LOCAL AIDS COUNCILS IN NORTH-WEST:
THE CONSTRUCTION AND COMMUNICATION OF MEANING
WITHIN THE CONTEXT OF OWNERSHIP AND ACCOUNTABILITY

Paul J. Schutte and Jan Boessenkool*

ABSTRACT

Many groups and individuals are working hard to come to grips with the phenomenon of HIV and Aids in all its complicated aspects, whether it is bio-medical, socio-cultural, gender related and/or socio-economic. One outcome is that governments try to structure and organise a counter-attack on a national, regional, district and local level. This organisational structuring is meant to facilitate and co-ordinate the action against HIV and Aids. Together with this organisational structuring go the hope and expectation for a resulting effective organisational culture. It is hoped that with the implementation of an organisational structure an organisational "culture of ownership and accountability" would develop. However, this does not seem to be the case. In this article the authors present this particular case and argue that the (implicitly) presupposed causality between an organisational structure and a culture of ownership did not realise, as there was and still is too much differentiation in the construction, interpretation and communication of crucial concepts and aspects concerning HIV and Aids. The empiric results confirmed this assertion.

BACKGROUND

The North-West government established a Working Document in October 2000, which included several programmes to deal with the ever-increasing problem of HIV/Aids. There was no comprehensive national policy or guidelines with regard to the Aids council system and the North-West Province took the initiative to develop its own policies. The two main documents which deal with the Aids council system are the *HIV/AIDS and STDs Working Document for the North-West Province* – in this article referred to as the *PCA Working Document* (North West PCA 2000), and the *Provincial Council on AIDS Act* – in this article referred to as the *PCA Act* (North West PCA Act, 2001). The *PCA Working Document* was published with the launch of the PCA in October 2000. It is a two-fold document consisting of a general HIV/Aids strategic plan for the North-West Province, and a section which addresses the Aids council system.

According to the North-West Aids-strategy document, Aids Councils should be established at three levels: the Provincial Council on Aids (PCA), four District Aids Councils (DACs) and eighteen Local Aids Councils (LACs). In September 2003, during the process of revitalisation, the PCA added four additional LACs. The four regional Aids Councils (DACs) and the Provincial Council on Aids were supposed to facilitate the formation of the LACs, give the necessary technical support, monitor the LACs, build capacity and mobilise funds (North West PCA 2000:8-10).

Since the beginning of 2000, the first initiatives were taken to set up councils in the North-West Province. The establishment of the councils took place at different times during the course of 2000, since some regions or municipalities implemented the process faster than others. The first Provincial Council on AIDS (PCA) was launched in October 2000. The last level of the AIDS council system to be formed were the District AIDS Councils (DACs), which were established between the end of 2001 and the beginning of 2002. The extent to which the different councils have been functioning as well as the number of their activities differ considerably in the province. Since the inauguration of the first PCA, a second PCA, with new members, was formed in 2003 and a third was inaugurated in September 2005. Ninety percent of the third group were new members.

Although the co-operation and interaction between the three levels have been researched, the main focus was on the LACs and member organisations that were supposed to co-ordinate and implement the strategies within their respective communities. Non-governmental organisations (NGOs), community-based organisations (CBOs), businesses, churches and other organisations that were members of the LACs were also included in the research. Although the research focused on the North-West Province, the national government's strategic documents on HIV/Aids prevention served as important sources of reference or benchmarks because these strategies are crucial as "vehicles" for the implementation of the strategies at local level.

These strategic documents or policies for the organisational structure seem clear, but their implementation is a different matter. At local level relations within and

communication between the implementing organisations who come together in LACs prove to be extremely complex and dynamic, withholding the development of a culture of ownership. Such an organisational culture is necessary for LACs to become efficient and effective. Studying Aids councils from an organisational communication perspective – LACs as social constructs – gives much insight in the efficiency and effectiveness of combating HIV and Aids at local level and therefore in the Aids council system as such.

Therefore, the research had two comprehensive questions:

What are the strategic and organisational strengths and weaknesses of two selected LACs, their member organisations and non-member organisations (not represented in the LACs) in the implementing of HIV/Aids programmes in the North-West Province?

How can the identified strengths be enhanced and the identified problems be rectified for optimal functioning of the LACs, in order to prevent the spread of HIV/Aids in a sustainable manner?

This article, though, focuses specifically on the creation of meaning as a result of the interactive communication between members at the same level, as well as members at different levels of the councils system to address HIV and Aids. Thus, the data has been analysed and interpreted within a particular framework.

THEORETICAL FRAMEWORK

HIV and Aids and development

Local Aids Councils involve governmental departments, businesses and civil society organisations of all types. This strategy leaves room for including several perspectives on HIV/Aids itself, for possible approaches and for interventions which might work very fruitfully and stimulate discussions and reflection. The interpretation of different issues, however, determines whose meaning finally proves to be dominant and whether and how meanings are communicated and accepted.

