

**Programme for Development of Local Government Leadership  
in the Partnership Against HIV/AIDS**

**Evaluation report**



**Department of Health: Chief Directorate of HIV/AIDS and TB -  
Interdepartmental Support Programme  
Department of Provincial and Local Government  
Department of Social Development: Chief Directorate of Population and  
Development**



**SALGA**

*South African Local Government Association*

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#### **ACKNOWLEDGEMENT AND DISCLAIMER**

This report was supported in part by the United States Agency for International Development (USAID)/South Africa under the terms of contract HRN-C-00-00-00006-00. The opinions expressed herein are those of the author and do not necessarily reflect the views of the USAID or the POLICY Project.

## **ACRONYMS**

CBO	Community based organisation
DOH	Department of Health
DPLG	Department of Provincial and Local Government
GAAP	Government AIDS Action Plan
ISP	Interdepartmental Support Programme within the National Department of Health Chief Directorate of HIV/AIDS and TB
IDP	Integrated Development Plan
LG	Local government
MT	Master trainer
NGO	Non-governmental organisation
NPU	National Population Unit (now Chief Directorate Population and Development): Department of Social Development
PHC	Primary Health Care
PLGA	Provincial Local Government Association
SALGA	South African Local Government Association
TOT	Training of trainers (Master Training Workshop)

## **NOTE ON TERMS USED**

The term 'local government leaders' refers collectively to officials and councillors who attended the rollout-training programme; also referred to as 'trainees'.

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# Programme for Development of Local Government Leadership in the Partnership Against HIV/AIDS

## 1. EXECUTIVE SUMMARY

This report is an evaluation of the implementation and outcome of the Programme for Development of Local Government Leadership in the Partnership Against HIV/AIDS. The evaluation has been conducted with the financial support of The POLICY Project and commissioned by the steering committee of the programme.

### Background

#### *History of the training programme*

In October 1998, the *Partnership Against AIDS* was launched by the Government of South Africa, challenging all spheres of Government to become involved in addressing the HIV/AIDS epidemic. In response in January 2001 the Interdepartmental Support Programme (ISP) within the National Department of Health Chief Directorate of HIV/AIDS and TB and the South African Local Government Association (SALGA), supported by The POLICY Project, initiated a programme to develop and support local government responses to HIV/AIDS. The initiative was built on the successes of a training programme for local government leaders conducted in KwaZulu-Natal and the experience of SALGA in training local government leaders.

The ISP conducted a rapid assessment of agencies working in the field of local government and HIV/AIDS. The following key stakeholders were identified:

- Department of Provincial and Local Government (DPLG): which is involved in supporting the development of integrated development plans that mainstream HIV/AIDS in development planning;
- The Department of Social Development, National Population Unit (now the Chief Directorate of Population and Development): which conducts a national training programme aimed at Government planners at national, provincial and local level;
- ISP: which is responsible for facilitating intergovernmental collaboration on HIV/AIDS and training from within the Department of Health Chief Directorate of HIV/AIDS and TB;
- SALGA: which is mandated by the Constitution to assist in the transformation of local government, is involved in training and capacity building of local government leaders, and represents local government on the SA National AIDS Council (SANAC);
- The POLICY Project: which is an international contracting agency to USAID/South Africa, with significant experience in the field of HIV/AIDS-related training and advocacy and which provides support to HIV/AIDS programmes.

A steering committee was established aimed at the integration of all national activities targeting local government response to HIV/AIDS. The functions of the steering committee were:

- coordination of planning of LG initiatives;
- formation of a permanent project management, monitoring and support structure;
- advocacy for DPLG to take the lead in local government support on HIV/AIDS.

The committee undertook to initiate a training programme for local government councillors and officials. This involved training of a group of master trainers to conduct a rollout-training programme for local government trainees aimed at

developing support and advocacy for more effective local government responses to HIV/AIDS.

### **Evaluation methodology**

#### *Data sources:*

- project documents;
- interviews with key stakeholders, programme developers and administrators;
- interviews with master trainers;
- three site visits to municipalities, involving interviews with officials, councillors and local HIV/AIDS programme managers;
- questionnaire survey of master trainers;
- questionnaire survey of trainees.

Findings were discussed with the project steering committee before final presentation of the report.

### **Findings**

#### ***Programme outputs***

Twenty master trainers with experience in training local government leaders were recruited and underwent a 5-day training facilitated by The POLICY Project. The programme and training materials for these workshops and the rollout-training workshops were developed by The POLICY Project.

Master trainers in turn conducted rollout-training workshops for 409 local government leaders in 18 locations across the country, including all provinces.

The total cost of providing this training amounted to R1 398 per person trained, excluding the costs of staff time incurred by the ISP and SALGA.

#### ***Programme management***

A number of coordination and administration problems were experienced and these had a negative impact on the earlier training workshops especially, but were largely remedied as the programme progressed.

The administration of the programme proved to be a greater burden to all parties concerned than was originally anticipated. Organization of rollout-training workshops, which required close coordination of activities conducted by different agencies, proved to be particularly challenging. The success of the programme was slightly compromised by communication and coordination difficulties between the partners responsible for delivering the programme, and the programme needed a more substantial coordination and administration infrastructure at both provincial and national levels. Closer monitoring of programme activities was necessary, especially in those areas where the activity required coordinated action between organisations.

#### ***Master training workshop***

The programme was largely successful in developing a motivated, available and fairly skilled group of provincially based MTs. They have backgrounds in LG training and were able to develop sufficient expertise in HIV/AIDS issues at LG level to successfully run training workshops for local government officials and councillors.

#### ***Rollout-training workshop***

The trainees were mostly (82%) recruited from B Municipalities. The proportion of councillors and officials was approximately equal.

The rollout-training was much more positively evaluated by councillors than officials, but amongst both groups it created high degrees of motivation for responding to HIV/AIDS at LG level.

Of the officials 66% had professional qualifications in the health field whereas only 14% of councillors did. This meant that officials were generally already much better informed about HIV/AIDS and more directly involved in HIV/AIDS issues than were councillors. They had different needs in terms of learning about HIV/AIDS. The differences between the roles and functions of councillors and officials also manifested in their evaluation of the training. The training programme was generally more positively evaluated by councillors and better suited to their needs to develop the interface between local government and communities, than to officials who are more involved in the internal responses of municipalities and in planning of services.

The participatory learning methods used in the training programme were well received and trainees found the programme engaging and relevant. They felt, however, that more time should have been given to discussing their own local contexts and in developing implementation plans. Most felt that the training was too short and 94% expressed the need for and interest in further training in the area.

### ***Outcomes of training***

Trainees have engaged in a large range of activities as a response to the training. There has been a strong increase in levels of activity in each of the following areas: 'awareness raising activities', 'public engagement' and 'planning and advocacy'. In the first category there has been a strong increase in involvement in public education campaigns and workshops addressing HIV/AIDS activities. Concerning public engagement there has been a strong increase in organizing community activities, participation in community HIV/AIDS forums and meetings, ward level campaigns and promotion of municipal contact with and support for NGOs and CBOs in the AIDS field. Concerning planning and advocacy the trainees have become much more active within their municipalities in advocating for and supporting activities aimed at improving response, forming HIV/AIDS committees, strategic planning, networking with government departments and advocating for engagement with local AIDS organizations.

Councillors and officials have responded to the training in different ways. Councillors have become notably more engaged than officials in community outreach activities and officials have focused more on planning and advocacy activities. The programme also enhanced involvement of councillors in municipal level HIV/AIDS activities.

A number of obstacles to implementation are faced by trainees. Both institutional challenges and individual challenges are examined in the report. Prominent amongst these are:

- lack of funding for start-up projects and community networking activities;
- poor understanding of local resource and service provision issues;
- poor coordination of services both within municipalities and between municipalities and community service organisations;
- poor understanding of priorities in HIV/AIDS response;
- integrated development plans (IDPs) are often not based on satisfactory analysis of local context of HIV/AIDS response, meaning that implementation of plans requires development of such analysis;
- poor communication between HIV/AIDS initiatives within municipalities;
- a largely unmet need for consolidation of municipal, civil society and provincial government responses to HIV/AIDS through formation of committees and forums focusing on HIV/AIDS issues;

- confusion about coordination functions between B (local) and C (district) municipalities and about the responsibilities of provincial and municipal structures in developing responses to HIV/AIDS in the context of uncertainty about how and where health services, including primary health care services, will be managed in future.

There is a strong need for follow-up training and support, and MTs are mostly very interested in continuing to act as training and support facilitators for the programme. This provides a sound basis for developing an expanded and coordinated response to HIV/AIDS at municipal level which is attuned to the workings of local government.

## **Recommendations**

### ***Management***

- There is a need for consolidation of programme administration and support through a dedicated secretariat.
- The Provincial Local Government Association offices which organized the rollout-training programme proved to be an appropriate base for coordination of the programme at provincial level, but their involvement would need to be rekindled. They incurred unexpected and uncompensated administrative and human resource costs in running the programme and this would need to be remedied in future, if their involvement is to be re-secured.
- The programme needs support from provincial Departments of Health and needs to be coordinated with other programmes for mobilization of HIV/AIDS response, notably GAAP programmes (Government AIDS Action Plan) at provincial level. Possibilities for this need to be investigated at provincial level in each of the provinces.
- The commitment of DPLG to the programme needs to be reestablished as this seems to have effectively lapsed. The involvement of DPLG in supporting integrated development planning means that an association between DPLG and the programme is necessary. The possible involvement of Provincial Departments of Local Government also needs to be explored.
- There is a need for better monitoring of programme administration processes and for development of an updated list of trained participants.
- There is a need to assist trainees to find ways of supporting start-up programmes which they find difficult to resource.

### ***Master trainers***

- The involvement of master trainers needs to be secured and terms of reference for their future involvement need to be discussed.
- There is a the need to focus programme resources on enhancing the value of the master trainers who understand local government, are competent trainers and have strong interests in assisting the development of HIV/AIDS responses at this level.
- Master trainers need follow-up training to improve and update their understanding of HIV/AIDS and to equip them to support and mentor trainees in the future, in response to the many requests which they receive from trainees for further training and support.
- Master trainers need an opportunity to discuss their experiences of conducting rollout-training workshops, and specifically to discuss exercises, workshop formats and facilitation challenges.
- There is a need to connect the efforts of master trainers to relevant programmes within provincial government departments and to identify sources of support for them at provincial level.

### ***Rollout-training***

- There is a need for training of local government leaders from municipalities which did not participate in the programme.
- There is a need for refinement of selection criteria. In particular, a strong commitment to working in the field of HIV/AIDS needs to be added as a selection criterion. It also needs to be taken into account that trainees with strong commitments in other areas of local government work proved to be less active in responding to the programme than those who had opportunities to devote time specifically to HIV/AIDS work. The programme also needs to establish an association with the formation and support of local AIDS action committees within municipalities. This can be done by promoting formation of such committees during the training and where these already exist, by specifically selecting trainees who sit on such committees. Careful thought needs to be given to the question of whether the programme should be targeted at councillors specifically, in the light of the finding that councillors were significantly more positive in their responses to the programme. If officials are to be included it would be important that membership of an AIDS action committee be a selection criterion to ensure that the impact of the training is enhanced through co-operative working together of councillors and officials, which is a problem area.
- There is need for clarification of the programme focus in relation to the government planners training programme offered by the Department of Social Development. It is suggested that the programme be specifically aimed at local government leaders in 'B municipalities'. 'A municipalities' (Metropolises) proved to be difficult contexts for reception of the programme and there appears to be a wealth of activity happening within these contexts already. 'C Municipalities' (Districts) were only marginally involved in the programme and their activities are generally more oriented to strategic planning which is better engaged with through the training programme for government planners run by the Department of Social Development.
- There is a need for the training to focus more on understanding local HIV/AIDS response resources and the challenges of responding to AIDS with more time given to development of action plans. There is a need to develop a more detailed tool or procedure for taking stock of, or mapping, the range of organizations and resources involved in HIV/AIDS response at municipal level, to overcome the problem of lack of understanding and coordination of activities and programmes. Training for such an activity would need to be incorporated into both the follow-up training for master trainers and future rollout-training workshops. There is a need to prioritise the formation of municipal HIV/AIDS action committees where these do not exist, but also to promote the formation of community HIV/AIDS forums to deal with the problem of poor coordination of local level HIV/AIDS response, and to develop a more integrated approach than presently exists.

### ***Networking and support***

- There is need to provide a support framework for trainees through establishment of a network for local government leaders working to promote response to HIV/AIDS. This could involve a newsletter and website, and would need to include updates on HIV/AIDS information, sharing of ideas and activities, examples and case studies of local government responses and recognition of achievements. A strong need for this and for a framework for ongoing support has been expressed by trainees and master trainers.

## 2. INTRODUCTION

### History of the training programme

In October 1998, the *Partnership Against AIDS* was launched by the Government of South Africa, challenging all spheres of Government to become involved in addressing the HIV/AIDS epidemic.

As a response in January 2001 the National Department of Health's Chief Directorate of HIV/AIDS and TB Interdepartmental Support Programme (ISP) and the South African Local Government Association (SALGA), supported by the Policy Project, initiated a programme to develop and support local government responses to HIV/AIDS. It was decided between these parties that the ISP would be the lead agency in supporting a local government (LG) HIV/AIDS training programme. The initiative was built on the successes of a training programme for local government leaders conducted in KwaZulu-Natal and the experience of SALGA in training local government leaders.

The ISP conducted a rapid assessment of agencies working in the field of local government and HIV/AIDS. The following key stakeholders were identified:

- Department of Provincial and Local Government (DPLG): which is involved in supporting the development of integrated development plans that mainstream HIV/AIDS in development planning;
- The Department of Social Development, National Population Unit (now the Chief Directorate of Population and Development): which conducts a national training programme aimed at Government planners at national, provincial and local level;
- ISP: which is responsible for facilitating intergovernmental collaboration on HIV/AIDS and training from within the Department of Health Chief Directorate of HIV/AIDS and TB;
- SALGA: which is mandated by the Constitution to assist in the transformation of local government, is involved in training and capacity building of local government leaders, and represents local government on the SA National AIDS Council (SANAC);
- The POLICY Project: which is an international contracting agency to USAID/South Africa, with significant experience in the field of HIV/AIDS-related training and advocacy and which provides support to HIV/AIDS programmes.

Parallel to this process a steering committee was established aimed at the integration of all national activities targeting local government (LG) response to HIV/AIDS. The functions of the steering committee were:

- coordination of planning of LG initiatives;
- formation of a permanent project management, monitoring and support structure;
- advocacy for DPLG to take the lead in local government support on HIV/AIDS.

The DPLG has played a relatively minor role in the programme throughout, and has acted mainly in an advisory capacity. DPLG has not attended many of the steering committee meetings and did not attend the evaluation feedback meetings. It also had little involvement in the operations of the programme. The programme was originally planned to run concurrently with a programme offered by the National Population Unit (now the Chief Directorate of Population and Development) based in the Department of Social Development. This programme is aimed at government planners. However, for practical reasons effective coordination of the two programmes proved difficult and they continued to operate largely independently. The programme management team from the Department of Social Development were not effectively involved in the operations of the programme being evaluated.

They have, however, actively participated in discussing evaluation findings. The operations of the training programme for LG councillors and officials which is the focus of this evaluation principally involved the ISP, SALGA (including its provincial branches) and The POLICY Project.

These participants decided that each organisation should contribute to the project in accordance with their inherent strengths and positioning. The following roles were assigned to the key participants of the Local Government Project Steering Committee that was formed to oversee the project:

- ISP of the Chief Directorate of HIV/AIDS and TB: Programme planning, overall coordination, funding and administrative support.
- SALGA: Identification of master trainers through the offices of the Provincial Local Government Associations (PLGAs), identification of training venues, recruitment of LG trainees, and provincial coordination of logistic arrangements for training workshops.
- The POLICY Project: Technical expertise, development of the training course, facilitation of the master training workshop, provision of rollout-training materials, limited co-funding.
- External consultant: Development of materials and master training programme, and facilitation of master training.

### **Description of the training programme**

The programme consisted of a master trainer (MT) workshop and a series of rollout-training workshops run by MTs. The programme was based on a toolkit developed through a separate process<sup>1</sup>, and piloted in KwaZulu-Natal.

The programme has both an internal and an external focus. The internal focus is on the functions of LG as an employer and a workplace that requires prevention programmes, policies and strategies to deal with HIV/AIDS. The external focus is on the functions and mandates of local authorities in terms of service delivery, administration and community development.

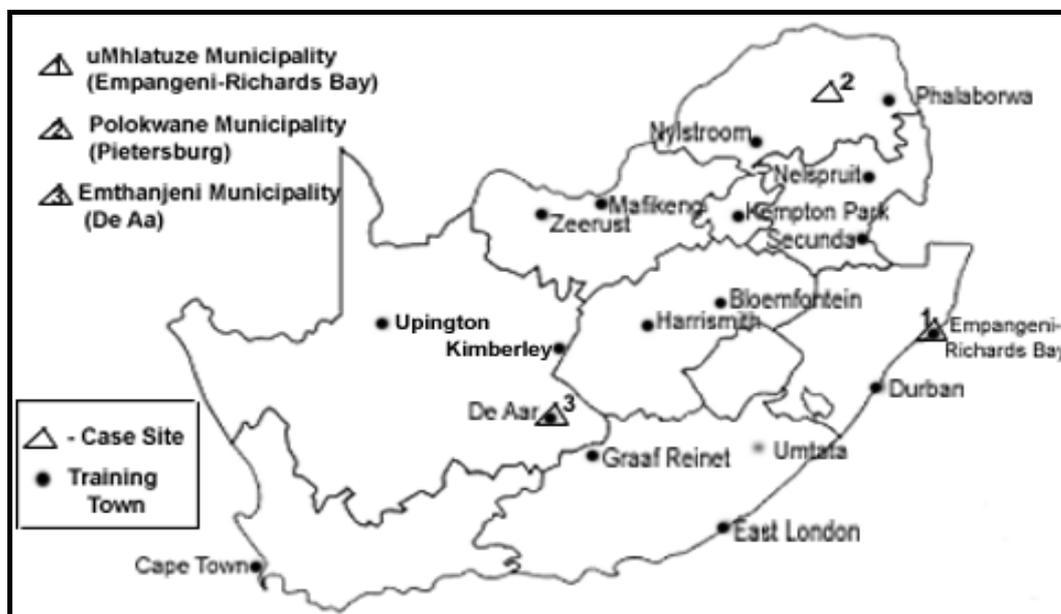
MTs were recruited by SALGA and trained at a national 5-day workshop in Gauteng in May 2001. They were then required to conduct the rollout-training workshops in their provinces from July-October 2001. These training workshops were conducted with local government officials and municipal councillors. Provincial organisation was provided by PLGAs. Administrative support plus financial backing was provided by the Department of Health. Eighteen 3½-day workshops were held from July-October 2001 in the following locations:

- Eastern Cape: Umtata, East London, Graaf Reinet;
- Free State: Harrismith, Bloemfontein;
- Gauteng: Kempton Park;
- KwaZulu-Natal: Durban, Richards Bay;
- Mpumalanga: Nelspruit, Secunda;
- Northern Cape: Uppington, Kimberley, De Aar;
- Limpopo: Phalaborwa, Nylstroom;
- North West: Mafikeng, Zeerust;
- Western Cape: Cape Town.

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<sup>1</sup> In collaboration with the Health Economics and AIDS Research Division of the University of Natal, Durban and with financial support of the KwaZulu-Natal Department of Health.

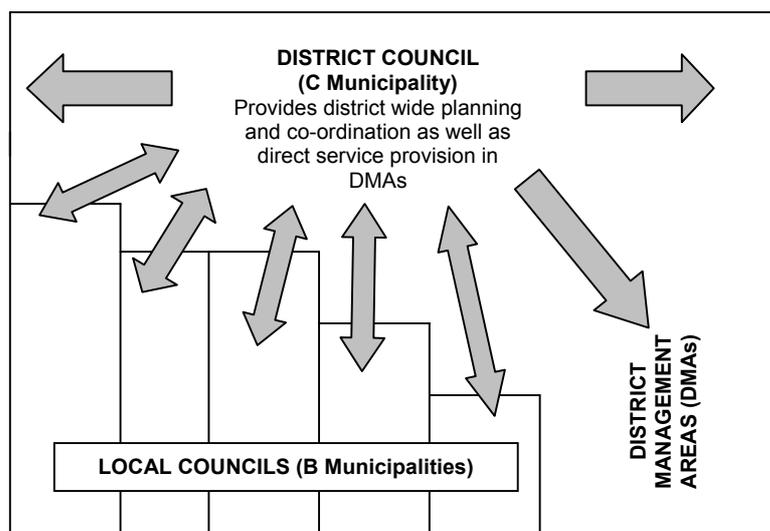
The following map shows the towns in which the rollout-training programmes were conducted and also the three sites where the case studies were conducted.



A total of 409 local government leaders were trained. An approximately equal number of officials and councillors were trained, although the exact designations of all trainees were not documented as part of programme record keeping, and are unknown. The following table shows the targets and achievements of the programme. It can be seen that there was some underachievement in terms of numbers of people trained and costs per person. These costs do not reflect the economic cost of 30% of the time of the Interdepartmental Support Coordinator and 75% of the time of a Senior Administrator over a period of 3 months. They also do not reflect the greater than anticipated human resources and administration costs incurred by SALGA and PLGAs.

TARGETS	ACHIEVEMENT
Conduct one master training and 23 Rollout-training workshops	One master training and 18 Rollout-training workshops conducted
Train 18 master trainers Train 285 LG councillors Train 285 LG officials	20 master trainers trained 251 LG leaders trained (unspecified: council or officials) 75 LG councillors trained 83 LG officials trained
TOTAL: 588	TOTAL: 429
Budget: R 690 000 (= R 1 177 per person trained)	Expenditure: R 600 000 (= R 1 398 per person trained)

## The context of local government and the challenges it poses



A local government district is governed by a District Council (C Municipality). District Municipalities incorporate a number of Local Municipalities (B Municipalities) and also areas of the district which are not directly governed by Local Municipalities. These are called District Management Areas (DMAs), which are generally those rural areas not serviced by local municipalities.

In 6 metropolitan areas of the country there are no district and local councils but a metropolitan council (A municipality) which is essentially an independent authority with the same status as a district from the perspective of provincial authorities. Within metropolises there are metro councils and metro sub-councils.

It is important to realise that whilst significant steps have been taken to implement the Municipal Structures Act which established this framework for the LG system in South Africa, the ways in which the system will ultimately work are largely “in the making”.

Very often municipal officials and councillors are at a loss to explain ‘the big picture’ of how local and district municipalities function in relation to each other, especially in the health field. The management of health facilities and services under the new LG framework is an area where there seems to be a particularly high level of confusion and uncertainty, especially about which authority will in future be responsible for management of primary health care services and facilities. Currently basic facilities which are part of the HIV/AIDS response framework within a town can be managed by the local municipality or the province, and in addition there may be a planning committee active in the town which is a committee of the district municipality. To further complicate the picture, in some towns there are AIDS Training, Information and Counselling Centres, hospice branches funded by provincial welfare and health departments, foreign funded AIDS community projects and a range of other types of projects. Understanding of such a range of resources and developing an understanding of the needs of communities in relation to available resources, is not surprisingly a challenge.

It was strongly evident in all of the towns visited and especially in the larger towns that there is a strong need to understand the ‘system’, given its fragmentation. If coordinated and integrated plans of action are to be developed the process must begin with a concerted attempt to take stock of available government, civil society and community resources and then to understand how these can be harnessed in

service of the needs of people directly affected by HIV/AIDS as well as in the interest of the need for comprehensive prevention programmes.

It was very clear in the towns visited that there had been little success in integrating the range of available resources into comprehensive networks for responding to HIV/AIDS, although there were many instances of good working relationships between specific organisations. But the dominant impression is one of fragmentation and the efforts of well-meaning and motivated councillors and officials are bound to be limited until they take concrete steps to take stock of the response framework and pull together the range of stakeholders involved in, and concerned about, responding to HIV/AIDS. Formation of community forums for integrating HIV/AIDS response in turn requires a focused effort within municipalities and at the least formation of HIV/AIDS action committees. In only one of the municipalities visited was such a committee already functioning at the time of the visit. In the other municipalities there were plans afoot for formation of a committee, but in both cases it was not yet a functional and mandated group within the official structure of the municipality. It is evident from the responses of other respondents that the same is the case in most other municipalities.

To date municipal activity to develop HIV/AIDS response plans has mostly been focused on the mainstreaming of HIV/AIDS into municipal integrated development plans. But this does not in and of itself guarantee local action, which seems to need a more focused and HIV/AIDS specific approach. These two themes, HIV/AIDS as a special focus area and as one of a number of development threads, recurs throughout this report. The latter seems to have been prioritised to date and exemplifies the work of municipal officials involved in creating integrated development plans. The work of councillors, on the other hand, is more directly concerned with the need to link the municipality to the community, and is more advocacy-oriented than planning-oriented.

