
EVALUATION OF THE SOUTH AFRICAN MILITARY ALLIANCE (SACMA)

DECEMBER 2002



DEPARTMENT OF HEALTH

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SOUTH AFRICA**



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EVALUATION OF THE SOUTH AFRICAN CIVIL MILITARY ALLIANCE - DECEMBER 2002 -

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EXECUTIVE SUMMARY

1. INTRODUCTION

SACMA was initiated in 1997 in order *“To bring together all parties in the civil-military interface by means of an effective collaboration and research to effectively prevent the personal and social impact of HIV/AIDS on the military, para-military, and civilian communities.”* Interface is defined as *“the area where the presence of uniformed personnel in the civil society necessitates focused joint intervention to address their personal and social needs.”*

The South African Civil Military Alliance (SACMA) is part of the international Civil Military Alliance (CMA) which is *“dedicated to the prevention of HIV / AIDS and STD’s in security and armed forces – at home and during deployment on foreign soil – and across the civil and military spectrum of the general population.”*

The CMA is supposed to target its activities to the following groups: military, paramilitary, security, peacekeeping forces, police, correctional services, military families and the communities in which these groups are located. NGO’s, individuals and government organisations can be members of the alliance. SACMA was the first organisation of its kind that combined the civilian and military populations in the fight against HIV / AIDS in Southern Africa.

SACMA runs in all nine provinces of South Africa, and the executive committee is comprised of the South African National Defence Force, the Departments of Health, Social Development, Correctional Services, and the South African Police Services. Each provincial CMA was encouraged to develop a project suitable to their context, and may have different role players involved.

SACMA was established at a time when there was a need to convey to the related government agencies (police, correctional services and the South African National Defence Force) the link between their work and HIV / AIDS, and to motivate for action on the issue. Via inter-sectoral partnerships, SACMA was to influence action within these departments and implement it's own programmes.

The findings of the evaluation highlight that SACMA is an organisation at the crossroads and needs to carefully consider its mission and role. Most of the recommendations hinge upon improved clarification in this regard.

The executive summary begins by providing an overview of the detailed findings, and then discusses the broader question of SACMA's role and mandate.

2. RESEARCH OBJECTIVES

The objectives of this evaluation were twofold. Firstly, to evaluate SACMA as an organisation in order to assess:

- The output of the alliance in terms of its stated goals and objectives
- The impact of the partnerships which have been formed, specifically looking at networking opportunities
- The structure of the organisation in terms of how it supports efficiency and a co-ordinated alliance
- The efficiency of resource utilisation within SACMA
- The usefulness of the website as a resource.

Secondly, we aimed to evaluate the training and capacity building which has been provided to SACMA members to date by assessing:

- Capacity building workshops implemented by the POLICY Project
- Training that has taken place in the provinces facilitated by other service providers
- The extent to which training service providers responsible for the development and implementation of the training believe that the workshops have achieved their aims and objectives
- The extent to which participants were able to extract value from the training and transfer these skills into their work.

3. RESEARCH METHOD

This was a formative evaluation employing qualitative research techniques. The research methods combined in-depth face-to-face interviews and telephonic interviews with a range of different stakeholders. A total of 89 interviews were conducted as follows:

- ◆ 10 SACMA executive members
- ◆ 37 SACMA provincial members
- ◆ 24 Implementers
- ◆ 8 Beneficiaries/Trainees of SACMA training (note that SACMA executive and provincial members were also beneficiaries of training and were also asked training related questions)
- ◆ 5 Non-attendees
- ◆ 5 Service providers

In addition to the interviews, a review of relevant SACMA documentation was undertaken. Although not all documents were located, a number of minutes and reports were reviewed, as was the information on the SACMA website.

Once the interviews and the document review had been completed the chairpersons of the provincial chapters were contacted and asked to verify that a comprehensive picture of provincial activities had been obtained. These interviews confirmed that, besides a few minor details, the information was complete. Any additional information obtained in the interviews with the chairpersons has been included in the report.

4. FINDINGS

The findings section of the report first looks at issues of partnership, followed by an examination of the South African Civil Military Alliances' (SACMA) structure and the programmatic aspects of the initiative. This is then followed by the impact analysis, focusing on training, the benefits received from SACMA membership and the impact that SACMA has had on HIV / AIDS policies in participating government departments and HIV / AIDS awareness. In the last part of the findings section, the analysis is presented according to provinces so as to gain an understanding of the nature and extent of SACMA related activities at a provincial level. Each brief report begins with a presentation of recent activities as reported in the documentation received by the research team and goes on to explore the responses of members obtained in the interviews. Conclusions and recommendations are provided at the end.

4.1 Summary of findings

Partnership, structure and programmatic aspects

An exploration of the process issues indicates that SACMA is currently facing some challenges regarding its partnership, structure and programmatic aspects. In particular, there is some confusion between the role of SACMA and other similar bodies such as the Inter-Departmental Commission (IDC), and the intended role for civil society organisations within the partnership. In terms of structure, communication between the national and provincial structures is problematic, and the financial and administrative systems appear to be inadequate. Finally, the programmatic aspects of SACMA present a number of challenges, for example, the unclear purpose of marketing efforts, the fact that reporting systems are not rigorously adhered to, and the lack of monitoring systems.

However, there are also some successful aspects of SACMA's process. These aspects include the fact that the majority of members are clear about the details of the alliance's mission and objectives, that a couple of provinces have managed to secure the regular participation of civil society organisations, and that problems of conflict among members were rarely reported.

Benefits of SACMA participation

Most of the SACMA members interviewed felt that they had benefited from their involvement in some way. The benefits mentioned most frequently included

improved networking opportunities, some co-operation ventures between departments, sharing of resources and greater exposure to training opportunities.

Achievements

SACMA's greatest achievement to date appears to be the training it has been able to deliver or else organise. And evidence indicates that a significant amount of respondents were both satisfied with the training and had implemented some of the skills and knowledge acquired.

The impact of SACMA has been limited and indirect in terms of influencing HIV/AIDS programmes and policies of member organisations. It is not within the realm of SACMA to be able to influence such internal policies directly, however, some members did credit SACMA with some influence in this regard. In particular, it was felt that SACMA's training in HIV/AIDS, the opportunity to network and learn from other members' experiences, and the acquisition of facilitation and project management skills had made members more effective in implementing policies and programmes.

Raising awareness of HIV / AIDS

As regards raising awareness of HIV/AIDS issues, the research indicates that SACMA has had some limited impact. Many of the members believed that they were aware of HIV/AIDS issues before joining SACMA. However, they had benefited from the support they had received in dealing with related issues.

Collaborative projects

Overall, the number of collaborative projects undertaken by the provincial SACMA chapters was limited, and consisted mostly of training or administrative activities and some awareness campaigns.

4.2 Unclear vision, mission, role and lack of mandate

Overall, the evaluation highlights that although the idea behind SACMA was timeous, it was both poorly conceptualised and implemented.

This is as a result of two key issues, firstly, there is little clarity around its vision and mission and hence its role is poorly defined, and secondly its lack of mandate from the participating government departments. These two issues are discussed below.

Unclear vision and mission affects implementation

SACMA's vision and mission remains unclear which has a number of ramifications, most critical being confusion about the role of the organisation. For example, does SACMA's most valuable contribution lie in its ability to deliver training, raising awareness about HIV/AIDS issues, assisting departments in developing appropriate work place policies or in facilitating better co-operation between departments? The present evaluation seems to indicate that the greatest successes in the past have been in the areas of organising collaborative awareness raising events and in delivering training to SACMA members, although these successes have not been achieved to the same extent in all provinces. The confusion about SACMA's role also means that at provincial level people do not know what they should be implementing and this has impacted negatively on the type and number of programmes implemented.

Untested assumptions in programme logic

Another issue related to members' divergent and vague understanding of SACMA's role is that some of the thinking implicit in SACMA's programme logic appears to be based on untested assumptions. These assumptions, such as "collaboration is an effective tool in fighting HIV/AIDS," need to be discussed, explored and made explicit. How well do partnerships really work in preventing the spread of HIV/AIDS? What is essential so that such collaborations are effective? Does "individuals meeting and sharing information on a regular basis" automatically result in effective collaboration?

Competing inter-sectoral partnerships

Since SACMA's establishment a number of other inter-sectoral partnerships around HIV / AIDS have been established with clear mandates from the Government, including the AIDS Council and the Inter-departmental Commission. Many of the members struggled to differentiate SACMA from other similar initiatives and bodies. These other HIV/AIDS related bodies with similar purposes also demand time and resources from departments. In the light of these more recent and better resourced initiatives, there is a need for SACMA to reconsider its role.

Departmental HIV / AIDS programmes

Further, the various government departments are also now implementing their own HIV / AIDS initiatives, such as Masibambisane in the military, and SACMA now needs to define what it has to offer which these programmes do not provide.

Lack of defined roles for members

Other role confusion lies in the expected role of the various partners in the alliance. What role besides funding, for instance, does the Department of Health play?

Participation of members

The lack of a defined role for government departments also affects their participation in meetings. Participation and effectiveness is however most seriously affected by SACMA's lack of mandate. Participation in SACMA is voluntary and no organisation is mandated with the authority to manage the process. SACMA therefore relies on the enthusiasm and commitment of individuals, as SACMA participation is not part of people's job descriptions and performance appraisals. This not only affects participation negatively, but also means that SACMA's administration and reporting is poor.

Poor participation from interface representatives

A second problem to do with participation and representation is that there is little representation of interface representatives. Uniformed members dominate the provincial CMAs, and civil society organisations are represented in just two provinces and NAPWA in just one. Ultimately, SACMA's intention is to encourage interaction at the military and civil interface. At present non-military role players are limited to three government departments – and thus the voice of pertinent civil society organisations is not being heard. In addition, representation of people living with HIV / AIDS, women and historically disadvantaged groups is also poor.

Funding and sustainability

Funding is a serious problem that needs to be addressed, as it is central to the sustainability of the alliance. At present SACMA is entirely reliant on funds from the Department of Health. It would be a more tenable situation if the individual departments were also able to make contributions towards the costs incurred by the alliance. Without a mandate from government, this might be difficult.

Lack of transparency in funding affects implementation

The issue of funding seems to be one that is hampering the implementation of SACMA initiatives. A number of members cited funding problems as the primary reason why there had been little activity within their provinces. This has to do with feedback from the Department of Health in Pretoria to the provincial CMAs regarding funding. A number of respondents complained that there was a “lack of transparency” regarding funding decisions. This could also be related to

confusion around SACMA's vision and mission as funding proposals may be rejected because they do not fall within SACMA's mission.

Lack of mandate results in poor institutionalisation of SACMA

The lack of a mandate for SACMA has resulted in poor administration as it was never properly institutionalised. The SACMA executive does not have adequate resources available for the administrative tasks required. As a result communication and feedback between provincial and national structures suffers. This was highlighted by some of the members interviewed who mentioned that they did not receive sufficient guidance from the national office.

A related problem is that of poor record keeping in the past. The present administrator is not able to comment on, or provide complete documentation for past activities since no systematic record keeping appears to have been in place at the time.

Despite the training which the POLICY Project has provided in monitoring and evaluation (M & E), there appears to be no clear monitoring and evaluation system in place. As a result the research team experienced difficulty in verifying the specifics of what had actually taken place. The problem is further exacerbated by the inconsistent submission of reports by the provincial CMAs – a problem that highlights the fact that that participation in SACMA is voluntary and no organisation is mandated with the authority to manage the process.

