



LIMPOPO

PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

LIMPOPO PROVINCIAL AIDS COUNCILS POLICY FRAMEWORK

2011

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ACRONYMS, ABBREVIATIONS AND DEFINITIONS

Acronyms/Abbreviations

AIDS	Acquired Immune Deficiency Syndrome
CBO	Community Based organization
DAC	District AIDS Council
FOHAP	Faith Organisations in HIV & AIDS Partnership
HCT	HIV Counselling and Testing
HIV	Human Immunodeficiency Virus
IDP	Integrated Development Plan
LAC	Local AIDS Council
LPAC	Limpopo Provincial AIDS Council
NGO	Non-Governmental Organization
NSP	National Strategic Plan
PLHIV	People Living with HIV & AIDS
PMTCT	Prevention of Mother to Child Transmission
PSP	Provincial Strategic Plan
SANAC	South African National AIDS Council
STIs	Sexual Transmitted Infections

Definitions

Child	A person under the age of 18 years
Ex-officio member	Means by virtue of office the person occupies.
Men Sector	Collective organisations dealing with men concerns, needs and interests related to HIV & TB in communities
National Strategic Plan	The South African National Strategic Plan for HIV& AIDS and STIs 2007-2011
Sectors	Civil society groups that advocate for and / or manage HIV & AIDS and TB programmes
Women Sector	Collective organisations dealing with women concerns, needs and interests related to HIV & TB in communities

MESSAGE FROM THE PREMIER OF LIMPOPO

HIV and TB epidemic continues to be a great cause of concern to this government. Although we have made a significant progress in our fight against this disease a lot needs to be done. Any effort to succeed requires a collective, convergent and multi-pronged approach. To this end, the provincial government of Limpopo convened a multi-sectoral initiative to engage the people of the province in developing the governance framework for HIV & TB with a view to re-establishing the AIDS Councils in the Province.

The Policy Framework reflects the collective commitment of the government, faith-based organizations, community-based organizations, civil society and the business sector. It serves as a guiding tool to all people involved in HIV & TB in our province. It is my greatest hope that it will direct and reinforce the existing commitments and efforts to create a supportive and enabling environment for our people.

The Limpopo Provincial Government is committed to a strong public health care system that will be there for our children and grandchildren in the years ahead. We are listening to our people and as we move forward, we will evaluate, gather evidence and make adjustments until victory is won against the scourge of HIV & TB.



Mr. C. C. Mathale

Limpopo Premier


Date: 07/11/2011

FOREWORD

The idea of creating a better life for all remains a fundamental principle of the Limpopo Provincial Government. This requires the Province to put all efforts and resources to ensure the realisation of this noble goal. Poverty, under-development and substance abuse are some of the key drivers of HIV epidemic. Agreeably, these are obstacles to reaching the following Millennium Development Goals:-

- To eradicate extreme poverty and hunger
- To achieve universal primary education
- To promote gender equality and empower woman
- To reduce child mortality
- To improve maternal health
- To combat HIV and AIDS, Malaria and other diseases
- To ensure environmental sustainability

The Province took a lead in undertaking this multi-sectoral initiative to establish a Framework for AIDS Councils in Limpopo.



Me Dikeledi Magadzi

Me Dikeledi Magadzi

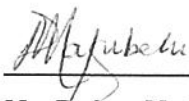
Member of the Executive Council

Department of Health and Social Development

Date 2011/10/24

PREFACE

According to the National HIV Strategy 2007-2011 the fight against AIDS is a multi-sectoral one. The fight against HIV & TB requires collective effort from government, business sector, civil society and the strengthening of community responses. This is the cornerstone of the multi-sectoral Limpopo AIDS Councils Policy Framework, developed under the leadership of the Department of health and Social Development. As sought by the Premier and MEC, I hope that it will further foster intergovernmental cooperation and also enlist the support of donors and of both local and international developmental agencies and our own civil society. These partnerships will ensure that policies and plans are being translated into realities that will benefit our people and their communities.



Me Daisy Mafubelu

Head of the Department

Department of Health

Date 2011/10/17

EXECUTIVE SUMMARY

Limpopo, like the rest of the country, is faced with a gradually growing HIV & TB challenge. In an effort to effectively deal with this challenge, the provincial government of Limpopo and its people have come together to establish the Limpopo Provincial AIDS Councils in accordance with the policy framework outlined in this document.

This Framework has been developed as a multi-sectoral initiative to guide the establishment and operations of the Limpopo Provincial AIDS Councils and it is envisaged that the Provincial AIDS Councils and stakeholders will use this framework document as a basis to develop their own HIV & TB strategic and operational plans to achieve a focused, coherent, province-wide approach to fighting HIV & TB.

The Limpopo Provincial AIDS Councils will be established at provincial, district and local levels and their operations will be guided by specific values and principles. The Limpopo Provincial AIDS Council (LPAC), the District AIDS Councils (DACs) and the Local AIDS Councils (LACs) will be duly appointed and chaired by a political head and deputized by a civil society representative. The coordination and secretariat services will be provided by the Office of the Premier, District and Local municipalities, respectively. The term of office of a member of the Council will be limited to five years and may be reappointed.

The Limpopo Provincial AIDS Councils (LPAC, DACs and LACs) will provide advisory services and guidance on the management of HIV&TB and other related matters in the Province. The Councils will furthermore coordinate, monitor and evaluate the HIV &TB multi-sectoral response and mobilise resources for the management of HIV & TB in the Province.

The technical committee of the LPAC, DACs and LACs will be responsible for the technical operations of the councils. The committees will be chaired by an administrative head at provincial, district and local levels.

PREAMBLE

WHEREAS HIV & AIDS are pandemic to South Africa and the Limpopo Province is faced with a gradually growing HIV & TB challenges;

WHILST the people of Limpopo are prepared to curb the spread of HIV & TB and related diseases; and

WHILST this requires a collective, convergent and multi-pronged effort;

The Limpopo Provincial Government and its people have come together to establish the Limpopo Provincial AIDS Councils.

