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HIV/Aids policy: communication between provincial and local levels in the North-West Province – does it work?

ABSTRACT

In approaching and addressing HIV/Aids, policies should play a major role in orchestrating the country's attempt to fight the pandemic. Policies on the HIV/Aids issue are mainly formulated at national and provincial levels and there are supposed to be instructive and applicable at local level. Therefore, in this paper, we focus on the communication between provincial and local levels with regard to the HIV/Aids policy in general and the policy documents in particular.

Thus, our objectives are the following: to describe a few theories briefly i*n* order to provi*de* a theoretical perspective on policy; to discuss the South African policy on HIV/Aids and the Aids council system in the North-West; to describe the situation at local and provincial levels, with the local level envisaged as the site where policy is implemented; and to provide insights into the way in which communication is working or not working between provincial and local levels, as far as effective policy formulation and implementation are concerned.

The findings confirm that there is a large gap between the provincial and local levels. Within the district of Potchefstroom, the knowledge, interpretation and meaning of provincial policy documents are varied and fragmentary. Although a policy is perceived to be a guideline for the Local Aids Council (LAC), most organisations, represented on the LAC, do not experience governmental policy as a guideline for their HIV/Aids programmes and activities.

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1.   INTRODUCTION

South Africa is one of the countries with the highest number of people who are HIV positive. The causes are familiar ones, magnified by apartheid and the protracted struggle to achieve majority rule *(S*choepf, 2001). It seems, however, as if the seriousness of the messages has not penetrated sufficiently to the target audiences, and the implementation of the strategies is flawed in one major way or another because "implementation of all the plans and strategies is a big problem", according to the former chairperson of the Local Aids Council (LAC) of Potchefstroom. The premier of the North-West also labelled this epidemic as "the most important challenge facing South Africa since the birth of our new democracy" (NWPCA, 2000:6).

Since the first antenatal care surveillance of 1991, the prevalence of HIV/Aids has increased, not only in South Africa as a whole, but specifically in the *No*rth-West. The prevalence among pregnant women increased from 1% in 1991 to 25% in 2001 (DOH, 2002). Furthermore, whereas only three cases of the people infected with the virus were reported in 1987, there were more than 3000 reported cases by the end of 1998 (NWPCA, 2000:7).

The success or failure of the diverse HIV/Aids campaigns differs from country to country and even from region to region within one country due to diverse problems (UNAIDS, 2000:8-11). Some of these problems or stumbling-blocks are related to, amongst others, ambiguous policies and inappropriate strategic plans, ineffectual co-operation and organisational management between and within the implementing agencies, a lack of good communication skills as well as an insensitivity to the cultural norms and beliefs of the community (Shell, 2000:23-25). It is recognised that only three developing countries, namely Cuba, Thailand and Uganda, have succeeded in stemming the HIV/Aids tide. According to Shell (2000:22), two features are uppermost: their states led aggressive, well-organised HIV-awareness programmes while Cuba and Thailand launched the earliest possible interventions.

The North-West government indicated the same approach when they established a Working Document in October 2000 with several programmes to deal with the ever-increasing problem of HIV/Aids. According to the North-West Aids-strategy document, Aids Councils should be established on three levels: 1 Provincial Council on Aids (PCA), 4 District Aids Councils (DACs) and 18 Local Aids Councils (LACs) (increased to 22 in September 2003). The 4 RACs and the PCA are supposed to facilitate the formation of the LACs, provide the necessary technical support, monitor the LACs, build capacity and mobilise funds (NWPCA, 2000:8-10). The LACs and member organisations like NGOs, CBOs, businesses and churches are supposed to implement the strategies within the communities.

In approaching and addressing HIV/Aids, policies should play a major role in orchestrating the country's attempt to fight the epidemic. Policies on the HIV/Aids issue are mainly formulated at national and provincial levels and they are supposed to be instructive and applicable at local level. According to our research findings, there is a large gap between the provincial and local levels. At local level, the knowledge, interpretation and meaning of provincial policy documents are varied and fragmentary. Therefore, in this article, the focus is on the communication between provincial and local levels with regard to the HIV/Aids policy in general and the policy documents in particular. Thus, the objectives are the following:

- to provide a general theoretical perspective on policy;
- to discuss the South African policy on HIV/Aids and the Aids council system in the North-West Province;
- to describe the situation at local and provincial levels, with the local level envisaged as the site where policy is implemented; and
- to provide insights into the way in which communication is working or not between provincial and local levels, as far as effective policy formulation and implementation are concerned.

2. RESEARCH METHODS

Firstly, a literature study was conducted to identify relevant theoretical perspectives on policy in general. Secondly, of policy documents were analysed to obtain a perspective of the South African HIV/Aids policy. The following documents were analysed: the HIV/AIDS/STD Strategic Plan for South Africa 2000-2005, the HIV/AIDS and STDs working document for the North-West Province, the Provincial Council on Aids Act, as well as available documents from organisations represented on the LAC. The analyses focused on the following questions: What is the general line or trend of the policy? How should HIV/AIDS be approached? What are the role and function(s) of the LAC? In how much detail is (are) the function(s) described?

The analysis enabled the team to present patterns and trends in the policy documents. In relation to these emerging trends, similarities and differences as well as fragmentation can later be observed through a reflective process, in relation to meanings that people ascribe to policy. The research project is significantly based on the need to articulate the meanings given to policy as it develops and is articulated within the broader national framework.

