

**The challenges of implementing a multi-sectoral approach through Aids Councils in
the Eastern Cape Province**

Eurica Palmer

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Africa Centre for HIV/AIDS Management
Faculty of Economic and Management Sciences

Supervisor: Mr Gary Eva

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DECLARATION

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ABSTRACT

The study analyses the difficulties facing the Aids Councils in the response to HIV and Aids employing a multi-sectoral approach. The multi-sectoral approach is recognized and implemented as a best practice model to ensure coordination and synergy in the response to HIV and Aids. The Aids Councils are structures set up by government based on a multi-sectoral approach, operating with limited strategic direction, support, leadership, governance and resources. The management, support and engagement of the Aids Councils are still barriers to an effective multi-sectoral response to HIV and Aids.

The study was conducted in the Eastern Cape, South Africa. Data was gathered from members of the District and Provincial Aids Councils through in-depth interviews and a focus group discussion. The study focused on 20 members actively participating in the Provincial and District Aids Council's structures over the last two years. The data gathered includes the description of the coordination that exists, the roles of members, the impact of governance and leadership and the capacity challenges faced by the Aids Councils. The information was then compiled and analysed.

The analysis of the data has shown that there is acknowledgment of the benefits of a multi-sectoral approach. Members of the Councils are engaged and committed, but require ongoing support, leadership and direction from the South African National Aids Council (SANAC). The areas where support is required include training, role clarification, strategic leadership, monitoring and evaluation and engaging the private sector at a local level.

This study may assist in influencing the thinking around the National, Provincial and District Aids Councils in terms of their role and function in the implementation of a multi-sectoral approach in combating HIV and Aids.

OPSOMMING

Hierdie navorsingsprojek analiseer die struikelblokke wat Vigs-rade in die gesig staar wanneer hulle die MIV en Vigs uitdaging aanpak deur die multi-sektorele benadering te volg. Die multi-sektorele benadering word aanvaar en geïmplementeer as 'n beste praktyk model om koördinasie en singergie in die response tot MIV en Vigs te waarborg. Vigs-rade is strukture wat deur die regering op die been gebring is, en gebaseer op 'n multi-sektorale benadering, wat met beperkte strategiese bestuur, ondersteuning, leierskap, bestuur, en hulpbronne. Die bestuur, ondersteuning en werk van Vigs-rade is steeds stuikelblokke tot 'n effektiewe multi-sektorele response tot MIV en Vigs.

Die studie is in die Oos-Kaap, Suid-Afrika, uitgevoer. Data is van lede van die Distriks en Provinsiale Vigs-rade ingesamel deur diepte-onderhoude en 'n fokusgroep bespreking. Die studie het op 20 lede wat in die Distriks en Provinsiale Vigs-rade oor die laaste twee jaar aktief deelgeneem het gefokus. Die ingesamelde data sluit in die beskrywing van koördinasie wat voorkom, die rol van lede, die impak van bestuur and leierskap en die kapasiteitsuitdagings wat Vigs-rade in die gesig staar. Hierdie inligting is daarna saamgestel en geanaliseer.

Die analise van die data toon aan dat daar erkenning is vir die voordele van 'n multi-sektorele benadering in die response tot MIV en Vigs. Lede van die rade is betrokke en bedrywig, maar benodig volgehoue steun, leierskap en direksie van die “South African National AIDS Council” (SANAC). Die areas waar steun benodig word sluit in opleiding, die duidelikheid van rolle, strategiese leierskap, monitering en evaluasie en om die private sektor op plaaslike vlak betrokke te maak.

Hierdie studie mag wel 'n rol speel om denke rondom Nasionale, Provinsiale en Disrtriks Vigs-rade te hervorm, asook hul rol en mandaat in die implementering van 'n multi-sektorele benadering teen die impak van MIV en Vigs.

LIST OF ACRONYMS

ATTIC	: Aids Training Information Counselling Centre
HIV	: Human Immuno Deficiency Syndrome
AIDS	: Acquired Immune Deficiency Syndrome
CADRE	: Centre for Aids Development Research and Evaluation
CSO	: Civil Society Organization
DOH	: Department of Health
DAC	: District Aids Council
ECAC	: Eastern Cape Aids Council
ETU	: Education Training Unit
IDASA	: The Institute for Democratic Alternative in South Africa
IDP	: Integrated Development Plan
LAC	: Local Aids Council
PAC	: Provincial Aids Council
SADC	: Southern African Developing Countries
SANAC	: South African National Aids Council
STI	: Sexually transmitted infection
UNAIDS	: United Nations Aids Programme

TABLE OF CONTENTS

1	Introduction	
1.1	Overview	8
1.2	Definition of terms	10
1.3	Introduction to the study	11
2	Literature Review	
2.1	The HIV and Aids situation in South Africa	14
2.2	The HIV and Aids epidemic in the Eastern Cape	14
2.3	The multi-sectoral responses to HIV and Aids	17
2.4	The South African national HIV and Aids and STI Strategic plan 2007-2011	17
2.5	The South African National Aids Council	18
2.6	The role and functions of provincial and District Aids Councils	19
2.7	Local government responses to HIV and Aids	21
3	Methodology	
3.1	Qualitative research	23
3.2	Ethical considerations	23
3.3	Strengths and weaknesses of the methodology	24
3.4	The research tools	24
3.5	Data gathering	25
3.6	Sampling	25
3.7	The hypothesis	27
3.8	The research question	27
4	Research Findings	
4.1	Introduction	28
4.2	Data analysis	28
4.3	Findings	29
4.4	Observations from the focus group discussions	30
4.5	Summary	34
5	Recommendations	
5.1	Capacity-building for Aids Councils	35
5.2	Communication and coordination	36
5.3	Monitoring and evaluation	37

5.4	SANAC and Provincial Aids Councils	37
5.5	A multi-sectoral approach to HIV and Aids responses	38
5.6	Working with volunteers	39
5.7	Governance and leadership	40
5.8	The funding of HIV and Aids initiatives	41
6	Conclusion	42
7	Bibliography	44

1. INTRODUCTION

1.1 Overview

Millions of people have now become infected worldwide and HIV and Aids is now becoming the world's most serious public health problem. South Africa has one of the most severe HIV and Aids epidemics in the world with Aids becoming a major public health crisis and a threat to economic development and social solidarity (Natrass: 2004).

In South Africa, some 5,5 million people including 240 000 children younger than 15 years of age, are living with HIV and Aids (UNAIDS: 2006 a). South Africa has experienced an increasing prevalence of HIV infection, contributing to a vicious cycle of illness, death, poverty and hardship and the severity and size of the epidemic makes the fight against HIV and Aids an unparalleled challenge (Hickey et al: 2003).