It is important to understand the different roles of councillors and officials in local government and their different roles in the struggle to develop sustained and effective local responses to HIV/AIDS. It is not surprising given the differences that exist that these two groups of participants responded to the programme quite differently and clearly further thought needs to be given to the challenges they face in working together to develop integrated responses. One of the greatest strengths of this programme is that it attempted to bring together diverse groups at every level, in developing an integrated response to HIV/AIDS at LG level. Inasmuch as it has succeeded it has also exposed some of the difficulties inherent in this challenge, which it has been one of the concerns of the evaluation to identify.

### 3. EVALUATION PARAMETERS

#### Objectives of evaluation

- To evaluate the success of the master training workshop
- To evaluate the success of the rollout-training workshops
- To assess the impact of the programme on LG responses to HIV/AIDS
- To describe activities at LG level resulting from the programme
- To describe challenges and difficulties facing the programme
- To develop an understanding of future needs of the programme

#### Indicators

The following indicators of programme outputs and outcomes were used as reference points in developing the evaluation protocols:

- efficacy of implementation;
- evidence of master trainers acquiring appropriate skills;
- evidence of positive training experiences on part of trainees;
- evidence of appropriate local government activity resulting from the programme;
- evidence of impact on working together of officials and councillors;
- synchronisation of the programme with other programmes, municipal affairs and planning;
- evidence of the need for the programme;
- evidence of the value of the programme.

In addition to the above general indicators, it emerged in reporting back preliminary findings to the project steering committee, that it may be of value to examine the differences between the responses of local government officials and those of councillors.

#### Methodology

The evaluation was conducted between April and July 2002. The sequence of activities followed in developing this evaluation report is as follows:

##### **1. Interviews with key stakeholders**

*Aim:* To understand the history of the programme and details relating to its implementation; to identify key issues and specific areas of concern to be addressed by the evaluation; to understand key stakeholder interests; to develop an understanding of problems, successes and challenges relating to the programme implementation and its further development.

*Activity:* Seven key stakeholders<sup>2</sup> involved in the development and administration of the programme were identified and interviewed either in person or telephonically.

##### **2. Document review**

*Aim:* To develop an understanding of the programme history and context through key programme documents.

*Activity:* Key programme documents and minutes, training materials, documentation relating to the structure and functions of LG, and documentation relating to HIV/AIDS at LG level were identified. These

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<sup>2</sup> See Appendix 1.

documents were reviewed and key issues of relevance to the evaluation were extracted.

### **3. Interviews with selected master trainers**

*Aim:* To develop an understanding of the experiences of MTs of the master and rollout-training programmes and to understand their perceptions of the programme as a whole.

*Activity:* MTs from different provinces and types of locality were identified and telephonically interviewed (list of names in Appendix 1). Interviews covered their experiences of the master training workshop and subsequent involvement in the programme.

### **4. Case study one**

*Aim:* To complete one of the case studies prior to developing the questionnaires so as to develop a clearer understanding of the difficulties and challenges facing local government leaders who participated in the training and the contexts in which they work.

*Activity:* The first of three municipalities (see below) was visited and respondents<sup>3</sup> were interviewed.

### **5. Questionnaire development**

*Aim:* To develop two questionnaires, for master trainers and trainees.

*Activity:* Questionnaire development was conducted and questionnaires refined through the process of conducting interviews and during the first case study where key questions were identified. The focus of questionnaires was also defined with reference to the set of indicators described above.

### **6. Administration of questionnaires**

*Aim:* To gather relevant information and perceptions using postal questionnaires administered to all master trainers and a sample of trainees.

*Activity:* Sent questionnaires by fax and mail to all MTs (20) and 135 randomly selected officials and councilors, with an equal number sampled from each province. A 100% return rate was obtained from MTs and a total of 77 completed trainee questionnaires were returned, amounting to a 58% response rate, and representing 18% of all trainees<sup>4</sup>.

### **7. Case studies two and three**

*Aim:* To closely understand the challenges facing trainees in operationalising their training; and to understand the contexts of their work and the challenges they face in developing LG responses in these contexts.

*Activity:* Visited a further two case study sites. The three case study sites were selected to cover different contexts of local government. The primary sites were B Municipalities (see below). In each site trainees who had participated in the programme were interviewed, as well as relevant officials, local HIV/AIDS programme managers and individuals who were

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<sup>3</sup> See Appendix 1.

<sup>4</sup> Details of the backgrounds and previous experience of MTs and trainees are found in Appendices 2 and 3.

identified as knowledgeable about the challenges of responding to HIV/AIDS in the area.

*Case study sites*

<b>Town</b>	<b>B Municipality</b>	<b>C Municipality</b>
Empangeni-Richards Bay, KwaZulu-Natal	uMhlatuze	Uthungulu (DC 28)
De Aar, Northern Cape	Emthanjeni	Bo Karoo (DC 7)
Pietersburg, Limpopo Province	Polokwane	Capricorn (DC 35)

**8. Analysis and writing**

*Aim:* To analyse and integrate the various sources of data into a preliminary presentation.

*Activity:* Quantitative data was captured and statistically analysed. Qualitative data from the questionnaires was captured and is presented in the Appendix. Rather than treat each source of data as discrete the report puts together all relevant sources of data in developing an understanding of each element of the programme.

**9. Preliminary report backs**

*Aim:* To meet with the steering committee and discuss the findings of the evaluation research, to identify issues which need to be investigated further in the final report, to explore alternative interpretations of the data, and to examine the relevance of the findings to possible further programme developments.

*Activity:* Two meetings with programme developers and stakeholders were organized by the ISP where initial and up-dated presentations were made and discussed in depth.

**10. Further analysis and final report**

*Aim:* To present a final report on the evaluation of the project after initial presentation of findings.

*Activity:* Further analysis was conducted on the basis of the preliminary report backs before a final report was written.

## 4. EVALUATION FINDINGS

In cases where there is a statistically significant difference between the responses of councillors and officials their responses are reported separately. In all other cases the graphs and percentages refer to councillors and officials combined.

### 4.1 Selection of participants

#### *Selection of MTs*

MTs were identified by SALGA as experienced trainers in the field of local government who had been facilitators in previous SALGA capacity building programmes for local government leaders.

#### *Selection of trainees*

##### *The selection process*

The selection of trainees was made at municipal level, with guidelines provided to municipalities by PLGAs, and developed by the Project Steering Committee. It was intended that trainees would be sent on the training by mandate of the relevant municipal authority and it was stressed that those participants should preferably not be health officials, but rather trainees in management positions where they could lead local responses to HIV/AIDS across cluster boundaries.

The PLGAs had an onerous task of contacting the municipalities involved and setting in motion processes of selecting appropriate trainees. It is felt by SALGA that provincial offices of local government should have been more directly involved at this level, and that they could have assisted in identifying appropriate trainees.

##### *Selection criteria*

The programme may have benefited from better standardization of this process, but in most cases there was some form of rationale and formal procedures were usually followed for selecting trainees<sup>5</sup>. For many of them this was an almost automatic selection by virtue of them being leaders of health or HIV/AIDS activities at municipal level. This was not the case in all instances, however, and MTs report that some participants had very little or no previous involvement in HIV/AIDS issues.

There were some instances of participants being selected as a last minute replacement for others not able to attend. Further, 5% of respondents were neither councillors nor officials, but health service employees not in management positions, showing that the process of selection was not closely managed in all cases. It is also apparent from accounts of some workshops that amongst those who attended there were some who did not complete the training and some who were less motivated and missed some sessions.

Suggestions were made by respondents about how participants should be selected for future training programmes:<sup>6</sup>

1. There are strong calls for people to be selected who are involved in health portfolio committees and social services, and who have influence and ability to work effectively within the municipality at developing and coordinating services and planning for integrated services. These criteria seem to be most relevant to officials, but also to councillors.
2. There are calls for people with a strong orientation to engaging with local community structures and needs. This criterion seems to be most relevant for

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<sup>5</sup> Appendix 5 describes the various ways in which respondents were selected to participate.

<sup>6</sup> See Appendix 5.

councillors who have an important role in bridging the divide between the public and municipal resources and services.

3. In either of the above cases there is a call for selection on the basis of a “passion” for working in HIV/AIDS and for selection of people already directly involved in HIV/AIDS service planning and delivery.

There is a fairly widespread perception amongst trainees that many people who are in a position to respond to HIV/AIDS are not personally motivated to do anything about it and *vice versa*. There has been much relatively low-impact training and lip-service to the need to respond to HIV/AIDS and the trainees feel that a more sustained programme of support of LG HIV/AIDS action is necessary. Their suggestions about the nature of this action are contained in Appendices 14 and 15 and many of these concern formation of local HIV/AIDS action and coordination committees. There is a strong sense of needing to embed HIV/AIDS response within municipalities in a group of committed leaders, and it is felt that it is important to select people who are able to focus specifically on HIV/AIDS.

#### *Levels of leadership*

Some MTs who expressed reservations about whether the right local government leaders were targeted for the workshops. “I found that we have trained people who are (lower level) managers, but they are not at the very top and are not in positions to commence programmes. What they think of is campaigns and giving talks.” It was suggested by some participants that training executive level management and senior councillors would enhance the effectiveness of the programme.

This impression is lent some support by the activities that have resulted from the programme, especially on the part of councillors whose principal focus has been on community-oriented work, rather than on strategic planning. Their activities have in some cases tended to be oriented around unstrategised campaigns and once-off interventions. It is certainly true that without support and follow-up the gains on the part of trainees will indeed be limited to this level of intervention, but there is sufficient promise in the activities commenced by trainees since the training, to suggest that the training should be focused at this level (“where things get done”) rather than at executive level (“where things get thought”). Site visits showed that whilst the support of executive level management is a strong force in commissioning action, the work of building LG HIV/AIDS response requires commitment and focus specifically on HIV/AIDS, and executive level municipal leaders are seldom in a position to focus on specific issues. This means that lower level leaders with more available time should be recruited and that the task of building executive support should be pursued as an advocacy function, or through building a national mandate through DPLG to establish AIDS action committees in all municipalities.

#### *The importance of HIV/AIDS action committees*

There seems to be a tension between integrating the mobilization of HIV/AIDS action into the activities of all LG planning committees (mainstreaming) versus establishing specific HIV/AIDS action committees within municipalities. These are not necessarily contradictory approaches (to mainstream HIV/AIDS by attempting to embed it in all relevant activities of LG does not rule out a central HIV/AIDS committee). However, the trainees seem to favour emphasis on the latter in selection. There is a perception that it is important to select people with a specialist interest in HIV/AIDS rather than those who need to take HIV/AIDS into account in development planning (e.g. town planners), but do not have a specialist interest. Whilst it is widely recognised that HIV/AIDS must be ‘mainstreamed’ into all aspects of LG, it seems that unless implementation of plans is driven and monitored in a formal way by specific HIV/AIDS committees, the HIV/AIDS priorities are easily lost to other pressing needs like

delivery of basic services. Further thought needs to be given to whether the programme should the emphasis on building HIV/AIDS response into broader integrated development planning processes, or focusing on developing specific HIV/AIDS foci within municipalities. The current emphasis in LG is focused on the former, yet the participants in becoming active in the HIV/AIDS field in response to the programme have tended to form special HIV/AIDS task teams, and have tended to suggest selection processes which focus on HIV/AIDS as a particular issue. Further, it was strongly felt that a specific interest in HIV/AIDS rather a more general involvement in health and social service portfolios is appropriate for selection for local government leader training.

Where a specific HIV/AIDS focus does not exist it was suggested that recruitment be linked to the expectation of forming a local HIV/AIDS committee. It seems that many municipalities are in the process of setting up specific HIV/AIDS committees.

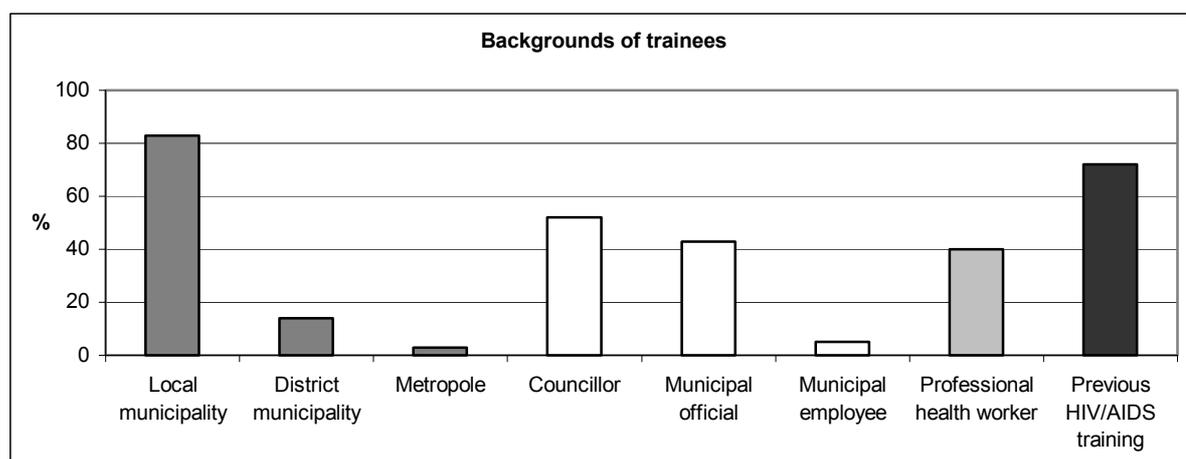
## 4.2 Backgrounds of participants

### **Master trainers<sup>7</sup>**

Fifty three percent of MTs have previous experience in conducting more than 10 training workshops (mostly in LG capacity building) and 27% had conducted between 3 and 10 training workshops prior to being trained as MTs. Only one of the MTs has a health background and they represent a diverse range of people, all but one of whom have experience in LG, either as a councillor or as an official.

### **Local government leaders<sup>8</sup>**

The following composite graph represents the percentages of trainees who are councillors, municipal officials, professional health workers and those who have undergone previous HIV/AIDS training programmes. It also depicts the percentage representing Metropoles (A municipality), Districts (C Municipality) and Local Municipalities (B).



### **Key points**

- By far the larger proportion of LG leaders (82%) were from Local (B) municipalities.
- The proportion of councillors and officials was approximately equal.

<sup>7</sup> Details of the backgrounds of MTs are presented in Appendix 2.

<sup>8</sup> Details of the backgrounds of trainees are presented in Appendix 3.

- A number of 'municipal employees' (5%) who are neither officials nor councillors were included in the training. This reflects some problems in the recruitment procedures, discussed below. They are included as a distinct category here only to show that some trainees were recruited who are not actually in leadership positions.
- A good many (72%) of the participants had had previous HIV/AIDS training with officials and councillors having been approximately equally exposed to previous training. However, it seems that this training was in general not very comprehensive and was largely conducted on a once-off basis, and not in the context of a systematic programme for development of LG responses to HIV/AIDS.
- The qualifications of officials reflect a strong health bias with 66% of officials having professional qualifications in the health field. Most of these are from the nursing profession, but they also include environmental health practitioners and public health qualifications. The rest of the officials who attended the training are mostly senior officials (e.g. IDP managers, administration managers, ExCo members) without qualifications or work portfolios relating to health or HIV/AIDS. They represent a diverse range of disciplinary backgrounds including agriculture, town planning and administration. Only 14% of councillors have professional health qualifications.
- Present positions held by officials are in descending order of frequency: nursing staff managing PHC and community health services; HIV/AIDS focused work; environmental health; and social services. There were relatively few officials from human resources and training departments, although case studies showed that officials in these areas are also involved in HIV/AIDS issues.
- In decreasing order of frequency the most common council positions held by councillors are: health portfolio/desk; HIV/AIDS committees or portfolios; social services; and community services and projects.
- Eighty one percent of officials, report having experience of working in the HIV/AIDS field compared to only 48% of councillors.

### **4.3 Master training workshop**

The overall aim of the master training workshop was to equip trainers experienced in training and knowledgeable about local government with the knowledge and skills to conduct standardized HIV/AIDS workshops for nominated local government Councillors and other officials.

The content of the five-day course was designed to:

- Equip participants with an appropriate level of understanding of relevant, basic HIV/AIDS facts and an understanding of current debates around HIV/AIDS.
- Explore their personal perceptions of, and clarify their values regarding HIV/AIDS.
- Analyze the impact of HIV/AIDS at the individual, family, community, and societal levels.
- Explore the links between the HIV/AIDS epidemic and development.
- Interpret the constitutional and legal developmental functions of local government.
- Identify the comparative advantages of local government to respond to the HIV/AIDS epidemic.

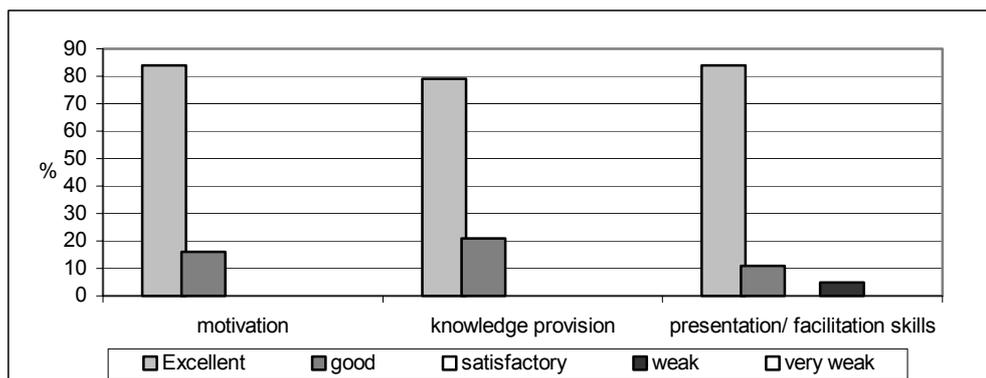
- Provide a model for a local government response.
- Discuss the elements of an internal or workplace response and an external or mainstreamed response.
- Explain advocacy principles and practices and develop an example for local government.
- Apply planning concepts and tools to develop an HIV/AIDS plan for local government.

The methodology of the course was designed to enable participants to:

- Train others using interactive participatory training techniques.
- Use the HIV/AIDS Toolkit within a training context.
- Access information from a range of training resources.
- Provide a program for the rollout-training workshops.
- Discuss a training schedule for the rollout-training workshops.
- Clarify the logistical arrangements for the rollout-training.
- Describe the relationship with other related initiatives (especially the Department of Social Development Chief Directorate of Population and Development programme).
- Compile a monitoring and evaluation plan for the rollout-training.

MTs were not provided with a fixed workshop format that they were expected to present in rollout-training workshops although there was a broad programme outline suggested and provided. In the master training workshop they also discussed the rollout-training workshops, but when they came to having to design the workshops many felt uncertain as they did not have fixed guidelines about what exactly they should present in these workshops. However, this problem seems to have been overcome after the first workshops after which MTs generally felt confident about the workshop formats which they had designed and tested, based on the tools (exercises) which they had been exposed to in the training.

### ***Perceived value of master training workshop***



### ***Value of training***

- The three categories of experience in the above graph are success of the training in motivating MTs, providing MTs with the knowledge they need to run training workshops and training in the necessary presentation and facilitation skills.
- In all areas the training was perceived as 'excellent' or 'good' with only one 'weak' rating in the area of 'presentation and facilitation'. The MTs were generally highly motivated after the MT workshops, they felt equipped with

enough basic knowledge to proceed and they had sufficient presentation and facilitation skills.

- The trainers had all had previous training and experience in facilitation and presentation and their ratings of 'facilitation and presentation skills' may reflect that they don't particularly need additional presentation and facilitation skills, rather than a perception that the master training workshop equipped them with such skills. This is said because the positive evaluation in this area seems to contradict reservations expressed by MTs in interviews, that they had felt a little under-prepared for the training task which lay ahead. They were taught the exercises by doing them, and many felt that it was necessary in addition to spend more time discussing the exercises and how to facilitate them.
- Some felt that the training should have been longer and that whilst a lot of material was covered, much of this would have benefited from further discussion. It was also felt that more time should have been given to individual presentations.

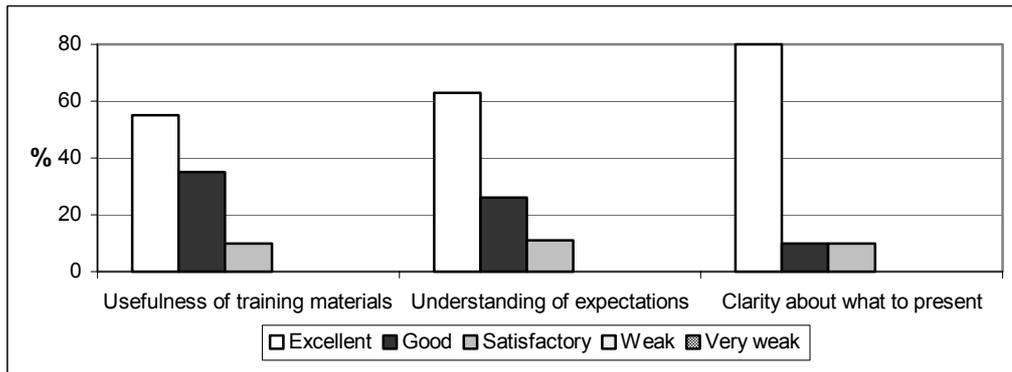
#### *Further training needs*

- MTs generally felt that they need to improve their understanding of the medical aspects of HIV/AIDS, especially since many of those they train are professionally trained as health workers. Concerning the medical aspects of HIV/AIDS they feel the need to know more about: the relationship of HIV/AIDS and STIs; opportunistic infections; the difference between CD4 count and viral load; and antiretroviral drugs and side-effects.
- Some of the MTs felt that the training could have had a greater emphasis on LG issues including: more specific input on Local Government responses to HIV/AIDS and examples of this; review of the current relevant legislation, regulations and policies; more input on the impact of HIV/AIDS on different sectors of LG and society; and more input on the economic aspects of HIV/AIDS. It was also felt that specific issues to do with mobilizing gender and youth responses could have been dealt with in greater depth, and more attention could have been paid to understanding the role of counselling in HIV/AIDS. The last concern seems to arise from a general concern to know more about ways of addressing needs for care and support of people directly affected by HIV/AIDS.
- Facilitators expressed the need to discuss training exercises and facilitation experiences with MTs from other provinces. Any follow-up training should allow such opportunity.
- It was strongly felt that there is a need to update MTs on current issues in an ongoing way, rather than only through training programmes. The idea of a network of MTs and trainees was strongly supported.

"It turned my thinking around. I would speak about AIDS all the time."

"I talked about AIDS everywhere. In religious circles, in my business, I tackle *them* all the time and talk about it."

## **MT perspectives on training resources and preparedness for rollout-training**



### **Training guidelines for rollout-training**

- Following the training the MTs had a relatively clear sense of what to present at the level of content, using workshop elements that they had been exposed to in their own training. To this extent they were well prepared. The training programme had provided them with enough exercises easily to fill the time allotted to the rollout-training workshop. However, many nonetheless felt “thrown in at the deep end”. In the words of a MT who conducted his first training workshop in very adverse circumstances (when it was organized at the last minute and his co-facilitator was unable to attend): “I had to grovel my way through it”. Another remarked that “They expected us to develop our own training materials” and “It would have been good to have a trainer’s manual. We need a clearer framework from conveners as to how to go about it. This part needs more flesh.” Whilst they had clarity about ‘what to present’, how they were to do it was left up to them. Fortunately, for the most part they seemed to cope well given their previous experience as trainers and in most cases by the second rollout-training workshops they felt more confident.

### **Training materials**

- Concerning training materials the MTs felt that the slides and figures on infection rates were useful and they would appreciate more such aids for use as trainers. It was felt that the materials provided do not contain enough information about HIV/AIDS and MTs have a need to have access to a greater range of information which they can readily share with trainees and look up when they feel that their knowledge is inadequate.