Thirdly, to obtain a picture of the local level where policy is supposed to be implemented, the LAC of Potchefstroom was selected as a case study. According to the former CEO of the PCA, the LAC of Potchefstroom is one of the "better" (sic) functioning LACs in the

province. If this assumption is true, this LAC would then provide an indication of possible best practices with regard to policy implementation. To collect the data, two methods were used: participant observation (two researchers became members of the LAC and attended their meetings), and semi-structured interviews. Twenty-two semi-structured interviews were conducted with "general members" of the LAC of Potchefstroom. It is not clear what exactly constitutes a general member. People were invited to become members. However, there is no fixed membership list. The number of members who attended meetings differed from one meeting to another over a period of three years. Data was collected from 26 organisations (NGOs, CBOs, Faith based organisations (FBOs), government departments, private businesses, and corporate organisations, etc.) which are represented in the LAC. The executive committee consists of ten elected members.

The interviews were taped, transcribed verbatim and organised in a common format. Each interview was checked by a controller, printed and filed as hard copies. These copies were used for the qualitative analysis. Firstly, we undertook a close reading of each to familiarise ourselves with the content and to gain an understanding of the repeating themes. After the close reading, the relevant information on policy issues was summarised under the following broad categories: knowledge of policy documents, general line of the policy, the approach to HIV/Aids, and general. As this is part of a larger research project, only the above categories were selected, guided by the research questions. The reduced data was interpreted by means of synthesis, where the relationships between relevant categories were reconstructed to provide insight into their views on policy issues. The sub-processes approach of Miles and Huberman (1994:8-15, see also De Vos, 1994:340-345) was followed in the analysis.

3.   POLICY

3.1 Policy theory

The analysis of public policy is of a rather recent origin. Until the eighties, functionalist or rational points of view dominated in scientific theory on the subject (McCool, 1995, Rosenthal et al., 1996). According to those views, a policy is a tool for top-down regulation, through incentives and sanctions. In this way, a policy is an intrinsically technical, rational and action-oriented instrument that decision makers use to solve problems and effect change. The policy process is conceived as a linear process of "problem identification, formulation of solutions, implementation, evaluation and feedback". In the last two decades, most policy scientists have acknowledged that it is useful to a certain extent to approach a policy from a functionalist and rationalist point of view, but that it provides a far too simple framework for studying the complex processes that are inherent in a policy. More attention is given to the ambiguities, insecurities and unlinear processes of policy (Rosenthal, et al., 1996; Hoogerwerf, 1998).

Scientists like anthropologists Shore and Wright (1997) have a more fluid definition of policy. They ask (Shore & Wright, 1997:5) in their contribution to the volume Anthropology of Policy:

> Is [policy] found in the language, rhetoric and concepts of political speeches and party manifests? Is it the written document produced by government or company officials? Is it embedded in the institutional mechanisms of decision making and service delivery? Or is it whatever people experience in their interactions with street-level bureaucrats?

The importance of these questions lies in the fact that Shore and Wright denounce policy as being something "static". They suggest that policy is not solely a document that has to be executed. It is also not politically and ideologically neutral, although this is often the perception created by the objective language of policy documents. Policy has to be perceived as a changing and contested construction: it is made under certain circumstances, implemented under certain circumstances, constantly changing, and interpreted and used differently by the different actors who have to work with the given policy. People who have to implement policy give meaning to a policy in a certain way, depending on the specific circumstances and the context. When one tries to understand the way in which people interpret policy, and the way in which they convert or 'translate' policy (consciously or unconsciously) in order to be able to work with it, one can understand why things happen the way they do. That is to say, why certain things go wrong or just work well, why certain things are understood and others not. Or why official policy is sometimes not used at all as a guiding principle, even when this should be the case. According to our synthesis, in this case, policy is indeed not to be found in formal documents, but rather in a spoken form realised during meetings of the LAC and in the day to day functioning within the programmes of each organisation (see the conclusion).

In literature, one finds many definitions of policy, and it seems there is no comprehensive definition for public policy (McCool, 1995). For example, Nakamura and Smallwood (as quoted in Rist, 1994:548) define policy as a set of instructions from governmental policy makers to policy implementers that spell out both the goals and the means for achieving those goals. In addition, Hoogerwerf (1998:23) defines policy as the effort to reach certain goals with certain means within certain timeframes. In this research, we prefer the commonly used definition, namely that public policy is a course of action (Oxford English Dictionary, 2001). This course of action is at the same time a process (actions) as well as a product (plans and outcomes of plans and actions). In the next two sections, a distinction is drawn between actual "policy" itself (among others as materialised in documents) and the so-called "policy process" (with the focus on implementation).

3.2 Forms of policy

When policy is a course of action, this course of action needs to be articulated and made public in some way. In this respect, the best known ways of articulating policy are the policies in documents. However, as Shore and Wright have pointed out, there are also other forms in which policy is given expression. Generally speaking, one can distinguish between two categories for the various forms of policies. These forms can be categorised as "formal" and "informal" policy. Informal policy refers to the course of action as it is expressed, shared, handed down and negotiated by means of meetings, speeches, minutes, statements and "experiences with street level bureaucrats" (Shore and Wright, 1997:5). Informal policy is very dynamic and difficult to grasp. However, informal policy plays an important role at the lower levels such as provincial and local governments, as was also the case with the LAC in Potchefstroom.

> "There are a whole lot of policies, written at national level, that just remain on paper, and don't really filter down in a good way. At provincial level, the de facto policy making is not on paper. You can describe it as policy, but it is not written down" (non-member of the LAC, political scientist).

Formal policy refers to the course of action as it is expressed in official documents, such as Acts, strategic plans, draft policies, etc. The formal policy is much more static than the informal policy. Policy documents are often the static outcomes of dynamic policy development processes. Nevertheless, policy documents are also regularly changed, revisited and supplemented.

