SANAC's mandated role in the NSP 2007-2011.

In order to study the research problem, the researcher opted for a qualitative approach; hence semi-structured questionnaires were devised with a view to conducting face-to-face interviews.

1.7 PURPOSE OF THE STUDY

The purpose of this study is to provide insight into and understanding of LACs' responsibilities and challenges, experiences and feelings associated with the role of addressing the impact of HIV and AIDS on sustainable development within their respective communities. A further aim was to investigate the role that LACs play in addressing HIV and AIDS in communities regarding advocacy, mobilization and the challenges encountered in the implementation of SANAC's mandated role in the NSP 2007-2011.

1.8 STUDY OBJECTIVES

To realize the aim of the study, the following research objectives were addressed:

- To establish the roles and responsibilities of LACs in mobilizing and advocating communities in addressing the impact of HIV and AIDS on sustainable development , as envisaged in the NSP 2007-2011

- To identify the challenges LACs experience in their role and responsibilities in mobilizing and advocating communities regarding the impact of HIV and AIDS on sustainable development

- To determine possible interventions to improve the role of LACs to address the impact of HIV and AIDS on sustainable development within their respective communities

1.9 RESEARCH QUESTIONS

The following research questions were asked:

- What are the roles and responsibilities of LACs in addressing HIV and AIDS on sustainable development within their respective communities?

- What challenges are LACs experiencing in addressing HIV and AIDS on sustainable development within their respective communities?

- What possible interventions can be recommended to improve the role of LACs when addressing the impact of HIV and AIDS on sustainable development within their respective communities?

1.10 OPERATIONAL DEFINITIONS

- **Addressing HIV and AIDS in communities**: refers to the inputs concentrated on ensuring that HIV and AIDS responses are directed at the communities in a coordinated manner that takes into account the involvement of such communities

- **Advocacy**: refers to a process whereby a group or groups of people with a common interest or aims to influence decisions within a political and or socioeconomic context. For example; initiating and supporting particular ideas around responses to HIV and AIDS in a particular geographic area

- **AIDS councils**: refers to the multi-sectorial structures established in line with the South African National AIDS Council; a multi-sectorial structure comprised of both civil society and government mandated with the responsibility of responding to HIV and AIDS in South Africa

- **AIDS**: Acquired Immunodeficiency Syndrome

- **Challenges:** refers to all hindrances, complications and limitations that AIDS councils experience in their day-to-day efforts aimed at HIV and AIDS mitigations

- **Community**: refers to a social unit sharing any of the following: common geographical space, customs, traditions, culture and language. A community may be either small in size or big, for example, a village in a rural area or a township or a suburb in a town

- **Engagement**: refers to the commitment undertaken by the community and the AIDS council in working together in addressing HIV and AIDS in that particular community, such that the community develops an understanding and appreciation of its tasks in as far as applying responses to HIV and AIDS

- **HIV prevalence**: refers to a combination of the total number of people already infected and the total number of new infections within a given time and area.

- **HIV responses**: refers to all systematically, well-structured interventions aimed at addressing HIV and AIDS by both the government and civil society

- **HIV**: Human Immunodeficiency Virus

- **Investigation**: refers to a detailed inquiry or systematic examination

- **Local AIDS councils' roles**: refers to the functions or tasks directly or indirectly assigned to the structures set up in terms of the South African National AIDS Councils' mandate as envisaged in the 2007-2011 NSP

- **Mobilization**: refers to the working together of community members and AIDS councils; AIDS councils take the initiative role in ensuring that the processes and procedures are in place for working together by assembling and organizing relevant resources to address HIV and AIDS in a particular geographic area

1.11 DELINEATION AND LIMITATIONS OF THE STUDY

Notwithstanding the fact that the researcher's framework in this study was within the NSP 2007-2011, it is not the intention of the researcher to comprehensively investigate the role and responsibilities of LACs with particular reference to a specific set standard, but to draw the participants' own understandings and experiences with regard to the role that they fulfil as AIDS council members when addressing HIV and AIDS problems within their respective communities.

The major limitation encountered was that EDAC was dormant for a prolonged period. During the time of data gathering, EDAC had not convened any LAC meetings for a period of about nine months.

1.12 FRAMEWORK FOR THE DISSERTATION

This study was divided into five chapters. Chapter 1 presented the research problem, the purpose of the study, the objectives of the study including definitions of key concepts.

The next four chapters were the literature review, methodology, research findings analysis and conclusion. Chapter 2 investigated the available literature on previous studies on the role of LACs in South Africa and elsewhere. The literature reviewed formed the theoretical foundation of the study from which empirical interpretations were to be developed. In Chapter 3 a research methodology used in this study was described. The researcher provided results and discussion in chapter 4. Chapter 5 provided the conclusion and recommendations.

1.13 SUMMARY

In the introduction to this study, the background, the research problem, and the purpose of the study were presented. Furthermore, the focus of the study was indicated. HIV situational analysis was discussed; the rationale for the study was offered; study objectives and the research questions were listed. The next chapter (chapter 2) is devoted to the literature reviewed.

CHAPTER 2

LITERATURE REVIEW

2.1 INTRODUCTION

In this chapter, literature regarding the role and responsibilities of and challenges faced by AIDS councils was reviewed from various sources such as journal articles, AIDS councils' reports, books and newspaper articles. This study investigated AIDS councils as major stakeholders with a specific role in South Africa's HIV and AIDS responses in the period 2000-2005 and 2007-2011. Attention was particularly placed on the role of Local AIDS Councils (LACs) in addressing HIV and AIDS in communities by means of community mobilization, advocacy and engagement and the challenges encountered by these LACs.

The impact of the AIDS epidemic in South Africa on sustainable development and quality of life and the reason for the country needing stakeholders such as the national, provincial and local AIDS councils were discussed.

Particular attention was paid to the impact of AIDS on sustainable development and quality of life; the composition of AIDS councils in South Africa; operations of LACs; local government policy framework and the role of local government regarding LACs; the implementation of HIV and AIDS responses at district and local levels; the symbiotic relationship between District AIDS Councils (DACs) and LACs. Last, an overview of the HIV and AIDS responses and implementation of AIDS councils was provided.

2.2 THE IMPACT OF AIDS ON SUSTAINABLE DEVELOPMENT AND QUALITY OF LIFE

The consequences of HIV infection are that infected people become ill, and if they do not receive treatment, they die. HIV mostly affects adults in their most economically, social and reproductive years; therefore, it has a greater impact on people than any other disease. Some factors which play a role in the high HIV prevalence in South Africa are poverty, specifically associated with inequalities of wealth and a high rate of unemployment; women's lack of empowerment and status in the community; high

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occurrence of other STIs; low levels of condom use and low levels of male circumcision; multiple concurrent sexual relationships; and high mobility of people in pursuit of employment opportunities. The effects of HIV and AIDS are complex and can be explained in terms of waves (Swart & Roux 2004).

The first wave of HIV infection starts slowly and extends over a long time, sometimes many years, until a critical mass of HIV-infected people is reached. At this stage the rate of new infections increases fast and the epidemic spreads through the population fast. During this wave a slow but complex series of changes results from a gradual accumulation of impacts, such as an increase of TB as an opportunistic infection; pressure on the health system because of more patients; pressure on health staff and overwork (Barnett & Whiteside 2006). A second wave forms; the AIDS wave, and this wave represents the people who have become ill as a result of HIV infection. If such HIV infected people do not receive treatment in time, they succumb and die. The last wave is the impact and this wave lasts the longest and has the most bearing on people and communities. The impact can be measured at demographic, economic, personal and community as well as political levels in as far as sustainable development is concerned.

There are many definitions of sustainable development, but for this study the definition of the United Nation's Brundtland 2010 report will be used: "*development that meets the needs of the present without compromising the ability of future generations to meet their own needs*" (Sandkjaer, 2007:2). The United Nations World Commission on Environment and Development Goals serves as a blueprint for development work in developing countries. These goals are suppose and meant to facilitate the alleviation of extreme poverty and hunger; achieve universal primary education; promote gender equality and empower women; reduce child mortality; improve maternal health; combat HIV and AIDS, malaria and other diseases; ensure environmental sustainability and development. These Millennium Development Goals (MDGs) were adopted by developed and developing countries. For the first time countries agreed on targets and timeframes for achieving developmental goals (Black & White 2003).

HIV and AIDS have one of the most severe adverse effects on a number of developmental indicators such as education, economic growth households and so forth. In education HIV and AIDS slows down the supply of education as teachers fall

ill and record high levels of absenteeism. In a country like South Africa, where maths teachers are so scarce this may mean that a class can go on for many months without a teacher being available to teach. On the other hand the demand for education is also slowed down as learners succumb to AIDS. The quality of education is affected as more teaching and learning time is stolen by ill-health of either the teacher or the learner. Economic growth is equally affected as the supply of labour particularly with regard to scarce skills such as in engineering and medicine is adversely affected. The more AIDS related death hits the labour force, the harder it becomes for industries to replace the lost experts or skilled personnel. In households; the impact of HIV and AIDS may be cruelly crippling particularly where there is only one breadwinner with many dependents. As soon as this breadwinner is lost due to HIV and AIDS, the whole household is faced with no breadwinner (UNAIDS, 2012)

In many countries; including South Africa, the severity of the AIDS epidemic is closely linked to poverty and to women's relative lack of empowerment. Even though many women know how to protect themselves from HIV infection, their economic and social disadvantages may hinder them from doing so. Women and children, often bear the brunt of the AIDS epidemic as primary care givers. Orphans and vulnerable children are themselves at higher risk of HIV infections, and are often stigmatized and discriminated against. The AIDS epidemic impact on the individual, the family and the community eventually impacts on the economy of a country and development (Sandkjaer, 2007).

By 1997 the South African government realized that too many people had been infected with HIV and that the AIDS epidemic presented South Africans with tremendous challenges. SANAC was formed as a high-level overall coordinating body that provides strategic and political guidance, support and monitoring for sector programmes for HIV/AIDS/STIs and inclusion of civil society in the overall response to HIV and AIDS (Avert: 2012).

In its response analysts, the government, civil society and business in South Africa concluded that all stakeholders should be involved in the response to HIV and AIDS. All government departments, civil society and business should play an active role and should be represented in a body or bodies that oversee the multi-sectorial response of the country. Although the cabinet is the highest political authority in the country, HIV

and AIDS issues were deferred to the Inter-ministerial Committee on AIDS and later to SANAC (South African Government, National Department of Health: 2007).

2.3 THE COMPOSITION OF AIDS COUNCILS IN SOUTH AFRICA

At all the three spheres of government, AIDS councils are supposed to be multi-sectorial structures constituted by both government departments and civil society. The researcher mentioned in chapter 1 that AIDS councils in South Africa are structured in a hierarchical order starting from national government to provincial government, and down to local government. At the local government sphere, AIDS councils are subdivided into districts and local municipalities. In some municipalities the structure is even taken further down to include Ward AIDS Councils. HIV and AIDS responses are supposed to be brought as close as possible to the people whom they are meant to benefit, but only a handful of municipalities has considered the establishment and support of Ward AIDS Councils.

It seems that the composition of AIDS councils is more a top-down approach, as opposed to a bottom-up approach; therefore, a challenge in addressing HIV and AIDS within communities, particularly regarding the issues of ownership. Community ownership of AIDS initiatives is a prerequisite for the success of interventions, and despite challenges from municipalities such as lack of resources, and time constraints, these interventions should be rooted in the community. For communities to be in a position to participate meaningfully in HIV mitigation, they must be met at community level (Van Dyk 2003). Ward committees are closest to communities, and the members are likely to have insight into how things are done at grass root levels and also know who the local opinion makers and gate keepers are (HIV and AIDS Local Government Network Learning Event 2008).

SANAC was constituted to ensure political commitment from the highest office of the country (South African Government, Department of Health 2007). The national response to the AIDS epidemic is coordinated within the presidency, where the focal person is the deputy president. At provincial level, the premiers are supposed to serve a similar role as that of the deputy president at national level. At local government level, the executive mayors are supposed to chair the district and local AIDS councils respectively. Where there are Ward AIDS Councils, obviously the focal person should be the ward counsellor.