The Aids pandemic is both a cause and effect of poverty. Poverty in turn is a function of low levels of economic development and high inequality. The relationship between Aids, economic growth and poverty is central to the development dilemma posed by Aids. In general, it is thought that Aids causes economies to grow around a half to one percent more slowly than if Aids did not exist (Natrass: 2004).

Multi-sectoral approaches to HIV and Aids are those seeking to reduce HIV prevalence, provide care and treatment to persons living with HIV and Aids, mitigate the impact of the epidemic on affected populations by employing an appropriate mix of health and non-health based interventions, and to involve a broad array of stakeholders in their design and implementation (Gillespie: 2006).

The South African government recognizes the need for a partnership approach in the fight against HIV and Aids. The National HIV and Aids STI Strategic Plan (NSP) promotes partnerships with the three tiers of government in the form of the Provincial AIDS Councils and the local and district inter-sectoral Aids forums (NDOH: 2006).

The South African National Aids Council (SANAC) was formed in 2002 to combine government and civil society efforts to fight the HIV and Aids epidemic. The SANAC was established as an attempt to get civil society on board and to create the foundation for an inclusive structure (Strode et al: 2004). The government is fully supportive of a multi-sectoral approach and publicly stated that the SANAC is the embodiment of the commitment to partnerships with other sectors. The role of the SANAC is to advise government on HIV and Aids policy, monitoring the implementation of the strategic plan, creating and strengthening partnerships, mobilising resources and recommending appropriate research.

The purpose of the strategic plan is to guide South Africa's response to HIV and Aids. It is a plan that is seen to be relevant to all sectors. The underlying premise is the recognition that no single sector, ministry, department or organization can effectively respond to HIV and Aids on its own.

The mandate of the PACs is to coordinate the provincial multi-sectoral response with a particular focus on districts, municipalities and communities. The PACs were established to coordinate the work of different government departments, civil society organizations and the private sector (Strode et al: 2004).

The Provincial government of the Eastern Cape recognizes the significance and role of the Aids Councils through its financial commitment. The Province allocated financial resources to set up a fully dedicated secretariat to coordinate, advise, monitor and evaluate HIV and Aids responses in the province and to strengthen the function of the Aids Councils at a local level.

The response to HIV and Aids in Africa has evolved considerably since the first cases were reported. Countries in Africa acknowledge the links between HIV and Aids and the greater development process and reached out to a wide variety of stakeholders to implement a broad multi-sectoral agenda (Gillespie: 2006).

1.2 DEFINITION OF TERMS

The nature of the study necessitates the clarification of a few important concepts relevant to the study. Notably, the following core elements are identified:

1.2.1 Multi-sectoralism. A multi-sectoral approach involves initiatives seeking to reduce HIV prevalence, provide care and treatment to persons living with HIV and Aids and mitigate the impact of the epidemic in affected populations by employing an appropriate mix of health and non health-based interventions and involving a broad array of stakeholders in their design and implementation (Gillespie: 2006).

1.2.3 HIV and Aids. HIV is referred to as the Human Immunodeficiency Syndrome and Aids the Acquired Immune Deficiency Syndrome. HIV is sometimes called the Aids virus and is a relatively new and unique disease. HIV is a retrovirus and can undergo an unusual biological process. It enters the body and destroys important cells which control and support the immune system (Evian: 2000).

1.2.4 Mainstreaming. The mainstreaming of HIV and Aids is an essential approach for expanding a multi-sectoral response. Mainstreaming of HIV and Aids constitutes a range of practical strategies for scaling up responses and addressing the developmental impacts of HIV and Aids globally and regionally (Holden: 2003).

1.2.5 Capacity-building. These are efforts aimed at developing human skills or societal infrastructure within a community or organization needed to reduce the level of risk. In extended understanding, capacity-building also includes development of institutional, financial, political and other resources, such as technology at different levels and sectors of the society (Jackson: 2002).

1.2.6 AIDS Councils. The AIDS Councils are structures that are set up by government to coordinate and improve the role played by civil society, the private sector, faith-based organizations and academic institutions in the fight against the pandemic (Strode et al: 2004). The Aids Councils operate at national, provincial, district and local levels of government.

1.2.7 Coordination. It is an organized working together of groups aimed at bringing about a purposeful movement or change. To bring local partners together to plan, facilitate, implement and monitor a multi-sectoral approach in the fight against HIV and Aids.

1.2.8 Stakeholder. It is an individual or group with an interest in the success of an organization in delivering intended results and maintaining the viability of the organization's products and services. Stakeholders influence programmes, products, and services (Strom: 2005). A group of sectors ranging from civil society, the private sector and government actively involved within a particular issue.

1.3 Introduction to the study

The study will bring to light the challenges faced by Aids Councils as coordinating mechanisms in the response to HIV and Aids. There is a need for capacity-building of Aids Councils employing a multi-sectoral approach. The various sectors (government, civil society and the private sector) should understand their roles, responsibilities and their contribution in the engagement with Aids Councils to ensure an effective, coordinated response to the HIV and Aids epidemic.

The following problem statement should be answered through the study:

Does the implementation of a multi-sectoral approach, guided by the DACs and the PACs effect change in the HIV and Aids response the province of the Eastern Cape?

1.3.1 Aims and Objectives

The aim of the study is to reflect on the complexities faced by DACs and PACs working within a multi-sectoral approach in the response to HIV and Aids in the province of the Eastern Cape. The study will reveal the level of understanding of multi-sectoralism, the type of coordination that exists, the role of stakeholders, the relationship with the SANAC and the requirements for a multi-sectoral response to HIV and Aids working through DACs and PACs.

1.3.2 The research hypothesis

A hypothesis is important because it guides the research and assists the researcher to collect the right kind of information for the research. The following hypothesis was formulated for the study:

If the DACs and the PACs receive comprehensive strategic planning, good governance, strong leadership, accountability and capacity building, then the DACs and the PACs will be able to respond effectively within a multi-sectoral approach in response to HIV and Aids.

1.3.4 Research methodology

The methodology for the study included a literature review, a focus group discussion and in-depth interviews with key stakeholders involved in DACs and PACs. The data was gathered on the challenges facing Aids Councils working within a multi-sectoral approach to coordinate the response to HIV and Aids. This included the understanding of multi-sectoralism, the role of stakeholders, capacity gaps of members and the level of coordination that exists.

1.3.5 The area of study

The area of study is aimed at members involved in the DAC of the Ukhahlamba District Municipality and the PAC in the in the Eastern Cape. The Eastern Cape is one of the nine provinces of South Africa. It has a wealth of history and is rich in diversity and potential. Poverty is widespread in the Eastern Cape and the former homeland areas are the worst affected. The Eastern Cape is divided into seven local government districts; six district municipalities (Alfred Nzo, Amatole, Cacadu, Chris Hani, Oliver Tambo, Ukhahlamba); and one metropolitan municipality.