What is most relevant, effective and sustainable in which context? This question can only be answered when a clear picture is available of what the HIV/Aids phenomenon is all about. Any intervention that fails to address the broader issues of African social and economic life, are bound to fail. Worse, most prevention programmes have largely failed because the research behind them has focused primarily on "risk groups", behavioural change models, and flawed understandings of cultural practices (Kalipeni et al. 2004).

The predominant understandings of HIV/Aids are generated by biomedical and epidemiological research, without recognising that HIV transmission in sub-Saharan Africa is a complex and regionally specific phenomenon rooted in local economies, deepening poverty, migration, gender, conflict and cultural politics (Kalipeni et al. 2004). Many share the underlying message that Aids is not going to diminish in Africa until social, gender, and economic inequities are addressed in meaningful ways.

Of course, HIV/Aids can be caused by behavioural factors like unprotected sexual intercourse and biological factors such as the high prevalence of sexually transmitted diseases. Focus on sexual practices devoid of socioeconomic contexts and the emphasis on rational action models of behaviour change have led to implications that Africans only need to be more aware of Aids in order to change their behaviour (Craddock 2004:4). Surprisingly, a number of interviewees in a recent evaluation study in South Africa indicated that many adolescents are aware of the risks of unprotected sex and possible consequences. Most of them have relatives or know friends who are HIV-infected or have Aids, or worse, who have already died from the disease. Nevertheless they take the risk (Boessenkool et al. 2006).

Therefore one must understand underlying causes that relate to cultural, social-economic, political and religious factors such as poverty, migrant labour, commercial sex workers, political instability, the low status of women, illiteracy and the lack of formal education: "The real culprit is a context that condemns some people to risky behaviours that make them victims of a disease" (Oppong & Agyei-Mensah 2004: 81).

It should be accepted that the pandemic is a very complex and dynamic phenomenon in which the interrelationship between health, disease and the social environment is crucial: "People living with the pandemic see and explain it in a wider perspective that reflects reality on the ground. They see it as a cross-sectoral issue rather than a narrow medical problem" (Rugalema 2004: 203). Policies, strategies and activities must be embedded in local contexts in which the perceptions of the target groups should be leading for interventions.

Thus, LACs could play a major role when they have the power to combine local politics and initiatives with financial policies and national priorities. Explicitly, we contain the opinion that activities should have a sound local base, using community development needs as a starting point. Therefore, communication on Aids should in general be conceptualised within the context of development communication, by using the *participative approach*. This is an interactive approach, from *monological* to *dialogical* communication, where mutual deliberations should take place at all levels, so that communities may participate in decision making. Instead of an unbalanced monological one-way communication from the state or other institutions (top-down) which only focuses on the distribution of information, it should much rather take place in a dialogical way and in a broader health and development context. The Aids Councils must in effect perform the role of a public liaison practitioner to actively involve the passive community. According to Grunig and Grunig (1991:267) this would mean that communities have to recognise Aids as a problem, believe that they are personally involved in it and believe that they are empowered and able to do something about it. The communication strategy in the participative approach should be equal interactive participation or dialogical communication. Mutual understanding, discussion and the exchange of ideas are the primary focus, rather than mere persuasion.

Organisational perspective

In this research organisations and organisational processes have been the central focus of data gathering and analysis. It was, therefore, of paramount importance to identify the activities of the relevant organisations as well as the motivation behind these activities: the goals, the means, successes, failures, communication and co-operation with other role players.

All organisations, and thus their members, dealing with the HIV/Aids problem are involved in processes of creating meaning: issues relating to the *what* and *how* of the problem and probably the *way* to counteract it. If one wants to understand the actions and the functioning of these organisations one has to explore the organisational context, both internally and in relation to the environment.

Organisations are more than just a number of dimensions. It implies not only unity, but also diversity and is much more dynamic than is generally assumed. It should, therefore, involve the utilisation of a holistic approach to organisational life, which implies questions about social relations between organisational members and their (power) positions within the organisation as a whole. In and around organisations there are manifestations of all types of conflicts of interest. Conflicts of interest are battles between individuals, groups and sub-groups at different levels and from different origins. More powerful groups can by means of various implements impose their will on less powerful groups in terms of behavioural (cultural) regulations, selection mechanisms, merit, correctional systems and the issue of language. It is assumed that these kinds of conflicts of interest may exist in and between all organisations involved in the battle against HIV/Aids and therefore have an impact on their effectiveness.

The research approach from a social constructive organisational perspective has been inspired by the work of authors such as Robert Chia (1996), Barbara Czarniawska-Joerges (1992), Joanne Martin (1992, 2002), Mats Alvesson (1993, 1996, 2002) and Martin Parker (2000). Although these authors differ on certain issues, a common point of departure can be identified: they all perceive organisations as being "constantly changing (human) constructs", emerging from the interplay between the so-called formal and informal organisational aspects, not to be isolated from their environment (the contextual aspect).

