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OLD MUTUAL

SOUL CITY

Institute for
Health & Development
Communication

AN EVALUATION OF THE

OLD MUTUAL/ SOUL CITY

HIV/AIDS
COMMUNITY MOBILISATION
PROGRAMME

FINAL REPORT

May 2004

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Executive Summary

Introduction

Soul City (SC) and the Old Mutual Foundation (OMF) commissioned an evaluation study of the effectiveness and impact of their joint HIV/AIDS Community Mobilisation Programme (CMP). This is the executive summary of the **final report**. The introduction to the final report locates the CMP within the context of the Rural Economic Development Initiative (REDI), and provides background information on REDI and on the project partners for the CMP, Soul City and the Old Mutual Foundation.

Research objectives, method and sample

A multi-method, participatory approach was used for this predominantly **qualitative** evaluation study. A combination of in-depth interviews, document review, focus groups and observation provided a textured picture of the results of this programme.

The CMP training took place in the 20 REDI communities. This evaluation focused on four case study communities namely Mathabatha and Leboeng (in Limpopo), Harrismith (Free State), Richards Bay / Meerensee (KwaZulu – Natal). The communities of Lusiskisiki and Cape Town were also included in the evaluation. The methods, sample and primary questions were identified at a participatory planning workshop.

The final research sample was as follows:

,	CMP facilitator	Team Leader	Champion	Union Facilitator	Trainer	Programme Principal	Community members	Other	TOTAL
In depth interviews	7	4	4		2	2			19
Telephonic interviews	3			3				1 (Viva Books)	7
Focus groups							4		4
Unstructured interviews	3								
TOTAL	10	4	4	3	2	2	4	1	30

The primary **aim of the evaluation** was to draw out what lessons could be learnt from the implementation of the CMP, in order to develop the model further, and understand what the key elements were that made it successful. Accordingly, the focus of this report is the extent to which the programme

achieved the desired impacts, and what factors enabled such successes. This allows one to build a model for a successful programme in this development context.

The **main evaluation questions** were:

1. **How effective** was the Community Mobilisation Programme, including the Soul City training?

2. **What was the impact** of the training on (a) the CMP facilitators and (b) the community at large?

Findings

The results of the evaluation are contained in **Chapter Three**. In this chapter, the first section reports on the results of the fieldwork and project document review. The following aspects of the programme are investigated:

- The effectiveness and impact of the community mobilisation programme in terms of:
    - **Community mobilisation**;
    - **Knowledge** held by the CMP facilitators and community members with respect to HIV/AIDS prevention, care, support and stigma reduction; and the
    - **Impact** on the CMP facilitators, their organisations and community members.
- The **effectiveness** of Trade Union Facilitators
- The **effectiveness** of the Materials used
- **Programmatic issues**:
    - Monitoring, evaluation and reporting;
    - Training of master trainers; and
    - Lessons regarding the delivery of training.
- **Profile** of REDI and HIV / AIDS within these communities

Profile of REDI and HIV / AIDS in the study communities

Since the HIV/AIDS CMP is a key component of the REDI Programme, and operates within the REDI framework, the first section briefly recounts the performance of the REDI programme[1] within each of the four focus group communities. Additionally, information on the nature and extent of any HIV/AIDS support structures that exist within the REDI community are offered, so that the reader becomes acquainted with the kinds of HIV/AIDS activities that preceded and enabled the implementation of the CMP. This information emerged from the focus groups with community members.

REDI has been successful in each of these of these communities, except Leboeng where activity has been limited.

It was our hypothesis at the start of the evaluation, that where the REDI programme was strong, the CMP would have been more effective. The findings bear this out, and underscore the importance of the **role of the Champion**, whose support was a real enabler. The two communities that illustrated this most visibly were Mathabatha and Leboeng, both in Limpopo. In Mathabatha, the support from the Champion has been incredible, and considering the scarcity of resources available in that community, implementation has been very good. By contrast, the Champion in Leboeng acted as a barrier, as she wanted to control the process and did not empower CMP facilitators, who were ready and willing to proceed with implementation.

The **availability of funding** emerges as another decisive variable. In Richards Bay, a delivery mechanism was created by the REDI stakeholders to facilitate the implementation of REDI. The structure is called ZEDA (Zululand Economic Development Agency), and it has approximately 12 NGO's affiliated to it. This also provided the CMP facilitators with a diversified funding base and they did not have to rely on Soul City alone.

In all communities, the community members had **extensive knowledge of the support structures for HIV/AIDS**. There was a lot of existing HIV / AIDS related activity identified in each community, with primary actors being clinics, churches, schools, tribal authorities, NGOs and the private sector. Some communities were better resourced and had more going on that others (e.g. Richards Bay), the more rural communities such as Mathabatha had fewer activities.

[1] Source: OM Project Principal interviewee: Benna van der Merwe

The **existing activities** centred on prevention and awareness, and taking care of the sick and the vulnerable (including orphans). One theme that emerged in all communities was the need for a focus on home-based care. Community members all said that support for the sick and vulnerable was a dire HIV/AIDS-related need in their communities.

- **Major issues confronting communities in terms of HIV / AIDS**

According to the REDI champions, there is a need to address all aspects of HIV/AIDS (prevention, care, support and anti-stigmatisation) in each of the communities. There does, however, seem to be a shift from a focus on prevention programmes to programmes that provide care and support for those who are sick and their family / community members. This reflects the fact that people are now suffering the effects of the disease and the need for care and support is widespread. The focus for youth remains prevention, in conjunction with information on teenage pregnancy.

Effectiveness and impact of the CMP

- **Community Mobilisation Activities**

In the section on CMP activities, we begin by looking at the activities that were conducted in each of the communities, and summarise the types of activities and the target groups. Then we highlight what other organisations the CMP facilitators were involved in, as they were likely to impart their knowledge in these organisations as well. We found that all the CMP facilitators were involved in other organisations where they were able to share their new knowledge. The knowledge that they gained was disseminated not only through the activities that they organised themselves, but also through the activities in which they are involved as members of other groupings.

The findings show that there was a fair amount of HIV/AIDS-related advocacy activity following the training of CMP facilitators, although the rate of implementation differs between communities.

Workshops appear to be the most popular method of delivering information, and the subjects included prevention, living positively with HIV / AIDS and home-based care. The target groups varied, and included women, youth, faith-based groups and traditional leaders. While there was only one workshop that focused specifically on anti-stigmatisation, some activities did cover the need for voluntary counselling and testing and disclosure – both of which are inhibited by the negative stigma associated with HIV / AIDS.

The candle light ceremony, held in Harrismith, is one way to deal with the stigma by bringing the HIV / AIDS issue out into the open. The one

community where activities were not conducted under the SC banner was Leboeng.

The rate of implementation was affected by a number of factors:

- We identified a relationship between the success of REDI in an area and the success of community mobilisation. The role of the Champion was also a decisive factor in this.
- The availability of resources and funding. Where Soul City was the only source of funding, activities slowed down over time owing to problems with payments from the programme.
- The motivation, sense of ownership, level of teamwork and problem-solving ability of the CMP facilitators was also critical.

Involvement in other community groups

Most CMP facilitators appeared to be involved in other structures, ranging from political to sporting organisations.

They do share information and mobilise community members via their participation in these structures, besides the activities that they organise independently. This underscores the importance of selecting the right people as community mobilisers.

Highlights of activities

What people remember as the highlight of their activities indicates where they derive their satisfaction. This group of CMP facilitators felt a great sense of fulfilment from conducting these HIV / AIDS related activities. They derived satisfaction from:

- being able to support and care for those that are affected or infected;
- seeing the positive impact of their activities;
- promoting disclosure by creating an environment of trust;
- being recognised for their efforts and good service by a range of stakeholders, including local clinics who may refer Clients to them for support.

Enablers, obstacles, gaps and challenges for the CMP roll - out:

The combination of increased knowledge and facilitation skills, together with the availability of resource materials, community support networks and a funding source, gave the CMP facilitators the confidence to go out and make a difference. In other words, their ***self-efficacy*** was greatly increased.

Enablers	Obstacles
▪Soul City Training – knowledge and facilitation skills ▪Access to materials (Soul City and other) ▪Supportive REDI Champion ▪Support from other sources and community structures ▪Networking with other organisations ▪Offering related community services e.g. soup kitchen ▪Motivation of the CMP facilitators ▪Team work of the CMP facilitators	▪Lack of transport and funds to pay for it ▪Lack of access to Soul City materials (late delivery, paying for postage probably due to poor knowledge of procedures for ordering and placing orders late) ▪Delays in funding from Soul City (also likely to be due to complex administrative systems and a misunderstandings regarding the claims process and the scope of the grant). ▪Lack of funds to run activities (e.g. materials for home-based care. The funding for was directed towards communication initiatives and was not supposed to be used for home based care activities ▪Non-supportive REDI champion
Gaps	**Challenges**
▪Training in counselling skills, project management, financial management, home-based care, teenage sexuality, more detailed knowledge about transmission of HIV/AIDS (e.g. via mosquito?) ▪Funding to buy training equipment (e.g. video machines to show the Soul City Videos) ▪Ability to remunerate CMP facilitators adequately for their efforts	▪Extend the reach to all community members, especially in large communities and those with deep rural communities ▪Competition between NGO's and duplication of services, particularly in Richards Bay ▪Conversely, there is a lack of service providers in Mathabatha fore referral ▪Dealing with the expectations of workshop participants or recipients of home-based care who wish to receive remuneration or goods (food) ▪Dealing with difficult behaviours in group sessions (facilitation skills)

- **Knowledge retained by the CMP facilitators and community members**

  Both CMP facilitators and community members are highly knowledgeable in all aspects of HIV/AIDS.

Key messages

A dynamic way of understanding the effectiveness and impact of the training is to establish what were the key messages that CMP facilitators passed on to the community members, and what messages they, in turn, would pass on.

Most of the messages put forward by the CMP facilitators revolved around care and support for the infected and affected by HIV/AIDS, followed by prevention messages, and messages about stigmatisation.

The results of the focus groups show that the community members are well informed about HIV/AIDS and the key messages that they would pass on to others revolve mainly about prevention, followed by care and support. They mentioned few messages about anti-stigmatisation directly, but their responses indicate that they are aware that people will only go for testing and be open about their status if they will be cared for and supported, and not discriminated against.

> *"Don't have a negative attitude towards your positive status, have your virus, live with it, take care of it and yourself."*
>
> *"I am always encouraging family members of AIDS sufferers to speak to their loved ones and I give them pointers as to how."*
>
> *"I am not a person who believes in witchcraft, but Soul City helped me to know more about this disease and to help people who believe in witchcraft. The programme (SC training) gave me answers."*
>
> *"We now talk freely in my family about HIV/AIDS – we never used to be so open about the disease. "*
>
> *"Disclose your status so you can be supported."*
>
> *"VCT is important so that you can know how to live properly."*

Knowledge of service providers in the community, and the ability of CMP facilitators to refer people

The CMP facilitators demonstrated good knowledge of referral networks, as did community members. The community maps of HIV/AIDS support structures drawn in the focus groups show very detailed knowledge about what support structures exist.

Overall, there is very strong knowledge and practice when it comes to referrals and the various organisations dealing with HIV/AIDS. The training has been effective in this regard.

Anti-stigamtisation and support

The findings suggest that the respondents are well aware of the stigma associated with HIV/AIDS, and the discrimination that results from this. Their responses reflect that the *shame* associated with HIV/AIDS leads to heightened stigmatisation in communities. AIDS is seen as shameful because it is associated with sex, infidelity and promiscuity. There are also still great misconceptions about how is transmitted, and children are

encouraged not to play with those orphaned by AIDS in case they can contract the disease from them.

The advice given by respondents (community members who have been trained by the CMP facilitators), in response to all three scenarios put to them in focus groups, is very sound and supportive. In their responses they urge those affected to join support groups, disclose their status, live positively, get counselling, and to provide support to those infected or orphaned.

- **Impact of the training on CMP facilitators, organisations and communities**

The CMP facilitators noted many **personal changes** as a result of their participation in the training and the ensuing activities. These changes range from improved personal development to adopting a more caring attitude to people with HIV/AIDS. Significantly, five respondents reported changes in their own sexual behaviour.

> *"I have changed my behaviour towards women. I no longer take them to bed. I am very cautious as HIV/AIDS infected people do not have it written on their face." (Mathabatha)*

Facilitators also reported positive changes to their own **organisations**. These changes ranged from the increased involvement of youth in their activities to better organisational skills such as planning, monitoring and evaluation.

> *"We have adopted professionalism in our planning. The organisational and facilitation skills in my organisation have improved." (Harrismith)*

Trade Union Facilitators

The training of Trade Union facilitators was conducted by GAPSA, who had an existing partnership with Soul City to conduct training in the use of Soul City materials.

The training manual, which carried GAPSA and Soul City branding, integrated the material from the two organisations and cross-referenced Soul City materials.

Implementation by Trade Union Facilitators

The story of the trade union roll - out was very different to that of the REDI Communities. There has been comparably little implementation. This is not to say that nothing took place. We spoke to three union representatives and all three conducted at least one activity. One of them had conducted four activities, and another had conducted a series of short information sessions with public sector employees.

A major difference was the availability of implementation funding for the community mobilisation activities. The union representatives did not have implementation funding, and were expected to do these activities in addition to their existing jobs.

There was also no monitoring system put in place to track the activities of the Trade Union facilitators, which has resulted in an information gap.

Key challenges faced by Trade Union Facilitators

- Lack of time
- Not enough Soul City materials received from Union head office
- No implementation funding

Materials

One of the principles of the community mobilisation programme was that the availability of Soul City materials should greatly enhance the CMP facilitator's ability to conduct effective community activities. For this reason, much of the focus was on teaching the CMP facilitators to utilise the Soul City materials for community mobilisation.

The findings show that the CMP facilitators used and distributed Soul City materials.

The most popular titles were: *"Living Positively with HIV and AIDS"* and Workbook 3: *"Caring for a person with AIDS".* When CMP facilitators made home visits, they liked to leave these books behind with the family.

The following comment comes from the Kuilsriver team:

> *"The book "Caring for people with HIV \ AIDS", is probably the best book of them all. It contains useful reminders. People can't remember all what they have been taught during the workshop, but they can refer to this book, especially care-givers. They can look up examples of what the signs of HIV/AIDS infected people are."*

The findings show that the availability of free materials was a great enabler of community mobilisation activities.

➢ **Input on the materials from the master trainers**

- The *Living Positively with HIV* book was most in demand
- There is not *enough* information provided on the topic of mother-child transmission in the materials
- The fact that the Soul City material was available in the vernacular was valuable

- The Soul City *materials* were seen as a status symbol in some communities
- They are *user friendly*
- People *identify* with the characters from television.
- The comics are a good way to make information *accessible*.
- Referring to HIV as a "germ" was seen to be problematic by some, as a germ can spread through the air. The trainers suggested that it *confused the message* about prevention.

➢ **Distribution of materials**

According to the VIVA books data base a total of 18 559 books were distributed to the REDI communities. However, this data is probably unreliable because; a) Some communities which ordered books may not have used the formal ordering process and would not have been recorded as REDI communities and b) some communities are reflected which are not REDI communities.

Programmatic Issues

In this section we examine three distinct issues.

We argue that data obtained from the monitoring of the project needs to be improved if it is to be used for decision-making purposes.

Secondly, we discuss the training of the master trainers. The master trainers believed themselves to be well prepared for the training. They underwent a total of five days training. Only two of these days were spent focusing on the Soul City materials. As they are expected to train people in the use of these materials, more time could be devoted to getting absolutely familiar with the full range of Soul City publications and electronic media available.

The third section presents key enablers of the training programme, and critical challenges that the trainers experienced when delivering the programme. Both trainers were extremely grateful of the support received from Soul City and Old Mutual.

The training ran smoothly for the most part, although organising the Trade Union training was more difficult. This was because the Unions had to pay for their own accommodation and transport. In order to cut back on accommodation costs, people traveled on the same day as the workshops, meaning that the participants travel arrangements often cut into training time. The unions often changed dates, making it difficult for the trainers to plan and causing them lost days that they could have used for other work. A key challenge for both trainers was the long hours and intensive nature of the training. However, the participatory methodology did help to sustain people's attention.