The Ukhahlamba District Municipality borders the Free State ad Lesotho. Ukhahlamba District Municipality has a low estimated population of 327,868 citizens. The population is concentrated in the former homeland areas. The economy of the District is centered on agriculture and the unemployment rate is below the 45% of the province. The population is mostly African with women outnumbering the men. Due to unemployment a large number of families are headed by females as the men are migrant workers in other parts of the province. There are a number of HIV and Aids programmes operating in the district that is funded by the government (local and provincial), civil society and external funding agencies.

The study should contribute to the understanding of the difficulties AIDS Councils face and provide direction to government, SANAC, local government, civil society and the private sector in terms of governance, leadership roles, mandate and capacity-building of Aids Councils to ensure that they are effective in the response to HIV and Aids. Multi-sectoralism is not a new concept, but an approach that should be understood by all sectors to ensure a coordinated response to HIV and Aids.

2. LITRERATURE REVIEW

2.1 The HIV and Aids situation in South Africa

Sub-Saharan Africa has just over 10% of the world's population, but is home to more than 60% of all people living with HIV. In 2005, an estimated 3,2 million people in the region became newly infected, while 2,4 million adults and children died of Aids (UNAIDS: 2006 a).

HIV and Aids are today the leading causes of illness and death in South Africa. In South Africa 5.4 million people out of the total 48 million South Africans were HIV positive in 2006, a prevalence rate of about 11%. As of June 2006, 600 000 people were estimated to be sick with Aids-related illnesses (11% of the HIV infected total), and a total of 737 000 would have died by 2006 from AIDS-related sicknesses (Dorington et al: 2006).

South Africa has experienced an increasing prevalence of HIV infection, contributing to a vicious cycle of illness, death, poverty and hardship and increased numbers of orphans and vulnerable children. The severity and size of the epidemic makes the fight against HIV and Aids an unequal challenge (Hickey et al: 2003).

2.2 The HIV and Aids epidemic in the Eastern Cape

The Eastern Cape is divided into seven local government districts; six district municipalities (Alfred Nzo, Amatole, Cacadu, Chris Hani, Oliver Tambo, Ukhahlamba); and one metropolitan municipality (Nelson Mandela Metro) (NDOH: 2006).

The National Department of Health's antenatal survey provides data on HIV prevalence for provinces and the 53 district municipalities of South Africa. This is in keeping with the policy to strengthen district health systems and programmes. These district level estimates provide valuable information for planning and the implementation of district HIV and Aids programmes (NDOH: 2006).

Figure 2. Map showing the HIV prevalence by district in the Eastern Cape (NDOH: 2006).

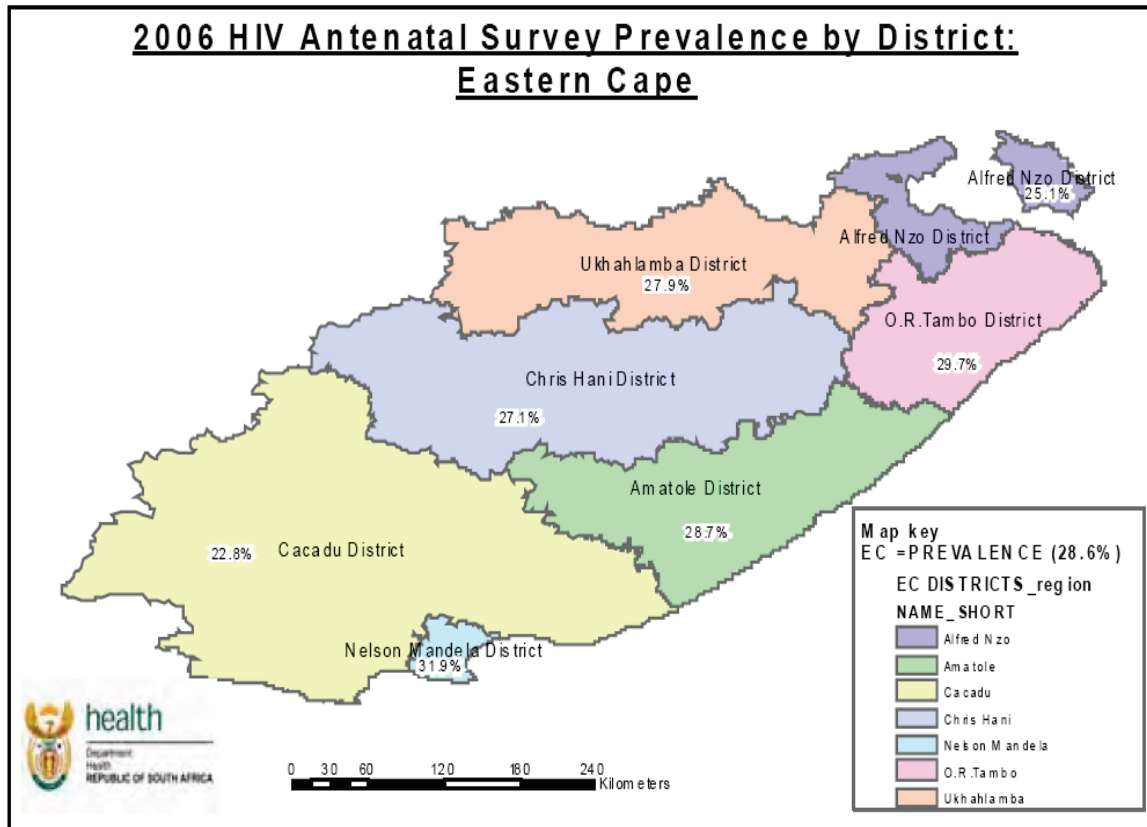


Table 2: The HIV prevalence by district in the Eastern Cape (NDOH: 2006).

District Municipality	N	Prevalence%	CI (95%)
	4074	28,6	26,8-30,4
Alfred Nzo	374	25,1	20,7-29,5
Amatole	1,061	28,7	26,0-31,5
Cacadu	254	22,8	17,7-28,0
Chris Hani	450	27,1	23,0-31,2
Nelson Mandela Metro	748	31,9	28,6-35,3
OR Tambo	983	29,7	26,8-32,6
Ukhahlamba	204	27,9	21,8-34,1

2.3 The multi-sectoral responses to HIV and Aids

The international guidelines on HIV and Aids and human rights set the international standards for a multi-sectoral approach. Governments should establish an effective national framework for their response to HIV and Aids which ensures a coordinated, participatory, transparent and accountable approach, integrating HIV and Aids policy and programme responsibilities across all branches of government (UNAIDS: 2006 b).