SACMA's website

The website has failed to serve its intended purpose. A total of 76% of SACMA members interviewed mentioned that they either do not have access to the website or chose not to visit the site regularly.

The website is part of a larger problem. It was intended as a marketing tool for SACMA, however, the purpose of SACMA's marketing activities remains unclear, and this is again related to SACMA's lack of clear vision and mandate. What is the desired outcome of marketing the alliance? Who is the intended audience? SACMA needs to consider if marketing falls within its core business and if it has the necessary skills and resources to undertake the task.

4.3 Recommendations

Having presented the key findings of the report, the recommendations are presented below.

The recommendations, however, hinge upon the anticipated future role of SACMA. In the light of the findings of this evaluation, and considering that

related government departments are running their own HIV / AIDS programmes and have established other inter-sectoral structures, it is necessary for the organisation to define its mission and role.

The SACMA members need to define how they can most strategically work towards achieving their vision. The organisation is at a cross roads, and needs to decide whether it should bolster the existing structure and administrative systems in order to improve implementation, or whether it should rather refocus or be absorbed into the other existing structures. A major factor influencing this decision will be the most effective and efficient use of resources and finances. Issues of sustainability need to be carefully considered. Will the Department of Health continue to fund SACMA and are other government departments prepared to contribute as well? If training has been one of it's most successful activities and the POLICY Project has provided and funded this, what will happen if the POLICY Project no longer participated in SACMA?

We recommend that a meeting be held to share the findings of this report with SACMA members and other organisations, which are doing similar activities such as the Inter-Department Committee on HIV/AIDS (IDC). At this meeting, questions of the future role of SACMA can also be explored. It will be important to invite other people and organisations besides SACMA members in order to be able to make decisions that are based on an integrated understanding of the current resources and institutions available for HIV / AIDS work in South Africa.

If SACMA does decide to continue in it's current state, the following recommendations should be considered. Note that the full recommendations and accompanying explanations are contained in the recommendations section of the actual report.

Clarification of SACMA's role

Clear role differentiation between similar government organisations involved in HIV/AIDS related work is needed. In particular, respondents identified the need for there to be clear role differentiation between the IDC, the District AIDS Councils, SACMA and Masibambisane.

In deciding on the future role of SACMA, members should consider what aspects of their HIV/AIDS interventions have been the most successful.

Clarification of purpose and strategic direction

At present there seems to be no clear strategic direction for the future of SACMA. The nature of activities to be undertaken by SACMA, and the intended outputs and benefits need to be specified as this would assist members in understanding the role they can effectively play in achieving SACMA's objectives. A open meeting should be held to identify SACMA's future function and strategic

direction. Representatives of both SACMA member and non-member organisations should attend in order to gain a more integrated picture of the current role players and activities in the HIV field, which will in turn aid decision making.

The assumptions upon which SACMA's programme logic have been based, such as "collaboration is an effective tool in fighting HIV / AIDS", need to be unpacked and assessed. This will assist SACMA members to be clearer about their role and once SACMA has unpacked its own thinking and knows why it employs the methods it does, then its role can be more clearly directed and its assumptions tested and adapted to constantly enhance its effectiveness and efficiency.

A guideline document should be designed and circulated among all provincial SACMAs to provide clarity of role and function. Such a guideline document should specify what are "nice to haves" and what are the "must haves" in the SACMA structures. Issues that should be included are:

- The extent to which civil society organisations and PWAs should be represented on the provincial and national structures?
- The form should monitoring, evaluation and reporting take?
- How responsibilities between national and provincial structures should be shared?
- What is required from SACMA members?

Improved participation

In order to improve recruitment and participation of members from various government departments and civil society organisations, it is important that their expected role in the alliance be spelt out to them. This would be made easier if there were a guideline document in place.

In the absence of a mandate and in order to overcome the problems of the voluntary nature of the alliance, alternative arrangements should be made for departments that do not wish to be full SACMA members. For example, in provinces where the regular participation of the Department of Health cannot be secured, arrangement could be made whereby the Department acts as a resource to the alliance and is only referred to when their direct inputs are required.

The guideline document should also state the extent to which civil society and PWA representatives should participate, and where necessary additional members should be recruited.

Improved funding arrangements

Funding is a serious problem that needs to be addressed as it is central to the sustainability of the alliance. At present SACMA is entirely reliant on funds from the Department of Health. It would be a more tenable situation if the individual departments were also able to make contributions towards the costs incurred by the alliance.

In order to improve transparency of funding decisions, it is necessary that the Department of Health provides detailed feedback to each province regarding all decisions taken on funding requests and proposals. It is suggested that the criteria for funding are made clear and communicated to all provinces. It would also assist relations between the provincial and national structures if standardised feedback is given to provincial CMAs, perhaps even making use of standardised feedback forms.

Additional administrative capacity and systems

The SACMA executive does not have adequate resources available for the administrative tasks required. This results in poor communication, feedback and record keeping. Possible solutions to the problem of the administrative capacity of the national office include making additional staff available, or to decentralise some aspects of the administrative workload.

It is also important that adequate administrative systems be instituted.

The problem does warrant a review of the system currently in use to ensure continuity in the work of subsequent administrative staff. The need for a coherent administrative system is particularly important if any administrative tasks are decentralised, so as to avoid the loss of information between provincial and national structures.

Improved monitoring and evaluation systems

An improved monitoring, evaluation and reporting system needs to be in place.

The Department of Health should consider implementing a standardised reporting system.

It would also be helpful if the provincial CMAs made use of attendance sheets to collect all relevant details of all training participants.

It should also be standard that participants complete evaluation sheets at the end of training.

Service providers – whether NGOs or SACMA members – could also conduct follow-up evaluations a couple of month after the training to assess the extent to which the training has been implemented and problems encountered in this

regard, as well as exploring the need for further training or post training support that might be required by the people responsible for implementation. This could enhance the impact that the training has within the member organisations.

Inclusion of SMART objectives in project plans

SMART objectives serve an important role in monitoring the delivery of planned activities. Detailed objectives that are possible to monitor are important in all projects, but especially those that are accountable for funding received for the planned activities. Any funds granted should be dependent on the submission of an appropriately conceptualised project plan, which need to have SMART objectives stated in them.

Clarification of the use of the website in marketing

The website is part of a larger problem. It was intended as a marketing tool for SACMA, however, the purpose of SACMA's marketing activities remains unclear. What is the desired outcome of marketing the alliance? Who is the intended audience? SACMA needs to consider if marketing falls within its core business and if it has the necessary skills and resources to undertake the task.

It could be argued that members should rather focus on lobbying within the SACMA member organisations. At least some of the individual members have been exposed to the necessary lobbying skills as part of the POLICY Project's training on the topic. It is necessary that SACMA has the support of senior management to ensure its future sustainability. The support of senior decision makers is needed so that resources can be made available for the future sustainability of SACMA.

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APPENDIX A - SACMA Training	

LIST OF ABBREVIATIONS

AGM	-	Annual General Meeting
AIDS	-	Acquired Immune Deficiency Syndrome
HIV	-	Human Immunodeficiency Virus
IDC	-	Interdepartmental Committee
NAPWA	-	National Association of People Living With AIDS
PLWA	-	People Living With AIDS
SANAC	-	South African National AIDS Council
SANDF	-	South African National Defence Force
SAMH	-	South African Military Hospital
SAPS	-	South African Police Service
SMART	-	Smart, Measurable, Achievable, Realistic, Timebound
SWEAT	-	Sex workers Education and Advocacy Task Group
TB	-	Tuberculosis

1. INTRODUCTION

1.1 The Civil Military Alliance

The Civil Military Alliance (CMA) to Combat HIV/AIDS was conceived in 1993, at a satellite seminar of the 9th World AIDS Conference convened in Berlin, Germany. Civilian and military participants from 27 countries adopted a formal consensus statement that pledged “military and civilian co-operation in response to the HIV/AIDS epidemic.”

The Regional Civil Military Alliance was formed during the third Africa Regional Workshop on HIV/AIDS Prevention in Military Populations held in Namibia, March 1997. The regional office for this network is situated in Lusaka, Zambia. The South African Civil Military Alliance (SACMA) was launched on 19 November 1997.

1.2 Composition of SACMA

SACMA consists of an executive committee of 9 members who oversee the day to day running of the alliance. The executive committee represents the South African National Defense Force, the Departments of Health, Welfare, Correctional Services, the South African Police Service and UNAIDS. The provincial CMA chairpersons also form part of the Executive level. The Body Corporate consists of all the members of the alliance and meets once per year.

The Deputy Minister of Defense, Mrs. NC Madlala-Routledge, is SACMA's patron.

1.3 Provincial Civil Military Alliance

The CMA targets its activities to the following groups: Military, Para-military, Security, Peacekeeping forces, Police, Correctional Services, military families and the communities in which these groups are located. NGO's, individuals and government organisations can be members of the alliance. SACMA is the first organisation of its kind that combines the civilian and military populations in the fight against HIV / AIDS in Southern Africa.

SACMA runs in all 9 provinces of South Africa, and the executive committee is comprised of the South African National Defence Force, the Departments of Health, Social Development, Correctional Services and the South African Police Services. Since each provincial CMA is encouraged to develop a project suitable to their context, projects may involve different role players.

The provincial CMAs are encouraged to develop a project to suit the province.

1.4 Vision

The Civil Military Alliance (CMA) is “dedicated to the prevention of HIV / AIDS and STI’s in security and armed forces – at home and during deployment on foreign soil – and across the civil and military spectrum of the general population.”

The Civil Military Alliance is dedicated to the prevention of HIV / AIDS and STI's in security and armed forces - at home and during deployment on foreign soil - and across the civil and military spectrum of the general population. The target populations concerned include the military, paramilitary, security, peace-keeping forces, police, correctional services, military families and the communities in which these groups are located. The membership in the Alliance is freely open to private and governmental organisations, and also to individuals who are in the struggle against HIV/AIDS.

According to a paper presented at the AIDS 2002 conference recently held in Barcelona, military personnel throughout the world are most susceptible to HIV and AIDS for a number of reasons, including that they are often away from home for lengthy periods looking for ways to relieve stress, boredom and loneliness. Further, it is argued that the culture of the military is one that promotes risk-taking behaviour. Military personnel are also in the age group at greatest risk for HIV infection.

The paper highlights that:

“HIV/AIDS is the leading cause of death in Sub-Saharan Africa: a region suffering from both poverty and instability. The majority of those infected are women (55%). Half of the HIV infections occur in people under the age of 25. Soldiers are said to have up to five times higher rates of infection than the population at large.”

The CMA conducted a study of Nigerian troops returning from peacekeeping operations in West Africa, and found that infection rates were almost double to that of the country as a whole.

“Significantly, the study also found that a soldier’s risk of infection doubled for each year spent on deployment in conflict regions, suggesting a direct link between duty in the war zone and HIV transmission.”

AIDS 2002 Conference News produced by Health & Development Networks/Key Correspondent Team: <http://www.aids2002.com/>

SACMA therefore potentially has a critical role to play in combating the spread of the HIV in the region.

2. OBJECTIVE OF THE STUDY

The POLICY Project in Cape Town, working in close collaboration with the SACMA Executive, commissioned an evaluation of SACMA in August 2002.

The objectives of the evaluation included:

2.1 To evaluate SACMA as an organisation in order to assess:

- ◆ The output of the alliance in terms of its stated goals and objectives
- ◆ The impact of the partnerships which have been formed, specifically looking at networking opportunities
- ◆ The structure of the organisation in terms of how it supports efficiency and a co-ordinated alliance
- ◆ The efficiency of resource utilisation within SACMA
- ◆ The usefulness of the website as a resource.