Section 1:

BACKGROUND

1.1 INTRODUCTION

HIV & TB remains one of the major challenges facing South Africa today, and continue to affect the lives of all South Africans in various ways. To address this requires a collective and multi-pronged effort.

The establishment of the South African National AIDS Council (SANAC) is the affirmation of the commitment of the South African government to scale-up and intensify the multi-sectoral response to HIV and TB epidemic. Similarly, Provinces were mandated to replicate the governance structure such as SANAC at the Provincial, District and Local levels to enable the province to ensure a concerted effort in the fight against HIV and TB.

The LPAC policy framework was developed in line with the structural arrangements outlined in the HIV & AIDS and Sexually Transmitted Infections (STIs) National Strategic Plan (NSP) 2007-2011 to regularize and legalize the constitution and operations of these governance structures.

A working group was established to ensure maximum consultation with the key stakeholders. This working group facilitated by the Department of Health and Social Development embarked on a wide consultative process with stakeholders such as SANAC, Civil society organizations, government sector and advisors on policy development and public health to develop the policy framework.

1.2 PURPOSE OF POLICY FRAMEWORK

The purpose of the Policy Framework is to promote an enabling environment for more effective and efficient delivery on commitments to the fight against HIV & TB. This framework is designed to guide stakeholders in setting up functional Provincial AIDS Councils to support HIV & TB multi-sectoral response in the

Province. It is envisaged that the Limpopo Provincial AIDS Councils and stakeholders will use this framework document as a basis to develop their own HIV & TB policies, strategic and operational plans to achieve a focused, coherent, and province-wide approach to fighting the HIV & TB epidemic.

1.3 POLICY FRAMEWORK DEVELOPMENT APPROACH

In developing this Policy Framework the following were taken into account, *inter alia*:

- 1.3.1 Laws, regulations, policies, and programmes related to the mandates and responsibilities of both public and private stakeholders in combating HIV & TB and related conditions.
- 1.3.2 The considerable body of research and evidence that exists on the international and national best practices and approaches to dealing with HIV & AIDS, including – government documents, research reports by academic institutions, case experience of NGOs active in the field.

1.4 POLICY FRAMEWORK DEVELOPMENT PROCESS

A working group was established to ensure maximum consultation with the key stakeholders. This working group facilitated by the Department of Health embarked on a wide consultative process with stakeholders such as SANAC, civil society organizations, government sector and advisors on policy development and public health to develop the policy framework.

This Framework has been developed as a multi-sectoral initiative to guide the establishment and operations of the Limpopo Provincial AIDS Councils

Section 2

LEGAL AND POLICY CONSIDERATIONS

2.1. INTRODUCTION

The Framework is a response to various South African legislative requirements that are relevant to HIV & TB and related conditions. In terms of section 27 of the Constitution of the Republic of South Africa, the State must take reasonable legislative and other measures within its available resources, to achieve the progressive realisation of every person's right to health care services. Section 125(2)(d) of the Constitution further provides that the Premier together with members of the Executive Council, exercise executive authority by, amongst others, developing and implementing provincial policy.

2.2. LEGISLATIVE CONSIDERATIONS

This Framework is set within the following legal and policy frameworks:

- 2.2.1. The Constitution of the Republic of South Africa, 1996;
- 2.2.2. The Non-Profit Organisations Act, 1997 (Act No.71 of 1997);
- 2.2.3. The Children's Act, 2005 (Act No. 38 of 2005);
- 2.2.4. The Public Finance Management Act, 1999 (Act No.1 of 1999); and
- 2.2.5. The Municipal Finance Management Act, 2003 (Act No. 56 of 2003).

2.3. POLICY CONSIDERATIONS

The national HIV & AIDS and STIs Strategic Plan 2007-2011¹ mandates the Provinces to establish AIDS Councils at the provincial, district and local levels as a mechanism to strengthen the HIV & AIDS multi-sectoral response. The plan provides for continued guidance to all government

¹ SANAC. 2007. National HIV & AIDS and STIs Strategic Plan 2007-2011. www.sanac.co.za

departments and sectors of civil society, building on work done in the past decade. It is informed by the nature, dynamics, character of the epidemic, as well as developments in medical and scientific knowledge. The South African Patients' Rights Charter provides clear and key guidance to patient rights, responsibilities and complaints procedures and is a guiding model for any providing service to patients and their families.

2.3.1. South African National AIDS Council Procedural Guideline 2008²

2.3.2. The National HIV & AIDS and STIs Strategic Plan 2007-2011

The current South African Policy and regulatory environment is dynamic and give a legal and policy basis for the LPAC and the strategies, initiatives and programmes emanating from there from.

² SANAC. 2008. South African AIDS Council Procedural guidelines. www.sanac.co.za

Section 3

NAMES, AIM AND OBJECTIVES, VALUES AND GUIDING PRINCIPLES

3.1. AIM

The aim of this Policy Framework is to guide the establishment of high level strategic leadership structures and their operations to fight against HIV & TB epidemic in the Province. The framework is expected to guide stakeholders, both public and private, to develop effective policies and responsive programmes.

3.2. Names of the AIDS Councils

The names of the Limpopo AIDS Councils shall be as follows:

- 3.2.1. Limpopo Provincial AIDS Council (LPAC) – the Council to be established at provincial level.
- 3.2.2. District AIDS Councils (DAC) – the Council to be established at the district level with an identifying name of the district e.g. Capricorn District AIDS Council.
- 3.2.3. Local AIDS Councils (LAC) – the council to be established at the municipality level with an identifying name of the municipality e.g. Tubatse Local AIDS Council.