A 2002 review of national and sector policies within the SADC region established that almost all the SADC countries had a strategic plan. Furthermore all countries within the SADAC region had adopted a multi-sectoral approach to HIV and Aids and established National Aids Councils that were managed from the President's office (Strode et al: 2004).

Multi-sectoral approaches to HIV and Aids are those seeking to reduce HIV prevalence, provide care and treatment to persons living with HIV and Aids and mitigate the impacts of the epidemic on infected and affected populations by employing interventions and involving a broad array of stakeholders (Gillespie: 2006).

2.4 The South African National HIV and Aids and STI Strategic Plan (2007-2011)

The South African government recently adopted the new HIV and Aids and STI Strategic Plan (NSP) for South Africa. The plan represents the country's multi-sectoral response to the challenge of HIV infection and the wide-ranging impacts of Aids. The NSP seeks to provide continued guidance to all government departments and sectors of civil society, building on work done over the past decade (NDOH: 2007).

The development of the NSP saw the engagement of key sectors in the response to HIV and Aids through consultative workshops on priorities, targets and lessons learned. This process was hailed by many as a positive move.

One of the gaps identified in the process of the development of the new NSP was the involvement of Provincial Aids Councils (PACs). Limited consultations were held with the PACs due to a lack of communication with provinces which is reflected within the plan. The plan makes partial reference to how the PAC's should operate to deliver with partners on the priorities for the new strategic plan. This could be an indication of the mammoth task required by the SANAC to provide strategic political direction and support for sectors, including the PACs, as a key priority.

A purely health-based approach is unable to deal adequately with the problem at hand, as simply treating the physical symptoms of HIV and Aids will not reduce the incidence of the disease. The social conditions that make people vulnerable to infection must be addressed. Furthermore, bringing in new sectors increases resources that can be made available to deal with HIV and Aids (Strode et al: 2004).

2.5 The South African National AIDS Council (SANAC)

The SANAC was formed in 2002 to combine government and civil society efforts to fight the HIV and Aids epidemic. The government of South Africa argues strongly that it is fully supportive of a multi-sectoral approach. The SANAC is the highest national body that provides guidance, political direction, support and monitoring of HIV and Aids sector programmes. The SANAC was established in an attempt to get civil society and the private sector to all contribute to the HIV and Aids response in a coordinated fashion and to create the foundations for an inclusive structure (Strode et al: 2004).

The sectors represented in the SANAC executive committee include health, labour, agriculture, transport, defense, traditional leaders, youth, women, traditional healers, the hospitality sector and people living with HIV and Aids. Other functions include advising government on policy development, getting greater involvement from all sectors, enhancing partnerships, monitoring and evaluation, mobilizing resources and recommending appropriate research.

In 2000, the SANAC recommended the formation of the PACs. Provinces were requested to set up the PACs in line with the NSP. The NSP attempted to involve other sectors and HIV and Aids was no longer seen as the primary responsibility of the National Department of Health. (Hickey et al: 2003).

The Eastern Cape AIDS Council (ECAC) was the third Provincial Aids Council to be launched in South Africa (ECAC: 2005). This was done in the interest of coordination and integration of the NSP, providing for the establishment of the District Aids Councils at local level.

In 2006, the National Department of Health announced the restructuring of the SANAC and the Deputy President was appointed as the chairperson of the SANAC. There have been quite a number of shifts that included the launching of the new NSP and commitment from government to work more closely with civil society organizations. The SANACs weakness results from its inefficiency that results from a lack of strategic planning, the lack of an institutional framework, and the lack of organizational policies and procedures (Strode et al: 2004).

2.6 The role and Functions of Provincial and District Aids Council's

The Aids Councils at every level are the vehicles for South Africa's multi-sectoral approach with the aim of pulling together the resources of all sectors in fighting the pandemic. The overall objective of Aids Councils (national, provincial, district and local) is to ensure greater co-operation and co-ordination between government, the private sector and civil society in the fight against the spread of HIV and Aids (Strom: 2005).

The specific functions of Aids Council's are:

To advise the government on policy implementation;

To advocate for the effective involvement of sectors and organizations in the implementation of programmes and strategies;

To monitor the of the NSP in all sectors of society;

To create and strengthen partnerships for an expanded response amongst all sectors;

To mobilize resources for the implementation of Aids programmes; and

To recommend appropriate research.

In South Africa the Provincial and District Aids Councils have existed for quite a while, and in many places they have struggled to fulfill their purpose of coordinating the work of government, civil society and the private sector (Strom: 2005). A lot of effort has gone into diagnosing the Council's problems and trying to help it to function more effectively (Holden: 2003).

In all the provinces the Aids Councils often work in different ways. In some provinces it is set up as a legal body and in others it functions as part of the Provincial Department of Health. In the Eastern Cape the Provincial Aids Council is not a legal body, but operates with a fully functional secretariat, funded from the Provincial equitable share.

The District Aids Councils (DACs) are composed of district municipal councilors, representatives from the Local Aids Councils, and civil society organisations operating in the District. The DACs advise the District Municipality on Aids-related matters, and co-ordinates, monitors and supports the activities of the DAC. It is chaired by the mayor of the District Municipality (Strom: 2005).

A number of issues emerged from consultations on Aids Councils with provincial stakeholders (ETU: 2004). This demonstrated:

Generally, provincial and multi-sectoral coordination is weak and ineffective and this is reflected in the lack of coordination in respect of HIV and Aids mainstreaming initiatives;
There is considerable duplication of research initiatives between national and provincial stakeholders who work with local government;
There is inadequate communication about the roles and responsibilities of various institutions in relation to local government and HIV and Aids mainstreaming;
There is an absence of indicators to measure progress, for example, effective participation of relevant stakeholders in the Integrated Development Planning (IDP) processes; and
There is a lack of understanding of the role of social security and how it contributes to poverty alleviation, especially in households which are affected by HIV and Aids.

The PACs should develop a coherent HIV and Aids strategy for the province and make sure all stakeholders are working together to implement it. The PACs should link with government departments and DACs. It should also work closely with the private sector and social, faith-based and community-based organizations (CADRE: 2005).

2.7 Local government responses to HIV and Aids

The involvement of local government is essential for the implementation of the NSP as it represents the layer of government closest to communities for whom HIV and Aids policies and programmes are intended. Local government is in a strong position to address the impact of the epidemic and to provide political leadership and vision (Kelly & Marrengane: 2004).

There is an assumption that HIV and Aids is a health function, which makes local government a questionable coordination agency, since health is a provincial service delivery area. The mandate for local government to deliver on HIV and Aids is, however, indirectly contained within the constitutional responsibilities of key policy frameworks (CADRE: 2004).