2.2 To evaluate the training and capacity building which has been provided to SACMA members to date by assessing:

- ◆ The capacity building workshops implemented by the POLICY Project
- ◆ Training that has taken place in the provinces facilitated by other service providers
- ◆ The extent to which training service providers responsible for the development and implementation of the training believe that the workshops have achieved their aims and objectives
- ◆ The extent to which participants were able to extract value from the training and transfer these skills into their work.

3. RESEARCH METHOD

3.1 Research Team

The research team comprised of a collaboration of Insideout Research and Southern Hemisphere Consulting, two private research companies based in Cape Town.

3.2 Participatory Approach

Researchers met with POLICY Project staff members at the outset of the study to clarify the scope of the study. In an attempt to ensure that the outcome of the study would meet the requirements of all parties, this initial meeting was followed by a meeting in Pretoria in October 2002, where a researcher met with the SACMA executive to clarify the research outputs and decide on indicators for the research. Due to unforeseen circumstances, only the Department of Health and SANDF representatives were able to attend this meeting.

3.3 Design of Instruments

Separate questionnaires were designed for SACMA member/executive, implementers, trainees and service providers. Definitions of each category of respondents follow. Once designed, these questionnaires were forwarded to the POLICY Project and National Department of Health for comment.

3.4 Data Collection

The study used 2 means of data collection: interviews (face-to-face and telephonic) and a document review.

The primary means of data collection was **face-to-face and telephonic interviews** covering all 9 of the provinces. A network of interviewers based in the Western Cape, Gauteng, Mpumalanga, KwaZulu-Natal and Eastern Cape were employed for the face-to-face interviews in their respective provinces. Fieldworkers were briefed on all questionnaires. Interviews in the remaining provinces, namely Northern Cape, North West, Free State and Limpopo, were conducted telephonically, largely due to budgetary constraints. All of the non-attendee interviews were conducted telephonically.

The study targeted the following categories of interviewees:

Evaluation of the South African Civil Military Alliance - December 2002 - Report
Conducted by Insideout and Southern Hemisphere

Table 1: Categories of interviewees

SACMA members	At both the executive and provincial levels
Implementers	Defined as staff in the various participating organisations who did not attend the SACMA meetings personally, but were responsible in some way for implementing HIV/AIDS related policies within their respective participating organisations The reason for including implementers was to assess if the benefits of the alliance were organisation-wide or if they were limited to the participating individuals
Non-attendees	Defined as employees at organisations who were targeted by the regional SACMA to participate in the structures but who did not attend Non-attendee participants were asked to mention the reasons preventing them from being part of the structure
Service providers	Defined as training organisations Service providers were asked about the extent and nature of the training that had been provided
Trainees	Trainees were asked about the extent to which they were able to implement the skills they had acquired in the training

In addition to the interviews, a review of relevant SACMA documentation was undertaken. Although not all documents were located, a number of minutes and reports were reviewed, as was the information on the SACMA website. Once the interviews and the document review had been completed, the chairpersons of the provincial committees were contacted and asked to verify that a comprehensive picture of provincial activities had been obtained. These interviews confirmed that, besides a few minor details, the information was complete. Any additional information obtained in the interviews with the chairpersons has been included in the report.

3.5 Sampling

In locating respondents for the study, the names and contact numbers of the SACMA executives were obtained, as well as some key provincial members from the South African National Defence Force (SANDF), the South African Police Service (SAPS), the Departments of Health, Social Development and Correctional Services. These respondents were then asked to provide the names and contact details of trainees, service providers, implementers and non-attendees.

A total of 121 interviews were planned at the outset of the study. However, the full number of respondents was not reached during the course of the study due to

difficulties encountered in the fieldwork process. As a result, 89 out of 121 interviews – or 74% - were conducted.

Table 2: Number of interviews conducted

Planned	Actual or achieved
10 SACMA executive members	10 SACMA executive members
36 SACMA provincial members	37 SACMA provincial members
36 implementers	24 implementers
18 trainees	8 trainees
12 non-attendees	5 non-attendees
9 service providers	5 service providers

All fieldworkers were required to keep records of the difficulties they encountered in conducting the interviews. The following are some of the more frequently recorded reasons:

- ◆ Staff were on leave for lengthy periods (frequently longer than a month)
- ◆ The person was not known at the number provided - this was a particularly common problem in Umtata
- ◆ Frequently staff had attended a single SACMA workshop but had not been involved in implementing any projects at work, making them unsuitable for the “implementer” interviews
- ◆ Despite countless attempts, it was not possible to reach individuals as they could not be reached at their offices or on their cell phones and there did not return calls. Since the purpose of the phone call was mentioned in the message left, it can be presumed that people were not interested in participating in the research
- ◆ In some areas, such as the Free State, Port Elizabeth and Mpumalanga for example, the lack of training conducted in the provinces resulted in there not being any trainees
- ◆ There were not sufficient service deliverers to fulfil the 9 interviews originally intended.

In an attempt to complete the full number of targeted interviews, the duration of the fieldwork was extended by 2 weeks, to a period of 6-weeks instead of the four-week period originally intended. However, this was not enough to attain the goals set.

4. SACMA PROCESS ANALYSIS

The SACMA report is presented in two sections. The first deals with process issues, and the second with impact. The process issues focus on how the alliance functions and explores aspects of the partnership, structure and planned programme. Process issues are important because they intrinsically influence the impact that is achieved. A programme's impact is best understood if it is interpreted within the context of how the programme was implemented, which are essentially process issues.

4.1 PARTNERSHIP

The partnership between participating members was explored in order to assess the degree of shared understanding about the objectives of SACMA, the roles and responsibilities of respective members, levels of participation and the benefits derived from the partnership to date.

4.1.1 Shared understanding of objectives

SACMA's vision is for an AIDS free society. The alliance is dedicated to the prevention of HIV/AIDS and STIs in security and armed forces – at home and during the deployment on foreign soil – across the civil and military spectrum of the population.

Their mission statement reads: "To bring together all parties in the civil-military interface by means of an effective collaboration and research to effectively prevent the personal and social impact of HIV/AIDS on the military, para-military, and civilian communities." Interface is defined as: "the area where the presence of uniformed personnel in the civil society necessitates focused joint intervention to address their personal and social needs."

SACMA's target population includes:

- ◆ Military
- ◆ Para-military
- ◆ Security
- ◆ Peace-keeping forces
- ◆ Police
- ◆ Correctional services
- ◆ Military families

- ◆ Communities in which these groups are located
- ◆ Open to private and governmental organisations and individuals who are struggling against HIV/AIDS.

In exploring the purpose of SACMA during the interviews, five of the nine provinces, that is more than half, stated an understanding of the purpose of SACMA that was in line with the official vision and mission. They emphasised awareness raising and education at the civil interface, as well as providing support and sharing resources among stakeholders.

In the other four provinces, and at national level, the responses from interviewees were more mixed. While some of the members described SACMA's purpose as combating HIV/AIDS at the interface between civil and military, others emphasised the inter-sectoral partnership and the sharing of resources as SACMA's primary purpose. In KwaZulu-Natal all members stated that the focus of SACMA is exclusively on uniformed members, even though this province has civil organisations represented.

Whilst the vast majority of the members were aware of the details of the mission and vision of SACMA, explanations remained too vague to provide a concrete explanation of the core business of the alliance. What precisely is meant, for example, by the term "collaboration". What is the purpose and what outcomes are expected as a result of "collaborative" efforts? Equally, what is meant when members describe SACMA's work as "fighting HIV/AIDS"? Does this mean preventing the spread of infection, or offering support services for those living with HIV/AIDS?

4.1.2 Roles and responsibilities

Members described the role they played within SACMA in terms of providing support, sector specific expertise and marketing skills to other member organisations, and organising SACMA related events and activities. Most members were also involved in the planning and implementation of initiatives.

Members of four provincial SACMAs felt that their own roles were unclear, and that the role between stakeholders was also not clearly defined. For example, one South African National Defence Force (SANDF) member was unsure whether Masibambisane (a project initiated by the SANDF) was a SACMA or a SANDF initiative. These distinctions are often lost in partnerships. It is important that alliances share the credit for initiatives with each of the respective stakeholders to encourage shared ownership and promote healthy relations between members.

Another example of role confusion was that, even though members were aware of the meaning of "interface", the role of civil society in SACMA was unclear. In

the mission it is implied that civil society should be one of the target groups for interventions. However, it is not made clear to what extent they should be part of its decision making structure, and interviewed members were unable to provide specifics when asked.

There also seemed to be some confusion about the different roles and responsibilities of SACMA, the AIDS Council and the Inter-Departmental Committee (IDC). Many of the members struggled to differentiate SACMA from other similar initiatives and bodies. There appear to be many other HIV/AIDS related bodies with similar purposes also demanding time and resources from departments.

As outlined in the research method section earlier, part of the research involved approaching members who did not attend the SACMA meetings to enquire as to the reasons for their lack of participation. What emerged was that they saw SACMA as merely more meetings to attend, meetings from which they could see no clear benefits. It is therefore clearly important that the distinction between SACMA and other similar bodies is clear, and that its purpose and expected benefits are also spelt out. Once this happens, members will be able to lobby more effectively for this particular HIV/AIDS related alliance.

4.1.3 Participation and accountability of members

The purpose of the SACMA meetings at a provincial level is to plan and manage projects, and to give feedback about progress made. Meetings at the national level are also an opportunity to assess funding proposals and reports submitted by the provincial SACMA committees, as well as deal with the day-to-day running of the alliance.

Participation at meetings at a national level is regular among the SAPS, the SANDF/SAMHS, and the Department of Health representatives. The Department of Social Development seems less active, and the Department of Correctional Services seems to be torn between its responsibilities towards SACMA and the IDC.

Provincially, the overall impression regarding participation and commitment to SACMA is that it is highest among uniformed partners. This is true in eight of the nine provinces. An Eastern Cape representative was of the opinion that:

“People from SAPS, the SANDF and the Department of Correctional Services have been going the extra mile in pursuing SACMA’s objectives.”

A possible reason for the high representation of uniformed members, according to a uniformed SACMA member, is that these groups have the most to gain from the partnership since HIV/AIDS is not their core business, unlike, for example, the Department of Health.

In most of the provinces the Departments of Health and Social Development and ATTIC are not regularly active. Another absent role player is the National Association of People With AIDS (NAPWA). They are represented in just one province. Civil organisations are represented in five provinces, however, in the provinces where there is civil representation it is usually just one organisation participating in the province. These groups include the NGOs Joy for Life and Leadership, and NAPWA.

The poor representation of civil organisations and of PLWA groups highlights the challenges SACMA face in their efforts to include the voice of the community and of people living with AIDS. Presently SACMA is not applying a participatory and empowering approach of including its target groups, namely civil society and PLWA groups, in their decision-making structures. A few members also complained that SACMA was not representative of the South African population. "SACMA is white driven. The national members are hand picked and are not demographically represented".

Continuity of representation is also a problem in some provinces and at national level. Due to the changes in personnel, many committed and active members have left and were, in many cases, not immediately replaced due to poor communication from the respective organisation, or replaced by a person perceived as lacking the necessary motivation. This highlights that SACMA is dependent on individuals' levels of commitment and motivation, especially in the light of the voluntary nature of membership.

