

Local Government Leading the Partnership Against HIV/AIDS



*Summary Report of
the Evaluation of the
Master Trainers Programme*

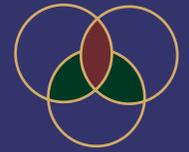
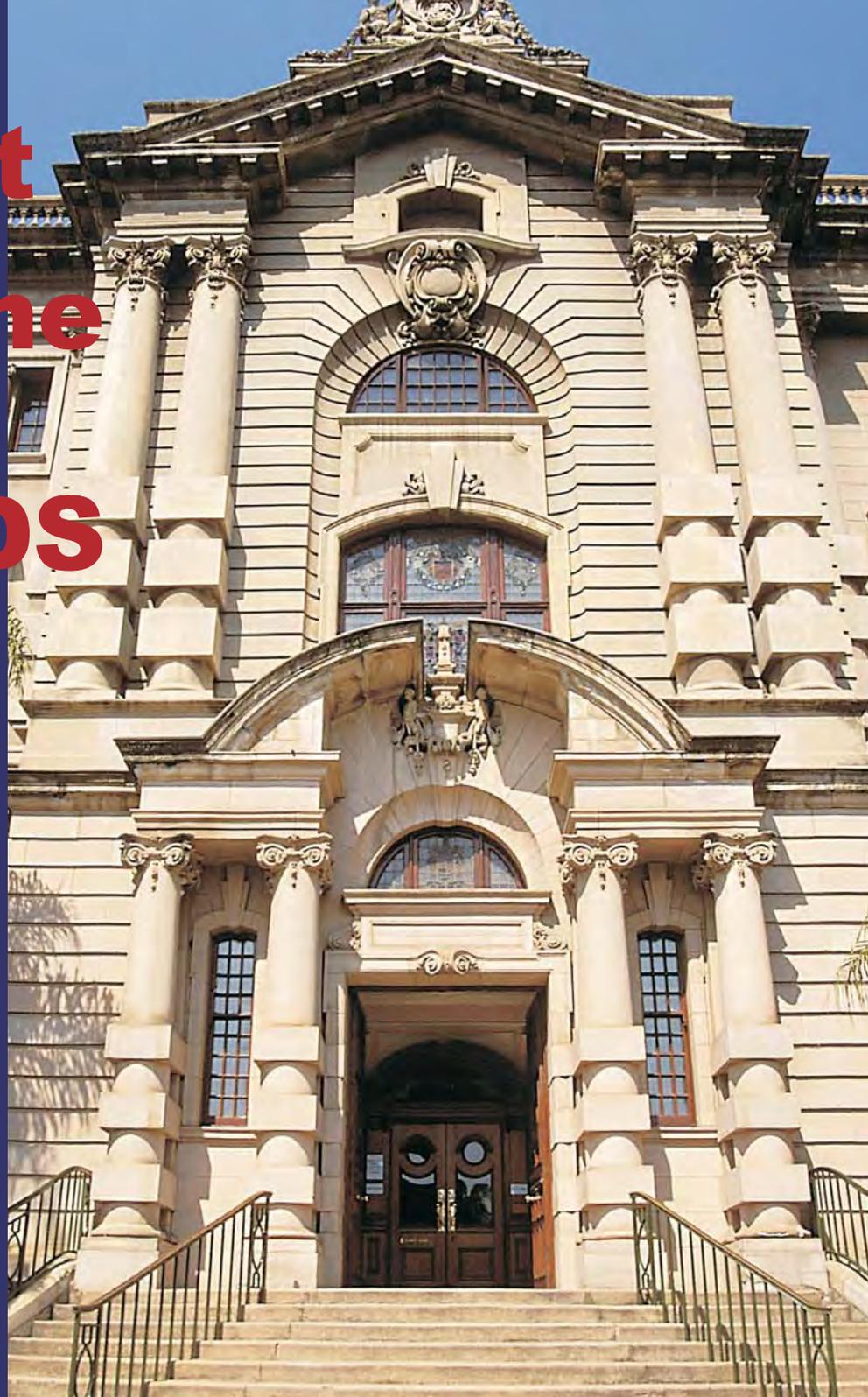
Department of Health

*Chief Directorate: HIV/AIDS, STDs and TB
Interdepartmental Support Programme*

Department of Provincial and Local Government

Department of Social Development

*Chief Directorate:
Population and Development*



SALGA

South African Local Government Association



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Summary Report of the Evaluation of the Master Trainers Programme

Commissioned by

The POLICY Project and The Local Government Programme Steering Committee

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Programme Partners

The Local Government Programme Steering Committee is comprised of representatives from the programme partners, which are:

The Department of Provincial and Local Government (DPLG)

DPLG is involved in supporting the development of integrated development plans that mainstream HIV/AIDS in development planning.