It is therefore necessary to approach organisations not only as rationalistic goal-oriented constructs. In order to understand the actions of people in and between organisations one needs to view social relations and interactions between various organisational levels more closely. This reality, then, is inter-subjective because it occurs in communicative interactions between people. An individual acts and reacts on the basis of his or her social constructive meaning process, which is at the same time always a process of negotiation: "An organisation is a political system in that it constantly negotiates pluralistic meanings and forms coalitions" (Czarniawska-Joerges 1992:30).

Emphasis was placed on the permanent dynamic processes of constructing and negotiating meanings within and between the involved organisations in general and the LACs in particular. However, the question remains what the similarities and differences in meaning are regarding the objectives and functioning of LACs. These similarities and differences can be analysed in terms of integration, differentiation and fragmentation (Martin 1992, 2002). These concepts will be discussed later in more detail.

Within this framework organisations are studied as being the background of people's actions. This means that people are not involved in their organisations only to perform a function, as executors of rules, procedures and instructions. Rather, organisations consist of members who continuously construct meaning through their interactions as a base for their actions. As such, organisations are sense-making phenomena for their members. Members are not only working together but also living together; every day they communicate and act with each other and with members of other organisations. In total, all these interactions form organisational processes, and these *processes* imply processes of domination and power, of conflict and interest, of co-operation and co-ordination, and of the constructing and negotiation of meaning during communication and decision-making. According to Czarniawska-Joerges (1992:33): "Organisations, and their environment therefore, are enacted daily and socially constructed, due to the fact that any collective action requires a shared element of meaning. Meanings are thus created (both in social interactions and in interactions with artefacts and nature), deconstructed, negotiated and elaborated."

The problem is that enacting and constructing processes differ from individual to individual and meanings are never shared fully – not between different organisations, and not even within organisations. This causes different opinions on how LACs should function and how various activities could be co-ordinated in the best way, so that target groups are approached in a clear and efficient way. Because policy is part of the social construction process and because its enactment makes organisation possible, it is necessary to briefly consider some aspects of policy regarding HIV and Aids.

Policy: The quest for participation
The call for an inter-sectored and multi-sectored approach to address HIV/Aids, through which an important role is assigned to the local level, is also in line with broader governmental and policy developments since 1994. South Africa's transition to democracy was marked by clearly recognisable shifts towards more open and inclusive (governmental) structures. *Participation, development, co-operation* and *community involvement* have become buzzwords.

It is important to realise that the health policy landscape in South Africa is very broad and complex. This context is characterised by flux as government has sought to decentralise. Since 1994, the health system has experienced extensive restructuring of departments and units at national, provincial and local level, to decentralise government. Pillay (2001) observes that decentralisation may be defined as the shifting

of power from the centre to the periphery and that this can occur in manners which encompass de-concentration, devolution, delegation and privatisation.

Decentralisation is in line with the goals and intentions of the South African Constitution, which promotes participation based on the ideals of democracy. The constitutional imperative is for national government to act as the originator of general policy, but the provinces have authority to determine how policy is implemented:

The Constitution spells out the powers and functions of the three spheres of government that form the bedrock for the division of functions within the national health system. The provinces are charged with planning, regulating and providing health services with the exception of municipal health services. Local government or municipalities are responsible for the rendering of municipal health services (Pillay 2001: 276).

Shifts in policy formulation towards more participatory approaches demand shifts in all spheres of interrelationship. Such changes have been discerned in the entire health system in South Africa. Changes in policy can be discerned from the beginning of the nineties up to the present, in particular from narrow bio-medical, epidemiological approaches to more holistic, participatory approaches. HIV/Aids has increasingly been perceived as a disease with socio-economic dimensions and the epidemic has been fuelled by factors such as poverty, unemployment and the views and rights of the individual, which increasingly are becoming of more importance. One could argue that instituting a democratic, participatory ethos takes time. Most HIV/Aids programmes and activities remain located in or strongly linked to the national, provincial and local Departments of Health (Hickey 2001; Schneider & Stein 2001). Here it becomes important to realise that as much as devolution implies the apparent empowerment of those at grassroots, 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 (see Foucault in Alvesson & Sköldberg 2000:225-8).

While in the instance of HIV/Aids all government departments, sectors and society at large are expected to be involved in actions and decisions, this does not necessarily make for a fully participatory approach. There are those who have observed that the current system has a tendency to encourage upwards *dependency* and vertical intergovernmental relations (Booysen & Erasmus 2001).

This research project has sought to understand the meanings given within the organising behaviour of the LAC. Policy, as part of the social construction process, is often justified with reference to rational decision-making processes. Weick (1979:9) 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 bodies that serve the general public.

LACs as social constructions

One of the most fundamental problems of the social sciences, and consequently of social scientific methodology, is the issue of "knowledge and reality". The idea of reality and knowledge as a social construct is a relatively old one in epistemology, traceable to Kant and to his philosophical heirs (Steinberger 1980). According to this view the social world – including its institutions, roles and ideas – is essentially a series of socially constructed meanings. The publication of *The Social Construction of Reality* by Berger and Luckmann (1991) shifted the attention away from the philosophical and intellectual level to the social construction of meaning in everyday life.