According to the active members, the most common reasons for poor participation are workload, too many commitments and a conflict between the role of SACMA and other organizations, such as the IDC and the AIDS Council. In some provinces the same people attend both SACMA and IDC meetings. An ATTIC representative explained that: "Participation was good until the IDC and the AIDS Council were formed. Then there was a focus away from SACMA to these other groups". This was true for the Departments of Health and Social Development and ATTIC.

For many members, SACMA is not a priority structure. Many members stated that they are "full time employees in our departments and also have AIDS committees to take care of. SACMA comes after these other duties have been fulfilled". It does not seem as though arrangements are made for a replacement to attend meetings when the member is unable to attend due to travel or training commitments, or when they are on leave. This further contributes to the delays in decision-making and planning.

Since there are many HIV/AIDS projects and committees in each province, several members felt that there was duplication, which affected their motivation to attend SACMA meetings.

“We [Health Department] are inundated with other similar projects and cannot attend regularly”. Another member commented: “Our main challenge is to remain a viable organisation. SACMA is over and above our other tasks, and people’s workloads are increasing. People are getting burnt out. It’s difficult to sustain.”

Other reasons for poor participation are that managers have not bought into the SACMA concept and as a result are encouraging staff to attend meetings and involved in other related events. One member described the situation at the Department of Health thus as:

“Health does not attend. I’m unsure about the reason, but I think it’s related to their Head. He doesn’t see the need to get involved in SACMA”.

According to another member, the SAPS Heads of Departmental do not perceive HIV/AIDS as their core function, and have decided to shift this responsibility onto other role players instead, such as ATTIC.

The non-attending organisations echoed the same perceptions as the active members, citing change in positions and responsibilities, heavy workloads, and lack of time as some of the reasons they do not attend. According to a SAPS non-attende, invitations to meetings arrived too late. Some non-attendees were dissatisfied with the approach taken by SACMA in their province. They felt that the projects did not address community issues and that the structure was too bureaucratic and poorly managed. One person stated that they would not consider returning to participate because SACMA could not offer anything different to what their department was already undertaking independently.

Even though the provincial committees are supposed to meet once a month, seven of the provinces admitted that they met irregularly, and, in at least one case, have not met in the past three months. Even the national SACMA committee postpones meetings “most of the time”. Complaints about the delays in the approval of funding and the limited number of actual activities undertaken by provincial committees, for example, could be partly attributed to the irregularity of meetings.

4.1.4 Sharing of resources

According to many provincial members around the country, and also members at the national level, the workload is not evenly distributed among members. At the national level, all members recognised that the Department of Health was over burdened. In general, the more active organisations were the ones that carried the greatest burdens in the provincial committees.

All member organisations contributed to the alliance in terms of resources, most particularly human resources and time. Only a few members mentioned

contributing additional resources, such as office equipment, transport, venues, and training manuals. The SAPS and SANDF were the most likely to speak of such issues. The Department of Health also provided a secretariat to the national office.

The majority of uniformed implementers of HIV/AIDS initiatives believed that their organisations benefited from participating in SACMA. Four respondents said that they “no longer [felt] isolated from other departments and services” and were able to share information, training manuals, lessons learnt, and had access to funding for training. Networking and communication between organisations was considered valuable. For one SANDF implementer SACMA had “opened our eyes to do things. We have organised a small group to look for volunteers to educate the people in rural areas about HIV/AIDS”.

Implementers in other departments, such as Health, were not aware of the existence of SACMA. This may imply that the partnership is less beneficial for the Department of Health due to various possible reasons, one of which could be a lack of interest resulting from perceived duplication, and no need for support on a health issue.

4.2 OPERATIONAL ASPECTS/STRUCTURE

As part of the core operational aspects of the SACMA structure, the study focused on communication, financial management and administration. Overall, in terms of leadership, SACMA is structured in such a way that it is primarily driven by SANDF and SAPS members, both at national and provincial levels. Decisions in the provincial committees are made by consensus and must be approved by the national SACMA. Further details regarding the structure and operation of the alliance are explored below.

4.3 Communication Systems

The following section on communication systems includes aspects such as conflict resolution, support and guidance for planning and proposal writing, and feedback mechanisms.

According to members, conflict rarely happens between members, and when it does take place, is resolved through dialogue. However, several members complained about the lack of transparency in SACMA. Specifically, members complained that they do not receive sufficient support, and are not given sufficient feedback and guidance by the national office for planning and proposal writing. For example, one SACMA member complained that: “There is too much red tape and a lack of flexibility.” Two service providers also cited this funding-related problem as a barrier to training delivery.

As mentioned above, provincial committees do not meet as regularly as they should due to poor attendance and busy work schedules. Provincial committees communicate on a quarterly basis with the national office at the Steering Committee meetings. At these meetings chairpersons of each provincial SACMA give feedback about the progress their alliance is making. Members also contact - via fax, telephone, email - the national office on an ad hoc basis, even though one person stated that the contact person was often not available.

Even though many members did not think that there were many barriers to communication, the lack of Internet access is a concern for some, especially those who do not communicate outside the meetings. In one province the 2 secretaries did not communicate with each other about such essential things as the details of the next meeting, for example. In some cases, information pertaining to SACMA was delayed because of internal departmental issues, for example, minutes or information needing to be seen by management first.

Several non-military members noted that they were not used to the “military style” of running meetings and making decisions. One member described the influence of the SANDF as: “The military doesn’t function democratically and this culture is reflected in SACMA.” Decision-making, according to some, should be decentralised and more responsibility should be given to the provincial SACMAs.

4.3.1 Financial management

SACMA has been funded by the Department of Health, who in turn has received overseas funding. Many members were aware that their future funding was uncertain. Despite this uncertainty, and the knowledge that SACMA “cannot operate without funds”, none of the provincial committees were involved in fund raising activities, other than submitting proposals to the Department of Health. In instances where these proposals were late, or were rejected, the provincial SACMA simply did not undertake the planned initiatives. This is a serious concern, both in terms of SACMA’s sustainability and the impact of the alliance.

4.3.2 Administration

One person and her part-time assistant administrate SACMA nationally. However, general opinion was that there is too much work for just one person. A central office staffed by full-time employees was deemed necessary to keep all records up-to-date, to follow up on issues, and to ensure that issues were addressed. The central administration is also responsible for managing the funding records and the budget. However, when asked which projects were funded and which had been denied funding, it was not possible to locate the supporting documentation.

The suggestion of additional staff, some respondents thought, should be extended to provincial SACMAs as well. *“We need to open offices in each region with full-time dedicated co-ordinators and equipped with their own resources, such as telephones, fax machines, and stationery.”* However, this suggestion might seem overly ambitious at present, given the small number of provincial projects.

4.4 PROGRAMMATIC ASPECTS

The programmatic aspects include the marketing activities of SACMA, internal reporting systems and monitoring and evaluation.

4.4.1 Marketing

Marketing SACMA is one of the primary objectives of the alliance. However, the exact purpose of the marketing efforts was unclear to the research team. This may explain why most SACMA members struggled with their marketing responsibilities. Most used pamphlets, banners and events to market their partnership.

All respondents gave suggestions as to how they could improve this aspect of their responsibilities, including involvement by the media and NGOs. Some members mentioned that they did not always have sufficient access to pamphlets and that other promotional material, such as T-shirts and coffee mugs, should also be used to market SACMA.

When asked what they believed the purpose of marketing was, respondents stated that it was to inform others about the existence of SACMA, for example: "The public and others are unaware of what we are doing." However, according to some executive members, the focus of marketing activities is not so much on the general public, but rather internal role players within the member departments. It is hoped that through marketing efforts managers will become more informed about SACMA and, as a result, will be more willing to allow employees to take time during the day for SACMA meetings. For example, the need for management support was implied by one member, who said that "targeting managers of departments would provide them with information about SACMA, which could improve participation".

A lot of time and resources have been used to develop and maintain the SACMA website. Its main purpose is marketing SACMA and facilitating communication between members. Even though the site is able to reflect the number of visits, its impact as a marketing tool is very difficult to measure.

As a communication tool, the site has been described as useful for accessing resources and information. However, of the 38 SACMA and executive respondents interviewed 5 (13%) make use of the website regularly, while 6 (16%) only use it occasionally. A total of 29 (76%) respondents did not have Internet access and 2 (0,5%) had access but chose not to use it.

It would seem that SACMA needs to lobby among its partners for Internet access and computer literacy training for its members, or it would need to develop an alternative, more accessible communication tool. As it presently stands, the

research indicates that the website, along with the associated Intranet, is a hugely under-utilised resource.

SACMA should critically review its reasons for marketing. What ultimately does the alliance hope to gain from marketing SACMA? Do the marketing activities distract it from its core business? Is it an effective tool to gain acceptance and buy-in from senior management? Is it knowledge of the existence of a body, or the knowledge of the benefits of participation that motivates people to become involved? Once the answers to these questions have been clarified, then an appropriate marketing strategy can be developed. At the moment the purpose of marketing SACMA is unclear, and the strategies haphazard.

4.4.2 Reporting and monitoring and evaluation (M & E) systems

Most provincial SACMAs develop their own business plans each year. Objectives, and in a few cases, indicators, are drawn up to measure the impact of their work.

Even though most of the provinces are aware of the need for and importance of monitoring their work, there is no formal monitoring and evaluation system in place. Provincial committees monitor their work through verbal feedback and, in some cases, through progress reports. Some of the provinces are able to reflect the outputs of the work that the partnership undertakes, however, these outputs could not be verified with records such as attendance sheets. Most provinces are waiting for guidance from the executive on monitoring and evaluation.

Even though there is a reporting system in place, the provincial committees do not adhere to it. There do not seem to be any consequences for not reporting on progress. This highlights the issue that no role player has the authority to enforce other members to be accountable. Without a mandate, attendance and reporting relies on the goodwill and personal motivation of individuals. In addition, provinces follow different reporting formats, and this makes comparative overviews difficult.

The national office was not able to provide the research team with progress reports for all provinces, partly because the present administrator has taken over the responsibilities of someone who did not keep up-to-date records, and partly because not all provinces submitted progress reports. One executive member described the reporting systems in the following way: "The reporting systems are in place, but they are not adhered to and are inconsistent. Reporting falls between the cracks. There is too little time and no centralised system." Even some of the executive members stated that "it is difficult for us to understand what actually happened", in terms of projects and outputs in the provincial committees, due to poor or non-existent monitoring and evaluation systems. This is a concern because only through monitoring can funding be accounted for.

4.4.3 Future

Both active and non-active members believed that SACMA had a role to play in the future, but when asked to describe this role none of the respondents could give very clear or specific answers. Most stated general purposes in terms of general co-operation and combating HIV/AIDS. Despite the benefits of the partnership, such as networking, many respondents raised issues that needed to be addressed should the alliance have an effective future. These included the concern about duplication and confusion of SACMA's role, the need for greater focus and clarity on its purpose, and broader representation and participation, especially of civil society and PLWAs. The role of SACMA was also questioned by a number of members, including an executive member, who asked: "Is there a need for SACMA to exist?"

It seems that SACMA is at a turning point and that these concerns need to be addressed urgently. As one provincial SACMA member stated: "I think that the original purpose of SACMA has been achieved, but if SACMA cannot create its own future, it must close shop."

5. SACMA IMPACT ANALYSIS

5.1 TRAINING

5.1.1 Training received

The POLICY Project provided training to SACMA members between 1998 and 2001. The training provided focused on building organisational skills among participants and included strategic planning, monitoring and evaluation, impact of HIV in the workplace, designing training workshops and effective training.