DPLG has played a relatively minor role in the programme, acting mainly in an advisory capacity.

The Department of Social Development (DSD), National Population Unit (now the Chief Directorate: Population and Development)

The Chief Directorate: Population and Development developed a national training programme aimed at Government planners at national, provincial and local level.

The LG programme was originally planned to run concurrently with the DSD programme for planners, but certain practical considerations made this impossible. The main involvement of DSD has therefore been in guiding the Master Training programme evaluation.

The main responsibilities for the Master Trainers (MT) training of trainers (TOT) workshop, the rollout of the MT training and the evaluation were jointly carried by the Inter-departmental Support Programme (ISP), South African Local Government Association (SALGA), including its provincial offices, and the POLICY Project, with each assuming different roles.

The Department of Health, Chief Directorate: HIV/AIDS, STDs and TB – Inter-departmental Support Programme (ISP)

The Inter-departmental Support Programme is responsible for facilitating inter-governmental collaboration and training on HIV/AIDS.

Role: programme planning, overall co-ordination, funding and administrative support.

The South African Local Government Association (SALGA)

SALGA 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 South African National AIDS Council (SANAC).

Role: identification of MTs, identification of training venues, recruitment of LG trainees and provincial co-ordination of logistical arrangements for training workshops.

The POLICY Project

The POLICY Project is an international contracting agency to USAID/South Africa, with significant experience in the field of HIV/AIDS-related training and advocacy and provides support to HIV/AIDS programmes.

Role: development of MT training course and facilitation, provision of rollout training materials and limited co-funding.



Acronyms

- **AIDS** Acquired immune deficiency syndrome
- **CBO** Community based organisation
- **DOH** Department of Health
- **DPLG** Department of Provincial and Local Government
- **GAAP** Government AIDS Action Plan
- **HIV** Human immunodeficiency virus
- **ISP** Inter-departmental Support Programme within the National Department of Health, Chief Directorate: HIV/AIDS, STDs and TB
- **IDP** Integrated Development Plan
- **LG** Local government
- **MT** Master Trainer
- **NGO** Non-governmental organisation
- **NPU** National Population Unit (now the Chief Directorate: Population and Development within the Department of Social Development)
- **PHC** Primary health care
- **PLGA** Provincial Local Government Association
- **SALGA** South African Local Government Association
- **TOT** Training of trainers (Master Trainers workshop)

Note on the Terms Used

The term 'trainees' refers collectively to officials and councillors who attended the rollout training programme.



This summary report was developed for distribution to all those who have been involved, in any way, with the Local Government HIV/AIDS Programme.

It will also be of interest to other stakeholders responsible for developing or expanding their organisation's response to HIV/AIDS.

It contains lessons that will be relevant for local government in neighbouring countries.

The full evaluation report is available on the CADRE website: <http://www.cadre.org>.

PART I:

History of the Local Government Programme

The power to defeat the spread of HIV and AIDS lies in our Partnership: as youth, as women and men, as business people, as workers, as religious people, as parents and teachers, as students, as healers, as farmers and farm workers, as the unemployed and the professionals, as the rich and the poor – in fact, all of us.

DEPUTY PRESIDENT THABO MBEKI
9 October 1998

Local government joining the Partnership Against AIDS

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 Inter-departmental Support Programme (ISP) within the National Department of Health, Chief Directorate: HIV/AIDS, STDs 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 programme built on the successes of two initiatives – the experience of SALGA in training local government leaders, and a training programme for local government representatives (councillors and officials) that was piloted in KwaZulu-Natal in 2000. The KwaZulu-Natal pilot utilised a Local Government HIV/AIDS Toolkit that was developed to support local government responses to HIV/AIDS.

