

“ANNEXURE A”



**AMENDED SEDIBENG DISTRICT AIDS COUNCIL GUIDELINE  
2012-2016**



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## ACRONYMS

- AIDS Acquired Immune Deficiency Syndrome
- ART Antiretroviral Therapy
- CBO Community-Based Organisation
- CHW Community Health Worker
- CSO Civil Society Organisation
- DoCS Department of Correctional Services
- DoE Department Education
- DoH Department of Health
- DoJ Department of Justice
- DoL Department of Labour
- DoSD Department of Social Development
- DoSRCA Department of Sports, Recreation, Arts and Culture
- ECD Early Childhood Development
- FBO Faith-Based Organisation
- GAC Gauteng AIDS Council
- GDARD Department of Agriculture and Rural Development
- HCT HIV Counseling and Testing
- HIV Human Immunodeficiency Virus
- HTA High Transmission Area
- IDC Interdepartmental Committee
- IDP Integrated Development Plan
- IEC Information, Education and Communication
- IHL Institutions of Higher Learning
- M&E Monitoring and Evaluation
- NGO Non-Governmental Organisation
- NSP National Strategic Plan
- OVC Orphans and Vulnerable Children
- PLHIV People Living with HIV
- PWD People with Disabilities
- SMMEs Small Micro Medium Enterprise
- SANAC South African National AIDS Council
- SAPS South African Police Services
- SARS South African Reserve Bank
- SASSA South African Social Security Agency
- TB Tuberculosis
- THP Traditional Health Practitioners



## **1. PURPOSE OF THE GUIDELINE**

The purpose of this document is to re-align the current AIDS Council policy to the National and Provincial AIDS Councils. This will enable intensified and effective planning, implementation, monitoring and evaluation of HIV&AIDS programme within the region.

## **2. INTRODUCTION**

The country is making significant strides in the fight against HIV infection and the socio-economic impacts of AIDS. The current political and administration have intensified interventions aimed at assisting individuals to change behaviours that render themselves, families and the community at large vulnerable and susceptible to HIV infection. These interventions have invigorated all to do more to ameliorate the lives of those living with and are affected by HIV&AIDS; and strife to ultimately eradicate new HIV-infections, while effectively reducing the burden of the impacts of AIDS.

It is therefore imperative that, in line with the National Strategic Plan 2012-2016, the South African National AIDS Council (SANAC) and Provincial AIDS Councils, Sedibeng District also aligns the District and Local Municipalities' AIDS Councils. These Councils should serve as powerful vehicles that ensure joint planning, implementation, monitoring and evaluation of this Plan.

## **3. BACKGROUND**

The upsurge of HIV infections and the impact this scourge had before 1997, inevitably made the government to establish the Inter-Ministerial Committee chaired by the then Deputy President, Mr. Thabo Mbeki. The primary and main objective of this committee then was to provide political oversight, leadership and guidance towards the multisectoral implementation of HIV&AIDS programmes.

It was only in 2000, based on the recognition of the need for stronger political leadership, involvement and participation; and the need for other sectors to participate for effective mitigation of this scourge, that South African National AIDS Council (SANAC) was established. This Council is currently chaired by the Deputy President Kgalema Motlhanthe. Until now, SANAC has undergone



some interesting changes in governance, underpinned by the fact that multisectoral approach and not biomedical (health) alone, should carry the burden of fighting this pandemic. Currently many provinces, metros, districts and local municipalities have AIDS Councils, chaired by the Executive Mayors, while the provincial AIDS Council is chaired by the Premier.

The District AIDS Council was first launched in 2005. It is the time that the AIDS Council is reviewed so that it is in line with the current guidelines and the community issues on the ground. Since its launch, there has been encouraging progress in the region, illustrated by statistically significant reduction in HIV-incidences and better management of people living with HIV, their families, orphans and vulnerable children. This is further attested by the findings of Statistics South Africa report 2013, which has revealed that in the region, HIV-related mortality is not amongst the ten causes of deaths in the district.

The high prevalence of HIV is a sign of many people that are enrolled in the Antiretroviral Therapy; thereby prolonging and ameliorating the lives of those living with HIV. In addition, many people show glimpses of interest, commitment and participation in issues of HIV&AIDS.