### **Difficulties in working as a team**

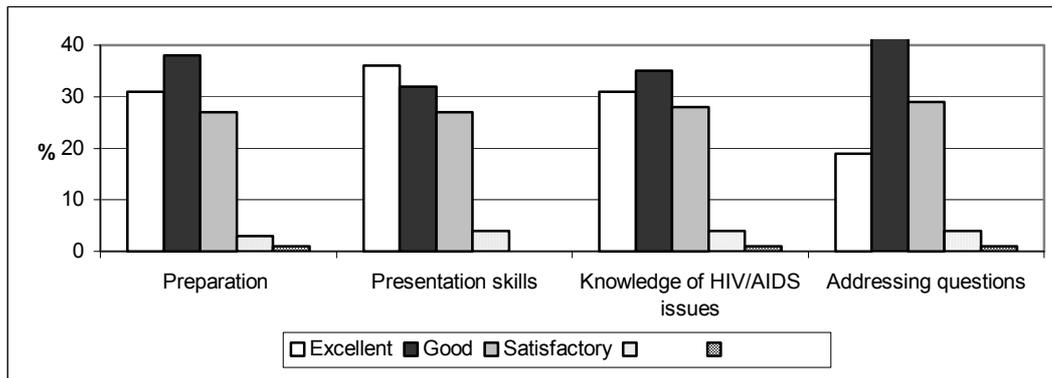
- It was expected that MTs would work together at provincial level, in developing a workshop-training programmes and in preparing for the workshops. But MTs are spread across the province and cooperation between them proved to be difficult to attain. In many cases they did not equally share the responsibility for planning and preparation and certain MTs stand out as having been significantly more involved in the programme than others. Some MTs tended to be carried in the slipstream of more active partners.

### **The need for further training**

- Ninety five percent of MTs said that they have an interest in, and needs for further training, and a number of areas where further training would be helpful were pointed out<sup>9</sup>.

<sup>9</sup> These are presented in Appendix 4.

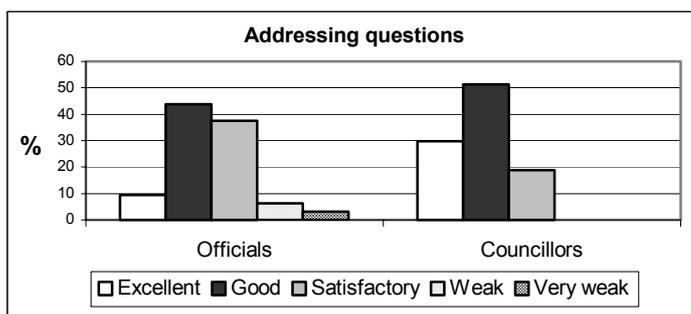
### **Trainee perspectives on capacity and preparation of facilitators**



#### **Key points**

- In terms of preparation, presentation skills, knowledge of HIV/AIDS issues and ability to address questions posed to them, the trainees found the skills of the MTs mostly 'satisfactory' or better than satisfactory.
- However, many criticisms were also leveled, and another way of looking at the above data is to say that in each of the above categories there is a significant number (at least 30% in each case) who found the performance of facilitators to be either only satisfactory or less than satisfactory. This suggests that there is significant room for improvement, especially if they are to address the needs of trainees with knowledge and experience in the field.
- Presentation skills and preparation were the most highly rated areas, reflecting perceptions that the MTs are competent in presenting workshops and seemed to the trainees to be adequately prepared for the task.
- The ability to answer questions was the least satisfactory of the areas.
- A number of negative comments about specific facilitators suggest that two or three MTs were not quite up to the task.

The following graph shows that officials and councillors tended to rate the capacities of the MTs differently.



#### **Key points**

- Councillors are significantly more likely to have been satisfied with the way in which MTs were able to answer their questions in the training and they rated the responses to questions as 'excellent' to a much higher degree than did officials. Furthermore, approximately 10% of officials found MT's ability to answer questions less than satisfactory, whereas no councillors rated them as below satisfactory.
- This is consistent with a generally much more informed understanding of HIV/AIDS on the part of officials. Officials, with their greater levels of

knowledge and experience, tended to be more critical of MTs skills and expertise. They also tended to have more technical concerns and given that 66% of them have qualifications in the health field, and many work professionally in HIV/AIDS, it is not surprising that MTs were found wanting in some respects.

- Officials and councillors had different information needs and demands, and if MTs are to meet the needs of officials they will need to improve their knowledge of HIV/AIDS. Alternatively they will need to ensure that appropriate expertise is available to assist.

#### **4.4 Rollout-training administration and logistics**

Preparation for the rollout-training workshops was managed at provincial level via SALGA and its network of PLGAs.

##### ***Unanticipated administrative burden of the programme***

Administration of the programme required much greater commitment of staff time than was anticipated.

It seems that the burden of administering the programme, measured in terms of embedded costs and human resources commitment, was more than expected for all parties involved. All parties feel that they incurred significant non-budgeted and non-reimbursed administration costs.

Problems in communication led to some additional costs, such as having to pay for accommodation for participants who had made travel arrangements based on incorrect information about the duration of the workshop.

##### ***Communication problems***

Poor communication between SALGA and the ISP led to some confusion about whether the workshops were to take place as scheduled. There is recognition amongst both parties that there was a gap between planning and administration.

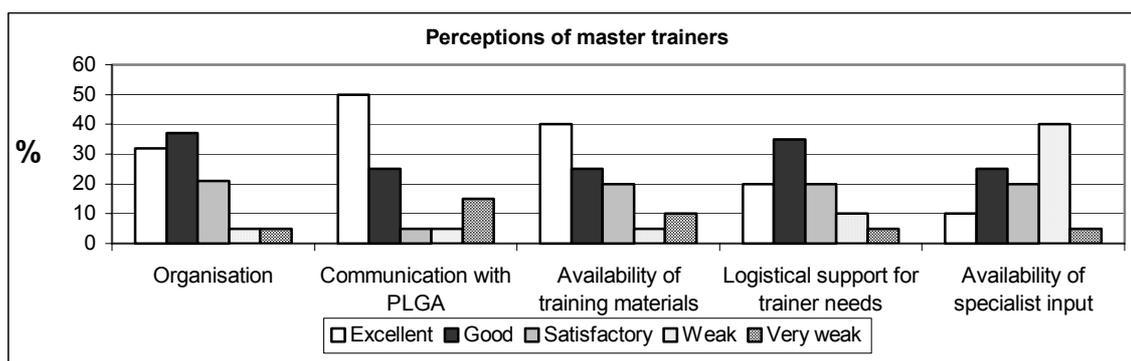
When workshops were not postponed as anticipated by the ISP, administrative systems had not been established and this created a context for a number of problems. The underlying issue seems to have been that whereas to play its part in administering the programme ISP had to communicate closely with the PLGAs, the main channel of communication between the programme and the PLGAs was initially via the SALGA offices. Had ISP and SALGA co-operated more closely in setting up a communication conduit between ISP and the PLGAs some of the problems of information flow would have been averted. Ultimately, many of the problems were resolved as the ISP began communicating independently with PLGAs but the poor communication and administrative environment had already added significantly to the administrative burden of the programme.

##### ***Areas of miscommunication and misunderstanding***

The length of the training; dates for training workshops; identification, booking of and payment for venues; who would be facilitating workshops; supply and delivery of training materials; the purchasing of working material (stationery); lack of clarity about payment procedures and delays in payment of facilitation fees to MTs; budgets for venues and accommodation; responsibility for follow-up on unsubmitted workshop reports; and procedures for submission of reports to ISP.

The following charts present the MT and trainee perspectives on the organisation of the rollout-training workshops.

## Perceptions of the organization of rollout-training workshops



### Key points

- Although the general trend is on the positive side it is apparent from the above that the logistics of the rollout-training programme had significant problems and an outcome of the administrative and communication problems of the programme. This was not the case in all instances, and weaknesses reflect problems in a few provinces rather than a general picture.
- Areas of particular weakness relate to the availability of specialist input and logistical support for trainer needs. The responsibility for identifying specialists to make an input should in the view of many MTs have fallen to the organizers. It was felt that had provincial DOHs been involved in the programme more directly, this issue would have been more satisfactorily dealt with. It is felt by MT that the programme needs much more substantial provincial support and backup.
- MTs felt most critical of the logistical support for their needs as trainers. The trainers felt that their needs as trainers, in terms of training materials and stationery for workshops, were not well catered for. They also sometimes found that arrangements at venues had not been well made and the venues were often not suitable.
- For many this was unsettling and distracting, particularly in their first workshops, where uncertainty about the task they were undertaking was exacerbated by poor and last minute arrangements.
- It is notable that MTs were generally more critical than trainees of the arrangements, and to a certain extent trainees were cushioned from the lack of coordination and planning that created problems for the MTs.
- Most respondents rated the organisational aspects of the rollout-training workshops as either 'excellent' or 'good'. However, 13% of trainees felt that pre-workshop communication was less than satisfactory.

### ***Post-training administration and record-keeping***

- After the workshops had been conducted there was a lull in programme activity and important post-training administration functions were neglected, although a summary report of the training programme was compiled by the ISP.
- There were difficulties in gathering workshop reports and attendance lists. The bulk of attendance registers and reports were lodged with ISP as expected, but about 25% were outstanding and unavailable on commencement of the evaluation research.
- Repeated attempts by the offices of the ISP were required to locate outstanding records, and then they remain incomplete. Compilation of incomplete records into an accurate and updated registry of trainees is an outstanding and important task for programme developers.
- This is symptomatic of the coordination problems within the programme. The records had either not been submitted by provincial offices of SALGA to the coordinating office in the DOH or they had not been submitted by master trainers to provincial offices. In most cases there was confusion about the whereabouts of these records.
- In the case of many participants randomly sampled to participate in the survey, insufficient contact details were available. These participants had to be individually traced which considerably added to the burden of evaluating the programme.
- In some workshops in particular, but evident to a small degree in most workshops, participants had not all attended all days of a workshop. This was not always evident from lists supplied and on some occasions participants were identified and contacted for the survey or for interviews, only to find that they only attended a day of the workshop, or that someone else had replaced them.
- Other problems arising after the training were delays in payment (up to 4 months after claims were submitted) and failure of some stakeholders (notably DPLG) to attend debriefing and evaluation meetings.

### ***Effects of administrative problems***

One of the results of administration problems and particularly last minute planning was that some participants were unable to attend all of the days of the training. Twelve percent missed one or more days. Five percent missed two or more days. Furthermore, many arrived late and some left early. Some invited participants did not arrive at all, but it has not been possible to quantify this as the records only reflect those who attended. These percentages are likely to be an underestimation as they reflect only those trainees who returned questionnaires and the sample of trainees who efficiently returned questionnaires is more likely to represent those who attended the full training than those that missed days. This situation was particularly noticeable in workshops where participants felt inconvenienced or pressured by last minute arrangements. In addition to these problems in some instances venues and accommodation arrangements were unsuitable from the perspectives of both MTs and trainees, and training materials arrived late.

These problems led to some dissatisfaction and distraction during the workshops. In later workshops many of the problems were ironed out and if the above profiles reflected only the first workshop in each province only, they would have been much more negative.

It should be said that whilst the last minute planning was an inconvenience and annoyance many of the problems were resolved at the last minute and the net result was that participants were often not aware of the confusions and problems that had preceded them, with some exceptions.

#### **4.5 Rollout-training workshops**

Many participants felt that they already knew enough about AIDS prior to the training and were less than enthusiastic about attending the workshop. Nonetheless they generally found the workshop motivating, interesting and challenging. The training programme was mainly well received by participants and proved to be a positive learning experience for them. But trainee comments also reflect significant criticisms. Some respondents strongly felt that MTs were not adequately prepared for certain aspects of the task, and particularly that they were not knowledgeable enough about HIV/AIDS.

The following box reflects the range of comments by trainees, positive and negative. Further comments are contained in the appendix section of this document<sup>10</sup>.

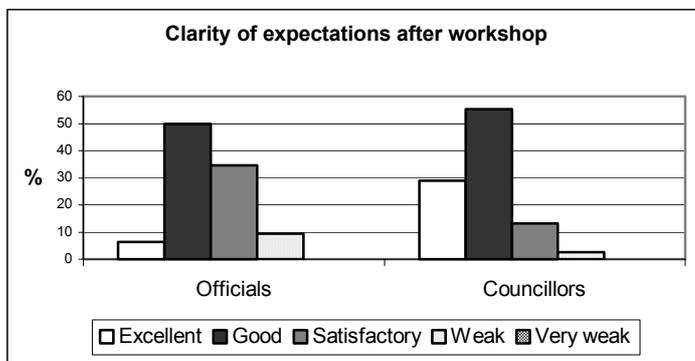
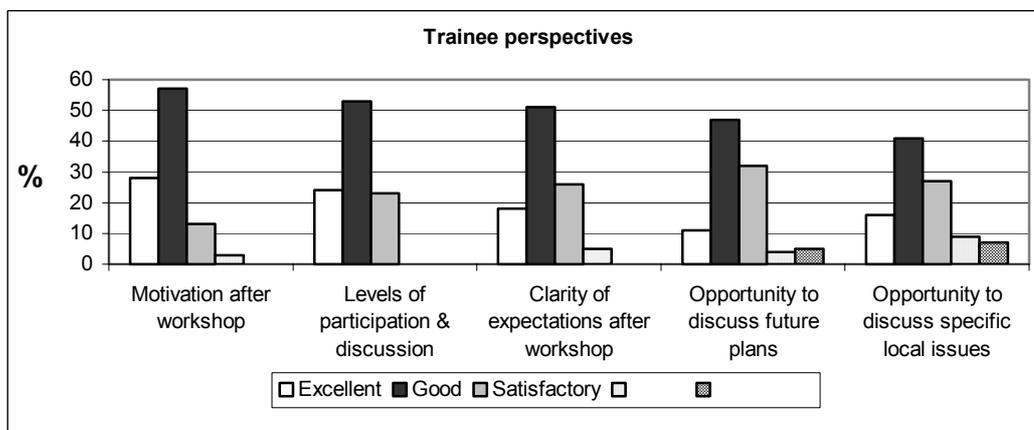
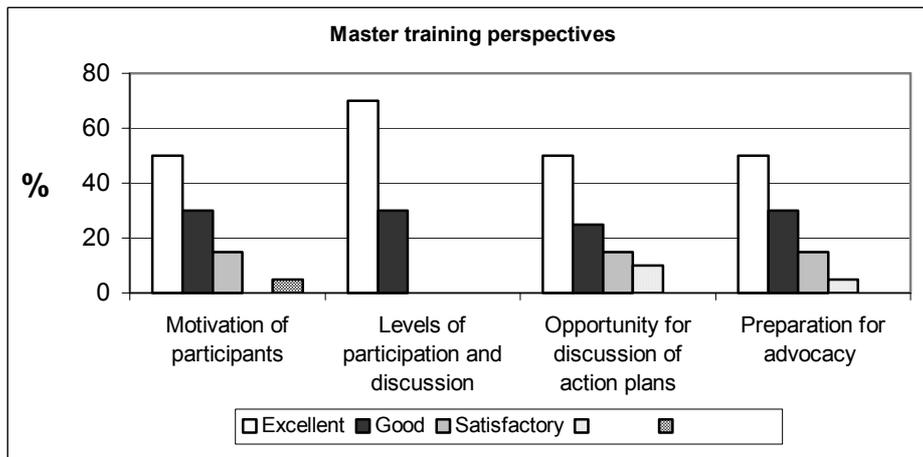
<b><i>A sample of comments by participants</i></b>
<i>Positive comments</i>
“I have been provided with the tool to make a concerted, coordinated efforts to fight the epidemic.”
“The workshop was superb. I have learned/benefited a lot from this workshop. I feel empowered.”
<i>Negative comments</i>
“Though participation and discussion by participants was satisfactory, some were unable to actively participate because the level of the workshop topics were above their understanding.”
“The facilitators' preparation was satisfactory but their knowledge on HIV/AIDS was very limited. It was very clear that they only had knowledge of what they learned in their own training and did not have enough background or general knowledge beyond that.”
“No follow up was made to assess progress, problems and ideas in order to engage fully and meaningfully about AIDS.”

The discussion of the rollout-training workshops is now presented under the headings ‘Trainee participation and orientation to action’ and ‘The training context’.

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<sup>10</sup> Of particular relevance are Appendix 6 (notable positive learning experiences), Appendix 7 (MT comments on rollout-training workshops) and Appendix 8 (trainee comments on rollout-training workshops).

## Trainee participation and orientation to action



### Motivation

- Quantitative and qualitative data suggests that the workshops were motivating for most participants, although 16% report that their motivation after the workshop was only satisfactory or weak. For the majority (84%) motivation was either excellent (28%) or good (57%). Separating councillors and officials it is highly relevant that these groups differed significantly in respect of how motivating the workshop was for them. Eighty two percent of councillors responded either excellent or good, whereas only 54% of officials did. Of those that responded 'weak' or 'very weak' all were officials.
- Comments and ratings made by MTs (see above) suggest that whereas the general motivation of participants was very good, in many workshops there were individual participants who were disinterested or unmotivated. Some participants had been given very little warning about the workshops and were

asked to attend at very short notice, and were less than enthusiastic, or disinterested.

#### *Participation*

- Ratings of levels of participation and discussion were all either in 'satisfactory' or better from the perspective of both MTs and trainees. This is consistent with the participatory learning approach used, which was largely modelled on the TOT workshop and involved a mixture of inputs and exercises designed to engage participants in interactive discussion. There were suggestions that language choices made participation difficult for some and that it was difficult to pitch the workshops at the broad range of participants, because of their wide range of previous experience and education backgrounds. Further discussion of these issues is included in the section below.

#### *Clarity about post-workshop expectations for trainees*

- Respondents were asked to rate their clarity about what was expected of them after the workshop. Responses were mixed, with 31% responded either 'satisfactory' (26%) or 'weak' (5%). Many felt that they would have liked to spend more time in the workshops thinking and talking about action projects. This is also reflected strongly in the suggestions about how the programme should be more practically oriented in exploring specific ways of engaging as councillors or officials (Appendices 16 and 17). This is reflected both at the level of 'exploring local issues' and 'discussing plans'.

#### *Future planning and the local context*

- The opportunity to discuss future plans and to discuss specific local issues were the most unsatisfactory aspects of the training. This is echoed in the ratings of MTs who also felt that the workshops could have involved more emphasis on talking about local challenges. There was need for a more practical approach to exploring what trainees could do after the workshop to operationalise their learning through specific projects that engage particular local issues. A need for a greater emphasis in this area is reflected in the following: "The planning phase needs attention of the whole day, not half the day, because it is very important".
- Participants were also asked to rate a list of challenges faced by them as trainees responding to HIV/AIDS. Amongst these they were asked to say whether there are important issues relevant to local government in their municipality that were not covered in the workshop. The responses (not included in the above charts) were as follows: 19% strong problem; 41% slight problem; 40% no problem. It is perhaps inevitable that it will be the case in a training programme that local issues will not be specifically addressed, but it must nonetheless be taken into account that more time needs to be given to addressing local issues and contexts in future and follow-up training workshops.
- It is of value to take note of the small chart above that disaggregates the responses of officials and councillors. Councillors are significantly more likely to have clarity about what was expected of them afterwards. This is consistent with much data suggesting that the workshop was much more successful in engaging with the needs of councillors than with the needs of officials.

#### ***The learning environment***

Activities in the workshop that stood out as having been particularly good learning experiences are noted in Appendix 8. Most prominent amongst these are activities which involved group work and active discussions; 'The dying game' video; impact of

HIV/AIDS in our lives (map-drawing); plan/policy for municipal workers; identifying the roles and functions of LG in HIV/AIDS; creating partnerships and networking; accounts of personal involvement; and talks by PWAs.

The wide variety of inputs and the breadth of scope of the programme provided a stimulating learning experience for trainees. The model of training was based on participation and discussion and this was strongly appreciated by trainees. There were some didactic elements to the programme presented by outside medical experts (although frequently such experts were not located or available).

Respondents were asked to note any obstacles to their participation and learning. Very few responded to this item. Responses included:

- *Time*: It seems that the comprehensiveness of the training led to certain topics being covered in too little depth. Some trainees suggested that the workshop should have been conducted over two additional days and the general feeling was that the workshops were too rushed and more time could have been spent on the useful learning opportunities raised by the workshop exercises. Appendix 13 provides a record of areas of training that trainees feel need to be covered in more depth. These include: drafting of local/workplace policies and plans; implementation issues (e.g. guidelines/framework; model for LG response); treatment, care and support issues; networking; establishment of HIV/AIDS committees; budgeting; monitoring of policy and IDP implementation; and the relationship between local and district level activities.
- *Language*: A number of participants felt that there should have been more sensitivity at times to the language competencies of participants as discussion was sometimes difficult to follow for second language speakers.
- *Different levels of background knowledge and experience*: The diversity of participants from experienced HIV/AIDS workers to councillors with very little previous knowledge and experience, made participating at the same level difficult. Discussions erred between being too basic and not of interest to some and being too complicated and advanced for some. Those with less knowledge tended to withdraw in the face of expert opinion. As one participant noted: "Lack of basic knowledge leads to poor participation". Another participant remarked that her own participation was poor because "Sometimes my own knowledge was not enough".
- *Dominant participants*: In the words of one participant, "Presenters sometimes allowed dominant participants too much leeway".
- *Poor technical knowledge*: There were some feelings that certain issues had not been well explained due to limitations in the MTs understanding of HIV/AIDS. A number of MTs were rated by participants as less than competent in understanding some of the more technical aspects of HIV/AIDS. A number of MTs seem to have created some confusion with less than clear explanations of the difference between CD4 and viral load counts, for instance. As one participant noted: "The level of facilitators knowledge should not be questionable because if the participant appears to know more his/her participation will make facilitators uncomfortable and may disadvantage the whole group". This situation was exacerbated by the fact that many of the trainees were professional health workers and only one of the MTs was. When technical experts were available it was felt by some trainees that they were "filling in for them". MTs were under some pressure to appear knowledgeable and it may have worked better to have acknowledged their limitations and have made it clear that the programme is fundamentally about developing LG leadership for managing responses to HIV/AIDS.

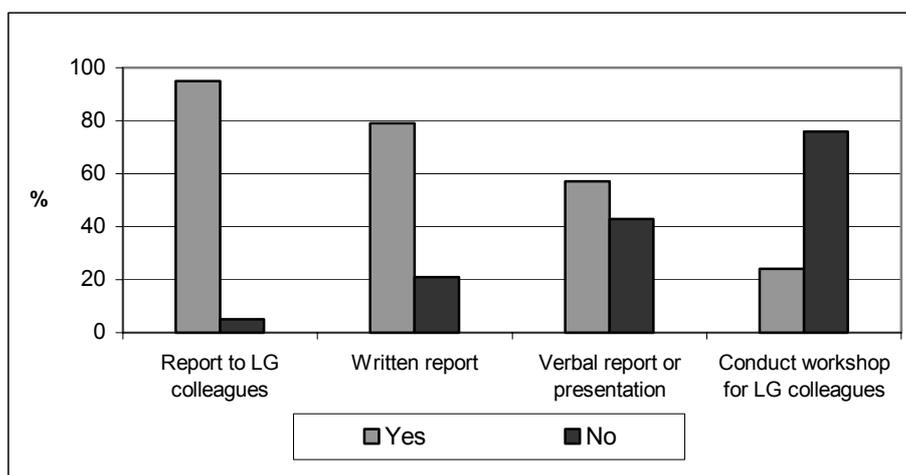
- *Facilitator availability:* In at least one workshop there was only one facilitator in attendance and participants found this a less than ideal situation for groups of up to 20 participants, especially since the workshop formats were heavily reliant on facilitation and group work.
- *Workshop programme:* In many of the workshops there was not a prepared workshop programme and this was experienced as a shortcoming by participants.
- *Poor logistics:* A poor foundation was laid for approaching the workshop in a motivated way because the logistics and administration of the workshops were problematic.

These points should be seen against the basic evaluation of the workshop as a positive experience. Nonetheless these are issues to bear in mind and discussed. Most of them could be alleviated through discussion amongst MTs.

#### 4.6 Post-workshop activities of trainees

There is much evidence to suggest the programme has strongly enhanced and developed HIV/AIDS activities of participating trainees.

##### **Report back to municipalities<sup>11</sup>**



##### **Key Points**

- Eighty percent of participants have written reports on the workshop. Details of the reports given are contained in the appendix. Fifty seven percent gave a verbal report or presentation. Much fewer (24%) conducted workshops for colleagues in local government as a way of reporting back.
- Site visits showed that even in the smaller municipality of De Aar, and certainly in the larger municipalities of Umhlatuze and Polokwane some officials and councillors who are themselves quite involved in AIDS work were not aware of the training having taken place and there was evidence of opportunities to operationalise the training for trainees, but which they didn't know about and vice versa.
- Working together as a team was only strongly evident in one of the three municipalities visited, where two of the councillors had developed a structured outreach programme that they were conducting together, aimed at mobilizing rural communities on a ward basis. However, the survey finding was more encouraging, and 60% percent of trainees have had subsequent meetings with other trainees. Twenty one percent of trainees report having met five or

<sup>11</sup> Qualitative comments are presented in Appendix 9.

more times since the workshop. Ten percent meet at least once a month. Twenty six percent of trainees have met between one and three times. This suggests that the programme has been reasonably successful in mobilizing activity at LG level. But these activities need support and many trainees are expecting and hoping for follow-up support and further training.