The objectives of SANAC are to advise government on HIV, AIDS and STIs policy matters; create and strengthen partnerships; receive and disseminate sectorial Interventions; and oversee monitoring and evaluation of the NSP (NSP 2007-2012). For all role players to work together, the NSP recognized the UNAIDS principle known as 'three ones' referring to one agreed HIV and AIDS action plan; one agreed country level monitoring and evaluation system and one national AIDS coordinating body with broad multi-sector mandate. This principle was imperative to national response (UNAIDS 2012).

The question of political leadership and the capacity of such political leaders in addressing the impact of HIV and AIDS on sustainable development responses, particularly at local government level, remain daunting to say the least. According to Versteeg and Strom (2007), one of the challenges facing LAC is manifested through inadequate or no support from elected councillors. In as far as capacity, a number of capacity building initiatives aimed at political leaders and municipal officials at local government have been implemented by organizations such as The Alliance of Mayors Initiatives for Community Action on AIDS at Local Level (AMICALL), The Centre for Municipal Research and Advice (CMRA) and many others. Though these training interventions date back as far as the late 1990s, it seems that optimum benefits thereof are still to be realized. Whether this apparent lack of commitment and capacity may be attributed to the turnover of municipal officials and elected counsellors or not, there seems to be a dire need to review local government political commitment to addressing the impact of HIV and AIDS on sustainable development (Versteeg & Strom 2007).

Whereas representation of civil society in AIDS councils at the national sphere seems to be organized to a certain extent, the same may not be unequivocally said when it comes to provincial, and local government (districts and local AIDS councils) where there seems to be over-representation of Community Based Organizations (CBOs) and under-representation of other sectors. The envisaged composition of AIDS councils should be that both civil society and government are adequately represented in all aspects. Such a multi-sectorial approach is most likely to create an enabling environment for AIDS councils to be able to strive for the promotion of the NSP goals.

An enabling environment can only emerge from representation from government and an organized civil society representation in local AIDS councils. The ideal situation would be for the civil society organizations to be organized in sectors and for these representatives to be present at AIDS councils as part of the planning, implementation and monitoring of HIV and AIDS initiatives at grass roots levels (NSP Review 2012).

In the quest for community mobilization, a number of challenges have been identified; among these are issues of cultural and religious sensitivities about sexual behaviour, competing political agendas, power structures and many others. Be that as it may, if community mobilization against HIV and AIDS is to be effective, more needs to be done. The issue of bringing HIV and AIDS problems to community level is mentioned above. It is vital to establish, strengthen and support the creation of Ward AIDS Councils so that communities may be in a position to mainstream HIV and AIDS into day-to-day community activities, for example, when community members mobilize against issues involving service delivery, they also mobilize in connection with issues of HIV and AIDS. Though these will not necessarily eliminate the many challenges, the fact of the matter is that community members would have ownership of the initiatives and responses concerning HIV and AIDS. When a community has significant ownership, it is likely that it may show commitment as it would in issues regarding fighting crime and service delivery issues.

Some of the benefits may be bringing HIV and AIDS responses to the ownership of communities at ward level as well as bringing about a paradigm shift in as far as HIV and AIDS are concerned. We may begin to see communities noting and talking about HIV and AIDS statistics as they would about their own villages/towns and streets. In the present situation, HIV and AIDS statistics are more about the country, provinces, districts and local municipalities. This creates a distance between HIV and AIDS realities and the ordinary people in communities to such an extent that some people in communities may conclude that issues of HIV and AIDS are not applicable to them (CADRE 2010).

When humankind is faced with disasters such as the HIV and AIDS pandemic, people are most likely to change, and in the process heroes emerge from unexpected quarters. These are heroes from whom HIV responses at a community level may be

anchored (Banish 2003). Successful operations of LACs may greatly benefit from tapping into such community heroes.

2.4 THE OPERATIONS OF LOCAL AIDS COUNCILS

As local government is one of the key stakeholders of LACs, it is essential that the role of local government in LACs be clarified in order for the operation of LACs to be fully understood. To understand the relationship between the above two separate, and yet symbiotically related entities, three areas need to be examined. First; the nature of local government with reference to South African local government policy framework. Second, the role that local governments are expected to fulfil in as far as the operations of AIDS councils are concerned. Third, the manner in which LACs implement HIV and AIDS programmes aimed at addressing the impact of HIV and AIDS on sustainable development within their communities, albeit through stakeholders in a form of various government departments and civil society representation such as CBOs; Non-Governmental Organizations (NGOs; traditional leaders; Faith-Based Organizations (FBOs); sport organizations; business forums, and many others (Versteeg & Strom 2007).

2.4.1 Local government policy framework

The South African Constitution mandates municipalities to play an active and pro-active role when it comes to developmental needs, including HIV prevention and mitigation interventions. This is contained in the developmental agenda for local government as provided for in the South African Constitution, (No. 108 of 1996). Section 152 of the South African Constitution refers to the developmental duties of local government requiring municipalities to ensure that administrative, budgetary and other planning processes are structured and managed in a manner that espouses and prioritizes basic community needs, thus promoting sustainable socio-economic development even in the face of HIV and AIDS.

The Municipal Systems Act (No. 32 of 2000) affords municipalities a clear framework for the core processes of planning. Resource mobilization through integrated development planning (IDP) places the question of addressing the impact of HIV and AIDS on sustainable development at the centre of municipalities' core business. It

should be noted that municipalities are on the one hand employers and on the other, service providers. Consequently, they are supposed to function within a policy framework that speaks to both internal and external clients.

Labour legislation such as the Promotion of Equity and Prevention of Unfair Discriminations Act (No. 4 of 2000) prohibits unfair discrimination in aspects such as one's health status including HIV status. Whereas these Acts are to a greater extent speaking to internal clients, section 27 (1c) of the Constitution of South Africa makes provision for both external and internal clients by stating that citizens have the right to access social security. This provision should be seen against the backdrop of the socio-economic impact of HIV and AIDS (DPLG 2007).

According to Swartz and Roux (2004), local government has a new developmental role that demands the provision of strong leadership, coordination, and the creation of effective partnerships with the communities that they serve. Local governments are expected not only to include HIV and AIDS in their IDP, but also to use the IDP as a vehicle for addressing the impact of HIV and AIDS on sustainable development imperatives.

The above framework creates room for the mainstreaming of HIV and AIDS. This is in contrast to HIV and AIDS responses being regarded as phenomena that can be successfully addressed through approaches focusing on bio-medical behaviour and behaviour dimensions with little or no room being created for addressing the epidemic as it relates to developmental and governance conditions within communities served by such municipalities.

Internal mainstreaming enables municipalities to examine questions relating to the impact of HIV and AIDS on staff, thereby paving the way for investigating what can be done to alleviate the susceptibility of staff to HIV infection, while also examining the manner in which the impact of HIV and AIDS on the functioning of municipalities may be minimized. Without an HIV and AIDS strategy and or policy framework that enables the municipality to address HIV and AIDS internally, chances are that no external HIV responses will be effective. It is, therefore, imperative to speak of internal HIV and AIDS mainstreaming before external mainstreaming.

Through external mainstreaming, municipalities are enabled to ask questions pertaining to how HIV and AIDS affect the people that they serve; the changing needs of such people brought about by HIV and AIDS; what the municipality can do in response to such changes; how the core business of the municipality might increase the susceptibility and vulnerability of their communities to HIV and AIDS; and many other relevant questions addressing the municipality's external clients (DPLG 2007).

2.4.2 The role of local government in AIDS councils

As indicated above, in South Africa, the NSP places the national government, provincial government and local government at the centre of the driving seat in as far as HIV and AIDS mitigation interventions are concerned. Herein, local government as having primary and secondary roles and/or responsibilities regarding LACs is examined. Some of the primary roles and responsibilities pertain to the provision of basic support in terms of secretariat and coordination for LACs. Through internal mainstreaming, local government is enabled to secure representation of all municipal departments in LACs and coordinate HIV and AIDS plans by developing and reviewing HIV and AIDS strategies. Through members representing municipalities in LACs, local government is able to draw the perspective and technical expertise from the particular portfolio dealing with HIV and AIDS in municipalities.

Political leadership provided by a municipality in connection with LACs is critical for all efforts aimed at maximizing LACs' role of advising local government on policy issues on the impact of HIV and AIDS on sustainable development imperatives. It is vital to draw a distinction between the primary and the secondary role of local government in LACs in order to avoid a situation in which local government becomes the service provider for LACs, instead of being an equal partner. The basic support role mentioned above should be seen as an operational mandate of a municipality extending from its developmental mandate. Two roles, service delivery and the civic role of local government, are often confused with detrimental consequences to the proper and effective functioning of local AIDS initiatives in as far as these roles and responsibilities are concerned (Versteeg & Strom 2007).

Among such municipalities, the likes of Nkomazi Local Municipality under Ehlanzeni District, seems to have improved in implementing such roles and responsibilities when one reads their annual strategic plans. (Nkomzazi Local AIDS Council: 2010).

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It must, however, be noted that other municipalities still lag behind, as they seem to be hamstrung by the poor capacity of local government officials and councillors to manage the affairs of local government demands arising from the impact of HIV and AIDS on sustainable development. Many municipalities are hamstrung by the question of unfunded and/or insufficiently funded mandates of local government in responding to HIV and AIDS internally, and to a greater extent, externally. (CMRA 2008)

This challenge still affects many local municipalities, and there appears to be no relief in sight as some municipalities seem to be encountering fiscal constraints in funding the very basic services such as the supply of running water etc. Against the backdrop of such challenges, effective municipal response to the impact of HIV and AIDS on sustainable development is available for affected municipalities to consider. Some of these steps pertain to human resources (HR), political support, and the hierarchical positioning of HIV and AIDS responses. (CMRA 2008)

In as far as HR capacity is concerned, upgrading the HIV and AIDS portfolio to senior managerial level and locating it in the mayor's office would be ideal. At present, the position is located at levels of lesser seniority and outside the mayor's office. As stated above, political support has been identified as one of the crucial factors in managing effective municipal responses to HIV and AIDS. For this reason, some argue that mayors as political heads of municipalities should be held accountable for reporting on HIV and AIDS responses at district and local levels (Versteeg 2006).

In conclusion, it can be said that local government responsibilities regarding LACs may come in various formats such as being a doer, enabler, coordinator/facilitator, connector and so on. A municipality becomes a doer when it mobilizes municipal budget and personnel by appointing full-time HIV and AIDS coordinators and other supporting staff members to manage all affairs relating to HIV and AIDS in that particular municipal jurisdiction, thereby providing the secretariat and coordination logistical needs for a LAC. When a municipality creates an enabling environment for other stakeholders by making municipal systems available to other stakeholders, it can be said to be playing the role of an enabler (DPLG 2007).

This role can be best played when municipalities assist local stakeholders to access resources for their services to affected communities and/or implement bylaws aimed at creating an enabling environment for organizations providing HIV and AIDS related

services. A municipality is said to be a facilitator when efforts are made to ensure that other stakeholders perform their respective functions in addressing the impact of HIV and AIDS on sustainable development. This role is played when a municipality, on the basis of its community profile, particularly on situational needs, analyses and arranges the addressing of such needs by the relevant stakeholders (DPLG 2007). An example here would be a municipality drawing the attention of the Department of Home Affairs to identified child-headed families that might not be receiving social grants because of the lack of South African identity documents (IDs) and/or birth certificates, thereby facilitating access to support for those who do not have the means to cater for their basic needs.

A connector role is played by a municipality when service providers of Hospice Service Providers are connected with employers requiring voluntary counselling and testing (VCT) services and or referral of fully blown AIDS patients to Hospice. As stated before, this can be best realized in an environment in which HIV and AIDS responses are given priority, are visible in the municipal IDP, HR and the location of the HIV and AIDS focal person is at senior level and located in the mayor's office (DPLG 2007).

2.5 THE ROLE OF CIVIL SOCIETY STRUCTURES IN AIDS COUNCILS

Since this study is about the role and responsibilities of and challenges faced by AIDS councils, the researcher deemed it necessary to provide an overview of community responses to HIV and AIDS.