Among the multiple realities in this world (including states of consciousness, unconsciousness, and madness), there is one reality that represents itself as the reality par excellence: the reality of everyday life. It appears as objectified (taken for granted) and represents itself as an inter-subjective world as it is shared with others. It is this "sharedness" that differentiates everyday life reality from other realities. Thus, according to Berger and Luckmann (1991), the interest in questions of "reality" and "knowledge" is initially justified by the fact of their relativity and locality.

The social construction of ideas may be referred to as "meaning construction". Meaning construction refers to conceptions, ideas, classifications, beliefs, attitudes and the like. Meanings are expressed by means of speech and action. Various meanings are attached to HIV/Aids, policy and the methods by means of which HIV/Aids should be addressed. The meanings are sometimes in line with each other, sometimes contested and sometimes conflicting.

Meaning and its construction

It may be argued that meanings are often more contested and conflicting in ambiguous or uncertain situations, where common knowledge is insufficient. In such a situation meaning construction is often a dynamic process. A certain degree of shared understanding of each other's meanings is required if one wants to get things done at all, particularly in ambiguous and uncertain situations (Smircich 1983). Smircich (in Parker 2000:211) defines it as follows:

> Organizations exist as systems of meaning that are shared to varying degrees. A sense of commonality, or taken-for-grantedness is necessary for continuing organized activity so that interaction can take place without constant interpretation and re-interpretation of meanings.

The idea of shared understanding calls to mind the inter-subjective understanding of each other's meanings related to policy, the objective of the LAC or the contents of the concept *co-ordination*. For instance, when people talk about *co-ordination* they should have, at least partially, the same understanding of co-ordination (whether they agree with co-ordination or not). The moment they do not have, at least partially, the same understanding of this concept, the process of deliberation and implementation becomes quite difficult.

Shared understanding of meanings does not imply that people fully agree or have reached consensus. Agreeing with each other is not the most important requirement for things to be accomplished. Full consensus is rarely possible and even undesirable: "[C]ollective action is possible in the face of many meanings that are only partly shared" (Czarniawska-Joerges 1992: 33; see also Weick 1979). This perspective is critical towards organisation theorists who argue that agreement or consensus is necessary for organising action. For example, Mintzberg (1994) has distinguished between seven types of organisations, according to which the last type of organisations, the "adhocracy", can be applied (with some caution) to the LAC. Mintzberg's adhocracy is a type of organisation that exists of different parties, committees and the like, which undertakes project-based activities. According to Mintzberg, the adhocracy can only function in an effective way by means of constant, mutual agreement between the different parties (Mintzberg 1994: 202-224).

A shared understanding of meanings applies to the shared understanding of orientations, symbols, actions, structures, regulations and expectations. It applies to the shared understanding of what the role of government and other institutions, administrative structures and services should be. Additionally, it applies to policies, objectives of organisations as well as behaviours and ideas of colleagues. People achieve shared understanding by means of many factors, inside and outside the context of organising. Shared understanding of the objectives of policy, for example, does not necessarily originate from clear and comprehensive policy documents or guidelines. Clear policy might be of some help, but it is just one of the factors that contribute to a shared understanding of what action should be taken. Thus, whereas consensus and agreement are not per definition necessary for collective action, a certain degree of shared understanding which resulted from interactive communication between all parties involved, is a requirement if one wants to get things done and create a sense of ownership.

The organisation psychologist Weick (2001) also uses the concept of shared understanding in what he calls "committed interpretations". According to Weick (2001:16) committed interpretations are required for any kind of collective action:

> When people act on behalf of these committed interpretations and their verified content, their actions become more orderly, more predictable, and more organized.

A classical answer to the question of how organisations can be of assistance in the achievement of particular goals (in this case, acting to prevent or ameliorate the impact of HIV/Aids), could relate to the leadership role that must be taken, often by government. The new democratic, participatory constitutional requirements of South Africa suggest that the government can no longer simply seek to dictate to the people. Indeed, due to the requirements of the new constitution, even the organisation of the health services in the country has been forced to change (Pillay 2001). It is an evident challenge for the capacity of managers to engage in new democratic practices in a situation of severe crisis where the organisational structures are changing at the same time. Furthermore, the leadership role of governments is now in an area of contention

that involves both local and international civil society movements and scientists (see Schneider 2002).

In this context of contestation there is a perception that some medical researchers and key NGO groupings (NAPWA, TAC, and Aids Consortiums) were not included in the South African National Aids Council (Schneider 2002). The need for partnership is always attached to the need for care: "Partnership and care are joint arrivals in our popular discourse around HIV/Aids" (Jones 2001:12).