Overall, it appears as though the POLICY Project was the most active service provider in 2000 and 2001, with other training organisations such as the House of Resurrection, ATTIC, the SANDF, and the Hospice Movement providing additional training.

In 2002 most training was provided by the SANDF and focused on the training of educational officers and on the national HIV masters training course.

North West province, KwaZulu-Natal, Gauteng, and Limpopo received the most training while the Western Cape, Northern Cape, Eastern Cape and the Free State received comparatively less training.

The specifics of the training broken down by province and service provider are summarised in Appendix A of the report. This information was obtained primarily in interviews with SACMA members and with implementers (staff responsible for implementing HIV/AIDS issues). Where possible this information has been verified with records supplied by the National Department of Health in Pretoria, the POLICY Project, and in interviews with the chairpersons of the provincial committees.

Obtaining details regarding the exact nature and extent of the training activities in the various regions proved to be very difficult. Information was obtained from the POLICY Project in Cape Town regarding the training they had provided. However, it was more difficult to obtain specifics regarding the training that had been provided by other training organisations, or the training provided by SACMA members. This difficulty can be attributed to poor administrative systems, and the absence of a consistent and effective monitoring system across the provinces.

Information was requested from the National Department of Health, but this information was very scant, the reason provided being that the previous administrator had left and her replacement had subsequently struggled to locate

information regarding previous activities. SACMA members were also asked in the face-to-face interviews to provide the details of the training received, but this often resulted in an inconsistent and incomplete account. This was in part due to the fact that not all of the members clearly understood which of the training was provided by the POLICY Project, for example, and which training was provided by SACMA. This was particularly true in the case of the training at the annual general meetings where many members credited SACMA for the training, when it actually was provided by the POLICY Project.

However, confusion regarding training details is less important than the fact that the difficulty in locating relevant information indicates the absence of a monitoring system. Many of the administrative and reporting difficulties experienced by SACMA can be attributed to the lack of systematic, consistent, and detailed record keeping of activities and outputs, without which it is difficult to assess impact.

Even once all the fieldwork interviews had been completed, the picture that emerged regarding training that had taken place was a confusing one. In an attempt to clarify the situation, the research team conducted follow-up interviews with all the chairpersons in the provinces to ascertain if the fieldworkers had obtained a complete and accurate picture. These interviews were not part of the original research plan but proved to be most helpful. They confirmed that, despite a lack of documented proof of activities, the information obtained in the interviews was accurate.

The research team was unable to verify much of the information we collected verbally in interviews. However, a number of people who had received training were interviewed in order to verify that the training took place, and to assess the quality and appropriateness of the training.

5.1.2 Training effectiveness

The benefits of the training – both to the organisation and to the individual – will be explored shortly, with a special emphasis on the training provided by the POLICY Project. As way of introduction to the topic, some comments about the training collected from SACMA members and trainees (staff from participating organisations who received training) are presented below:

“We have had wonderful expert presenters at our national meetings.”

“The facilitators at the AGMs are always the very best. We work in small groups, do role-plays, and there are usually presentations. It is always very interesting.”

“I did not expect to learn that much, but I did. It exceeded my expectations. I was eager and willing to learn.”

“All the training they [POLICY Project] provided has improved my effectiveness; the training in planning, M&E and the ZOPP were all very good.”

“The manuals used in the Peer education course were more user friendly than those provided by SACMA. The layout was better with diagrams and graphics to explain things.”

“I would definitely recommend this course to other people because there are still people who are ignorant about HIV/AIDS. They are not open-minded and are not aware of the dilemma it is.”

There were also a couple of dissatisfied voices, although very few. Two examples are:

“The training was too scientific and most of us were not so interested. It was too complicated. It should have been more general and easy to understand. I cannot talk to an inmate about DNA, they will not understand or find it helpful.”

“I would recommend the training, but with reservations. What is needed is in-depth training, not a workshop session.”

The interview respondents explained the benefits of the training on two levels: in terms of the benefits to their organisations and in terms of personal benefits.

Organisational benefits

In terms of organisational benefits, as expected, interviewees frequently stated that the training they received had enhanced their general knowledge of issues in the field of HIV/AIDS. Interestingly, a couple of respondents mentioned that they had had the opportunity to apply this information not only at work, but also within other settings, such as in community organisations, for example.

A similar and consistent list of knowledge and skills acquired emerged from interviews around the country. The list included the following:

- ◆ How to develop objectives¹
- ◆ Group facilitation¹
- ◆ Proposal writing¹
- ◆ Project and strategic planning¹:

¹ Training offered by POLICY Project

"I learnt new skills and new ways of thinking about and implementing projects. We are now more professional in what we do." [Western Cape]

- ◆ Monitoring and evaluation¹
- ◆ Advocacy and lobbying¹
- ◆ Informed about issues pertaining to prostitution
- ◆ Updated with latest trends and global developments¹
- ◆ Counselling skills:

"The couple counselling training taught me about the importance of bringing couples together in my work [HIV testing]. In the future I will apply this to my sectors and any where else." [Limpopo]

"Before the training I used to contact the Health Department to do HIV/AIDS counselling, but now I can do it myself." [Northern Cape]

- ◆ Public speaking, for example, giving health talks and running provincial meetings with different departments
- ◆ Running awareness workshops and facilitation¹.

Personal benefits

As already mentioned, although not specifically asked to do so, respondents also mentioned how they had personally benefited from the training exposure. The following emerged:

- ◆ Support:

"I was very encouraged to meet other people who are facing the same problems and are doing some good work." [North West]

- ◆ Improved confidence and morale:

"I have learnt negotiation and communication skills and this has increased my levels of confidence." [Limpopo]

“The course helped me to open up and to speak more. Since I did the course many people have come to me to ask questions and confide in me. This makes me want to help other people more.” [Western Cape]

◆ Respect for PLWA:

“It [one-week peer education course] taught me to accept and respect people even if they do have HIV/AIDS.” [Free State]

◆ Awareness:

“It created more awareness in my personal life, like the areas in my own life where I was at risk.” [Limpopo]

5.1.3 Application of learning

Clearly, most people were more than satisfied with the quality of the training they received from service providers. However, the question needs to be addressed: did people apply what they learnt? Effective training obviously requires the acquisition of new knowledge and skills, but it also requires that these are translated into actions. For this reason the interviews with the SACMA members and with the trainees addressed the issue of application, as well as issues that enhanced or were obstacles to implementation. These aspects of training effectiveness are reported below.

Most of the respondents were able to think of examples of how they had applied the training they had received, even if the examples mentioned were on a small scale. They mentioned activities such as:

Lobbying¹ - In the North West province one interviewee mentioned that:

“Because of the training I am able to lobby managers in my own department to get support for SACMA.”

Facilitation and training¹ - People who attended the Educational Officer course claimed to have used the acquired skills in facilitating awareness campaigns. The SAPS representative in KwaZulu-Natal said that the training was relevant and that he uses the facilitation skills acquired to ensure the participation of quiet members in an awareness group that he runs. A Northern Cape respondent mentioned that:

¹ POLICY Project Training

“I am able to initiate group sessions for the affected and infected members. I am also a member of the HIV/AIDS team in Correctional Services.”

Writing proposals¹ - The NGO ‘Joy for Life’ in the Western Cape attributed their success in getting proposals accepted for SACMA funding to the training they received in proposal writing. However, we were unable to establish how many successful funding proposals this involved.

Counselling – Many respondents, especially social workers and other employees who were similarly responsible for counseling care, mentioned applying the skills they had acquired from SACMA training they had received. The police in the Western Cape for example had “started an AIDS Help line – for this I needed a good knowledge of AIDS”.

The POLICY Project was also responsible for the strategic planning sessions with the Steering Committee and for facilitating the AGMs. The vague understanding of SACMA’s purpose and roles could have been clarified at these planning sessions. According to a representative of the POLICY Project, however, these sessions were not the ideal way to train people in strategic planning because of the large number of people, which is difficult to facilitate. Funding of AGMs is also very expensive. “We are not involved in what comes out of training and it is therefore difficult to measure impact of what we do.”

In the light of the previous section (3.3) on monitoring and evaluation, it is interesting that none of the respondents stated that they were able to use the skills learnt in the POLICY Project monitoring and evaluation courses. However, of the 9 provinces asked to develop a ZOPP model for their CMA, 4 committees did hand in their report to the national office.

These reports were analysed for this study. All 4 provinces had developed good output indicators. For example, for the objective of training of home-based care workers, the number of people trained was given as the indicator. However, few provincial CMAs developed indicators to measure impact.

One province listed the following indicators for impact:

- ◆ Reduction in workday due to illness
- ◆ Reduction in reported STIs
- ◆ Increased usage of condoms
- ◆ More people come forward to disclose status.

¹ POLICY Project Training

Even though these indicators are good to measure the ultimate impact of a project (which is a long term goal), the provinces would need to develop other indicators that measure their progress more closely related to their activities. For example, for the objective of training peer counsellors, the ultimate impact indicator could be increased usage of condoms, however, a suggested immediate impact indicator is the number of people who make use of the peer counsellor's service, or an increase in the knowledge of peers on HIV/AIDS issues. Provinces also did not seem to consider how they were going to collect the information for the indicators. Measuring the increase in condom usage may also not be easily obtainable.

For provinces to measure themselves only against "ultimate" indicators may set them up for failure because of the many other causal factors that play a role in, for example, increasing condom usage. It also means that the indicators cannot play the guiding role as a management tool as they could.

Even though the POLICY Project has trained provinces in monitoring and evaluation, only a few have attempted to use their skills within their committees and of those few, only 2 have tried to develop impact indicators. There is, however, an overall understanding of monitoring and evaluation.

Additional post-training support or follow up by the POLICY Project may have been helpful. For example, proposals could have been sent to the POLICY Project for comment and feedback given to the provincial committees, thereby allowing applied learning. The poor use of M&E by the various CMAs could also imply that even though the POLICY Project training was valuable, there was a lack of motivation or a lack of opportunity, due to institutional constraints to implement what they had learnt.

Other service providers mentioned that trainees had trouble getting time off from work for the courses. They suggested that training courses should be broken up into smaller blocks. Other obstacles related to issues of financing. Some members, such as SAPS are unable to fund another local authority, which includes ATTIC. Other service providers complained about the "red tape" involved in obtaining funding. One service provider said: "National SACMA shifts parameters with regards to budgets and it is difficult for provinces to plan. They should refine their parameters on training needs at provincial workshops."

Another reason why training may not been implemented are illustrated by the following example. A social worker from Correctional Services said that she had not been able to implement the training because it had not been relevant to her. As a social worker, she had little need for training, which she described as overly technical with too much medical detail. "I am not a medical doctor who is supposed to know about DNA and things. I am just a layperson, and should have been able to understand the training so that I can pass it on, but that was not how it was."

The story illustrates the importance of relevance and the dangers of inappropriate recruitment for training, resulting in misplaced trainees and thereby hindering any application of the training.

It is with this in mind that we explored issues that both assisted and hindered the application of learning once SACMA trainees returned to their organisations, mostly organisations in the public sector.

Application enhancers

We asked respondents what organisational issues had assisted them in applying the knowledge and skills they had acquired. They mentioned that the following supported them in the application of what they had learnt:

- ◆ Their ability to implement what they had learnt was enhanced if they were directly responsible for HIV/AIDS-related issues at work
- ◆ An organisational culture that is open to growth and the application of new ideas
- ◆ Access to necessary resources, many of which were donated by the United States
- ◆ Support from management: “Both my managers and my immediate supervisor are encouraging. They want us to present our plan on HIV/AIDS. I think they have bought into the process.”
- ◆ Some mentioned personal attributes that had assisted, for example: “I work easily with people and have a good rapport with them. As a result, people believe in me when I have projects to implement.”