The social and economic impact of HIV and AIDS within communities restrains potential sustainable development in many ways. The loss of a family bread winner normally catering for both immediate and to some extent distant family members means that a number of household members are most certainly without income and would have to find alternative ways of generating income. It must be borne in mind that by the time an infected person dies, the household is likely to have lost significantly in care costs. The advent of the pandemic has placed a tragic developmental burden on households, communities, the society and the world at large (UNAIDS, 2010).

It is, however, interesting to note that despite the above bleak picture facing households, various responses have emerged from communities in the form of a variety of structures in response to the impact of HIV and AIDS on sustainable

development. Communities have established informal and somewhat formal formations such as Community Home Based Care Organizations (CHBCOs) to take care of the sick on voluntary bases. Social clubs such as stokvels and other support group initiatives have been devised. These formations are said to be in the forefront of promoting prevention, care and treatment in many aspects by providing material and emotional care as families, relatives and social groupings (Royal Institute of International Affairs, 2006).

Community formations such as NGOs have emerged as one of the main vehicles for delivering official development aid to its intended beneficiaries. Communities can be seen to be somehow ready at the time when state-driven interventions finally take shape, thereby directly or indirectly contributing to successful HIV and AIDS mitigations spearheaded by formations such as LACs (South African Government, Department of Health 2007).

The role played by formations such as the National Association of People living with HIV and AIDS(NAPWA) Treatment Action Campaign(TAC), and many others in spearheading HIV prevention, treatment and care cannot be ignored in South Africa.

TAC grew from NAPWA in 1998 when a small group of about 15 people gathered in Cape Town demanding that the state should provide medical attention to HIV infected people and people living with AIDS *(Avert 2012)*

The role of these civil society structures in addressing the impact of HIV and AIDS on sustainable development is evident in many ways including, but not limited to mobilizing and advocating issues of AIDS treatment, mother to child transmission (MCTC) campaign which contributed in swaying state's position in reconsidering suspending MTCT, campaign against Patent Abuse and Profiteering etc.

At the time when the South African Government seemed to be in no way prepared to heed to the call for availing HIV and AIDS treatment to HIV infected people, TAC brought awareness to the public about the need to fight for treatment. Legal actions and or threats by TAC against the government withdrawal of support for pilot projects intended to treat HIV positive pregnant women saw government reconsidering this position in 2000. Subsequent to state indications to reintroduces the above mentioned pilot project; TAC withdrew its legal challenge against the state.   (TAC 2012)

2.6. IMPLEMENTATION OF HIV AND AIDS RESPONSES AT THE LEVEL OF DISTRICT AND LOCAL AIDS COUNCILS

It is crucial to note that the roles and responsibilities of LACs are derived from the mandate of SANAC, and that LACs are by implication viewed as the local versions of SANAC, and are moreover considered as being at the point of HIV and AIDS programme implementation. A situation that however does require attention is the capacity and efficacy of LACs' approach to such an implementation. This situation involves challenges such as a lack of understanding of the mandate of LACs and confusion around the roles and responsibilities of the different LAC members, as per the findings of Versteeg and Strom (2007).

Versteeg and Strom (2007) argues that a distinction must be drawn between a role of AIDS Council where they act as implementing agencies and where AIDS council fulfils the role of reviewing implementation by its members. Many arguments seem to subscribe to the former paradigm. Moreover, LACs are supposed to advise local government on HIV and AIDS policy issues; advocate effective involvement of sectors and organizations in the implementation of programmes and strategies; and create and strengthen partnerships for expanded response among all sectors and monitor the implementation of AIDS programmes (Versteeg & Strom 2007).

With regard to mobilizing resources for the implementation of programmes and strategies, LACs are expected to act as a voice for HIV and AIDS and development in the community; participate in IDP planning, implementation and monitoring processes; coordinate planning, implementation and monitoring of HIV and AIDS programming interventions led by municipalities; leverage, co-opt and support role players who provide HIV and AIDS services within municipal areas; and build partnerships and HIV and AIDS competences.

LACs should be seen to be expanding partnerships among all the relevant stakeholders; conducting effective monitoring and evaluation; collating and distributing information linking AIDS councils to IDP steering committees; and ensuring that ward committees have an HIV and AIDS portfolio member (CADRE 2010).

With regard to the above, implementation of HIV responses is squarely laid on the shoulders of AIDS councils. Once again the question that remains begging for an

answer is: Are AIDS councils equal to the task at hand? Exploring how AIDS councils understand their roles; identifying and categorizing challenges encountered in executing such roles; establishing if there are mechanisms that exist or that should be in existence; and proposing possible interventions are all dealt with in Chapter 4 of this study.

2.7 THE SYMBIOTIC RELATIONSHIP BETWEEN DISTRICT AND LOCAL AIDS COUNCILS

The functions of LACs are to bring together the most important organizations and government departments that are involved in HIV and AIDS interventions from the local communities, and ensure that there is a strategy for tackling HIV and AIDS at the local level. They also provide valuable data and contextual community appropriate HIV interventions to DACs. DACs are expected to provide support to LACs and the support may include consulting with LACs in initiating HIV responses, helping to mobilize resources and build capacity for AIDS projects. DACs work side by side with the local AIDS councils in ensuring that LACs develop strategies, set up projects and access funding and resources (Versteeg & Strom 2007).

2.8 AN OVERVIEW OF AIDS COUNCILS' HIV AND AIDS RESPONSES IMPLEMENTATION PROFILE

A remarkable number of HIV and AIDS responses and their compounding impeding factors have been recorded across all levels of the AIDS councils in South Africa, starting from SANAC to PACS and from DACs to LACs. Though the magnitude and nature of both the responses and impeding factors differ from one level to the next, and from one AIDS council to the next, It is worth noting that all the provinces in South Africa have at some stage established AIDS councils, and there have been some relative successes as well as some challenges in as far as fulfilling the above stated mandate, role and responsibilities (South African Government, Department of Health 2007)

2.9 THEORETICAL FRAMEWORK

This study is based on the Systems Theory and Structural Functionalism. A system can be defined as a set of interrelated entities connected by behaviour and history (Ishiyama & Breuning 2010). The systems theory allows a researcher to identify a set

of identifiable elements and specify identifiable relations among such identifiable elements. Certain relationships further imply the existence of others and thus a complex system of relationships comes into existence. The manner in which SANAC and consequently LACs are comprised can be compared to a system. It was stated in Chapter 1 of this study that SANAC is comprised of both government and civil society. For SANAC to function optimally, the element of relations as espoused in the systems theory is of utmost importance. There have to be identifiable relations within SANAC. For example, government has to secure productive and sustainable relations with civil society, lest the role that is expected of SANAC be compromised as witnessed when TAC and the RSA government ended up challenging each other in court about the rolling out of ARVs in the late 1990s (TAC 2010).

The researcher in this study compared SANAC or LACs to a social system through which the disequilibrium created by the unprecedented negative socio-economic impact on sustainable development in South Africa may be reversed. HIV and AIDS have left families without parents resulting in a growing number of child-headed families. The impact of dysfunctional families can only be underestimated at society's peril (Ritzer 2008).

Viewing LACs as systems and thus analysing them as such would, as argued by Ishiyama and Breuning (2010), afford means of ensuring that the impact of HIV and AIDS on sustainable development is reduced by assessing the inputs and outputs that would be appropriate in a given time and situation. For example, challenges faced by one LAC may not be comparable to those faced by another LAC, thus appropriateness of inputs and the desired outputs should be accordingly maintained as in a system.

The researcher further saw the structural functionalism theory as adding value to the study. This theory assumes that social units are held together by cooperation and orderliness, for example, HIV and AIDS mitigation strategies using LACs as structures whose function is solely to fulfil a role in addressing the impact of HIV and AIDS on sustainable development stand to optimise their input/output if there is cooperation among the various stakeholders. In South Africa there was a time when cooperation and orderliness were absent in HIV mitigation strategies. Who knows whether South Africa would have been the country with the highest HIV prevalence and incidents had South Africa had the required cooperation and structure called SANAC/LAC.

2.10 Summary

This chapter discussed the literature on the role and challenges faced by AIDS councils with regard to addressing the impact of HIV and AIDS on sustainable development within communities. It also discussed the theory that informs this study. The next chapter (Chapter 3) discusses the research methodology that was adopted to conduct this study.

CHAPTER THREE
RESEARCH METHODOLOGY
3.1 INTRODUCTION

In chapter 2, a review of the relevant literature was presented. In this chapter, (3) the subject of discussion is methodology. This chapter provides details of the methods used; namely: research design, sampling design, data collection procedures, data analyses and ethical considerations.

Owing to the purpose and the objectives of the study, as indicated in Chapter 1, the research design is qualitative. In order to ensure that the researcher gathered data from participants he deemed suitable and in the interest of the study objectives, a purposive sampling design was used. A brief description of what in this study was construed as apposite data collection method procedures is provided, followed by an account of the data analysis. Lastly, aspects of the study pertaining to validity and ethos were discussed before concluding.

3.2 RESEARCH METHOD (QUALITATIVE)

The researcher used face-to-face interviews as the data gathering tool. All participants were fluent in English language for purpose of communication. It must further be stated that all the participants were conversant in siSwati in the same way as the researcher. The siSwati language words used during the conversation were very much limited to greetings only. In essence this afforded the researcher an opportune environment to explore the participants' stories and their experiences. According to Maree (2008), in an effort to gain insight, a researcher can benefit much in seeing through the eyes of participants. As maintained by Babbie and Mouton (2006), these interviews were characterized by openness, flexibility, iteration and continuity. These characteristics make the interview an interaction between the interviewer and participants, thereby affording the researcher a favourable milieu regarding gaining insight into what the participants had come to understand as their roles, responsibilities and challenges as LAC members from both government and civil society. According to Henning (2008), qualitative interviews aim to allow the researcher achieve the same level of knowledge and understanding as the participant or participants. If one is to subscribe to the above,

it by implication requires that a researcher should be able to choose participants who are knowledgeable and or are deemed to possess the required type of data to share with the researcher. This aspect is dealt with in the next section.

3.3 SAMPLING DESIGN (POPULATION)

According to Bailey (1994:96), purposive sampling allows a researcher to use their "*own judgment about which participants to choose, and pick only those who best meet the purpose of the study*". Henning (2008) states that a researcher needs to find participants with whom a journey towards more knowledge about a topic can be travelled. In this study, LAC coordinators and LAC members representing diverse civil society organizations were purposively sampled, considered and scheduled for face-to-face basic individual interviewing.

The criteria used in the selection of the participants included, *inter alia,* one or a combination of the following factors:

Being a key representative of a particular stakeholder, for example, being an HIV and AIDS coordinator; being a member of the EDM AIDS Council for over a period of a year; being involved in the activities of the EDM AIDS Council; having background information on the establishment and launching of the EDM AIDS Council or any of the five LACs under the EDM.

As indicated above, the EDM is comprised of a number of stakeholders representing various government departments, Faith-Based Organizations (FBOs), and Community-Based Based Organizations (CBOs). The researcher selected nine of the stakeholder organizations' representatives within the EDM as key informants. Thus nine different key informants were interviewed for a period of over ten (10) hours on different days. In order to pilot the data gathering tool, the researcher first visited the LAC and attended some of their meetings. Then some members were interviewed using semi-structured, face-to-face interviews.

The pilot study yielded some benefits for the researcher in as far as the restructuring of questions which seemed not to solicit the desired responses were concerned,

thereby honing the data gathering tools. Other benefits were that a glimpse of the AIDS council world was captured. It was like looking through a window and seeing what was inside the house, and thus all preparations were realigned in order to improve the quality of the study itself. For example, the researcher identified possible barriers in accessing the key informants and that some of the key informants were less informative than others.

3.4 DATA COLLECTION PROCEDURES

In the interest of ensuring that the participants faithfully related their stories and experiences, semi-structured interviews were conducted. Semi-structured interviews have been found to be affording researchers with an opportune to gather more detailed picture about the perceptions of participants regarding a specific subject of discussion. (Davos, Strydom, Fouché & Delpot 2005).

In this instance, the particular topic of interest was the participants' experiences regarding the roles and responsibilities of and the challenges faced by LACs in addressing the impact of HIV and AIDS on sustainable development within their communities.

In order to ensure that an appropriate tool to gather data is developed, the researcher crafted an interview schedule.   Davos et al (2005), Over and above providing predetermined questions, the interview schedule further helps a researcher to overtly reflect on what such questions should cover. It is for this reason that the researcher in this study used an interview schedule into which three themes were built in order to reflect on the research questions mentioned in chapter 1.