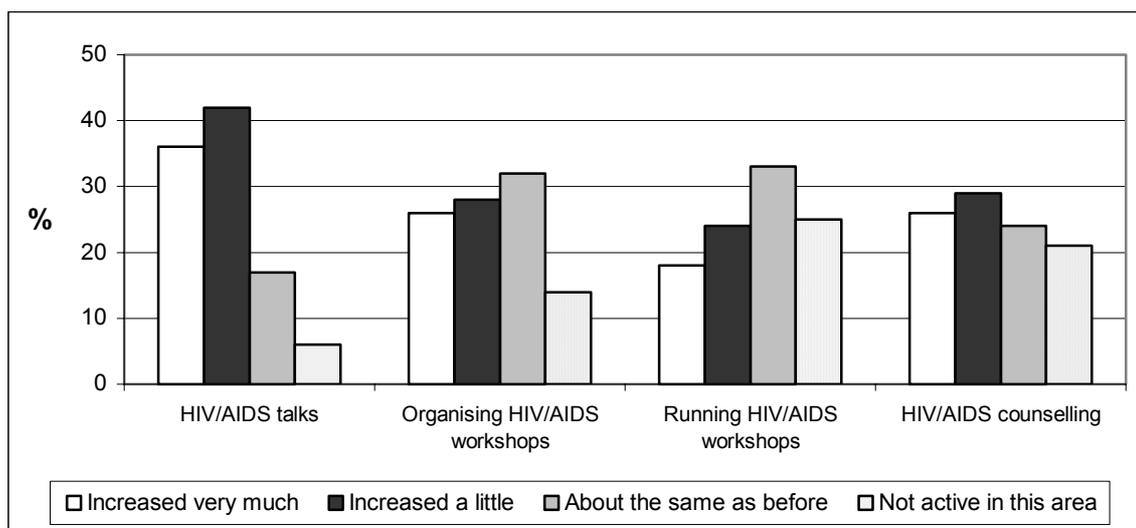
- Networking between trainees has also occurred across municipal boundaries. For instance " I got a call from a colleague to say: "What's happening? What are we doing now?" and "Some of us have kept in touch with others, people we had not known before". In the sites visited councillors spoke repeatedly about the need for post-workshop follow-up and the need to communicate with other participants. These needs are largely unfulfilled from the programme side.

### **Awareness raising activities<sup>12</sup>**

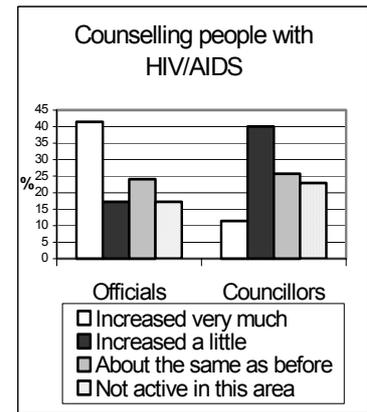
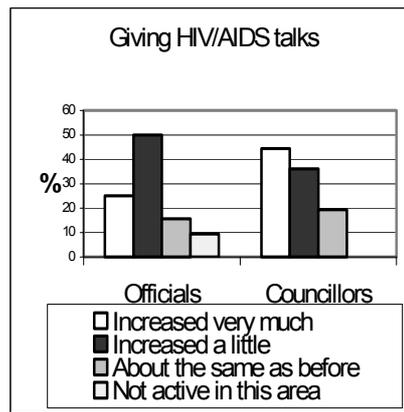
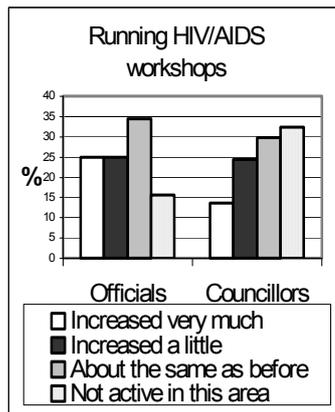
Trainees were asked to rate their levels of activity *since* the training relative to *before* the training in each of a number of activity areas. These have been categorized under three headings: 'Awareness raising activities', 'Public engagement' and 'Planning and advocacy'.

In some instances councillors and officials are not involved in a particular area of activity as it falls outside of their functions such that even in a best-case scenario they would not be involved in this activity. For this reason a response option of 'not active in this area' was provided, but it should be said that there might be some ambiguity about how this item was interpreted relative to the response choice 'about the same as before'. This problem is overcome by focusing on the predominantly on the comparison between responses in the first two columns (representing degrees of increase of activity) and the responses in the next two columns (representing no change).

It should also be noted that counselling people with HIV/AIDS was included not because it was a focus of the training programme (it was not) but because it was spontaneously mentioned as an area of activity that had increased as a response to the training. Increases in this area show that the programme worked at the level of heightening involvement in HIV/AIDS related work, beyond the specific foci of the training programme.



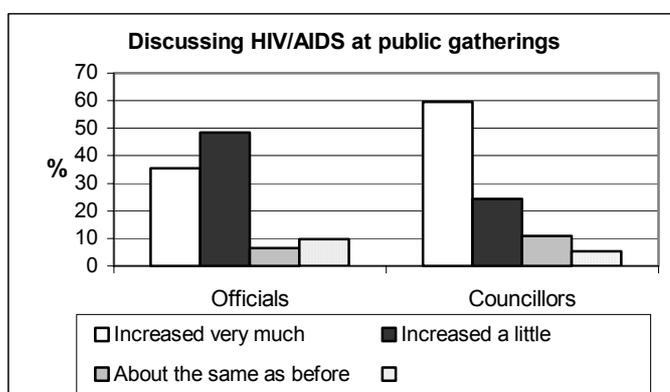
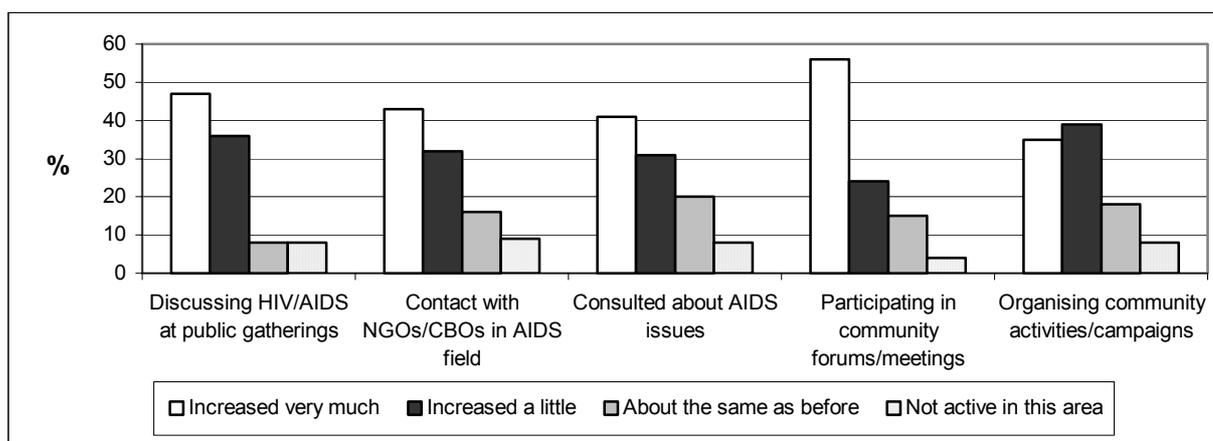
<sup>12</sup> See Appendix 10.



### Key points

- Trainee activities have increased most strongly in the areas of addressing public gatherings about HIV/AIDS and organizing community activities and campaigns. Councillors have increased their levels of activity in these areas more than have officials. The difference is particularly notable in respect of giving HIV/AIDS talks and is illustrated in the first of the three small graphs above.
- There have also been increases in the areas of activity of organizing and running HIV/AIDS workshops. Officials have been more active in this area than have councillors, particularly in running workshops.
- In the first of the small graphs above it can be seen that this activity has been much more prominent for councillors. Many councillors have focused on giving talks at ward level. Essentially this is a community educative function. Two of the councillors in one of the sites visited have formed an outreach team that addresses women's organisations and public meetings in rural areas, largely over weekends. Many councillors have also become much more active speaking to groups in their wards. Officials are more confined to municipal work and this has involved less of a focus on direct education efforts.
- Organizing and running of workshops has shown relatively small increases for councillors but both councillors and officials have become more active in this way since the training.
- Counselling is an area that many of the officials are directly involved in, especially within the municipality. Since the training these officials have become much more active in the area. There has been relatively little increase in this area for councillors, again reflecting different opportunities for getting involved in AIDS on the part of these two groupings. It is interesting that officials have become more involved in counseling as this was generally not an area which was covered in any depth.

## Public engagement<sup>13</sup>



### Key points

- The area of greatest increase in activity has been discussing HIV/AIDS at public gatherings and as can be seen in the small graph above this difference is mostly accounted for by the activities of councillors.
- This has involved participating in public meetings and to a slightly lesser extent organizing such meetings. It has also involved various forms of ward-level activism (see box below)
- There is much to suggest that since the workshop trainees have been consulted about HIV/AIDS issues to a much greater extent than they were before. There has been an increase in the extent to which they have made themselves available to advise on and discuss HIV/AIDS issues with others. This has included an increase in contact with NGOs and CBOs working in the HIV/AIDS field. Concerning the last point one of the most significant unmet needs expressed in all of the sites visited has been to take stock of the NGO and CBO responses to HIV/AIDS. There is need for further instruction in this area at future training workshops. Although the toolkit involves a basic format for conducting situation analyses a more detailed approach is necessary, which involves a simple but systematic way of taking stock of organizations involved in HIV/AIDS response and analyzing gaps and opportunities for greater co-operation and integration.

<sup>13</sup> See Appendix 10.

### ***Trainees promoting ward-level HIV/AIDS awareness***

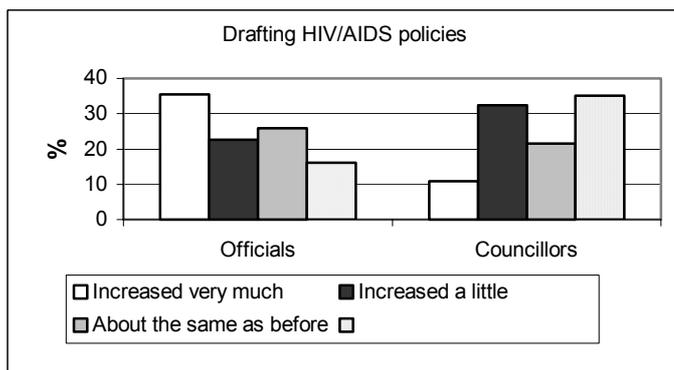
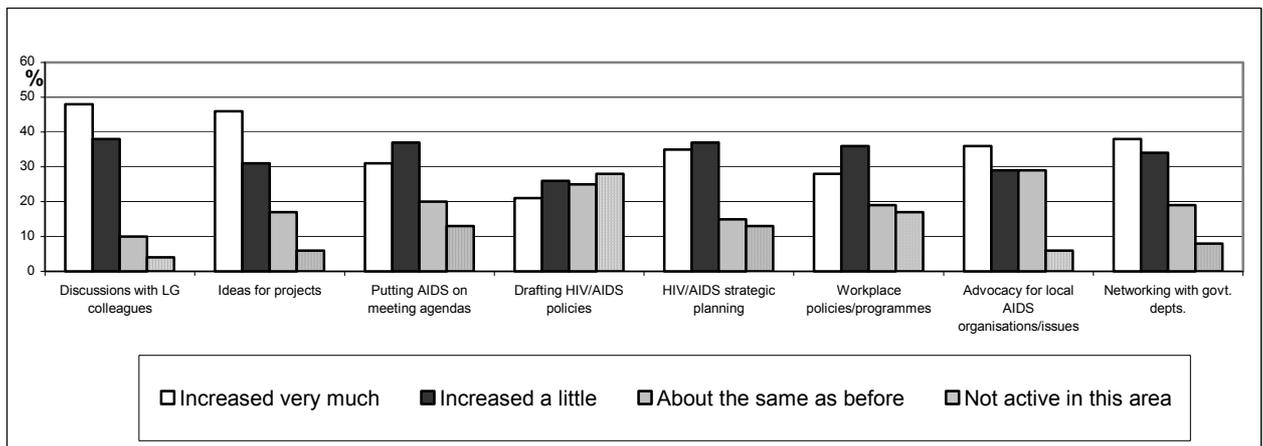
In all of the sites visited councillor trainees have initiated awareness raising activities within their constituencies as a specific consequence of the training.

In one of the sites a ward councillor has established HIV/AIDS as a standing item in ward meetings. He is also planning a door-to-door campaign where AIDS issues will be discussed in every household in his ward. Because he is a part-time councillor and he is not involved in the municipality on a daily basis, he is responding in the area where he is able to bring about most direct and concrete action, namely at the level of his constituency.

In another site two councillors have teamed up to reach out to rural community groups and in the third site a councillor has specifically committed herself to supporting community AIDS events where possible, at least at the level of attending public functions.

These attempts need to be further built upon, but many promising beginnings have been made in developing links between the public and LG in developing responses to HIV/AIDS.

### ***Planning and advocacy<sup>14</sup>***



### ***Increases in activity***

- There has been significant increase in activity in each of the areas in the composite graph above.

<sup>14</sup> See Appendix 10.

- The activity of 'discussion with local government colleagues' shows the most substantial increase in activity, followed by increase in 'having ideas for projects'. It is encouraging that activity has increased at this level, but ultimately this increase needs to be reflected in committed and sustained actions.
- Those activities that require more concerted and protracted effort do not show such substantial increases. This suggests that the impact of the programme is largely at the level of *ad hoc* type efforts rather than sustained and ongoing efforts. But it is likely that only a small proportion of trainees would in any case be involved in doing the technical work on drafting HIV/AIDS policies and development of workplace programmes, so one would not expect to see an across the board increase in these areas of activity.
- Councillors tend to have been significantly less involved than officials in strategic planning within municipalities and drafting of HIV/AIDS policies (small graph above). Similar differences between officials and councillors are notable for all of the activity areas included in the large chart.

#### *Inadequate mapping of resources in IDPs*

- Many officials interviewed in site visits pointed out that IDPs had incorporated a strong HIV/AIDS component, and suggested that to this extent HIV/AIDS will be integral to implementation of IDPs. However, it seems that the urgency of responding to HIV/AIDS gets lost in broader municipal implementation processes and grounding activities in the work of local action teams is the most important ingredient of success. It should not be assumed that IDP plans are based on a thorough situation analysis of resources for HIV/AIDS response and many municipalities that have developed IDP plans have not conducted satisfactory analyses of what resources exist for HIV/AIDS response. In visiting sites it became readily apparent in speaking to both councillors and officials, that there is a widely recognised need to take stock of resources for HIV/AIDS response and that planning needs to look at both municipal and community resources. There was widespread concern about areas of overlap and duplication whilst other areas remained unserved, but there was no evidence of concrete plans to undertake situation analyses of exactly what the position is.

#### *The need to establish priorities*

- It seems that there are so many areas of need that councillors and officials do not know what to prioritise and they seem to be led by prevailing provincial directives and general understanding rather than by specific engagement with local circumstances and needs. Again, this clearly points to the need to link programmes of action to situation analyses as a way of breaking down the task of responding into categories and priorities which can be more systematically approached. Site visits suggest that whereas trainees are engaged in a wide range of well-meaning and energised responses, response is largely approached in an *ad hoc* fashion and this is likely to be the case until analyses of the context of HIV/AIDS need and response is conducted.

#### *Formation of local AIDS action committees*

- It is apparent in the responses of trainees in response to a request to describe HIV/AIDS activities they have been involved in since training workshops<sup>15</sup> that quite a number have been involved in formation of committees for local AIDS response. It is now important to develop models of functioning for such committees and as a priority these would need to include methods for conducting situation analyses specifically related to AIDS

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<sup>15</sup> See Appendix 10.

response and needs. A beginning has been made in that much of the activity of trainees and especially councillors since the training, has involved networking-type activities, largely making contact with community AIDS groups and organisations in relation to specific projects and programmes.

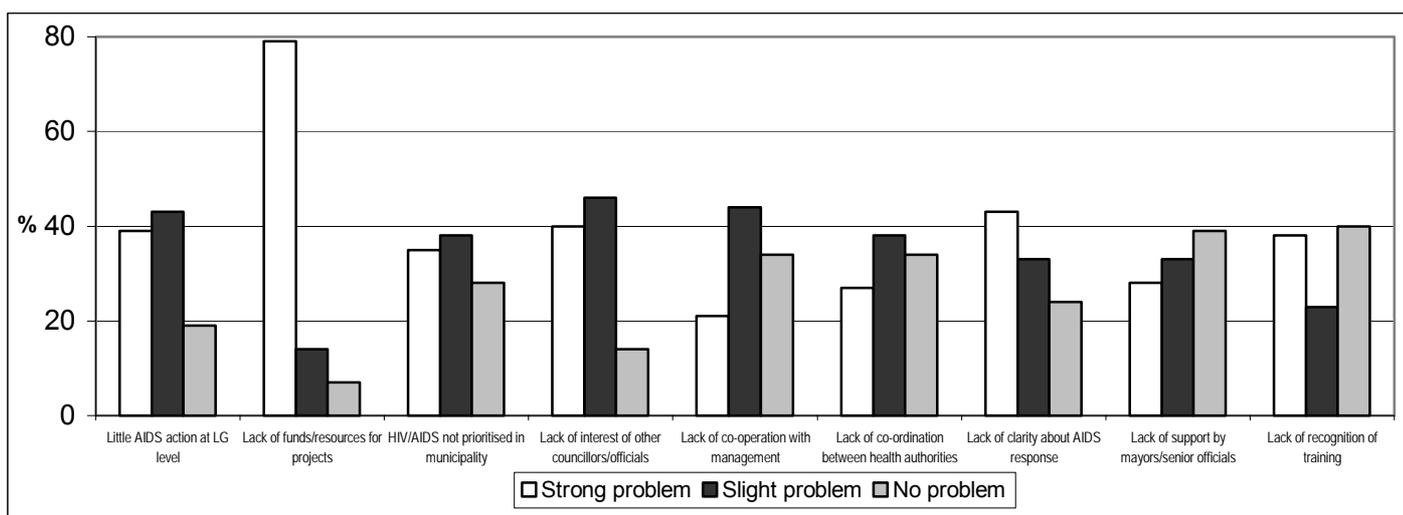
***The challenge of building more integrated response-frameworks***

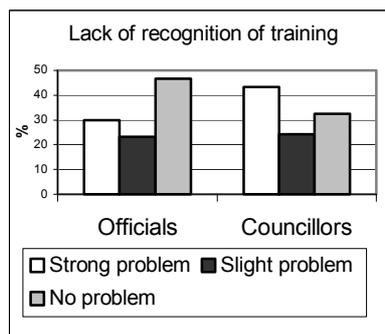
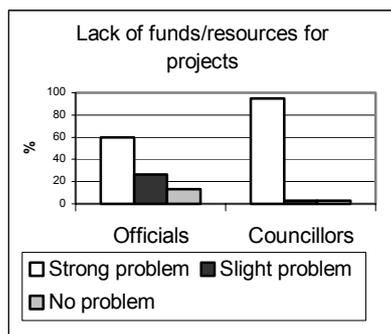
To understand and engage with the needs of communities it is important to understand existing networks of resources and services, including rapidly growing numbers of community organisations emerging in response to HIV/AIDS. Whereas many municipalities have done basic situation analyses of their own services in preparing IDPs, there appears to have been relatively little done to understand burgeoning civil society responses to HIV/AIDS. In some municipalities such resources overshadow services offered by government health services. For example, home-based care initiatives seem to be largely conducted by civil society organisations, and planning of municipal services needs to engage with such initiatives in understanding what further needs to be done. In the uMhlatuze Municipality there are significant private sector HIV/AIDS education and care efforts driven by large industries. In Emthanjeni Municipality there is a Hospice Project that is the only significant provider of home-based care for chronically ill people. There is also much evidence of many small CBOs springing up in response to HIV/AIDS, including small-scale income generation projects, support organisations for families affected by HIV/AIDS, cultural groups concerned with community education, community HIV/AIDS forums and a range of others. The challenge facing local government leaders is to understand what resources exist at this level and to build bridges between municipalities and such resources through creation of forums for integrating responses to the epidemic. There is an urgent and largely unmet need to address the problem of highly fragmented response to HIV/AIDS.

**4.7 Implementation challenges facing trainees**

Trainee questionnaire respondents were asked to rate the challenges they faced as local government leaders in responding to HIV/AIDS as constituting either a ‘strong problem’, ‘a slight problem’ or ‘no problem’. The areas of activity are presented below under the headings ‘Institutional challenges’ and ‘Individual challenges’. In reading these charts it is useful to look first at the height of the ‘no problem’ column for each activity.

***Institutional challenges***





### *Unavailability of funds for small-scale projects*

- The most frequently repeated response of trainees and councillors in particular, in discussing their needs, is the unavailability of funding to projects and community networking activities. The process of making funds available through municipal budgets is time consuming and is not well suited to *ad hoc* funding. In some cases at least, trainees (especially councillors) are using their own resources to support operational expenses.

### *Management support*

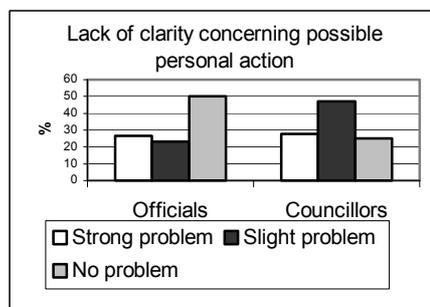
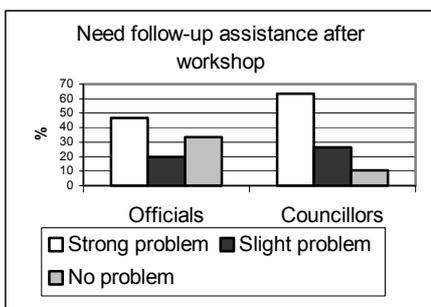
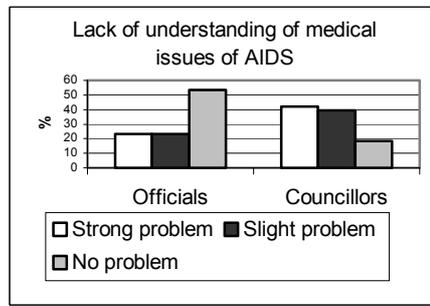
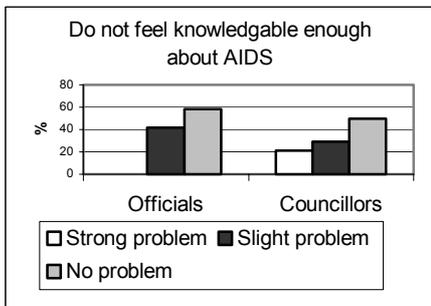
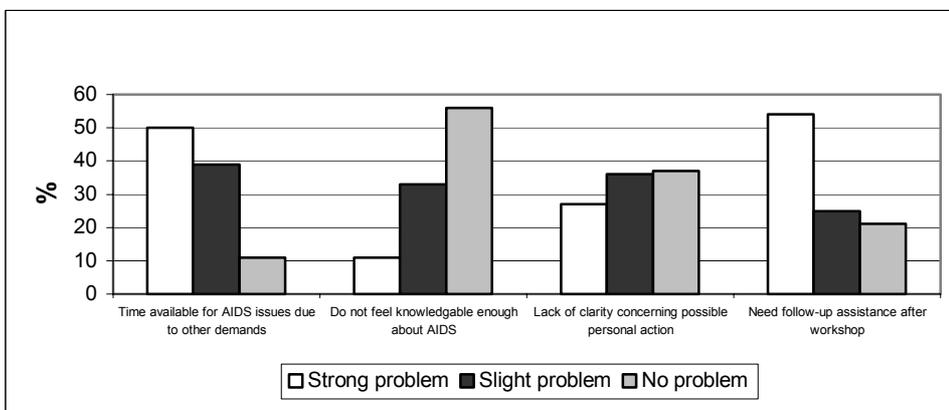
- Most trainees noted support by senior management and support of other councillors and officials as at least a slight problem, with the latter being a greater problem area. A common problem, in the words of a trainees is “An action plan was drafted but the management did not support it.” Advocacy directed to other councillors and officials needs to be a part of an expanded response and trainees need to discuss how to cope with situations where their efforts are not recognized and supported.