Formal policy is influenced by informal policy and vice versa. The boundaries between the two categories are not always clear. Both formal and informal policies constitute what we will call the "general policy line". The general policy line is the sum of the effects by which the issue of policy is approached. In other words, both the statements of politicians and the strategic plans of the Department of Health (DOH) constitute the general policy line on HIV/Aids in South Africa. The policy form that prevails depends on the circumstances and the extent of the policy. Communicating policy top-down is one such factor; another is how it is received, interpreted and implemented at lower levels.

3.3 Policy implementation

In policy sciences, it has become widely acknowledged in the last few decades that a clear distinction between policy formulation and policy implementation is not achievable when analysing the policy process (see Barrett and Fudge, 1981; Hanekom, 1994; Rist, 1994; Rosenthal, et al., 1996; Lazin, 1998). The phases of problem identification, formulation, implementation, evaluation and feedback are intertwined.

Policy development and implementation are not discrete events, and it is almost impossible to draw a distinction between "development" and "implementation". It is part of a complex process, which has multiple trajectories without clear demarcations. What is implementation? The putting into practice of decisions made by policy formulators? Or the application of the chosen means for the chosen goals (Hoogerwerf, 1998)? Is there a relationship between what is happening on the ground and what policy "says"?

The institutional basis for policy communication and implementation is weak or absent in many structures in South Africa. It is said that this "institutional gap" constitutes one of the most important barriers to effective governance (see Bornstein, 2000; Cameron & Tapscott, 2000; Marais, 2001). Communication takes place within institutional levels, hardly between them. By means of meetings, talks, workshops, speeches and discussions, policy takes shape at each level and in each institution. In this process, certain things are emphasised and others are omitted. As a consequence, interpretation and meaning are fragmented. None of the actors is a "free agent" but all are bound within their own context and its limitations of organisational culture and power relations (Majone & Wildawsky as quoted in Maarse, 1998:110).

A policy has to be perceived as a changing construction as it is developed and implemented under certain circumstances. Because a policy is interpreted differently by individuals who have to implement it, it becomes difficult to understand what the policy means.

It could also be argued that a policy that claims to be democratic and participatory in its intent can be read and problematised with recognition of the efficacy of the deployment of knowledge and power in myriad, highly complex and often contradictory ways. Here it becomes important to realise that as much as devolution implies the apparent empowerment of those at grass roots levels, it is also with much contradictions, justified as a means of achieving the goals of those who occupy dominant positions in the contemporary configuration of knowledge power.

In this research project, we seek to understand the meanings given to the organising behaviour of the Local Aids Council. The policy is often justified with reference to rational decision-making processes. Weick (1969:9) has suggested that references to rationality within the process of organising serve to make control possible. This can easily be understood as an important functional need, given, for instance, the financial discipline that is required of organisations that serve the general public.
The idea of control can also be justified by the fact that organisation in Local Aids Councils involves people who often cannot justify their behaviours with reference to formal authority or with reference to structural factors such as economic factors.

Significant numbers of those involved are volunteers who hardly have any knowledge of formal policy (documents) and have a restricted view of broader societal developments. For these reasons, an important challenge lies in reaching an understanding of the collective mind represented in the care and heedful behaviour of those whose interlocking organising behaviours are the subject of analysis.

One observes the irony of looking upon policy (which is a model of reality) to be able to make sense of reality. Postmodern thought could warn against the possibility of privileging the model above the ground, equating the model with its reality. On the other hand, working on the real thing, as opposed to its map, is problematised by the difficulty of identifying it. Reality is in the meanings that people create. We seek to identify in the relevant policy documents a possible shared map of reality that those involved (may) use in their perceived needs for specified and shared objectives as they approach the HIV/Aids pandemic.

In this view, it is interesting to look at the similarities and differences in meaning with regard to the objectives and the functioning of the LACs in relation to the policy documents. In the context of the HIV/Aids crisis and ongoing power struggles, it is easy to recognise the difficulty of determining the role of the Local Aids Council structures, for example: What is the LAC supposed to do?

It might have become clear that our starting point is to see policies on the Aids council structures and related bodies firstly as social constructions. In the theory on policy and policy implementation, there are not many theorists who use the concept of social or meaning construction explicitly. The few exceptions are authors such as Steinberger (1980) and Shore & Wright (1997). However, most policy theorists admit that, particularly during the implementation phase, dynamic processes take place with regard to the interpretation of policy objectives and strategies, and 'organising action' (Barrett & Fudge 1981, Hoogerwerf 1998). Therefore, we need to take a close look at the context at provincial level.

4. CONTEXT: NORTH-WEST PROVINCIAL POLICY

4.1 The District Aids Council and Local Aids Council systems

Since the beginning of 2000, the first initiatives were taken to set up Aids councils in the North-West province. The establishment of the councils took place at different times during the course of 2000; some regions or municipalities were faster with the process than others. The Provincial Council on Aids was launched in October 2000. The last levels of the Aids council system to start functioning were the DACs, which were established

between the end of 2001 and the beginning of 2002. At the beginning of 2003, there were 18 LACs, 4 DACs and 1 PCA in the North-West province. The extent to which the different councils are functioning and the nature of their activities differ considerably within the province. Some councils do not function at all, some are still in the starting phase and others are already at a more "advanced level" (Minutes of PCA, 2003). The LAC of Potchefstroom is part of the DAC of the Southern Region, also called the Southern Region Aids Council (SRAC). Compared to other regions, the Aids councils of the Southern Region are functioning, in the sense that they meet two to four times a year. According to the minutes of the PCA (February, 2003), two of the four DACs are not functioning.

4.2 The main actors in the North-West province

The main actors at provincial level are the provincial Department of Health (DOH), in particular its HIV/Aids/STD directorate; the Office of the Premier; and the Provincial Council on Aids (PCA).