#### **4. PROBLEM STATEMENT**

HIV&AIDS is seen governance and socio-economic lens, especially at Local Government sphere. Sedibeng District AIDS Council was launched in June 2002. Since then, the Council has been functional. Subsequently Local Municipalities' AIDS Councils were established.

Although functional, the following pose challenges:

- ❖ Non-participation of strategic management in the AIDS Council
- ❖ AIDS Council members not empowered to implement projects and strategies
- ❖ Non-participation of government departments and other strategic sectors, such as business and private
- ❖ Non-commitment of resources for implementation
- ❖ No budget from municipalities to ensure effective running of the AIDS Councils
- ❖ Silo paradigm from key government departments; which hampers synergy, coordination, monitoring and evaluation

However, there is greater political and administration interest, support and participation.



## **5. GOVERNANCE OF THE DISTRICT AIDS COUNCIL**

### **5.1. ROLES AND RESPONSIBILITIES OF DISTRICT AIDS COUNCIL**

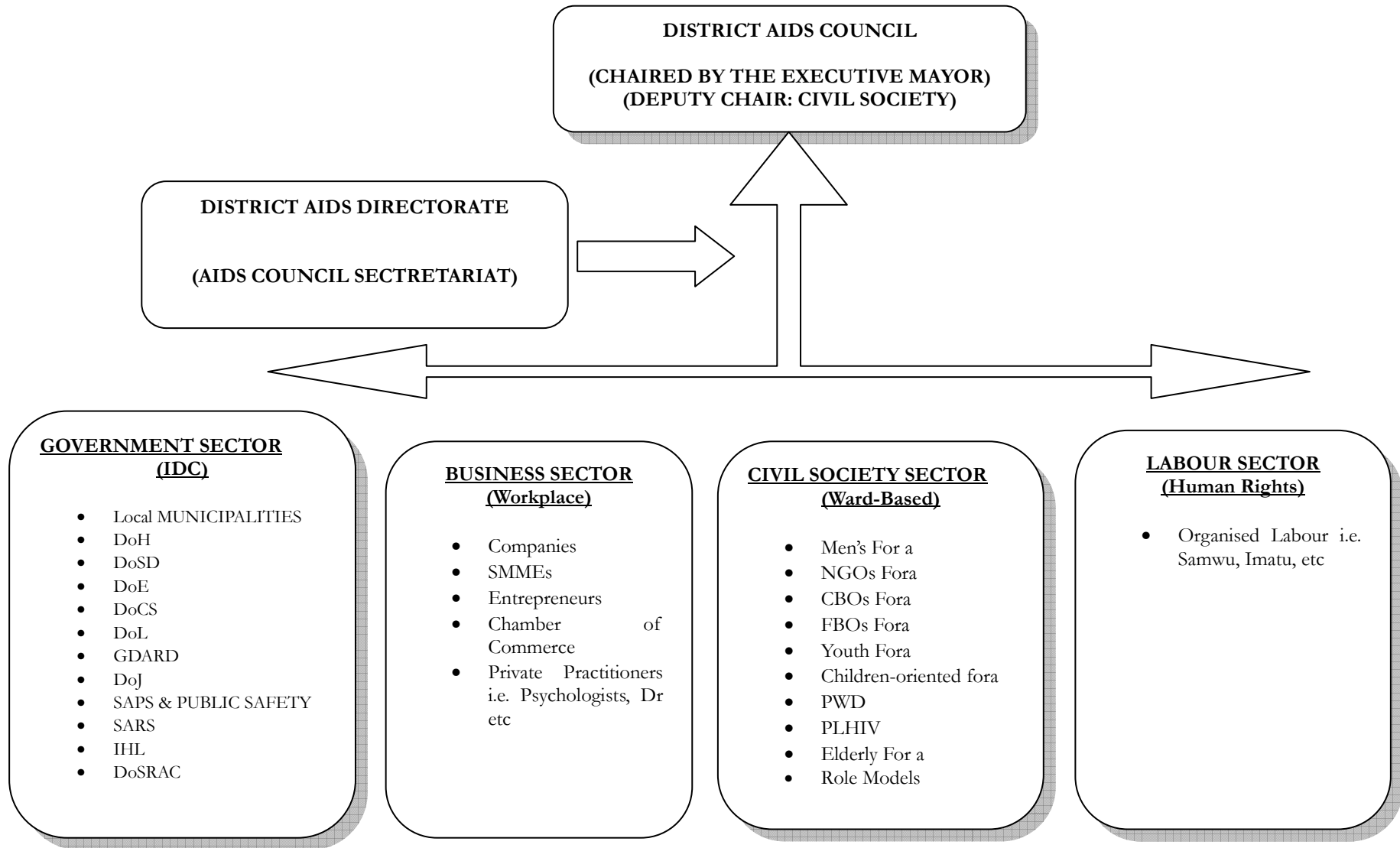
- 5.1.1. Day to day activities and coordination of the HIV&AIDS within the region are performed by the District AIDS Directorate, as the Council's Secretariat
- 5.1.2. Provides oversight role in all matters relating to HIV&AIDS implementation
- 5.1.3. Provides an enabling environment for effective sectors' participation
- 5.1.4. Members are responsible for development, adoption, implementation, monitoring, evaluation and review of the District AIDS Multisectoral Strategy and the plan
- 5.1.5. Individual members should develop, implement and coordinate their sector response to HIV&AIDS
- 5.1.6. Individual member should develop operational/implementation plans and budgets
- 5.1.7. Provides oversight to all expenditure by sectors, through existing systems as provided by the government
- 5.1.8. Advocates and lobby for the reduction and the ultimate non-existence of stigma and discrimination
- 5.1.9. Ensures that the public and media are accurately informed about HIV&AIDS and to correct falls, misleading or offensive statements about HIV&AIDS