### *Formation of municipal HIV/AIDS committees*

- The problem is that some of the trainees are not experienced in advocacy within their municipalities and site visits showed that councillors do not know enough about the functioning of the system to be in a position to engage with it and develop it. Site visits showed that some councillors in particular are unclear about the relationship between different authorities working in the HIV/AIDS field and thus are unable to actively engage with advocacy in the area. There seems to be considerable confusion about the relationship between local and district management structures and coordination of HIV/AIDS response. In all districts visited there are initiatives underway to form district level HIV/AIDS councils, but only in one of the three was there a portfolio sub-committee within the local municipality specifically for promoting HIV/AIDS response and coordination. HIV/AIDS is dealt with in many different portfolios but often not satisfactorily in any, and the formation of local HIV/AIDS committees seems to be the only solution to confusion about the organisation of HIV/AIDS response. Whereas HIV/AIDS is well integrated into many IDPs, focused understanding of the sum total and range of responses to HIV/AIDS at municipal and community level is lacking, and a problem.
- In one municipality visited a significant HIV/AIDS education initiative had been initiated in the Training Department, but was unknown to others in the municipality who are also involved in HIV/AIDS work. There is clearly need for much greater integration of efforts and the role of HIV/AIDS specific committees in such contexts is apparent.

- Given the uncoordinated efforts involved in responding to HIV/AIDS that are evident, a first order of business for such committees needs to be to take stock of the range and reach of AIDS interventions in place at municipal level. For this there is need for development of situation analysis tool or procedure for conducting analyses of existing resources or needs at both municipal and community level. It is difficult to see how integrated and contextualised responses can be achieved without this.
- In all of the sites visited officials involved in important HIV/AIDS activities were not aware of which councillors had undergone training and they were also in some cases not aware of activities conducted by these councillors after the training. Interestingly a much greater percentage of councillors than officials point to this as a problem. This would not be the case in municipalities where there is a focused response to HIV/AIDS and it is symptomatic of the uncoordinated responses to HIV/AIDS at Municipal level.

**Individual challenges**



*Not enough time available*

- Most notable amongst the individual challenges faced by trainees in responding to HIV/AIDS is the problem of available time. This seems to be equally a problem for both councillors and officials. The only solution to this problem that was suggested by trainees is the increasing recognition of the need to prioritise HIV/AIDS and the establishment of mandated HIV/AIDS committees so that work in this area is recognised and encouraged within LG.

*The need for follow-up assistance*

Ninety percent of MTs have been contacted by trainees for follow-up assistance since the workshop.

- The second most prominent problem is the unfulfilled need for follow-up assistance after the workshop, experienced by both councillors and officials, but much more strongly by councillors who tend not to have access to the kind of collegial support environment that many officials have. The perception amongst many trainees is that there has been a disappointing lack of follow-up after workshops. Although no follow-up programme was specifically offered as a formal part of the training programme many are expecting the programme to be continued, and expect to be contacted in this regard. It seems that at least some MTs created expectations of follow-up that have not been fulfilled. But quite apart from expectations that they created there is a vast need for further assistance and support, which needs to be addressed as a matter of priority in developing the programme further. Were trainees to have been actively invited to contact MTs there would have been many more requests. Site visits showed that councillors in particular have had need for follow-up assistance since the workshop. The requests as noted by MTs are described in the table below and provide a good picture of the range of needs. It is abundantly clear that MTs are seen as a valuable resource for trainees. MTs are in some cases using their own resources to respond to requests as an ongoing framework for assistance to trainees has not to this point been built into the programme. It is important in future development of the programme to make provision for supporting MTs in these activities which range from requests for conducting training within municipalities to obtaining training resources. Suggestions are made following about how such a system might operate (see Section 5: 'Recommendations'). One of the MTs has formed a small organisation through which he offers services in development of HIV/AIDS policies. It is clear the MTs offer a resource that is needed, but how this should be organized and supported is open to a number of possibilities.
- It is notable in the last of the of the four small charts above, that councillors were much more likely to have a problem (mainly 'slight problem') than were officials in terms of being clear about what course of action to adopt in developing HIV/AIDS response at municipal level. For officials what needs to be done is often quite evident and they are often quite aware of the backlogs and inadequacies of service provision, gaps, problems in implementation of policies, and so on. For councillors the field of possible interventions is much more open and the path more uncertain. Councillors need more follow-up assistance and guidance than do officials.

### *The need for better understanding of specific HIV/AIDS issues*

- Least problematic of the above categories is knowledge of HIV/AIDS, suggesting that whilst trainees have many unanswered questions this is only a 'strong problem' for 12%, a 'slight problem' for 35% and 'no problem' for 54%. Of those who found this a strong problem area, all were councillors (see first small chart above), again pointing to the different knowledge and experience bases of these two groups. Concerning knowledge about medical aspects of HIV/AIDS, 81% of councillors and 53% of officials feel that they have at least a slight problem. Although this is not necessarily a problem (because in many respects a specialised understanding of HIV/AIDS is not necessary), in engaging with officials councillors feel the need to have a better understanding of some of the medical aspects of HIV/AIDS,<sup>1617</sup> particularly as these relate to service provision issues. Also, in engaging with the public, they are faced with questions that require a sound understanding of HIV/AIDS disease processes, mother to child transmission and other such information. Further education about HIV/AIDS, perhaps led by unanswered questions, would need to be included in follow-up training.

#### **Requests to MTs for follow-up assistance (verbatim responses)**

- They needed assistance (financial) for their initial one-day workshop after the training. Assistance was given (This request was made to the MT who works in a provincial health department).
- To advise them in setting up HIV/AIDS structures in their municipalities.
- They requested that the slides be compiled into a document and given to them.
- To acquire more knowledge on how to establish internal workplace forums.
- Asked to be provided with a picture of a cell and transmission.
- To repeat some sessions in their area.
- To assist them on how to develop HIV/AIDS policy in their Municipality.
- To address their constituencies in their respective localities.
- I am engaged in monitoring their training.
- They wanted me to come and present in their municipality.
- The video was most challenging and I have lent it to many.
- To give a progress report on some recommendations adopted by the workshop.
- To request more workshops.
- To express appreciation for the presentations, discussions and content material.
- To request for follow-up workshops.
- With regard to the formulation of workplace policy and the attitude of other senior officials to HIV/AIDS.
- To request further training but their Municipalities said there is no funds for a personal, detailed training.
- Training of officials and councillors for their municipalities.
- They wanted the workshop to be extended to all councillors in their Municipalities, and their Ward Committees.
- They wanted me to come and workshop all the councillors in their Municipalities and the traditional leaders who are part of the Municipalities.
- How to go about motivating for support so that municipalities can buy into the programme.
- A nurse from Vryburg requested the sex questionnaire for a workshop she was to run.
- Bojanale District wanted me to act as a presenter for their youth workshop.
- They wanted to borrow the videotape.
- They contacted me inquiring about the training for other members of their municipalities.

<sup>16</sup> See 'Unanswered questions about how to respond to HIV/AIDS at LG level': Appendix 12.

<sup>17</sup> See 'Further training needs': Appendix 13.

## **5. RECOMMENDATIONS FOR DEVELOPING THE PROGRAMME**

The programme is strongly needed and valued by participants, and has achieved promising results. However, there are many areas which have been shown above to need improvement and further development. It follows that the successes should be built on and support for the gains made is important if the value of what has been achieved is not to be lost. The following are some recommendations for future development based on the findings of the evaluation.

### ***Organisational structure***

#### *National structure*

- There is a need to develop a strong communication and management system to harness and maximize the efforts of the various collaborators in this programme.
- The programme needs a more substantial coordination and administration infrastructure at national level and a permanent secretariat seems necessary. This will help to address the need for more efficient co-ordination and better execution and monitoring of administration procedures.
- It needs to be decided where this programme is to be located at national level. Efforts to involve DPLG have not been as successful as hoped for and DPLG has remained on the periphery of programme operations. The involvement of DPLG in the process of supporting integrated development planning and implementation is too important in the process of planning HIV/AIDS response for their not to be closer ties between DPLG and this programme. It is suggested that if this cannot be achieved at national level it may be achievable at provincial level.
- The location of such an infrastructure would need to be decided at a high level meeting of partners, but priority should be given in such deliberation to the need for continuity and maintenance of momentum.

#### *Co-ordination at provincial level*

- It is the view of almost all stakeholders that if a more embedded and integrated programme for LG response to HIV/AIDS is to be brought about, the programme needs to be better integrated with other programmes at provincial level. It has emphasized by SALGA that the provincial Departments of Health should be more integrally involved in the programme. There is overlap between the objectives of this programme and GAAP (Government AIDS Action Plan) at provincial level and SALGA strongly supports the working together of their provincial offices with government health offices in developing the programme further. This would also assist in developing a more systematic and coordinated approach.
- Other emerging initiatives such as the 'Cities Network', and AMICAALL (African Mayors' Initiative for Community Action on Aids at the Local Level) increase the need for coordination of efforts at provincial level.
- It would seem advisable that PLGAs remain provincial co-ordinating offices for the programme although they would need more substantial financial support than was the case in the first round of training workshops.

### **Focus of future programme**

#### *Interface with government planners programme*

- It has been an objective of this programme from its inception to coordinate it with the government planners programme conducted by the Department of Social Development. Whilst these programmes appear to have different audiences, their separate domains of focus should be clarified. The Department of Social Development programme is specifically aimed at government planning. An evaluation of this programme is underway but indications are that the programme

has been directed mainly at more senior level planners working at provincial and district level. To avoid overlap and confusion in future and to stick to the central focus of this programme, it is suggested that this programme continue to be targeted primarily at mobilising local action and specifically addressing the interface of municipalities and the support and service needs of communities. It is suggested that the programme be aimed mainly at local government leaders in 'B municipalities'. 'A municipalities' (Metropolises) proved to be difficult contexts for reception of the programme and there appears to be a wealth of activity happening within these contexts already. 'C Municipalities' (Districts) were only marginally involved in the programme and their activities are generally more oriented to strategic planning which is better engaged with through the training programme for government planners run by the Department of Social Development.

*Focus on formation and functioning of HIV/AIDS action committees within municipalities*

- It has emerged in this evaluation that there is a specific need to focus the programme on supporting municipal HIV/AIDS committees. It has been suggested that the programme should be tied to the development of such committees and support for their work. Future rollout-training and support workshops could be more closely tied to addressing specific needs of such committees.

*Follow-up training and support*

- *Master trainers:* There is a the need to focus programme resources on enhancing the value of the master trainers who understand local government, are competent trainers and have strong interests in assisting the development of HIV/AIDS responses at this level. The involvement of master trainers needs to be secured and terms of reference for their future involvement need to be discussed. However, it is important that their skills and knowledge be regarded as 'developing' rather than 'already formed'. They have needs for follow-up training to improve and update their understanding of HIV/AIDS and to equip them to support and mentor trainees, in response to the many requests which they receive from trainees for further training and support. They also need to have access to mentors or advisors at provincial level and need to feel part of some form of structure or network which they can turn to for advice and assistance. At the moment they are quite unsupported. Master trainers also need an opportunity to discuss their experiences of conducting rollout-training workshops, and specifically to discuss exercises, workshop formats and facilitation challenges.
- *Local government leaders:* Ninety four percent of trainees are interested in further training within the scope of this programme. Areas which they have identified as needing to be covered include: how to coordinate local HIV/AIDS responses more effectively; how to take stock of resources and services available including community organisations; prioritizing need areas (e.g. VCT, MTCT, welfare grants) and advocacy for action in relevant local and provincial government departments; understanding the relationship between local government and district and provincial health systems; ways of accessing funds for smaller projects; how to establish collaborative relations between provincial government departments, local government and other stakeholders including community groups and other service providers; LG HIV/AIDS policy and responsibilities in addressing HIV/AIDS; networking, coordination and integration of services; how to monitor implementation of IDP plans; how to orient around the needs of people directly affected by HIV/AIDS; issues of importance in addressing the needs for care and support of PWAs; how to involve politicians (e.g. other councillors) in

responding to HIV/AIDS as a priority; HIV/AIDS and economic development; and legal, ethical and human rights issues.

#### *Supporting small-scale projects*

- There is a need to assist trainees to find ways of supporting start-up programmes which they find difficult to resource.

#### *Networking*

- There is need to provide a support framework for trainees through establishment of a network for local government leaders working to promote response to HIV/AIDS. This could involve a newsletter and website, and would need to include updates on HIV/AIDS information, sharing of ideas and activities, examples and case studies of local government responses and recognition of achievements. A strong need for this and for a framework for ongoing support has been expressed by trainees and master trainers. A network would need to perform the following functions: offer the services of MTs who can provide a basic training programme or parts thereof to groups of trainees on request; develop communication resources through which trainees can learn about the experiences in other municipalities and share their ideas, experiences, difficulties and successes; provide updates on AIDS debates and information relevant to local government action; provide a point of contact for addressing specific questions, accessing communications materials and obtaining strategic advice; and design and conduct a monitoring programme for assessing local government responses and performance. SALGA suggest that DPLG would be a useful partner in developing a focus on the latter.

#### *Further rollout-training necessary*

- As well as develop a support framework it is necessary to offer the training programme at provincial level to municipalities that did not participate in the original training. Suggestions about participation made in this report are that participation be tied to membership or formation of municipal level HIV/AIDS coordinating committees. There is a need for refinement of selection criteria. In particular, a strong commitment to working in the field of HIV/AIDS needs to be added as a selection criterion. It also needs to be taken into account that trainees with strong commitments in other areas of local government work proved to be less active in responding to the programme than those who had opportunities to devote time specifically to HIV/AIDS work. The programme also needs to establish an association with the formation and support of local AIDS action committees within municipalities. This can be done by promoting formation of such committees during the training and where these already exist, by specifically selecting trainees who sit on such committees. Careful thought needs to be given to the question of whether the programme should be targeted at councillors specifically, in the light of the finding that councillors were significantly more positive in their responses to the programme. If officials are to be included it would be important that membership of an AIDS action committee be a selection criterion to ensure that the impact of the training is enhanced through co-operative working together of councillors and officials, which is a problem area.
- There is a need for the training to focus more on understanding local HIV/AIDS response resources and the challenges of responding to AIDS with more time given to development of action plans.
- It has been suggested by many trainees that the workshops for trainees were not long enough to allow opportunities to engage in understanding local challenges, problems and opportunities for integrated development. A possible way of addressing this is to offer two 2-day workshops, with the second workshop

focusing more specifically on difficulties and challenges in implementing action plans and sharing of experiences and learnings.

#### *Development of tools*

- There is a need to develop a more detailed tool or procedure than is presented in the existing toolkit, for taking stock of, or mapping, the range of organizations and resources involved in HIV/AIDS response at municipal level, to overcome the problem of lack of understanding and coordination of activities and programmes. Such a tool would also need to incorporate ways of understanding specific local needs. Training for such an activity would need to be incorporated into both the follow-up training for master trainers and future rollout-training workshops. There is a need to prioritise the formation of municipal HIV/AIDS action committees where these do not exist, but also to promote the formation of community HIV/AIDS forums to deal with the problem of poor coordination of local level HIV/AIDS response, and to develop a more integrated approach than presently exists.
- There has been no systematic evaluation of local government responses to HIV/AIDS in South Africa to date and nor does there exist a set of indicators of LG response to HIV/AIDS that has been adopted as a standard, and which can guide municipalities. This would be of considerable value in guiding development.

#### ***Specific steps consistent with the above suggestions***

1. Convene a high level meeting to discuss the formation of national and provincial support frameworks for the continuation and further development of the project.
2. Convene a follow-up meeting with MTs to discuss the evaluation and establish a plan for development of a support framework that operates at a provincial level. This should draw in other stakeholders and specifically provincial Departments of Health and provincial Departments of Local Government. The gathering of MTs should also be used as an opportunity to further train them as suggested above.
3. Develop a situation analysis tool or procedure, as suggested above, to incorporate into the training.
4. Review the basic training and possibly consolidate the basic training exercises into a training guide for master trainers. Develop a format for a two day follow-up training to be conducted 6 months after the basic training, based on updating information and sharing of ideas relating to difficulties experienced, lessons learned and success stories. Alternatively offer the basic training in the form of two 2-day workshops as suggested above.
5. Conduct a rollout-training workshop in each province targeted at municipalities not included in the first training and possibly follow this up with a two-day workshop in each province after six months.
6. Contact trainees to let them know of further developments and draw them into the communication network.
7. Monitor and evaluate the functioning of the network after a year.

## **APPENDIX 1 - People interviewed**

### *Programme developers, co-ordinators and administrators interviewed*

- Nikki Schaay - The Policy Project
- Rose Smart - Independent programme development consultant, materials developer, trainer of master trainers
- Nomsu Mashaya - DPLG
- Buti Simelane - SALGA
- Jacques van Zuydam, Christa Kruger, Mpontseng Kumeke, Mavis Gijima, Dumi Mahlangu (group interview) - NPU Local Government Planners Training Programme team, Department of Social Development
- Niko Knigge - Inter-Departmental Support Committee, Directorate of HIV/AIDS, STD and TB, Department of Health
- Kishore Harie - KWANALOGA

### *Master Trainers interviewed*

- Mr. Shaik
- Ms. Hokwana
- Mr. Mlanjeni
- Mr. Padi
- Mr. Langeveldt
- Ms. Mohlala

### ***Polokwane Municipality (Pietersburg)***

- Cllr. Motsaung; Cllr. Mothapo; Cllr. Hardy
- Officials: Mr. Lotz (Training Manager); Mr. Swanepoel & Mr. Eloff (Manager & Deputy Manager Municipal Health Services)
- Mr. Smith (ATICC)

### *uMhlatuze Municipality (Empangeni-Richards Bay)*

- Cllr. Ngobese; Cllr. Zulu; Cllr. Pierce; Cllr. Sookroo
- Municipal health educators: Mr. Zungu, Mr. Ntuli.
- Municipal officials: Sr Dlaldla; Mr Volskenk
- Ms Rogers, Zululand Chamber of Business Foundation
- Ms Hlongwane, ATICC
- Dr Haselau, Superintendent Ngwelezane Hospital

### ***Emthanjeni Municipality (De Aar)***

- Councillors: Cllr. Mafilika; Cllr. Koopman
- Officials: Ms. Mashula (HIV/AIDS Committee); Mr. van Staaden (EHO); Mr. Appies (Administrative Officer); Mr. Manual, (Municipal Manager); Mr. Engelbrecht (Deputy Manager)
- Hospice Manager (Hospice)

## APPENDIX 2 - MT participants

### Backgrounds

Prov.	Training workshops conducted	Current position	Experience in LG
EC	Graaf Reinet, Umtata, East London	Assistant Director - GAAP	My only experience is working with councillors and officials as a Master Trainer
EC	Graaf Reinet, Umtata, East London	Unemployed/ Councillor	Served on Engineering & Development Committee, Human Resource head, Public Admin. Negotiator, mediator, Facilitator, Leadership skills and Tourism
EC	Umtata, East London, Graaf Reinet	Councillor	Councillor
FS	Bloemfontein, Harrismith		Being a Provincial Trainer for SALGA and FRELOGA. Mayor for 5 years
FS	Harrismith, Kimberley	Director of a CC	5 years Councillor, served in different Committees both provincially and nationally
G	Gauteng	Councillor	I have been a Councillor for six years now. I have obtained a diploma in LG Admin and Development at SA Tech. Trained Councillors in CCTP
G	Gauteng		Eight years as a Councillor
KZN	Durban, Richards Bay	Businessman, Local Govt. Councillor	Local Govt councillor since 1996 & member of KWANALOGA from 1996-2000
KZN	Durban, Richards Bay	Speaker - Sisonke District Municipality	Speaker- Sisonke District Municipality
Lim	Phalaborwa, Nylstroom	ABET Practitioner	Councillor
Lim	Phalaborwa, Nylstroom	Councillor	I am a Councillor elected from 1995 to date. I am a member of Health and Welfare portfolio Committee.
Limp	Phalaborwa	Teacher/ Councillor	I have been elected to Council as from 1995 till to date. I am heading the Health and Welfare portfolio.
M	White River, Secunda	Deputy Dir. Housing & Land	Councillor from 1995 to date
M	No data	Councillor (Speaker)	Full-time councillor responsible for the whole council, was a councillor from 1995-2000, was chairperson of the executive committee and a member of the Provincial Association for local government. Core Councillor Training program in many municipalities in the Province.
NC	De Aar, Uppington	Part-time Trainer	From Dec 1994 to November 2000.
NC	Uppington, Kimberley, De Aar; Cape Town		Was a councillor at the Sol Plaatje Municipality in Kimberley from 1994 to 2000.
NW	Mafikeng, Zeerust.	Councillor	I have been a councillor since 1994 to date. Mayor 1995. Exco member 1995 to date.
NW	Mafikeng, Zeerust.		1994-Women's Coalition Chairperson, Representative at Rustenburg Transitional Local Government Preparatory meetings. 1996-Elected by USAID sponsored institute for new South African Councillors to undergo a Public Management and Administrative exchange program in USA cities. 2000-was re-elected as a Councillor for the Madibeng Local Municipality and currently serving as a Member of the Mayoral Committee. 2001-Chairperson of NORWELOGA Gender Working Group. 1999 to date-Appointed by SALGA as Core Councillor Trainer for new Councillors.
WC	Cape Town	Speaker -District Municipality	16 years experience, ranging from Councillor, Mayor to Speaker.
WC	Cape Town	Councillor	As from 1998 I was a councillor with Cape Metro council and from 2000 Dec. became a councillor with Cape Unicity. Also a trainer on Local Government.

## APPENDIX 3 - LGL participants

### Councillors

Province	Municipality	W-shop	Position in LG	Councillor portfolios	Officials job titles	Health worker professional background	Previous AIDS experience	Previous AIDS training
EC	Tsolwana	Graaf Reinet		Ward Councillor				
EC	Alfred Nzo	Umtata	Councillor	Social Needs Committee				
EC	Mnquma Local Munic	East London	Councillor	HIV & AIDS coordinator			Dept of Education has trained me and I worked as a trainer.	
EC	Tabankulu	Umtata	None					
EC	Senqu Munic	East London	Councillor	Chairperson: Community and Social services				HIV/AIDS counselling.
EC	Inxuba Yethemba	Graaf Reinet and Queenstown	Councillor	L.E.D.				
FS	Masilonyana	Bloemfontein	Councillor	Member of Executive Committee				
FS	Setsoto	Kimberley & Bloemfontein	Councillor	HIV/AIDS Councillor				
FS	Thabo-Mofutsanyana District Municipality	Bloemfontein	Chairperson of Youth, Gender and Disability Portfolio				None	
G	West Rand Dist Munic	Benoni	Speaker	District speaker & HIV/AIDS activist				SALGA HIV/AIDS training
G	Emfuleni Local Munic		Member of Mayoral Committee	Portfolio Head: Health & Welfare				
G/ M	Kungwini Local Munic	Benoni	Councillor					
KZN	Umhlatuze Municipality	Richards Bay	Ward Councillor - part-time	Ward Councillor; Portfolio - Health & Safety Committee member.			I was trained by a facilitator from Tugela how to help the sick people of HIV/AIDS. Have victims at home	I have attended two workshops of HIV/AIDS
KZN	Ulundi Municipality	Richards Bay	Councillor	Member of Executive Committee. Chairperson of Community Safety/ Health				

KZN	Ethekeini Municipality	Durban	Councillor					
L	Greater Groblersdal	White River	Part time Exco member	Deputy Chairperson of Community Services				
L	Greater Marble Hall		PR Councillor	PR Councillor				
L	BaPhalaborwa Municipality		Councillor	Health Desk Convener				
L	Makhuduthamaga	Secunda	Councillor (ExCo)					
L	Makhado	Phalaborwa	Councillor	Portfolio Head of Community Services		Professional Health Worker at the Community since 1982 to date.	Working in partnership with NGOs, addressing stakeholders	HIV/AIDS Counselling course November 1999 by Deputy Director Counselling & Support (Norman Letebele)
L	Mutale Munic	Phalaborwa	Ward Councillor	Ward Councillor, councillor for Health				
L	Thabazimbi	Warmbaths	Councillor	Health, Pension				
L	Mopani Dist Munic	Pietersburg	Head of Health and Welfare, Social Services Portfolio Committee.	Head/ Chairperson of Health & Welfare Services.				
L	Waterberg/ Bela-bela	Belabela	Councillor	Health & Welfare (Portfolio)				
M	Thaba-Chweu Munic	White River	Councillor	Portfolio Head: specialist project, community development				
M	Emalahleni	Nelspruit	Councillor					
M	Nkomazi Munic	White River	Councillor					
M	Umjindi Munic	White River	Ward Councillor	Ward Councillor		Staff nurse	Nursed for 22 years	In 1998 in Bundu Hotel
NC	Namakwa & Richtersveld	Upington	Chairperson of Social Committee in District Municipality.					
NC	Magareng (Warrenton)	Kimberley	Ward Councillor	Ward Councillor				
NC	Kgatelopele Munic-Danielskuit	Kimberley	Councillor	1. Chairperson, Gender committee 2. Member of Mngement & Finance committee 3. Municipal representative at District.			Attended a lot of workshop trainings involved with National strategy planning on AIDS for Provinces.	
NC	Emthanjeni Munic	De Aar	Councillor	ExCo Member				
NC	Siyathemba	De Aar	Councillor					
NW	Maquassie Hills	Zeerust	Councillor	Health Portfolio				
NW	Moses Kotane		Health Portfolio & Housing Portfolio					

NW	Molopo Local Munic	Mafikeng	Councillor	Councillor				
NW	Moletele Local Munic	Zeerust	Councillor	Health Disaster Management Social Service Portfolio			Worked as a counsellor and motivational speaker on HIV/AIDS	HIV/AIDS empowerment training by LifeLine
NW/NC	Ga-Segonyana Munic	Upington	Councillor	Proportional representative		Professional nurse	Worked as RDP nurse in mines and educated miners about AIDS	Workshops in my working area as a nurse.
WC	Beaufort West Munic		Councillor					
WC	West Coast' Swartland Municipality	Bellville	Ward Councillor				Personally affected (lost a sister) -participated a lot in AIDS related issues.	