In the context of the HIV/Aids crisis and ongoing power struggles, it is relatively easy to recognise the difficulty of determining the role of the LAC structures. What is the LAC supposed to do? Whose membership support can be counted on? What can members contribute to the function of the LAC? Which demands can be made of the Executive Committee and general members of the LAC? Is the body simply a government manoeuvre within the ongoing power struggles that characterise HIV/Aids issues in South Africa? How should written documents have the clarity to express what positions should be taken, within a rapidly changing crisis environment? What should the characteristics of the internal and external communication be? How can trust be built between individuals who have different interests and capabilities? How should development issues be integrated and addressed?

Local Aids Councils as organisational processes

In this research the team has focused on the dynamic processes of the constructing and negotiating of meanings within and between the involved organisations in general and the LACs in particular. Interesting similarities and differences in meaning concerning the objectives and functioning of LACs were found. These similarities and differences can be analysed in terms of the above-mentioned integration, differentiation and fragmentation (Martin 1992, 2002). The focus, from an integration point of view, was primarily on similarities concerning the HIV/Aids problem and the actions that have been undertaken. In the differentiation approach, more attention was placed on differences and possible conflicts of interest between organisations or sub-groups within organisations. Decision making depends much more on power positions of organisations or sub-groups. The fragmentation approach, finally, has emerged as it was clear that the concept of HIV/Aids and how it should be dealt with, was interpreted very differently by organisational members. Unexpected similarities and differences existed right across all groups and departments, and even different organisations. Although empirically one of these approaches may have been dominant for a while, it should be assumed that elements of all perspectives were present at the same time.

Since meanings are constructed in various kinds and levels of relations and interactions between individuals, groups and organisations, this research orientation compelled the team to go into these relations and interactions (communication) at the following levels:

- LACs in relation to government (local, regional, provincial, national);
- within LACs themselves; and
- LACs in relation to member organisations and non-member organisations.

The relevant perspectives (integration, differentiation and fragmentation) helped to analyse similarities and differences in meanings concerning:

- communication processes (top down, bottom up, participation, dissemination of information);
- cultural issues (values and norms, rituals, gender relations, religion); and
- power relations (conflicting interests, decision making, available facilities).

The way in which the meanings of these aspects are interpreted would be an indication of the strengths and weaknesses of the functioning of the LACs, and thus of their effectiveness.

METHODOLOGICAL ORIENTATION AND STRATEGY

The design of the research was aimed at a description of the similarities and differences in meaning that exist within the functioning of the LACs. To this end, qualitative methods were used. A combination of methods was used to achieve the different objectives of the research project. Personal, semi-structured interviews were used as the main method of data gathering. The interviewer posed questions without providing alternative answers. The respondents were given the opportunity to express the requested meaning in their own way. The developments regarding the functioning of the LACs were collected by means of participant observation, by attending meetings of the LACs as local members over a four year period. As mentioned earlier, the policies of government were also investigated and analysed as part of the context. The researchers used these methods in order to obtain the depth and flexibility necessary to explore one set of research questions. The logic of triangulation is that one can use different methods and data sources to investigate the same phenomenon, so as to enhance the validity of the research findings (Mason 1996:148). By measuring the same phenomenon from different angles and/or methods, the researcher will get a more reliable and valid measurement of it (Miller & Dingwall 1997:38). Throughout all the research activities attention was given to the criteria of validity and reliability.

Two rounds of data gathering took place: the first during 2002/2003 and the second during 2004/2005 with members of the LAC in Potchefstroom and Mafikeng. Subsequent to the first phase of data collection, analysis and reporting to the PCA, an intervention took place. It was conducted by the PCA in the form of a "revitalisation process". After the revitalisation, the second round of data was collected to determine whether the situation changed as a result of the intervention.

In the first round, twenty-two interviews were conducted with members of the LAC in Potchefstroom. The twenty-two respondents were made up of fourteen general

members and eight executive committee members. In addition, seven interviews were held with people who were not members of the LAC, but who could provide relevant information with regard to the Aids council system and HIV/Aids policy. The seven "contextual" respondents were made up of four PCA members, one DAC member and two scientists. During the second round, twenty members of the Potchefstroom LAC were interviewed.

At the time of the research, the LAC in Mafikeng was not well functioning; in fact, it was virtually dysfunctional. A problem has been experienced to identify "members" with whom to conduct interviews. Consequently, it was possible to meet with and interview only eleven members. As a result it was decided to interview non-members as representatives of different organisations involved in the combating of HIV/Aids as well. Five more interviews were conducted. Since this LAC was also barely functioning during the second round, only eight respondents could be identified and were willing to participate in interviews.

The observed and transcribed data from all interviews as well as the content of relevant literature and documents were analysed according to the research questions and the relevant concepts in the theoretical framework.

FINDINGS

General

Analysing LACs as organisational social constructs means focussing on meaning construction, power relations and cultural and communicative aspects in the interactions of LACs with government at all levels, interactions within LACs, interactions of LACs with member and non-member organisations and interactions of LACs with people who implement programmes and target groups.