Obstacles to application

Equally, however, we were interested to hear what organisational issues had been obstacles to the trainees applying the knowledge and skills they had acquired. This was of interest as previous evaluations of public sector training had indicated that the public sector was often not a conducive or supportive environment for the application of new and different approaches. Interestingly, most SACMA members, as well as the staff responsible for HIV/AIDS related work within the SACMA organisations, believed that there were no obstacles to the implementation of the skills they had learnt. However, where obstacles were mentioned they included:

- ◆ The voluntary nature of SACMA involvement: “Doing SACMA work is a tag-on. As a result I am not able to concentrate on SACMA to the extent that I would like to.”

- ◆ A lack of resources, such as the need for office equipment including fax machines and Internet facilities
- ◆ Time and energy constraints, for example: “I am new in my post here and I am too busy to implement the new skills” and “People do not have enough energy to undertake SACMA work.”
- ◆ Lack of support from top management and provincial departments
- ◆ Staff turnover.

5.1.4 Post-training support

In line with our interest in establishing the extent to which the training had been effective, we enquired about any support, trainees felt they required, to assist them in applying the knowledge and skills acquired in the training. Post training support, as conceptualised in this study, includes any follow-up support that takes place after the training, usually outside of the “classroom” setting. It might include such support as reading over proposals, commenting on business and project plans and offering advice on an ongoing basis.

What emerged was the overall finding that none of the interviewees mentioned having received any post-training support. However, the majority of respondents also indicated that they did not have any particular need for post training support. One of the few people who did indicate a need for post-training support was a nurse employed by the Department of Correctional Services. She said: “I think that there must be a follow-up, the reason being that we didn’t grasp as much information as possible as we were not all at the same level.” Other needs for post-training support included:

- ◆ Updates in the latest research information (frequently mentioned)
- ◆ Some interviewees mentioned that the form of post-training support most required was from better support from their managers.

A handful of respondents mentioned having received some post-training support, for example, a Gauteng member mentioned having received support in how to maintain existing projects. SACMA members in the Western and Northern Cape mentioned that if they should ever require assistance they would be able to approach the trainers to ask them for help with particular problems. The ongoing availability of trainers to offer assistance might also be true of trainers in others provinces as well.

5.1.5 Additional training needs

Respondents were also asked if they had any additional training needs, needs that had not yet been addressed by the SACMA and POLICY Project training they had attended. This was intended to give a brief and initial assessment of

members' training needs. Interestingly, many of the training needs mentioned were for courses already on offer.

General training needs:

- ◆ Public speaking and presentation skills
- ◆ Marketing strategies
- ◆ Updates on issues regarding HIV/AIDS
- ◆ Forming support groups
- ◆ Community development: principles, values, cultural issues and community dynamics.

Requests for training already offered:

- ◆ Home-based care
- ◆ Project and financial management
- ◆ Proposal writing
- ◆ Project management
- ◆ Training in HIV/AIDS
- ◆ HIV/AIDS counselling skills, especially for couples
- ◆ Monitoring and evaluation.

General and unclear training needs:

- ◆ Life skills
- ◆ Networking
- ◆ Training in HIV/AIDS interventions other than prevention and education
- ◆ Continuous link with the POLICY Project (but for what purpose exactly was not mentioned).

There are two possible reasons for respondents requesting training in courses already offered. The first reason may simply be that the training has not been offered in the respondent's province. The other reason might be that, due to staff turnover, the present employee has not been exposed to the training because they are relatively new in their post. This reason was cited a couple of times to explain as the reason why people were not able to apply the skills they had learnt earlier in the discussion on "obstacles to implementation".

These findings are not conclusive as this report was not undertaken an audit of training needs. However, it might be useful for training service providers to undertake a more extensive enquiry into the exact training needs of SACMA members at some point in the future.

5.2 BENEFITS DERIVED FROM SACMA PARTNERSHIP

Partnerships between organisations are often difficult to manage due to a range of factors including, among others, co-ordination issues and the voluntary nature of participation. Some of these difficulties were mentioned earlier in the discussion on SACMA process issues. However, despite these difficulties, many organisations chose to form and operate in partnerships because of the benefits they expected to derive from such alliances, benefits such as shared resources, for example.

This SACMA study attempted to establish the precise nature and extent of the benefits that have been derived from working in collaboration with other departments. The focus here was on benefits other than training, as the training issue has already been covered and could conceivably have taken place in the absence of a formal alliance agreement. Instead, attention was paid to issues of collaboration implicit in SACMA's formal alliance agreement.

As with the discussion on the benefits derived from the training, respondents' opinions regarding the benefits of the SACMA partnership can be classified as benefits for their organisation, and benefits for themselves, personally.

5.2.1 Organisational benefits

The organisational benefits can be grouped in the following categories:

- ◆ **Improved networking** opportunities, both nationally and internationally, at workshops and conferences. Also exposure to other role players, knowing what others are doing and sharing experiences.
- ◆ **Collaboration** - respondents had learnt from others and formed partnerships with other organisations. Collaborative activities had *"passed on the message that 'you can't do it on your own'". "Without SACMA we would not have strong contacts with NGOs and private sector companies who can assist us in our work against HIV/AIDS."*
- ◆ **Increased sharing of resources**, for example, sharing equipment such as fax machines and telephones.
- ◆ **Improved management, co-ordination and facilitation skills:** *"As the HIV/AIDS co-ordinator I address a lot of people and, as a result, my confidence and facilitation skills have improved."*

- ◆ **Knowledge of the military:** *“I have learnt how to work with uniformed people. In the past they used to be far removed from us.”*
- ◆ Ability to run AIDS day events and other **awareness activities**
- ◆ Greater exposure to **training opportunities**, both locally and internationally.

5.2.2 Personal benefits

The participating members also derived by the participating members (these benefits may or may not have been translated into organisational benefits):

- ◆ Improved knowledge and experience in the field of HIV/AIDS
- ◆ Personal opportunities that would not have existed if not part of SACMA, for example, a trip to Barcelona [SANDF, Western Cape], training in the United States [SANDF, Limpopo], and scholarship to go to a four week workshop in the United Kingdom [Correctional Services, Executive]
- ◆ The ability to pass on knowledge to the community.

In general, the Gauteng SACMA members stood out as being particularly positive about SACMA, saying such things as “SACMA is a worthwhile pursuit”, “It has gained a life of its own” and “They have a good name, it is good to receive exposure at SACMA”.

5.3 No benefits

It should also be noted that some SACMA members mentioned that they were unable to think of any benefits that they had derived from the SACMA alliance. While there were a couple of interviewees who responded in this manner in many of the provinces, such comments were most frequent in the Northern Cape and the Limpopo provinces. There were complaints of no progress being made, too much bureaucracy, of conferences attended but the information being not cascading down, and of a lack of transparency, for example, at the election at the AGM.

5.4 CHANGES IN HIV/AIDS WORK PLACE POLICIES

The report so far has looked at issues such as: the nature and extent of the training provided to and by SACMA, how the training has been implemented by trainees, the training needs of SACMA member organisations, and the benefits derived from participating in the SACMA alliance. These issues are important, but they do not answer the ultimate question, the question of what impact these activities have had on the goals and objectives of SACMA. In other words, the difference - if any - that the existence of SACMA has made to the incidence of HIV/AIDS at the military-civil interface.

For the purposes of this study, three areas where SACMA could reasonably be expected to have an impact were defined. Firstly, in contributing towards improving the workplace HIV/AIDS policies of the respective organisations. Secondly, in increasing awareness of HIV/AIDS issues amongst SACMA members and thirdly, joint projects resulting from the collaboration of member organisations.

These three areas of impact, workplace policies, increased awareness and joint projects, could also be conceptualised as outcomes, or short-term impacts. Ultimately, according to SACMA's vision, these outcomes should result in a reduction of the HIV/AIDS at the civil-military interface. However, this was not the focus of this impact assessment because this is a long-term goal, influenced by a myriad of factors outside of the control of the SACMA members.

The approach to assessing the impact of SACMA was influenced by a meeting between a researcher and the SACMA executive at the start of the study. At the meeting, the Department of Health representative conceptualised SACMA's influence as the result of two categories of activities. The first category consists of formal programmatic aspects such as training. These issues have been dealt with extensively earlier in the report. However, a second category of activities was perceived to have an influence on members. The Health representative referred to this category as "soft issues", or unintended benefits. Examples given as illustration were: changes in the internal AIDS programmes of the participating members, and greater awareness of - and confidence in responding to - issues of HIV/AIDS. SACMA's impact on these unintended benefits was resultantly included in the study.

In exploring the impact of SACMA on the workplace policies of member organisations, it was not assumed that a direct causal relationship existed. Rather, the research aimed to discover if workplace policies and programmes had been indirectly influenced as a result of individuals having greater exposure to HIV/AIDS issues through participating in SACMA.

The responses of the SACMA members are presented below according to the five primary member organisations.

5.4.1 Health

All of the interviewees from the Department of Health countrywide were of the opinion that there had been no change in workplace HIV/AIDS policies or programmes. The representative in the Eastern Cape mentioned said: *"Even if there has been a change, this could not be solely attributed to the alliance as there are a number of role players involved in HIV/AIDS prevention"*. The representative from the Limpopo region was also very disappointed in the lack of progress made in the province and said: *"Our workplace POLICY has not changed and people are not able to openly talk about AIDS related issues."*

People in general are unaware and unconcerned about the Department's POLICY."

5.4.2 Correctional Services

Four of the five representatives interviewed from the Department of Correctional Services stated that there had not been any change in the workplace HIV/AIDS policy. The Limpopo representative commented on the lack of transformation saying, "Our work place policy has not changed. I do not know why, probably because our policies are made at a national level and we do not have any say in it." In the Northern Cape the slow movement on policy change was attributed to workloads: "The support from management is there but implementation is hampered by a staff shortage and other departmental commitments." However, in the North West province one achievement in this regard was the creation of a fulltime post for someone to deal with AIDS issues. Interestingly, the SACMA Executive representative from the Department of Correctional Services attributed the departmental changes that had taken place to the IDC rather than to SACMA.

5.4.3 Social Development

In the Department of Social Development interviewees mentioned that while not yet at implementation stage, a draft policy had been compiled. It was, however, unclear to what extent SACMA had played a role in its development. The Western Cape representative described the situation thus: *"The old policy still applies but a new policy is in the drafting phase"*.

5.4.4 SANDF

Interestingly, participants from the SANDF were the most diverse in their opinions regarding changes in their workplace policies and programmes. They also had mixed opinions about how much of this change could be attributed to participation in the SACMA alliance.

The two representatives from the Limpopo province were the most confident about the policy changes that had taken place in their department, and happy to attribute at least some of these changes to the existence of SACMA. One respondent said: *"The new treatment protocol was helped along by SACMA. Also, the TB follow-up treatment has changed, also influenced, I think, by SACMA."* The second representative attributed the SANDF's holistic approach to the epidemic to SACMA, explaining that: *"The SANDF nationally realised that not only the military health department, but all sectors including the navy, air force and army, need to have responsibility for HIV/AIDS prevention. Our new policy now involves everyone. We now all carry responsibility for the HIV/AIDS problem."*

KwaZulu-Natal believed that there had been a subtle shift in senior management's attitude, saying *"there has been a paradigm shift and management are now more sensitive"*. The North West representative was very enthusiastic, claiming that: *"There is a lot of tolerance, less discrimination, and more awareness of how serious the epidemic is."* However, the evidence from both KwaZulu-Natal and the North West provinces is anecdotal and should be interpreted with caution.