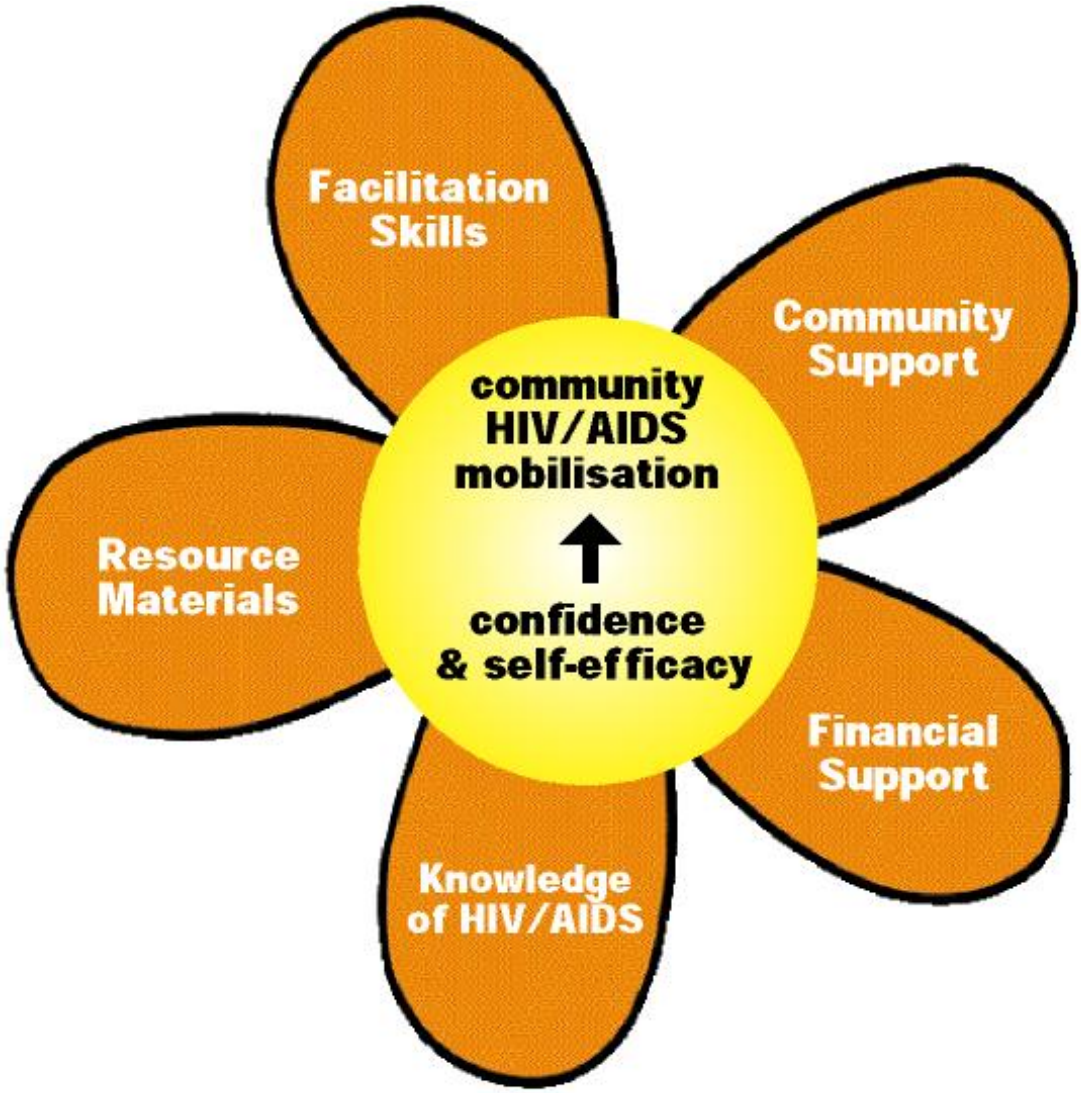
There were a number of factors that contributed to the smooth running of the training. The support received from both Soul City and Old Mutual emerged as a decisive factor. Logistics and monitoring were better organised for the Community training than for the Union training. The prior experience of trainers, their knowledge of HIV / AIDS, and the existing relationship between training providers and Soul City, were cited as positive factors.

Conclusions and recommendations

The evaluation of the Soul City Community Mobilisation Programme revealed a relatively high degree of effectiveness and high levels of impact with respect to the knowledge retained by CMP facilitators and the community members they trained. They are passing on important messages regarding prevention, care and support, and anti-stigmatisation through the activities that they had organized. Workshops were the most frequent implementation activity.

The combination of five key elements of the programme was a powerful tool for increasing the confidence and self-efficacy of the CMP facilitators to go out and make a difference. These five elements were (1) increased knowledge of HIV/AIDS, (2) heightened facilitation skills, (3) access to educational materials, (4) community support networks (REDI), and (5) financial support (roll – out funding and the sponsorship of training and training arrangements).

Each of these elements can be seen as a petal on a flower. With each one that falls away, the flower looses its beauty (effectiveness and impact).



Recommendations (lessons learned)

- **Training**

1. The inclusion of facilitation skills in training programmes is essential, and could be expanded to include the skills required to manage difficult behaviours and large groups in informal settings.

2. More focused training could be provided to master trainers on the use of Soul City materials in future.

3. Increased focus on how to train people to provide home-based care.

4. Include counselling and fundraising skills in training.

5. Focused training on VCT should be provided to the same target group.

- **Materials**

6. The provision of materials was a great enabler, and supported implementation.

7. Engage with VIVA books around delays in delivery and monitoring systems.

8. Consider translating more of the materials into other official languages.

9. The use of GAPSA and NICDAM materials ensured that facilitators were exposed to a sufficiently detailed body of information.

- **CMP roll-out funding and implementation**

10. Roll-out funding for activities was crucial, but more focus should be placed in the workshop on exploring different types of activities for delivering messages to communities, and some lateral thinking around possibilities for raising funds and support locally (for example, using school halls as venues). Perhaps fundraising training should become an essential component of future training, or be included in an advanced course for facilitators.

11. Clarity is required on the type of activities that are acceptable to the programme funders for the purposes of reimbursement. The focus of the CMP was on communication, and it was not designed to support the delivery of home-base care. Having said that, HIV/AIDS responses need to be multi-dimensional. Some more thought needs to be given to the parameters for funded activities.

12. The procedure for claiming funds should be streamlined. Delays in the disbursements of funds were a major obstacle to implementation. Facilitators need to understand exactly how long before a workshop they should submit a claim, and the correct procedures that need to be followed. More focus needs to be given in training on the correct procedure for claiming. Participants should be given a number of claim forms (as they tend to use the originals without making copies), and reminders about the correct procedures could be sent out in newsletters.

13. Perhaps more focus could be given to improving the planning skills of facilitators in the future. It appeared that the late delivery of materials and late disbursement of funds was sometimes due to late submission on the part of facilitators.

14. A contact person is needed to liaise with facilitators, someone they can contact to answer difficult questions they might encounter when working with communities.

15. The selection of trainees is critical, and the methods used for the selection of CMP facilitators greatly enhanced the effectiveness of the onward programme.

16. Community mobilisation is likely to be more effective if CMP facilitators are able to link to existing community activities. For example, REDI or Fanang Diatla, an existing CBO.

17. Teamwork amongst CMP facilitators is very important, so that they plan together and learn from one another's experiences.

18. It is our recommendation that facilitators be offered advanced courses. This would act as a great motivator for them in terms of their own professional development, and would allow the project partners to respond to the issues raised in this evaluation. It would also promote the sustainability of the programme. Follow up training should definitely include modules on fundraising, voluntary counselling and testing, counselling skills, project management (including budgeting, financial skills and general planning skills), and the different types of activities that could be conducted in communities. The facilitation skills component should also include (a) managing difficult behaviour, (b) managing large groups, and (c) facilitating teenage sexuality.

19. Some thought should be given to the relatively small allowance of R100 that was allocated for CMP facilitators. If the CMP facilitators are supposed to be volunteers and the allocation of R100 is a stipend to help them cover their costs, then this needs to be made explicit. If this is not the case, then the fee of R100 is insufficient.

- **Programmatic issues**

20. Soul City should consider strengthening its internal monitoring function so that data is not only collected, but also analysed and used for decision-making while the programme is running.

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Chapter One

Introduction

1. Overview

Soul City (SC) and the Old Mutual Foundation (OMF) commissioned an evaluation study of the effectiveness and impact of their joint HIV/AIDS Community Mobilisation Programme (CMP). What follows is the **final report**, including a project background and description of the process followed, along with evaluation findings, conclusions, and recommendations.

A multi-method, participatory approach was used for this predominantly qualitative evaluation study.

The primary aim of the evaluation was to draw out what lessons could be learnt from the implementation of the CMP, in order to develop the model further, and understand what the key elements were that made it successful. Accordingly, the focus of this report is the extent to which the programme achieved the desired impacts, and what factors enabled such successes.

In the following section we provide a background to the project partners and the programme itself.

The structure of the rest of the report is as follows:

Chapter Two: Research Objectives, Method and Sample

Describes the overall objectives of the CMP, and the desired outcomes of the training, and how the evaluation objectives relate to it. A comprehensive discussion of each research component of this multi-method evaluation study describes the various research methodologies employed, the types of stakeholders, and the sample of interviewees.

Chapter Three: Evaluation Findings

The bulk of the report is concentrated in this section.

The first section reports on the results of the fieldwork and project document review. The following aspects of the programme are investigated:

- The **effectiveness** and **impact** of the CMP, with special reference to:
    a. **Activities** conducted in the case-study communities;
    b. **Knowledge** held by CMP facilitators and community members;
    c. The **impact** of the programme on the CMP facilitators as individuals, on the organisations that they work for, and on their communities, from the perspective of CMP facilitators and community members themselves.
- The experience of the **Trade Union facilitators.**
- Issues related to the Soul City **materials.**
- Lastly we explore **programmatic issues** such as monitoring, and the training of master trainers.

Chapter Four: Conclusions and Recommendations

In the conclusion we extract they key findings and draw out the key elements that made the CMP a successful programme. Although it is clear that there were weaknesses, great strides were made in community mobilisation. The challenge is to address the gaps identified in this evaluation, overcome the obstacles that emerged, and build on the strengths of the project in order to ensure a strong model for future implementation.

2. Background to Soul City, OMF, REDI & CMP

This section sets the context for the evaluation and provides the background to the public health NGO Soul City, the Old Mutual Foundation and the REDI Programme. Old Mutual and Soul City partnered in 2003.

The Soul City / Old Mutual HIV/AIDS Community Mobilisation Programme has its roots in the programmatic areas of the Old Mutual Foundation. As such it is necessary to provide a brief background to the history to the Programme, and the more salient facts on how the REDI programme was implemented in the rural communities.

2.1 Soul City

Soul City is a South African NGO that harnesses the power of the mass media for health promotion and development. The Soul City project sees

"edutainment as a popular vehicle for social messages," and in this way strives to be a prime health education programmer, challenging social attitudes and changing unhealthy behaviour patterns.

The Soul City project is made up of:

- A prime time television series,
- A daily radio drama,
- Booklets on the health topics covered in the broadcast media,
- A publicity campaign which keeps people talking and thinking about Soul City; and
- Adult education and youth life skills materials.

Soul City has set up training partnerships with 13 training organisations across the 9 provinces, which aims to train and empower South African communities in issues related to HIV/AIDS. Using a cascade training model, the partnership aims to help organisations (mainly NGOs) to integrate Soul City HIV and AIDS materials into their everyday work.

2.2 Old Mutual Foundation

The Old Mutual Foundation's HIV/AIDS strategy aims to empower communities and organisations to deal effectively with the HIV/AIDS epidemic, and to mobilise people within communities and organisations to go out and train, support and guide people within their communities around the HIV/AIDS issue.

The Old Mutual Foundation (OMF) was started in 1999 and has four main focus areas:

- Enterprise development (rural and urban)
- Education
- HIV/AIDS (with a special focus on vulnerable children)
- Staff Volunteers

These focus areas manifest in four distinct programmes:

1. **Rural Economic Development Initiative (REDI)**
2. **AIDS orphans flagship:** Support for organisations working with children who are vulnerable because of HIV/AIDS
3. **Education:** Implemented through REDI focusing on primary schools:
4. **Staff Volunteerism Programme**

2.3 REDI (Rural Economic Development Initiative) Programme

The Old Mutual REDI programme emerged out of an initiative of three individuals, and currently consists of a network of development practitioners from 20 communities in six of the nine provinces (Eastern Cape, KwaZulu/Natal, Mpumalanga, Limpopo, Free State & Western Cape).

The core principle behind REDI is rural development through strong leadership.

The programme has three main areas of activity:

- Rural and Local Economic Development
- Education
- Community Development

Rural and Local Economic Development

- The focus in this area has been on the establishment of new and viable businesses and the support and mentorship thereof.
- The Foundation made available an annual amount of two million rand, payable as grants, for the establishment of new businesses. The leaders agreed to accept the 100% funding from the OMF, but suggested that the beneficiaries have to pay back 25% into a REDI community investment fund, to increase the sustainability of REDI.
- To date, 193 businesses have been started, creating approximately 2000 new jobs. Most of these are small or micro businesses, e.g. fencing, taxis, public phones, and small agriculture.

Education

- The focus is on the development of maths at primary school level and a schools regeneration programme.
- In total, 569 teachers across 263 schools were offered maths development workshops, which were followed up with classroom visits. Annually, each school was provided, with comprehensive maths resource kits (for both foundation and intermediate phase) and workbooks for teachers and pupils.
- The Schools Regeneration Programme encouraged schools to conduct a needs analysis, and challenged them to raise funds to match Old Mutual's contribution of R10 000 per school in the form of an annual cash grant (over three years). Communities were invited

to participate in the redevelopment of their schools. Schools raised more than two million rand in 3 years in rural communities, over and above the OMF funding.

Community Development

- A total of R4.2m was allocated to this component of REDI over the three years, which focused mainly on the establishment of food security (through the establishment of food gardens, helping existing gardens with tools, irrigation, seed and water) and the HIV/AIDS Community Mobilisation Programme (CMP). The following section provides more detail on the CMP.

2.4 Background to the HIV/AIDS Community Mobilisation Programme (CMP)

2.4.1 Programmatic issues

The overall aim of the OMF's HIV/AIDS strategy is to empower communities and organisations to deal more effectively with the HIV/AIDS epidemic. This was to be achieved through training a core group of individuals from different communities / organisations who in turn will build the capacity of and mobilise others in their communities through training, guiding and supporting them on HIV/AIDS issues.

Within one year of REDI's inception, HIV/AIDS was identified as a need in the communities. At first many of the Champions denied that it was a significant issue, but as time passed, they bought into the idea. It was primarily the female Champions who identified HIV/AIDS as a major problem. The CMP was therefore conceived.

The objectives of the CMP were:

- To build the capacity of community members to deal more effectively with the HIV/AIDS related issues on a personal level and within the community.
- To mobilise different parts of the community to take action in order to limit the impact of HIV/AIDS.

The programme comprised the following two core components:

- **Train the Facilitator Workshops**: This involved training a core group of individuals who in turn will build capacity amongst the community, and

- **Community Mobilisation**: The newly trained CMP facilitators would mobilise others in their communities through training, guiding and supporting them around HIV/AIDS issues.

The OMF insisted that the CMP be a programme that would be sustainable, and sought to empower local people through a train-the-trainer initiative.

Soul City was identified as the training provider because of its materials, know-how, and ability to work across the country and in rural areas.

In terms of its geographical spread, the CMP was implemented in all 20 REDI communities in six provinces.

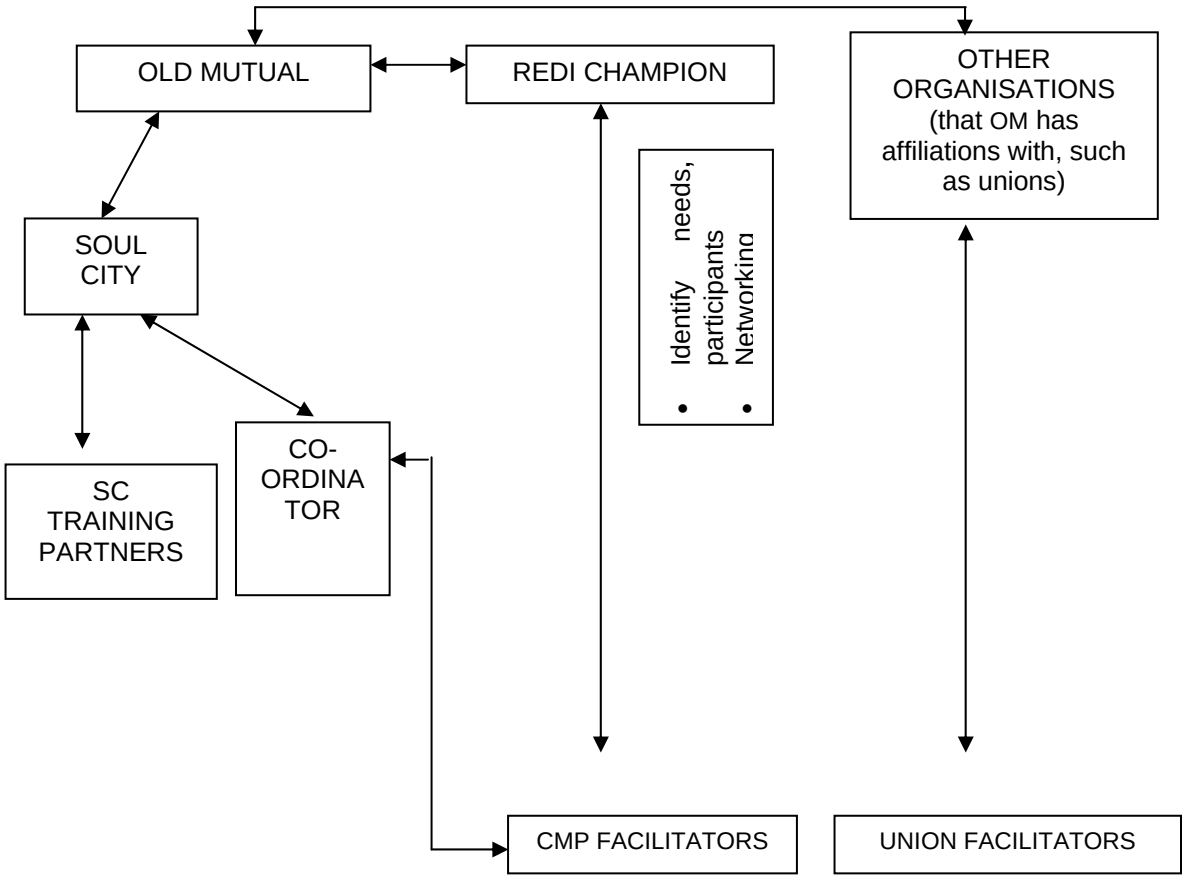
The planning for the project ensued for one year, which enabled Soul City to fully understand the existing REDI structures and network, and to tailor their materials.