Henning (2008) paints a picture of a reciprocal relationship between the interviewer and the interviewee. She points out that even though the interview process may be seen as the prerogative of the researcher, a balancing act must be found in order to create *a* space that would say to the participants, look, in here, you and I are in a two-way dialogue. Therefore, the interviewee is regarded to a greater extent as involved in information sharing with the interviewer. As such, the interviewee feels as the co-owner of the interview process. When such a relationship exists between an interviewer and participants, there also exists consultation, openness and all the other

elements necessary for information sharing about a particular phenomenon. It was this kind of approach to the interviews that provided the researcher with sufficient ground to obtain valuable data for the purpose and objectives of the study.

In conducting and capturing these interviews, the researcher planned and set up the interviews in accordance with three phases relevant and intrinsic to this study: namely,

- Finding the participants and setting up interviews in accordance with the overall research design
- Conducting and recording the interviews
- Reflecting on the interviews and working with, or analysing and interpreting the data (Henning 2010).

Participants were visited in accordance with their preferences in terms of venue, date and times. Interviewees were visited at their respective convenient places, such as work offices and places of residence.

On the day of the interviews, the researcher ensured that the participant was put at ease. Though communication regarding the purpose of the interview had already reached the participants, the researcher introduced himself as a master's degree student whose research topic pertained to the roles, responsibilities and challenges of LACs in addressing the impact of HIV and AIDS on sustainable development within their communities. The researcher further confirmed the purpose of the interview, guaranteed confidentiality of the conversation and sought permission to use a recording device. After consent forms were signed, the interview began. Using the recording device and taking notes, the researcher collected the data (Maree 2010).

During the interview itself, the researcher initiated the interview as per the interview guide. As Davos et al (2005) recommends, the researcher established rapport by ensuring that the participants realized that he was listening very attentively with interest, understanding and respect to whatever was articulated by the participants. The use of open-ended questions allowed the participants to express their respective experiences openly, without any fear or favour. As the conversation unfolded, the researcher continued to take notes on what was said and recorded the accompanying

non-verbal cues. Maree (2010) states that success in using interviews as a data-gathering technique depends on a number of factors including those mentioned above.

The researcher captured the interviews by paying attention to both the text and meanings beyond the text. According to Henning et al (2008:65), a researcher must "*be alerted to the complexity of interview talk and its assumed representation of the human condition …* [which is] *loaded with unknowns and hidden messages*". Henning et al (2008) further point out that It is imperative that the researcher acknowledge the discursive qualities of even a single sentence response, which might carry much more data to be collected than appears to the naked eye. In this study, the researcher paid great attention to the context; that is, the cultural values that remains non-verbalised by the participants, but could be observed in the non-verbal sphere of the communication as the interview progressed.

The implication of the above to this study is that as much as the researcher looked for answers to the research questions during the data collection, such answers were not only picked up from the utterances, but meanings attached to the answers were also sought from the manner in which the responses were articulated. Salient non-verbal cues were accordingly recorded as per the interview guides.

An example to illustrate the above would be when a participant is asked a question such as: Do you consider the LAC members to be fully conversant with the roles and responsibilities entrusted to them by virtue of being LAC members? If you do, what aspects of their contribution to LACs would you say are consistent with your view? If you consider them as not conversant with the roles, what would your recommendations be in order to address such inconsistencies?

In response to such a question, the researcher was not only interested in the participants' response: yes, the members are considered as conversant because they have accomplished this or that. He checked facial expressions which might indicate that the participants considered the question itself to be either too difficult or too simple to answer. He further noted the level of confidence with which such a question was answered. Based on such reflections, the researcher then noted his reflections on the interview schedule. Such reflections then formed part of the overall data analysis.

These interviews provided the researcher with an opportunity to capture his reflections of the interviewees' feelings about the roles of the AIDS council, the challenges as well as the suggested counteractions in dealing with the challenges.

In closing an interview, the researcher briefly reflected on the questions asked and the responses received from the participants in order to confirm with the participants whether the responses given were indeed as noted by the researcher. When a participant considered it necessary to provide further information, he recorded it and allowed the participants to add to or rectify any previously given responses. After this, the researcher immediately listened to the tape and reviewed the notes, as suggested by Maree (2010). This data remained as unrefined information until it was analysed and interpreted. In the next subtopic, focus is directed at data analysis and interpretation of the findings.

3.5 DATA ANALYSIS AND INTERPRETATION

Having collected the data as indicated above, the researcher listened to the recordings several times, while at the same time cross checking against the field notes written during the interview schedules. A word-by-word transcription process was undertaken in which data was coded and grouped into meaningful themes in accordance with the purpose and objectives of the study. Corresponding themes of the data were grouped together, and summaries reflecting the grouped themes were made and read against the field notes.

In order to ensure that the transcripts remained a true reflection of the interviews, participants were allowed an opportunity to read and confirm the transcripts. When a participant identified a construed meaning as not entirely representing what was said by him or her, such a part of the transcript was then subjected to further scrutiny by checking it against the audio tape. Such instances were few and after they were dealt with, the researcher could conclude that these instances had no negative bearing on the analysis and interpretation of the data. During the Interviews; a few words which were uttered in the vernacular (siSwati) of the participants were translated into English.

It must be emphasised that such instances were very minimal and do not warrant much attention.

The above process afforded the researcher the opportunity to scrutinize both the meaningful and the symbolic content of the data; thus paving the way to understanding how the participants created meaning for their roles and responsibilities and the challenges encountered in addressing the impact of HIV and AIDS on sustainable development within their communities by paying attention to the participants' level of subject knowledge, perceptions, attitudes, feelings etc. (Maree 2010).

It therefore suffices to say that, to analyse the data, the interviews were transcribed and patterned according to the research questions and emerging themes, groups or codes (Bailey 1994).

3.6 VALIDITY

Henning *et al* (2010), points out the importance and relevance of elements of trustworthiness, credibility, dependability and conformability as constituting validity in qualitative research. In this study, in order to comply with the above elements, the researcher conducted consistency checks; he made the transcripts available to participants for correction of factual errors; and he meticulously ensured quality by means of validating the research through checking for bias and questioning all procedures and decisions taken.

The research design itself determined how the researcher should go about collecting credible data. The data collected in this study was deemed as credible, trustworthy and dependable in the sense that the participants interviewed were all serving members of the EDM AIDS Council and participated in the study without undue coercion. The participants were individually interviewed, and thus cannot be said to have conspired to mislead the researcher in any way. Subsequent to the above explanation, it can be concluded that the data collected was and remains authentic. The aspect of ethos is the next subject of discussion.

3.7 ETHICAL CONSIDERATIONS

Ethics pertains to the moral principles, values and codes in any given profession, guiding professionals on how to conduct themselves when carrying out tasks. Researchers too, are expected to ensure that their character or disposition is free from potentially harmful decisions and/or acts in relation to the participants of study (Bless, Higson-Smith & Kagee 2006). The researcher was very conscious of issues such as confidentiality, harm, informed consent, conflict of interest, respect for subjects of studies, beneficence and all aspects regarding character and integrity.

3.7.1 Confidentiality

Issues of confidentiality pertain to ensuring that as a researcher, whatever is discussed during the whole research process is never disclosed to any third party unless such a disclosure is consistent with the formal consent of the participants. In order to ensure the above, the researcher in this study ensured that all data relating to the research was safely locked away and accessible only by means of pin codes.

3.7.2 Harm

No harm could be said to have been directly or indirectly caused to the research participants in that the researcher communicated with all the participants without personalizing, deceiving and or creating a possibility for harm in any foreseeable way.

3.7.3 Informed consent

All participants were requested to sign informed consent forms beforehand, and were advised that should a participant wish to withdraw from the interview at any point, as indicated on the consent form, the researcher would ensure that such a wish is granted. The researcher gave a written undertaking to all the participants that he would respect their views in terms of matters that were off the record and in any other matter required by the participants.

3.7.4 Privacy and voluntary participation

All participants were informed beforehand about the study and were afforded the right to choose suitable sites for the interviews to be conducted. To this effect, the researcher visited the participants either at their offices or places of residence in accordance with their preferences.

3.8 SUMMARY

This chapter discussed a qualitative approach as the chosen research method. In addition, it discussed the rationale for choosing a qualitative research approach. The sampling design was identified as purposive. As suitable participants were needed, this specific sampling design was chosen. Data collection procedures were outlined as consisting of face-to-face semi-structured interviews. Issues pertaining to data analysis were dealt with; data from audio tapes, coding and themes was grouped and summaries were made in accordance with the purpose and objective of the study. Validity as referring to matters of trustworthiness, credibility and dependability of data collected was highlighted.

The researcher briefly discussed issues of ethics with reference to matters confidentiality, harm, informed consent, privacy and voluntary participation. The next chapter presents results and discussion

CHAPTER 4
RESULTS AND DISCUSSION

4.1 INTRODUCTION

This chapter is structured in the following manner: in the first section, the researcher contextualises the chapter by providing a brief background in relation to the aim, objectives and research questions which are the bases of the main discussions in this chapter.

In the second section; the researcher presents biographical characteristics as well as personal contributions and sacrifices made by participants in the interest of EDAC.

The third section is meant to present the results and discussion about the major themes of the study. This section pays attention to the key questions as well as the objectives of the study as mentioned in chapter (1) and in section (1) above. The fourth section is a summary of the major discussions of this chapter.

4.2 SECTION 1: THE CONTEXT OF THE STUDY RESULTS AND DISCUSSION

In chapter 3, the methodology employed in this study was presented. Furthermore, it was mentioned that nine members of the Ehlanzeni District AIDS Council (EDAC) were to be interviewed (See verbatim transcripts, attached as appendices 1). As mentioned in chapter (1) the study focused on LACs responsibilities, challenges, experiences and feelings associated with the role of addressing the impact of HIV and AIDS on sustainable development within EDAC. The questions on which the major themes of the study are based; are stated in chapter (1), and are restated below:

I.   What are the roles and responsibilities of LACs in addressing the impact of HIV and AIDS on sustainable development within their respective communities?

II.   What achievements have LACs made in addressing the impact of HIV and AIDS on sustainable development within their communities?

III. What challenges are experienced by LACs and what are the LAC stakeholders' views on possible interventions to counteract the effects of such challenges in addressing the impact of HIV and AIDS on sustainable development?

For purposes of presenting the results and discussion of the study, the above key research questions are arranged in themes and dealt with in their chronological order in section (3) of this chapter. The above research questions emanated from the objectives mentioned in chapter (1) and restated as follows:

1. To gain insight into and understanding of the roles and responsibilities of LACs in addressing the impact of HIV and AIDS on sustainable development within their respective communities

2. To gain insight into the achievements that LACs have made in addressing the impact of HIV and AIDS on sustainable development within their communities

3. To gain insight into the challenges experienced by LACs and the LAC stakeholders' views on possible interventions to counteract the effects of such problems in addressing the impact of HIV and AIDS on sustainable development

4.3 SECTION 2: PARTICIPANTS' PROFILES

All participants were asked to outline their organizational and individual profiles in relation to their involvement with their LAC. A summary of their responses is provided below:

In profiling the participants, the researcher outlined the biographical data using information provided during the interviews. Information regarded as pertinent to the study included data about how long the participants had served in the particular LAC; the number of years he or she had actively operated within the field of HIV and AIDS in general; any formal and/or informal qualifications/training in HIV and AIDS, frequency and or rate of availability in attending the LAC's meetings or activities and any personal contributions made to the LAC. The participants in the study are identified by numbers from 1-9 to in order to avoid using their true identity. They

represent the nine EDAC members from different stakeholder organizations. Four of the members interviewed were AIDS coordinators from the local municipalities under the Ehlanzeni District Municipality. Five were drawn from the different stakeholder organizations which EDAC is comprised of.

The participants comprised of 3 males and 6 females. Most of the participants have been with the LAC for over 3 years. All the participants were actively involved in HIV and AIDS mitigation strategies in their respective organizations at different levels of seniority, and were delegated by their respective organizations to participate in EDAC.