Despite the position from which local governments could respond to HIV and Aids, it is faced by many challenges including poor resource allocation, the lack of coordination, and an absence of political will among many councilors and officials. There is also evidence of a lack of a multi-sectoral approach in planning for HIV and Aids at local government level (ETU: 2004).

The far-reaching impact of the HIV and Aids pandemic across all sectors of society requires an effective response from all sectors, both to mitigate the impact of HIV on each sector and to develop a comprehensive approach to prevention, treatment, care, and support that will reach the greatest number of people at risk (Holden: 2003).

HIV and Aids is a multi-sectoral and urgent issue and it poses an unprecedented challenge for health care service delivery. It requires innovative solutions at all levels of society including the development and formulation of policy, planning new strategies for budgeting and service delivery to reduce the impact of HIV and Aids (CADRE: 2004).

The Aids epidemic and its response at local level are developing at a pace which far outstrips the capacity of government to respond rapidly and decisively to new challenges and needs.

3. RESEARCH METHODOLOGY

3.1 Qualitative research

Qualitative research is an interpretative, multi-method approach that investigates people in their natural environment. It focuses on the collection and analysis of non-numerical information (Christensen: 2001).

Qualitative research underpins the study. The basic research instruments used for this study include a focus group discussion and in-depth interviews with members of the DAC and the PAC as well as other key informants. An analysis of relevant formal and informal documentation, primary and secondary sources of literature was studied to gather information on Aids Councils, their roles, functions and the HIV and Aids situation in South Africa. The objective was to understand the challenges faced by the DACs and the PACs working within a multi-sectoral approach in coordinating a response to HIV and Aids in the province of the Eastern Cape.

3.2 Ethical considerations

Ethics are a set of guidelines to assist the experimenter in making difficult research decisions (Christensen: 2001). The values observed for this research study included honesty, fairness and respect for persons. Attention was given to ensure that the human rights of all respondents in the research were upheld. Permission was granted by the PAC to conduct the relevant field research.

The human rights that were protected in the research were the right to privacy; the right to self determination; the right to confidentiality and anonymity; the right to fair treatment; the right to protection from discomfort and harm and the right to informed consent.

3.3 Strengths and Weaknesses of the methodology

There are several advantages and disadvantages that accompany the use of qualitative research.

Strengths

Qualitative research procedures collect more in-depth, comprehensive information. It uses subjective information and participant observation to describe the context, or natural setting of the variables under consideration as well as the interactions of the different variables in the context and seeks a wide understanding of the situation (Key: 1997).

Weaknesses

Qualitative research is very subjective and leads to difficulties in establishing the reliability and validity of the approaches and information that is used. It is very difficult to prevent or detect researcher bias. Its scope is limited due to the in-depth, comprehensive data gathering approaches (Christensen: 2001).

3.4 Research Tools

The tools used in this study included a focus group discussion with members of the DACs and in-depth interviews with members of the PACs and key informants.

Focus groups are widely used research tools in many disciplines. The focus group as a research technique that collects data through group interaction on a topic determined by the researcher (Morgan: 1997). The main purpose is to get information from participants in the group setting. This method was chosen because it brought together a group of people to address a specific issue within a fixed timeframe and was relatively inexpensive.

In-depth interviewing as a qualitative research technique involves conducting intensive individual interviews with a small number of respondents to explore their perspectives on a particular idea, programme or situation (Boyce & Neale: 2006).

In-depth interviews were used to explore the views of respondents and others associated with the programme about their experiences and expectations related to the Aids Councils, the thoughts they have concerning multi-sectoralism, the governance, leadership, accountability and capacity of the Aids Councils, and any changes they perceive could assist government in supporting the Aids Councils in responding to HIV and Aids.

3.5 Data gathering

Stakeholders were identified for the in-depth interviews, ethical considerations ensured, and consent of the interviewees ensured. The views of stakeholders were required about the definition of multi-sectoralism, its principles, and its implementation challenges for the Aids Councils within the HIV and Aids sector.

A single focus group discussion of ten participants was conducted with members of the DACs and the District coordinators. The loosely structured discussion allowed each person within the group to respond in his or her own unique way. Lists of questions were prepared in advance on the points the researcher wished to cover.

At the beginning the researcher assumed the role of listener and avoided challenging or contradicting comments. This was followed by asking probing questions relating to the topic at hand. Ten in-depth interviews with the PACs and key informants were conducted. The informants used for the in-depth interviews included project staff, donors, consultants and members of the PACs who best represent the diverse opinions of stakeholders.

3.6 Sampling

Sampling is a method of selecting the sample from a population in order to obtain information regarding a phenomenon in a way that represents the population of interest (Brink: 1996).

Twenty (20) participants (male and female) were selected for the study. All responses were collected over a three month period.

The purposive sampling method was used for the study. Purposive sampling is another type of non-probability sampling, which is characterized by the use of judgment and a deliberate effort to obtain representative samples by including typical areas or groups in the sample (Key: 1997). Purposive sampling was the most suitable method to use and the criteria set for the selection of respondents for inclusion of the sample was followed closely. The sample selected best represents the diverse stakeholder opinions.

Disadvantages of purposive sampling

The purposive sampling method may not represent the total population and it could limit the generalization of the findings. Respondents are selected by the researcher subjectively which provides many opportunities for error (Brink: 1996).

The researcher used her own judgment to choose exactly who would be included in the sample. This included respondents who had a good knowledge and understanding of the Aids Council's mandate, the definition of multi-sectoral approaches, and the challenges faced by the DACs and the PACs. Six qualifying conditions were set in order to be included in the sample. The respondents were chosen based on the following attributes:

Currently a member of the District Aids Council with membership for 12 months or more;

Currently employed District Aids Council coordinators;

Currently a member of the Provincial Aids Council;

Currently a member of the Provincial Aids Council secretariat;

Currently involved with the Provincial Aids Council at the level of funding or providing technical assistance; and

Willing to take part in the research

Suitable participants were identified by the researcher using the membership list of the Aids Council and through consultations with stakeholders. Participants were informed that their participation was not compulsory.

The staff and stakeholders were very keen to participate in the study and this made the researcher's task relatively easy to obtain information. The researcher had the opportunity to attend the meetings of various Provincial and District Aids Councils as observer and was afforded the opportunity to engage with stakeholders.

3.7 The Hypothesis

The following hypothesis was devised:

If the DACs and the PACs receive comprehensive strategic planning, good governance, strong leadership, accountability and capacity building, then the DACs and the PACs will be able to respond effectively within a multi-sectoral approach in response to HIV and Aids.

3.8 The research question

The following research question guided this study:

The research question is initiated by the existence of weak DACs and PACs, the lack of capacity, and lack of leadership, strategic planning, organizational policies and procedures and a comprehensive understanding of how a multi-sectoral approach should be implemented, managed and coordinated.