The bulk of the funding for the programme was provided by Old Mutual, and to a lesser extent, Soul City. Old Mutual funds were used for among other things, the five day train-the-facilitator workshops, (including three days of trainers' fees, venue, accommodation and transport), and the roll-out funding to kick start the community activities. Soul City sponsored the educational and training materials and two days of the trainers' fees. The unions, though, had to fund their own accommodation and transport arrangements for their members.

The vision of the OMF was that each community have a Community Mobilisation Centre – a place of care, nurturing and support, where people affected and infected by HIV/AIDS could obtain food, clothes, and other support. A special focus was on orphans. One such centre had already been created in Mathabatha and is described on page 22.

The programme structure is presented diagrammatically below.

Figure 1: Programme structure and targets



- UNDERGO TRAINING
- CONDUCT COMMUNITY ACTIVITIES
- PROVIDE FEEDBACK to the co-ordinator:
  - Per workshop
  - Per community / organisation

2.4.2 Process of the CMP

The process of implementing the CMP is briefly outlined below.

Broadly speaking, the Community Mobilisation Programme had three components:

1. **Needs Analysis –** Workshops were conducted in the provinces with Champions and selected community members;

2. A series of five day **train-the-facilitator workshops**; and the

3. **Roll-out** of community activities, funded by the Programme.

   The scope of the CMP included not only the 20 REDI communities, but also several unions.

In order to determine the needs of the communities with regard to HIV/AIDS, Soul City conducted several needs analysis sessions, which commenced in February 2003. The aim of the half-day sessions was to discuss and uncover what the need for training was around HIV/AIDS.

In total, nine needs analyses sessions were held, of which five were conducted with the REDI communities and four were held with selected unions. It was estimated that within five to six weeks of the session the CMP facilitator workshops would be conducted.

Two of Soul City's partner organisations for training, GAPSA and NICDAM, were identified to conduct the train-the-facilitator workshops. Both training organisations had a training arrangement with Soul City prior to the Community Mobilisation Programme. Both the GAPSA and NICDAM trainers were master trainers in terms of the Soul City cascade model.

GAPSA trained the union members, while NICDAM trained the REDI community members. Both organisations were on target regarding the number of training sessions and the number of trainees. At the time of the evaluation, NICDAM had conducted five training sessions in five provinces, with the result that 119 CMP facilitators have been trained. GAPSA had trained 156 Trade Union members. They were planning on conducting one more workshop in 2004.

Each workshop ran over a period of five days. GAPSA and NICDAM developed (in co-operation with Soul City) a programme guideline based on desired outcomes, and a training manual for the participants.

The criteria applied for the selection of participants, included a demonstrated commitment by candidates to work in their communities and ability to

influence and lead people to take action to limit the impact of HIV and AIDS in their communities. Union facilitator candidates were selected from active and committed union members, who were educators and could build capacity among other union members through training and support around HIV/AIDS issues.

The **content of the community facilitator workshops** included the following:

1. Basic instruction on HIV/AIDS;

2. Facilitation and monitoring skills; and

3. How to use the Soul City HIV/AIDS materials.

There was the expectation that the CMP facilitators would, on completion of their training, implement a roll-out programme of community activities. Because the CMP facilitators were tasked with community mobilisation, they were trained on developing action plans, and budgeting and monitoring their plans in order to effectively implement their community activities.

A budget of R2000 was made available to the CMP facilitators for each HIV/AIDS activity they conducted within the community. Of this R2000, R100 was allocated to facilitator's fees. The idea was that this funding would facilitate the roll-out of activities as part of their community mobilisation programme.

Unlike their REDI counterparts, the union facilitators were not expected to mobilise the community, but were encouraged to share their knowledge with other union members and in their places of work. The trade union facilitators did not receive any roll-out funding.

Having provided the background to the CMP, the following chapter describes the research objectives, method employed and sample design.

Chapter Two

Research objectives, method and sample

3. Programme and research objectives

The evaluation focused on assessing the CMP against the objectives as described in the project concept document, dated November 2002.

The evaluation also sought to identify what the key elements were that contributed to making this an effective model for maximum positive impact on community responses to HIV/AIDS.

3.1 Programme objectives

The **two primary objectives** of the Soul City and Old Mutual partnership were:

1. To build capacity for community members to deal more effectively with the HIV and AIDS related issue on a personal level within the community; and

2. To mobilise different parts of the community to take action in order to limit the impact of HIV/AIDS.

The desired programme outcomes for the trained CMP facilitators were to:

- **Provide basic information and advice** on HIV/AIDS to targeted groups and individuals on a one-to-one basis or via workshops.
- **Make informed choices** about prevention, support, care, discrimination, healthy living, treatment, etc. and to apply it to their own lives as well as influence those in the workshops and communities that they deal with.

- Compile a list of local HIV/AIDS service providers (their activities and programmes) in order to **refer those who seek assistance or advice** to the relevant resource.
- **Participate in community** structures / programmes that deal with HIV/AIDS, and where there are no or limited resources to facilitate the setting up of such programmes to mitigate the effects of HIV/AIDS.
- **Minimise stigmatisation and discrimination** through promoting a wider acceptance of those living with HIV/AIDS amongst community members
- **Plan, implement and monitor** a programme of community activities to achieve the stated programme objectives.

Programme outcomes for community members were to:

- **Make informed decisions** about preventing the further spread of the disease, and around care and support for those infected and affected.
- **Establish and strengthen** support and care groups / programmes for infected or affected members.
- **Minimise stigmatisation and discrimination** through promoting
    - the concept of 'know your status', and a
    - wider acceptance of people infected and affected.

The research objectives and indicators below were designed to measure the success of these outcomes.

3.2 Research objectives

The **main evaluation questions** were:

3. **How effective** was the Community Mobilisation Programme, including the Soul City training?

4. **What was the impact** of the training on (a) the CMP facilitators and (b) the community at large?

4. Research method and sample

In order to answer these questions, the research employed a multi-method evaluation approach, combining predominantly qualitative, and to a lesser extent quantitative, research methods, which included:

- Documentary review
- Participatory planning workshop
- Observation of CMP facilitator workshop in Kuilsriver
- In-depth, face to face interviews
- Semi-structured telephonic interviews
- Participatory community workshops

Each of these methods, activities and outcomes are described below.

4.1 Documentary review

In order to prepare for and plan the research design, several background documents were reviewed, including the Soul City proposal to Old Mutual, the training programme and manual used for CMP facilitators, and other training related materials. As a result of this process, an agenda was prepared for the next phase of research planning, the evaluation planning workshop.

4.2 Participatory Planning workshop

The planning workshop sought to bring together all major stakeholders in the evaluation, and was attended by the Southern Hemisphere evaluation team, representatives from Soul City, GAPSA and Old Mutual. The aim was to collectively clarify and agree on the scope, process and expected outcomes of the evaluation. It was facilitated by the senior evaluator and lasted for half a day.

The workshop included a mix of input sessions about the project and a facilitated group exercise to formulate indicators.

Using the desired outcomes of the CMP facilitator training workshops, the workshop participants were encouraged to brainstorm and develop key indicators for each research outcome, and this provided the basis for questionnaire design.

The outcomes of the workshop:

- Provide background information on REDI programme and the CMP;
- Establish consensus on the size and breakdown of the sample ;
- Establish nature of the stakeholders to be interviewed; and
- Agree on the indicators for the evaluation.

4.3 Observation of a Kuilsriver workshop

Although not planned as part of the evaluation methodology, one member of the evaluation team attended an HIV/AIDS workshop in Kuilsriver as an observer. This was the third workshop run by the team of CMP facilitators, and the focus was on HIV/AIDS awareness among senior citizens and the unemployed.

The observation report summarised the key issues and topics raised.

4.4 Interviews

Owing to budget and time restrictions, the total sample for the evaluation was set at 23 qualitative interviews, to be conducted nationally. Of these, 16 interviews were conducted face to face, while the remaining nine interviews were conducted telephonically.

4.4.1 Stakeholders and case-study communities

One of the outcomes of the planning workshop was the identification of various stakeholder categories within the Community Mobilisation Programme. These became the research subjects for the evaluation. They were:

- **Project Principals** from Old Mutual and Soul City, who provided background and programmatic information about the CMP, as well as their experiences of the implementation process.
- **Training Providers (Master Trainers)** included representatives from GAPSA and NICDAM.
- **REDI Champions** were influential community leaders responsible for supporting and encouraging rural development.
- **Facilitators** for CMP and union facilitators were individuals who had attended the five-day facilitator training in HIV/AIDS.
- **Beneficiaries** included ordinary members of the community who had been participants in any HIV/AIDS awareness or education activities conducted by the CMP facilitators as part of their community roll-out programme.
- **Viva Distributors**, although not intended as part of the original interview sample, were included in an additional telephonic interview with the representative of the official distribution company for Soul City materials.

The CMP was implemented across 20 communities in five provinces. However, one of the results of the planning workshop was the suggestion by participants that the research focus on four communities as qualitative studies of implementation. As such, four rural communities across three provinces were chosen. Interviews and a participatory community workshop were conducted within each community. These provided a detailed and full account of the nature, scope, and rate of implementation of the CMP within each community.

A key part of the evaluation was to understand what enabled the model to work in areas where it was most successful, and to identify the obstacles to success in other areas.

Four communities were selected based on input from the project principals. Three of the four were selected because of a belief that community mobilisation had been most successful in these communities.

Leboeng was selected as an area where little formal implementation had taken place. Other reasons for selecting the communities were:

1. **Mathabatha** (Limpopo) displayed a good record of implementation in previous monitoring reports.

2. **Richards Bay**/**Merensee** (KwaZulu Natal): Prior to the CMP, there existed a network of organisations dealing with HIV/AIDS issues, and this indicated the potential for effective implementation.

3. **Harrismith** (Free State) was geographically accessible to the KZN communities, and also had the youngest Champion in REDI.

4. **Leboeng** (Mpumalanga): This community displayed a weaker record of implementation.

For each of the case-study communities above, interviews were conducted with:

- The Champion (1 interview);
- CMP facilitators, one of whom would preferably be a team leader (2 interviews); and also through a
- Workshop with community members who had attended HIV/AIDS activities conducted by trained CMP facilitators (4 workshops).

4.4.2 Face to face interviews

In total, 16 structured, qualitative face-to-face interviews were conducted between November and December 2003, with the following stakeholders:

- Project Principals (Old Mutual and Soul City)

- Master Trainers (GAPSA and NICDAM)
- REDI Champions in Mathabatha, Leboeng, Harrismith and Richards Bay respectively.
- CMP Facilitators (of which four were Team Leaders) in Mathabatha, Leboeng, Harrismith and Richards Bay respectively.

All the interviews were conducted using open-ended research instruments, where the focus was on gathering information that was detailed and allowed for descriptive quotes of the interviewees' experiences to be captured.

The interviews with the Champions and CMP facilitators lasted between 1½ and 2 hours, and interviews with the principals also lasted longer than anticipated.

Table 1: Sample of face to face interviews, N=16

	Facilitator	Team Leader	Champion	Trainer	Principal	TOTAL
Mathabatha	**1**	**1**	**1**			**3**
Leboeng	**1**	**1**	**1**			**3**
Harrismith	**1**	**1**	**1**			**3**
Richards Bay	**1**	**1**	**1**			**3**
Other				**2**	**2**	**4**
TOTAL	**4**	**4**	**4**	**2**	**2**	**16**

Although not reflected in Table 1 above, several unstructured, face-to-face interviews were also conducted with some of the CMP facilitators at the Kuilsriver workshop, regarding the nature and extent of HIV/AIDS activities they had conducted previously.

4.4.3 Telephonic interviews

A total of 10 telephonic interviews were conducted. Six telephonic interviews were conducted with CMP facilitators from two REDI communities and three national unions (beyond those included in the primary sample) in order to provide supplementary information to the findings from the case-study communities. A further telephonic interview was conducted with a representative from Viva Books, the company that distributed the Soul City materials used by CMP facilitators in their community roll-out activities.

Supplementary interviews were conducted with:

- Three CMP facilitators, two based in Lusikisiki (Eastern Cape) and one based in New Crossroads (Western Cape)
- Three union facilitators, including the Gender Chairperson for ITUSA (teacher union), a USAPE union member (teacher union), and the National Gender Co-ordinator for SASAWU (magistrates, prosecutors, administrators union).
- Viva Books representative

Telephonic interviews usually lasted between 45 minutes and one hour, and were completed during work hours, with the exception of one facilitator interview, which was conducted after work hours, and lasted for 1.5 hours. This was done with the interviewee's permission.

Table 2: Sample of telephonic interviews N=7

	CMP facilitator	Union Facilitator
Lusikisiki	2	
New Crossroads	1	
USAPE		1
SASAWU		1
ITUSA		1
Viva Books representative	1	
TOTAL	**7**	

4.5 Focus groups / workshops with community members

In total, four focus groups / workshops were convened with community members in Leboeng, Mathabatha, Richards Bay/Merensee, and Harrismith.

Eight community members, who were required to have been participants of an HIV/AIDS awareness or education activity conducted by the trained CMP facilitator, attended each workshop.

4.5.1 Objectives of the focus group

The objective of the focus groups was to ascertain the extent of the impact of the CMP facilitators' activities in the communities. The workshop explored the impact of the CMP within the community in relation to the three outcomes set for community training in the project strategy documents.

Outcome 1: Enable members to make informed decisions about preventing the further spread of the disease, and around care and support for those infected and affected.

Outcome 2: Establish and strengthen support and care groups/programmes for infected or affected members.

Outcome 3: Minimise stigmatisation and discrimination by promoting:

- The concept of KNOW YOUR OWN STATUS
- Wider acceptance of people infected and affected

4.5.2 Process followed

A detailed focus group/workshop schedule was prepared and each of the moderators was trained in the schedule.

As HIV/AIDS is a topic that is difficult to talk about openly, ground rules were established at the start of the sessions and icebreakers were conducted. The aim of this was to create group security and an atmosphere of trust.

The activities comprised group work and discussions. Techniques used included word association, community mapping and scenario setting.

The moderators used a flip chart, a tape recorder and a scribe to record the discussions.

The groups were run in the vernacular language, except for the Free State where it was mixed language – Sotho, Zulu and English.

The workshops were organised by the Team Leader in each province, who was provided a budget and paid a nominal fee.

Each of the participants received transport money and a stipend for participating. Refreshments and food were also provided.

4.5.3 Limitations

It has come to our attention that the three CMP facilitators from Leboeng actually participated in the focus group discussion, even though it was made clear that the focus groups were for community members who had participated in their activities.

The Leboeng group shows a high degree of knowledge, probably because of the probably because of the participation of the Soul City trained CMP facilitators, and the fact that other participants worked for NGO's or CBO'It is also true that many of the focus group participants were already involved in HIV/AIDS related work in their own communities, and in other NGOs and

CBOs. Hence it is difficult to determine the source of their knowledge. It is difficult to single the CMP training out as the sole influence.

4.6 Instruments

All instruments prepared for this evaluation were open-ended, as the emphasis was on collecting rich, textured information. In total, eight research instruments were designed and administered for data gathering purposes, as identified below:

- **Evaluation planning workshop schedule**
- **CMP facilitators**
- **Union facilitators**
- **REDI Champions**
- **Project Principals (OM and Soul City)**

The principal questionnaire also contained a *Community Rating Scale*, in which the principals were encouraged to score the rate of implementation of the CMP within each REDI community as weak, average or strong, providing a motivation for their choice.

- **Training Providers (GAPSA and NICDAM)**
- **Instrument for Viva Books representative**

Some of the issues covered in this instrument included:

1. Ordering of materials: How was this done, length of time to complete and send order, geographical areas of coverage, quantities, etc.
2. Cost of delivery: Who pays, and under what conditions?
3. Key challenges experienced during Soul City HIV/AIDS materials distribution
4. Enabling factors that assisted distribution.

- **Focus group / community workshop schedule**
- **Monitoring Reports Capture Form**

As part of their monitoring and evaluating requirement, team leaders and CMP facilitators were required to periodically submit a variety of feedback reports, including the:

- **Team Leader Monthly Summary reports**
- **CMP Facilitator Evaluation forms**
- **Attendance Registers**

Team Leader reports were completed by the team leaders on a monthly basis and contained the summary of HIV/AIDS related activities conducted by the group of CMP facilitators for any given month. In addition, each CMP facilitator was required to complete an evaluation form for each activity they conducted, detailing the specific nature of the activity, attendance, and kinds of Soul City materials used. Attendance registers were completed per activity, and together with the CMP facilitator evaluation form, were handed to the team leader for submission to Soul City. The submission of these reports was an important requirement, since it helped Soul City to monitor and make decisions about the disbursement of funds for future HIV/AIDS activities proposed by the group.

In order to review the various monitoring reports received from Soul City, a quantitative instrument was designed to capture and collate this information. The outcome of this process was an individual quali-quant[2] report containing information from all the various reports submitted to Soul City by CMP facilitators and team leaders, including the amount of people that benefited from their activities.

NOTE: It is important to emphasise that the information was based solely on the evidence (in form of reports) submitted to Soul City (and subsequently Southern Hemisphere). For this reason, the attendance figures and the number of activities conducted are not definitive, and only portray the state of affairs as it was documented and submitted to Soul City in the form of a report. It is entirely possible that greater numbers of community members attended activities, or that more activities were conducted, but because no documented evidence was submitted, this information did not form part of the report.