### **5.2. CONSTITUTIONAL IMPLICATIONS**

- 5.2.1. The District AIDS Council is constituted as an Advisory Committee to the Executive Mayor
- 5.2.2. The District AIDS Council advises the Executive Mayor on policy development and implementation



## 6. STRUCTURE OF THE DISTRICT AIDS COUNCIL



## 7. ROLE AND RESPONSIBILITIES OF SECTORS

DEPARTMENT	SERVICES
Local Government	<ul style="list-style-type: none"> <li>Supports and monitors Municipal AIDS response (mainstreaming and IDP)</li> <li>Leads coordination of multisectoral response at local level involving wards and community leaders</li> <li>Conducts ward-based door to door education with referrals to local services and follow up.</li> <li>Assists in protecting child headed families e.g. benefiting from housing and protection from evictions from homes</li> <li>Mainstream and provides education programmes for employees</li> </ul>
Department of Health	<ul style="list-style-type: none"> <li>Provides health services for prevention, testing, screening and treatment</li> <li>Leads HAST</li> <li>Mainstream and provides education programmes for employees</li> </ul>
Department of Education	<ul style="list-style-type: none"> <li>Lifeskills training in schools with sexuality education and extracurricular activities</li> <li>Free schooling with referrals for OVC</li> <li>Mainstream and provides education programmes for employees</li> </ul>
Department of Social Development	<ul style="list-style-type: none"> <li>Reduce social risks of infection</li> <li>Children's services for orphans and vulnerable children including ECD</li> <li>Poverty relief</li> <li>Mainstream and provides education programmes for employees</li> </ul>
South African Social Security Agency	<ul style="list-style-type: none"> <li>Provide social grants to deserving people living with HIV</li> <li>Mainstream and provides education programmes for employees</li> </ul>
Department of Sports, Arts, Culture and Recreation (SRAC)	<ul style="list-style-type: none"> <li>Promote safer social norms and behaviours (lifeskills) through sports and arts</li> <li>Mainstream and provides education programmes for employees</li> </ul>
Department of Public Safety & SAPS	<ul style="list-style-type: none"> <li>Safer communities with reduced substance abuse</li> <li>Safety for vulnerable children</li> <li>Mainstream and provides education programmes for employees</li> </ul>
Department of Labour	<ul style="list-style-type: none"> <li>Assist in ensuring compliance with HIV&amp;AIDS policies and programmes</li> <li>Mainstream and provides education programmes for employees</li> </ul>
Department of Correctional Services	<ul style="list-style-type: none"> <li>Education and health care for offenders</li> <li>Mainstream and provides education programmes for employees</li> </ul>
Department of Agriculture and Rural Development (GDARD)	<ul style="list-style-type: none"> <li>Prevention prioritizing youth in rural nodes, informal settlements and farms.</li> <li>Support to ensure food security including homestead food gardens.</li> <li>Mainstream and provides education programmes for employees</li> </ul>
SARS	<ul style="list-style-type: none"> <li>Education of community members at centres</li> <li>Mainstream and provides education programmes for employees</li> </ul>
Department of Justice	<ul style="list-style-type: none"> <li>Education of community members at courts</li> <li>Mainstream and provides education programmes for employees</li> </ul>
Institution of higher learning	<ul style="list-style-type: none"> <li>Education programmes for students</li> <li>Mainstream and provides education programmes for employees</li> </ul>