4.3.1 Participant 1

Participant 1 was employed by the Ehlanzeni District Municipality where he had served as an Assistant Manager: HIV and AIDS; since the beginning of the year 2000. The participant said that he had attended not fewer than 75% of all LAC's meetings and other related activities. He also said that he had obtained both informal and formal qualifications in HIV and AIDS. According to him, he had made immense personal contributions to accommodate LAC's meetings and other related activities. He emphasized this by stating that "*Look, I have become so connected to contributing to HIV and AIDS mitigations such that I find myself creating more time including weekends and holidays to participate in meetings and activities aimed at advancing the objectives of EDAC*"

The researcher experienced the above participant as quite informative and precise about all issues affecting the functioning and dysfunctional aspects of EDAC. His responses to all the questions were presented in an excellent articulate manner.

4.3.2 Participant 2

Participant 2 was a female professional nurse working for the Department of Correctional Services (DCS) in the Barberton Management Area; where she held the position of an Acting Manager: HIV and AIDS Section. According to her, she was responsible for all HIV and AIDS related programmes. Some of her responsibilities were regular compilation of HIV statistics in the prisons. She joined EDAC in 2008, had been an active member and regularly attended EDAC meetings. Regarding

personal contributions to HIV and AIDS mitigation strategies; the participant revealed that "*I attend EDAC and other stakeholders meetings or other activities which would often expose me to overwhelming amount of stress levels. During outreach programmes one comes face to face with the reality of the impact of HIV and AIDS on socio-economic wellbeing of the affected and infected… When one gets home, all the misery that one has witnessed flashes on and off in one's mind*"

The researcher was impressed with this participant's professional conduct and commitment during the whole process of the interview. It is the opinion of the researcher that such commitment to work may add value to LACs.

4.3.3 Participants 3

Participant 3 was a teacher employed by the Department of Education. She had been with EDAC since 2008. She served as a gender convener for the South African Democratic Teachers' Union (SADTU). She held a formal post graduate diploma in HIV and AIDS. According to her, she had attended over 70% of all EDAC meetings and other activities. As part of her personal contribution to HIV and AIDS mitigation strategies, she stated that "I *have studied and passed a post graduate diploma in HIV and AIDS solely to be in a better position to make a valuable and positive personal contribution to the fight against the scourge of HIV and AIDS. I avail myself as and when a need arises without expecting to be refunded for my travelling expenses and I don't expect to be paid for my personal time that I give to the LAC*"

This participant is one of those who brought numerous documents about the operations of EDAC, this included attendance registers, EDAC strategic plans, IDP documents and other related publications relating to the roles and responsibilities of EDAC. Though document analysis is not part of data collection; these documents were found by the researcher to be valuable in providing some background information on some of EDAC activities.

4.3.4 Participant 4

Participant 4 was a pastor. He served as an HIV and AIDS coordinator for the National Association of People Living with HIV and AIDS (NAPWA) in Mpumalanga Province, South Africa. He had been with EDAC since 2007, and confirmed that he had attended not fewer than 70% of EDAC meetings and other related activities. In response to the question regarding personal contribution to addressing the impact of HIV and AIDS the participant said that "*For me personal contribution to alleviate any suffering, to which the human race is exposed, has become my second nature. I give more of what others may call personal time to my organization and to EDAC. When I received your invitation, I had to incur travelling expenses and put aside so many other engagements simply to ensure that any effort aimed at attending to the plight of the victims of HIV and AIDS; receives my best shot*"

The participant's wealth of knowledge in the field of HIV and AIDS particularly the social aspects of HIV and AIDS was perceived by the researcher as value adding to HIV and AIDS mitigation within EDAC.

4.3.5 Participants 5

Participant 5 was the HIV and AIDS focal person for one of the local municipalities within EDAC. She was not an appointed HIV and AIDS coordinator; but had been requested to stand in because there was no mayor and no appointed AIDS coordinator in the municipality. She indicated that "*Whenever there is a need for someone to take charge of any urgent HIV and AIDS responsibilities, I am the one to stand in*". Regarding her personal contribution to HIV and AIDS, she commented: *"Well, eh I can't say I have made so much personal contribution … I guess there are people who can take credit for having made personal contributions".*

This participant is the only participant amongst the AIDS coordinators who at the time of the interviews was not officially appointed as an AIDS coordinator. She however started working in the field of HIV and AIDS in 1998 as a home-based care worker to keep busy while she was looking for a job. She joined the municipality as a secretary to the executive mayor. In 2009 she was appointed to assist with transversal issues.

According to her, she had not regularly attended EDAC meetings and other related activities as she was not an AIDS coordinator.

She is one of the only two participants who the researcher perceived as being misplaced in her position as an HIV and AIDS focal person. Her levels of interest in the subject of HIV and AIDS in general were experienced by the researcher as lukewarm.

4.3.6 Participant 6

Participant 6 indicated that she became aware of HIV and AIDS issues through *love Life* where she worked before joining the Bushbuckridge Local Municipality. She was appointed in 2007 to take responsibility for Gender, HIV and AIDS, Children, and the Elderly. She had no formal qualification in HIV and AIDS, but had attended many HIV and AIDS workshops during which a variety of HIV and AIDS topics were discussed. About personal contributions, she stated that "I *would have liked to do more; yes I am committed to contributing as best as I can to fighting HIV and AIDS in my community, add value to my Local AIDS Council as well as EDAC. I think there is room for improvement in my case when it comes to personal contributions to fighting HIV and AIDS particularly within structures such as EDAC"*.

Though this participant could not say much about personal contributions that she made, for the researcher, the quality and nature of her responses proved to be quite exceptionally rich in content. She is one of the participants who provided immense data in as far as the three themes of the study is concerned.

4.3.7 Participant 7

Participant 7 was a pastor whose academic achievements included a PhD. He indicated that he was a member of the South African Council of Churches (SACC). He had been an HIV and AIDS coordinator for the Evangelical Lutheran Church in southern Africa for the past 15 years. He joined EDAC in 2009 representing SACC within EDAC. He indicated that he had attended over 60% of EDAC meetings and other related activities.

In as far as personal contributions to HIV and AIDS mitigation strategies were concerned; he had the following to say: "*I think I can proudly say yes, I have made valuable contributions in addressing the impact of HIV and AIDS. In the 15 years in which I have been involved in my organization and responsible for almost all issues pertaining to HIV and AID*"

This is one of the participants experienced by the researcher as quite relevant in being a member of a LAC. Though he did not mention much about specific personal contributions to EDAC, the wealth of HIV and AIDS experience that he brings to EDAC must be immense.

4.3.8 Participant 8

Participant 8 was an appointed HIV and AIDS coordinator for one of the LACs within the Ehlanzeni District Municipality. She had served in this position since 2008. She said she did not have any formal qualifications in HIV and AIDS, but had attended several workshops on HIV and AIDS. She had the following to say about her personal contribution: "*Honestly I can't say I have made any remarkable contributions as such. Look I came to this position by default; I was working in the mayor's office. After the mayor was changed, I found myself here… I would like to make a personal contribution in future, but for now, that is all I can say*".

The researcher felt that this participant was more or less like participant (5); she had so little to share. She seemed to be in distress about being placed in this position. Though it is not the aim of this study to assess the quality of HIV and AIDS focal persons in LACs, it is a concern to note that there are AIDS coordinators who seem be unhappy and not so willing to be serving in the HIV and AIDS portfolio. This is an indictment to the whole system through which HIV and AIDS mitigations are to be administered.

4.3.9 Participant 9

Participant 9 indicated that she had worked as an HIV and AIDS coordinator since 2006. At the time of the interview, she was enrolled for a BA Honours degree in social sciences in HIV and AIDS at UNISA. According to her, she had attended over 80% of all EDAC meetings and other activities. She said that she had contributed greatly to EDAC at the expense of her personal time and resources, and was very proud of it. She emphasized the following: "*Look in my area; I use to be called **loyal sesi we AIDS**; meaning that I am the lady who is always talking about HIV and AIDS. Since I took over this position as an HIV and AIDS coordinator, I have seen very serious changes in attitudes towards HIV and AIDS in general … and am happy that giving up my personal time and space has made my Local AIDS Council one of the LACs which other LACs desire to emulate. Making my LAC what it is today has in turn added value to the operations of EDAC. I can safely say that with the help of many others, I have managed to record personal contributions that I can be proud of*"

This participant was deemed by the researcher as exceptionally excellent in her position as an HIV and AIDS coordinator. She is one of those who also brought a lot of supporting documents detailing numerous activities of her LAC. Indeed they have done so much. This is one LAC that the researcher wishes LACs to use as a benchmark and emulate.

4.2.10 Summary

Based on the above participants' profiles, one may deduce that EDAC had the type of stakeholders about whom one could reasonably state that the council was relatively well resourced in as far as human capital was concerned. It can be safely argued that the personnel of EDAC had the motivation, experience, commitment and zeal that any organization would be proud of. All but one of the participants seemed to have contributed personally in a remarkable way, albeit in varying degrees. All participants had either obtained a formal or an informal qualification in HIV and AIDS or had extensively attended HIV and AIDS workshops in which a range of HIV and AIDS mitigation strategies and other relevant topics relating to HIV and AIDS were addressed.

4.4 SECTION 3: PRESENTING THE PARTICIPANTS' RESPONSES

The researcher indicated that the key questions in the study were arranged in themes. Before the actual responses are presented, a brief description of the themes is given here.

4.4.1 Description of the three themes

As indicated above, the themes are based on the research questions as presented in chapter 1.

Theme 1 focuses on the roles and responsibilities of LACs in addressing the impact of HIV and AIDS on sustainable development within their respective communities, albeit as understood by the members of the LAC studied. This theme comprises of two questions which were posed to all participants in the same way, though they were further elucidated in various ways in order to help each participant best understand the question without deviating from the nucleus of the question.

Theme 2 centres on achievements that the members of the studied LAC deemed to have made as a collective in addressing the impact of HIV and AIDS on sustainable development within their communities.

Theme 3 is concentrated on the challenges experienced and the interventions made to counteract such challenges in order to improve the role of the LAC in addressing the impact of HIV and AIDS on sustainable development within the respective communities as proposed by each member interviewed.

4.4.2 Theme 1: The role and responsibilities of lacs in addressing the impact of HIV and AIDS on sustainable development within their respective communities.

In discussing theme 1, the researcher tapped into the participants' responses to research question 1 as well as the sub-question which sought to gain insight into stakeholder organizations' contributions to the operations of EDAC.

The participants were asked to respond to the question regarding the role and responsibilities of EDAC in addressing the impact of HIV and AIDS on sustainable development within the community of Ehlanzeni District Municipality. The participants were further expected to provide information about the input of their own stakeholder organization into the realization of such a role and their responsibilities thereof.

4.4.3 The Participants' views on the Role of LACs

Based on the views of the majority of the participants, LACs can be seen as the nucleus in the implementation of all HIV and AIDS mitigations in communities. All the participants assigned and associated LACs with the role and responsibility of ensuring that HIV and AIDS mitigations are properly addressed and implemented at the community level.

One of the participants (participant 1) in congruent with most of the other participants clearly summed up the role and responsibility of LACs when he said that *"In my view, the role of our LAC or any other LAC is to serve as a platform where various stakeholders come together in order to share experiences encountered in dealing with issues of HIV and AIDS mitigations. …the LAC through its stakeholders must …plan and implement HIV and AIDS alleviation programmes within their geographic areas. The LAC must play a leading role in mobilizing more resources to support HIV and AIDS mitigation programmes of the LAC"*

These sentiments were similarly shared by participant (2) wherein she declared that: *"Based on my observation of our main activities as an LAC, I can say that the role of the LAC is to pool resources together in order to engage the community in a systematic, coordinated and structured HIV and AIDS programme aimed at addressing the effects of HIV and AID".* In agreement with the above, *the* role of LACs is unequivocally put forth by participant (3) when she said that "LACs *must plan and implement HIV and AIDS alleviation programmes for prevention and support in communities"*

Some previous studies on the role of LACs, particularly with regard to the understanding of LACs mandate by LACs members painted a rather gloomy picture.