In addition, the programme recognised the potential for local government to address HIV/AIDS as a development issue, based on the Constitutional mandate of local government, which is:

- To provide democratic and accountable government for local communities;
- To ensure the provision of services to communities in a sustainable manner;
- To promote social and economic development;
- To promote a safe and healthy environment; and
- To encourage the involvement of communities and community organisations in the matters of local government.

Master Trainers programme

A Local Government Programme Steering Committee was established in 2001, with representation from all the project partners, and with the purpose of planning and implementing an HIV/AIDS training programme for local government councillors and officials. This took the form of a five-day training of trainers workshop (TOT) for a group of 20 Master Trainers, which took place in May 2001, facilitated by the POLICY Project.

With the exception of one of the Master Trainers, all were or had been councillors, or had extensive involvement in local government. All had received training as trainers, mostly for the purpose of local government capacity building. Seventy two percent of the MTs had had previous HIV/AIDS training, though in general this was once-off and not comprehensive.

“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.”

COMMENTS FROM MASTER TRAINERS ON THE TOT WORKSHOP





The Outputs of TOT were defined as follows:

Content Outputs

By the end of the course, participants will be able to:

- Demonstrate an understanding of the basic HIV/AIDS facts
- Provide guidance on the current debates around HIV/AIDS
- Explore their personal perceptions of, and clarify their values regarding HIV/AIDS
- Analyse 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

Methodology and Process Outputs

By the end of the course, participants will be able to:

- Demonstrate interactive participatory training techniques
- Use the HIV/AIDS Toolkit within a training context
- Access information from a range of training resources
- Provide a programme 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 (NPU)
- Compile a monitoring and evaluation plan for the rollout training



Rollout training programme

The TOT workshop was followed, from July to October 2001, by a rollout training programme for selected trainees with responsibility for developing more effective HIV/AIDS responses in their municipalities. Eighteen workshops, each over 3 ½ days, were held – one in Gauteng and the Western Cape, three in the Eastern Cape and Northern Cape and two in each of the remaining provinces.

Identification and selection of the trainees was facilitated by the Provincial Local Government Associations (PLGAs), funding and administrative support was provided by ISP and training resources were supplied by the POLICY Project.

Background to the evaluation of the Master Trainers programme

In October 2001, the POLICY Project proposed an evaluation of the MT programme and subsequent rollout training. The terms of reference were developed, and subsequently approved by the Local Government Programme Steering Committee.

CADRE, the Centre for AIDS Development, Research and Evaluation was appointed to conduct the evaluation. The evaluation took place between April and July 2002.

The tasks defined fell into three categories:

1. To evaluate the Master Trainer programme by:

Assessing the original Master Trainers workshop (for example, were the Master Trainers adequately trained to fulfil their role as trainers within the provinces?)

Assessing the rollout training workshops from the perspective of the Master Trainers (for example, to what extent were the Master Trainers able to transform and utilise the initial training they received and facilitate a series of training workshops within their provinces? What successes and obstacles did they encounter in implementing their training?)

Targets	Achievement
Conduct 1 workshop for Master Trainers and 23 rollout training workshops	One Master Trainers and 18 rollout training workshops conducted
Train 18 Master Trainers	20 Master Trainers trained
Train 285 LG councillors	251 LG trainees trained (unspecified: councillors or officials)
Train 285 LG officials	75 LG councillors trained 83 LG officials trained
TOTAL: 588	TOTAL: 429
Budget: R690 000 (= R1 177 per person trained)	Expenditure: R600 000 ¹ (= R1 398 per person trained)

Assessing the rollout training workshops from the perspective of the LG trainees (for example, do the trainees feel that the training they received was appropriate and useful and will it assist them in their HIV/AIDS-related responsibilities within their LG structures?)

Reviewing the extent to which the different partners responsible for the development and implementation of the joint programme (ie. DOH, DPLG, SALGA) felt that the programme accomplished its aim and objectives.

2. To assess the impact of the training on emerging LG responses to HIV/AIDS from the point of view of:

The LG trainees (for example, what successes and obstacles have they encountered in implementing their plans post the workshop?)

Other key informants (for example, officials from Provincial LG Associations, Mayors, representatives from Provincial AIDS Councils).