SECTOR	ROLES AND RESPONSIBILITIES
Men	<ul style="list-style-type: none"> <li>✘ Involve men and boys in responsible social norms and values including respect for women and protection of children.</li> <li>✘ Men as fathers</li> </ul>
NGOs	<ul style="list-style-type: none"> <li>✘ Governance and accountability.</li> <li>✘ Advocate for service users and support community workers.</li> <li>✘ Include HIV and TB in services, awareness, education and training: “mainstreaming”</li> </ul>
CBOs	<ul style="list-style-type: none"> <li>✘ Provide ward-based sector education and services with referrals to quality standards.</li> </ul>
Faith based	<ul style="list-style-type: none"> <li>✘ Lead on social norms and values, human rights and responsibilities.</li> <li>✘ Advocate for and support vulnerable groups.</li> </ul>
Traditional sector	<ul style="list-style-type: none"> <li>✘ Lead on protective social norms and values for families, men, women and children.</li> <li>✘ Include PLHIV, OVC and vulnerable groups.</li> <li>✘ Provide traditional care and initiation according to good standards.</li> </ul>
Youth	<ul style="list-style-type: none"> <li>✘ Advocate for and mobilize youth to reduce social and behavioural risks of HIV, substance abuse, pregnancy and crime.</li> </ul>
Children	<ul style="list-style-type: none"> <li>✘ Advocate for and support orphans and vulnerable children (OVC) including children affected by AIDS.</li> <li>✘ Mobilize donations and services for OVC and their carers.</li> </ul>
Women	<ul style="list-style-type: none"> <li>✘ Advocate for women and children. Mobilize social support</li> </ul>
People living with HIV (PLHIV)	<ul style="list-style-type: none"> <li>✘ Lead awareness and education.</li> <li>✘ Provide support groups.</li> <li>✘ Address human rights</li> </ul>
People with disabilities	<ul style="list-style-type: none"> <li>✘ Train peer educators to educate people with disabilities.</li> <li>✘ Advocate for access to services.</li> </ul>
Elderly	<ul style="list-style-type: none"> <li>✘ Educate on safer care and support for people living with HIV</li> </ul>
Business	<ul style="list-style-type: none"> <li>✘ Lead workplace responses to HIV and TB to address all four strategic objectives. Refer employees to local services or provide onsite services.</li> </ul>
Organized labour	<ul style="list-style-type: none"> <li>✘ Train leaders and advocate for members and the public.</li> <li>✘ Collaborate with business and government on workplace responses.</li> </ul>
Role Models in the community i.e. sports, arts, culture etc.	<ul style="list-style-type: none"> <li>✘ Develop and support role models to lead youth, men, women and children on the four strategic objectives.</li> <li>✘ Include HIV and TB messages and HCT in relevant events.</li> </ul>
All sectors	<ul style="list-style-type: none"> <li>✘ Participate in strategic and operational planning, reviews and campaigns.</li> <li>✘ Train leaders to communicate with members</li> <li>✘ Educate, support and refer members to services for poverty, health and social services.</li> <li>✘ Include and support PLHIV, OVC and affected households.</li> <li>✘ Report on activities to the AIDS Council.</li> </ul>
Academics	<ul style="list-style-type: none"> <li>✘ Communicate relevant information and research findings.</li> <li>✘ Develop capacity of professionals</li> <li>✘ Conduct research to strengthen results of the multisectoral response</li> </ul>