3.3. Objectives of the Limpopo Provincial AIDS Councils

The objectives of the LPAC are to –

- 3.3.1. play a leadership and coordinating role, on issues of policy and strategy development and implementation;
- 3.3.2. build commitment and foster partnerships that help improve health outcomes for all South Africans;
- 3.3.3. monitor and evaluate the multi-sectoral interventions for HIV & TB strategies in the Province; and
- 3.3.4. mobilise human and financial resources for the implementation of a multi-sectoral Provincial Strategic Plan.

3.4. Values and Guiding Principles for the Provincial AIDS Councils

The South African government has adopted the “Three ones key principles” developed by the United Nations in collaboration with the World Bank and Global Fund to fight AIDS, TB and malaria³. The “Three ones key principles” to be followed by the Limpopo Provincial AIDS Councils are namely, **One** agreed Strategic plan that provides the basis for coordinating the multi-sectoral response of all partners in Limpopo; **One** AIDS Coordinating Authority, with a broad based multi-sector mandate; and **One** agreed province level Monitoring and Evaluation System. The Limpopo Provincial AIDS Councils will be guided by the following values and principles in their functioning:

3.4.1. Values

- 3.4.1.1. Honesty;
- 3.4.1.2. Integrity;
- 3.4.1.3. Confidentiality;
- 3.4.1.4. Professionalism;
- 3.4.1.5. Accountability; and
- 3.4.1.6. Transparency.

³ UNAIDS. 2004. The Three Key Principles. www.unaids.org

3.4.2. Principles

- 3.4.2.1. A high standard of professional ethics must be promoted and maintained;
- 3.4.2.2. Efficient, economic and effective use of resources must be promoted;
- 3.4.2.3. Services must be provided impartially, fairly, equitably and without bias;
- 3.4.2.4. Transparency must be fostered by providing the public with timely, accessible and accurate information;
- 3.4.2.5. The public must be encouraged to participate in policy-making and their needs must be responded to; and
- 3.4.2.6. The Limpopo Provincial AIDS Councils must be accountable to SANAC.

Section 4

INSTITUTIONAL FRAMEWORK OF THE PROVINCIAL AIDS COUNCILS

4.1. Introduction

According to the NSP for HIV & AIDS and STI, the multi-sectoral national response is managed by governance structures at national, provincial, district and local levels. The implementing agencies of the PSP are the districts, local authorities, the private sector and non-governmental stakeholders. The Provincial AIDS Councils will be well positioned to strengthen these multi-sectoral responses at the provincial, district and local levels.

The Provincial AIDS Councils will be composed of governance structures as described below. These Councils are expected to work together collaboratively and with stakeholders to develop effective interventions to fight against HIV & TB and related conditions.

4.2. The Limpopo Provincial AIDS Council (LPAC)

4.2.1. Composition of the LPAC

The LPAC shall comprise of not more than fifty (50) members. The following representatives of government are *ex officio* members of the LPAC:

- 4.2.1.1 The Premier of the Province;
- 4.2.1.2 Members of the Executive Council;
- 4.2.1.3 Head of Department of Health;
- 4.2.1.4 Chairperson of Portfolio Committee on Health
- 4.2.1.5 The Director General of Limpopo Provincial Administration;
- 4.2.1.6 District Executive Mayors; and
- 4.2.1.7 Chair of South African Local Government Association (SALGA) in the Province.

4.2.2 The Premier shall be the chairperson of the LPAC and the deputy chairperson shall be appointed from civil society.

4.2.3 The Premier must, in writing appoint the following representatives from civil society and business from civil society and business to the LPAC:

- 4.2.3.1 Representative of the Business Sector;
- 4.2.3.2 Representative of the House of Traditional Leaders;
- 4.2.3.3 Representative of Traditional Health Practitioners;
- 4.2.3.4 Representative of Faith Organisations in HIV & AIDS Partnership;
- 4.2.3.5 Representative of Organized Labour;
- 4.2.3.6 Representative of the Community Based Organizations;
- 4.2.3.7 Representative of Institutions of Higher learning;
- 4.2.3.8 Representative of Men sector;
- 4.2.3.9 Representative of Women sector;
- 4.2.3.10 Treatment Action Campaign;
- 4.2.3.11 National Association of People Living with HIV and AIDS;
- 4.2.3.12 Representative of the Disability sector;
- 4.2.3.13 Representative of the Youth sector;
- 4.2.3.14 Representative of the Children's sector; and
- 4.2.3.15 Representative of the Sport and Entertainment sector;
- 4.2.3.16 Honorary members.

4.2.4 The LPAC may from time to time co-opt members for specific purposes.

4.2.5 The LPAC Secretariat and Technical Support

The Office of the Premier shall provide the coordination and secretariat services for the LPAC. The Department of Health shall provide technical support services.

4.2.6 Nomination and Appointment of LPAC

4.2.6.1 Nomination

- 4.2.6.1.1 Each organized sector of the civil society and business at the Provincial level must nominate two or more of its members to represent the sector in the LPAC.
- 4.2.6.1.2 The Secretariat must, six (6) months before the expiry of the term of office of the outgoing LPAC, send out the nomination forms to the sectoral stakeholders.

4.2.6.2 Appointment

The Premier shall, from the nominations received, appoint members of the LPAC in writing. The appointment shall take effect from the date determined by the Premier.

4.2.7 Functions of the LPAC

The Limpopo Provincial AIDS Council shall have the following functions arranged in themes:

4.2.7.1 Advisory

Advise the Limpopo Provincial Governments on policy issues related HIV & TB. Identify and recommend appropriate research to inform the needs and impact of the provincial responses to the HIV & AIDS epidemic.

4.2.7.2 Guidance

Provide an overall guidance on the implementation of the National HIV & TB Strategic framework and Provincial Strategic plan as well as other related plans.

4.2.7.3 Resource Mobilization

Mobilize resources for the implementation of the HIV& TB Provincial Strategic plan. Strengthen partnership for multi-sectoral provincial response among government agencies, NGOs, donors, private sectors and people living with HIV & AIDS.