¹ The expenditure does not reflect the cost of time for the IDS, SALGA and PLGA staff or for their administrative costs





3. To develop documentation that:

Describes the lessons learned (for example, is the Master Trainer route effective and/or cost-effective?)

Identifies 'model' participants (Master Trainers or LG trainees) and/or 'best practice' initiatives and case studies (of integrating HIV/AIDS into core functions and responsibilities in the post-training period)

Makes recommendations for future action and support (for example, what additional support do the LG trainees require to initiate, implement and/or strengthen their HIV/AIDS activities?)

Methodologies

The following methodologies were used in the evaluation:

- A review of programme documents, such as minutes of meetings, training materials and reports;
- A review of background documentation on local government;
- Interviews with 7 key stakeholders, programme developers and administrators;
- Interviews with selected Master Trainers from different provinces;
- Three site visits to municipalities – uMhlatuze and Uthungulu (Empangeni-Richards Bay) in KwaZulu-Natal, Polokwane and Capricorn (Pietersburg) in Limpopo Province, and Emthanjeni and Bo Karoo (De Aar) in Northern Cape - involving interviews with officials, councillors and local HIV/AIDS programme managers. This sample represented three B municipalities and three C municipalities and formed the basis for developing in-depth case studies;
- A questionnaire survey of Master Trainers; and
- A questionnaire survey of a random sample of 135 trainees from all provinces.
- A 100% return rate of the questionnaires was obtained from the MTs and a 58% return rate from trainees.
- Analysis of the data was done and presented to the Local Government Programme Steering Committee prior to the final report being submitted.

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 the 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; and
- Evidence of the value of the programme.

In addition to the above general indicators, it emerged in reporting back preliminary findings to the Local Government Programme Steering Committee, that it might be of value to examine the differences between the responses of local government officials and those of councillors.

Participants were very eager to learn and understood clearly what the impact of HIV/AIDS in their communities was and is. Their concerns were around *top management awareness and commitment* and also the allocation of a budget to the programme. There were also specific needs concerning rural communities, where for example, the lack of infrastructure (such as roads) prohibits the dissemination of adequate information.

COMMENT FROM A MASTER TRAINER
ON THE ROLLOUT WORKSHOPS

PART II:

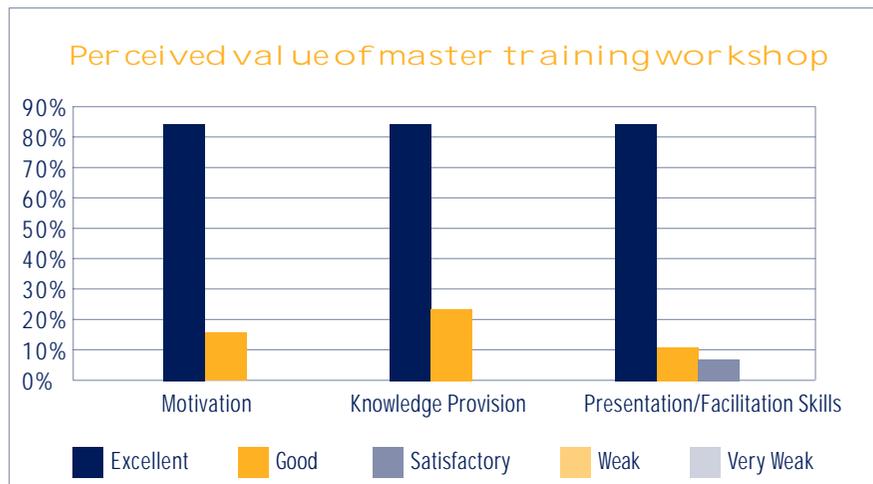
Evaluation Findings

Training the Master Trainers

Workshop for Master Trainers

The workshop 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.

- Their perceptions of the training were measured in three categories:
- The success of the workshop in motivating them;
- The extent to which the workshop provided them with the necessary knowledge to run training workshops; and
- The training provided in presentation and facilitation skills.
- Their responses are depicted in the graph below.



The findings are presented under two sub-headings:

- Training the Master Trainers; and
- Rollout training programme

Identified areas for further training

MTs generally felt the need to improve their understanding of the medical aspects of HIV/AIDS, especially since many of those they trained were professionally trained health workers.