Does the implementation of a multi-sectoral approach, guided by the DACs and the PACs effect change in the HIV and Aids response the province of the Eastern Cape?

The aim of the study was to reflect on the complexities faced by DACs and PACs working within a multi-sectoral approach in the response to HIV and Aids in the province of the Eastern Cape.

4. FINDINGS

4.1 Introduction

The ECAC guides the coordination of the response to HIV and Aids in the province of the Eastern Cape. The role and mandate of the ECAC itself is yet to be understood by many stakeholders in the province. Despite the challenges, the ECAC is committed to an ambitious programme of action for developing partnerships, development support and a more coordinated response to the epidemic.

The responses obtained through the in-depth interviews and a focus group discussion indicated that there is partial understanding of multi-sectoralism and significant challenges exist for stakeholders working together to coordinate the response to HIV and Aids. The task of developing an understanding and belief in the vision of multi-sectoralism is yet to take root.

4.2 Data Analysis

Data analysis in qualitative research is a challenging and highly creative process as the researcher has to make sense of the data as well as locating a description to illustrate the concept. Writing about qualitative data is central to the analytical process, because in the choice of particular words to summarize and reflect the complexity of the data. This includes the following techniques:

Reading carefully through transcript files and underlying units of meaning related to the identified major categories; Putting the units of meaning into major categories while at the same time identifying subcategories within the major categories; and identifying relationships between major and subcategories and reflecting these as theories.

4.3 The study uncovered the following key findings:

<p>The type of coordination</p> <p>Fragmented reporting systems</p> <p>Poor communication</p> <p>Little or no involvement of stakeholders</p> <p>Lack of financial resources</p> <p>Lack of accountability</p> <p>Not responsive to local needs</p> <p>Lack of capacity of members</p> <p>Limited information sharing</p> <p>Competition for resources</p> <p>Limited networking opportunities</p> <p>Fragmented donor funded programmes</p>	<p>Governance and leadership</p> <p>Lack of shared vision</p> <p>Poor leadership</p> <p>Politicising of HIV</p> <p>Lack of advocacy and lobbying</p> <p>Limited responsibility for setting policy agenda</p> <p>Varied commitment by politicians</p> <p>Poor decision-making</p> <p>Limited resource allocation</p> <p>Poor accountability and understanding of the local situation</p>
<p>Roles and responsibilities of sectors</p> <p>Increased levels of confusion</p> <p>Limited understanding of the role of Aids Council's members</p> <p>Limited collaboration</p> <p>Duplication and fragmentation of programmes implemented</p> <p>Lack of uniform messages</p> <p>Competition between stakeholders for funding</p> <p>Varied commitment and dedication</p> <p>Availability of Transport</p>	<p>Priority capacity gaps in AIDS Council's</p> <p>Project management</p> <p>Monitoring and evaluation</p> <p>Partnership development</p> <p>Advocacy</p> <p>Mainstreaming HIV and Aids in the workplace</p> <p>Strategic planning</p> <p>Training and facilitation</p> <p>Advocacy and Lobbying</p> <p>Proposal writing</p> <p>Donor engagement</p>

Challenges in District AIDS Council's	Recommendations for effective multi-sectoral responses
Limited capacity	Strengthening of local structures
Fragmentation	Leadership and ensure political will
Lack of political leadership	Increase capacity of the DACs members
Fragmented collaboration	Clarify roles and responsibilities
Lack of ownership and accountability of initiatives	Establish formal links between the SANAC and the PACs
Lack of communication and clear messages	Allocate resources for projects, human and financial
Lack of key stakeholder participation (private sector)	Share learning and experiences
Availability of financial resources	Improved streamlined communication
Decentralisation of resources from provincial departments	Develop a provincial multi-sectoral HIV and Aids strategy
Integrated Development Plans not providing for HIV and Aids	Ensure the greater involvement of People living with HIV and Aids and other sectors
Documenting of best practice	Develop an institutional framework for the Aids Councils
Utilising volunteers for coordination	

4.4 Observations from the Focus group discussions

4.4.1 There is a lack of an integrated approach to planning for HIV and Aids at local government level.

The Integrated Development Plans (IDPs) of municipalities are tools used for local government to cope with its new development role. They should have a clear, concise strategy for the response to HIV and Aids at the local level. Reviews of the HIV and Aids components of the IDPs have shown that most seem not to be based on factual local situational analyses of the impact of HIV and Aids within the municipalities.

There is limited evidence that of a multi-sectoral approach in the planning of the HIV and Aids response by local government. There seems to be consensus as expressed by civil society and provincial government that the IDPs are generally not closely aligned with HIV and Aids development priorities. Linked to the response at local level is the availability of financial resources to ensure effective implementation of HIV and Aids programmes in response to community needs.

4.4.2 Poor resourcing and coordination of HIV and Aids responses at local government level.

Despite the advantaged position of local governments in terms of the response to HIV and Aids they face many. Often IDP activities related to HIV and Aids are not funded adequately. The key challenges are poor resource allocation, poor coordination and the lack of political will from councillors and officials to tackle the problem. In the case of ATICC, the reorganisation of the health system, and in particular the decentralisation of the health services through the District Health System, has left ATICC competing for resources from the Provincial Department of Health.

4.4.3 Funding strategies of local Aids initiatives.

The respondents indicated that whilst national and international funding strategies have recognised the need to support local responses, international support agencies have struggled to disburse funds that are available for HIV and Aids responses at a local level. Greater involvement of local government in HIV and Aids coordination could well increase capacity at local level. One of the problems faced by the Aids Councils attempting to mount an effective, strategic campaign to fight the epidemic has been huge demands in terms of reporting, programme design, and organizational requirements through the diverse number of donors involved in the funding of HIV and Aids programmes. The funding available is often not flexible, hampers coordination efforts and creates competition amongst stakeholders.

4.4.4 Political support and leadership in the districts is visible and ranked high as a vehicle for support in HIV and Aids initiatives

The respondents indicated that there are a number of mayors actively engaged with the local communities on issues relating to HIV and Aids, whilst other districts are completely the opposite. The political leaders in local government move frequently between portfolios which impacts on the sustainability of programme delivery. The Aids Councils are often used to advance political mandates. In some Districts political tensions render the DACs non-functional and respondents often felt unsure in managing these dynamics.

4.4.5 Poor monitoring and evaluation in response to HIV and Aids

Most respondents emphasized the need for increased capacity in monitoring and evaluation of programmes. The respondents reported uncertainty on how, when and by whom monitoring and evaluation of programmes should take place and expressed the need for improved coordination and capacity-building in this area. The respondents suggested that monitoring and evaluation practices should inform strategies and policies and should be ongoing.