The main actors at regional level are the regional DOH and the four DACs. The DAC is supposed to form an "umbrella" for the LACs. The main actors at the local level are the district and municipal DOHs, the local LACs and the different stakeholders involved in HIV/Aids programmes in the relevant municipality.

4.3 Context of the national policy on HIV/Aids

HIV/Aids policy formulation in the North-West Province takes place within the context of the broader national policies and debates on the epidemic. In order to gain a proper understanding of what is happening at provincial level, it is firstly necessary to discuss the national level briefly.

HIV/Aids has become a severe health and social problem for South Africa. Criticism is often levelled at the South African government for not responding in a credible fashion to this problem (Schneider & Stein, 2001; Grimwood, et al., 2001; Whiteside & Sunter, 2000). The response is characterised as hesitant and slow. Additionally, the government has not approached HIV/Aids in a clear and straightforward manner. Take for example the well-known statement of president Thabo Mbeki who has questioned the causal relationship between the virus and Aids, which has led to confusing debates. At the same time, however, the national strategic HIV/Aids plans of South Africa, in which the policy on HIV/Aids is spelled out, are quite highly appraised. Although they are considered to be a little over-ambitious, the plans are generally perceived as "comprehensive" and "clear" (May, 2000; Schneider & Stein, 2001; Kenyon, 2002; Friedman, et al., 2002). In other words, the general perception is that the actual problem is not the country's

policy on HIV/Aids (as spelled out in documents), but the way in which the government and other parties deal with this policy. Despite the existence of a clear government policy, national plans are apparently not efficiently interpreted (Friedman, et al., 2002:187). In particular, problems and difficulties in the implementation phase of the policy are stressed: despite a comprehensive national HIV/AIDS/STD Strategic Plan for South Africa, HIV prevalence has continued to increase, indicating inadequate implementation of the plan (Kenyon, et al., 2002:1).

If the policy is not the problem, what then is the problem with the implementation of the policy? Is the policy as clear and comprehensive as is suggested? Moreover, does it actually matter whether policies are clear and comprehensive, or are there other things at stake that might be more influential than the policy itself in the implementation phase?

4.3 Trends in HIV/Aids policy

The call for an intersectoral and multisectoral approach to HIV/Aids, in which an important role is assigned to the local level, has been in line with broader governmental and policy developments since 1994. Before that, the government was characterised by vertical, exclusive and hierarchical structures. South Africa's transition to democracy saw clearly recognisable shifts towards more open and inclusive (governmental) structures. "Participation", "development" and "co-operation" have become the latest buzzwords.

With regard to policy, both the processes and the substantive policy objectives have changed. The "new era" created the opportunity for policy innovation, changing both the content and the direction of policies. Additionally, there was a shift towards more consultative and participatory policy processes. Consecutive "clearing houses" along the policy stream were established, such as community forums (often linked to political parties such as the ANC), public participation forums, departmental forums and task groups, parliamentary portfolio committees, etc. were established. These forums show an endeavour to communicate with people at all levels, in a "sphere" of horizontal relations (Hattingh, 1998).

However, as praiseworthy as the new developments may sound, it appeared to be very difficult to transform the government structures and to internalise the new ways of approaching "governance". The administrations at provincial and local levels in particular experience many logjams, due to poor financial resources, the duplication of services and functions between the spheres of government, problems and conflicts in and between administrations, the lack of the capacity of the councillors and officials, and backlogs in service delivery and infrastructure.

Furthermore, although it may appear that aspects of federalism are present in the allocation of powers to the provinces, federalism is, in fact, absent from the constitution. The relations between the government and the provinces are based on purely unitary principles (Hattingh, 1998; Reddy, 1999). This is why "pseudo" federalism is often referred to. In spite of official documents and speeches claiming the opposite, various factors even suggest an increasing upwards dependency and vertical intergovernmental relations (Booysen & Erasmus, 2001).

Since the nineties, there has been a shift from a narrow bio-medical, epidemiological approach to HIV/Aids to a more holistic approach. HIV/Aids is perceived as a disease with socio-economic dimensions, and the epidemic is being fuelled by factors such as poverty and unemployment (Lush, 1999).

HIV/Aids is a responsibility of all departments and sectors in society, not only of the Department of Health (DOH). However, the interdepartmental and intersectoral approach gets off the ground very slowly. The DOH remains the most dominant government institution with regard to HIV/Aids-related matters. Most HIV/Aids programmes and activities remain located in, or strongly linked to, the national, provincial and local DOHs (Hickey, 2001; Schneider & Stein, 2001).

4.4 The North-West provincial policy on HIV/Aids

In South Africa, the national government sets the legislative and executive norms via frameworks, standards or policy legislation. It is in this regard that the important national guideline for the approach towards HIV/Aids, namely the HIV/AIDS/STD Strategic Plan for South Africa 2000-2005, referred to as the 2000 Plan (DOH, 2000), is adopted.

The provinces are obliged therefore to adopt the national policy norms, standards and legislation. Only thereafter do the provinces have an important legislative role in their own right. Provincial governments are, in general, given narrower, more matter-specific powers incorporating legislative power over all local government matters. Whereas policy-making is essentially a function of the national government, provincial and local governments bear much of the responsibility for implementation and financing (Booysen & Erasmus, 2001; Ngwena & Van Rensburg, 2002).

After their policy research, Ngwena and Van Rensburg (2002:78) concluded that "[t]he aims and objectives of provincial HIV/Aids policies and activities generally follow those of national government". Our readings of other provincial documents, especially the North-West provincial policies, confirm this conclusion. Thus, in terms of policy documents, it can be stated that the North-West province follows the line as set out by

the national 2000 Plan, and it seems that no specific provincial or local authority approach to the HIV/Aids policy is developed. This is remarkable, since provinces and local authorities have a certain space in which they can adjust and supplement national policy.