4.2.7.4 Coordination

Coordinate implementation of HIV & TB strategies within the Province. Facilitate the strengthening of institutional capacity for the implementation of the provincial response.

4.2.7.5 Monitoring and Evaluation

Monitor and evaluate the implementation of HIV & TB Provincial Strategic Plan and related plans. Monitor and evaluate the activities of the District and Local AIDS Councils. Monitor the periodic review of the provincial HIV & TB and related strategic plans in line with emerging scientific and socio-economic evidence and information.

4.2.7.6 Participation

Participate and lead in developing activities and programmes to coincide with important international and national HIV & TB calendar events, not limited to STI & Condom Week, World TB day, Candlelight Memorial, Red Ribbon month, and World AIDS day.

4.2.8 Terms of office of the LPAC

4.2.8.1 The term of office of the LPAC members shall be a period of five years.

4.2.8.2 The Premier may, after consulting the relevant organized sector of civil society, re-appoint a member of the LPAC without following the nomination process.

4.2.8.3 Where a member of the LPAC has been appointed to replace a member who was in office, the appointed member shall be a member

of the LPAC for the remaining period of the outgoing and/or resigning member.

4.2.8.4 At the end of the term, the serving members of LPAC shall remain in office until the appointment of new members by the Premier.

4.2.8.5 When a member of the specific sector in the LPAC is no longer serving that particular sector, the member shall be replaced through the nomination processes.

4.2.9 Meeting of the LPAC

4.2.9.1 The LPAC shall meet at least once every quarter.

4.2.9.2 The LPAC shall from time to time, if need be, convene to address incidental matters.

4.2.9.3 A quorum for the meeting of the LPAC shall be fifty percent plus one of the members of the LPAC.

4.2.9.4 If the meeting does not form a quorum after the expiry of thirty minutes the meeting will be postponed for a period not exceeding thirty days from the date of the postponement.

4.2.9.5 A member who absents him/herself for three consecutive meetings without a written apology shall be considered to have expelled him/herself as a member of the LPAC.

4.2.10 Disqualification of membership of LPAC

No person shall be appointed as a member of the LPAC if that person–

4.2.10.1 is under age of eighteen (18) years;

4.2.10.2 is an unrehabilitated insolvent;

4.2.10.3 has been declared by a competent court to be of unsound mind; or

4.2.10.4 has been charged and sentenced to imprisonment for a term without the option of a fine.

4.2.11 Dissolution of the LPAC

- 4.2.11.1 A member of the LPAC who proposes the dissolution of the LPAC shall forward a memorandum to the Chairperson of the LPAC and such memorandum must be supported by at least one third of the members of the DAC
- 4.2.11.2 There shall be two-thirds majority of members of the LPAC in a special convened meeting to approve the dissolution of the LPAC.
- 4.2.11.3 The resolution dissolving the LPAC must be supported by a two-thirds majority of members present.

4.2.12 Honorary membership and awards

- 4.2.12.1 The LPAC council may within its area of jurisdiction recognize member(s) of the community who have dedicated themselves to the HIV & TB services in the community and accept them as honorary member of the LPAC;
- 4.2.12.2 A list of HIV & TB honorary members shall be developed and updated by each AIDS Council;
- 4.2.12.3 A person who qualifies in terms of a criteria for honorary membership shall be recognized at the general meeting of the LPAC; and
- 4.2.12.4 Honorary member(s) shall be given responsibilities from time to time to facilitate and promote HIV & TB programmes in the Province.

4.2.13 The LPAC Technical Committee

4.2.13.1 Composition of the LPAC Technical Committee

The technical committee shall comprise of members not exceeding fifty (50). The following persons are members of the technical committee of the LPAC:

- 4.2.13.1.1 The Director-General, as the chairperson of the LPAC technical committee;
- 4.2.13.1.2 The Head of the Department of Health, as the deputy-chairperson of the technical committee;
- 4.2.13.1.3 Heads of Provincial Departments; and

4.2.13.1.4 District Municipal Managers.

4.2.13.2 The Premier must, in consultation with the LPAC, appoint representatives from the non-governmental and other sectors to the Technical Committee

4.2.13.3 The Department of Health shall provide coordination and secretariat services to the LPAC technical committee.

4.2.14 Meeting of the LPAC Technical Committee

4.2.14.1 The LPAC technical committee shall meet at least once a month.

4.2.14.2 A quorum for the meeting of the technical committee shall be fifty percent plus one of the members of the committee.

4.2.14.3 If the meeting does not form a quorum after the expiry of thirty minutes the meeting will be postponed for a period not exceeding thirty days from the date of the postponement.

4.2.14.4 A member who absents him/herself for three consecutive meetings without a written apology shall be reported to LPAC

4.2.15 Functions of the LPAC Technical Committee

The functions of the LPAC technical committee are to –

4.2.15.1 Provide technical guidance and advice to the AIDS Council;

4.2.15.2 Prepare reports and documentation for the AIDS Council;

4.2.15.3 Report regularly to the Council on issues of planning, policy implementation, monitoring and evaluation of provincial responses;

4.2.15.4 Ensure implementation of resolutions of the AIDS Council;

4.3 District AIDS Council (DAC)

4.3.1 Composition of the DAC

The DAC shall comprise of not more than fifty (50) members appointed in writing by the District Executive mayor. The Chairperson of the DAC shall be the District Executive mayor and the Deputy Chairperson must be a representative of a civil society sector. The following representatives from government are *ex-officio* members of the DAC:

4.3.1.1 Representatives of Tiers of Government

- 4.3.1.1.1 District Executive Mayor;
- 4.3.1.1.2 District Municipal Manager;
- 4.3.1.1.3 District heads of Provincial Departments;
- 4.3.1.1.4 Executive/Mayors of Local municipalities; and
- 4.3.1.1.5 Chairpersons of District and Local Health portfolio committees;

4.3.1.2 The District Executive Mayor must, in writing appoint the following representatives from civil society and business to the DAC:

- 4.3.1.2.1 Representative of the Business Sector;
- 4.3.1.2.2 Representative of the House of Traditional Leaders;
- 4.3.1.2.3 Representative of Traditional Health Practitioners;
- 4.3.1.2.4 Representative of Faith Organisations in HIV & AIDS Partnership;
- 4.3.1.2.5 Representative of Organized Labour;
- 4.3.1.2.6 Representative of the Community Based Organizations;
- 4.3.1.2.7 Representative of Institutions of Higher learning;
- 4.3.1.2.8 Representative of Men sector;
- 4.3.1.2.9 Representative of Women sector;
- 4.3.1.2.10 Treatment Action Campaign;
- 4.3.1.2.11 National Association of People Living with HIV and AIDS;
- 4.3.1.2.12 Representative of the Disability sector;
- 4.3.1.2.13 Representative of Youth sector;
- 4.3.1.2.14 Representative of the Children's sector;

4.3.1.2.15 Representative of the Sport and entertainment sector; and

4.3.1.2.16 Honorary members.

4.3.1.3 The Council may from time to time co-opt members for specific purposes.

4.3.2 The DAC Secretariat and technical support services

The District municipality shall provide the coordination and secretariat services. The Department of Health at district level shall provide technical support services.

4.3.3 Nomination and Appointment of DAC

4.3.3.2 Nomination

4.3.3.2.1 Each organized sector of the civil society and business at the district level shall nominate two or more of its members to represent the sector in the DAC.

4.3.3.2.2 The Secretariat shall, six (6) months before the expiry of the term of office of the outgoing DAC, send out the nomination forms to the sectoral stakeholders.

4.3.3.3 Appointment

The District Executive Mayor shall, from the nominations, appoint non *ex officio* members of the DAC. The appointment shall take effect from the date determined by the District Executive Mayor and must be in writing.

4.3.4 Functions of the DAC

The District AIDS Council shall have the following functions arranged in themes:

4.3.4.2 Advisory

Advise the Local Governments on policy issues related HIV & TB. Identify and recommend appropriate research to inform the needs and impact of the provincial responses to the HIV & AIDS epidemic.

4.3.4.3 Guidance

Provide an overall guidance on the implementation of the HIV & TB Provincial Strategic plan and District operational plan as well as other related plans.

4.3.4.4 Resource Mobilization

Mobilize resources for the implementation of the HIV & TB Provincial Strategic plan in consultation with the LPAC. Strengthen partnership for multi-sectoral provincial response among government agencies, NGOs, donors, private sectors and people living with HIV & AIDS.

4.3.4.5 Coordination

Coordinate implementation of HIV & TB strategies within the District. Facilitate the strengthening of institutional capacity for the implementation of the multi-sectoral response.

4.3.4.6 Monitoring and Evaluation

Monitor and evaluate the implementation of HIV & TB Provincial Strategic plan and related plans. Monitor and evaluate the activities of the District and Local AIDS Councils. Monitor the periodic review of the provincial HIV & TB and related strategic plans in line with emerging scientific and socio-economic evidence and information.

4.3.4.7 Participation

Participate and lead in developing activities and programmes to coincide with important international and national HIV & TB calendar

events, not limited to STI & Condom Week, World TB day, Candlelight Memorial, Red Ribbon month, and World AIDS day.

4.3.5 Term of office of the DAC

- 4.3.5.2 The term of office of the DAC members shall be a period of five years.
- 4.3.5.3 The District Executive Mayor may, after consulting the relevant organized sector of civil society, re-appoint a member of the DAC without following the nomination process.
- 4.3.5.4 Where a member of the DAC has been appointed to replace a member who was in office, the appointed member shall be a member of the DAC for the remaining period of the outgoing and/or resigning member.
- 4.3.5.5 At the end of the term, the serving members of DAC shall remain in office until the appointment of new members by the District Executive Mayor.
- 4.3.5.6 When a member of the specific sector in the DAC is no longer serving that particular sector, the member shall be replaced through the nomination processes.

4.3.6 Meetings of the DAC

- 4.3.6.2 The DAC shall meet at least once every quarter.
- 4.3.6.3 The DAC shall from time to time, if need be, convene to address incidental matters.
- 4.3.6.4 A quorum for the meeting of the DAC shall be fifty percent plus one of the members of the DAC.
- 4.3.6.5 If the meeting does not form a quorum after the expiry of thirty minutes the meeting will be postponed for a period not exceeding thirty days from the date of the postponement.
- 4.3.6.6 A member who absents him/herself for three consecutive meetings without a written apology shall be considered to have expelled him/herself as a member of the DAC.

4.3.7 Disqualification of membership of the DAC

No person shall be appointed as a member of the DAC if that person –

- 4.3.7.1 is under age of eighteen (18) years;
- 4.3.7.1 is an unrehabilitated insolvent;
- 4.3.7.2 has been declared by a competent court to be of unsound mind;
or
- 4.3.7.4 has been charged and sentenced to imprisonment for a term without the option of a fine.

4.3.8 Dissolution of the DAC

- 4.3.8.1 A member of the DAC who proposes the dissolution of the DAC shall forward a memorandum to the chairperson of the DAC and such memorandum must be supported by at least one third of the members of the DAC.
- 4.3.8.2 There shall be two-thirds majority of members of the DAC in a special convened meeting to approve the dissolution of the DAC.
- 4.3.8.3 The resolution dissolving the DAC must be supported by a two-thirds majority of members present and such memorandum must be supported by at least one third of the members of the DAC.
- 4.3.8.4 The resolution taken in accordance with clause 4.3.10.3 must be submitted to the LPAC for approval.