The research results show a very differentiated and fragmentary overall picture of meanings, activities, miscommunication, interests and power relations. This fragmentary picture indicates a rather dysfunctional LAC organisational system, while the flow of communication was in one direction most of the time: top-down. Dialogical communication was not evident. LACs are co-ordinating bodies without any executive powers. Members were not proud of their membership and would talk in terms of *them* rather than *us* when referring to the LAC. LACs apparently have a contradictory mandate: as a governmental instrument they are trying to co-ordinate mainly community based initiatives, but they are also bound to top-down instructions and guidelines. Above all, there is not enough mutual agreement between role players on crucial concepts to function effectively.

Specific findings

- With regard to policy the respondents indicated that governmental policies play an important role in the functioning of the LAC. However, conflicting interpretations emerged, as some respondents think that the policy is a relevant guideline for the LAC but not for their own organisation and programmes. It thus

appears that there is some consensus between the priorities mentioned by the respondents and the priorities set out in the 2000 Plan of the national government (Department of Health 2000). These are prevention, education, awareness, monitoring, research, and human and legal rights. The priorities are nearly the only aspect where integration and shared understanding exist. It appears, however, that communication between different levels and institutional contexts is highly fragmented as a result of the different ways to interpret policy documents and guidelines. There is no appropriate co-ordination and most member organisations do not follow policy guidelines, or simply do what they think is appropriate.

- In terms of the Provincial Council on Aids Act no. 5 of 2001 (North West 2001), the main objective of the PCA was to provide a mechanism to mobilise the community and ensure community participation. For this to happen the community must experience acknowledgement and be allowed to buy in on the process and decision making. What started as relatively average support declined over the past four years: the participation of the civil society decreased and the perception exists that the civil society is only used to legitimise the PCA processes. No dialogical communication and real "committed interpretations" were created and negotiated to acquire effective collective action in the North-West.

- Another concern is the high level of confusion about the role of LAC members. After four years, members still ask at meetings: What are we supposed to do? According to the encompassing objective of the PCA the LAC is supposed to co-ordinate all the HIV/Aids programmes and activities at local level. What this entails, however is still vague and not at all spelled out. Members are still not sure whether this should be the responsibility of the chairperson and/or the District Co-ordinator or the members' collective responsibility. Neither can they distinguish between their roles and functions as LAC members and their role within their own organisations, be it an NGO, business, government department or faith-based organisation. Most of them perceive themselves only as a "messenger" who must give quarterly reports of activities that happened within their own organisations. This unclear mandate and differences in the interpretation of their designated role have resulted in a lack of commitment at all levels. In the words of Mintzburg (1994), no mutual agreement or shared understanding has been reached with regard to what co-ordination means. Some members indicated that they would not adhere to requests by the LAC for certain changes in their programmes. According to the respondents, there is also confusion on whether the LAC should initiate and implement programmes or simply co-ordinate existing programmes. So-called non-members did not mention any benefits they would acquire from being a member. Nothing has really changed after the revitalisation process.

- The executive mayors are supposed to be the patrons of the LACs, and the PCA assumes that the councils are enjoying the benefits of the executive mayors' political mandates, which would give them political power on grassroots level. However, in nearly all the districts this was not the case at the time of the research, as constructive communication between the PCA/LAC and local government was lacking. Most mayors were not involved with the LACs in any way. This lack of involvement and lack of commitment cascaded down to the members who were left in the LAC. Declining commitment and a lack of ownership are the consequences, which in turn harm sustainability.

- The way in which meetings were conducted and in many cases the lack of meetings created a lack of commitment and ownership. For example, in Potchefstroom the LAC met only once instead of the planned four times in 2004. Of the executive committee, who is supposed to be the core and heart of the LAC, only two members were left at the beginning of 2005. Normally, 50-70% of members would attend the first meeting of each year, and it would decline during the year. The LAC in Mafikeng was nearly non-existent for more than two years. Only in 2005 meetings were held. It is obvious that under these circumstances, commitment, ownership and sustainability are not possible. In these instances full participation did not realise and there was no chance to create shared meaning.

- According to the provincial ACT referred to above, members of the LAC should only represent different sectors, but this is also counter-productive with regard to ownership because in nearly all districts no community, businesses, NGOs, etc. are organised in that way. Most of these organisations work on their own and do not operate within a cohesive business, NGO, industry or academic sector. There is even competition, especially for funds, among certain organisations like NGOs and CBOs. It is therefore unrealistic to expect them to agree to form a cohesive sector with one representative on the LAC. The consequence is often that organisations within one sector are divided amongst themselves (power relations), do not communicate with each other, in which case they ignore the LAC and work on their own because they feel their voice will not be heard due to the difference in their interpretation of representation on the LAC. This puts a question mark behind the very existence of and need for an LAC. It is also a clear indication of the existing power struggle between the different levels. Differentiation is evident with regard to this aspect.