The fact that Soul City supplied us with hard copies of the monitoring reports indicates a limitation to their monitoring system, since no further record keeping or analysis of the raw data (monitoring reports) was done. A weak monitoring system (information that has been haphazardly collected and not analysed) has serious implications for the evaluation process by limiting the extent to which conclusions can be made regarding the effectiveness of the CMP on the whole.

The above-mentioned quantitative findings were integrated with the findings of the community assessment ratings, to form a consolidated account of the level of implementation on a community-by-community basis, including the level of monitoring compliance displayed by the CMP facilitators and team leaders within their respective areas.

[2] Part qualitative, part quantitative

Table 3 : Research sample by interviews and focus groups

,	Facilitator[3]	Team Leader	Champion	Union Facilitator	Trainer	Principal	Community members	Other	TOTAL
In depth interviews	**7**	**4**	**4**		**2**	**2**			**19**
Telephonic interviews	**3**			**3**				**1 (Viva Books)**	**7**
Focus groups							**4**		**4**
Unstructured interviews	**3**								
TOTAL	**10**	**4**	**4**	**3**	**2**	**2**	**4**	**1**	**30**

The full sample consisted of:

- **16** face to face in depth interviews, with CMP facilitators, project principals and trainers
- **7** telephonic interviews, with facilitators and Viva Books representative
- **4** focus group / community workshops
- **3** Unstructured, face to face interviews with selected facilitators at Kuilsriver workshop
- **Observation** of proceedings at Kuilsriver workshop

[3] CMP facilitator

Chapter Three

Findings of the Evaluation

5. Introduction

In this section the findings of the research are presented according to the key themes that were investigated, namely:

- The effectiveness and impact of the community mobilisation programme in terms of:
  - **Community mobilisation**;
  - **Knowledge** held by the CMP facilitators and community members with respect to HIV/AIDS prevention, care, support and stigma reduction; and the
  - **Impact** on the CMP facilitators, their organisations and community members.
- The **effectiveness** of Trade Union Facilitators
- The **effectiveness** of the Materials used
- **Programmatic issues**:
  - Monitoring, evaluation and reporting;
  - Training of master trainers; and
  - Lessons regarding the delivery of training.

We begin the section by providing background information on each of the five communities where the research was conducted. This information was gained from interviews with the principals from Soul City and Old Mutual.

Please Note: This evaluation did not focus on the process issues related to implementation, but rather focused on the effectiveness of its implementation and the impact of the programme.

6. Profile of REDI and HIV/AIDS support within each community

Since the HIV/AIDS CMP is a key component of the REDI Programme, and operates within the REDI framework, the following section will briefly recount the performance of the REDI programme[4] within each of the four focus group communities. Additionally, information on the nature and extent of any HIV/AIDS support structures that exist within the REDI community will be offered, so that the reader becomes acquainted with the kinds of HIV/AIDS activities that preceded and enabled the implementation of the CMP. This information emerged from the focus groups with community members.

It was our hypothesis at the start of the evaluation, that where the REDI programme was strong, the CMP would have been more effective. The findings bear this out, and underscore the importance of the role of the Champion, whose support was a real enabler. The two communities that illustrated this most visibly were Mathabatha and Leboeng, both in Limpopo. In Mathabatha, the support from the Champion has been incredible, and considering the scarcity of resources available in that community, implementation has been very good. By contrast, the Champion in Leboeng acted as a barrier, as she wanted to control the process and did not empower CMP facilitators, who were ready and willing to proceed with implementation.

The availability of funding emerges as another decisive variable. In Richards Bay, a delivery mechanism was created by the REDI stakeholders to facilitate the implementation of REDI. The structure is called ZEDA (Zululand Economic Development Agency), and it has approximately 12 NGO's affiliated to it. This also provided the CMP facilitators with a diversified funding base and they did not have to rely on Soul City alone.

Mathabatha (Limpopo)

The REDI Champion in Mathabatha (Limpopo) has been described as *"the ultimate Champion."* According to the OM principal interviewee, the

> *"(The Champion) is very passionate about HIV/AIDS. She is a real driver, the youth love her, and she gets the community to act on issues."*

- A community centre has been established in Mathabatha, and is in line with the OMF's vision for the development of community centres, where people affected and infected by HIV/AIDS could obtain food, clothes, and other support. The centre is called Fanang Diatla. At

[4] Source: OM Project Principal interviewee: Benna van der Merwe

this centre, they have food gardens, and child-care facilities. Orphans, who remain in the houses that are their own inheritance, are able to get support from the centre. Pre-school children come for childcare during the day, and school- going children come for breakfast in the morning. The Community Mobilisation Centre is becoming a hub for other activities, and business are linked to the centres e.g. bakery, juice making.

Other projects that the REDI Champion in Mathabatha has driven:

- Helped people to establish enterprises;
- Assisted the start up of community food gardens;
- Organised for an irrigation channel that irrigates food gardens and the land of emerging farmers;
- Involved primary schools in maths training; and
- Initiated a school regeneration programme (e.g. school repairs, fencing).

Within this environment a multitude of HIV/AIDS-related activities and support structures were identified.

From the results of the research with community members (focus groups), the following activities and support services could be identified, and grouped according to:

Prevention

- This included condom distribution at an old age centre, taxi rank, police station, high school, Fanang Diatla centre, a clinic, various stores and the youth centre.
- HIV/AIDS education and awareness-raising focusing on prevention was conducted at schools, churches, old age centres, the tribal office, Fanang Diatla, a clinic and the youth centre.

Care and support

- A support group exists at a local church.
- Members of Fanang Diatla provide support to sick and bedridden patients, and also provide care to the orphans.
- At the clinic, VCT is conducted and treatment / medicine is provided to the infected.
- The business centre and Fanang Diatla provide food parcels to orphans and the vulnerable, and the community irrigation scheme allows for vegetables to be supplied to the needy.
- The youth centre provides courses in carpentry and shoe making.

The Mathabatha REDI programme appears to have a successful track record in the implementation of various economic, educational, social and community development activities.

The Champion is a keen driver of the programme. Her strong sense of the social needs of the community often led to the establishment of local economic development activities, many of which have provided assistance, and mitigated the impact of HIV/AIDS on the community.

Leboeng (Limpopo)

Insufficient information on the activities and effectiveness of the REDI program as a whole, and enterprise development in particular, could be gathered. It seemed that that Champion was not really driving the programme.

With regard to the presence of HIV/AIDS support structures and activities within Leboeng, the community identified a variety of initiatives, most of which provide services centred around **care and support**.

- The clinic played a pivotal role by providing VCT, medical treatment and referrals to the home-based care group.
- Food parcels, second hand clothing, vegetables and seedlings were collected and distributed to orphans, child-headed families, the bedridden, and other groups of vulnerable people, by churches, the tribal authority, various shops, and several community projects.

The tribal authority played an important part in mitigating the **stigmatisation** suffered by HIV+ persons, by offering 'protection' to intimidated, infected and affected people in the community.

> *"Whenever a case of intimidation is reported by the project, the accused are called to the tribal authority to account for their behaviour. During community mass meetings, the community is encouraged to treat the sick, orphans and vulnerable properly, as part of their community."*

Despite the abundance of social care and welfare activities that took place in the area, it seemed that these initiatives had existed prior to the HIV/AIDS CMP. The trained CMP facilitators have not been proactive in rolling out their own activities, as was expected on completion of their training. They have, however, incorporated the knowledge gained into their existing work, as it appears that some work for HIV / AIDS related organisations.

Harrismith (Free State)

The Champion joined REDI one and a half years ago, and is the youngest member of the REDI network. He is passionate and dynamic and brought fresh new perspectives and ideas to the project. He has a good business mind and brought new strategic thinking to the REDI network.

There are a wide variety of HIV/AIDS structures in the community that cater for the full spectrum of HIV/AIDS needs relating to prevention, care and support.

Hospitals and clinics provide medical care for HIV+ patients as well as VCT, support to trained caregivers, and institute home-based programmes.

Approximately seven NGOs were identified whose main objectives were to raise awareness and educate the community. The youth club also promoted messages of prevention and support, while a development trust provided support to all NGOs working in the HIV/AIDS field.

ATTIC and two churches in particular were singled out as the providers of training to HIV/AIDS trainers and church members, respectively.

Harrismith came across as a vibrant and active community, where various community institutions and organisations provided much needed assistance and support in addressing the HIV/AIDS issue.

Richard's Bay (KwaZulu Natal)

The REDI Champion in this community is a keen businessman, and has been very involved in implementing REDI. One interesting initiative is the food garden project, which was cultivated in a banana plantation. Although the Champion is more business oriented, he was, according to the OM interviewee, *"slowly becoming aware of the social issues (HIV/AIDS) ".*

ZEDA had been established as part of REDI and it is a network of NGO's and businesses who are all contributing to community development in the region. It is also a fundraising vehicle.

The Richard's Bay/Merensee community also presented evidence of numerous HIV/AIDS-related activities:

Prevention

- The NGO *Lovelife* was the primary provider of HIV educational pamphlets and education to learners in schools. It also organised inter-school competitions on HIV/AIDS.

Support and care

- The clinic and hospital were the chief dispensers of medical treatment and nutritional advice, in addition to offering testing and counselling for community members who sought it.
- An NGO, churches and Hospice were mentioned as providing home-based care to the infected and orphans, and also trained people on how to care.

Soul City was described as a support service in the community, in that it provided training and training material. The organisation was seen to *"develop the community."*

Although not strictly related to HIV/AIDS, several other sources of support were seen as instrumental in contributing to the overall upliftment of the area:

- Government departments, which provided social welfare grants, funding for development projects, and issued the community with identity documentation.
- Community halls provided venues for meetings for the support groups or community gatherings.
- Members of support groups were engaged in skills development initiatives.
- Community care workers helped establish food gardens, and disseminate information to the community.
- Industry provided funding for community projects and skills training.

The evidence suggests that all components of the REDI programme (educational, economic and social/community) were actively implemented in the Richard's Bay/ Merensee community, and furthermore, that there were many different contributors.

Other communities that stood out in the REDI network as part of the HIV/AIDS CMP were:

New Crossroads

- Launched an AIDS programme in December 2003; and
- Fed 57 HIV-positive people from their vegetable garden.

Kuilsriver

- Described as doing good work already, even though their CMP facilitators were trained last.
- Very passionate about the HIV/AIDS issue.

Lusikisiki

The Champion *"…is a real Champion. Being a reverend he lives for the people".*

- He has supported various projects as part of REDI including food and vegetable gardens, business initiatives and the education programme.

Summary

This section sought to shed some light on the performance of the REDI programme in selected communities, and the kinds of HIV/AIDS support structures that exist in parallel.

REDI has been successful in each of these of these communities, except Leboeng where activity has been limited.

In all communities, the community members had extensive knowledge of the support structures for HIV/AIDS. There was a lot of existing HIV / AIDS related activity identified in each community, with primary actors being clinics, churches, schools, tribal authorities, NGOs and the private sector.

The activities centred on prevention and awareness, and taking care of the sick and the vulnerable (including orphans). One theme that emerged in all communities was the need for a focus on home-based care. Community members all said that support for the sick and vulnerable was a dire HIV/AIDS-related need in their communities. The main concerns related to HIV /AIDS in these communities, as identified by the Champions, are elaborated on in the following section.

6.1 Major issues confronting communities in terms of HIV/AIDS

We asked the REDI Champions to identify the primary needs with regard to HIV /AIDS in their communities. We provide this as a background to the implementation of the CMP.

The following issues were identified as HIV/AIDS-related priorities in their communities, and are grouped by theme.

6.1.1 Care and Support

- Two of the four Champions specifically mentioned prioritising the provision of care and support for orphans and vulnerable children.
- A more general need for home-based care programmes was also expressed.
- One Champion expressed the need to conduct nutrition programmes in their community.

> *"(There's a) need to educate people in how to establish food gardens, proper preparation of meat, and use of soya, beans, etc as part of a more affordable high protein diet."*

6.1.2 VCT, disclosure and anti-stigmatisation education

One Champion felt that the community should be encouraged and educated on the benefits of testing for and revealing their positive status, without fear of discrimination or isolation.

6.1.3 Prevention

- A need for general HIV/AIDS awareness raising and education (1 mention)
- A need for awareness-raising to combat high levels of teenage pregnancy.

One Champion was specifically concerned about the high rates of teenage pregnancy in her community, especially since, in her view, teenage mothers were deliberately becoming pregnant in order to access the child support grant. HIV/AIDS awareness campaigns were needed to specifically target young girls at risk of teenage pregnancy.

Summary

There is a need to address all aspects of HIV/AIDS (prevention, care, support and anti-stigmatisation) in each of the communities. There does, however, seem to be a shift from a focus on prevention programmes to programmes that provide care and support for those who are sick and their family / community members. This reflects the fact that people are now suffering the effects of the disease and the need for care and support is widespread. The focus for youth remains prevention, in conjunction with information on teenage pregnancy.

7. The effectiveness and impact of the CMP

In order to ascertain the extent to which community mobilisation took place, and what the focus areas were, we interviewed CMP facilitators and asked what activities they had conducted, and what other community organisations they were a part of. Facilitators were also asked to reflect on the highlights of their experiences.

Training Outcomes:

1. Plan, implement and monitor a programme of community activities to achieve the stated programme objectives.
2. Participate in community structures/programmes that deal with HIV/AIDS.

In this section, we begin by looking at the activities that were conducted in each of the communities, and summarise the types of activities and the target groups. Then we highlight what other organisations the CMP facilitators were involved in, as they were likely to impart their knowledge in these organisations as well. We found that all the CMP facilitators were involved in other organisations where they were able to share their new knowledge. The knowledge that they gained was disseminated not only through the activities that they organised themselves, but also through the activities in which they are involved as members of other groupings.

7.1 Community mobilisation activities

The findings show that there was a fair amount of activity following the training of CMP facilitators, although the rate of implementation differs between communities.

The information below is based on interviews conducted with team leaders, which provided far more information than the written reports submitted to Soul City.

The rate of implementation was affected by a number of factors:

- We identified a relationship between the success of REDI in an area and the success of community mobilisation. A critical factor seems to be the role of the Champion and the level of their active support for the project. Where these two factors were positive, roll-out was more extensive, and more effective.
    - Leboeng is a classic example of how the Champion acts as an obstacle to community mobilisation. Whereas the CMP facilitators were keen to implement activities, the Champion wanted to control all process and output, and because she did not have the time to get involved, she actually operated as an obstacle to action. The CMP facilitators do not feel empowered to act without her.
    - Mathabatha (Limpopo), is an example of how the Champion inspired CMP facilitators to act and supported implementation.
- The availability of resources and funding. Where Soul City was the only source of funding, activities slowed down over time owing to late payments from the programme[5]. In communities like Richards Bay, where ZEDA operated, funding from other sources made roll-out more sustainable. This is another an example how the success of the project was linked to the success of the REDI initiative.
- The motivation, sense of ownership, level of teamwork and problem-solving ability of the CMP facilitators was also critical.

Let's take a more detailed look at what took place in each community. Consolidated information can be found in Table 4.

Mathabatha

In Mathabatha the facilitating team organised seven workshops:

- Three workshops on HIV/AIDS in the community
- One workshop on HIV/AIDS awareness in schools
- One workshop on positive living

[5] More information on late payments can be found in section 7.1.4

- One workshop with the tribal office about the planned Soul City training.

The target groups of training were school learners, the tribal office and Indunas, and community members working on various projects.

Although they would have liked to plan more workshops, they believed that they could not do so without funding from Soul City, and delays in the disbursement of funds were a barrier to implementation.

Leboeng

It has emerged that no activities were conducted in Leboeng under the Soul City banner. All activities and feedback from Leboeng were based on people's experiences working in the HIV/AIDS arena through other organisations. This information is still important, since CMP facilitators used the knowledge they gained in the Soul City training in their other work.

The CMP facilitator who was interviewed reported conducting four workshops and making house visits, where condoms and the Soul City materials were handed out. One workshop was on home-based care and the other three were called *"In-Service Training".*

The interviewee commented that he had not reported on these workshops to REDI (with which Soul City Training is identified), because he did not get any funding or material support from them.

Harrismith

According to the team leader, the following activities were conducted in Harrismith:

- Road shows in three villages on HIV/AIDS awareness in August 2003. Both youth and adults were targeted in this campaign.
- A workshop in Mabulela Village in October 2003 for youth on the topic *"Transmission and prevention of HIV/AIDS."* About 20 people attended.
- A workshop on caring for sick people held in September 2003. The target groups were adults and youth and 30 people attended.
- A candlelight ceremony was held to commemorate AIDS day in December 2003.

Richards Bay

Five activities took place in Richards Bay:

- A workshop in August 2003 with Faith-Based Organisations to train them in HIV/AIDS, where approximately 500 people attended.

- A workshop on *"Rejection of people with HIV/AIDS"* held in August with senior citizens and attended by 25 people.
- Soul City Training conducted together with Sarah Gwala on *"Living positively with HIV/AIDS."* The target group was youth and women, and it was held in September 2003.
- A workshop was held with learners at schools on HIV/AIDS awareness in October 2003.
- The last workshop in October was on living positively and how to start your own business. This was also conducted with learners.