The Eastern and Western Cape representatives believed that there had been changes in the work place policy, but attributed these changes to Masibambisane, not to SACMA. As one representative explained: *"There was already a policy in place before SACMA, so any changes in policy cannot be attributed to the alliance as such."*

However, respondents from the Northern Cape, Gauteng and Mpumalanga said that there had been no changes in their workplace policies. The Northern Cape representative described the Defence Force as being *"at the teething stage still"* where HIV/AIDS policies were concerned.

5.4.5 SAPS

The police representative in the Eastern Cape believed that the draft policy was in response to the White Paper, not the influence of SACMA. However, the Western Cape respondent felt that the police were now giving more attention to policy issues and that the advocacy workshops held with management had assisted in this regard. He also mentioned that: *"There is greater acceptance of PWAs and more conversations about HIV/AIDS issues in the workplace."*

One of the Gauteng representatives felt changes in the police had been influenced more by interactions with the SANDF than with the SACMA alliance.

However, a second police representative in Gauteng believed that participating in SACMA had meant that he had *"learnt a lot from the other role players, and learnt to take HIV/AIDS very seriously"*.

In summary, it seems as though where SACMA contributed towards a change in internal HIV/AIDS policies this was achieved indirectly as opposed to directly. This is what would be expected of work in the area. There are a number of imperatives for developing appropriate HIV/AIDS policies, including legislative directives. But, in a number of instances, the existence of SACMA assisted in raising the profile of HIV/AIDS work, and in provided the necessary skills to improve the profile of related issues. Respondents mentioned having acquired knowledge of HIV/AIDS as well as other skills, such as training and project management skills. However, very few respondents mentioned applying important skills, such as monitoring and evaluation and lobbying in promoting

HIV/AIDS agendas within their respective organisations, even though the POLICY Project provided training in these topics.

It is also important to note that while in the minority, some SACMA representatives reported not knowing what changes had taken place in the work place HIV/AIDS policies within their departments. This is alarming as these are the same individuals who are tasked with the responsibility of implementing HIV/AIDS policies and programmes. However, such responses were rare. It was more common for members to be unable to say whether or not the changes could be attributed to SACMA involvement.

5.5 INCREASED AWARENESS OF HIV/AIDS ISSUES

Most SACMA members said that involvement in SACMA had increased their own personal awareness of HIV/AIDS issues. Specifically, involvement in SACMA had providing them with information on the latest trends in addressing AIDS, had assisted in accessing information, and had provided statistics at the national conferences.

Some examples of people's responses included:

"My involvement in SACMA has enabled me to better understand the broader picture of the infection."

"SACMA has provided the opportunity to share knowledge with people in other regions and to confirm why things are not working."

"Being part of SACMA has really increased my awareness of AIDS. I did not know about the military-civil interface before, for example."

But it is important that an increased awareness extends beyond just the SACMA members who participate in the SACMA meetings and activities. In order for the alliance to have a meaningful impact, it is also necessary that other members in the organisations are made more aware of HIV/AIDS issues. In other words, an increase in awareness needs to be organisation-wide, especially in the light of the high staff turnover and the movement of staff between posts, as is often the case in the public sector.

One SAPS respondent in Gauteng summarised SACMA's impact on awareness of HIV/AIDS by commenting that he had been aware of AIDS issues before becoming involved in the alliance, but that SACMA had helped him with "developing the passion to fight the disease".

However, not all respondents were equally enthusiastic about the role of SACMA in increasing levels of awareness. In the Limpopo province a respondent from Correctional Services mentioned: "SACMA didn't really help much with our awareness. We put our own problems and ideas together."

Also, an NGO in the Western Cape felt that their awareness of HIV/AIDS issues was more as a result of them having been involved in the field for a decade. They believed that they were sufficiently aware of the issues and of the resources that could be accessed independently of SACMA.

Some respondents were confident that the increase in awareness was not limited to them only, but extended to the organisation as a whole. For example, a member of the Limpopo SACMA claimed that: "HIV/AIDS awareness has improved dramatically among the uniformed forces." However, one needs to be cautious in interpreting such statements as they merely provide anecdotal evidence and not directly ascribed to SACMA. In the absence of monitoring systems the research was unable to establish the truth in such perceptions.

5.6 COLLABORATIVE PROJECTS

For this section of the report the analysis is presented according to provinces so as to gain an understanding of the nature and extent of SACMA related activities at a provincial level. Each brief report begins with a report of recent activities, as reported in the documentation received by the research team, and goes on to explore the responses of members obtained in the interviews.

5.6.1 KwaZulu-Natal

Members claimed that the collaborative projects undertaken included the launch of SACMA in Durban, the joint celebration of World Aids Day and training - for example, the SANDF training of SAPS educational officers as well as a two-day conference for senior and middle managers. According to the chairperson, approximately 150 delegates in management positions at various state departments had attended the two-day conference.

According to the chairperson, the emphasis in 2002 was on marketing SACMA at various awareness events and campaigns. Training in home-based care was planned, but no funding was available, with the result that the project has been put on hold and is now planned for 2003.

Members claimed that the SACMA launch, the training of managers, and the awareness campaigns were all successful, and attributed this success to the commitment of the SACMA members themselves as well as to the fact that there were sufficient funds available. In contrast, all members cited the home-based training as an example of an unsuccessful SACMA project and blamed the failure on the lack of funds available for its implementation.

5.6.2 Eastern Cape

The quarterly report of June 2002 for the Eastern Cape indicates that the province's CMA has not undertaken many projects. The only project actually underway in the area at the time of the report was the condom distribution. This involved placing a total of 500 condom dispensers in every police station reception area across the province. The only other activities mentioned include: meetings, a military display and a Masibambisane launch. All other activities referred to in the documentation are to do with intended future plans and identifying needs in the area.

In terms of training, peer group training was conducted in Umtata and 30 participants were trained. Planned projects for 2001 and 2002 included the "Breadwinner" replacement project, the purpose of which was to address the need for skills training where families' breadwinners were affected by AIDS. The preliminary research for the project had commenced but due to lack of personnel the project had to be cancelled.

SACMA in the Eastern Cape supported several candlelight memorials each year, including internal memorial ceremonies initiated by SAPS, Correctional Services and the SANDF. They have also been involved in community candlelight memorials organised by NGOs and government departments, via inter-sectoral committees of which the CMA is a member. The CMA also displayed HIV/AIDS awareness posters at community projects in East London, Port Elizabeth and Umtata.

Home-based care training was conducted in Port Elizabeth in 2001. The Department of Health, various NGOs, SAPS, Correctional Services and the SANDF were all involved and approximately 20 participants were trained from all over the province.

The home-based care project in Port Elizabeth experienced problems as a result of patients not approaching the organisations and the uniformed forces not having sufficient funds to take services into the communities. The CMA also mentioned struggling to establish support groups in the area and attributed the difficulties to HIV/AIDS stigmatisation.

5.6.3 Northern Cape

The National Steering Committee's feedback report dated 28 March 2002 mentions that seven meetings were held during the quarter reported on, but that the participation of the Departments of Health and Social Services had not been secured by the provincial CMA. Activities reported on included a candle lighting ceremony and the compilation of a manual for counteracting child and substance abuse. Other events were planned, although there was no clear evidence in the documentation that these events had actually taken place, for example, for

events such as training in counteracting child and substance abuse, hosting of a rugby-army week, establishing CMAs at district level and a career development session.

According to the chairperson, a “train the trainer” workshop was conducted in 2000. Three to five representatives from each of the departments, i.e. SAPS, SANDF, Department of Health, Correctional Services and Social Development, attended.

No projects were initiated in 2001. SACMA was, however, involved in smaller projects in 2001 such as providing support services to the hospice, and presentations at two primary schools on HIV/AIDS awareness and education. In addition, during Welfare month in 2001, the Department of Social Development held an awareness day to which various speakers were invited, including SACMA.

In 2002 two HIV/AIDS awareness and education workshops were held at a home for young offenders. Approximately 60 participants attended the workshops. No manuals were distributed to the children as the oldest was participant only 16 years old, but a manual was given to one of the teachers at the home. The manuals for the workshop were funded by the SACMA members’ own contributions.

In terms of planned projects that did not materialise, SACMA intended launching civil military alliances in each of the different districts in the province. Although a proposal for the project was submitted, the Department of Health declined funding for the launches. It was suggested that in future they could combine the launch with workshops such as a project management workshop in order to obtain funding.

It is worth mentioning that the implementers in the Northern Cape were particularly critical of the members’ levels of commitment and participation. The SANDF believed they were the only committed department; the police claimed the same for themselves. All four of the implementers made mention of power struggles among members. The Department of Health in the province was singled out for criticism; their poor attendance was mentioned, they were also accused of “undermining the initiatives of other partners”, and it was said that they “boost themselves as the custodians of HIV/AIDS”.

5.6.4 Western Cape

The feedback report produced by the Western Cape CMA for the period March – May 2002 makes mention of the need for a provincial concord and the frustrations resulting from the lack of participation by the Department of Health in the province. In addition, the members reported experiencing difficulties in gaining access to the SACMA website.

The projects undertaken in the Western Cape included peer education training to alliance members, developing a peer educator training manual, a “train the trainer” course, a master peer education training course, and work started on standardising an HIV/AIDS database. In addition, it was mentioned that a funding proposal was submitted for a two-day workshop in May 2002, focusing on sex workers and their potential clients in the South Peninsula Municipality area of Cape Town. The NGO “SWEAT” was to facilitate this workshop, however, due to time constraints the workshop was postponed and appears to have not yet taken place.

All four of the Western Cape SACMA members interviewed - the SAPS, Joy for Life, the SANDF and Department of Social Development - cited the peer education training as the most successful collaborative project undertaken by SACMA in the province. The success was attributed to effective training based on specific needs at the interface, to the fact that national offices got involved, that adequate funding and resources were available for the task, and that support structures were in place for the peer educators once they had completed the training.

Members attributed the failure of two of the SACMA projects - the database training and the SWEAT workshop - to time constraints, heavy workloads, lack of finances, and the Department of Health’s lack of participation. Interestingly, the SANDF attributed the limited success of some SACMA projects to the culture within the uniformed forces, saying: *“There are issues of secrecy and confidentiality.”*

5.6.5 Limpopo

The quarterly report mentions the constraint presented by SACMA members’ involvement in departmental events, resulting in them not being available for SACMA meetings. The Limpopo CMA was one of the only CMAs from which the research team received a complete and detailed business plan for 2002.

The chairperson attributed the success of the CMA in the province to the involvement of all key HIV representatives in SACMA. These representatives referred to chairpersons of smaller committees in different areas within the province, who assist in the implementation of SACMA projects. According to the chairperson there are eight units, each of which has created their own committee.

Successful projects initiated in 2002 included the Couples’ Awareness Day, held in September 2002, to which approximately 150 couples in the SANDF were invited. The concept of home-based care was introduced on the Couples’ Awareness Day and 24 volunteers were recruited for home-based training scheduled for January 2003. A proposal has been submitted for home based

training for 2003 and will be run by occupational health and safety officers under the guidance of educational officers (social workers and psychologists).