- Another problem is the fact that the members of the decision making body, the PCA, are nominated and affirmed by the patron of the council, and not elected. Neither are they representative of all the districts in the province, all the communities or all the civil structures involved in HIV and Aids which the PCA is supposed to serve. The patron ultimately decides who will be on the council (top-down) instead of all the LAC members who work at local level where the programmes are implemented and who know what is going on and who are

committed to the combating of the epidemic (bottom-up). The differences in the understanding (meaning) and implementation of participation and representation are to a great extent the cause of a lack of commitment and accountability.

- Another irony is the fact that one of the mandates of the PCA is to advise government on policy regarding HIV- and Aids-related matters, but when recommendations were made by researchers and the chairpersons of the LACs, the reactions of members of the PCA were negative and reluctant. When the Chairperson's Forum recommended at their meeting in November 2004 that they should attend all PCA meetings where decisions are made, it was noted that the existing ACT no. 5 of 2001 prohibited it or does not make provision for this recommendation – as if the Act is cast in iron and cannot be amended. The resolution should have been to amend the Act and this could have been achieved if the PCA recommended it to the provincial government; but they are reluctant to do so because their own positions are at stake. The interpretation of the Act and the willingness to change it according to well-proposed recommendations, are totally different at provincial level than at grassroots level. This is yet another proof that the PCA imposes its will on the less powerful LAC members. It is also an example of one-directional and non-symmetrical communication, to use Grunig & Grunig's (1991) terminology.

- At the same meeting of chairpersons of the LACs it was minuted that certain members of the PCA were not committed because they did not visit the districts offices or attend local meetings or were not present at events organised by the PCA. Above all, provincial staff members and PCA members were absent when important commissioned reports were presented. According to the minutes, some of the members of designated committees did not even attend the summit of the PCA. The irony is that the ordinary LAC members do not get a seating allowance for attending meetings, while the PCA members do get such an allowance – this is also an aspect that causes a lack of ownership and commitment at grassroots level. According to LAC members' interpretation, they – who do the work within the community – should be paid an allowance rather than the PCA members who attended only a few meetings. If there were ownership and accountability, these evidences of a lack of commitment would not be present.

- All the decisions are made at PCA level and the stakeholders and organisations represented at district and local level are without a mandate to make decisions. This creates a feeling of powerlessness and ultimately eroded commitment. Thus, a fully participatory approach and symmetrical communication are lacking.

RECOMMENDATIONS

To create accountability, a culture of ownership, improved communication and sustainability, the following recommendations are suggested:

- The LAC as an organisation should be incorporated at the local authority level. It should be an integral part of the Reconstruction and Development Programme

(RDP), which is in line with the National Constitution and the Local Authority Act. The whole focus should be shifted from the provincial level to the local level. National and provincial frameworks could still serve as guidelines only, but not as hard and fast rules. Policy developments and directives should be informed by the unique development needs of the local people. Therefore, the LACs should become a part of the executive mayoral committee structure, where the mayor should play an important leadership role. Accountability and decision making should be closer to grassroots level. The funding which is currently managed at PCA level should be allocated through the IDP process, with the support from the province through the premier's office.

- With regard to the rule that only sectors should be represented within LACs, we would recommend instead that all committed and involved organisations should be part of the LAC structure. The decision about members should be made at local level, among stakeholders themselves, and not at provincial level, because every local situation is unique. Only if sectors are already organised in such a way, they can be represented by one or two persons.

- Membership of the LAC should be a prerequisite to become a member of the PCA. PCA members should be elected from all the members of the twenty two LACs in the province and not nominated by the patron. This would be a bottom-up approach and enhance accountability and ownership.

- Capacity building at grassroots level is crucial for the sustainability of LACs. This aspect should be addressed as a priority. Capacity building and training need to be provided to all the members of LACs and not only to the executive members of the PCA or LAC and chairpersons. The PCA must invest in every single member. This would create a feeling of acknowledgment and, subsequently, ownership.

The restructuring of the Aids council system is not an easy process, involving legislation and participation processes, but it has to be done, as the current organisational structure and processes are not working and while time is being wasted, our people are dying every day. Participation by the community at all levels and civil society in large are imperative, as the credibility of such a process should not be jeopardised. This would not solve every possible miscommunication or difference in meaning creation, but the proposed bottom-up approach and the placement of the decision power within the local community would create an environment for better consensus in the interpretations of the unique local problems.

CONCLUSION

The present position of LACs causes much frustration about dysfunctional meetings and repeated discussions about goals, roles and functions. A general feeling of a culture of ownership is lacking badly, with the risk that more organisations and individuals will leave the LAC. The differentiation and the lack of a shared element of meaning during communication are so potent that a comprehensive collective action has not been possible until now.

LACs are powerless bodies, fully dependent on the provincial infrastructure and under control of the PCA. Such an organisational structure of power relations and top-down communication eliminates the possibility of developing a culture of ownership by local acting organisations. Fortunately, many NGOs and other organisations keep on implementing HIV/Aids programmes on their own, irrespective of the dysfunctional LAC. However, a collective and co-ordinated action to combat HIV/Aids within all communities is imperative.