4.4.6 The private sector is not represented on the DACs

There is not sufficient clarity available as to the reasons why business is not actively involved with the DACs. Most respondents indicated that small businesses operating at local level are not engaged. The respondents felt that a more focused, strategic approach for the involvement of business should be pursued. There should be a clear role for the private sector and how it engages in with the Aids Councils and its stakeholders. The respondents suggested that the ECAC should take up these challenges and engage business, not only at a provincial level, but bring small businesses on board in the Districts to ensure their active participation.

4.4.7 In some districts working with volunteers in the coordination of the HIV and Aids programme poses serious challenges

The majority of respondents found that the use of volunteers for the coordination of the response at local level was problematic. The issues that were raised by respondents included the volunteer's lack of accountability, increased risk, and lack of ownership, lack of leadership and management of the programmes. Dedicated, remunerated staff is required to manage the programmes effectively. Within the DACs, where full-time coordinators are employed, it is visible that programmes are moving ahead and active engagement of stakeholders is pursued to advance the HIV agenda within that particular District. The placement of coordinators within the District was also cited as a challenge, as some coordinators are not able to function due to political in-fighting and power dynamics.

4.4.8 Insufficient and inadequate communication and coordination characterize HIV and Aids programming activities at the Provincial and District level

The respondents highlighted communication deficiencies present between stakeholders at provincial, inter-departmental and inter-district level. The communication is fragmented, lacks detail, clarity, and there is duplication. The respondents described such weaknesses in communication and coordination as obstacles in taking action against the disease. Interdepartmental coordination is taking root and growing stronger, but still poses a major challenge to the DACs within their coordination function.

4.4.9 Capacity-building is required

The respondents felt that the capacity-building of the DACs requires urgent attention. The key areas identified for capacity-building include governance, leadership, advocacy and lobbying, strategic planning, financial management, project management, monitoring and evaluation, computer skills and coordination. Capacity-building is seen as an ongoing process with continuing needs assessment and implementation of training programmes.

4.5 SUMMARY

In this chapter the data gathered was analysed during the investigation of the challenges of the DACs working within a multi-sectoral approach to coordinate the response to HIV and Aids. The group consisted of stakeholders of mixed gender, age and experience from the District and Provincial structures.

The understanding of the definition of a multi-sectoral approach seems to be critical. Stakeholders from all sectors need to be involved and above all a coordinated multi-sectoral plan to combat HIV and Aids is what is required to provide strategic direction and support to ensure that coordination takes place with the necessary resources allocated at all levels.

From the analysis of both the in-depth interviews and focus group discussion there is general consensus that the DACs and the PACs face huge difficulties. Both groups of respondents were able to articulate the challenges and outline strategies to address the problems.

There is recognition that there is a role for the DACs and the PACs. Their role requires clarification, strategic direction and leadership at the highest level, which includes the SANAC and the ECAC. There seems to be varied political commitment and leadership on the issue of HIV and Aids.

5. RECOMMENDATIONS

In reviewing the responses generated by the study, several core issues emerged that cannot be viewed in isolation. In particular they surfaced during the focus group discussion, in-depth interviews and literature review. These core issues will be instrumental in shaping the future of the Aids Councils in terms of governance, leadership, roles, mandate and capacity-building.

The recommendations could serve as a guide for government, donor agencies, and civil society organizations at all levels when contemplating setting up the Aids Councils in the response to HIV and Aids through a multi-sectoral approach. All the recommendations made in the study refer to the Eastern Cape.

5.1 Capacity-building of Aids Council's

The capacity to deal with the challenges of HIV and Aids is grossly lacking. There is a need for capacity-building, empowerment and support strategies for local government and civil society organizations. The lack of capacity puts at risk the continuation and sustainability of HIV and Aids interventions.

Recommendation

I recommend capacity-building and skills development programmes for the DACs and the PACs. This should be done through the provision of ongoing training and support to government, the private sector and civil society organizations in areas of planning, project management, governance, implementation, coordination, sustainability and monitoring and evaluation. Project collaborators should be motivated to become “Aids competent”.

5. 2 Communication and coordination

Insufficient, inadequate strategic communication and coordination characterize HIV and Aids programming. Such deficiencies are present at the district level, departmental level and civil society. Communication and coordination are the building blocks of a multi-sectoral approach. If HIV and Aids programmes are not coordinated effectively, it causes delays, and creates confusion and duplication. Coordination becomes complex without an operational institutional framework for the DACs and the PACs.

Coordination and collaboration among HIV and Aids initiatives at a District and Provincial level appear to be inadequate and require urgent attention. The establishment of Aids Councils is seen as being instrumental in the promotion and coordination of activities. The realization of these structures is hampered by numerous factors. These amounts to a lack of interest, absence of leadership, lack of skills and capacity to establish effective functioning of the Aids Councils. Communication and the dissemination of information is inadequate, thus fostering overlap, fragmentation, and duplication of HIV and Aids services.

Recommendation

I encourage the promotion and strengthening of communication and coordination of HIV and Aids programmes. The relationship between the DACs and the PACs should be strengthened through the development of an informed communication strategy that covers the role, mandate and function of the PACs and the DACs and their stakeholders. The involvement of the private sector at a local level should be improved through joint decision-making, planning and implementation of HIV and Aids activities. Coordination needs to be encouraged through mechanisms that facilitate participation of a broad range of stakeholders.

5.3 Monitoring and Evaluation

The progress, impact and effectiveness of HIV and Aids responses are neither efficiently nor regularly monitored. There is no clear monitoring and evaluation strategy in place to ensure the monitoring and evaluation of the Aids Council's initiatives at Provincial, National and District level.

Recommendation

One provincial monitoring and evaluation system should be developed to address the problem of poorly coordinated responses to the pandemic. A monitoring and evaluation plan should oversee and promote coordination. The PACs the DACs should participate in the assessment, documentation and dissemination of best practice endeavors.

5.4 SANAC and Provincial Aids Councils

SANAC is the highest body that advises the government on matters relating to HIV and Aids. The SANAC has very limited engagement with the PACs. The SANAC does not have a strategic plan and clear direction on the role of the PACs and how HIV and Aids activities should be coordinated. There is limited communication between the SANAC and the PACs which automatically filters down to the DACs. Uniformity and leadership pertaining to Aids Councils is lacking with different models and approaches implemented by provinces. The culture of the SANAC, PACs and DACs is affected by a dominance of government representatives resulting in its members being unable to freely critique government policies. The capacity at the SANAC level to provide technical support to the PACs is not always available.