Concerning the medical aspects of HIV/AIDS they felt the need to know more about: the relationship of HIV/AIDS and STIs; opportunistic infections; the difference between CD4 counts and viral loads; 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 mobilising 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 related to a general concern to know more about ways of addressing the need for care and support of people directly affected by HIV/AIDS.

Post training needs

MTs expressed the need for a mechanism to discuss training exercises and facilitation experiences with MTs from other provinces.

A strongly felt need was 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.



Rollout Training Programme

Rollout training workshops

Eighteen 3 ½-day workshops were conducted by the MTs in all provinces which resulted in 429 trainees being trained.

Trainee selection

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

Trainee selection was not done uniformly, or optimally, as indicated by a selection of comments from the trainees.

Instructed by my supervisor.
Nominated by Mayor's office.
I was the Portfolio Head for Community Services.
Through dedication and activism.

RESPONSES FROM TRAINEES ON THEIR SELECTION

Administration and Logistics

Administration of the programme proved more onerous and time consuming than was originally anticipated. This function was borne mainly by ISP and SALGA (national and provincial).

Organisation of rollout training workshops, which required close co-ordination of activities conducted by different agencies, proved to be particularly challenging. This had a negative impact on the earlier training workshops, but was largely remedied as the programme progressed.

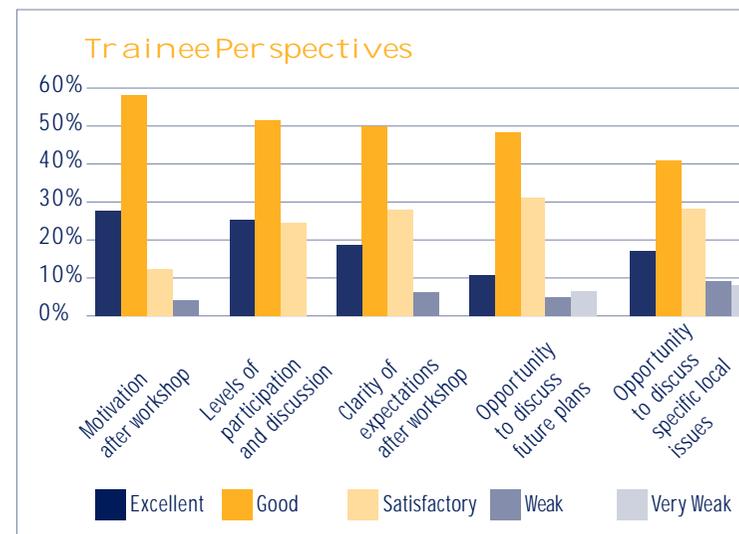
Training

The rollout training programme was mainly well received by participants and proved to be a positive learning experience for them.

Trainees were asked to assess a number of elements, namely:

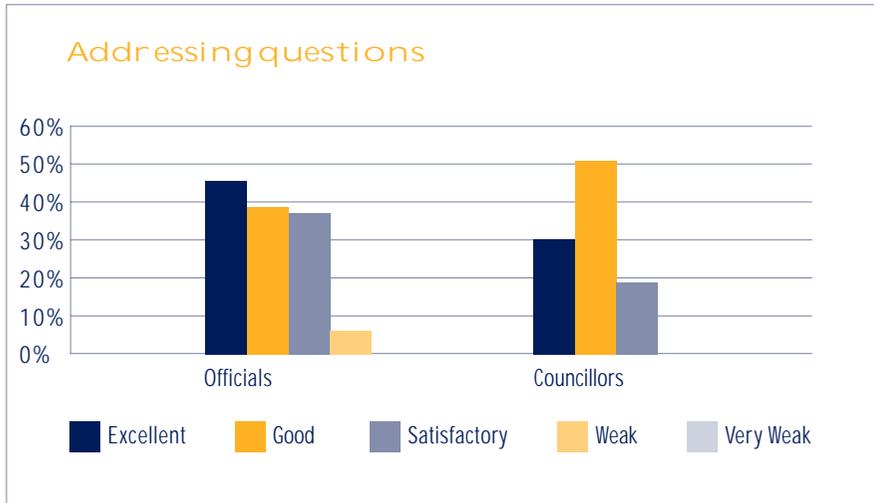
- Their motivation after the workshop;
- Levels of participation and discussion during the workshop;
- Clarity of the expectations of them after the workshop; and
- The opportunity to discuss future plans and specific local issues.