## 8. MEMBERSHIP

- Since this body is highly political and strategic in nature, members of the AIDS Council should be people who hold high positions in their respective Departments and sectors. This will enhance quick decision-making by the Council.
- Recruitment for participation in the AIDS Council shall be done by written delegation from individual sectors and update shall be done on regular bases to ensure continuity
- Number of membership to the AIDS Council shall be limited to two people per sector/Department. This is done to allow for logistics and sustainability
- Members shall have equal status and responsibilities, except those members serving in the Executive Committee.
- Membership shall cease upon a written resignation presented at the AIDS Council's meeting.
- Members shall have full voting rights during the AIDS Council's Committee
- In the event of any conflict or non-compliance amongst members against the AIDS Council purpose and goal, a full investigation shall be conducted under the leadership and delegation of the Chairperson and/or Deputy chair; whereby relevant measures shall be implemented to resolve those matters.
- Four members and additional member of the District AIDS Council, representing the four sectors and administration respectively shall represent the District at the Provincial AIDS Council. The four will consistently provide reports to the Provincial AIDS Council and feedback from such meetings
- Although delegated, membership at the AIDS Council shall be ***voluntary basis without remuneration*** but representatives to the Provincial AIDS Council shall be reimbursed for actual, necessary petrol expenses, on receipt of notice to meetings, attendance register and petrol receipt) in line with Sedibeng District Municipality tariffs, processes and procedures.
- A member shall cease to hold such office upon:
  - ⌘ Death
  - ⌘ Resignation in writing;
  - ⌘ Suspension of his/her organisation as a member of the AIDS Council;
  - ⌘ Absence for three successive meetings without written valid reasons, accepted in the full Council meeting.



## **9. DISTRICT AIDS COUNCIL STANDARD OPERATING PROCEDURE**

### **9.1. INVITATION**

- The District AIDS Directorate shall provide the secretariat function to the AIDS Council
- Notice of meeting, including minutes of the previous meeting, previous attendance register, reports and/or presentations shall be dispatched 14 days before the meeting.
- Members shall indicate their availability by phone, fax or e-mail, which will enable apologies being accepted and recorded

### **9.2. CHAIRPERSONSHIP**

- The Executive Mayor/MMC, in the absence thereof the Deputy Chair shall chair the meetings
- The District AIDS Directorate shall provide the secretariat function to the AIDS Council
- The Interdepartmental Committee (IDC) comprising of all government departments in the region, shall be the technical committee for the District AIDS Council and shall meet quarterly

### **9.3. REPORTS AND DELIBERATIONS**

- Every sector shall be given an opportunity to present their report, although at agreed sequence and intervals
- Reports shall be based on agreed District indicators
- Reports shall be in presentation and written format for recording purposes

### **9.4. PROJECTS**

- The District AIDS Council shall spearhead strategic projects such as World AIDS Day, Candle light and Red-Ribbon month
- The District AIDS Council shall coordinate all reviews of Strategy development and plans, with budgets.



## 10. INDICATORS FOR EFFECTIVE DISTRICT AIDS COUNCIL REPORTING, MONITORING AND EVALUATION

Strategic objective	Indicator	What does the indicator measure?	How is the indicator measured?	Data source
<b>ONE: PREVENT HIV</b>  <i>A, Reduce vulnerability to HIV and TB</i>	% wards implementing ward-based door-to-door programme	Coverage of community programmes	Wards with ward-based door to door programme	Municipalities Secretariat
	No. of people reached with ward-based door-to-door education	Coverage of community education	People reached face to face with HIV&AIDS & TB programmes	Municipalities Secretariat
	No. government departments and sectors with plans for HIV and TB	Mainstreaming of HIV and TB within departments and sectors	Departmental performance plans and sectoral plans	Sector reports, Municipalities
	No. of people reached with peer education in the workplace	Coverage of HIV and TB prevention in the workplace	Employees reached through workplace programmes	All sectors
	No. of households on Indigent Register	Number of households that need poverty reliefs	Households registered for Indigent programme	Soc Dev, Municipalities
	No. of people in populations at higher risk for HIV and TB reached with education	Number of people at risk reached with educational programmes	People at high risk reducing their vulnerability	Municipalities Secretariat
	No. of schools implementing Integrated School Health programme	Schools that implement the programme	Learners participate in the integrated school health programme	Education Health
	No. of learners who fell pregnant in the last quarter	Number of learners who fall pregnant in a quarter	Learners pregnancy rate is reduced o quarterly bases	Education
B. Normal development of OVC with sustainable households	No. of OVC supported with services	OVC impact relief	OVC reached with psychosocial services, uniforms, food (or other services)	Soc Dev. Municipalities
	No. of child-headed households	OVC service coverage	Child-headed households on register per period	Soc Dev Municipalities
<b>TWO: PREVENT HIV AND TB</b>  "Combination prevention"  a. Social b. Behavioral	Number of people counseled for HIV	HCT coverage	People counseled for HIV in a given period	Health Municipalities
	Number of people tested for HIV	HCT coverage	people who tested for HIV in a given period	Health Municipalities