4.3.9 DAC Technical Committee

The technical committee is the administrative and technical organ of the DAC. The technical committee shall comprise of members not exceeding forty (40) appointed in writing by the District Executive Mayor. The following members shall constitute the technical committee of the DAC –

- 4.3.9.1. The District Municipal Manager (as the chairperson);
- 4.3.9.2. The District Head in Department of Health (as the deputy chairperson);
- 4.3.9.3 District municipality, Director Community services;
- 4.3.9.4 District HIV & TB coordinators of all provincial Departments;
- 4.3.9.5 District HIV & TB coordinators of all national Departments;
- 4.3.9.6 Local Municipality managers; and
- 4.3.9.7 The technical committee will include representation from the non-governmental and other sectors as deemed necessary by the DAC.
- 4.3.9.8 The Department of Health shall provide coordination and secretariat services to the DAC technical committee.

4.3.10 Meeting of the DAC Technical Committee

- 4.3.10.1 The DAC technical committee shall meet at least once bi-monthly.
- 4.3.10.2. A quorum for the meeting of the technical committee shall be fifty percent plus one of the members of the committee.
- 4.3.10.3 If the meeting does not form a quorum after the expiry of thirty minutes the meeting will be postponed for a period not exceeding thirty days from the date of the postponement.
- 4.3.10.4 A member who absents him/herself for three consecutive meetings without a written apology shall be reported to DAC

4.3.11 Functions of the DAC Technical Committee

The functions of the DAC technical committee are to -

- 4.3.11.1 Provide technical guidance and advice to the AIDS Council.
- 4.3.11.2 Prepare reports and documentation for the AIDS Council.
- 4.3.11.3 Report regularly to the Council on issues of planning, policy implementation, monitoring and evaluation of provincial responses.
- 4.3.11.4 Ensure implementation of resolutions of the AIDS Councils.

4.4 Local AIDS Council (LAC)

4.4.1 Composition of the LAC

The LAC shall comprise of not more than fifty (50) members. The following representatives of government are *ex officio* members of the LAC:

4.4.1.1 Representatives of Tiers of Government

- 4.4.1.1.1 Local Executive Mayor or Mayor (as the chairperson);
- 4.4.1.1.2 Municipal Manager;
- 4.4.1.1.3 Representatives of Provincial Departments at local level;
- 4.4.1.1.4 Executive/Mayors of Local municipalities;
- 4.4.1.1.5 Chairperson of Local Health portfolio committee; and
- 4.4.1.1.6 Minimum of two (2) and maximum of six (6) councillors shall be nominated to be members of the LAC.

4.4.1.2 Representatives of organizations of civil society

The Executive Mayor/ Mayor must appoint, in writing, the following representatives as members of the LAC:

- 4.4.1.2.1 Representative of the Business Sector;
- 4.4.1.2.2 Representative of the House of Traditional Leaders;
- 4.4.1.2.3 Representative of Traditional Health Practitioners;
- 4.4.1.2.4 Representative of Faith Organisations in HIV & AIDS Partnership;
- 4.4.1.2.5 Representative of Organized Labour;
- 4.4.1.2.6 Representative of the Community Based Organizations;
- 4.4.1.2.7 Representative of Institutions of Higher learning;
- 4.4.1.2.8 Representative of Men sector;
- 4.4.1.2.9 Representative of Women sector;
- 4.4.1.2.10 Treatment Action Campaign
- 4.4.1.2.11 National Association of People Living with HIV and AIDS;
- 4.4.1.2.12 Representative of the Disability sector;
- 4.4.1.2.13 Representative of Youth sector;

- 4.4.1.2.14 Representative of the Children's sector;
- 4.4.1.2.15 Honorary members; and
- 4.4.1.2.16 Representative of the Sport and entertainment sector.

4.4.2 The members must be appointed in writing by the Local Executive Mayor/ Mayor. The chairperson of the LAC shall be the Local Executive Mayor and the Deputy Chairperson shall be a representative of a civil society sector.

4.4.3 The Council may from time to time co-opt members for specific purposes.

4.4.4 The LAC Secretariat and technical support services

The Local municipality shall provide the coordination and secretariat services. The Department of Health at district level shall provide technical support services.

4.4.5 Nomination and Appointment of LAC

4.4.5.1 Nomination

4.4.5.1.1 Each organized sector of the civil society and business at the local level shall nominate two or more of its members to represent the sector in the LAC.

4.4.5.1.2 The Secretariat shall, six (6) months before the expiry of the term of office of the outgoing LAC, send out the nomination forms to the sectoral stakeholder

4.4.5.2 Appointment

The Executive mayor or Mayor shall, from the nominations, appoint members of the LAC in writing. The appointment shall take effect from the date determined by the Executive mayor or Mayor.

4.4.6 Functions of LAC

The Local AIDS Council shall have the following functions arranged in themes:

4.4.6.1 Advisory

Advise the Local municipality on policy issues related HIV & TB. Identify and recommend appropriate research to inform the needs and impact of the provincial responses to the HIV & AIDS epidemic.

4.4.6.2 Guidance

Provide an overall guidance on the implementation of the HIV & TB Provincial Strategic plan and local operational plan as well as other related plans.

4.4.6.3 Resource Mobilization

Mobilize resources for the implementation of the HIV & TB Provincial Strategic plan in consultation with the DAC. Strengthen partnership for multi-sectoral provincial response among government agencies, NGOs, donors, private sectors and people living with HIV & AIDS.

4.4.6.4 Coordination

Coordinate implementation of HIV & TB strategies within the Local municipality. Facilitate the strengthening of institutional capacity for the implementation of the multi-sectoral response.

4.4.6.5 Monitoring and Evaluation

Monitor and evaluate the implementation of HIV & TB Provincial Strategic plan and related plans. Monitor and evaluate the activities of the implementers and other partners at local level. Monitor the periodic review of the provincial HIV & TB and related strategic plans in line with emerging scientific and socio-economic evidence and information.

4.4.6.6 Participation

Participate and lead in developing activities and programmes to coincide with important international and national HIV & TB calendar events, not limited to STI & Condom Week, World TB day, Candlelight Memorial, Red Ribbon month, and World AIDS day.