One of these studies found that LACs members were confused about their mandate (Versteeg and Strom 2008). This aspect is comprehensively dealt with in the next theme. Be that as it may, some recent studies indicate that LACs have been progressively gaining better understanding of their mandate. The role and responsibilities as outlined in the Eastern Cape AIDS Council (ECAC) seems to be in agreement with the above view of EDAC members. A whole chapter is dedicated to issues of implementation in the ECAC HIV and AIDS strategic plan (Avert 2012). This position regarding the role and responsibilities of LACs can further be traced to the role that civil society played long before the establishment of LACs and the official recognition of civil society as valuable partners in HIV mitigations. Civil society is accredited as the pioneers of HIV and AIDS mitigations. Successes in confronting HIV and AIDS are linked to civil society activism. (Kelly & von Donk 2008) If this assertion stands, and considering the fact that civil society is key stakeholder in LACs, then one may not be faulted in seeing the role of LACs as more of an implementer of HIV and AIDS mitigations at local level than anything else.

The above views share similarities with the role and responsibilities expected of LACs as put forth by Versteeg (2008). This role and responsibilities include planning, implementation and monitoring processes at different levels of the LACs activities. Though not the subject of this study, the question that remains unanswered is whether the understanding of roles and responsibilities as displayed by the participants can be said to be giving the required effect to these roles and responsibilities (Versteeg 2008).

4.4.4 The participants' views on the role of their respective stakeholder organizations in the Local AIDS Council.

It has been insinuated that in some LACs; the status of the members are not regarded as equals (Versteeg & Strom 2008). The researcher sought to gain understanding of how each stakeholder is contributing to the activities of the LAC itself. In response to this question; all the participants indicated their organizations' contributions to EDAC.

The most common contributions relate to provision of HIV and AIDS situations from the different sectors represented by the various stakeholders. This is clearly stated by participant (2) when she said that "*our role …is mainly anchored on the provision of*

accurate and up-to-date data regarding our strategies aimed at reducing the spread of HIV". This view is similarly presented by participant (3) when she said *"I provide EDAC with information relating to what is happening in my community and SADTU regarding HIV and AIDS"* The stakeholders seem to be seeing their role in EDAC as that of being a feeder of information into EDAC and expect that in turn; EDAC members would utilise the information to plan for appropriate interventions. The above sentiments are shared by participant (5) when she said *"I can say that we provide EDAC with information regarding what is happening in our community in anticipation of being assisted with the challenges we are facing"*

It does emerge from the above views that stakeholders approach LACs as the central point of departure in as far as HIV and AIDS mitigations are concerned. This emerging point of view however poses some question as to whether stakeholders look at the LACs in the context of the Ehlanzeni District Municipality (EDM) which is one of the stakeholders, that amongst many responsibilities is fulfilling a secretariat role within EDAC. Participant 1 representing EDM stated that "we *provide EDAC with secretariat services*" The researcher did not pursue the question whether the stakeholders are anticipating assistance from EDM or EDAC without being influenced by certain expectations emanating from EDM being a government arm which must provide all logistics to the LACs. Another related question which the researcher did not pursue is whether EDM may or may not use its position as the secretariat to either influence the LAC to a particular direction regardless of the views of the other stakeholders. Government institutions were found to be of the view that they are a service provider to LACs, thus regarding the rest of the stakeholders as less equal in all aspects of the functioning of the LACs (Versteeg 2008). As such it can be argued that some stakeholders' position in the LAC may be placing them in a better position to drive the LAC as they would wish.

This point is inferred on the fact that EDAC was dormant for over a period of nine (9) months at the time when the interviews were conducted. Many of the stakeholders interviewed felt like they had no power to engage the secretariat regarding this dormancy. This is clearly articulated by participant (2) when she said *"the challenge that I find extremely serious is the issue of prolonged dormancy from the secretariat of EDAC…how do I justify that I have not receive an invitation…am not sure how this*

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[dormancy] can be dealt with. The aspect of challenges is discussed in details in the next theme.

4.4.5 Summary

The above theme sought to elicit participants' understanding of the roles and responsibilities of EDAC, and to establish the role fulfilled by their respective stakeholder organizations in favour of EDAC.

The roles and responsibilities of LACs were understood by the participants to a great extent as those of planning and implementing HIV and AIDS mitigation strategies. Participants 1, 2, 3 and 4 emphasized that EDAC has roles and responsibilities with regard to mobilization, lobbying and community engagement. The participants saw EDAC as the only structure that must be entrusted with the responsibility of coordinating all HIV and AIDS mitigation programmes within the Ehlanzeni region of Mpumalanga. All four participants referred specifically to community engagement.

The above participants identified a LAC as a structure that had the potential to lobby for political, financial support, and other related resources. From their responses it was clear that for them, a LAC was responsible for planning and implementing HIV and AIDS programmes with a view to addressing the impact of HIV and AIDS on sustainable development. They indicated that their LAC had been engaged in many activities which were meant to benefit communities infected and affected by HIV and AIDS both socially and economically.

Participants 5, 6, 7 and 8, on the other hand, though somehow they too could be said to regard LACs' role as the above, placed their emphasis more on the coordination of events and the education of the communities about HIV and AIDS in general.

With the exception of Participants 9, none of the other participants commented on or pointed out the similarities amongst the AIDS councils; from SANAC to PACs, PACs to DACs, and DACs to LACs down to WACs. A question regarding whether LACs should be regarded as the local versions of SANAC is posed here. There is argument about the similarities of the mandate of SANAC and those of LACs. To a greater

extent, the similarities are strikingly notable, but at the local level there is an element of implementation as evident in the case of ECAC (Versteeg, 2008).

It is clear that in many other LACs such as the Eastern Cape AIDS Council and KZN AIDS Council, the role of LACs is understood to include that of mobilizing resources and advocating for effective involvement of sectors and organizations in implementing AIDS programmes. CMRA (2008)

If one were to take the ECAC strategic plan as a benchmark, and taking into account the understanding of the role and responsibilities of LACs as presented by the participants, it would mean that EDAC's conception of its role and responsibilities is to a certain extent exclusive of some of the roles and responsibilities as would be expected. For example, only one participant referred to the role of EDAC in relation to SANAC. There was no mention of research and or advice to local government by the EDAC

4.5 Theme 2: Achievements made in addressing the impact of HIV and AIDS on sustainable development

As stated above, in this theme the researcher outlines the achievements that the participants from EDAC points out to have made as a collective in addressing the impact of HIV and AIDS on sustainable development within their communities.

All participants listed more or less similar sets of achievements ranging from the appointment of AIDS coordinators, securing budgets for HIV and AIDS mitigations, producing own HIV and AIDS strategic plan, gaining political support, understanding of the mandate of EDAC, creating awareness about condom use, organizing sustainable livelihoods for child headed families, establishment of stakeholder forums, induction of councillors and subsequent launching of LACs, mobilize resources, public HIV testing, capacity to organize community engagements and so forth.

Once again it must be mentioned that the listed achievements can be said to be really remarkable when viewed against the backdrop of earlier studies which found that LACs were seriously impeded by amongst others; lack of capacity to respond to HIV

and AIDS as envisaged in the NSPs. One such study found that LACs members lacked project management skills, lacked resources, lacked culture of accountability and so forth (Avert 2012)

In order to comprehend the extent to which achievements have been made by EDAC, the above listed achievements are subjected to scrutiny by firstly examining the role and responsibilities of AIDS Councils as presented by the participants in comparison to the role and responsibilities of LACs as espoused by Versteeg (2008). Here the interest is only in establishing if there is mentioning of either a phrase or word suggesting some relationship between what would in Versteeg's terms be regarded as an achievement by comparing such an achievement with the role and responsibility expected of LACs according to Versteeg(2008).

Secondly, the participants' listed achievements shall be reviewed in relation to the four key priority areas of the NSP 2007-2012. Third, and last, these achievements are synchronised with the concepts of advocacy and mobilization in relation to the impact of HIV and AIDS on sustainable development. This is meant to establish whether the listed achievements do speak to these key and operational concepts of the study as presented in chapter (1).

4.5.1 An Analysis of the role and responsibilities of AIDS Councils as presented by the participants in comparison to the role and responsibilities of LACs as espoused by Versteeg (2008).

Table 1

Item no	Versteeg	Participants
1.	Act as voice for HIV and AIDS and development in the IDP planning, implementation and monitoring processes	• The aspect of IDP planning is mentioned by participant (6) she argued it is a serious challenge that "*IDP captures so little on HIV and AIDS as if it's for compliance purposes*"

2.	Take responsibility for co-ordination, planning, implementation and monitoring of HIV programming interventions	• This aspect is one of those mentioned by many of the participants when listing achievements made. Participant (2) said "closest *to my heart is our capacity to organize…*"
3.	Leverage, co-opt and support role players outside the municipality who are providing HIV programming services	• This aspect is mentioned by amongst others participant (1) he said that " *we have established AIDS councils in all the municipalities within Ehlanzeni*" • It is further alluded to by participant (6) when he said " *EDAC advocated that we as local AIDS council grow to be an autonomous structure in which all government and private[civil society] sector organizations work together*"
4.	Report to the IDP steering committee on HIV programming/planning, implementation, monitoring and co-ordination	• None of the participants mentioned reporting anything to the IDP steering committee except for participant (6) who mentioned IDP as indicated in item 1 above.

The above table does indicate significant achievements by EDAC when taking into account what Versteeg (2008) would regard as successes based on the challenges of LACs from her previous study.

4.5.2 A review of the participants' listed achievements in relation to the four key priority areas of the NSP 2007-2012.

Table 2

Item no	NSP 2007-2012 Key Priority Area	Participant achievements
1.	Prevention: This aspect contains a number of key words such as poverty reduction, safety nets etc.	These key words are traceable in many of the participants listed achievements. For example, participant 1 mentioned that *" we organize immediate food supplies, blankets and other amenities"* Participant (3) mentioned *"creating awareness about use of condoms"*
2.	Treatment, Care and Support: This aspect refers to issues such as voluntary testing and counselling, enabling healthy living for people living with HIV and AIDS, addressing special needs of children and pregnant women, creating an enabling social environment for care, treatment and support.	This is one aspect that was so frequently mentioned by many of the participants. Participant 6 mentioned the "identifying *of 30 people who were defaulting their ARV treatment…and assisted them to consider continuing with treatment*" Similarly participant (9) stated that "We *are able to directly attend to issues affecting both those who are already on ARVs and needing care and support*" She further indicated that home and community based care organizations attend to issues of care and support including ensuring that the terminal patient takes his/her ARVs. In relation to addressing special needs for children, participant 1 mentioned that amongst others *"they were able to identify child-headed …families…and organize*

		immediate food supplies [to the affected children]"
3.	Research, monitoring and Surveillance	This aspect is not mentioned in anyway, either direct or indirect and not insinuated in anyway by any of the members.
4.	Human rights, Access to justice and law reform	This aspect is inferred in participant (2) It appears that some children would be identified from the communities as vulnerable children and without proper documentation to be able to be registered for social grants. She stated that " *Some of these child-headed households never had ID copies…we intervene as AIDS council with ease and facilitate the acquisition of such documents*"

The above table clearly indicates that achievements listed by the participants do relate; to certain extent, to what the NSP 2006-2012 stood for. It is noted that key priority area no 3 is not mentioned in anyway, either directly or indirect. This therefore presents EDM with a room for improvement.

4.5.3 Matching of the achievements with the use of concepts such as advocacy, resource mobilization in relation to addressing the impact of HIV and AIDS on sustainable development.

Table 3

Item no	Key Concepts	Achievements
1.	Advocacy	*"EDAC advocated that we as a Local AIDS Council grow to be an autonomous structure in which all government and private sector organizations work together".*

		Listed by participant (6)
		"We advocated for the establishment of child care forums…establishment of six support group" Listed by participant (5)
2.	Resources Mobilization	Mobilized "resources such as houses" participants (2) and (6) Mobilized "resources such as skills development and training for people living with HIV and AIDS…groceries and other amenities" Listed by participant (6)

The above table indicates that the achievements can to a certain extent be regarded as synchronizing with the concepts of advocacy and resources mobilization. There is an increasing adverse effect on household's income due to HIV and AIDS. Home and Community Based Care givers are heavily laden by the ever swelling need for palliative care, health facilities are facing an ever accumulative demand than the capacity to supply. If there are any achievements that are exclusive of issues pertaining to resource mobilization and advocacy, then such achievements would not be adding value to alleviating the impact of HIV and AIDS on sustainable development. (SADC 2008)

It is interesting to note that amongst the responsibilities and achievements listed by EDAC, there is more focus on poverty alleviation, care and support for those infected and affected by HIV and AIDS. This augurs well for the key priority areas of the NSPs.