Strategic objective	Indicator	What does the indicator measure?	How is the indicator measured?	Data source
c. Medical	No. of people reached through media campaign	Reach of social and behaviour change communication	People reached through radio	Secretariat Civil society sectors
	No. of male condoms distributed	Accessibility and sustainability of condoms	Consistent carrying and use of condoms	Municipalities Health
	No. of female condom supplied	Accessibility and sustainability of condoms	Consistent carrying and use of condoms	Health, Civil society sectors
	No. of males circumcised	Accessibility and sustainability of male circumcision services	Males circumcised	Health Traditional
	% pregnant women who register for antenatal care before 20weeks	Quality of antenatal care services	Pregnant women who book before 20 weeks of pregnancy	Health
	% exposed babies who test PCR +ve at 6 weeks	Quality of antenatal care services	Exposed babies who test positive at a particular point	Health
<b>THREE:</b> Sustain health and wellness to reduce illness and deaths from HIV and TB	No. of PLHIV on ART (active)	Legible people living with HIV who utilise Antiretroviral treatment programme	PLHIV currently on ART at a particular point	Health
	% co-infected TB patients on ART	Quality of TB and CCMT services	TB patients who are on ART programme	Health
	No. of people screened for TB	Quality of TB and CCMT services	People screened for TB	Health
	TB cure rate	Quality of TB and CCMT services	TB patients cured at a particular point	Health
	TB mortality rate	Quality of TB and CCMT services	TB patients who die during treatment at a particular point	Health
	%PLHIV who receive social support	Quality of CCMT and Social support services	PLHIV receiving social services – food parcels, grants, poverty relief	Soc Dev Health