### Officials

Province	Municipality	W-shop	Position in LG	Councillor portfolios	Officials job titles	Health worker profession background	Previous AIDS experience	Previous AIDS training
NW	Lekwa-Teemane LM	Mafikeng	Admin Officer		Admin Officer			Attended TOT organised by labour
EC	Lukhanji	Graaf Reinet	Chief: Health Services			Trained Environmental Health Practitioner	The NEC ATICC form a section of my Department	Not formally
M	Lekwa Munic	Evander	Chief Community Health nurse		Chief Community Health nurse -coordinates the services at the clinics			
FS	Mafube	Harrismith	Senior Professional nurse	Senior Professional nurse (clinics)			Mentor for a PMTCT project I.e. Nevirapine project	
WC	Kumbiwa/ Gostenberg	Tygerberg/Bellville	Lecturer PDM				Presenting HIV/AIDS workshops	Orientation courses
WC	Breede Valley	Bellville	IDP Manager		IDP Manager		Management member Worcester AIDS Action current mini-thesis research.	
NC	Kuruman (Ga-segonyana)	Upington	Chief: Health Services				Work-related experience +/-15 years.	
L	Thulamela Munic	Phalaborwa	Horticulturist					Had a similar workshop at University of Venda for Science and Technology.

L	Ba-Phalaborwa	Phalaborwa	Community Health Nurse					
L	Makhado	Phalaborwa	Community Health Nurse	Professional nurse				
NW	Bophirima District Municipality	Mafikeng	Professional Nurse		Professional Nurse	Registered with SANC since 1985	Involved in Awareness campaigns.	Trained HIV/AIDS counsellor through LifeLine.
NC	Kgalagadi Dist. Munic.	Upington	Chief Community nurse					
L	Vhembe Dist. Munic.	Phalaborwa	Seconded: Assist. Manager - Community Health.		Seconded: Acting Manager Community Health	Chief Professional nurse	Counselling duties	Not formally
NC	Tsantsabane	Kimberley	Clerk					
FS	Matjhabeng	Bloemfontein	Senior Professional nurse -HIV/AIDS co-ordinator					
NW	Rustenburg	Zeerust	Senior Community Health nurse		Senior Community Health nurse	Nurse		
NW	Tswaing	Mafikeng	Acting Head: Health Services		Acting Head: Health Services	Professionally trained on non-personal health care services.		
G/M	Kungwini Local Munic		Admin clerk (HR section)		Admin clerk			
G	City of Johannesburg	Johannesburg	Deputy Director (Head of HIV/AIDS and STI program)		Head of HIV/AIDS and STI unit.			
L	Mogalakwena	Belabela	Acting Manager: Planning & Development					
G	Sedibeng District Council		District HIV/AIDS coordinator		HIV/AIDS coordinator		Involved in HIV/AIDS counselling.	
NW	Maquassi Hills Local Municipality	Zeerust	Chief Professional nurse		Chief Professional nurse	General nurse & midwife, community health nurse	Dealing with HIV positive patients	Basic HIV/AIDS counselling course
NC	Frances Baard Distr Munic	Kimberley	Senior Environmental Health Officer		1. Arrange HIV/AIDS workshop. 2. Educate communities on environmental aspects.	National Higher Diploma in Public Health.		
M	Emalaheni	Nelspruit	Training officer		Training officer			
NC	Hantam	Upington						
M	Ehlanzeni Dist Munic	Whiteriver & Witbank			Assistant Director			
EC	Buffalo City	East London		Nursing Services Chief	In charge of 23 fixed clinics, 3 mobile clinics, X-ray Department & ATIC			

G	Randfontein Local Government		HIV/AIDS co-ordinator			Senior Professional nurse. Facility Manager of clinic		
M	Umjindi Munic	White River	Assistant Head Community Services				Supervisor of Section Primary Health Care	
L & M	Greater Tubatse Munic	Nelspruit						
KZN	Ulundi Municipality	Richards Bay	Deputy Manager Health Services		Environmental Health Officer	Environmental Health Control Diploma		
KZN	Matatiele Local Munic	Durban	Professional Nurse (HIV/AIDS Coordinator)			Nurse	I have been counselling and attended workshops	Yes -HIV/AIDS counselling course updates and workshops.
KZN	Mkhambathini Munic	Durban	Administration Manager		Corporate Services e.g. housing		None	

***Employees of municipality who are neither officials nor councillors***

Province	Municipality	W-shop	Position in LG	Councilor portfolios	Officials job titles	Health worker profession background	Previous AIDS experience	Previous AIDS training
WC	Drankenstein, Paarl	Bellville	Professional Nurse	Only to a very small extent	Work in a clinic	Professional Nurse		
EC	Ndlambe Municipality	Graaf Reinet	Professional Nurse					
EC	Gariep Munic	East London	Environmental Health Practitioner		Environmental Health Practitioner			
EC	Amatole	East London	Professional nurse			Senior professional nurse	Encounter with infected and affected.	Yes. Counselling course

## **APPENDIX 4 - MT needs for further training**

### ***Responses to request to note areas of the master training which require more in-depth coverage***

- Three respondents said that the important issues were covered and there was no need to develop the training programme further should it be used to train other master trainers.

*Other participants made the following comments:*

- Most of the respondents expressed a need for follow-up training, information updating and refresher training.
- A few MTs stated the need for further information on medically related topics, since they had struggled to engage with health worker trainees who were more informed than them on medical topics. They say they need to know more about the process of HIV infection and the stages of AIDS, the relationship with between STIs and HIV/AIDS, common opportunistic infections, the detection of the virus and antibodies (viral load and CD4 counts and simplified ways of explaining these processes).
- A number expressed an interest in knowing more about anti-retroviral drugs, possible side-effects, supply and treatment issues.
- Many expressed the need for a clear uniform training material which documents exercises and activities which are useful and which were used in their own training. They also would like the trainee's manual to provide more HIV/AIDS information for reference.
- They expressed the need for a video "on the real world" which "must cut across the racial lines" and be available in all district municipalities.
- They need to know more about advocacy methods and processes.
- They need to know more about the impact of HIV/AIDS on different sectors and the economy.
- A few expressed the need for a more specific focus on local government responses to HIV/AIDS and more on models for this.
- Some expressed the need for rollout-training workshops to be better organized.
- More information and discussion of male and female gender issues.
- Some expressed an interest in knowing more about youth training in HIV/AIDS issues.
- Some felt that the duration of the training should have been longer.
- There is need for more and updated information on current relevant legislations and regulations/ policies.
- They would like to have the provincial Departments of Health more involved in information dissemination.
- Many felt that individual presentations should be given more time in the training.
- They would like further discussion on "the art of communicating with people with HIV/AIDS".

## APPENDIX 5 – Trainee selection

LGL: How selected to participate	Comments and suggestions on selection process for future training workshops
<p>Instructed by my superior            As Chairperson of the Health Portfolio Committee dealing with communities.            Because I was always attending SALGA Provincial meetings together with the Councillor involved with Social Services for consistency.            Nominated by Mayor's office.            Selected by the Thaba-Chweu Executive Committee            Selected by the Head of the Dept of Health Services            We were participating by raising our hands and answer the question and give more comments, and by doing group work.            Through our Health dept. Full Council elected            I'm a coordinator for Mafube and PMTCT project mentor in the Free State (research site rural)            As a Councillor also serve in Health Governance structure            Through Council resolution            We were in groups. There were to be the mayor of that municipality presenting his municipal problems in groups.            WECLOGO nominated me since I am a presenter            Because in Council I focus on Health issues            By the acting Municipal Manager due to my high profile involvement in HIV/AIDS, as well as its link to IDP.            I was selected by the Health Portfolio Committee to serve on HIV/AIDS            Identified by the Beaufort West Municipal Council            As Departmental Chief: Health Services            By our Health and Environmental Standing Committee.            I was participating actively in transformation in the clinic. Having an interest in planning.            I was the Portfolio Head for Community Services            The HOD/Council has delegated me to attend all workshops.            Through dedication and activism.            Chosen because I co-ordinate HIV/AIDS related matters in the office.            I received an invitation.            No one is dealing with Health except me.            Mandated by the Council            I was selected because I'm the only one involved in HIV/AIDS issues at the workplace. SAMWU HPS rep (Health &amp; Safety)            I was nominated            Nominated by my Council as chair of the Committee.            HIV coordinator in the Municipality            As I was active in the HIV/AIDS program within the organisation.            The Community Services Committee includes Health, Welfare and community participation issues, that is why it was decided that I may attend.            By virtue of being official rendering health services.            Group leader</p>	<p>It should be stressed that employers/dept. heads should send the right people to seminars, and not just make up numbers. Dept. heads and Councillors should also go to the seminars.            Officials or Councillors attending training programmes must continue as to capacitate them fully.            It is right that officials be selected by their HODs because they know their personnel's abilities.            There are no comments as everyone participated especially in group work. (meaning that they were thus suitable participants)            1. People should be in the health sector/ have a passion for HIV/AIDS issues. 2. Health Councillor with medical background and or understanding.            If the selection may include Ward Committee health officials            The participants must be mentioned by their category or work especially officials.            Advertise the program widely on local newspapers            A core group per Municipality should be trained e.g. officials, union reps, councillors, community reps.            Interest is key for anyone selected to drive the process forward.            It is important that people in the rural areas be identified to attend workshops/ training on HIV/AIDS.            By now most Municipalities/ District Councils will have a person allocated to AIDS awareness. The chief of Health Services should allocate/ select personnel for attendance.            The Council should select a person with experience to participate in programs.            I think people should rotate in order to gain more knowledge in HIV/AIDS-related issues.            The person chosen must have an interest in the position and share in all spheres of life. Clear mind, good communication.            1. A person who is ready to work with the community 2. Know at least all languages in the area one serves 3. Interested, dedicated with democratic leadership skills. 4. A good public speaker.            Each Municipal Dept must have at least one person trained in HIV/AIDS or at least a person in the Human Resources Dept.            Active participants must be selected, the desire and passion of the subject matter should be a decider.            Presently I am a newly appointed Deputy Chairperson of Local AIDS Councilor and represent LAC also at District AIDS Council meetings and activities. I co-ordinate with other officials and councillors at LAG with HIV/AIDS matters.            People in charge of Health issues or AIDS need to be selected.            None            Only people who have the passion for HIV/AIDS issues should be nominated            Invite Councillors by their name through the Municipality.            The Social needs desk in the Municipality should be responsible for monitoring and implementation of the program.            The person must have an interest in HIV/AIDS issues. The ability to share information with others.            It was good in the way it was done because all the people who were there were those who were dealing with the issues dealt with at their municipalities.            The workshop trainees were selected on the basis of one councillor dealing with health matters of Portfolio Committee and one official rendering health services.            Provide same facilitators but give them more equipment -videos and cassettes to make it more interesting.            For each municipality there must be one official from HR section especially Training officer.            As a ward councillor and as a youth councillor, people who are interested in this field should be selected.</p>

<p>As an official from HR section  As a ward councillor and a youth councillor and as being actively involved in community issues.  I am a councillor dealing with Health and Welfare at Municipality.  Because of my involvement in the community and I work with different groups e.g. youth, women, the elderly.  Member of Mayor's committee: Health  Delegated by superior  In 2000 I was selected in 'Women in partnership' and I volunteered to help the community in projects like collecting clothes for those in need.  Because of my previous involvement in HIV/AIDS related issues and the support I have given to infected patients.  It falls under my portfolio  I was selected by the Council.  At the time I was Head of Health Services in the Municipality.  As members of Health &amp; Welfare portfolio in District Municipality.  Nominated by Council  Education on HIV/AIDS awareness.  As a HIV/AIDS coordinator in the District.  Council nominated me to attend.  I work at the ATIC which is under the municipality.  I am the only health official at the municipality.  I was nominated because, I assume, I am ward councillor and member of Health Portfolio Committee.  Because HIV/AIDS affects Economic Development  I volunteered to attend because I was charged to set up HIV/AIDS.  At the time I was acting for Dr Noruka who had been invited.  All Heads of Health i.e. Councillors  Because I am a co-ordinator of HIV/AIDS workplace  Written invitation  Delegated by the Council of the Municipality.  Nominated by the Council  As a councillor in Health and M.M.C. for HIV/AIDS  Because I am responsible for Health &amp; Welfare  I was nominated by other councillors to go to the workshop. I was also nominated by my Traditional leader to attend the training held under my Tribal Authority.  Selected because I am working at the Community Service Dept.  Elected by Council.  I was selected because I coordinate programmes on HIV/AIDS in the municipality.  By the Portfolio committee because of my experience on HIV/AIDS work and status  By the Health and Safety committee  Selected because of the desk that I'm holding and which group is mostly affected.  On merit and basic knowledge.  Its because I had an interest in helping the community to fight HIV/AIDS.  We were selected through group discussion.  I was delegated by Council to attend the workshop.</p>	<p>As a councillor dealing with health matters at Municipalities.  A person who works with the community on a daily basis, not those who are always in the office. A person who's always available when needed.  Unable to comment as I was informed the day before the workshop.  Selecting people by their performance.  That continuous training should be provided as promised. It should also include Portfolio Councillors for Health, and Health workers.  I propose that training should have emphasis as far as selection is concerned, on councillors and officials dealing specifically with health issues as well as mayors and municipal managers.  I think it was done appropriately, for people dealing with HIV/AIDS in order to address this epidemic because sending any other person who is not involved with HIV/AIDS for training will be of no value.  Persons must be interested in the field. Persons must want to help people.  Select a person who will be able to implement and run the program without disturbing his/her daily duties.  Also invite peer educators in the workplace and in the community.  Individuals should volunteer to participate in the program. Sometimes people are nominated to go whereas their hearts are not in the subject, after being trained they do nothing.  Involve all stakeholders and all municipalities should develop HIV/AIDS policies with internal and external strategies.  I think municipality should invest in exercise? By sending or nominating three officials to attend.  No comments as I don't know the criteria used.  Select people who have an interest in the subject.  It is very important to know the needs of people to be trained and their medical background.  Delegates should be selected according to their field of work/ employment.  Councillors, officials, business people, churches must be motivated about HIV/AIDS. Those who have interest be involved in order to spread this.  Training should include councillors, educators of schools and other stakeholders. Trained nurses on the impact of HIV/AIDS should be included, and volunteers.  I believe selection criteria is good because it involves people who are dealing with the problem.  The selection process was done fairly because I am the one dealing with day to day, HIV/AIDS as an official together with Councillor for Health.  People who have passion to work in the HIV/AIDS field, not choose people according to their qualifications.  1. Responsible people should be chosen who can effectively disseminate the information acquired during training. 2. Must have the ability to communicate with communities.  It is important to select people who have a background of the AIDS epidemic in their own area.</p>
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## APPENDIX 6 - Particularly good learning experiences as reported by participants

Master trainer perspectives	Official perspectives	Councillor perspectives	ME perspectives
<p>The Sim City exercise or Draw a City. Group discussions quite informative. HIV/AIDS has touched my life. Hot Topics &amp; touching the souls ( where participants share experiences) Circle of Hope:- Where participants indicate in a circle about how HIV/AIDS has affected him/her directly or indirectly. Information Tour:- As additional to the programme, we arranged a trip to the orphanages (HIV/AIDS) for the purpose of feeling and realising the seriousness of the epidemic in our community. What is HIV/AIDS. Progression from HIV to AIDS. How HIV is transmitted. Developing an HIV/AIDS and STDs... Legal issues. Employees' benefits. The analysis of sexual behaviors was a big challenge. The video. The interactive nature of the workshops The seriousness of this pandemic. Participatory exercise Role model Experiences and challenges received by individuals. ME FAD C-LIP. The discussions and examples given by all of us. The video tapes. Advocacy methods. BBC Dying game video How the virus works (video?) Relationship between HIV/AIDS and TB. SIM CITY I and II. The dying game video. Advocacy, the processes of responses and the history or basic facts of HIV/AIDS. At Warmbaths we visited the local clinic where PWAs are volunteers, with the aim of motivating them.</p>	<p>Inclusion of HIV/AIDS in the IDPs. Group discussions and document good. Working in groups. Plan/ policy on HIV/AIDS for Municipality workers. Dr Kariem from the National office's presentation The exercise where we had to cross parts of our communities, spatial that is affected. I learned a lot about HIV/AIDS through participating nurses/ sisters. Video tape which reflected true stories about people affected and infected with HIV. Creating an HIV/AIDS partnership network. HIV/AIDS workplace policy. Building of a city. The external response. NAPWA delegates ought to come and give an address. Having someone living with AIDS talk to us. Each participant explaining how HIV/AIDS has affected him. Networking against HIV/AIDS. The notion of developing workplace and external response. Good platform for networking -I met officials responsible for AIDS in other local councils. When the service provider on HIV/AIDS around BELABELA shared her day to day experiences with people living with HIV and AIDS. None specifically. The role of the local Govt in HIV/AIDS. Circle of hope (something of this nature).</p>	<p>Young women are the most vulnerable because they are often powerless to say no to unprotected sex with an HIV positive partner. Drama. A cassette which was played and also group discussion. Spread of HIV/AIDS globally. It was the activity in our last day in the workshop, where we sat together with our hands touching and prayed for those who are affected and those who are effected. Function of Local Govt, HIV/AIDS and the Law. Workplace policy and programme. The role which Local Govt was to play with regards to HIV/AIDS That a person infected with HIV/AIDS be honest and open. Drawing of our areas and showing how HIV spreads. Video - we learned so much about HIV/AIDS and its impact. Role-play e.g. addressing community members Group discussion to answer question to get all people to participate Interaction with others and the video footage. Group discussion. Group work. Video, group discussions. The reality in which HIV/AIDS can affect everyone economically, socially and in every sphere of life if we are ignorant. Drawing -sketch maps, graves, towns, rural -but all affected, could be poor or rich, great or small, AIDS kills. By discussing openly and confiding in each other even though we did not know one another. The video. The HIV epidemic in South Africa, HIV/AIDS impact on Local Govt, Guidelines on HIV/AIDS and the law. How to make a policy and an action plan for the municipality. Speech by AIDS victim. ME FAD CLIP Information with the doctor pertaining to policy.</p>	<p>Map-drawing to show how every area of our lives will be touched by HIV/AIDS at some time or other. It was about needle stick injury regard HIV/AIDS Group discussion and feedback from breakaway groups was very educating.</p>

## Particularly good learning experiences (cont...)

Master trainer perspectives	Official perspectives	Councillor perspectives	ME perspectives
<p>At Phalaborwa we visited the Mining Company on HIV/AIDS issues.</p> <p>Visit to Phalaborwa Mining company: to find out how they cope with the issue of HIV/AIDS versus employment management and planning.</p> <p>Developing a workplace policy on HIV/AIDS.</p> <p>Identification of external and internal impact.</p> <p>Policy formulation.</p> <p>Planning for epidemic group discussion.</p> <p>The video.</p> <p>Discussion (plenary) of the effect on Councillors personally. Input by the medical doctor.</p> <p>HIV/AIDS basic facts; video "The dying game"; input by Dr Kariem on MTCT, vaccine, testing and grants.</p>	<p>The strategic planning for municipalities.</p> <p>Presentation and questions.</p> <p>information sharing with other Districts.</p> <p>Planning from different organisations e.g. Industrial area, Local Govt, the metro, shebeen re HIV/AIDS awareness.</p> <p>The video on HIV/AIDS was excellent.</p> <p>Clarity about what was expected of us after the workshop.</p> <p>When people spoke of their experience on HIV/AIDS.</p> <p>Action plans to be put into action to assist with AIDS.</p>	<p>Co-ordination of HIV/AIDS activities involving other stakeholders.</p> <p>Provision of Nevirapine to certain sites.</p> <p>Presentation skills of the facilitators</p> <p>I'm forming groups in different location to fight HIV/AIDS, we are now to form K A C -Kungwini HIV/AIDS C</p> <p>They should be trained because they discriminate those who are affected. Workers also must be trained.</p> <p>Awareness, prevention activities and infection control.</p> <p>Counselling, conduct training on HIV/AIDS. Encourage others to support it.</p> <p>Personal experience</p> <p>The individual experience on HIV/AIDS work and field. The way in which each attendant committed him/herself to go for HIV test.</p> <p>Levels of participation and discussions</p> <p>Formulation of an AIDS policy for your Municipality</p>	

## APPENDIX 7 - MT additional comments on roll-out training workshops

Participants were very eager to learn and understood clearly what the impact of HIV/AIDS in their communities was and is. Their concerns were TOP MANAGEMENT AWARENESS and COMMITMENT and also allocation of budget to the programme. Also the specific need concerning rural (back of the beyond/ unreachable) communities; e.g. insufficient information and mechanisms to dissemination due to lack of infrastructure e.g. roads.

The logistics from the Dept of Health was very poor. Claims were not paid in time.

There was no specialist input as no prior arrangements were made for that.

A regular training must be conducted so that an indepth understanding is made.

Arrangements for outside experts were not good at all. Officials were confused by the office on how to roll out the plan.

Clearly organisation of workshops needs to be taken more seriously.

Further training materials and participants' material need to be provided.

More workshops are needed urgently.

The workshop and material were an eye-opener to me. To receive more relevant content on HIV/AIDS will further increase my interest in the whole debate around this crucial topic.

The training material was very useful except that in some instances it arrived late.

Some local authorities send people who are not involved with HIV/AIDS at local level and this is a problem.

HIV positive people who are confident about their disclosure will assist a lot. Also doctors or nurses to give input.

The training of Master Trainers should be repeated.

The materials were not delivered on time.

The materials for the workshop were available but it was delivered the morning before the workshop.

Nurses were more conversant with the issues than councillors and officials. PWAs as well as AIDS coordinators could have been of assistance to the rollout training workshops.

Things went well, the SALGA Provincial office facilitated and coordinated all participants and specialists. I wish to thank the support and hard work they have done for the coordination of the roll-out training for NW Province.

There was no interest from some local government authorities (Overberg Municipality as well as Drakenstein Metro). Certain political groups seemingly boycotted the workshops.

The provincial office of SALGA was not helpful especially in inviting municipalities to attend the workshop as it was authorised to do so, thus I ended up with one workshop only.