With regard to Potchefstroom, it should be mentioned that the local authorities work according to the provincial policy line on HIV/Aids, although there is no document that outlines a specific approach to HIV/Aids for the Potchefstroom area.

4.5 The North-West provincial policy on the Aids council system

At national level, the 2000 Plan is the only document that informs the South African National Aids Council (SANAC) specifically and the Aids council system in general. However, the given information is minimal. The North-West province has developed its own plans, structure and legislation with regard to the Aids council system. Thus, whereas the North-West province has not been innovative with regard to its provincial policy on HIV/Aids, it has been quite innovative with regard to the development and structuring of the Aids council system in the province.

There are a few documents that deal with the Aids council system. The two most important documents in this respect are the HIV/Aids and STDs working document for the North-West Province - in this article referred to as the PCA Working Document (NWPCA, 2000), and the Provincial Council on Aids Act - in this article referred to as the PCA Act (NW Provincial Gazette, 2001). Both documents stress the importance of a multi-sectoral approach. The PCA Working Document mentions the societal sectors that should be represented at every level of the council system, such as NGOs; FBOs; traditional healers; businesses; government departments; private medical practitioners and hospitals; organised labour; the media; the sports, art and entertainment sector; the youth; women's organisations; the chamber of business; representatives of NAPWA (National organisation for people living with Aids) and civics organisations. Those sectors correspond with the sectors that have to be represented in SANAC, as mentioned in the 2000 Plan (DOH, 2000: 14). However, the reality at LAC level showed that not all the prescribed sectors are involved in HIV/AIDS programmes or willing to be part of the LAC system, while other organisations who are running HIV/AIDS programmes are not included.

There are other less comprehensive and sometimes outdated documents, which inform in some way about the Aids council system in the North-West province. These documents are directed, among others, at finances, funding and the establishment of the Aids council system. The PCA has also compiled some documents in which its mission, objectives and strategies are described (NWPCA, 2002a, 2002b, & 2002c). The PCA obviously receives

the most attention in various documents. Not much is written about the role, responsibilities and regulations of the LACs. Additionally, what is written remains very general: "the LAC shall carry out activities as may be delegated to them by the PCA" (NW Provincial Gazette, 2001:15).

Virtually no information is available on the DACs. The LAC in Potchefstroom itself, at the time of the research, had no documents of any importance at its disposal to outline its particular aims, objectives, strategies or planning. In this respect, the LAC depends on the directives set out by the PCA.

4.6 The role of the LAC as expressed in policy documents

What is the actual relation between the LAC and governmental policies? According to the policy documents (NWPCA, 2000; NW Provincial Gazette, 2001), the LACs are supposed to have a guiding and co-ordinating role in the policy implementation process. In this respect, the LACs play a role as an intermediary between the policy-formulating and policy-implementing phase. The different governmental and non-governmental organisations and departments at local level are supposed to be the implementing agencies. In the documents, it is not spelled out how this intermediary role of the LAC should be interpreted precisely. This vacuum in the role description of the LACs leaves much space for the different stakeholders to have their own perception of "guiding" and "co-ordinating" the implementation of the policy. As will be described in the following paragraphs, the stakeholders have divergent opinions. The actual relation of the LAC with the governmental policy and the actual role of the LAC are not clear. According to the respondents, there is also confusion on whether the LAC should initiate or implement programmes or simply co-ordinate the existing programmes.

5. FRAGMENTED INTERPRETATION AND MEANING AT LOCAL LEVEL

The lack of clarity and role description referred to above came to the fore during the empirical research. In the following paragraphs, the synthesis of the collected data will be discussed.

When asked about the importance of governmental policy on HIV/Aids and the Aids council system, most of the respondents indicated that governmental policy plays an important role in the functioning of the LAC. It might seem that there is consensus among the different stakeholders. However, exactly at this point, conflicting perceptions began to arise. Some respondents think that policy is a relevant guideline for the LAC, but not necessarily for their own organisation and programmes. Thus, there are differences in the meaning given to the policy. Some respondents stressed the importance of policies

(also by explicitly mentioning specific documents), but it turned out that they had never read or seen the documents. However, when looking at the particular respondents' ideas and programmes, it can be said that they somehow fit within the priority areas and strategies set out, for example, in the 2000 Plan. These are prevention, education, awareness, monitoring, research, and human and legal rights.

Generally, there does not seem to be much knowledge or appreciation of policy documents. Many activities fit into governmental priority areas, probably more by co-incidence than by well-considered planning. From this empirical research, it becomes evident that knowledge of policy documents does not naturally imply that people have internalised this knowledge and translated the knowledge into their programmes.

5.1 The policy documents

With regard to the policy on HIV/Aids, over half of the respondents mentioned the national 2000 Plan (DOH, 2000). Provincial policy documents on HIV/Aids were rarely mentioned. Additionally, the majority of respondents stated that the 2000 Plan served as a guideline for the activities and programmes of the LAC. However, very few respondents had actually ever read or seen the 2000 Plan.

> "I've not laid my hands on it [the 2000 Plan]. But I know there is one…" (PCA general member, business sector).

In the office of the LAC, there was no copy of the 2000 Plan, and it seemed that none of the stakeholders had one. Nevertheless, the respondents seemed quite informed about the priority areas of the national HIV/Aids policy.

With regard to the policy on the HIV/Aids council, the LAC in Potchefstroom is dependent on the input of the PCA. The LAC of Potchefstroom did not have at its disposal a document in which its role (mission, vision and objectives) is described. Neither, did it have documents in which any form of planning or time schedules were laid down. In mid-2002, an organisational advice bureau was hired to help the LAC to compile a mission statement and a related plan. The result was a draft document of 24 pages (LAC Potchefstroom, 2002). The District Health Manager refused to pay the bureau the R6000 they charged for it and the document disappeared into a drawer.