Recommendation

I recommend that the SANAC becomes an autonomous statutory body, independent of the Department of Health. The SANAC should lead, guide and oversee the multi-sectoral response to HIV and Aids. This will ensure leadership and direction in providing major policy guidelines, strategies and institutional arrangements for service delivery of the NSP in partnership with stakeholders through a multi-sectoral approach.

Therefore political engagement and capacity-building at local level are critical elements in order to translate national policy into local action which benefits those in need. Sensitization of political leaders is important to ensure that the response is institutionalized within the service delivery agenda and financial systems of local authorities. Political support is also required at national government level.

I also recommend further research to be conducted on the effectiveness of the Aids Councils, their role and mandate and how they should be utilized and structured to strengthen the response to HIV and Aids at provincial, local, and national level. National and Provincial HIV and Aids coordinating bodies like the SANAC and the PACs should be autonomous and located outside health ministries to enable the design, coordination and regulation of a comprehensive strategy capable of dealing with the totality of the epidemic's social, economic and health repercussions. Plans should be put in place to build the capacity of the SANAC and the PACs specifically relating to technical aspects of the response.

In the Eastern Cape the PAC should report to the provincial executive council and should be based in the Office of the Premier to ensure high level political commitment, leadership and accountability. Participation of sectors in the PACs and the DACs should be guided by a policy document defining their role, nomination, representation and responsibilities.

5.5 A Multi-sectoral approach response to HIV and Aids

The need to implement a multi-sectoral approach to HIV and Aids has been on the development agenda for some time. The cross-sectional nature of the impact of the HIV and Aids epidemic is today widely acknowledged by all key stakeholders involved. A multi-sectoral approach is highly dependent on the capacity of those involved to effectively use existing networks and develop others from national to community level.

Recommendation

I propose the development of guidelines for implementing a multi-sectoral approach relevant to the local situation. The guidelines should be flexible and adapted to assist with the coordination of HIV and Aids responses at local, national and provincial level.

I recommend a multi-sectoral approach to HIV and Aids based on institutional arrangements that ensures accountability, effective leadership that is responsive to local dynamics; willingness of role-players to participate; new, innovative ways of thinking and working; capacity-building and resource (human and financial) mobilization; accountability and open communication.

Further I also suggest the development of a multi-sectoral HIV and Aids strategic plan where all stakeholders play a role in a coordinated effort driven by the PACs aimed at mobilizing public, private, and civil and community partnerships, resources and systems to ensure a comprehensive response to HIV and Aids.

5.6 Working with volunteers

The volunteers and members of the DACs have limited capacity to manage HIV and Aids programmes. Members of the DACs are doing the work on a voluntary basis. Due to the voluntary nature of most HIV and Aids initiatives there is often a lack of financial resources available to remunerate volunteers. This hampers their active and effective participation in the response to HIV and Aids. Volunteers often take opportunities with the hope of full time employment and when this does not materialize, it impacts on morale, and commitment and the management of HIV and Aids programmes.

Recommendation

I recommend strengthening the human and finance resource capacity of local government to coordinate and manage the response to HIV and Aids. The DACs should be assisted with the appointment of HIV and Aids coordinators whose sole responsibility would be to plan and implement HIV and Aids programmes. Provision should also be made for the remuneration of volunteers.

The use of volunteers to coordinate HIV and Aids programmes should be strategic and sustainable. If volunteers are used in coordinating the response at DAC or PAC level, they should bring specific skills, have clear roles and responsibilities, clear lines of accountability and be monitored effectively.

5.7 Governance and leadership

Although a response to HIV and Aids is part of the local government agenda, it is clear that there is varied commitment, lack of a shared vision and lack of leadership in the management of the response to HIV and Aids. Councilors do not significantly display the desired skill and capacity to plan, implement and sustain HIV and Aids intervention strategies. Often the Aids Councils are used as vehicles to advance political agendas and create power dynamics which often impacts on HIV programming.

Recommendation

I recommend improved leadership from the highest level. Leadership should include aspects of policy development, strategic planning, resource mobilization, programme implementation, coordination and monitoring and evaluation. The government should take a leadership role at a national level and create an enabling environment for leadership to emerge. I propose that leadership should be developed and encouraged to guide municipal HIV and Aids intervention strategies.

5.8 The funding of HIV and Aids initiatives

The IDPs of local municipalities are tools aimed at organising local efforts in response to HIV and Aids. The HIV and Aids programmes at local level are often referred to as an “unfunded mandate”. This is reinforced by the reality that district and municipal authorities have limited funding available to disburse for HIV and Aids activities because of other competing development priorities.

Recommendation

Effective coordination efforts require financial and human resources. I suggest increased financial support in the response to HIV and Aids activities. The linkages between the IDPs, national and provincial HIV and Aids strategic plans should be encouraged, facilitated and formalised. I propose that mechanisms for funding Aids Councils should be set up to ensure effective coordination for various activities to be implemented. Combining the resources across sectors will ensure a higher impact in achieving the developmental goals. I propose that the HIV and Aids programmes should be strengthened and mainstreamed into sectoral plans and programmes.

6. CONCLUSION

Multi-sectoral responses have been instituted in most countries in Africa. The internal dynamics of the institutional arrangements that have been set up are often not sufficiently lubricated to meet the HIV and Aids challenge and the related crises of poverty (Strode et al: 2004).

A mutli-sectoral approach requires a national HIV and Aids coordinating body with the necessary institutional arrangements to fulfill its mandate with overall responsibility for AIDS policy that is linked to the highest level in government. The participation from sector ministries, people living with HIV and Aids, youth, women, the private sector and civil society groups should be strengthened and encouraged.

The value of the SANAC, PACs, and DACs are noted, except that there is scope for the Councils to become institutionalized, more strategic, to develop new ways of working, to display dynamic leadership and to increase capacity-building both at an implementation and evaluation level, whilst basing their strategy on valuable and proven best practice examples. The multi-sectoral programming approach requires additional time, planning, decision making, the appointment of people who understand complex systems and stakeholders who understand the multi-sectoral approach.

It is important that the multi-sectoral approach remains relevant within the changing context of the HIV and Aids epidemic. There should be an ongoing process of reflection and analysis is required to remain alert to new situations and opportunities as they evolve, to maximize the benefits of timely reprogramming and resource allocation.

In conclusion, the main strength of a multi-sectoral approach is that it creates a mechanism for information sharing, coordination, supporting the inclusion of all major stakeholders in society, regardless of their sector or work and their organisational affiliation. It is an approach that requires understanding of the complex networks and systems and linking actors to operate with excellence and quality.

Multi-sectoralism is a dynamic approach that should be promoted, and adapted to local needs. It requires planning, commitment, monitoring, evaluation given the changing nature of the epidemic and new innovative ways should be sought to respond to the epidemic from within our country and outside its borders.

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