## APPENDIX 8 - Trainee comments on rollout-training workshops

<b>Officials</b>	<b>Councillors</b>
<p>None except that on arrival everyone was late and the facilities were not ready.</p> <p>Not enough time as some delegates were in a hurry to go home as this was on the last - workshop day. Delegates to be patient during workshop days and explanation given to the effect prior workshop.</p> <p>The presenters were overall fairly informed about the disease.</p> <p>Material should also be made available in Xhosa.</p> <p>This workshop was new to all. The venue could have been better. We paid for duplication of the video. The handouts were not satisfactory.</p> <p>The facilitators were not really knowledgeable regarding HIV/AIDS except for one. They couldn't address some of the aspects and tried to get other people to deal with the issues but the issues were not so well addressed. They tried to get a doctor but couldn't get hold of one.</p> <p>I could not elaborate more to make my LA aware on those real issues because at the end of my discussion their response was poor thus it made it difficult for me to attend to real issues I had to carry out as a nominated employee.</p> <p>As a person at District Municipality my work seems as if I had to coordinate with the six LA that fall under District Municipality which I query.</p> <p>Arrangements for accommodation were not good, because there was only a few double rooms which could not accommodate all of us. I personally like to stay alone because I don't want to disturb people when I'm reading late or come in late and put lights on.</p> <p>In future DOH -AIDS Directorate need to be part of the workshop and not only attend on the last day.</p> <p>Hospital visits to HIV/AIDS patients need to be done where possible.</p> <p>There was no program for the workshop.</p> <p>One of the facilitators did not turn up, and the one present tried his best to cover the work.</p> <p>Due to the paramount importance of these AIDS workshops, organisation, arrangements and preparation needs to be done well in advance.</p> <p>Though participation and discussion by participants was satisfactory, some were unable to actively participate because the level of the workshop topics were above their understanding.</p>	<p>We must counter the impression that AIDS is a disease that only attacks certain groups or populations and show by our personal example that people with HIV/AIDS are to be treated with respect and compassion by tolerance.</p> <p>There was a little delay the first day, materials were delivered late. What was expected of us as Councillors is still not clear as we are not full-time.</p> <p>The workshop was well organised and everyone was satisfied about the Facilitator.</p> <p>The facilitator even moved beyond what we were expecting. Site visits on mines where our municipal piloted at.</p> <p>To help small municipalities to conduct further training in their areas.</p> <p>The problem and comment is that we, as the government have no remedy for this virus. Because Nevirapine is only given to pregnant mothers, what about those who are not pregnant?</p> <p>Facilitator has information but not all information like drugs information was difficult to explain and the issue of the virus is a big problem needing clear explanation.</p> <p>Presentation was up to standard. The only problem was that some materials arrived late.</p> <p>The facilitators were having knowledge on HIV/AIDS and they were understandable.</p> <p>Women need to be more empowered.</p> <p>People coming to present should arrive in time; e.g. the doctor did not come.</p> <p>Facilitators were friendly and even promised to post certificates and cassettes of dying people, but failed.</p> <p>All of the above was well organised but a lot can still be done to improve especially the facilitation.</p> <p>Levels of participation and discussion by participants: group</p> <p>More action plans in how to deal with an infected person. More ways on how to motivate people to VCT.</p> <p>Participation was encouraged, and there was no time for discussing specific issues of municipalities.</p> <p>The workshop was well planned. Facilitators knew what they were doing and we are motivated.</p> <p>Report back on a lift up standard of care for the people of SA was very weak as some undermined the fact others making it a laughing joke but at the end - could see its importance.</p> <p>We were really given the opportunity to discuss issues affecting us in our municipalities and as individuals.</p> <p>Assignments (tasks) must be given to municipalities just to ensure understanding around AIDS and to see that what they've been trained.</p> <p>Some of the facilitators did not seem well prepared for the workshop.</p> <p>Language barrier -one facilitator used too much vernacular which was not necessarily understood by all participants -this has to improve.</p> <p>Continuous workshops are needed as HIV/AIDS is broad.</p> <p>Some facilitators don't care when some participants do not understand.</p>

**Officials cont...**

During the workshop it was suggested that SALGA be requested to develop a framework which will guide municipalities on how to develop a program for HIV/AIDS in Local Municipalities. It was felt that a framework will assist in the uniform approach to the problem. No response to date received.

Workshop was conducted by ETU for our district with all the stakeholders.

We had two facilitators, one averagely knowledgable about the content and the other not sure at all. They could not answer some of the questions, however there were some officials who could fill in the answers for them.

The facilitators' preparation was satisfactory but their knowledge on HIV/AIDS was very limited. It was very clear that they only had knowledge of what they learned in their own training and did not have enough background or general knowledge beyond that. The participants were more knowledgeable than the facilitators.

The facilitators were still on a learning curve therefore they had problems explaining some of the issues, especially medical issues.

The overall goals and objectives were met.

One trainer was very good and the other one not, but managed to catch up.

Thorough preparations must be done prior to the workshop.

1. Communication before the workshop was doubtful, BCM councillors did not attend. 2. There was no clarity of what was expected after the workshop.

I feel very strongly that people to be trained as master trainers must be medically trained so as to be able to explain the HIV/AIDS issue.

The workshop material -books arrived only on the second day.

Materials and information distributed should be arranged in time before any workshop could be held.

**Councillors cont...**

In general the training was very informative and I personally gained a lot from the experience.

I think that the same people who attended the workshop should attend further workshops to better their knowledge.

Venues for training and facilities must be closer to the Local Municipalities. Each local municipality was given an opportunity to provide an action plan.

There were no clear cut program of action and working relationship between clinic, hospitals.

Some people in Health tend to feel that one is encroaching in their territory.

No follow up was made to assess progress, problems and ideas in order to engage fully and meaningfully about AIDS.

Was able to spearhead the development of the municipality policy.

The Health and Social Development Departments should avail people to come and assist us with questions and give us information around Gauteng, strategies around HIV/AIDS.

Venue was on a hidden spot and councillors have to seek for this place for some hours.

Facilitators' knowledge was good and questions were well answered.

We were also given opportunities to discuss.

Facilitators came with all the materials and they were well understood.

Studies were from predominantly rural areas and studies to be done also in areas like Chatsworth.

That we be workshopped on steps to be taken thereafter i.e. how to seek funding.

How do we get support - and bringing together different departments' plans.

The group had good intentions of a way forward but unfortunately it took very long to have correspondence again.

## APPENDIX 9 – Trainees’ post-workshop report back

Officials	Councillors	Municipal employees
<p>In preparing a written report to Council a workshop was held for colleagues and an informed report was well prepared and presented to Council.</p> <p>Red lights are a problem sometimes. One finds that he or she has to submit a report that he/she has written via another person. That gives a little bit of a problem.</p> <p>I wrote a report to the health councillor, no feedback till now whether the council was informed. No workshop since we have to go via Union officials to access information to employees.</p> <p>Discuss details of workshops with my co-presenter since she could not attend.</p> <p>Used the information to develop a strategy from Mayor's office in collaboration with NGOs, CBOs, business etc.</p> <p>A workshop was conducted with the assistance of ETU on the 27/28 February 2002 for all stakeholders under Makhado Municipality dealing with HIV/AIDS including the Mayor, Manager and officials from different departments in the Municipality. A steering Committee of HIV/AIDS in partnership was formed. Still waiting for a report from the ETU. A youth Committee for Makhado Munic dealing with HIV/AIDS was also formed.</p> <p>Workshop not held at D Munic but presently I am coordinating with my trained colleagues to workshop LAC and LG colleagues on areas trained. Presently preparing to acquire information from LA on HIV/AIDS programs at LGs and LAC which are to be reported to the Dist. Munic.</p> <p>Only meetings were held with Local Municipalities discussing future plans and unfolding the process.</p> <p>I had made inputs on 2 workshops held at our Local Council. One was on Health &amp; Safety and the other one on discussions which lead to formulation of the Matjhabeng AIDS Council. The Department of Health and the MMC for Health are in the process of organising a workshop for councillors.</p> <p>A written report was submitted to ExCo and a verbal report to employees representatives. It was agreed that a draft policy on HIV/AIDS be done but be included in the Health &amp; Safety policy of the municipality which has not been finalised.</p> <p>I delivered a verbal report to Health officials.</p> <p>Workshopped Regional AIDS coordinators, and conducted workshops in regions.</p> <p>Workshop for staff members.</p> <p>Developed a policy on HIV/AIDS for Maquassi Hills Municipality.</p> <p>Matter was still reported to different structures for nomination, and approval of the trainer.</p> <p>The situation in the District Municipality was not normal still restructuring was taking place.</p> <p>At the moment I manage to train 32 peer educators and 3 of them were councillors.</p> <p>A follow workshop was conducted by ETU from Johannesburg on Strategic planning on HIV/AIDS for municipalities.</p> <p>Currently working on an action plan which is ... in our I.D.P.</p>	<p>Though the Govt together with Welfare has started to respond to the AIDS crisis, but without a coherent and collective approach at local level their efforts will not achieve as much as they could.</p> <p>Written report was compiled by the official who attended the workshop with us.</p> <p>Due to the fact that there was a workshop after that one I attended, it was held for all of us.</p> <p>The then Acting Municipal Manager was provided with the report. No specific official to deal with on HIV/AIDS matters in the whole health Portfolio Committee and this leads to poor accountability.</p> <p>1. Need more funds for workshops 2. Transport or sleep overnight and more so that people who are invited should fully participate and concentrate as in our Local Govt most of the wards are very far from the Municipality then this means only those nearby will benefit.</p> <p>This subject matter still has to be adopted at Council level (resolution)</p> <p>None</p> <p>It was not well attended though it was a success.</p> <p>We provided a written report together, as a result our municipality is on the way to having AIDS coordinator in the Mayor's office and in the IDP AIDS issues are included.</p> <p>Some councillors were interested others not as they are seemingly lack knowledge about the deadly killer of our nation, took jokes- but frightened at some instances.</p> <p>I gave both a verbal and a written report.</p> <p>Highlights on the report -responsibilities of Local Govt in terms of HIV/AIDS, Local Govt budget for HIV/AIDS programs and how it should take the leading role in ensuring that all stakeholders play a role.</p> <p>I delivered a verbal report to individuals, volunteers, community and to learners.</p> <p>As a District municipality we are in the process of appointing an AIDS coordinator. AIDS Council also to be launched.</p> <p>1. Lack of communication. 2. No facilities or resources.</p> <p>A general report was given in a council meeting, further on a detailed report was given in a Health Portfolio Committee.</p> <p>The report was done in writing and was also backed up verbally. As a result our IDP contains strategies on HIV/AIDS.</p> <p>We have found volunteers to help the sick and train people on how to deal with HIV/AIDS. Tell the people that prevention is better than cure. To abstain, be careful and condomise.</p> <p>No material</p> <p>Because of the Head of Portfolio not taking the request seriously.</p> <p>The mayor is too busy, I tried to organise a day to conduct a workshop but in vain.</p>	<p>No feedback was ever required of me.</p> <p>The workshop was also held at a time when the Municipalities became one, and because of these shifts there was no follow-up, just got lost in the municipal politics.</p> <p>I did not get a time to present since councillors &amp; officials always complain of being busy but I gave a report.</p>

## APPENDIX 10 - Post workshop HIV/AIDS activities: Trainees' accounts

### Officials

To establish a workplace HIV/AIDS policy and to establish a Lukhanji AIDS Council with specific goals and objectives.

Actively involved in PMTCT project

Coordinator for HIV/AIDS -VCT research pilot in MFs?

Working closely with CBOs

I assist with the presentation of HIV/AIDS workshops at LG level.

Assisting the communities to start food distribution points, home based care services and organise big awareness raising events.

We are in process of building a multi-disciplinary partnership at local level against AIDS.

We have involved youth because they seem to have more time to move around sharing knowledge with others.

Education and awareness on employees. Voluntary testing to know each status for future planning and changing life style.

1. Coordinating HIV/AIDS matters around our Municipality. 2. Conducting workshops/campaigns. 3. Networking with other stakeholders, NGOs and CBOs. 4. A project of caring for HIV/AIDS orphans and PWAs.

As an official co-ordinating with LGAs my main concern is to monitor whether trained officials do plough back to the offices and communities but their reporting back to me at Dist. Municipality still a problem. As a LAC Deputy Chairperson my focus is awareness campaigns, HIV/AIDS calendar activities and mobilisation of the communities.

1. Establishing DAC which has vision and a mission to cultivate. 2. Establishing AIDS youth Committee up to the Ward level. 3. HIV/AIDS information centres in all villages and streets. 4.

Availability of drugs for HIV/AIDS sufferers.

Positive thinking -people should come out and disclose so that they can get help.

I am an HIV/AIDS co-ordinator for Matjhabeng Local Authority -Welkom unit.

Increasing awareness about prevention of being infected and how to reduce the spread of infection by those (infected?). How to provide support for those sick with AIDS and their family members.

Education and advocating the use of barrier methods. This is done on small scale. Lack of personnel who are knowledgeable is a constraint.

Train management/ councilors/ officials / the community.

I am responsible for coordinating the HIV/AIDS program across the city. I provide strategic support to all the administrative regions of the city. Develop policies and support all Departments and regions on AIDS issues and sexually transmitted infections.

Presently, as Development Manager, the focus should be on how to curb the spread of HIV/AIDS so that the projects that are on the IDP could materialise because if more emphasis is not on HIV/AIDS, more funds could be shifted in future to address the aftermath of this epidemic.

1. Establish a workplace program. 2. Involve all managers to be committed to HIV/AIDS activities. 3. Reduce the number of new HIV/AIDS people. 4. Promote VCT.

As an official I am supposed to coordinate all HIV/AIDS issues and work hand in glove with the Health Department.

Holding and arranging HIV/AIDS workshops at schools, mines and farms.

Information giving, HIV/AIDS training and counselling for the community.

Conduct a HIV/AIDS policy for the specific municipality/workplace.

I am a member of a task team busy developing strategies for HIV/AIDS in Buffalo City.

I was involved in HIV/AIDS policy formulation.

I supervise all ATICC activities

To increase VCT.

Launching of HIV/AIDS policy for workplace.

Acting as the secretary of the Umjindi AIDS Council -also the supervisor of the Section Primary Health Care

Increase public awareness about Home Based Care.

Increase public awareness about grants for orphans.

To encourage community to form ward committee to deal with AIDS campaigns and organising workshops

Is to form the HIV/AIDS Committee including nurses from the local hospital, E.H.O. around and selected municipal staff.

To prioritize HIV/AIDS

To encourage community to form ward committee to deal with AIDS campaigns and organising workshops

Is to form the HIV/AIDS Committee including nurses from the local hospital, E.H.O. around and selected municipal staff.

I believe that committee can plan all the HIV/AIDS activities in the area.

I am a healthworker who does pre and post-test Counselling, take bloods (VCT), treat ailments related to the disease, have initiated an HIV/AIDS support group in my area. At the moment my focus is on the support group and starting an HIV/AIDS centre at the clinic.

To bring about and facilitate more effective and efficient assistance for people with AIDS.

## Councillors

To make HIV/AIDS a priority in all development programs at the Regional, National and community levels. To support the introduction of policies and programs that will raise awareness of the impact of HIV/AIDS will culminate in behavior change.

1. Reducing new HIV infections and providing care and support to those infected and affected. 2. Increase service utilisation, and changed social peer norms. 3. Empower the workforce. 4. Open up the debate about HIV/AIDS and confront the existing denial.

Participating in events of HIV/AIDS by giving speeches, playing drama HIV/AIDS and HIV/AIDS dialogues.

We at our municipality had a forum which includes Depts of Health, Welfare, the private sector, NGOs & CBOs. We want to assist orphans & victims and also provide shelter.

We have a policy in place. Working Committee in place dealing with HIV/AIDS issue.

Because of the lack of funds and resources there is no focus in place.

It is a great challenge. Our Municipality did not have a budget for HIV/AIDS in the past. Our local AIDS Council has the greatest challenge to solicit funds for HIV/AIDS programs.

To fight the epidemic in our communities.

We look forward to have a counselling and care centre for municipalities and to support care groups in the area of our jurisdiction.

Campaigns, publicity and awareness. Condom distribution.

On NGOs and CBOs who are volunteering and no resources to develop them because in our Municipality there was no budget for HIV/AIDS but after this work shop I have proposed a budget which has since been approved. We have HIV/AIDS in the Partnership Committee in Local Govt.

I would like other Councillors to concentrate and do something about HIV/AIDS provided we are being well-funded.

To try by all means to fight against HIV/AIDS and to ensure proper awareness in the farm areas.

That farmers and farm workers do really support AIDS programs.

We are focussing on projects, that is poverty relief programs like food production.

A task team is in place to get senior LG government support for AIDS and I am a member;

Motivate everybody to VCT.

HIV/AIDS campaigns.

Promoting use of condoms.

Encouraging openness about HIV/AIDS.

Promoting sex education

Promoting abstinence

Presently we have called upon all the local stakeholders and have established an interim Local AIDS Council which will be officially launched in June 2002. The aim is to tackle HIV/AIDS problems together in a joint and partnership way.

I have a relationship with groups of volunteers e.g. Matwabeng, Ratanang and Tloholo Health Carers. I usually hold meetings with them, support Health Care programs of HIV/AIDS and encourage the groups to have vegetable gardens for those in need.

My involvement is on the side of the DOH as a member of the Hospital Board and an activist from the communities. As Councillor I do very little because of my position as a Speaker.

Establish AIDS support groups in our area.

Establish support groups for orphans, widows and widowers.

Establish Health workers to support bed-ridden patients.

Lobby hospice for sufferers.

Facilitation, co-ordination, counselling, preventative

Education to all stakeholders.

Awareness campaigns.

Workplace workshops.

Training Management, training councillors, training officials, training community

I want to do a campaign, Mayors against HIV/AIDS. I want to encourage all the mayors & ex-mayors to run this project.

To help the people who are attacked by HIV/AIDS.

To help HIV/AIDS orphans with grants from the Government if possible.

To have material and educate people.

I am busy establishing support groups in the community. I am also talking to the Mayor to establish an HIV/AIDS centre in our council jurisdiction as it is 100% rural. I have also introduced NAPWA to the communities.

Have been involved in drawing up of AIDS document for the Unicity.

Education especially on rural areas -and the orphans that are increasing everyday.

Coordination of programmes of different NGOs and other committees in this area.

## APPENDIX 11 – Trainee needs for more in-depth training - (“Areas which would have liked to have covered in more depth”)

Officials	Councillors
<p>Inclusion of HIV/AIDS in IDPs</p> <p>Facilitators spent too much time on the virus and too little on how to draft a local policy and plan.</p> <p>Policy issues especially in municipalities with no capacity or budget</p> <p>How to manage HIV/AIDS at LG level -more specific details required.</p> <p>A little bit more medical background. An actual AIDS patient to give evidence of feelings-mental-physical</p> <p>To find a way to decrease MTCT</p> <p>Counselling; Planning</p> <p>HIV/AIDS counselling aspects/ testing and post-counselling.</p> <p>The guidelines and tools for multisectoral planning &amp; the Activities checklist.</p> <p>The draft of the document.</p> <p>Counselling skills.</p> <p>Relationships with NGOs.</p> <p>Budget for HIV/AIDS.</p> <p>Not really but I think we should get updated with new things that arise.</p> <p>Having a detailed structure of the HI virus.</p> <p>Establishment of HIV/AIDS Committee and workplace policy formulation.</p> <p>HIV/AIDS is a national problem and I think a framework to guide us all is important so as to approach the pandemic with common approach we are all familiar with.</p> <p>To teach about AIDS in the hostels (mines)</p> <p>Trainers need to be sure of content.</p> <p>MTCT</p> <p>The effect of retroviral drugs</p> <p>A model for local Govt response to HIV/AIDS.</p> <p>presentation skills for trainers as they need to implement after workshop.</p> <p>It should have been explained that the trainer of trainers approach was going to be used.</p> <p>The impact of HIV/AIDS on children which will increase orphans, which strategies to be used to solve those problems.</p> <p>Awareness and prevention.</p> <p>I believe most of the issues were touched.</p> <p>Better and more effective ways of assisting AIDS victims.</p>	<p>Farms. To people living on farms such workshops are needed because they are not allowed to attend if far. Even in rural areas most people know nothing about the workshops and awareness and use of condoms.</p> <p>Orphans. Children who are orphaned are often deprived of not only parental care, but also of financial support. Many leave school and may become our biggest problem in the future.</p> <p>Rural areas</p> <p>The changing of by laws to cater HIV/AIDS and also to include it in our IDPs.</p> <p>Drugs, research done by the Govt and the findings. (Side-effects drugs) and I think we need to be updated about the changes in these issues.</p> <p>Nutrition for people infected by HIV/AIDS.</p> <p>Counselling strategies since people are not having funds to go to Counselling Centres.</p> <p>Home-based care and counselling and testing.</p> <p>Blood test for HIV/AIDS procedure.</p> <p>HIV/AIDS and the law.</p> <p>HIV/AIDS and breast feeding.</p> <p>Care and support are key, this needs to be emphasised.</p> <p>Funding for HIV/AIDS</p> <p>Planning for HIV/AIDS in the workplace, meaning how to give them a rightful place in the organisation.</p> <p>Openness, talking about sex.</p> <p>Professionals could be called in the workshops especially those who are dealing with HIV/AIDS in their places of work because most institutions are having HIV/AIDS programs.</p> <p>Apparatus, polish workshops, monitoring, serious implementation by Depts within Municipals.</p> <p>That people who are attending this kind of workshop should at least be encouraged to undergo blood testing.</p> <p>How to draw local policy which will be in line with Provincial and National policy on HIV/AIDS.</p> <p>Trainers need to be sure of content.</p> <p>Home based care and counselling.</p> <p>The basic needs of sufferers in hospitals and clinics.</p> <p>National policy towards sufferers "The more one reads and hears about the subject, the more confused one is"</p> <p>Strengthening of partnerships in the fight against HIV/AIDS.</p> <p>Procedures on how drugs can be used by breastfeeding women.</p> <p>To take this knowledge to churches, hostels, mines and schools.</p> <p>Dealing with numbers of orphans and aged who need care who have lost adult children.</p> <p>They didn't tell us what medicine to cure people affected by AIDS.</p> <p>Latest information and statistics on HIV/AIDS.</p> <p>Latest strategy be received and supplied during the training.</p> <p>Treatment and home-based care centres.</p> <p>Yes, the implementation part.</p> <p>The problem of drawing a line between opportunistic diseases and AIDS.</p>

**APPENDIX 12 – Trainees’ unanswered questions: “Unanswered questions about how to respond to AIDS at local government level”**

<b>Officials</b>	<b>Councillors</b>
<p>How to engage politicians e.g. Councillors in realising the importance of HIV/AIDS policy.</p> <p>The real responsibility of LG on HIV/AIDS e.g. on funding side.</p> <p>AIDS and Local Economic Development.</p> <p>The AIDS prevalence figures are everyone's guesswork. To make notification compulsory like TB and other illnesses will give exact figures and statistics.</p> <p>It is still difficult so far for our Munic to consider taking HIV/AIDS as a core function. This brings limitation in planning for HIV/AIDS programs as there is still other work to be done.</p> <p>How do I bring the community on board if Councillors fail to deliver.</p> <p>Professional secrecy versus Disclosure.</p> <p>The question of Nevirapine -the advantages and disadvantages.</p> <p>No questions -I'm still organising other stakeholders.</p> <p>Involve all stakeholders in combating HIV/AIDS.</p> <p>HIV/AIDS is not a health issue -I wish this could be clarified further, everybody's input is vital.</p> <p>1. Future plans for increased demand of orphans. 2. Future plans for extra skills at the workplace.</p> <p>The social responsibility of the local government and the lack of funds.</p>	<p>Grievance procedures -if they are discriminated against, how do we deal with that at the workplace? To protect employer and employee.</p> <p>Drug for unborn babies not to be infected by their mothers.</p> <p>More detail on issues to do with management of HIV in workplace, ethical and human rights , what the national and provincial governments re doing</p> <p>The main important is the issue of drugs and its so difficult to respond because it's still under discussion.</p> <p>The National and Provincial program that bypasses the Local Govt.</p> <p>How a person having TB becomes HIV positive. Where did HIV/AIDS start.</p> <p>Integrating these plans into the IDP.</p> <p>Does HIV lead to AIDS and is there any hope for a cure some day.</p> <p>1. How to ensure that e.g. nurses and Dept of Health make use of us as Councillors. 2. How to eradicate poverty for HIV/AIDS.</p> <p>Experience and training in AIDS before -the only thing I know is that I have attended workshops which were dealing with HIV/AIDS.</p> <p>The problem is weak togetherness with Govt Depts, not attending municipal or meetings or workshops.</p> <p>How to come up with an HIV/AIDS policy.</p> <p>There is a problem of communicating to each other. Those who attended the workshop should coordinate activities.</p> <p>1. Effectiveness of condoms. 2. How to disclose without stigmatisation.</p> <p>Pre-and post-counselling of people who are infected.</p> <p>Is to provide AIDS centres to educate</p> <p>1. Treatment 2. Availability of legal assistance to HIV positive patients.</p> <p>None</p> <p>Neglect by Managers (top) in addressing and implementing some plans.</p>

**APPENDIX 13 – Trainees’ further training needs**  
**“Areas which should be covered in future training”**

**Officials**

Medical issues involved in HIV/AIDS.  
How to involve all other Departments of the Local Govt so that the issue of HIV/AIDS will be everybody's issue of interest.  
Policy-Local Govt work related policy on HIV/AIDS  
Presentation/ project management for LG  
HIV/AIDS local strategic planning  
AIDS and economic development.  
AIDS and poverty eradication.  
AIDS and development planning.  
Inter-Departmental collaboration and also sectoral AIDS Awareness material -Posters, pamphlets, videos and how to use these effectively.  
It seems as if its an ongoing process which needs one to attend at least one workshop per year, just to sharpen the brains and know more.  
Counselling and advanced Diploma in Psychology.  
VCT  
The roles of trained Councillors and officials and their impact at different LGA or Distr. Municipalities.  
A more simple way on how to workshop Councillors on HIV/AIDS seeing that most only know a little on HIV/AIDS i.e. indepth training for them.  
Counselling skills.  
Communication skills.  
Working with NGOs.  
Home based Care.  
Leadership skills.  
How to run workshops.  
Budgeting  
Local Governance.  
Want to gain more knowledge pertaining to HIV/AIDS and learn more counselling skills.  
Home Based Care.  
Peer educator training.  
Communication with other Departments and organisations which deal with the problem. Lack of proper liason between departments is problematic.  
Socio-economic impact and development issues related to HIV/AIDS.  
Training of lay counsellors and home carers.  
Projects management -to assist communities in running/ initiating AIDS related projects and programs.  
Why Government, specifically municipalities, should view HIV/AIDS seriously.  
Reviewing the channel of funding for HIV/AIDS issues from the National Govt.  
How to motivate people to test for HIV/AIDS without fear of discrimination.  
Project management.  
Counselling. Improving the quality of life of infected persons.  
Project management.