Thus, the only written frame of reference the members of the LAC have with regard to the role of the LAC are the documents described earlier, the most important of which are the PCA Working Document (NW PCA, 2000) and the PCA Act (NW Provincial Gazette, 2001). The respondents also referred to these documents as guidelines for the LAC, and

particularly stressed the importance of the PCA Act. However, again, few respondents had actually read or seen the PCA Working Document and the PCA Act. Additionally, most of the respondents could not say in which way exactly the PCA Act could serve as a guideline for the LAC.

Specific policy documents of the local government have never been mentioned during interviews or meetings. Other documents that are mentioned, other than the 2000 Plan, the PCA Working Document and the PCA Act, differ from organisation to organisation. For example, the Department of Education (DOE) of Potchefstroom works with policy set out by the provincial DOE. The Abraham Kriel Children's Home works with the standard guidelines set out by the national Department of Social Welfare. Hospice works with its own mission and objectives, which are probably partly adopted from the national Hospice organisation. The HIV/Aids co-ordinator of an industrial enterprise says that the enterprise does not work with the national 2000 Plan. Thus, with regard to policy interpretation and the meanings given to formal policy at LAC level, it was not really possible to reach a final conclusion because of the lack of "real knowledge" of the documents. This in itself is the possible reason for the creation of their own "informal policy" within the LAC and within organisations. This creates fragmentation with regard to the interpretation and the implementation of a policy.

> "We implemented our own policy at the beginning of April… And so, basically, my job is to make sure that our policy is kept current and in compliance with national laws and regulations. But otherwise, the only policy that I have really explored is the Department of Education's policy on HIV/Aids." (LAC general member, business sector.)

An interesting feature is that many respondents do not refer to the national 2000 Plan, the PCA Working Document or the PCA Act by their correct name. Quite often the respondents had to be helped with recalling the name of a document. For example, in the quote below, the respondent tried to talk about the PCA Act. At the time of the interview, the PCA Act was enacted for more than half a year.

> "I'm not sure which [policy documents] are available, you see. […] I think there should be then some kind of document, I'm not sure how far that is, I know there was something drawn up, and it was discussed at a meeting, but I was late." (LAC executive committee member, NGO sector.)

Another respondent said the following about the PCA Working Document:

> "I remember it somewhere, that in the past we made a document on what [the LAC] is supposed to do. I think we must have a look at that, because that was clear… as I can remember." (LAC executive committee member, government sector.)

Governmental policy documents do not play a role in the daily functioning of this LAC or the related organisations. Very few members of the LAC have one or more documents at their disposal, and the LAC office has neither. During meetings, it rarely happens that someone refers to a particular document or passage, and a document never appears on the table.

When looking at the few available documents of the different organisations themselves (whether governmental or from the NGO sector) like business plans, funding proposals and mission statements, it is clear that a need for the correct or consequent use of terms, planning, set-up and lay-out is lacking. Documents lack information like the date and place of publishing, the authors and page numbers.

The use of words in documents, during meetings and in interviews shows an "empty" adaptation of terms; talking about "co-ordination" as form, without content. When content is mentioned, it happens in a rather generalised, non-specific way. Alternatively, they attach different interpretations to the same word. Terms like "mission", "vision", "objectives", "outcome", "strategies", "input" and "output" are frequently used and confused. Aspects like authority, responsibilities, finances and timeframes are rarely spelled out.

5.2 The general policy line

As mentioned above, generally speaking, most of the respondents thought that a policy on HIV/Aids and the Aids council system was important. Additionally, most of the respondents agreed implicitly or explicitly with the line of the current policy. That is to say, there was not one respondent who said that he or she did not agree with the current policy line on HIV/Aids as expressed in documents or as expressed by government officials. The stances of the ANC government on anti-retrovirals and the prevention of mother-to-child-transmission (PMTCT) are experienced as an exception.

According to the policy documents, the different governmental and non-governmental organisations and departments are the agencies that are supposed to implement the programmes and policies. Most organisations do not agree. Respondents from sectors other than the government indicated that they did not use the national or provincial policy on HIV/Aids for their own organisation's activities. Instead they said, for example, that their organisation's programmes and focus areas originated from the needs of the community and were not directed by governmental plans. Thus, many organisations do not use the formal policies of the government.

Quite a number of organisations are dependent on some kind of local governmental support, be it by means of funding, incidental donations or in-kind support (like

information materials, transport services and venue provision). As a result, organisations find themselves implementing programmes that are in a certain sense in line with governmental programmes, to receive any kind of funding or support.

The Family and Marriage Society of South Africa (FAMSA) is one of the few organisations in Potchefstroom that is not linked to the government by means of financial support or in-kind support.

5.3 The approach to HIV/Aids

The North-West provincial approach to HIV/Aids follows the national 2000 Plan, in accepting the socio-economic dimension of HIV/Aids and in accepting that the epidemic has been fuelled by factors such as poverty and unemployment. The majority of the respondents view HIV/Aids as an interrelated problem. Respondents mention different aspects such as political and historical issues, social problems and sexual behaviour as having an influence on the spread of HIV. Virtually all the respondents agreed that HIV/Aids had an impact on all aspects of the community, and that it should be approached holistically.

> "HIV is not only a health issue. It's more than just a health issue. It's a cultural issue. It's a behavioural issue. It's a social issue. It's… it's everything that you can name." (IAC general member, business sector.)