4.4.7 Term of office of the LAC

- 4.4.7.1 The term of office of the LAC members shall be a period of five years.
- 4.4.7.2 The Executive mayor / mayor may, after consulting the relevant organized sector of civil society, re-appoint a member of the LAC without following the nomination process.
- 4.4.7.3 Where a member of the LAC has been appointed to replace a member LAC who was in office, the appointed member shall be a member of the LAC for the remaining period of the outgoing and/or resigning member.
- 4.4.7.4 At the end of the term, the serving members of LAC shall remain in office until the appointment of new members by the Executive mayor / Mayor.
- 4.4.7.5 When a member of the specific sector in the LAC is no longer serving that particular sector, the member shall be replaced through the nomination processes.

4.4.8 Meetings of the LAC

- 4.4.8.1 The LAC shall meet at least once every quarter.
- 4.4.8.2 The LAC Technical committee shall meet at least once bi-monthly.
- 4.4.8.3 The LAC shall from time to time, if need be, convene to address incidental matters.
- 4.4.8.4 A quorum for the meeting of the LAC shall be fifty percent plus one of the members of the LAC.
- 4.4.8.5 If the meeting does not form a quorum after the expiry of thirty minutes the meeting will be postponed for a period not exceeding thirty days from the date of the postponement.

4.4.8.6 A member who absents him/herself for three consecutive meetings without a written apology shall be reported to LAC.

4.4.9 Disqualification of membership of the LAC

No person shall be appointed as a member of the LAC if that person –

- 4.4.9.1 is under the age of eighteen (18) years;
- 4.4.9.2 is an unrehabilitated insolvent;
- 4.4.9.3 has been declared by a competent court to be of unsound mind; or
- 4.4.9.4 has been charged and sentenced to imprisonment for a term without an option of a fine.

4.4.10 Dissolution of the LAC

- 4.4.10.1 A member of the LAC who proposes the dissolution of the LAC shall forward a memorandum to the chairperson of the LAC and such memorandum must be supported by at least one third of the members of the LAC.
- 4.4.10.2 There shall be two-thirds majority of members of the LAC in a special convened meeting to approve the dissolution of the LAC.
- 4.4.10.3 The resolution dissolving the LAC must be supported by a two-thirds majority of members present and such memorandum must be supported by at least one third of the members of the DAC.
- 4.4.10.4 The resolution taken in accordance with clause 4.4.10.3 must be submitted to the LPAC for approval.

4.4.11 The LAC technical Committee

The technical committee shall comprise of members not exceeding forty (40) appointed in writing by the Executive Mayor or Mayor. The following members shall constitute the technical committee of the LAC:

- 4.4.11.1 The Municipal Manager (as the chairperson);
- 4.4.11.2 The representative of Department of Health (as the deputy chairperson);
- 4.4.11.3 Local municipality, Director Community services;
- 4.4.11.4 Representatives of all Provincial Departments at local level;
- 4.4.11.5 Representatives of all of all national Departments at local level;
- 4.4.11.6 The technical committee will include representation from the non-governmental and other sectors as deemed necessary by the LAC.

The Department of Health at District level shall be the secretariat of the LAC technical committee.

4.4.12 Meeting of the LAC Technical Committee

- 4.4.12.1 The LAC technical committee shall meet at least once bi-monthly.
- 4.4.12.2 A quorum for the meeting of the technical committee shall be fifty percent plus one of the members of the committee.
- 4.4.12.3 If the meeting does not form a quorum after the expiry of thirty minutes the meeting will be postponed for a period not exceeding thirty days from the date of the postponement.
- 4.4.12.4 A member who absents him/herself for three consecutive meetings without a written apology shall be reported to LAC.

4.4.13 Functions of the LAC Technical Committee

The functions of the LAC technical committee are to:-

- 4.4.13.1 Provide technical guidance and advice to the AIDS Council;
- 4.4.13.2 Prepare reports and documentation for the AIDS Council;
- 4.4.13.3 Report regularly to the Council on issues of planning, policy implementation, monitoring and evaluation of provincial responses; and
- 4.4.13.4 Ensure implementation of resolutions of the AIDS Councils.

The Limpopo Provincial AIDS Councils will be composed of the following institutions: the Limpopo Provincial AIDS Council (LPAC), the District AIDS Councils (DACs) and the Local AIDS Councils (LACs) - these are expected to work together collaboratively.

Section 5

PROVINCIAL HIV & TB PROGRAMMES

5.1. Introduction

The Limpopo AIDS Councils are expected to take a lead in supporting and coordinating standing and planned HIV & TB related programmes to help in reaching the goals and objectives on the Provincial Strategic Plan (PSP). The following standing programmes among others are to be implemented in the Province.

5.2. Standing Programmes

The standing programmes are as follows:-

- 5.2.1. Social Mobilization and partnership
- 5.2.2. HIV Counselling and Testing (HCT)
- 5.2.3. TB programme
- 5.2.4. Lay Counsellor Program (LCP)
- 5.2.5. Prevention of Mother to Child Transmission (PMTCT)
- 5.2.6. Post Exposure Prophylaxis (PEP)
- 5.2.7. Comprehensive Care Management Treatment and Support (CCMT)
- 5.2.8. Sexual Transmitted Infections (STIs)
- 5.2.9. High Transmission Areas (HTA)
- 5.2.10. Home and Community Based Care (HCBC)
- 5.2.11. People Living with HIV (PLHIV) Support Groups
- 5.2.12. Orphans and Vulnerable Children (OVC)
- 5.2.13. HIV&TB workplace programme
- 5.2.14. Medical male circumcision (MMC)

5.3. Key Priority Areas

The AIDS Councils will focus on the following key priority areas in support of HIV & TB programmes:-

- 5.3.1. Governance
- 5.3.2. Prevention Programmes
- 5.3.3. Care, Support and Treatment programmes
- 5.3.4. Human rights and Access to justice
- 5.3.5. Research, monitoring and evaluation

5.4. Standing Committees

The AIDS Councils may from time to time establish standing and / or ad-hoc committees. There shall be without exclusion the following standing committees for each AIDS Council:-

- 5.4.1. Resource mobilization
- 5.4.2. Monitoring and Evaluation
- 5.4.3. Communication Committee

5.5. Ad-Hoc programmes

There shall be, from time to time, HIV & TB ad-hoc programmes that are critical to be addressed within the province and will be handled as follows:

- 5.5.1. HIV & TB programs from national to the province and/or from province to local municipalities, which were not part of the year programme, shall be decided for any implication and implementation by the relevant AIDS council.
- 5.5.2. The ad-hoc programmes, from other levels by shall be accompanied by other financial and other requisite support from the transferring level(s).