4.5.4 Summary

From the above findings, it is apparent that EDAC recorded some achievements in a number of areas. The successes made were *inter alia* in the areas of sectorial representation; resources mobilization; HIV, AIDS and TB calendar events; the establishment of LACs throughout the district; community engagement through stakeholder forums; lobbying for political support; drawing of strategic plans and improved understanding of the LAC mandate.

In as far as sectorial representation was concerned; it is noteworthy that almost all sectors were part of EDAC. There were faith-based organizations such as the South African Council of Churches; Non-Governmental Organizations such as *loveLife*; provincial departments such as the Department of Health, the Department of Social Development and many other stakeholders.

With regard to mobilization, the local business sector, municipalities and other stakeholders had contributed in different ways. For example, the Nkomazi Local AIDS Council, one of the local AIDS councils forming part of EDAC, had its own branded vehicles. This should be regarded as an achievement, even though there was still room for improvement.

EDAC could be said to have made some progress with regard to advocacy. Participant 6 mentioned that "*EDAC advocated that we as a Local AIDS Council grow to be an autonomous structure in which all government and private sector organizations work together*".

Community engagement was one of the areas in which EDAC seemed to have progressively improved since its inception. Through stakeholder forums such as the Home Based Care Stakeholder Forum, EDAC had managed to monitor patients taking ARVs, and successfully identified defaulting patients. The identified defaulting patients were assisted in various ways in order to ensure that they resumed their treatment. Child-headed families and vulnerable children were also identified and assisted with basic needs such as food parcels and assistance in obtaining birth certificates in order to enable the children to register for social grants. Through the Department of Home Affairs, one of the stakeholders, the process for obtaining birth certificates and copies of IDs was expedited. Registration for social grants was expedited through the Department of Social Development, one of the EDAC stakeholders.

The researcher acknowledges that it was not the purpose of this study to assess whether or not EDAC had contributed to the four primary aims of the NSP 2007-2011. It is, however, pertinent to mention here that to a great extent most of EDAC activities did address the four primary objectives of the NSP 2007-2011. A case in point was their engagement in treatment, care and support as indicated by participants 9 when

she stated: *"The home based care stakeholder would look into the issue of care and support including ensuring that the terminal patient takes his/her ARVs"*.

In as far as prevention was concerned, there too EDAC could be said to be making some good progress. Participants 3 indicated that they were "*creating awareness about condom use and the dangers of teenage pregnancy*". Mpumalanga Province was one of the provinces in which NGOs had contributed immensely to creating awareness about condom use (CADRE 2010).

4.6 Theme 3: Challenges experienced and views on possible interventions to counteract the effects of such challenges in addressing the impact of HIV and AIDS on sustainable development.

In this theme; the researcher presents the challenges experienced by participants and their views on possible interventions to counteract the experienced challenges.
The most prevalent challenges raised by the participants (Participants 1, 2, 4, 5, 6, 7, 8 and 9) range from lack of support regarding resources, particularly financial support; poor attendance at AIDS council meetings; lack of political will; failure by municipalities to appoint AIDS coordinators and/or to recruit and appoint candidates whose HIV and AIDS knowledge and understanding were equal to the tasks expected of AIDS coordinators.

Other challenges raised include lack of support for HIV and AIDS in IDPs; poorly completed reports; dormancy of the Mpumalanga Provincial AIDS Council (MPAC); prolonged dormancy of EDAC; and the tendency of stakeholders to send different representatives on different occasions to attend EDAC meetings.

The above challenges are not unique to EDAC; many other AIDS Councils did not enjoy the required support from municipal councillors and officials, appointment of relevant personnel such as AIDS coordinators etc. Even where such appointments are made; relevant skills and expertise were often found to be inadequate. These deficiencies can only render AIDS councils as ineffective as they can be in as far as delivering on their SANAC envisaged mandate. (CMRA 2008)

Lack of HIV and AIDS in the IDP processes was raised by one of the participants as a matter that "*local municipalities appear to have definite problems* … [in addressing] … *and there seems to be lack of capacity with regard to incorporating HIV/AIDS programmes into their local IDPs*" (Swartz & Roux 2004:105).

Though this study was not about MPAC, the researcher is of the view that there must a symbiotic relationship between the two structures (EDAC and MPAC). Certain expectations from EDAC are supposed to be satisfied by MPAC and vice versa. Therefore, any dysfunctional element in any of the two structures would render the other with crippling challenges in as far as HIV and AIDS mitigations are concerned in the Mpumalanga Province. The dormancy of MPAC is a very serious concern in the researcher's view. Very serious questions should be asked about the commitment of the province's leadership in addressing the impact of HIV and AIDS on sustainable development. Even though the NSP (2007-2011) clearly indicates that HIV/AIDS is a multi-departmental challenge that requires a commitment from all, this seems not be an issue in the Mpumalanga Province. Good political leadership is critical for shaping the vision and priorities of provincial government which determines where resources are allocated and which issues become priority areas.

During the period 2000 to 2005, a rapid assessment report on the functioning of provincial AIDS councils found that Mpumalanga was one of the three provinces which failed to submit office bearers to the provincial AIDS council. In the same report, Mpumalanga could not make any indication regarding MPAC budget for HIV and AIDS programmes. In a meeting convened to finalize a Provincial Strategic plan in 2008, the incumbent premier and his executive were not present. It is not surprising that some officials were reportedly demoralized, and casted doubts on the commitment of the political leadership to advance the HIV responses as expected in the Mpumalanga Province (UNAIDS 2010).

When looking at some of the proposed solutions, which range from establishing mechanisms to dealing with the challenges regarding operational improvement, one wonders whether these improvements which include ensuring that all local municipalities appoint AIDS coordinators and upgrade the AIDS coordinator position to a higher rank, will ever be realized given the MPAC's status quo. As late as 2012,

Mpumalanga Provincial AIDS Council was not at the level at which civil society could be proud of. This resulted in civil society opting to exert some pressure on the incumbent premier to assume his responsibility in chairing MPAC (NSP Review 2012).

I would be interesting to note what the lack of political support would be like in municipalities when MPAC starts functioning as expected in terms of the SANAC mandate.

The next chapter (chapter 5) presents the summary and conclusions based on the results of this study.

CHAPTER 5

SUMMARY AND CONCLUSIONS

5.1   INTRODUCTION

This study sought to investigate the role and challenges of Local AIDS Councils in addressing HIV and AIDS in their respective communities. As indicated in the previous chapter, the objectives of the study were presented as follows:

• To gain insight into and understanding of the roles and responsibilities of LACs in addressing the impact of HIV and AIDS on sustainable development within their respective communities

• To gain insight into the achievements that LACs had made in addressing the impact of HIV and AIDS on sustainable development within their communities

• To gain insight into the challenges experienced by LACs and the LAC stakeholders' views on possible interventions to counteract the effects of such challenges in addressing the impact of HIV and AIDS on sustainable development

In this chapter; the main findings of the study are summarized, suggestions for further research are presented, and recommendations for policy and practice are offered. In the last section of this chapter conclusions for the study are drawn.

It was mentioned that the Ehlanzeni District AIDS Council (EDAC) comprises of five LACs within the Ehlanzeni District Municipality in the lowveld part of Mpumalanga. It was stated in chapter three that a purposive sampling technique was used to identify nine participants with whom face-to-face interviews were conducted. It was mentioned that the participants were selected from EDAC

members representing their respective organizations such as South African Democratic Teachers' Union (SADTU), South African Council of Churches (SACC), Bushbuckridge Local Municipality (BBR), Thaba-Chweu Local Municipality (TLM), Nkomazi Local Municipality (NLM), and Mbombela Local Municipality (MLM) within EDAC

The major findings are summarized in accordance with the three objectives of the study and the research questions mentioned in the previous chapter.

5.2 LIMITATIONS OF THE STUDY

There are three major limitations worth mentioning as far as this study is concerned. First the time taken to complete the study and second, data gathering trepidations. The third and last of the limitations pertains to the use of a non-probability sampling and much fewer participants. In as far as the first limitation is concerned, the researcher is of the opinion that the study would have been better had it been completed within the first year of data gathering owing to the literature reviewed just before the time of data gathering. When checking the literature reviewed in relation to the time of completion, one notices that there is a gap of over two years during which new literature might have been published, but not consulted by the researcher. Any attempts by the researcher to consider more recent literature would have meant that the study would have taken even longer to complete and this could possibly have led to the researcher failing to complete the study at all. Be that as it may, the findings of the study should not be seen as obsolete.

The second limitation stems from the data gathering methodology used. The researcher believed that triangulation would have been of greater help in sourcing more data to complement the face-to-face interviews. For example, he could have considered data gathered from documents, newspaper articles and reports etc. about the activities of EDAC. This would obviously have benefited the study in many respects. This acknowledgement does not, however, diminish the value of the data gathered through face-to-face interviews in any way. Time

and resources constraints prevented the researcher from expanding his data gathering methods.

Regarding the third limitation, the researcher believed that probability sampling as well as using at least three participants per stakeholder organization would have been of greater value to the study and to some extent would have provided a broader view of how LAC members understand their roles, their experiences and the challenges they face. However, owing to time and resources constraints, the researcher had to be content with the above.

5.3 SUMMARY OF THE RESULTS ACCORDING TO THE OBJECTIVES OF THE STUDY

With regard to objective 1 listed above, the study found that the roles and responsibilities of LACs in addressing the impact of HIV and AIDS in communities was in essence regarded by many participants as that of advocating for effective involvement of sectors and organizations in the implementation of HIV and AIDS mitigation strategies and building capacity to strengthen partnerships for expanded response among all sectors (Versteeg & Strom 2007).

Interestingly, the study further found that many of the participants did not mention that LACs should be playing an advisory role to local government regarding HIV and AIDS policy issues, and that LACs should play a monitoring role in as far as the implementation of AIDS programmes is concerned. In actual fact, only one of the participants mentioned SANAC; and how LACs from ward AIDS councils to provincial AIDS councils were supposed to link. This finding seems to be congruent with the study conducted by Versteeg and Strom (2007) in which it was discovered that many LACs seem to be encountering challenges including lack of understanding of LACs' role.

Be that as it may, this study's findings showed that though the participants might not have accurately and specifically spelt out the role and responsibilities of LACs as Versteeg and Strom (2007) would have liked, it was encouraging to note that in direct

contrast to the findings of Versteeg and Strom (2007), there seemed to be a greater improvement in terms of understanding the major role of LACs. As indicated above, all participants noted that LACs were like a platform created to share experiences encountered in dealing with HIV and AIDS mitigation strategies. LACs were seen as coordinators in pooling of resources aimed at HIV and AIDS mitigation strategies. It therefore could be said that the participants; to a greater extent understood the role of LACs as that of mobilizing resources and advocating for HIV and AIDS mitigation strategies.

When looking at the second objective as listed above, the study found that many participants listed one or more of the following as part of what they regarded as an achievement. These included the launching of LACs; the appointment of HIV and AIDS coordinators; improved political support; creation of awareness; establishment of stakeholder forums; community engagement activities; resources mobilization activities and socio-economic interventions for the indigent and children whose parents had died of HIV and AIDS

It could be concluded that LACs had indeed made progress in terms of sectorial representation, mobilization, advocacy and community engagement to a greater extent. This study found that some LACs had made far greater progress than others in many respects. These achievements might further be improved if LACs made the effort to learn from one another. The Nkomazi Local AIDS Council is worth mentioning in this regard as a great deal could be learned from this specific LAC.

In as far as the third and last objective is concerned, the study found that many of the LACs listed one or more of the following challenges: budgetary constraints or no budget at all from some of the local municipalities; delegation of officials who were non-decision makers or who were not HIV and AIDS focal persons from their respective organizations; inactivity or passivity of the Mpumalanga Provincial AIDS Council; poor attendance by some stakeholders; incomplete or poorly prepared reports; lack of resources; lack of effective record and data management capacity; lack of political support and lack of commitment from directors and councillors and inadequate communication between the stakeholders and secretariat of EDAC.