Most of the respondents agreed with the strategies used by the government, whereby the focus is on increasing people's knowledge of HIV/Aids to change people's sexual behaviour (in other words, prevention by means of awareness and safe sexual behaviour). Only a few respondents held divergent opinions:

> "People are aware about this situation at this point in time, people do condomise, you know; some do abstain. […] The only struggle we still really did not win are the medicines. And in my own opinion, this is my own opinion now, we don't need Nevirapine, we don't need a condom, we need a vaccine… if we get a vaccine and when a child is born, we can vaccinate it, like we do against polio, and we vaccinate the child against Aids. I think we'll have it managed. Because these other things are too artificial, we can't go carrying around with condoms and so on. […] That's my own opinion. It should be something beautiful for the world, if a vaccine could be found out, I would be happy." (PCA executive committee member, business sector.)

5.3.1   HIV/Aids as a poverty issue

Most of the respondents had the perception that, in some way, poverty was related to Aids.

> "Maybe that's the reason why the people sleep around anyway, 'cause they've got nothing to live for." (LAC executive committee member, nurse.)

> "Poverty is a very important issue for the LAC. […] The LAC is against poverty, because poverty leads to prostitution, prostitution leads to Aids, and Aids leads to death!" (LAC CLO, in a speech during a function.)

5.3.2   HIV/Aids as a historical and moral issue

The following quote summarises to a certain extent the view of some of the respondents:

> "Aids is also a moral issue… now the question really is, is this only in South Africa or is this an international thing? The question is, with all the suffering and the apartheid in this country… But I don't know whether we should bring blame everything on apartheid. When you look at the Indian and so-called coloured people, there is still a standard of… you know, a moral standard. But now you go to our townships, I'm sorry about that, but the explanation from their side is 'yes, it's apartheid'. They have been hocked together, grouped together, putting many people in small shacks, a lot of people in one room. Mother and father went to go and work the whole day. Leaving the children alone. People have no moral standards anymore, and apartheid is to blame for that." (LAC, chief liaison officer - CLO)

5.4 The influence of national debates

Although most members are in agreement with the general policy line set out in documents and advocated by provincial and local government bureaucracy, it does not mean that they agree with all the viewpoints of the politicians as they occur at political level.

The ANC has an overwhelming majority in the province, and provincial and local government officials try to avoid open critique, but they also seem not to support the ANC dissident stances on HIV/Aids. The provincial Member of the Executive Council (MEC) for Health, who is also an ANC member, said at the first anniversary of the PCA in 2001:

> "In the battle against HIV/Aids, there can be no room for political point scoring and brinkmanship. […] HIV causes Aids and Aids is increasing among our people." (NW PCA, 2001b:3.)

In Potchefstroom, virtually non of the respondents support the stances of the ANC on PMTCT and Nevirapine, regardless of whether the respondents are from the NGO, business or government sectors. However, there have never been any substantive protests against the non-availability of anti-retrovirals or Nevirapine in Potchefstroom. The rather radical actions and campaigns of the Treatment Action Campaign (TAC) to demand the supply of anti-retrovirals hardly touched Potchefstroom. Additionally, there are no lively debates and discussions related to the anti-retroviral and dissident issues at local level. People only say that they are "disappointed" in the ANC government at these points, or they express a lack of understanding:

> "When we are with physicians together during the coffee break, we talk about the same issues as Mbeki. Whether HIV causes Aids, what happens, what is that virus doing exactly? We maybe have the same doubts and discussions as Mbeki […] But we don't talk with our patients about this. It is a discussion for professionals, for scientists. It's a private conversation." (IAC, physician.)

> "I just know they don't want to give us Nevirapine for the mothers. Why, why are they still keeping it back? What actually do they want to do? I don't know." (IAC executive member, government sector, nurse)

> "HIV/Aids is a political thing. We read about it, we see it on television, and the messages are contradicted. […] I cannot say it makes things more difficult, because we know what we are doing, we know what the community wants. Nevertheless, we should be careful. What we say should not confuse the community." (IAC general member, government sector.)

There are several Nevirapine pilot sites in the North-West province, but there is none in Potchefstroom. Still, as the STI/HIV/Aids co-ordinator of the DOH pointed out in mid-2002, the health services in Potchefstroom have prepared themselves and are ready to roll out Nevirapine at any time. Before the court verdict that the government has to roll out Nevirapine, in spring 2002, the District Health Manager of the DOH in Potchefstroom said the following during an interview about Nevirapine:

> "Our community has pointed out Nevirapine as one of the highest priorities. Now the provincial government has its own point of view, not to roll out this drug, following the national government. There are numbers of reasons for this, each treatment costs a lot, the treatments take a long time, and so on. And the municipality is standing in between. We have to meet to the needs of the community, but also to those of the province. You understand, as a local authority we're only to a certain extent autonomous."

This quote of the District Health Manager highlights the "powerless" position that this local authority holds. They are closest to the communities, but have virtually no legal power to make and implement their own policies, thereby influencing the provincial policy line on HIV/Aids. Policy formulation happens at provincial level and local authorities only have an implementing function.

Although subdued criticism is voiced from time to time, most of the respondents were rather positive about the role and the activities of the government with regard to HIV/Aids.

> "I think that government has tried its best. […] According to the speech of the MEC for finance, 204 million rand was put aside for Aids activities. So, when a province puts so much money on something, it means they are serious about it." (PCA executive committee member, business sector.)

> "…the North-West province really tries to do something." (IAC, social scientist.)

It is interesting to note that the chairperson of the PCA mentioned at their meeting on 18 March, 2003 that 3.7 million rand was unspent for the 2002-2003 financial year. This might be the reason why one member said:

> "It is with so many things in this country… the policies are excellent, but it's the question whether the words come off the paper." (IAC, general member, NGO sector.)

The criticism is also directed at the dominant and "top-down" role of the government, in particular the DOH, in the field of HIV/Aids. In addition, it is said that government officials do not listen to the people at ground level.