The following graph depicts their responses.



The training was more positively evaluated by councillors than officials – as indicated in the graph on the next page – which reflects one of the elements that trainees were asked to score, namely the ability of the MTs to address questions posed to them. Despite differences between the two groups, both demonstrated 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 therefore had different needs in terms of learning about HIV/AIDS.



The workshop was superb. I have learned and benefited a lot from this workshop. I feel empowered.

Though participation and discussion by participants was satisfactory, some were unable to actively participate because the level of the workshop topics was above their understanding.

POSITIVE AND NEGATIVE COMMENTS FROM TRAINEES

In essence, it was found that the training programme was better suited to the councillors needs in developing 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.

Post training record keeping

There were difficulties in gathering workshop reports and attendance lists. Contact details in attendance lists were not always complete, which was a problem when distributing the evaluation questionnaires.

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 significant increase in involvement in public education campaigns and workshops addressing HIV/AIDS activities.

Concerning public engagement there has been an increase in organising 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 HIV/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 responses, forming HIV/AIDS committees, strategic planning, networking with government departments and advocating for engagement with local AIDS organisations.

Official:
A steering committee on HIV/AIDS in partnership was formed.

Councillor:
We have found volunteers to help the sick and train people on how to deal with HIV/AIDS.

EXAMPLES OF POST TRAINING ACTIVITIES



Councillors and officials have responded to the training in different ways. Councillors have become notably more engaged than officials in community outreach activities and in municipal level HIV/AIDS activities. Officials, on the other hand, have focused more on planning and advocacy activities.

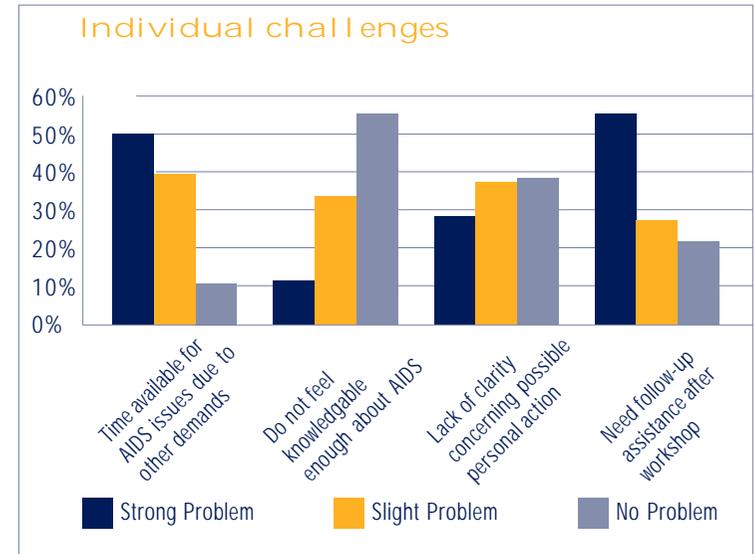
Implementation challenges

A number of obstacles to implementation were reported by the trainees – both institutional and individual.

Prominent institutional challenges are:

- Lack of funding for start-up projects and community networking activities;
- Poor understanding of local resource and service provision issues;
- Poor co-ordination of services both within municipalities and between municipalities and community service organisations;
- Poor understanding of priorities in HIV/AIDS response;
- Integrated development plans (IDPs) that are often not based on a satisfactory analysis of the local context of an HIV/AIDS response. This means that the implementation of plans requires the development of such analysis;
- Poor communication between HIV/AIDS initiatives within municipalities;
- A largely unmet need for the consolidation of municipal, civil society and provincial government responses to HIV/AIDS through the formation of committees and forums focusing on HIV/AIDS issues; and
- Confusion about co-ordination functions between B (local) and C (district) municipalities and about the responsibilities of provincial and municipal structures in developing responses to HIV/AIDS. This is particularly so in the context of the uncertainty about how and where health services, including primary health care (PHC) services, will be managed in future.

Specific individual, or personal challenges, which were or were not a problem to the trainees, are identified in the following graph:



On-going support for trainees

90% of MTs have been contacted by trainees for follow-up assistance since the workshops. There is clearly 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 co-ordinated response to HIV/AIDS at municipal level which is attuned to the workings of local government.