In dealing with the above challenges, many participants listed some or more of the following as possible interventions to counteract the above challenges. These were prioritization of logistical needs of HIV and AIDS units within the local government spheres; re-activation of the Mpumalanga Provincial AIDS Council (MPAC); promotion of a continuous communication channel from the EDAC secretariat to the stakeholders and vice versa; improvement of data management systems; assigning of senior HIV and AIDS focal persons who are authorized to take certain decisions; finding other ways of raising funds than depending on local government only; and the standardization of the approach to dealing with HIV and AIDS desks across all municipalities.

5.4 SUGGESTIONS FOR FURTHER RESEARCH

This study focused on only a few members of EDAC, and it was based on a non-probability sampling method with face-to-face interviews as the data collection tool. Further studies which use probability sampling and triangulation as methods of data collection might provide better insights into how LACs understand their roles and responsibilities, challenges experienced and views on how such challenges may be dealt with in the future.

5.5 RECOMMENDATIONS TO POLICY MAKERS

In view of the findings of this study, a number of policy issues may be recommended for purposes of contributing to improving the operation of LACs. If one draws from the challenges listed above, it is clear that policy makers need to review their expectations of AIDS councils. The role that is expected of AIDS council members needs to be clearly specified; the question needs to be asked whether the role of AIDS councils should be that of implementing the objectives of NSP or AIDS councils or should they be playing a monitoring role in the implementation of the goals of NSPs. If AIDS councils are to be implementers, then it should be mandatory of PACs, DACs and LACs to function within a framework with performance management systems in place.

For example, each province should submit to SANAC their own interpretation of the responsibilities and a strategic plan or blueprint to be utilized for the implementation. Based on such a submitted strategic plan, each PAC would then be expected to submit a report outlining what had been achieved, what had not been achieved and recommendations for future programmes.

When policy makers consider the above as the basis for policy development, SANAC itself might then be considered to play amongst others a monitoring and evaluation role requiring quarterly reports of all planned activities to be submitted for monitoring purposes. Where gaps were identified, although there was no valid reason for such gaps to exist, then a system of sanctions should be put in place to deal with poor performance. A comprehensive quality management system would have to be designed and agreed upon to be utilized as the map. PACs, DACs and LACs might have to bind their respective offices to adhere to the set key performance areas and deliverables within a specified timeframe. It must not be discretionary, but mandatory for premiers and mayors to participate fully in issues of HIV and AIDS mitigations.

Over and above this, a training and development component should then be established to cater for continual training and related developments within the field of HIV and AIDS.

It is recommended that all matters pertaining to HIV and AIDS in each province be centralized in one office, that of the PACs, the DACs, the LACs and the WACs. No HIV and AIDS activity should be allowed to exist outside the knowledge or approval of the local area AIDS councils' concerned. All organizations wishing or currently contributing in one way or another to dealing with HIV and AIDS issues in anyway; would have to be registered and accredited in order to operate. This must not however result into creating a cumbersome and bottleneck kind of accreditation process, but must be a tool to be utilised to ensure that all LACs within a province are fully aware of are all HIV and AIDS mitigations taking place within a province. If an organization is operating at a provincial level, such an organization must be known by the PAC. If it is operating at the district level, such an organization must be in the database of the DAC and so forth, all the way down to the WACs. Their HIV mitigations should be

seen to link with those of PAC whose plans would be informed by those of SANAC. HIV and AIDS coordinators and other supporting staff within a particular PAC might have to be arranged in a hierarchical order of some kind from WACs and LACs to DACs up to PACs. This would be necessary to ensure synergy in dealing with HIV and AIDS in a particular province, and the country as a whole as represented by SANAC. This might have the effect of contributing to the effective and efficient operation of AIDS councils.

5.6 CONCLUSION

This study investigated the role and responsibilities of and challenges encountered by AIDS councils within the Ehlanzeni District of Mpumalanga. AIDS councils could be said to a greater extent to have a better understanding of their role and responsibilities in the context of addressing the impact of HIV and AIDS on sustainable development . Despite many other service delivery obligations competing for the attention of meagre financial and human resources, many local municipalities were found to be contributing immensely within the context of AIDS councils. Many AIDS councils through their local municipalities had appointed HIV and AIDS coordinators, had put aside budgets for HIV and AIDS desks, and had allocated time for attending to poverty alleviation programmes aimed at addressing the impact of HIV and AIDS on sustainable development. One of the interesting initiatives of AIDS councils was the establishment of forums such as home based care forums in the Nkomazi Local AIDS Council.

The home based care volunteers forum played a significant role in many aspects in addressing the impact of HIV and AIDS on sustainable development in many practical ways such as when attending to the very basic needs of the terminally ill patients, helping to bath them, clean their houses, feed and assist them with taking their medication.

Through jamborees, EDAC managed to get together and identify challenges faced by child-headed families whose parents had died of HIV and AIDS complications. Some challenges included assisting such children to obtain birth certificates and ID books

which would give them access to social grants provided by the government of South Africa to indigent children.

While the challenges facing AIDS councils are acknowledged, without their efforts, HIV and AIDS mitigation programmes would not have achieved the successes mentioned above. As HIV spreads and many are infected, AIDS councils should become indispensable. A call to strengthen and capacitate AIDS councils must be made, and levels of commitment from SANAC to PACs, and from PACs to DACs and from DACs to LACs and from LACs to WACs must be continually reviewed.

If South Africans desire to turn around the spread of HIV and AIDS, and address the impact of HIV and AIDS on the socio-economics of the country, then the current (NSP 2012-2016) objectives of zero new infections, zero discrimination and zero AIDS-related deaths must be worked for. (South African Government, National Department of Health: 2012)

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APPENDIX A

PARTICIPANT INFORMATION AND INFORMED CONSENT FORM

Mr Zitha SS is a student at UNISA enrolled for a Master Degree in Sociology

(Social Behaviour Studies in HIV and AIDS)

The title of the research project is:

AN INVESTIGATION INTO THE ROLE AND CHALLENGES FACED BY AIDS COUNCILS IN ADDRESSING HIV AND AIDS IN THEIR COMMUNITIES:

THE CASE OF THE EHLANZENI DISTRICT AIDS COUNCIL

As part of the study requirements, a mini dissertation must be completed. For this reason, Mr Zitha SS would like to invite you to participate in the study wherein you shall be one of the purposefully sampled participant to share information on the role, responsibilities and challenges faced by the Ehlanzeni District AIDS Council.

This sharing of information shall be administered in a form of a face to face interview, using an interview schedule with semi structured questions. It may take at least a minimum of an hour up to several hours depending on various factors. In an event of more time taken than available, you shall have the right to ask that the interviews be continued on a different date.

The purpose of this study is to provide insight into and understanding of LACs' responsibilities and challenges, experiences and feelings associated with the role of addressing the impact of HIV and AIDS on sustainable development within their respective communities. A further aim was to investigate the role that LACs play in addressing HIV and AIDS in communities regarding advocacy, mobilization and the challenges encountered in the implementation of SANAC's mandated role in the NSP 2007-2011.

Please further note that all issues of ethics relating to your participation in this study shall be complied with as per the attached confirmation letter from UNISA. There are however no envisaged risks that may be associated with your participation in this

study. It is important to note that your participation is absolutely as per your willingness and all information shared shall be treated with confidentiality.

The research report shall be published, your identity shall be withheld and a copy shall be made available to you at your request.

<div align="center">Please complete the following:</div>

INFORMED CONSENT

I hereby confirm that the researcher has informed me about the purpose of the study as well as all risks associated with the study and that am participating at my own free will without any expectation of benefits whatsoever.

Am fully aware that the results of the study may be published and that information shared shall be processed into the final report of the study without my name being mentioned.

It is my right to withdraw from the study at any stage during the course of the face to face interviews or at any stage for that matter.

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Participant signature   Date

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Researcher Signature   Date

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Witness   Date

APPENDIX B

Ehlanzeni District Municipality
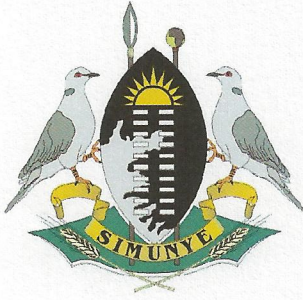
To: Mr Sipho Zulu

Ehlanzeni District AIDS Council acknowledges the request received from UNISA/Mr. Zitha SS request-
ing to conduct a study titled:
 "AN INVESTIGATION INTO THE ROLE OF AND CHALLENGES FACED BY AIDS COUNCILS IN
ADDRESSING HIV AND AIDS IN THEIR COMMUNITIES:
THE CASE OF EHLANZENI DISTRICT AIDS COUNCIL"
You are hereby granted the opportunity to do the investigation on the above mentioned subject. Eh-
lanzeni District AIDS Council is constituted by 5 Local AIDS Council namely:
- Mbombela Local AIDS Council
- Umjindi Local AIDS Council
- Nkomazi Local AIDS Council
- Thaba Chweu Local AIDS Council
- Bushbuckridge Local AIDS Council

You will be introduced to the warm bodies that are providing secretariat to these local AIDS Councils.
Ehlanzeni District AIDS Council will also request that when the Local AIDS Councils including the Dis-
trict, invite you when there are having the Local AIDS Council meeting hoping that this sittings will give
you more information on the current status of the functionality of these AIDS Councils.

Please feel free to contact our office if encounter any challenges or when have questions that may be
of benefit to this request.

A copy of your final findings will appreciated by all who participated in your investigation

Thanking you in advance

2010 - 07 - 29

Ehlanzeni District AIDS Council Secretariat
T L Ndaba

MPUMALANGA
A Pioneering Spirit

To whom it may concern   2010/07/29

Letter of access for research

This is to confirm that Mr Sipho Zitha (Student number: 31350399) is an enrolled student with the University of South Africa (UNISA). As part of the requirements for the Master's degree, he has to undertake research activities to complete a dissertation of limited scope.

The letter requests that you allow Mr Zitha access to conduct research in your organisation and obtain access to information for the purposes of this research. His topic is *"An investigation into the role of AIDS Council in addressing HIV and AIDS in communities. The case of Ehlanzeni District AIDS Council"*. Please note that Mr Zitha will not start the research until your organisation has furnished him with a letter granting him such access.

While undertaking the research, Mr Zitha will remain accountable to his supervisor, Mr L. Roets. In this regard, he is bound to policies of ethical research conduct as set by the University of South Africa. Mr Zitha will observe propriety in dealing with staff, visitors, equipment and premises and act appropriately, responsible and professionally at all times. He will ensure that all information regarding your organisation or furnished by your organisation remains secure and strictly confidential at all times.

Yours sincerely
Mr Leon Roets
Programme Convener
Department of Sociology
UNISA
P.O. Box 392
UNISA, 0003
Tel: 012 429 6975
E-mail:roetshjl@unisa.ac.za

APPENDIX C

AIDS COUNCIL INTERVIEW SCHEDULE

Reflections	Transcript	Coding
	Introduction: I am Sipho Siphiwosethu Zitha, am doing data collection on the role of EDAC AIDS council in addressing HIV and AIDS in communities, particularly with reference to Community Mobilization, Advocacy and Engagement. It is my intention to explore the roles, responsibilities and challenges of AIDS councils in addressing the impact of HIV and AIDS in communities with regard to community mobilization and advocacy within the broader advocacy function of the South African National AIDS Council. I shall require your permission to use a recording device for purposes of ensuring that the quality of the information shared is transcribed as accurately as given by you. 1.Could you please outline your organizational and individual profile in relation to your involvement with EDAC = 2. What role and responsibilities do you as a stakeholder play in EDAC, and what role and responsibilities does EDAC execute in addressing HIV and AIDS within the Ehlanzeni District Communities? =	

	3. Does mobilization, Advocacy and community engagement feature in your programs as EDAC, if so how would you define these concepts, and how do you apply them in your activities aimed at addressing HIV and AIDS in the communities. = 4. Is there any form of support mechanism meant to support you as EDAC? If yes, briefly outline the nature of such support. = 5. What success and challenges have you encountered since your inception as an AIDS council and what proposed resolutions and or interventions can you bring to the fore in relation to the above stated challenges =	