**Officials suggestions for further training (cont...)**

Counselling people affected by HIV/AIDS.

I would like to be kept informed of current & future trends in HIV/AIDS treatment but not as a trainer of trainers as I do not have the time due to my present position.

Research work re HIV/AIDS in community.

Financial and project management skills and knowledge.

Medical issues related to HIV/AIDS

Greater Tubase Municipality

Specifically addressing the community on how to accept people living with HIV/AIDS and people suffering from AIDS, because I feel we still need to work on those areas.

**“Areas which should be covered in future training”**

**Councillors**

Focus on rural areas and problems of responding to their needs. How in rural areas to encourage dialogue at all levels on issues related to HIV/AIDS, that will facilitate an open and supportive environment for people infected and affected by HIV/AIDS.

Skill succession plan

Analysis of legal obligation

How to develop commitment in others.

Ways of building awareness.

Peer education

Testing and Counselling

STD management

Infection control program

Program monitoring

Initiation of community projects

Rural areas

How to make policies to assist our municipality.

What project to establish in our area.

New research. New medical policies.

About the remedy of this virus.

More specific details/ info about the management of HIV in the workplace.

Ethical and human rights issues should get more attention.

More about what the National and Provincial Govts are doing.

To the drugs and their side effects. I think there are new developments also about HIV/AIDS I need to know.

AIDS and economic development.

AIDS and poverty eradication.

AIDS and development planning.

***Councillors suggestions for further training (cont...)***

Interaction of Government Department from Local, Provincial, National and the NGOs and CBOs.

MTCT -HIV/AIDS and breastfeeding.

HIV/AIDS and the law.

Preparation of HIV/AIDS workshop, training, rally.

Counselling and policy development.

People come out about their status in order to prevent further spread of the disease and how to help and give some kind of counselling to them.

Specifically I would like to be trained or workshopped on basics on how to make the support group run efficiently and how to start HIV/AIDS projects for it.

The roles of various stakeholders e.g. NGOs etc.

The medical part involving AIDS.

Programmes and action plans.

Drafting of policies.

Approach infected people- counselling.

Bringing HIV/AIDS strategies to Local Govt.

Further training e.g. counseling

Development of workplace policies and programs.

Drafting of policies of HIV/AIDS.

Follow-up assistance after workshop.

How to get to people in good time as our areas are too vast, are in bundus, no facilities. Get more people to teach about AIDS, videos to clearly state that AIDS is really there (Giant killer)

Identification of AIDS projects.

Counselling skills.

Understanding of the medical issues involved in HIV/AIDS.

To have enough knowledge to lead HIV activities.

Developing local policies.

Co-ordinating NGOs, CBOs and Health Dept and other spheres of Govt.

Advocacy

Local Govt in the partnership against HIV/AIDS.

Model workplace strategy.

More understanding around the epidemic in S.A.

Counselling and home based care.

***Councillors suggestions for further training (cont...)***

To deal with infected patients who are at the terminal stage.

I am interested in further training in all aspects of HIV/AIDS

Proper coordination of gatherings and activities.

How to respond to HIV/AIDS problem at local level.

Organising community AIDS activities or campaigns.

How to counsel and deal with AIDS victims.

This is a ME FAD CLIP.

Issues around VCT, Nevirapine, Home based care. Research that is being done to be forwarded to us for knowledge and information.

How to deal with people who are HIV positive

New discoveries, Counselling

There is a need to train managers and staff about how they should treat those who are infected.

Rural areas and shacks

Training to be a trainer. Treatment and counselling.

Talking/ treating of AIDS patients

Strategies of working and bringing together NGOs and CBOs.

Addressing the after-effects to families.

How to address poverty that is seen as a major effect.

Preventative measures, especially a way to convince people that they can live with HIV and become role models.

## APPENDIX 14 - MT programme development suggestions

Issues to be addressed in improving sustainability of programme	How this initiative should be improved and developed
1. Follow up training on recent developments in the HIV/AIDS pandemic for those trained. 2. Definitely monitoring of programmes set up as a result of training. 3. Constant evaluation of constraints and challenges faced by Master Trainers in effecting the training they have undergone.	1. Suggest a follow up meeting with all those trained in order for them to report on progress, share success stories and maybe map out the way forward as a collective, or per Province. 2. Examine/ closely look at their individual further training plans and implementation plans for the HIV/AIDS programmes in individual municipalities.
Each province must have a full-time paid coordinator who is going to assist all municipalities for sustainability of their programmes, and report monthly to SALGA Provincial and National. Be responsible for information and material for distribution.	There is a need for a national follow up workshop, to strategise for the next programme in order to meet our objective & impact in our roll-out programme in our provinces, and for the sharing of experiences.
Transport, stationery, trained counsellors.	I think their material should have male and female condoms. The medical practitioners should be present throughout the course of the training.
Late payments of claims to trainers is causing serious financial constraints as we have to wait for more than 60 days before receiving our claims. We also need to cooperate more with Head office to solve such problems immediately and not shift responsibility.	The involvement of Trainers after workshop in assisting Municipalities to draft internal & external responses can assist in improving this initiative.
1. Continuous workshop about the latest development on HIV/AIDS. 2. To ensure that Municipalities avail resources or make budget provisions specifically for HIV/AIDS. 3. Coordination of HIV/AIDS activities in their areas using a forum of all formations on HIV/AIDS. 4. Joint programme.	As stated above, mainly continuous workshops -education is a tool.
If the training could be repeated one could be able to judge and make comments.	Regular training by Master Trainers, that will make us sharp and truly competent.
Streamlining of activities with the Province for these trainings.	Need to fund training of Trainers to targeted communities and not leave it up to Municipalities -Please!!
1. The need for these workshops to be split into 2 two-day sessions. 2. Provision of Training material & participants manuals.	1. Follow up workshops 2. Best practice needs to be documented. 3. There needs to be a newsletter circulated to all councils.
1. Involvement of women and participation, especially in rural areas. 2. Teaching at school and at the workplace. 3. Funding for more informative workshops. 4. Recognition of culture. 5. Gender relations and involvement in sex issues.	1. Government to train more, or repeatedly trained trainers in all or most HIV/AIDS related programs. 2. Involve traditional leaders and healers. 3. Legislation to the Education Dept. to have such programs dealing with HIV/AIDS. 4. Poverty alleviation programs.
More video tapes, simplified learning material. Constant workshoping, advocacy and implementation of workshop policies generated by the employee and employer component.	1. Enrich the contents with real-life experiences. 2. Look into the possibilities of other relevant workshops that have similar impacts. 3. Ensure that in future more people are invited. 4. Make constant follow-ups.
1. Follow-up on the initial training. 2. Monitoring of the formulation of workplace policy. 3. To have a link with the local AIDS Council. 4. The integration of this program's trainers with trainers from other institutions/programs to avoid duplication. 5. If the training can be reduced to local authorities where most of the people can benefit.	1. To have follow-ups because now it seems as an event, and you just leave people without knowing exactly what should be done next. 2. To communicate with other departments, as other departments are running the same program parallel to this. 3. Some trainers to be used in follow-ups and be further trained on specifics.
An assessment should be conducted to check the readiness of local authorities in designing their response models. I think this kind of workshop should be rolled out to learners at schools.	Local councils should make audit of NGO's in their communities that give care and support to people living with HIV/AIDS.
All Municipalities must get more councillors and officials trained and involved in HIV/AIDS training programme. The one or two who attended the training goes back without doing anything about the problem. Some of them do not even give a report back to Council.	1. Funding us as Master Trainers to continue this training in the community. 2. Give recognition to our NGOs for HIV/AIDS training to give follow-up training to Municipalities at a certain rate to sustain our NGOs.
Municipalities should make more resources available	Councillors and officials of individual municipalities should all receive this training.

## MT programme development suggestions (cont...)

1. It must be a continuous programme that will include all the stakeholders within the areas. 2. All Municipalities should include HIV/AIDS in their budget.	Training should include all councillors and Traditional Leaders around the areas.
1. It must be continuous. 2. It must include all the stakeholders who are part of the municipalities e.g. Ward Committees.	It must move from the Municipalities to farms and mines.
Yes. Executive mayors/ mayors and senior officials should be involved in these workshops rather than to delegate to junior officials who cannot influence the decision of councils.	The course should be developed where attendees can be accredited. People should not view these workshops as time off from their daily chores. Anyone attending these workshops should be given a certificate of some sort.
They should follow-up workshop of roll-out training because there is a lot happening around the epidemic/pandemic and monitoring and evaluation program.	1. The issue of putting this epidemic into the global Economic perspective and how does it impact on the Local Govt and the country's economy. 2. How can this be managed in S. A. and case studies vs certain countries and its impacts of Local Government.
1. Spend more time on training sessions. 2. More input from specialists. 3. Visits to victims of AIDS.	Try to reach municipalities which were not represented at workshops.
Firstly not all councillors or officials and municipalities were trained. 2. Only one training for the Western Cape was held. 3. Somebody to follow on those municipalities that were represented in training in finding out if they have an AIDS program. 4. All government National to Local departments to collaborate AIDS response activities.	I think this initiative should go further to all municipalities as Local Government is the closest government to people. SALGA should make sure that all municipalities have prioritised HIV/AIDS in the IDPs in order to have budget to deal with this epidemic and to monitor and evaluate impact of local response.

## APPENDIX 15 – Trainees’ programme development suggestions

### “How the initiative should be developed or strengthened to improve its impact”

#### **Officials**

That SALGA ensures that devolution of powers for Districts to Municipalities on health issues is taking place ASAP.

Municipalities to take charge of programmes relating to HIV/AIDS.

To follow-up concerns and report back with the purpose of improving service delivery.

I am lucky in the sense that the NEC ATICC is based in Queenstown and falls under the control of the Municipality. Furthermore one of the VCT pilot sites operates from a local municipal clinic. We are therefore up to date with policies and procedures etc. and the course assisted me but did not teach me a lot (except on the establishment of the Local AIDS Council).

Officials have no powers over Councillors. If Councillors are not motivated enough, it will not make any difference even if how hard the official may want to implement something it will not materialise. Therefore, task the Mayor and the Councillors at the Health Desk. Give them time frames. In that manner they will seek and delegate officials to do the work. That will mean that when an official submits his/her report, it will be of interest to the Councillors because it will be what they will be waiting for and want to hear about.

Provide budget for HIV/AIDS activities at Local Govt

Emphasize the need for Councillors to appreciate the work around HIV/AIDS.

Integrate HIV/AIDS policies with IDP.

Have workshops for Councillors excluding health councillors.

Should target role players on HIV/AIDS

Planning should be looked at.

As IDP Manager I ensured that specific projects focussed on HIV/AIDS mitigation were designed with community input and included in the plan. Please e-mail me information on HIV/AIDS courses and all relevant research and info.

There must be better coordination of Health/ AIDS workers. In this town/ District there are nine AIDS-related Committees.

We also determine that there are people collecting money (donations) which are spent elsewhere. Numerous applications for financial help are received but after investigation we found it was a fly-by-night operation.

Coordination of AIDS related Committees on a Governmental level for each determined area is essential.

Continuous education

Training

Budget

Planning

If only the Municipality can consider HIV/AIDS as a core function with its own staff/co-ordinator it will be facilitated better.

Formulation of HIV/AIDS policy in the workplace for the Munic.

Workshops/ meetings/ training have been done but workplace programs cannot be planned and implemented due to budget constraints, staff and other resources.

There is a lot of programs of HIV/AIDS going on within the area of Makhado Munic but not actually initiated by the Munic itself.

After receiving the report from the ETU the plan of action will be started.

A counselling course in HIV/AIDS for our health staff within the Council because there is a lot of volunteers coming for testing and we refer to the hospital and clinics.

***Programme development suggestions cont...***

Training to be conducted by well-empowered trainers.

Follow-up training with meetings so that weak local councils can be strengthened - allocate mentors to Metros/ Local councils where programs are not yet developed e.g. one local council that had no program as yet. I asked that the councillor as the trainer formalise the request but this has not been done up to now, and I don't know if anything was done. If we had follow up meetings such issues would be addressed.

Govt should be able to co-ordinate and assess the type of information about HIV/AIDS disseminated to the public.

Govt should avoid duplicating service provision, viz. a particular service provider like the university could be funded by Govt to run a workshop on HIV/AIDS whilst the Northern Province Local Govt Association has also been funded to do the same and thus finding out that they present the same information to the same people.

There should be a clear plan of action and follow-up workshops.

To hold regular meetings to share ideas about developments in our areas, and how to improve.

Budget: more money allocated for appointment of co-ordinators; travelling allowance or subsidized cars as travelling is too much; training manuals and information brochures.

Appointment: correct appointments not for cosmetic purposes but for service delivery.

Selection: correct selection for people to come to training workshops.

As trained officials and Councillors we should give a quarterly report back on our activities so you can also monitor our level of involvement.

A formal letter from your sector to our Municipal leaders to either appoint or place us as people working exclusively on matters of HIV/AIDS thereby we can improve the impact. If possible post created and budgeted for so we can be motivated as now I am doing my duties as a nurse and I still have to run HIV/AIDS matters for the Council. Proposal:- LGA should have coordinators with the main one at the District Municipality and the Health coordinator of the District. 3. Continuous capacity building of trained officials and councillors.

Request reports from various Municipalities on Health-HIV/AIDS.

Supply Municipalities with all information on HIV/AIDS e.g. pamphlets, video, and all materials at your disposal.

Visit Municipalities and chat with officials and councillors.

Persist in conducting workshops/ seminars.

Give reports of what is happening in other Municipalities as well.

I think after a workshop or training session the facilitator or whoever is responsible should ask for progress reports (monitor) to see if it's a waste of time to train people just for the sake of training mun-officials or Councillors. Also, the involvement of Management in assisting or encouraging officials in this fight against HIV/AIDS or how committed they are for that matter.

If we could have biannual meetings with people who underwent the course to strengthen and empower each other.

Co-ordinators and Master Trainers should send memo to all municipalities with clear guidelines of what is expected of the trainers.

Make follow ups on trainers to assess if knowledge gained is implemented and if not investigate.

Mayors, Municipal Managers and top management officials should also attend HIV/AIDS workshops to understand the serious impact of HIV/AIDS on their constituencies and organisations for them to respond with the urgency expected of them. As already said the Provincial and District authorities have programs that they do not communicate to us and this causes problems when we involve communities as we present parallel programs. A proper planning together with these roleplayers will assist a lot. We do request them for joint planning but not always. I think that communication with these roleplayers at a higher level to forge co-operation will take us further.

In our workshops mayors, municipal managers, councillors and Director/Departmental Head should be invited.

***Programme development suggestions cont...***

Through the IDP program.

Government financially support specifically on HIV issue.

Workshops and training on HIV/AIDS important.

If there is a workshop based on training the trainer, this should be clarified to ensure that relevant people attend. For continuity the same people should attend until the process takes off.

I am knowledgeable but my position is not to lead in these things.

All Local Govt to have permanent post for HIV/AIDS co-ordinator.

Job description for these co-ordinators to be the same.

Each and every Local. Metro and District to have HIV/AIDS forum and Council.

All Councils to have workplace policy and program and to be integrated at community level.

Monitoring and evaluation to be done at six months' intervals.

Situational analysis to be done in order to identify strengths and weaknesses of Local Government.

Budget allocation for HIV/AIDS programs at Local level.

Promote private-public partnership.

Sharing of resources within Local Govt.

Strong political commitment from politicians.

If funds could be made available for projects it would be possible to implement them and take action.

I think if all the villages can form the committees, assisted by the councillor and official to run their meetings or campaigns together with Health Dept it can work properly to make the people aware by providing them with condoms.

I said on point 24 I believe that the emphasis should be on educating the people on accepting the people with HIV/AIDS and those suffering from AIDS.

I acknowledge what has been started. To me if it could be possible for facilitators to do follow ups and not only workshop officials and councillors, also the community for they are the ones suffering, they are the ones that need knowledge and skills, other than officials and councillors sitting in their offices and doing nothing after being workshopped. Also , helping with funding for projects to be started.

Make organisations aware on the impact and importance of knowing about AIDS.

Must be a No 1 priority throughout.

I would suggest that there should be a regular training every year in order to monitor the trainees.

## **Councillors- suggestions for developing and improving the programme**

I personally thought that the workshop was very good, but more time should have been given to the document strategy that should draw for a LM.

The training that is given to us is not enough if it does not start from the top (i.e. HODs, Mayors, speakers, MECs etc.) because it does not have enough support.

The HIV/AIDS epidemic represents one of the most urgent challenges to our country. The HIV/AIDS epidemic constitutes an enormous threat to development of energies and resources with unity and commitment to common goals, all these are needed if we are to bring AIDS under control. Effective prevention programs are needed that lead to a lower infection rate. Everyone has a role to play in the campaign for Abstain, Be Faithful and condomise. Coordinate and bring together community centred multi-sectoral actions. Create effective partnerships between government and civil society. Ensure that there is a coherent HIV strategy in place for the area. Mobilise volunteers to provide care. Training of HIV/AIDS coordinators in each province. Providing HIV/AIDS life skills course for schools.

1. Prevention, care and support to patients or PWAs must be strengthened and improved in all spheres of Govt 2. More workshops, not only for top management but also for people on the ground. 3. Ongoing education programs including awareness. 4. Counselling courses for employees. 5. Identification of financial resource so that implementation of workplace HIV/AIDS programs can be developed.

Please select facilitators with more skills and information

This kind of workshop should be extended to the rural areas and schools.

1. SALGA to make follow-up on all municipalities by monitoring the tasks assigned to various municipalities. 2. To supply materials which are vital to HIV/AIDS locally it might be quarterly and make routine checks whether they are used. 3. To seek or request municipal programs pertaining to HIV/AIDS. By engaging the Districts.

If province can speed up devolution of Health Dept to Local Authority to deal with alignment of forces to fight HIV/AIDS.

1. There should be a number of workshops, so that we can be clear of what is happening inside. 2. Because people and the community at large is afraid and don't want to be part of the meetings and gatherings. 3. Because each one does not want to know about his or her status.

1. The workbook should be made more user friendly -the font size should be increased, the text aligned and made more attractive and appealing. 2. Advertise initiative more widely, many LGs do not even know of its existence. 3. Get more people from the National Dept involved in presenting the workshops. 4. Link directly with LGs regarding their specific needs and then go through the coordinating bodies.

More skill for the facilitators. Giving us more workshop or training skill. Send us more booklets for more information. SALGA to follow up on the different Municipalities for the recognition of the training. Prioritisation of HIV/AIDS programmes.

1. Reporting to the facilitators about progress after each workshop. 2. Developing of a program of action by all the delegates who attended the workshop. 3. Stipulate a time frame for all programs scheduled. 4. Ongoing follow up with regard to the program. 5. Ongoing capacity building on HIV/AIDS issues.

1. More workshops. 2. Workshops for a family unit. 3. Facilities for people after the window period.

By arranging another workshop to build strong capacity on HIV/AIDS. Write a letter to our office telling them about HIV/AIDS so that they will give me time and support to my programs.

Mobilise communities to join the partnership against AIDS. To reduce transmission of HIV, ensure that today's boys and girls are safe from HIV. Plan for the care of people with HIV infection and AIDS.

1. Empowering of NGOs, CBOs, youth, stakeholders with HIV/AIDS knowledge so that together we make change. 2. Monitoring and evaluation by HIV/AIDS research involving the Mayor and Municipal Manager. 3. Too little budget allocated to Local Municipality which is difficult to reach those communities which are far or in the mountain where there is no clinic or visiting point. (HIV/AIDS does not have a boundary) 4. To encourage HIV/AIDS volunteers to be thanked by at least R500 per month, given uniform so that they be known/identified by community members. 5. candlelight, HIV/AIDS rally to be held in the rural area not urban so that our people who are poor should have the knowledge.

Situational analysis of the impact of HIV/AIDS and funding mechanisms that can be identified. Health Dept to be encouraged to co-operate with Local Govt through Local District Councils.

***Programme development suggestions cont...***

The attendees should be encouraged to undergo testing, because it is better to know your status.

1. Funding of HIV/AIDS at Municipality level. 2. Representatives of NGOs and other community structures. 3. Reps from other Departments and civil society at large and other sectors coming together and adopt a common approach for dealing with AIDS.

Must be strengthened by availing resources e.g. Dept staff or representatives to meetings, money when needed, stationery and other needs.

1. NGOs must be involved in Health meetings because they know the community's status. 2. If the law can allow doctors to disclose this epidemic, sex is not a sin, people should not be ashamed to break the silence. Then more people would be safe and free from their fear because the silence is a major problem. 3. NGOs must be trained on counselling. They in turn should first be counselled to ensure that they (their personality?) are right for the job. 4. Jobs should be created to alleviate poverty because most women become prostitutes to feed their children.

whatever initiatives by yourselves will be appreciated.

1. Community workshops (stakeholders) 2. AIDS issue be included in school curricula 3. Councillor workshops 4. Official workshops 5. Educators workshop 6. Traditional Healers and Leaders -workshops.

I think poverty leads to AIDS, so let's try to fight that first and teach the youth who do not care to abstain and those who don't must condomise.

1. We were only two people who attended the workshop from our area so it is difficult to interact with them. It will be good if a follow up workshop for councillors can be arranged. 2. After the workshop we must send in what the impact was e.g. how the Council will approach the issue. 3. Include workers' representatives of e.g. the mines in our areas or the Transport Department because we have problems with some of the truck drivers taking our children with them.

1. We need people that are full time in the municipality who work in HIV/AIDS. 2. Every councillor should take HIV/AIDS very seriously and not take it as just one of those things that should be dealt with by some people.

There should be a monitoring body which will help in our municipalities because seemingly there are those people who are funded but most of the programs are not properly done, they enrich themselves. Research must be done before people are invited to attend workshops to avoid duplication or repetition of information to the same people. Database for each municipality be there. Also, if there can be funds for projects that will help in reducing the high rate of HIV/AIDS. Concentration should be directed more in rural areas.

1. There should be offices for HIV at Municipal level, well provided with human and other resources to lead out what is expected -especially on Agric produce to keep healthy and well-occupied, minimize spread and change attitudes. 2. Proper supply: monitoring, appointing officials who ever will be directly involved in this state of affairs. 3. Permanent offices, (homages?) and other centres, orphanages, home based care centres/ units etc. 4. Transport to run the Municipalities charts and all.

1. People who should be taken on board should have knowledge about AIDS and who have interest on this field. 2. People who are living with this disease should be considered.

The workshop ran over two days but up to now we are still waiting for our working document so that we can follow the program of action.

1. Programs are there and policies pertaining to the subject IDPs 2. The policies are not put into practise by an official or health worker e.g. "no flu vaccine for affected people" - sometimes medication runs out. 3. More activists are needed to ensure that agreed policies are adhered to. 4. Condoms can be available, awareness done. Solution rests with each individual.

By strengthening partnerships between National, Provincial, District municipalities and Local Municipalities first and also Local Municipalities to build partnerships with NGOs.

Meetings to be held monthly to help us with new information. Not only Health Councillors to be trained, but other councillors as well.

Please fund us, provide HIV/AIDS logistics, train us further, I need your support.

These AIDS workshops must be now and again done.

1. The training be done every six months. 2. To invite organisations who deal with HIV/AIDS daily. 3. To give training to individual municipalities.

1. Programme to be brought close to the community. 2. Pamphlets must be distributed.

1. If these workshops can be filtered down to our communities through your assistance. 2. If you can establish yourself in Districts so that we have a full office that can be able to deal directly with these issues. 3. If you develop a team that will address specifically issues of counselling. 4. The development of orphanages is a priority -can be of great help to our communities.

1. Municipality should be given commitment to report about AIDS in their area. 2. They must have action because there is a budget for AIDS. 3. Should co-opt school children in high schools locally to formulate a strong youth AIDS committee.