Lusikisiki

According to the team leader in Lusikisiki, two workshops were conducted in July and August. This community was trained fairly early on in the programme, and in that sense two activities seem too few. However, considering the inaccessibility and low level of resources in the area, two workshops are acceptable in our opinion. Lusikisiki is a geographically dispersed community, and access without transport is very difficult. As an example, the post office and bank are 45 km away. The team said that community members were resistant to volunteer, as they wanted to be paid for their efforts. It seems as if more leadership and team work is required from the team in this region.

The focus of their activities was home-based care and food provision.

- The first workshop was on VCT and relationships, and was attended by 15 young women.
- The second was on HIV/AIDS awareness (in the Ndabozimbini administration area), and was also attended by 15 people.
- Two further workshops were held, the topics have not been identified.

New Cross Roads

The New Cross Roads group has been very active since their training in July 2003 and conducted the following activities:

- Three AIDS awareness-raising workshops were held at schools in October and November 2003.
- A community workshop on AIDS awareness was held in November 2003
- They set up a Soup kitchen made up of 3 branches. One group operates in the KTC squatter camp and caters for about 57 people. The other two groups are located at the Masizakhe Environmental Centre.

Kuilsriver

The Kuilsriver team are an excellent example of teamwork and motivation. They are an extremely dynamic and well-organised group.

- The eight CMP facilitators are very well organised. They decided that they would work in pairs and take turns to train. Each of them would facilitate two workshops. They worked out an action plan, which indicated their goals, and also described the difficulties they might encounter, such as people/organisations rejecting their advocacy efforts. By planning for possible failures and hardship, they are not easily discouraged.
- The CMP facilitators met to report on their experiences, and evaluate their activities. They discussed the experience gained when they facilitated a workshop.
- The first workshop was held in late July 2003, where 8 people, all women, were trained.
- The *second* workshop was conducted in conjunction with the local church, the school and local municipality. Funding came from SC and from the Netherlands. It was attended by 80-100 youths between the ages of 12 and 16 years.

  The focus of workshop was to:

  a. raise awareness among youth on the issue of HIV/AIDS.
  b. find out from them what they knew already (so as to better understand their needs).
- The *second* workshop was on how to care for HIV/AIDS infected people

  It was a three day, five hours a day workshop. Participants were formally invited to attend. The participants were all people originally trained by the church as caregivers. They had some basic training in HIV/AIDS. 26 people were invited, and 13 attended.
- The *third* workshop is the one which we observed. The topic was HIV/AIDS awareness among senior citizens. This workshop was attended by 8 elderly people.

Summary

It is evident that HIV/AIDS-related advocacy activity resulted from the Community Mobilisation Facilitator Training. Workshops appear to be the most popular method of delivering information, and the subjects included prevention, living positively with HIV / AIDS and home-based care. The target groups varied, and included women, youth, faith-based groups and traditional leaders. While there was only one workshop that focused specifically on anti-stigmatisation, some activities did cover the need for voluntary counselling

and testing and disclosure – both of which are inhibited by the negative stigma associated with HIV / AIDS.

The candle light ceremony, held in Harrismith, is one way to deal with the stigma by bringing the HIV / AIDS issue out into the open. The one community where activities were not conducted under the SC banner was Leboeng. There is a correlation between the success of REDI and the effective roll-out of the CMP.l

7.1.1 Networking and involvement in other community groups

Most CMP facilitators appeared to be involved in other structures, ranging from political to sporting organisations.

Facilitators mentioned that they shared information and gave advice about HIV/AIDS issues in these contexts, and used the Soul City materials and facilitation techniques that they learned from the Soul City training.

They are thus able to mobilise community members via their participation in these structures, besides the activities that they organise independently. The degree of networking offered by CMP facilitators is presented in Table 5. This underscores the importance of selecting the right people as community mobilisers.

Table 4: List of activities - grouped by community

Activity	No. trained	Stakeholder	PLANNED activities	REPORTING comments
LEBOENG (trained in March 2003)				
1. No workshops have been conducted under the banner of Soul City, but a number of activities have been conducted by those CMP facilitators who are already working in the HIV . AIDS field, including the use of the Soul City materials.			No activities planned.	No reports submitted.
MATHABATHA (trained in March 2003)				
1. Workshop, to inform tribal office about the activities and SC training planned.	23 April 2003	Indunas from Mathabatha village	Want to run more workshops but delayed by late disbursements from HO of Soul City and not able to run workshops without funds for catering.	Roadshow – still need to meet and plan for it.
2. Workshop on HIV/AIDS in community	43 May 2003	Members of the Fanang Diatla Project		
3. Workshop on HIV/AIDS in community	26 May 2003	Youth working in projects		
4. Workshop on HIV/AIDS in community	18 May 2003	Lafata Gardening project		

Activity	No. trained	Stakeholder	PLANNED activities	REPORTING comments
5. Workshop on HIV/AIDS in community	August 2003	Community		
6. Workshop on HIV/AIDS awareness in schools	Sept – Nov 2003	School pupils and teachers		
7. Workshop – living positively with HIV/AIDS	December 2003	Indunas		
Activity	**Number & Date**	**Stakeholder**	**PLANNED activities**	**REPORTING comments**
HARRISMITH [6] (trained in July 2003)				
1. Road show on HIV/AIDS awareness	3 villages August 2003	Village community	Awareness projects Workshop in Naledi village – 2 February 2004 Workshop in Mhedin	*"We don't write down but do it verbally."*
2. Workshop on transmission and prevention	26 October 2003	Youth		
3. Workshop – caring for the sick	30 September 2003	Community		
4. Candle light ceremony to commemorate AIDS Day	1 December 2003	Community		
5. Workshop on discrimination and how to provide care and support.	October 2003	Learners		

[6] This site was chosen to be part of the FG sample because of the Co-op model in existence there.

Activity	No. trained	Stakeholder	PLANNED activities	REPORTING comments
RICHARD'S BAY (trained in May 2003)				
1. Workshops with faith-based organisations on HIV/AIDS	500 August 2003	Faith-based organisations.	Awareness raising at schools	No reports submitted. *"I'm not sure about the reporting lines, they are not clear."* *"I only send reports to the Champion."*
2. Workshop on discrimination	25 August 2003	Senior citizens	Awareness raising at churches	
3. Training on living positively with HIV/AIDS	September 2003	Youth	Help school leavers start own businesses	
4. Workshop on awareness	October 2003	School learners	Support group for infected couples.	
5. Workshop on living positively and how to start a business	October 2003			
LUSIKISIKI (trained in April 2003)				
1. Workshop on VCT	15 July 2003	Young women	*"We have a lot of plans but we don't have money to carry out our plans."* *"We want to open a hospice, I have a group of volunteers who are willing to help."*	
2. Workshop on HIV/AIDS	August 2003	Youth in Ndabozimbini administration areas		

Activity	No. trained	Stakeholder	PLANNED activities	REPORTING comments
3. Workshop	11	Youth		
4. Workshop	14	Adults and youth		
NEW CROSS ROADS (July 2003)				
1. Workshop in school, raising AIDS awareness	October 2003	School children		
2. Workshop in school, raising AIDS awareness	October 2003	School children		
3. Workshop in school	November 2003	School children		
4. A community workshop, AIDS awareness	November 2003	Community		
5. Set up a Soup kitchen, broken up into 3 'branches'. 1 group operates in the KTC squatter camp and caters for about 57 people. The other 2 groups are located at the Masizakhe Environmental Centre.		Community members who are ill, unable to go to Centre		

Table 5 : Degree of networking of CMP facilitators

Community	Position	Organisation	Application of information or skills
Lusikisiki	Care giver	Holy Cross	*"The training advanced my knowledge about HIV/AIDS."*
	Care giver	Holy Cross	Shared knowledge about HIV/AIDS. Advised people on healthy eating.
Richards Bay		ZEDA Othandweni Dept. Health	
Harrismith	Educator	ABET	Facilitated a skills workshop on HIV/AIDS
	Facilitator	Kakaretso	Facilitated a skills workshop on HIV/AIDS
	Treasurer	Banisa community support service	
	Member	Marhag Clinic Committee	Used flyers from Soul City materials. Talked to people about HIV/AIDS.
	Chairperson	Harrismith home-based carers	Use the facilitation skills learned from Soul City
Mathabatha	Facilitator	ANC Youth League	Found out what they know about HIV/AIDS and facilitated around that.
	League Manager	Mathabatha Football Association	Discussed issues of HIV/AIDS in league meetings.
Leboeng	Attend meetings	Public Works (unclear)	Information sharing
	Facilitator	Strydom Tunnel Peer Education	Used information to assist members on problems they encounter
	Co-ordinator	Mmamogale Maphiri	Prepared members for presentations to donors.
	Facilitator	Home-based care	Accessed information that they (carers) need to do their work.
New Cross Roads	Member	SANKO	Information sharing
	Organiser	School Regeneration [7]	Trained teachers on issues of HIV/AIDS

7.1.2 Highlights of activities

We asked CMP facilitators what the highlights of their various activities were, and this throws light on what knowledge they gained, and subsequently communicated to others.

- For some CMP facilitators the highlight was their increased knowledge on HIV/AIDS and the corresponding increase in their confidence to share that knowledge.

  "Facilitators have the confidence to talk about HIV/AIDS issues as they are now knowledgeable on the subject."

[7] Sponsored by Old Mutual

- Many CMP facilitators found it extremely satisfying that they were able to provide care and support to the infected and orphans, by:
    - providing home-based care to infected persons;
    - teaching people to use vegetable gardens for their own consumption and for commercial use; and
    - supporting orphans with uniforms, food, transport, etc so that they could remain in school.
- Seeing visible proof that the messages about prevention were being heard and implemented was also a major highlight.
    - In Leboeng, one CMP facilitator mentioned that teenage pregnancy had decreased:

"Before this there was high teenage pregnancy even at the primary level, the statistics have decreased.

    - There was also a visible increase in the number of people who were prepared to visit clinics:

"People are now visiting the clinic if they have any STD unlike before when they were afraid that the nurses (who are local) would know that they are sexually active".

- Another highlight for CMP facilitators was creating an environment of trust and increased awareness of the importance of disclosing one's HIV positive status. Two CMP facilitators reported that participants disclosed following their activities:

"Some of the attendants were HIV positive and they came to disclose their status. The family get released by the disclosure and they are happy."

- Facilitators were also proud to be recognised by their communities for the work that they were doing, and to be able to forge relationships with other structures. The association with Soul City has given the CMP facilitators and their organisations credibility.
    - In Richards Bay, CMP facilitators got referrals from the clinics
    - Facilitators were recognised by the provincial government e.g. MECs

- Facilitators represented KwaZulu Natal at a national AIDS conference for guidelines on Home-Based Care[8]

- The provincial Department of Health approached CMP facilitators to conduct workshops for them in 2004.

- They have received kits for positive living and home-based care

- Facilitators have increased the number of caregivers in the community.

Summary

What people remember as the highlight of their activities indicates where they derive their satisfaction. This group of CMP facilitators felt a great sense of fulfilment from conducting these HIV / AIDS related activities. They derived satisfaction from being able to support and care for those that are affected or infected; seeing the positive impact of their activities; promoting disclosure by creating an environment of trust; being recognised for their efforts and good service by a range of stakeholders, including local clinics.

7.1.3 Factors that have enabled community mobilisation activities

There were a number of factors that enabled CMP facilitators to engage in community mobilisation activities, ranging from their increased knowledge base (resulting from the Soul City training) to the support that they received from various stakeholders.

- The single biggest factor that enabled CMP facilitators to implement was the **Soul City training**. It provided CMP facilitators with comprehensive knowledge of the disease, as evidenced by the following CMP facilitator comments:

  "The training received empowered me to address and mobilise community and other stakeholders." (Mathabatha)

  "The highlight is to find out more about the disease and get training, and to know how people get affected and how to fight the disease so it does not spread." (Lusikisiki)

  "I have more knowledge. I am now able to talk about HIV/AIDS openly. I never used to speak in public, but now am confident." (Harrismith)

- The **facilitation skills** that they gained were also invaluable.

[8] The Facilitator is the Project Manager at an organisation called HOPE Ropheka, and he is referring to his organisation where he applies the knowledge he gained via the Soul City training.

- Access to **resources**, including materials and funding to run workshops was another major enabling factor.

  "Having and using the Soul City materials, and the Red Ribbon material has been a great help." (Harrismith)

  "The literature that Soul City provides is helpful. We leave that with people when we conduct workshops and it helps us to conduct an evaluation whenever we go back, so see how much of the literature was read and understood." (Cape Town, New Cross Roads (NCR))

- The value of encouragement and support from the **Champion**, as mentioned by both CMP facilitators in Mathabatha, acted as a positive force.

  "I used to get insulted as I was the only male amongst the women. Transport was also difficult because I stay away from the centre, but I got encouragement from the Champion."

- **Family** and **peer support** also bolstered CMP facilitators.

- The ability to **network** with other organisations was seen as a great help in terms of accessing services and support.

- The New Cross Roads interviewee observed that running the soup kitchen helped them maintain a **community presence** and to keep in touch with their constituency.

  "It provides us with an opportunity to get into the community and see what is going on."

The combination of increased knowledge and facilitation skills, together with the availability of resource materials, community support networks and a funding source, gave the CMP facilitators the confidence to go out and make a difference. In other words, their ***self-efficacy*** was greatly increased.

The quote below captures a number of enabling factors:

"The people are highly motivated and they are around to help. The training advanced our knowledge. The churches also support people with HIV/AIDS, and we are acknowledged by the Social Workers and the clinics." (Lusikisiki)

7.1.4 Obstacles to community mobilisation

The CMP facilitators mentioned a number of obstacles that stood in their way of community mobilisation. These are lack of transport, access to Soul City

materials, delays in funding disbursements, inadequate funding, and skills gaps. Each of these is elaborated on below.

- A lack of **transport** and a shortage of funds to pay for transport, were mentioned as primary obstacles to active community work. It hampered the geographic 'reach' of community work, especially in rural villages, which are spread far and wide. The lack of transport also negatively affects the delivery of home-based care services.

  "The thing that is missing is transport, to be able to visit the orphans and the sick and to be able to deliver food parcels to them." (Leboeng)

  "Lack of funds for our transport means it is difficult to access other areas for workshops" (Richards Bay)

- **Access to the Soul City material** emerged as another obstacle. One CMP facilitator complained about not having enough Soul City materials, and another said that they were delivered late. The team leader in Mathabatha mentioned the need for the material to be translated into Sotho.

  "The material was not enough. We had to photocopy the material to conduct the workshop and they are not attractive when copied in black and white." [Mathabatha]

The fact that access to the Soul City materials was viewed as an obstacle is a serious problem as this runs counter to the objectives of the programme. This is discussed further under the section on materials on page 67.

- Delays in the **disbursement of funding** from Soul City were identified as another key obstacle to delivery. The delays were not due to resistance on the part of Soul City, but rather the systems for disbursement and the procedures that needed to be followed. It appears that the CMP facilitators did not always adhere to proper procedure.

  "The people at Soul City are too busy and at times one ends up borrowing money to run the workshop, and pay (it) back when Soul City has deposited the money. " (Richards Bay)

  "The system of Soul City to distribute money takes too long to reach us." (Richards Bay)

- A further obstacle was the lack of funding to conduct activities besides workshops. This is especially true for those who wish to engage in home-based care rather than run workshops, as the **Soul City funding formula is geared toward running workshops**. The following quote from New Cross Roads illustrates this point:

  "An obstacle to doing our home-based care is the lack of basic first aid equipment such as gloves, as we are unable to handle those who are really ill and have sores. There is a lack of transport with which to take sick people to the clinic when the need arises. And we also need food aid. There is never enough food, such that we are always forced to prioritise

who gets food, which is never a good thing, as all the people who need food come to us."

- **Funding** was also raised as a key need. Besides money for transport and home-based care equipment, money is needed to be able to purchase training equipment such as a Video Cassette Recorder and TV to be able to show videos during workshops. Funding is also required to be able to remunerate the CMP facilitators and team leaders more adequately. The CMP faclitators' ability to diversify funding sources needs to be improved.
- Facilitators identified a number of current **skills gaps**, the redress of which would further enable effective community work.
- The single most important gap identified by the CMP facilitators was the need for **further training**, and they named the following areas: counselling skills, project management, financial management, home-based care, teenage sexuality, and more detailed knowledge on HIV/AIDS.

  a. A number of CMP facilitators mentioned **counselling skills**, and the need to establish a support group with a counsellor was identified in Mathabatha

"(There is a) Lack of knowledge on counselling because we are encouraging people to go for VCT, and we are not able to be strong for them. We had some challenges because some of the people were our family members. " (Lusikisiki)

"I wish we can get training on counselling. It is easy to talk with people who know God, but having (sic) some difficulty to counsel a person who do not believe in God." (Lusikisiki)

"There is a need for more HIV/AIDS training especially in counselling to be able to attend to people who do not know where to go for counselling. We need a support group with a counsellor." (Mathabatha)

b. **Project management**

"I need a workshop on project management so that I can assist the Champion who is elderly on the management of the projects… We also need someone to co-ordinate HIV/AIDS that they can report to, who will also monitor projects on a regular basis."

c. **Financial management and fundraising**

d. **Home-based care**

e. More **detailed knowledge on HIV/AIDS** to be able to answer difficult questions about transmission.

"We get some difficult questions that we have been unable to answer e.g. exchanging underwear. "

The results show that some CMP facilitators still have gaps in their basic knowledge about the transmission of the virus.

> *"If we had more time I would like to know about other ways of transmission of the virus, like mosquitoes, and whether the virus can be passed on by people sharing underwear."*

It seems strange that these basic questions should remain unanswered following the training. This was however not a common finding.