PART III:

Recommendations

Management of the Programme

Administration and support

- There is a need for consolidation of programme administration and support through a dedicated secretariat.
- There is a need for better monitoring of programme administration processes and for the development of an updated list of trainees.
- The programme needs support from provincial Departments of Health and needs to be co-ordinated with other programmes for mobilisation of HIV/AIDS responses, notably the GAAP programmes (Government AIDS Action Plan) at provincial level. Possibilities for this need to be investigated at provincial level in each of the provinces.

Co-ordination

- The Provincial Local Government Association offices which organised the rollout training programme proved to be an appropriate base for co-ordination 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 ensured.

The role of DPLG

- The commitment of DPLG to the programme needs to be re-established 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.

The recommendations are categorised into:

- Those relating to management of the programme;
- Those specific to the Master Trainers programme; and
- Those related to the potential future activities of the programme.

Master Trainers Programme

Master Trainers

- The involvement of Master Trainers needs to be secured and terms of reference for their future involvement discussed.
- Programme resources must focus on enhancing the value of the MTs 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 for further training and support which they regularly receive from trainees.
- Master Trainers require the opportunity to discuss their experiences of conducting rollout training workshops, and specifically to discuss exercises, workshop formats and facilitation challenges.
- The efforts of MTs should be connected to relevant programmes within provincial government departments, as well as identifying sources of support for them at provincial level.

Trainee selection

- There is a need for training of councillors and officials from municipalities and District Councils that did not participate in the first phase of the programme.
- Trainee selection criteria must be refined. In particular, a strong commitment to working in the field of HIV/AIDS should be added as a selection criterion. It should be noted 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 focus in relation to the government planners training programme offered by the Department of Social Development must be clarified. 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 may be better engaged with through the training programme for government planners run by the Department of Social Development.

- The programme also should establish an association with the formation and support of local AIDS action committees within municipalities. This can be done by promoting the 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 HIV/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.

MT follow-up and rollout training content

- Training should focus more on understanding local HIV/AIDS response resources and the challenges of responding to HIV/AIDS, with more time given to the 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 organisations and resources involved in HIV/AIDS responses at municipal level, to overcome the problem of the lack of understanding and co-ordination 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.

Post training implementation

- Apart from prioritising the formation of municipal HIV/AIDS action committees where these do not exist, the training should also promote the formation of community HIV/AIDS forums to deal with the problem of poor co-ordination of local level HIV/AIDS responses, and to develop a more integrated approach than presently exists.

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

Networking and support for trainees

- There is need to provide a support framework for trainees through the establishment of a network for local government representatives working to promote responses 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.



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 programme.
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 MTs. 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.
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.

EXTRACT FROM THE EVALUATION REPORT p42



PART IV: Conclusion

The Local Government Programme Steering Committee, having considered the findings and recommendations of the evaluation agreed on the following actions:

- To present the study to a broad stakeholder forum in November 2002;
 - To convene a follow-up workshop with MTs to address identified capacity building needs (skills and knowledge);
 - To plan and then conduct further training workshops to ensure comprehensive coverage of all municipalities and District Councils – Phase II training;
 - To utilise the opportunity presented by the MT follow-up workshop to develop a networking system for MTs;
 - To develop a programme/framework of mentoring and support for MTs for Phase II training; and
 - To develop a mentoring and support system for the trainees for the future.
- Further actions, such as operationalising the mentoring and support programme and, in due course, evaluating the functioning of the networking system will be defined by the Local Government Programme Steering Committee following the MTs follow-up workshop.

There is now growing evidence that local government is assuming its rightful place leading the *Partnership against AIDS*. Congratulations to the Master Trainers, councillors and officials who have shown the way - your commitment and extensive community mobilisation will serve as an inspiration to many working in the local government arena.

In the future, Developmental Local Government must play a central role in representing our communities, protecting our human rights and meeting our basic needs. It must focus its efforts and resources on improving the quality of life of our communities, especially those members and groups within communities that are most often marginalised or excluded, such as women, disabled people and very poor people.

EXTRACT FROM THE WHITE PAPER ON LOCAL GOVERNMENT