REFERENCES

Alvesson, M. 1993. *Cultural perspectives on organisations*. Cambridge: Cambridge University Press.

Alvesson, M. 1996. *Communication, power and communication*. Berlin: De Gruyter.

Alvesson, M. 2002. *Understanding organizational culture*. London: Sage.

Alvesson, M. & Sköldberg, K. 2000. *Reflexive methodology. New vistas for qualitative research*. London: Sage.

Berger, P. & Luckmann, T. 1991. *The social construction of reality: A treatise in the sociology of knowledge*. Middlesex: Penguin.

Boessenkool, J., Van Eekeren, F.J.A., Kan, M.A., Oomen-Myin, M.A., Nshakira, N., Roos, E. & De Wet, G. 2006. *HIV/AIDS sub-study. Evaluation of the theme-based C-financing programme*. Utrecht: CMCO/University of Utrecht.

Booysen, S. & Erasmus. E. 2001. Public policy making. In Venter, A. (Ed.) *Government and politics in the new South Africa: An introductory reader to its institutions, processes and policies*. Pretoria: Van Schaik.

Chia, R. 1996. The problem of reflexivity in organizational research: Towards a postmodern science of organization. *Organization* 3 (1):31-59.

Craddock, S. 2004. Beyond epidemiology: Locating AIDS in Africa. In Kalipeni, E., Craddock, S., Oppong, J. R. & Ghosi, J. (Eds.) *HIV&Aids in Africa*. Oxford: Blackwell Publishing.

Czarniawska-Joerges, B. 1992. *Exploring complex organizations*. London: Sage.

Department of Health *see* South Africa, Department of Health.

Grunig, J. E. & Grunig, L. A. 1991. Conceptual differences in public relations and marketing: The case of health-care organizations. *Public relations review* 17(3):257-278.

Hickey, A. 2001. Budgets and funding flows in the National Integrated Plan for HIV/Aids. *Budget Briefs*, 82.

Jones, T. T. 2001. Who cares? *Aids review* 2001. Pretoria: University of Pretoria:

Kalipeni, E., Craddock, S., Oppong, J. R. & Ghosi, J. (Eds.) 2004. *HIV&Aids in Africa, Beyond epidemiology*. Oxford: Blackwell Publishing.

Martin, J. 1992. *Cultures in organizations: Three perspectives.* New York: Oxford University Press.

Martin, J. 2002. *Organizational culture, mapping the terrain*. Thousand Oaks: Sage.

Mason, J. 1996. *Qualitative researching*. London: Sage.

Miller, G. & R. Dingwall, R. 1997. *Context and method in qualitative research*. London: Sage.

Mintzberg, H. 1994. *Mintzberg over management: De wereld van onze organisaties*. Amsterdam: Contact.

North West. (South Africa). 2001. Provincial Council on Aids Act: Mafikeng. *North West Provincial Gazette* 244(5723): November.

North West. Provincial Council on Aids. 2000. *HIV/AIDS and STD working document for the North West Province*. Mafikeng: Provincial Council on Aids.

Oppong, J. R. & Agyei-Mensah, S. 2004. HIV/AIDS in West-Africa: The case of Senegal, Ghana, and Nigeria. In Kalipeni, E., Craddock, S., Oppong, J. R. & Ghosi, J. (Eds.) *HIV&Aids in Africa*. Oxford: Blackwell Publishing.

Parker, M. 2000. *Organizational culture and identity*. London: Sage.

Pillay, Y. 2001. Voices of health policy makers and public health managers: Key themes. *Voices of health policy makers*: 273-281.

Rugalema, G. 2004. Understanding the African HIV pandemic: An appraisal of the contexts and lay explanation of the HIV/Aids pandemic with examples from Tanzania and Kenya. In Kalipeni, E., Craddock, S., Oppong, J. R. & Ghosi, J. (Eds.) *HIV&Aids in Africa*. Oxford: Blackwell Publishing.

Schneider, H. & Stein, J. 2001. Implementing Aids policy in post-apartheid South Africa. *Social Science and Medicine* 52(2001): 723-731.

Schneider, H. 2002. On the fault-line: the politics of Aids policy in contemporary South Africa. *Unpublished paper*: Johannesburg.

Smircich, L. 1983. Concepts of culture and organizational analysis. *Administrative Science Quarterly* 28: 339-359.

South Africa. Department of Health. 2000. *HIV/Aids/STD strategic plan for South Africa 2000-2005*. Pretoria: Department of Health.

Steinberger, P.J. 1980. Typologies of public policy: Meaning construction and the policy process. In McCool, D. C. (Ed.) *Public policy: Theories, models and concepts: An anthology*. Englewood Cliffs: Prentice Hall.

Weick, K. E. 1979. *The social psychology of organizing*. London: Addison-Wesley.

Weick, K. E. 2001. *Making sense of the organization*. Oxford: Blackwell Business.