7.1.5 Key challenges regarding implementation of community activities

Community mobilisation is not a simple process, and the training intended to equip the CMP facilitators with the skills and motivation necessary to overcome the many challenges they would face. Sometimes, they are able to rise to them, and at other times the solutions are beyond their reach. Highlighting the challenges that the CMP facilitators faced is important as they can help (a) identify further training needs and (b) illustrate the difficulties of initiating and implementing training.

- A key challenge has been to reach large communities with the important messages, but all the responses indicate that the CMP facilitators are keen to rise to this challenge, as indicated by the responses from the two CMP facilitators in Harrismith below:

  "The challenge is to reach the deep rural Qwaqwa[9] villages with the HIV/AIDS messages."

  "The key challenge is to mobilise the whole of Qwaqwa and disseminate HIV/AIDS information. The process is slow, we have covered very few areas."

- A few CMP facilitators mentioned that they found it difficult to deal with the expectations of workshop participants or recipients of home-based care, who expected to receive remuneration or goods.

  "Participants expect to get remunerated or to get employment once trained" (Richards Bay)

  "People are tired of working for nothing" (Richards Bay)

- In an area such as Richards Bay, where there are many organisations working in the field of HIV/AIDS, duplication and resultant boredom were key challenges for the CMP facilitators.
- Conversely, in Mathabatha, CMP facilitators mention a lack of service providers to whom they can refer people.

[9] The former "Homeland" area now incorporated into the Free State.

- Some aspects of facilitation still remain a challenge, such as dealing with rowdy youth and politicians who wish to hijack the workshops for their own agendas. The CMP facilitators have enlisted the support of the teachers to help with the youth.
- The Richards Bay team have risen to the challenge of meeting the nutritional needs of those they train (and those infected) by starting a food garden.

  "We are establishing, together with the team, a nutrition garden, so that people we train and those infected can benefit."

- Dealing with stigmatisation is a huge challenge, both in terms of educating people about acceptance, and because at times the CMP facilitators themselves face discrimination by association:

  "People initially thought we were positive and now we are not perceived like that. It made me not want to talk about HIV/AIDS"

Table 6: Enablers, Obstacles, Gaps and Challenges for Community Mobilisation

Enablers	Obstacles
▪ Soul City Training – knowledge and facilitation skills ▪ Access to materials (Soul City and other) ▪ Supportive REDI Champion ▪ Support from other sources and community structures ▪ Networking with other organisations ▪ Offering related community services e.g. soup kitchen ▪ Motivation of the CMP facilitators ▪ Team work of the CMP facilitators	▪ Lack of transport and funds to pay for it ▪ Lack of access to Soul City materials (late delivery, paying for postage probably due to poor knowledge of procedures for ordering and placing orders late) ▪ Delays in funding from Soul City (also likely to be due to complex administrative systems and a misunderstandings regarding the claims process and the scope of the grant). ▪ Lack of funds to run activities (e.g. materials for home-based care. The funding for was directed towards communication initiatives and was not supposed to be used for home based care activities ▪ Non-supportive REDI champion

Gaps	Challenges
▪ Training in counselling skills, project management, financial management, home-based care, teenage sexuality, more detailed knowledge about transmission of HIV/AIDS (e.g. via mosquito?) ▪ Funding to buy training equipment (e.g. video machines to show the Soul City Videos) ▪ Ability to remunerate CMP facilitators adequately for their efforts	▪ Extend the reach to all community members, especially in large communities and those with deep rural communities ▪ Competition between NGO's and duplication of services, particularly in Richards Bay ▪ Conversely, there is a lack of service providers in Mathabatha fore referral ▪ Dealing with the expectations of workshop participants or recipients of home-based care who wish to receive remuneration or goods (food) ▪ Dealing with difficult behaviours in group sessions (facilitation skills)

7.2 Knowledge retained by CMP facilitators and community members

Both CMP facilitators and community members are highly knowledgeable in all aspects of HIV/AIDS. The sub-sections below explore this by asking what key messages they would pass on to others regarding the disease, and how they would respond to people whom seek their support.

7.2.1 Key messages on HIV/AIDS – prevention, care and support, and anti-stigmatisation

A dynamic way of understanding the effectiveness and impact of the training is to establish what were the key messages that CMP facilitators passed on to the community members, and what messages they, in turn, would pass on.

This section combines the responses from interviews with CMP facilitators and the results of the focus groups with community members.

Outcomes:

- Provide basic information and advice on HIV/AIDS
- Be able to make informed decisions in own lives and influence others
- Minimise stigma and discrimination by promoting wider acceptance of those with HIV/AIDS

Most of the messages put forward by the CMP facilitators revolved around care and support for the infected and affected by HIV/AIDS, followed by prevention

messages, and messages about stigmatisation. The responses from CMP facilitators are grouped according to these themes in Table 7.

For quite a few, the programme resulted in an increase of their factual knowledge on the disease, and debunked popular myths regarding bewitchment and HIV/AIDS (particularly in the Limpopo province).

The results of the focus groups show that the community members are well informed about HIV/AIDS and the key messages that they would pass on to others revolve mainly about prevention, followed by care and support. They mentioned few messages about anti-stigmatisation directly, but their responses indicate that they are aware that people will only go for testing and be open about their status if they will be cared for and supported, and not discriminated against. Importantly, many would emphasise the importance of knowing ones status:

> *"Don't have a negative attitude towards your positive status, have your virus, live with it, take care of it and yourself."*

The messages also varied by region. In Mathabatha the messages focused almost exclusively on prevention, while in Leboeng they were mostly about care (positive living). Very few of the messages were about anti-stigmatisation and discrimination. At the same time, it is clear that the community members have themselves absorbed these messages, and are not prejudiced toward those with HIV. In fact, they are dedicated to helping them.

The message about the need for disclosure, which cuts across all three categories, was mentioned in all regions, except Mathabatha.

7.2.2 Knowledge of service providers in the community, and the ability of CMP facilitators to refer

Facilitators are also aware of when they need to refer people to organisations that can assist with accessing social grants from Social Services.

The local clinic seems to be the first reference point for people needing assistance with HIV/AIDS, followed by referrals to religious bodies.

> *"The youth with STIs – I refer them to the clinic. The orphans, who need assistance, I refer them to the social workers. The orphans, who need birth certificates, I take them to Home Affairs for assistance. "(Free State)*

We only encountered a formal list of service providers in the Harrismith and Leboeng communities.

> *"Yes, the list of HIV/AIDS service providers is available from the clinic – we request it when we need it." (Richards Bay)*

Overall, there is very strong knowledge and practice when it comes to referrals and the various organisations dealing with HIV/AIDS. The training has been effective in this regard.

Table 7 : Key messages absorbed and passed on by the CMP facilitators

Central messages learnt:	Evidence of learning include statements such as:
Care and support	"Help people live a positive life even though they are affected or infected by HIV/AIDS. "
	" People should take care and support those who are infected or affected."
	"Learnt about the food that infected people need to eat, like vegetables and avoiding fatty stuff. Garlic is a good ointment for feet ache."
	"I am always encouraging family members of AIDS sufferers to speak to their loved ones and I give them pointers as to how."
	"On how to live with a person who as HIV/AIDS, because before I was thinking if you have this disease you are going to die very quick."
	"To accept your status."
	"I learned that a person has to admit their positive status and live life to the full."
Prevention	"Women are taught that they have a choice to have protected sex, even with their husbands. "
	"That HIV is a rational disease and it affects everybody."
	"People need to 'condomise' or be faithful to their partners, or abstain."
Stigmatisation: changes in beliefs & attitudes	"People have changed their beliefs from saying that they are bewitched if they are HIV+, they now visit clinics for check ups and treatment. "
	"I am not a person who believes in witchcraft, but Soul City helped me to know more about this disease and to help people who believe in witchcraft. The programme (SC training) gave me answers."
	"We now talk freely in my family about HIV/AIDS – we never used to be so open about the disease. " "My family's attitude has changed slightly about issues of HIV/AIDS, I feel that they will now be more prepared to accept me if I was infected. We talk a lot about prevention."

Table 8 : Key messages absorbed and passed on by the community members

Central messages learnt:	Evidence of learning include statements such as:
Prevention	"Use condoms to stop the spread of the disease."
	"HIV is incurable, practice safe sex, use a condom."
	"Attend workshops on HIV/AIDS so you can be aware of its cruelty."
	"Abstain from sex."
	"Have one partner."
	"You can not prevent HIV through traditional immunisation."
	"Prevention is better than cure, if you are infected, just tell your partner."
	"You have a right to say NO if you do not want to be sexually involved."
	"Use gloves for protection when cleaning, bathing and supporting HIV/AIDS person who has sores."
	"Men must participate actively in the fight against HIV/AIDS."
	"You can not be infected by sharing food, toilet, and utensils with someone who is HIV positive."
Care and support	"Disclosure is important as it relieves the infected of the pressure of someone finding out some day."
	"Disclose your status so you can be supported."
	"Patients must eat healthy food, make gardens so that they can have enough vegetables to feed them and their families."
	"VCT is important so that you can know how to live properly."
	"Don't spread HIV/AIDS if you are infected so that you can live longer."
	"Have hope that you can still live longer."
	"You can still live longer, lead a normal life, e.g. work, go to school, associate with people."

	"Don't have a negative attitude towards your positive status, have your virus, live with it, take care of it and yourself."

Stigmatisation: changes in beliefs/ attitudes	"The infected should join support groups that would assist them to deal with the issues of stigmatisation and discrimination."
	"We are all affected, but not all infected. Let us join hands to fight this pandemic."
	"Infected people should be encouraged to provide training and share their experiences."
	"Accept yourself."
	"Don't discriminate against others who are HIV positive."

7.2.3 Anti-stigmatisation and support

Three scenarios were put to the focus group participants.

The intention behind the design of the scenarios was to identify community attitudes towards HIV/AIDS, as well as the capacity of the community members to respond to these needs.

Three scenarios were offered as follows:

1. *Thembeka is a young pregnant woman. She is 21 and she is not married. She has just found out that she is HIV+. She found out about her status when she went to the pregnancy clinic. She is three months pregnant and wants to keep the baby. She has not told anyone yet that she has the virus. She comes to you for advice. She does not know what to do.*

The participants were asked to respond to the following questions:

   a. What are her concerns

   b. What advice would they give her

   - The workshop moderators were asked to establish whether people found it difficult to disclose their status and why?

2. *Sipho is a 55-year-old man who works on the mines. He has come back for the holidays and has told his family that he has full blown AIDS. He has just started to get sick. His wife comes to you for advice.*

The participants were asked to respond to the following questions:

   a. What does she tell you about how the family reacted to the news?

   b. How does she think the neighbours will react?

   c. What does she want to do?

   d. What advice would you give her?

   - workshop moderators were asked to establish what people feared about looking after those that are sick and why?

3. *David and Ellen's parents both died of AIDS last month. David is 3, and his sister Ellen, aged 14, is looking after him. David has been alone at home while Ellen is at school. Ellen's teacher is concerned because she is falling behind in her schoolwork and she comes to discuss the matter with you.*

   a. How does the community respond to these children?

b. How do other children behave towards them?

c. What do you discuss with the teacher as possible options for this little family?

- Facilitators were asked to establish whether there is a stigma related to orphans? Are they discriminated against at all? Why? Are people prepared to adopt or foster orphans in the community?

The findings suggest that the respondents are well aware of the stigma associated with HIV/AIDS, and the discrimination that results from this. Their responses reflect that the *shame* associated with HIV/AIDS leads to heightened stigmatisation in communities. AIDS is seen as shameful because it is associated with sex, infidelity and promiscuity. There are also still great misconceptions about how is transmitted, and children are encouraged not to play with those orphaned by AIDS in case they can contract the disease from them.

The advice given by respondents in response to all three scenarios is very sound and supportive. In their responses they urge those affected to join support groups, disclose their status, live positively, get counselling, and to provide support to those infected or orphaned.

The participants in Mathabatha commented that even though people are encouraged to disclose, it remains very difficult for them to do so:

> *"It is not easy to disclose status in the community. Once detected, it becomes a family secret even though the community has been taught to disclose."*

HIV/AIDS orphans also tend to become isolated in their communities because of fear that they might spread the disease to other children. Participants were all aware of the procedures for accessing support from social services for these orphans, and encouraged the teachers to take an active role in their care[10].

A sample response to each scenario is provided the boxes below.

[10] Social workers in Limpopo discourage the adoption of orphans as they feel that they might lose their identity and homes, which are their only legacy. If someone wants to assist they should rather come and help them in their own house rather than taking them to stay with them. Separation of the kids is highly discouraged, as the kids need to grow together and be taught to manage their own families.

Scenario One:
Young pregnant mother with HIV+ status asks advice before disclosing

HARRISMITH

Her concerns

- She can't tell people that she is HIV Positive because people talk negative things about HIV/AIDS.
- She is scared that people are being killed when they disclose their HIV Status.
- People might say she is been sleeping around.
- How will the family react towards her HIV positive status?

Advice from the group

- She must view HIV/AIDS as any disease
- She must seek treatment accordingly
- Visit the clinic frequently
- Join support groups
- Eat nutritious food
- Ask clinic to provide ANTI-NEVIRAPIN to protect the child.
- She mustn't feel depressed because that might affect the child
- She must go for counselling so that she can be able to tell the family in order for the family to give support to her
- Give her all positive/ negative possibilities about keeping the child so that she can decide for herself
- Advise her to go for caesarean section for delivery

Scenario Two:
A man returns to his family from the mines with AIDS. His wife seeks support.

RICHARDS BAY

What does she relate about how the family reacted to the news?

- The family was shocked and felt they will also be infected if they continue associating with him
- The family might reject her

How does she think her neighbours will react?

- Fear of rejection, fear of association, Stereotype that HIV /AIDS spread only through sex.

What does she want to do?

- She is very confused.

What advice will you give to her?

- She must care for and accept her husband
- She must go for testing so that she may know her status
- She should show love toward her husband
- She should ask him to use condoms
- They must follow a healthy lifestyle

Scenario Three:

Two children are orphaned. One (David) is a pre-schooler and the other (Ellen) is a teenager. The respondents are asked how the community and other children will respond, and what advise they would give to Ellen's teacher on how best to support her.

MATHABATHA

How will the community respond to these children?

- Community reject them as they think they have HIV/AIDS
- Some community members willing to assist the children but others are not.
- Community disturbed about the situation and taken the 3 year old to a local preschool

How will other children behave towards them?

- Other children discriminate them as they have heard their parents saying that they will infect them
- Isolated from the rest of other children during breaks as they are afraid to be infected
- Some children accept them as they are believe that HIV/AIDS is like any other sickness**What discussion will you have with the teacher about possible options for this little family?**
- Go to social worker to apply for social grants for the children
- Put the children in a place of safety
- Find relatives who are willing to take care of the children from their own home without taking them away
- Get children tested to determine their status

General comments

This community is also discouraged by social workers from adopting orphans as they feel that they might lose their identity. If someone wants to assist they should rather come and help them in heir own house rather than taking them to stay with them. Separation of the kids is highly discouraged, as the kids need to grow together and be taught to manage their own families.

HIV/AIDS was a stigma before but since the community was educated about it infected and affected are now accepted.

7.3 Impact of the training on CMP facilitators, organisations and communities

The findings indicated that CMP facilitators and community members held substantial and correct knowledge of HIV prevention, care, support and stigma. This section highlights the changes that CMP facilitators felt had occurred as a result of their participation in the programme, in terms of (a) themselves, (b) their organisations and (c) their communities (as a result of their activities).

The results show that the community mobilisation programme had a positive impact. Table 9 provides a summary description of the impact. The CMP facilitators noted changes in many different areas, which shows that they used the broader range of skills that they gained to address the multiplicity of needs in their communities.

7.3.1 Changes to the CMP facilitators

The CMP facilitators noted many personal changes as a result of their participation in the training and the ensuing activities. These changes range from improved personal development to adopting a more caring attitude to people with HIV/AIDS. Significantly, five respondents reported changes in their own sexual behaviour.

> *"I have changed my behaviour towards women. I no longer take them to bed. I am very cautious as HIV/AIDS infected people do not have it written on their face." (Mathabatha)*

> *"Initially I did not have control over myself, I could sleep around. But now I have changed, I have control over my life." (Harrismith)*

These views are backed up by the REDI Champions who are very positive about the impact on the CMP facilitators. The Champions noted improved facilitation skills, improved organisational skills, and a greater willingness to talk about HIV/AIDS publicly. Networking with other organisations also improved.

7.3.2 Changes to the organisation

Facilitators also reported positive changes to their own organisations. These changes ranged from the increased involvement of youth in their activities to better organisational skills such as planning, monitoring and evaluation.

> *"We have adopted professionalism in our planning. The organisational and facilitation skills in my organisation have improved." (Harrismith)*

According to the Champions, other institutions now approach the CMP facilitators for advice and mentoring.

Table 9: Levels of change

Changes	Description of impact
Personal	**Make more informed choices regarding prevention** • Been tested • Now use condoms • Have less partners • Strive to be a role model to youth by 'practising what I preach' **Behaviour and attitudes regarding stigma have changed** • Used to discriminate against those who visited the centre, now I advise and assist them • Used to believe that HIV+ persons were people who behaved badly **Acquisition of new skills** • Enhanced communication skills (including greater confidence to speak publicly, patience and listening to people.) • Being able to work in a group of people • Ability to mobilise funders, such as government and farmers **Personal development** • Improved anger management • Better communication skills • Greater trust in self • More confidence
Organisational	• **Members practice safe sex** • **Greater involvement of youth in projects** • **Improved planning, monitoring and evaluation** • **Better facilitation skills**
Community	• **Community seeks advice from CMP facilitators** • **Increased access to social grants** • **Increased awareness of HIV/AIDS generally** • **Volunteerism amongst community members has increased** • **More people are visiting clinics** • **Increased demand for condoms**

Summary

Our research shows that numerous activities were conducted as a result of the community mobilisation training offered by Soul City and Old Mutual.