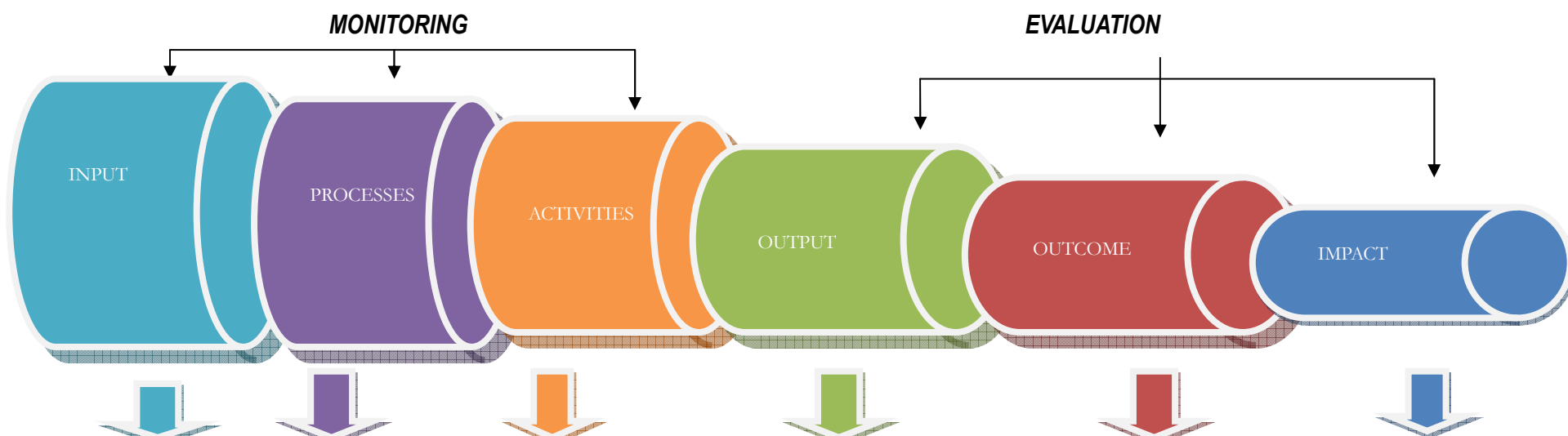


## 11. MONITORING GOVERNANCE FOR EFFECTIVE AIDS COUNCIL OPERATIONS

ENABLERS	ACTIVITY/SERVICE	OUTPUT/SERVICE INDICATOR	AGENCY
1. Governance	An effective AIDS Council	<ul style="list-style-type: none"> <li>• Four meetings per year</li> <li>• Percentage of departments and sectors that provide HIV and TB related services</li> <li>• Multi-sector plan per year with service outputs</li> </ul>	AIDS Council Secretariat
2. Monitoring and Evaluation system	Routine reporting on the implementation of the plan	<ul style="list-style-type: none"> <li>• Report on outputs per quarter</li> <li>• Quarterly review by multi-sector committee</li> <li>• Annual review of outcomes by AIDS Council</li> </ul>	Secretariat All
	Measuring results	<ul style="list-style-type: none"> <li>• Expenditure in line with the plan and treasury provisions</li> <li>• Plan to measure results</li> <li>• Results reported to the AIDS Council</li> </ul>	Secretariat
3. Financial reports	Quarterly individual sector Expenditure report	<ul style="list-style-type: none"> <li>• Government Departments plans costed</li> <li>• Multi-sector budget</li> <li>• Track AIDS budget allocations to departments</li> </ul>	Secretariat All sectors
4. Communication	Internal communication across all stakeholders with <ul style="list-style-type: none"> <li>- Departments</li> <li>- Sectors</li> </ul>	<ul style="list-style-type: none"> <li>• Strategic and operational plans communicated</li> <li>• Reports and reviews communicated</li> <li>• Joint quarterly and annual reviews of progress</li> <li>• Sector forums</li> <li>• AIDS Council Newsletter</li> </ul>	Secretariat
	Internal communication to the public	<ul style="list-style-type: none"> <li>• Joint community campaign per quarter               <ol style="list-style-type: none"> <li>1 Testing and treatment for HIV and TB</li> <li>2 Save mothers, babies. OVCs</li> <li>3 Safe Sex: men and high risk groups</li> <li>4 Safe Sex: for youth (HIV &amp; Family Planning)</li> </ol> </li> <li>• CBO Education services, ward peer education, schools, workplaces</li> <li>• A joint campaign plan and review per quarter by the campaign sub-committee involving relevant stakeholders (IDC)</li> </ul>	AIDS Council Secretariat All sectors



## 12. MONITORING AND EVALUATION



INPUTS	PROCESSES	ACTIVITIES	OUTPUT	OUTCOME	IMPACTS
<ul style="list-style-type: none"> <li>-Personnel</li> <li>-Finances</li> <li>-Materials</li> <li>-Facilities</li> <li>-Supplies</li> </ul>	<ul style="list-style-type: none"> <li>Policies</li> <li>Guidelines/framework</li> <li>Plans (IDP, SDBIP, MTEF)</li> <li>Reports</li> </ul>	<ul style="list-style-type: none"> <li>Mainstreaming</li> <li>Programming</li> <li>Ward-based implementation</li> <li>AIDS Councils meetings</li> <li>Campaigns</li> <li>Training</li> <li>Workshops</li> <li>Workshops</li> <li>Meetings</li> </ul>	<ul style="list-style-type: none"> <li>% mainstreaming</li> <li>% programming</li> <li>% ward-based</li> <li>% AIDS Council meetings</li> <li>% people reached &amp; households visited</li> <li>% people referred and assisted</li> <li>% children assisted</li> </ul>	<ul style="list-style-type: none"> <li>Social and sexual behavioral change</li> <li>Employees &amp; community empowerment</li> <li>Departments &amp; sectors participation</li> <li>Households benefit from door to door campaigns</li> <li>Effective HIV&amp;AIDS programme</li> <li>Increased knowledge and social norms (attitudes)</li> <li>Increased safe sex behaviours (defined) in youth, adults, risk group</li> <li>Increased ARV coverage for pregnant women</li> <li>Increase percentage who know HIV status</li> <li>Increase result of treatment: TB cure rate, ART adherence</li> <li>Increase percentage male circumcised</li> <li>Reduce social drivers of HIV: poverty, substance abuse, GBV</li> </ul>	<ul style="list-style-type: none"> <li>Reduced new HIV infections (incidence) in youth, adults and babies</li> <li>Reduced mortality from HIV &amp; TB in mothers, babies and adults</li> <li>Reduce stigma</li> <li>Reduction in mortality due to HIV&amp;AIDS</li> </ul>

*The District AIDS Council Guideline shall be reviewed at least every five years in line with the National Strategic Plan and SANAC*