6.   CONCLUSIONS

Most people are convinced of the need to work with a clear policy on the HIV/Aids epidemic. Within all institutional contexts, people formulate policies, be they formal or informal policies. However, it appears that communication between levels and institutional contexts is highly fragmented because of different meanings on how to interpret policy documents and guidelines. From this research in the North-West province, it becomes clear that this situation leads to much misunderstanding and miscommunication, which can be experienced as frustrating for people at all levels. At provincial level, people do not understand why their policies and guidelines are not followed and implemented. At local level, the people involved in HIV/AIDS programmes do not know the detail of the policies or otherwise feel restricted in their activities and

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opportunities. This causes problems with regard to strategies, means, objectives and the financing of programmes. There is no effective co-ordination and the member organisations simply do what they think is appropriate.

The consequence is that at this specific local level, where results should eventually be featured, people "shape" their own policies and programmes during meetings, informal talks, speeches and activities, etc. At local level, the written formal policies and guidelines of provincial (and national) level do not play an active role. However, parts of the formal policies are in the minds of certain members, who interpret and apply them as they wish. This reality at grassroots level proves the view of anthropologists Shore and Wright to be accurate, namely that policy is a changing and contested construction, made under certain circumstances, implemented under certain circumstances, constantly changing, and interpreted and used differently by the different actors who have to work with the given policy (Shore & Wright, 1997:5). Policy in this case is not something "static", but rather "dynamic"; not "formal" but rather "informal".

Another consequence is that people at this local level do not know, or at least do not agree on, how to define the role, functions and tasks of the LAC. The amount of energy required and many frustrations keep people from being sufficiently active in co-ordinating and collaborating the programmes. This sometimes causes unnecessary duplication and a waste of scarce resources, while existing gaps are not addressed. With regard to the HIV/Aids policy, the government at national and provincial levels should develop better communication strategies to reach the implementing agents and civil society. Otherwise, the policy documents will be merely "closed" documents locked up in a governmental cupboard.

The research findings indicate that a discrepancy exists between the structuring of the Aids councils and the existing organisational communication and culture at LAC level in Potchefstroom. The ambiguity exists because it is a governmental strategy and implemented structure at provincial level, where the idea is that public or civil society should own it. This is in line with the view of the Director of Health Care Programmes in the North-West, Mr Netshipale, who said during an interview: "Local Aids Councils need a culture of ownership". At present, people receive fragmented instructions from above but do not know exactly what to expect from provincial government. The system of Aids councils is organised, structured and communicated top-down. This should be the other way around, in order to really speak of a "culture of ownership". NGOs, CBOs, FBOs and other organisations involved should base their activities on the needs of the community, not on the needs (policy instructions) of the government. Such an approach will have a much more bottom-up character in communicating policy formulation and implementation, whether it concerns formal or informal policy.

Consistent with constitutional requirements, the Local Aids Council structures in the North-West province are envisaged as the site of implementation. This enables devolved, democratic participation. The national policy documents are similar in that they aim to provide directions on national priorities and on how they should be acted upon. In this respect, they encourage participation by all sectors of society. Additionally, one can observe the institutional requirement related to the management of finances or the important task of the monitoring and evaluation of the effectiveness of the action. In these instances, it has been observed that the government and its departments has adopted a rather authoritarian approach, which often has the guise of bureaucratic structuring and is clearly not in line with the policy declarations that advance democratic, participatory approaches.

Concerning the insufficient emphasis on the participatory orientation, it is particularly poignant given that the province appears to take the government position without much specific reference to a local situation or response analysis. This also suggests political power relations where national government dominates the provinces and they in turn dominate the local communities.

The position of the government in relation to the LAC can be queried by observing the dependence and interdependence relationships of the two. As officially a semi-governmental body, in reality the LAC is not independent or semi-independent at all. It depends heavily on the government and in particular on the DOH, with regard to finances, in-kind support (like transport and venues) and expertise.

Policy documents can quite easily be accused of being of little help when they are expected to detail time frames and specific details of action. It is not realistic to imagine being in a position where policy documents can clearly lay out all the requirements. However, when they do not detail these, then it must be expected that policy documents facilitate effective organisational action. It would be ideal if the policy documents could facilitate a move from individual to organisational action, which then moulds both the 'real world' and the policy documents to the required needs, taking into account all the similarities and differences in meaning.

Perhaps it may be necessary to pursue the merits of changing the policies, but in this eventuality, it should be recalled that the policy is only an accession to lend rationale to the desired organising behaviours, which can ironically not really be planned for because they relate to future events. To improve on policy formulation and implementation, provincial government should look closely at daily meaning construction processes between all the people involved. Interaction and communication are a necessary condition for mutual understanding and collective action.

In summary, it can be said that the keywords in the national and particularly in the North-West provincial government policies are multi- and inter-sectoral co-operation, community involvement and participation, but the ideal of participation did not materialise. The actual importance of formal policy documents is rather low for the members of the LAC. People are often poorly informed about the content of documents, and the documents do not play a role in the daily functioning of the LAC or related organisations. Still, policy is perceived to be a guideline for the LAC. Most organisations themselves do not experience governmental policy as a guideline for their programmes and activities. Nevertheless, most programmes and activities of the various non-governmental organisations are actually in line with government policy. That is to say, most programmes and activities are in the two priority areas of prevention and treatment, and care and support.

Finally, there is communication between provincial and local levels in the North-West province. Yes, it works to a certain extent, but it is far from balanced. Although the communication is mainly incidental and fragmented, it is mainly top-down. There is a great need not only to communicate effectively within organisations, but also between organisations and institutional levels in order to work towards similarities in meaning construction with regard to the objectives and functioning of the LACs.

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