The CMP facilitators reported greater self-efficacy and are actively using the Soul City materials. Knowledge of HIV/AIDS prevention, care and support is high and there is an effort to change attitudes in terms of the stigmatisation of people affected

and infected, but this is not easy. According to CMP facilitators, the programme has made a difference in their personal lives, their organisations and in their communities. The training, availability of materials and the support of the REDI Champions were cited as major enablers of community mobilisation activities. Obstacles have included the late delivery of materials and, in one case, a lack of support from the REDI Champion.

Five key factors combined to increase the CMP facilitator's belief in themselves and to make the roll – out of the CMP successful, namely:

1) More knowledge on HIV / AIDS from the training received
2) Training in facilitation skills
3) Resource materials in the form of Soul City materials
4) Financial support
5) Community support

More information on the use of materials is provided in section 9.

8. Trade Union Facilitators

The training of Trade Union facilitators was conducted by GAPSA, who had an existing partnership with Soul City to conduct training in the use of Soul City materials.

The training manual that was prepared for the Trade Unions was a combination of GAPSA's existing manual and Soul City's materials. The trainers reported that the materials worked very well together. The five day course was designed in such a way, that the first three days focused on providing in-depth information on HIV/AIDS, and the second two days focused on how to use the Soul City materials and how to roll-out educational initiatives.

The training manual, which carried GAPSA and Soul City branding, integrated the material from the two organisations and cross-referenced Soul City materials.

An example of this can be found in the section on discrimination. The GAPSA manual has an activity on attitudes toward people with HIV/AIDS and it refers to the Soul City booklet on discrimination.

GAPSA have a train-the-trainer peer educator manual, which provides basic, but in-depth information. The Soul City materials build on this, especially through the use of case studies. The Soul City materials are more graphic than the GAPSA ones, and the materials complement each other nicely.

A total of 156 people were trained at the time of the research, and one more workshop was still to be conducted. Of these trainees, 124 were women (80%).

Table 10: Participants in Trade Union training

UNION	Total	Females	Males
SADTU 1	26	20	6
SADTU 2	27	23	4
NATU	24	15	9
SASAWU	27	20	7
USAPE	28	23	5
ITUSA	24	23	1
TOTALS	156	124	32

The trainees evaluated the workshops very positively and all aspects received a rating of over 95%, except for time, which received a rating of 80%.

The participants were extremely satisfied with the trainers and the materials, and each received a rating of 100%. The evaluations also reflect that the participants felt equipped and prepared to conduct HIV/AIDS-related activities using the Soul City materials.

The table below provides a summary of participant evaluation of training.

Table 11: Results of the Trade Union training

Item	Score
Training	99%
Material	100%
Time	80%
Trainer	100%
Speakers	99%
Equipping	95%
Preparedness	98%

The trainers reported the following verbal feedback from participants:

- Some participants commented that they had gained much new information on HIV/AIDS even though they thought that they new it all before.
- People said that they had been doing things that could put them at risk.
- Some participants suggested that they would like to conduct this kind of HIV/AIDS training full time.

- A few participants disclosed their HIV status in the training session.
- Some participants reported that they felt empowered to address how their own families were stigmatising people with HIV/AIDS.

8.1 Implementation by trade union facilitators

The story of the trade union roll-out was very different to that of the REDI Communities. There has been comparably little implementation. This is not to say that nothing took place. We spoke to three union representatives and all three conducted at least one activity. One of them had conducted four activities, and another had conducted a series of short information sessions with public sector employees (see

Table 13).

A major difference was the availability of implementation funding for the community mobilisation activities. The union representatives did not have implementation funding, and were expected to do these activities in addition to their existing jobs.

There was also no monitoring system put in place to track the activities of the Trade Union facilitators.

Table 12: Key differences between the REDI and Trade Union programme that impacted on implementation

REDI communities	Trade Unions
▪ Existence of REDI, which acted as motivating framework within which to operate. ▪ Facilitators carefully selected from active community members or those active in HIV/AIDS organisations, and hence showed high levels of motivation. ▪ Funding provided for post-training implementation. ▪ Many were volunteers or already doing HIV/AIDS work, so they were able to easily integrate the training.	▪ No broader framework which could motivate TU facilitators. ▪ No funding for post-training roll-out. ▪ Activities would be in addition to their existing jobs. ▪ No monitoring framework.

Table 13: Union implementation record

Union	Activities conducted	Date	Future plans
ITUSA (trained in Oct 2003)	1. Marathon and campaign in Temba, followed by church service where congregation was addressed on the destigmatisation of AIDS.	30 Nov 2003	Organise a report back rally with a joint competition so that TU facilitators can be judged on their implementation performance – prizes for best performers. Rally will also provide chance to communicate the results of the HIV/AIDS work, boost the morale of all TU facilitators.
	2. Aids rally in Makapanstad, addressed community using poems, drama, etc.	Nov 2003	
	3. Church campaign amongst youth, approached about 7 churches in Itusoseng and Bobibe.	On-going	
	4. Facilitator conducted 3 day training workshop with shop stewards in Mafikeng,	Nov 2003	
USAPE (trained in Sept. 2003)	1. Conducted 1 information session with educators, conducted in the school.		Planning a workshop for teachers (4 Feb 2004) transmission of HIV, care and support.
SASAWU (trained in Sept. 2003)	1. Series of short information sharing sessions in workplaces (government departments), to raise awareness amongst government staff members. Session usually lasts 1.5 hrs, have 2 – 3 sessions a day. Frequented by persons, who are on their breaks, is compulsory for govt. staff to be exposed to some form of awareness-raising. Done largely in Gauteng and Eastern Cape branches of union.		Not sure, need to follow up with all other branches.

8.2 Key challenges faced by trade union facilitators

The trade union trainees reported a number of challenges to conducting training, which included exam time pressures (for teachers), lack of funds to pay for shipment of materials, and for venues and catering.

These challenges are elaborated on below.

- A key reason for slow implementation following training was a **lack of time**, and the work commitments of teachers. After completion of the training

(in September) their priority was to prepare for upcoming student exams, and as such HIV/AIDS activities fell by the way side. (USAPE member)

- There was a problem with the branches of the Union not receiving any Soul City **materials**. Union Head Office does not have the funds to ensure that the materials (which arrive at the HO) are delivered to the branches. A lack of materials frustrated the members. (SASAWU national Gender Co-ordinator)
- There is a problem with a **lack of funds** that are needed for implementation, in the form of:
    - Venue (if not using the office).
    - Catering (minimum would be to provide participants with beverages for refreshment).
    - Photocopying of the programme for workshops.
    - A small incentive for TU facilitators, maybe a T-shirt, since these people are often volunteers, who need to be encouraged. (SASAWU national Gender Co-ordinator)
- Where the branches of the union did not have funds, they did not implement (ITUSA gender Co-ordinator).
    - Only one facilitator said that she planned to conduct activities that would not require funding. She also commented that she would not know where to apply for funding, indicating a lack of knowledge about fundraising.

8.3 Selection of Trade Union facilitators

The GAPSA trainers suggested that a weak process for selecting the TU facilitators compromised the ability of the participants to 'cascade' training onward to their peers. The trainers were not clear on what basis trainees were selected. The aim of the training was to train peer-educators, and so the trainees needed to be carefully selected and have the correct motivation and aptitude for such a model.

The Soul City co-ordinator highlights that selection criteria were established and adhered to, so it is probably that other factors have affected their ability to implement. These other factors are discussed elsewhere, and include the timing of the training (just before exam time is a bad time for teachers), and the fact that they are expected to do this in addition to their normal work requirements.

The GAPSA trainers knew of very few who had made contact to request materials, although people may have phoned Soul City or Viva Books directly.

The trainers suspected that only 40-45% of the participants had actually enagaged in related activities following the training.

9. Materials

In this section, feedback is provided on the Soul City materials. We start with information from the facilitators, followed by feedback from the master trainers.

9.1 Input on materials from CMP facilitators

One of the principles of the community mobilisation programme was that the availability of Soul City materials should greatly enhance the CMP facilitator's ability to conduct effective community activities. For this reason, much of the focus was on teaching the CMP facilitators to utilise the Soul City materials for community mobilisation.

The findings show that the CMP facilitators used and distributed Soul City materials. The majority used only Soul City materials. Other materials used included booklets on HIV and the law, flip-charts from the Vaal home-based care group and the Red Ribbon booklet.

The most popular titles were: *"Living Positively with HIV and AIDS"* and Workbook 3: *"Caring for a person with AIDS".* When CMP facilitators made home visits, they liked to leave these books behind with the family.

The following comment comes from the Kuilsriver team:

> *"The book "Caring for people with HIV \ AIDS", is probably the best book of them all. It contains useful reminders. People can't remember all what they have been taught during the workshop, but they can refer to this book, especially care-givers. They can look up examples of what the signs of HIV/AIDS infected people are."*

The findings show that the availability of free materials was a great enabler of community mobilisation activities.

For the most part, CMP facilitators were happy that the materials were:

- Free, and easy to order (4)
- Available in sufficient quantities (3)

The user-friendliness of the material was also appreciated. Facilitators commented on the quality of the materials, the use of accessible language and illustrations, colourful layout, and good content. More than half of the CMP facilitators would not make any changes to the materials.

There were a number of problems, however, regarding access to the materials:

- Late deliveries (8)
- Charges for delivery (2)

- Not in local languages (4)

The following quote illustrates the problem of late delivery.

> *"The delivery takes too long. I had intended to have 8 workshops, and had to use project funds to photocopy. I phoned Viva Books for more material and did not get any. It was later delivered after many follow ups." (Mathabatha)*

Here are some comments regarding delivery charges.

> *"We phoned Soul City for the material but were told that the community needs to provide for transport to collect the material from Jo'burg. The project did not have any money to pay for delivery or to collect the information, yet we were promised during the workshops that Soul City would deliver the material free of charge." (Leboeng)*

> *"The material was free and it was easy to get. And even with the order, we collected the money for the delivery" (Lusikisiki)*

We sought to clarify the situation regarding delivery charges with Viva Books, as the project clearly intended for delivery to be free of charge. Viva Books explained that if requests did not come through on the REDI order form, then they would have sent an ordinary NGO order form and charged accordingly. It seems that there was confusion concerning the correct procedures for ordering materials on the part of trainers and CMP facilitators.

The issue of the affordability of postage does raise concerns regarding future community mobilisation activities and the use of Soul City materials when REDI funding is no longer available. Delivery charges (based on distance and weight) will be an obstacle to the use of the Soul City materials, even if the materials themselves are free of charge and available in large quantities.

With respect to translation into local languages, participants suggested that the materials should be translated into Xhosa, Zulu and Northern Sotho. It is our understanding that some of the materials are available in these languages, although participants did not seem to be aware of this.

> *"The audience sometimes struggle to read the materials because it is in English." (Richards Bay)*

> *"The target audience is Zulu speaking, so if the material can be available in the local language it would be much easier for people to understand the material." (Richards Bay)*

> *"If they can make Xhosa copies available because not everybody understands English." (Lusikisiki)*

> *"Need the materials in the local language (N. Sotho) (Leboeng)*

9.2 Input on the materials from the Maters trainers

9.2.1 NICDAM

- The fact that the Soul City material was available in the vernacular was valuable, as participants were able to read it themselves and do a presentation on their comments.
- All participants were excited that they would have access to (a) the Soul City materials following the training, and (b) funding for activities
- The *Living Positively with HIV* book was most in demand. The trainer believed this is because this is a great need, and because it is difficult to get people together to attend workshops in the rural areas, and so CMP facilitators do individual house visits with the book and use the workshop money to buy food parcels. The trainer thought that this was a good idea. This approach proved problematic when CMP facilitators sought reimbursement from Soul City.
- There is not enough information provided on the topic of mother-child transmission in the materials.
- The Soul City materials were seen as a status symbol in some communities.

  "If they had the Soul City materials, they were the best, and people do not want to give others access to them. Now all the participants had received the Soul City material and it boosted the image of the organisations which they belonged to be aligned to Soul City."

9.2.2 GAPSA trainers

The GAPSA trainers' view is that the Soul City materials are beneficial in the following ways:

- They are user friendly.
- People identify with the characters from television.
- The comics are a good way to make information accessible.

The trainers argued that there was a lack of depth to the basic information provided in the Soul City materials, and that their own manual greatly enhanced those materials.

Referring to HIV as a "germ" was seen to be problematic by some, as a germ can spread through the air. The trainers suggested that it confused the message about prevention.

9.3 Distribution of materials

According to VIVA books, a total of 18 595 books were distributed to the REDI communities. However, the way in which the information has been recorded is problematic, because we can not verify the final numbers. The factors that contribute to this are listed below.

Table 14: Distribution of materials by VIVA Books

PROVINCE	Qty.	PROVINCE	Qty.	PROVINCE	Qty.	PROVINCE	Qty.	PROVINCE	Qty.
Limpopo	**550**	**Western Cape**	**719**	**Eastern Cape**	**1249**	**KwaZulu Natal**	**9056**	**Free State**	**7022**
Shangaan Hill		New Crossroads	106	Stutterheim	120	Manguzi	3794	Harrismith	7022
Mathabatha	308	Franschoek	473	Grahamstown		Richards Bay			
Dingleydale		Kuilsriver	140	Umtata	243	Eshowe			
Lydenburg	242			Lusikisiki	630	Mtubatuba			
Kgautswane				Mount Ayliff	256	Merensee	5262		

Source: Sales by Customer, Viva Books

Factors that may have influenced record keeping

1. Some REDI communities may not have identified themselves as such, and would therefore have not been recorded here.

2. VIVA books do keep a record of orders by REDI client, but the information is not comprehensively analysed in terms of 1) number of clients ordering 2) quantity ordered per material type (e.g. book name). It would be interesting to have this data tabulated per REDI community.

   Because Viva Books did not keep detailed distribution statistics of their REDI clients, we received hard copy of their entire sales by REDI customer list, which contained a summary of the details of each of the 22 REDI Clients and the total number of materials supplied per client. Due to the late receipt of the Viva information, and the format in which it was sent (not classified by material type), it was only possible to do a synopsis of REDI clients and the total quantity of materials each received.

3. Some of the clients on the list could not be traced to REDI communities. For example, materials were supplied to Thai NCH, Bushbuckridge, Butterworth and Mmabatho. It is not certain whether these were simply delivery addresses from where CMP facilitators or Champions collected the materials, or whether other NGOs actually placed and received the order on behalf of the REDI contact person.

10. Programmatic issues

In this section we examine three distinct issues.

We argue that data obtained from the monitoring of the project needs to be improved if it is to be used for decision-making purposes.

Secondly, we discuss the training of the master trainers. The master trainers believed themselves to be well prepared for the training. They underwent a total of five days training. Only two of these days were spent focusing on the Soul City materials. As they are expected to train people in the use of these materials, more time could be devoted to getting absolutely familiar with the full range of Soul City publications and electronic media available.

The third section presents key enablers of the training programme, and critical challenges that the trainers experienced when delivering the programme. Both trainers were extremely grateful of the support received from Soul City and Old Mutual.

10.1 Monitoring

Monitoring is a critical function in any project as it not only helps the project implementers keep track of where they are in the programme, but also helps them to identify areas where immediate corrective action needs to be taken to ensure that the project remains on track to achieving its objectives.

Monitoring can be defined as *"The continuous, methodical process of data collection and information gathering throughout the life of a project, so that corrective action can be taken if necessary."* (Southern Hemisphere Project Monitoring and Evaluation Resource Guide).

It is thus essential that reports are analysed and results are tabulated as they come in, and that the system functions well.

What we found is that although the **CMP facilitators** understood the reporting guidelines and did submit reports on their activities (for the most part), the weakness lay in the analysis of those reports. The information was not methodically analysed for informed decision-making.

There was also no clear monitoring system for the Trade Union facilitators in place. There was no formal system to get feedback from the trainees and this resulted in the master trainers and the project co-ordinator uninformed about the effectiveness of training these people.

GAPSA should be commended for analysing the evaluation forms from their training timeously.

10.1.1 CMP Facilitators

Most participants displayed a very clear understanding of their duty to report, and the procedure for reporting. Although there was consensus that reports were submitted to the Champions, we note a discrepancy between the verbal assurances that reports were submitted to Soul City, and the limited number of reports that Southern Hemisphere received subsequently.

There was a clear understanding of the need for reporting. It was seen as important for the purposes of monitoring, checking progress and financial accountability. For one CMP facilitator (New Crossroads) monitoring also included,

> *"Going back into the community to see what is happening, visiting people individually, especially those who have received training from the Centre." (New Crossroads)*

There were hardly any comments on reporting requirements. The only exception was in Harrismith where the CMP facilitator said:

> *"… not sure about the reporting lines, they are not clear."*

10.1.2 Soul City

Soul City has adequate systems in place for collecting data for monitoring purposes. These systems include the following components:

- Completion and submission of monthly Team Leader Summary reports.
- Completion and submission of Facilitator feedback forms, completed by the CMP facilitator on completion of each activity
- Completion of attendance registers, for each activity conducted.
- Site visits to the various REDI communities undertaken by the Soul City co-ordinator.