SECTION 6

MONITORING AND EVALUATION FRAMEWORK

6.1. Introduction

Increasingly monitoring and evaluation has become a significant aspect of functionality of the AIDS Councils. The NSP 2007-2011 recognises Monitoring and Evaluation (M&E) as an important policy and management tool. National, provincial and district level indicators to monitor outputs, outcomes and impact will be used to assess collective effort in implementing the Provincial Strategic Plan.

AIDS Councils as governance structures shall monitor and evaluate the activities of the HIV & TB programmes and assess the impact of the multi-sectoral interventions in line with the expected outcomes in their respective areas of operation and influence. In addition to taking a leading role in the monitoring and evaluation of the PSP related initiatives, the Councils shall monitor and report on the implementation of the Policy Framework itself.

6.2. Monitoring Oversight

Regarding monitoring and evaluation the NSP 2007-2011 outline the following:

- 6.2.1. The NSP mandates the SANAC's Monitoring and Evaluation task team to establish a mechanism for coordinating inputs from the various sectors at the national level, therefore the LPAC to do as such at the Provincial level.
- 6.2.2. This mechanism is expected to work in close collaboration with the Government wide Monitoring & Evaluation system operating nationally and provincially.

- 6.2.3. Each sector is required to develop a monitoring schedule that ensures that common definitions and standards are developed and that the necessary capacity is available for the M&E of the sector.
- 6.2.4. The LPAC is expected to take leadership in developing a monitoring and evaluation framework in the province in collaboration with the DACs, LACs and other multi-sectoral stakeholders.
- 6.2.5. The LPAC (and the DACs and LACs) shall assess the state of readiness of existing M&E mechanisms in all sectors and gather the baseline for all indicators for the Province.

6.3. Monitoring and Evaluation Framework

The LPAC and its associated councils will develop its M&E framework in line with national indicators in the following manner:-

- 6.3.1. The Monitoring and Evaluation Framework for the Provincial Strategic Plan will consist of two interlinked sets of indicators which are primary and secondary indicators. The first set of primary indicators will cover all priority areas of the PSP to measure the outcomes of the plan.
- 6.3.2. The second set of comprehensive indicators will cover all objectives and interventions of the PSP for detailed ongoing monitoring.
- 6.3.3. Both the sets of indicators will include standard tools (prescribed reporting templates, data collection mechanisms and schedules etc) to ensure that sectors have a systematic mechanism for monitoring.
- 6.3.4. Each sector will report to LPAC twice a year on sector specific indicators in the form of mid year and end of the year reports.

6.4. Reporting Schedule

- 6.4.1. The AIDS Councils reporting schedule will be in line with the national reporting schedule.
- 6.4.2. The mid-term review of the PSP will be conducted in the third year of its implementation by AIDS Councils.
- 6.4.3. The final review of the PSP will be conducted in the fifth year of its implementation.
- 6.4.4. The development of the new PSP will be conducted concurrently with the final review of the implementation of the PSP.

The Limpopo AIDS Councils are expected to take a lead in supporting and coordinating standing and ad hoc HIV & TB related programmes to help in reaching the goals and objectives on the Provincial Strategic Plan (PSP)Section 6

SECTION 7

HUMAN AND FINANCIAL RESOURCES CONSIDERATIONS

7.1. Introduction

The implementation of this Framework including the operations of the AIDS Councils will require both human and financial resources.

7.2. Financial Resources

7.2.1.1 Financial resources are required in order to enable the AIDS Councils to carry out their mandates. This will include but not be limited to:-

7.2.1.2 Procuring technical expertise to develop plans, strategies and Monitoring & Evaluation system.

7.2.1.3 Payment of subsistence, travelling and sitting allowance of eligible members of the AIDS Councils.

7.2.1.4 Payments of administrative costs and social mobilisation initiatives.

7.2.1.5 The funds and assets of the AIDS Councils must be managed and accounted for in terms of the provisions of the Public Finance Act, 1999 (Act No.1 of 1999) and the Municipal Finance Management Act, 2003 (Act No. 56 of 2003).

7.3. Human Resources

7.3.1. The Office of the Premier will be the leading department in terms of the coordination of the LPAC operations.

7.3.2. The District and local municipalities will coordinate the operations of AIDS Councils at district and local level.

7.3.3. The AIDS Councils shall source human resources with the requisite expertise at various levels to support the operations of the AIDS Councils.

7.4. Capacity Development

- 7.4.1. Members of the AIDS Councils shall within three months of appointment be capacitated on their functions.
- 7.4.2. Members of the technical committee shall within two months of appointment be capacitated on their functions.
- 7.4.3. The human resources responsible for the coordination of AIDS Councils shall undergo induction and other related trainings.
- 7.4.4. All stakeholders of the AIDS Councils shall be capacitated on an ongoing basis.

The establishment and operation of the Limpopo AIDS councils must give attention to the issues of human and financial resources.

ACKNOWLEDGEMENTS

The Office of the Premier acknowledges all stakeholders who participated in the development of the Limpopo Provincial AIDS Council Framework, among others, government departments, organs of civil society, and developmental partners.