The weakness was that monitoring of the programme was inconsistent and irregular. Although reports were received on the evaluation of training programmes and from some communities, there was no formal record-keeping system.

It is also true that while reports were received, there has been no attempt to analyse them up to now. This is a major weakness in any monitoring and evaluation system. The point of monitoring activities is to be able to take corrective action when necessary. If results are not analysed, it makes it difficult to pinpoint what action needs to be taken.

Having said this, the programme co-ordinator did undertake other monitoring activities, such as field trips and observation, and had a good feel for what had taken place in these communities.

VIVA Books also collected information about who had been ordering the books, but ours was the first request to analyse this information.

10.2 Training of trainers

A key to the success of any training programme is the quality and preparedness of the trainers.

A prior relationship existed between the organisations selected to conduct training and Soul City itself. As a result, trainers were already familiar with the Soul City material.

NICDAM has a history of community training and GAPSA has more of a workplace focus, and these training providers complemented one another.

The trainers from GAPSA believed that they could have received more in-depth training on the Soul City materials. Although their training was a full three-day process, only one day was spent focusing on the materials, and they would have appreciated more time to really get to grips with each of the different items (seven booklets, a manual, posters, and video) that made up the full package. Since they were being trained to provide onward training on the Soul City materials, they felt that one week with the materials would have been more appropriate.

The NICDAM trainer reported that the Soul City user guide (facilitators guide) was very helpful.

On the whole, the trainers found it to be an invaluable experience, and they benefited greatly from conducting the training.

10.3 Lessons regarding training delivery

The delivery of CMP facilitator training ran more smoothly than the Trade Union training.

The main reason for this was that the programme funded the expenses of the community training, whereas the unions had to pay for their own.

10.3.1 Community training

Factors enabling effective training delivery

- Training logistics were very well organised.
- The venues were excellent.
- Good communication with Soul City.

- High levels of support from Soul City, who attended the workshops and partnered well with the training providers.
- The fact that Soul City attended the workshops meant that they could answer Soul City related questions directly. For example, fielding a request for more books in Tsonga.
- Old Mutual attended the workshops, and provided valuable input and feedback.
- NICDAM is very mature in the HIV/AIDS field and they also have all the equipment that they need for training.
- Participants were committed to assisting communities.
- The selection of participants was well considered, and many were very involved in their communities already and were familiar with existing community needs.

Key challenges to delivery

- The age gap between various participants in the workshops created barriers and a certain level of inhibition.
- Language barriers.
- Duration of the course - long hours (8.00 a.m. - 10.00 p.m.). This was especially gruelling for older people. The trainer said, *"I had to be quite strict with the old people, which is rude in our culture".*

10.3.2 Trade Union

Factors enabling delivery

Trainers identified a number of factors that helped them deliver the training smoothly and professionally. These were:

- The ready availability of the materials.
- Support from the partners – Soul City and Old Mutual. They appreciated the fact that members of both organisations sat in on the training sessions and gave them moral support and feedback.
- The logistical support from Soul City was an enabling factor.
- GAPSA trainers were trained in how to use the Soul City materials.
- Use of adult learning methodologies.

Key challenges to delivery

The trainers of the trade union members highlighted the following key challenges to training delivery:

- The venues for the Trade Union facilitator training were not always appropriate.

- There were often more than the prescribed 25 people in each session, which made the groups too large.
- The training itself was very intensive, and was a challenge to keep people's attention.
- GAPSA wanted more recognition as a training provider, and to maintain their own identity, specifically when it came to the graduation ceremony. While GAPSA provided certification, the programme was always referred to as the Soul City/Old Mutual Community Mobilisation Programme.
- Programme planning for union participation was a challenge. The unions often postponed sessions, often due to budgetary constraints. This put a great burden on resources and training provider cash flow. They are a relatively small business and rely on scheduled payment.

Summary

The training ran smoothly for the most part, although organising the Trade Union training was more difficult. This was because the Unions had to pay for their own accommodation and transport. In order to cut back on accommodation costs, people traveled on the same day as the workshops, meaning that the participants travel arrangements often cut into training time. The unions often changed dates, making it difficult for the trainers to plan and causing them lost days that they could have used for other work. A key challenge for both trainers was the long hours and intensive nature of the training. However, the participatory methodology did help to sustain people's attention.

There were a number of factors that contributed to the smooth running of the training. The support received from both Soul City and Old Mutual emerged as a decisive factor. Logistics and monitoring were better organised for the Community training than for the Union training. The prior experience of trainers, their knowledge of HIV / AIDS, and the existing relationship between training providers and Soul City, were cited as positive factors.

Chapter Four

Conclusions and recommendations

11. Conclusions

The Soul City/Old Mutual Community Mobilisation Programme was implemented in 2002 – 2003, and falls under the Rural Economic Development Initiative (REDI) of the Old Mutual Foundation. There were two target groups for training, communities and trade unions. The master trainer for community training came from NICDAM and the union trainer from GAPSA. The materials used were a combination of the Soul City materials and material from the training providers. A primary focus of the training was how to facilitate on issues surrounding HIV/AIDS using the Soul City materials.

The combined materials provided good detailed information on HIV / AIDS, and gave the facilitators enough knowledge to feel confident to speak to others about HIV / AIDS.

This evaluation took place in six communities, namely Mathabatha, Leboeng, Richards Bay, Harrismith, Lusikisiki and Cape Town. The first four communities were studied in-depth. This was a multi-method evaluation, employing largely qualitative methods including observation, in-depth interviews, telephonic interviews and focus groups / workshops.

The primary objectives of the CMP were:

1. To build the capacity of community members to deal effectively with HIV and AIDS related issues on a personal level within the community; and

2. To mobilise different parts of the community to take action in order to limit the impact of HIV/AIDS.

The **main evaluation questions** were identified as the following:

1. **What was the effectiveness of the Community Mobilisation Programme, including the Soul City training?**

2. **What was the impact of the training on (a) the CMP facilitators and (b) the community at large?**

3. Was the programme **effective** and did it have the desired **impact**?

The impact questions were not investigated for the Trade Union facilitators, and the focus on this sample was to establish the effectiveness of the training.

The focus of this evaluation and report is on the extent to which the programme achieved the desired impacts, and what factors enabled such successes.

It was difficult to provide an overall rating for the success of the programme based solely on the number of community activities that were conducted. Each community needed to be assessed on how they managed to overcome the obstacles that they encountered.

The evaluation of the Soul City Community Mobilisation Programme revealed a relatively high degree of effectiveness and high levels of impact with respect to the knowledge retained by CMP facilitators and the community members they trained. They are passing on important messages regarding prevention, care and support, and anti-stigmatisation through the activities that they had organized. Workshops were the most frequent implementation activity.

Our findings highlighted that the workshops addressed all aspects of HIV/AIDS prevention, care, support and anti-stigmatisation in each of the communities. There appears to have been a shift from a focus on prevention, to programmes that provide care and support. What will be of interest to the materials development team is that the primary target group for messages of prevention is the youth.

The messages that were passed on from the CMP facilitators to community members were all factually sound. There appears to have been little distortion of messaging (no broken telephone effect). This reflects very positively on the quality of the training provided, especially since the information has been cascaded to community members.

The training enhanced **knowledge** on the subject of HIV/AIDS along with facilitation skills, which greatly enhanced the self-efficacy of the CMP facilitators.

The fact that the Soul City training manuals were supplemented by more detailed information contained in the NICDAM and GAPSA materials was crucial, as it provided CMP facilitators with the level of knowledge they needed to boost their own confidence to train others in this field.

There was a definite relationship between the strong functioning of REDI and the success of the CMP in the communities that we studied. The REDI champions and **support base** proved to be an invaluable framework for support where it functioned well in a CMP area.

The availability of **Soul City materials** was a great enabler, and the materials were reported to be user friendly, despite some problems with late ordering / delivery, distribution and access to materials in indigenous languages.

The association with the Soul City brand has added credibility and status to the activities of the CMP facilitators.

The CMP facilitators felt capable of handling all aspects of the training, but felt a need for more advanced counseling skills, especially when training on VCT.

The selection of the CMP facilitators was well considered, and the teams saw themselves as a group working together to achieve great things. Team work was particularly evident in Mathabatha, Cape Town, Harrismith and Richards Bay / Meerensee.

Because of the unions' access to large workforces, a single training intervention had the potential to reach large numbers of people. However, the roll – out of training with Trade Union representatives that we spoke to was slower, than for training involving CMP facilitators. It is difficult to pinpoint the most decisive factor that hindered roll-out within the trade union sector. The timing of training was a critical factor for teachers, as it took place before exams, which meant that they were already pressed for time. It is also true that HIV/AIDS activities were secondary to the primary functions of the Trade Union representatives, whereas many of the CMP facilitators were already working in HIV/AIDS-related capacities.

The fact that many of the CMP facilitators were already involved in other organisations operating in the HIV/AIDS field, either as staff members or as volunteers, meant that the programme had a positive impact on these organisations by building their capacity. Not only did they have access to free Soul City materials, but they now knew how to use them, had the confidence to use them, and had improved organisational skills. Being associated with Soul City has heightened their credibility within the community, and possibly also with potential donors.

The availability of funding for community mobilisation activities made a great difference to the rate of implementation. Conversely, a lack of funds for the Trade Union facilitators emerged as a reason for a lower level of implementation in this sector.

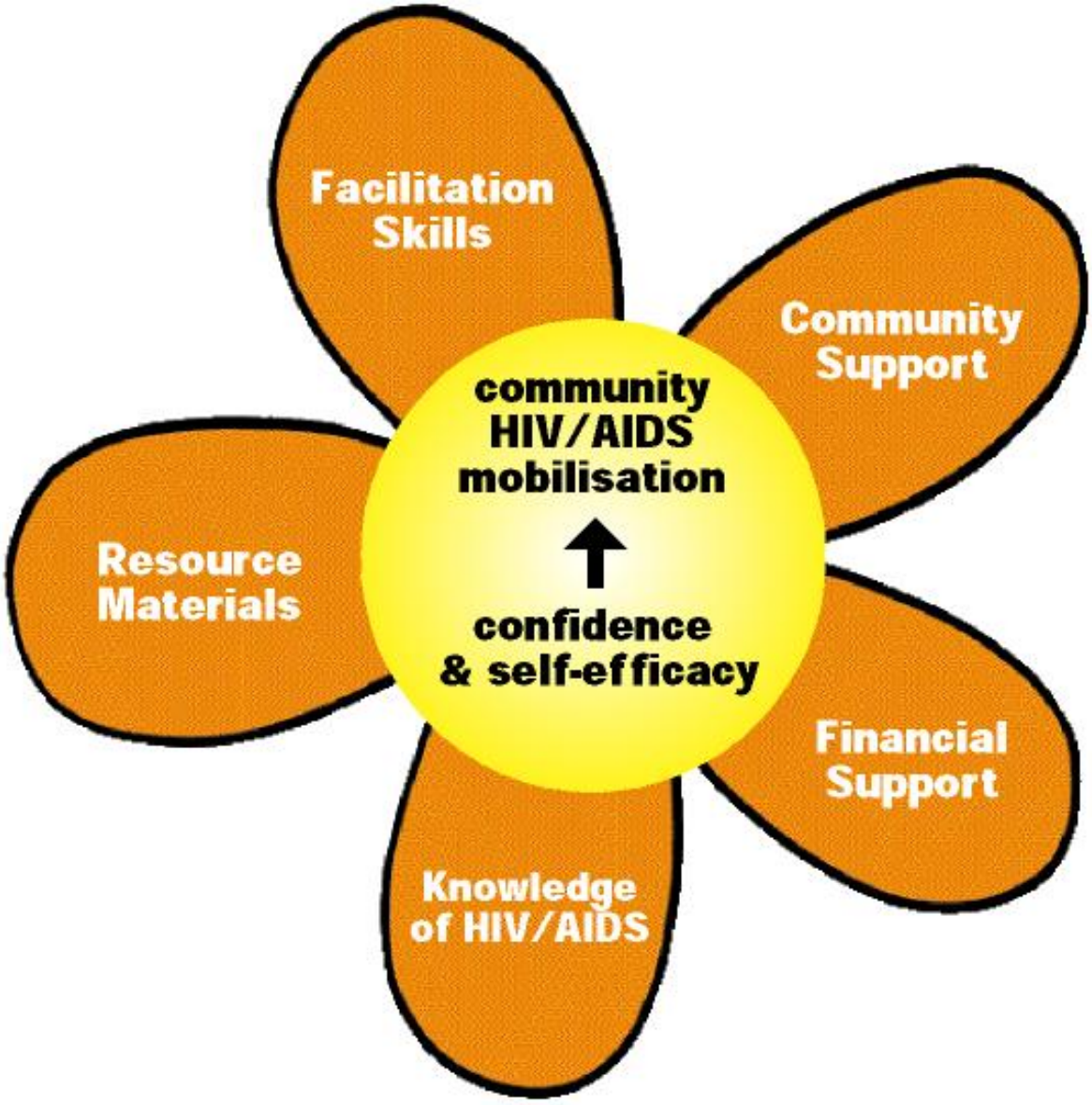
There was a lack of clarity as to what activities could be claimed for through the programme's claim procedure. Some participants expected to be reimbursed for home-based care activities or the provision of food parcels, whereas the focus of this programme was always on communication and awareness-raising.

Late payments and non-payments by Soul City were described as demotivating by some CMP facilitators. The problem with disbursements lay in the inability of CMP facilitators to adhere to the systems and processes that Soul City required to ensure financial accountability. It is also possible that CMP facilitators did not submit invoices early enough before their workshops, and that Soul City is procedurally unable to service last minute requests.

The combination of the five key elements of the programme were a powerful tool for increasing the confidence and self-efficacy of the CMP facilitators to go out and make a difference. These five elements were (1) increased knowledge of HIV/AIDS, (2) heightened facilitation skills, (3) access to educational materials, (4) community support networks (REDI), and (5) financial support (roll – out funding and the sponsorship of training and training arrangements).

Each of these elements can be seen as a petal on a flower. With each one that falls away, the flower looses its beauty (effectiveness and impact).

Figure 2 The CMP Flower of success



12. Recommendations (lessons learned)

12.1 Training

1. The inclusion of facilitation skills in training programmes is essential, and could be expanded to include the skills required to manage difficult behaviours and large groups in informal settings.

2. More focused training could be provided to master trainers on the use of Soul City materials in future.

3. Increased focus on how to train people to provide home-based care.

4. Include counselling and fundraising skills in training.

5. Focused training on VCT should be provided to the same target group.

12.2 Materials

6. The provision of materials was a great enabler, and supported implementation.

7. Engage with VIVA books around delays in delivery and monitoring systems.

8. Consider translating more of the materials into other official languages.

9. The use of GAPSA and NICDAM materials ensured that facilitators were exposed to a sufficiently detailed body of information.

12.3 CMP roll-out funding and implementation

10. Roll-out funding for activities was crucial, but more focus should be placed in the workshop on exploring different types of activities for delivering messages to communities, and some lateral thinking around possibilities for raising funds and support locally (for example, using school halls as venues). Perhaps fundraising training should become an essential component of future training, or be included in an advanced course for facilitators.

11. Clarity is required on the type of activities that are acceptable to the programme funders for the purposes of reimbursement. The focus of the CMP was on communication, and it was not designed to support the delivery of home-base care. Having said that, HIV/AIDS responses need to be multi-dimensional. Some more thought needs to be given to the parameters for funded activities.

12. The procedure for claiming funds should be streamlined. Delays in the disbursements of funds were a major obstacle to implementation. Facilitators need to understand exactly how long before a workshop they should submit a claim, and the correct procedures that need to be followed. More focus needs to be given

in training on the correct procedure for claiming. Participants should be given a number of claim forms (as they tend to use the originals without making copies), and reminders about the correct procedures could be sent out in newsletters.

13. Perhaps more focus could be given to improving the planning skills of facilitators in the future. It appeared that the late delivery of materials and late disbursement of funds was sometimes due to late submission on the part of facilitators.

14. A contact person is needed to liaise with facilitators, someone they can contact to answer difficult questions they might encounter when working with communities.

15. The selection of trainees is critical, and the methods used for the selection of CMP facilitators greatly enhanced the effectiveness of the onward programme.

16. Community mobilisation is likely to be more effective if CMP facilitators are able to link to existing community activities. For example, REDI or Fanang Diatla, an existing CBO.

17. Teamwork amongst CMP facilitators is very important, so that they plan together and learn from one another's experiences.

18. It is our recommendation that facilitators be offered advanced courses. This would act as a great motivator for them in terms of their own professional development, and would allow the project partners to respond to the issues raised in this evaluation. It would also promote the sustainability of the programme. Follow up training should definitely include modules on fundraising, voluntary counselling and testing, counselling skills, project management (including budgeting, financial skills and general planning skills), and the different types of activities that could be conducted in communities. The facilitation skills component should also include (a) managing difficult behaviour, (b) managing large groups, and (c) facilitating teenage sexuality.

19. Some thought should be given to the relatively small allowance of R100 that was allocated for CMP facilitators. If the CMP facilitators are supposed to be volunteers and the allocation of R100 is a stipend to help them cover their costs, then this needs to be made explicit. If this is not the case, then the fee of R100 is insufficient.

12.4 Programmatic issues

20. Soul City should consider strengthening its internal monitoring function so that data is not only collected, but also analysed and used for decision-making while the programme is running.

Appendices

Appendix 1: Workshop Report

Appendix 2: List of communities

Appendix 3: Community ratings exercise (by Soul City)

Appendix 4: Instrument