Other initiatives in 2002 included the training conducted by Masibambisane, which began in March, during which 24 occupational health and safety workers were trained in HIV/AIDS counselling and education. In addition, in June/July 2002 70 health care workers received training in HIV/AIDS counselling and education. According to the chairperson, there is a definite need to market SACMA as most people are not aware of the alliance. This will be a priority in the future.

Members' opinion was divided in terms of successful projects that were initiated by SACMA in the province. Two of the four interviewees stated that nothing had yet been initiated, whereas the Department of Correctional Services cited a workshop with top management and the training of 40 peer educators.

The Limpopo members mentioned a number of unsuccessful projects: funding efforts at a regional level, the launching of six regional CMAs and life skills and peer education. Reasons given for the poor success of these projects included the late submission of a funding proposal and that the launching of the regional CMAs faced a lack of funding and a high member turnover. The training also suffered as a result of a lack of decision-making authority at a local level.

5.6.6 North West

Training conducted in 2001 consisted of two workshops in home-based care and training for members in basic peer education. The home-based care workshop was initiated among employees of Hospice Movement and facilitated by Hospice Movement workers with SACMA financing the workshop. Approximately 60 Hospice workers were trained.

However, opinion regarding the success of the home-based training was divided. Some members believed it had been a successful venture and attributed this to the involvement of non-military role players, namely community volunteers, whereas others were of the opinion that the poor attendance severely limited its success.

The achievements outlined in the second quarterly report for 2002 included meetings, the compilation of a year plan, the formation of regional committees and a Candle Light Memorial. The year plan was included in the documents received by the research team but does not include measurable and specific objectives.

One of the challenges facing the committee, according to the minutes of meetings for March - June 2002, included inconsistent attendance by the Department of Health at meetings. The re-deployment of committee members to

other posts within departments was also mentioned as hampering the continuity and coherence of the committee itself. Another challenge mentioned is “funding does not come in time, causing delays in project implementation”.

According to the chairperson, three proposals were submitted for planned projects in 2002. These included:

- ◆ A workshop on project management, advocacy and presentation skills for regional committee members, as some members are struggling with project management
- ◆ A workshop on HIV/AIDS for all management at stakeholder departments
- ◆ A community-based information campaign planned for Pomfret.

However, the project planned for Pomfret, a former military base, was the only project for which funding was approved by the Department of Health. The initial plan was to implement the project in November 2002. It has, however, been postponed as it was decided that it was preferable to include the children in the community in the planned awareness workshops. The project is therefore scheduled to begin in the December school holidays. There were also problems in accurately budgeting for the project, resulting in delays.

5.6.7 Gauteng

The minutes of the Steering Committee state that the first half of 2002 was very quiet with only one meeting having taken place during the period. The two projects planned for the province consisted of the trauma centre project and events planned for Bosses' Day.

Although the trauma centre project has been planned since 2001, it has only recently been initiated. In particular, the research project has been approved. The research team received project plans for both the trauma centre and the planned Bosses' Day activities. (In terms of the impact of the POLICY Project's training in project management and proposal writing, both plans are comprehensive and well conceptualised.)

According to the chairperson, the first phase of the trauma centre project is currently being implemented. The original plan was to train the personnel working at the trauma centres, but there was uncertainty regarding whether or not training was needed or what type of training was required. A consultant has therefore been appointed to conduct an audit of trauma centre services in the Tswani area.

The chairperson mentioned that SACMA allows for one project to be implemented at a time, and once it has been satisfactorily completed, applications for further funding can be submitted. The CMA has therefore only

been involved in the planning of the trauma centre training project in 2001 and 2002.

The Bosses' Day project - to inform middle and senior management on HIV/AIDS issues - has been put on hold, as the CMA was not able to receive funding before the trauma centre project has been completed.

A support group for people living with HIV/AIDS and others affected by the virus was established, but it appears as though the project is predominantly a SAPS project and plans are still underway to include other members of the alliance.

Besides funding issues, one member in Gauteng mentioned that a second reason for the lack of success of SACMA projects is that initiatives are often driven by individuals with strong personalities, and if these people leave then the project is left in a vulnerable position.

5.6.8 Mpumalanga

The feedback report for the Mpumalanga CMA mentions only two activities undertaken during the second quarter: the compilation of a year plan and the commemoration of a Candle Lighting Memorial service. A brief year plan was included with the report. However, in interviews two of the four respondents also mentioned that SACMA members sent delegates to be trained as master trainers in home-based care.

All respondents considered the Candle Lighting Memorial a success and attributed it to the fact that it "was an easy event to plan" and that members were committed. In terms of unsuccessful projects, respondents either mentioned planned training but had not taken place (peer education and home-based care) or responded that no projects had taken place, only campaigns. The reason given for the difficulties was problems encountered with funding, including the perception that "national office keeps declining our plans".

5.6.9 Free State

The January 2002 minutes of the Free State CMA make mention of the need for SACMA's mission and vision to be distributed to "all members for them to have first hand information about its activities". It goes on to outline a need for SACMA to explain its mission and vision at a workshop and that the planned two-day workshop could also provide the opportunity for member organisations to explain the nature of their activities. Concerns were also raised at a meeting on the 8 January that members do not regularly attend the SACMA meetings and that this "retards progress". The 2001 minutes also reflects a lack of consistency in attendance, which is mentioned as an area of concern.

Activities actually undertaken in 2002 included a function to celebrate the International HIV/AIDS Candle Light Memorial Day in May 2002 and a “Bridging the Gap” workshop in March 2002, the purpose of which was described as “providing civil society and security organisations with the opportunity to strategise on how to co-ordinate efforts in the fight against HIV/AIDS” (workshop minutes, 14 – 15 March 2002).

Delegates from all departments - Health, Social Services, Correctional Services, SANDF, SAPS - and NGOs were invited to make presentations concerning their services with regard to HIV/AIDS. Approximately 55 delegates attended the “Bridging the Gap” workshop.

A project revolving around HIV issues and the law was planned and conducted in November 2002. According to the chair it was attended by approximately 170 delegates from state departments, SAPS, Defence Force and NGOs in the Free State.

No projects were undertaken in 2001, but rather projects for 2002 were planned. Planned projects for the remainder of 2002 include a strategic meeting to begin planning for 2003, to be held in December this year.

6. CONCLUSION

SACMA was conceptualised at a particular time when the health department wanted to mainstream HIV/AIDS into other departments and ministries. Five years later the alliance finds itself at a crossroads.

The focus of this study has been on two main objectives, the first being to evaluate SACMA as an organisation, and the second to evaluate the training and capacity building provided to SACMA members.

An exploration of the process issues indicates that SACMA is currently facing some challenges regarding its partnership, structure and programmatic aspects. In particular, there is considerable confusion between the difference in role of SACMA and other similar bodies such as the IDC, and the intended role for civil society organisations within the SACMA partnership. In terms of structure, communication between the national and provincial structures is problematic, and the financial and administrative systems appear to be inadequate. Little thought was given to the sustainability of the alliance and over recent years it has been largely dependent on the Department of Health funding, with little consideration and anticipation of future sources or needs.

The alliance is volunteer-driven and is assumed to run on the goodwill of individuals, namely those that are passionate and willing to contribute additional time to HIV/AIDS. Because of this insufficient consideration given to the resourcing of a basic administration system no adequate records are kept of activities, achievements.

Finally, the organisational aspects of SACMA present a number of challenges, for example, the unclear purpose of marketing efforts, the fact that reporting systems are not rigorously adhered to, and the lack of monitoring systems.

However, there are also some successful aspects of SACMA's process. These aspects include the fact that members in five out of nine provinces were clear about the details of the alliance's mission and objectives, that a couple of provinces have managed to secure the regular participation of civil society organisations, and that problems of conflict among members were rarely reported. Most of the SACMA members interviewed felt that they had benefited from their involvement in some way. The benefits mentioned most frequently included improved networking opportunities, some co-operative ventures between departments, sharing of resources and greater exposure to training opportunities.

SACMA's greatest achievement to date appears to be the training it has been able to deliver or organise. And evidence indicates that a significant number of respondents were satisfied with the training and had implemented some of the

skills and knowledge acquired. This was largely the case for the POLICY Project training, which respondents described as very useful. Even though none of the provincial committees were using monitoring and evaluation effectively in their CMAs, many were able to work more efficiently due to better project planning and facilitation skills, and had a better understanding of HIV/AIDS related issues.

The impact of SACMA has been limited and indirect in terms of influencing HIV/AIDS programmes and policies of member organisations. It is not within the realm of SACMA to be able to influence such internal policies directly. However, some members did credit SACMA with some influence in this regard. In particular, it was felt that SACMA's training in HIV/AIDS, the opportunity to network and learn from other members' experiences, and the acquisition of facilitation and project management skills had made members more effective in implementing policies and programmes.

As regards raising awareness of HIV/AIDS issues, the research indicates that SACMA has had limited impact. Many of the members believed that they were aware of HIV/AIDS issues before joining SACMA. However, they had benefited from the support they had received in dealing with related issues.

Overall, the number of collaborative projects undertaken by the provincial SACMA committees was limited, and consisted mostly of training or administrative activities and some awareness campaigns.

7. RECOMMENDATIONS

Based on the findings of this study, the following recommendations regarding the future of SACMA activities are made:

7.1 Clarification of SACMA's role, purpose and strategic direction

In deciding the future role of SACMA, members should consider what aspects of their HIV/AIDS interventions have been the most successful. For example, does SACMA's most valuable contribution lie in its ability to deliver training, raising awareness about HIV/AIDS issues, assisting departments in developing appropriate work place policies or in facilitating better co-operation between departments? The present evaluation seems to indicate that the greatest successes in the past have been in the areas of organising collaborative awareness raising events and in delivering training, although these successes have not been achieved to the same extent in all provinces.

There needs to be clear role differentiation between SACMA and similar government organisations involved in HIV/AIDS related work. In particular, respondents identified the need for clear role differentiation between the IDC, the District AIDS Councils, and between SACMA and the SANDF Masibambisane initiative.

To illustrate, in the first Eastern Cape CMA quarterly report for 2002 reads: "SACMA and Masibambisane cannot be seen as total (sic) separate entities anymore – as the [SACMA] role players are involved in both. Masibambisane, however, seems to be a shorter term project than SACMA and also has a limited scope of prevention only" (page 3).

At present there seems to be no clear strategic direction for the future of SACMA. The nature of activities to be undertaken by SACMA, and the intended outputs and benefits need to be specified as this would assist members in understanding the role they can effectively play in achieving SACMA's objectives.

It appears that SACMA is not engaged in many collaborative activities aimed at HIV/AIDS prevention. There seems little evidence, or even intention, of participating in strategic and co-ordinated preventative activities around such issues as, for example, the prevention of sexually transmitted infections (other than the distribution of condoms), counteracting stigmatisation, and preventative work with youth or sex workers – despite intended workshops which appear not to have taken place.

A guideline document should be designed and circulated among all provincial SACMAs to provide clarity of role and function. Such a guideline document should specify what are “nice to haves” and what are the “must haves” in the SACMA structures. For example, to what extent should civil society organisations and PWAs be represented on the provincial and national structures? What form should monitoring and evaluation take? How are responsibilities between national and provincial structures shared? A guideline document should also specify what is required from members, and should get members to agree to their roles and responsibilities in an attempt to make it easier to hold member organisations accountable.

7.2 Clarification of assumptions

Members’ divergent and vague understanding of SACMA’s role may imply that the purpose and mission of the partnership have not been sufficiently discussed. Some of the thinking implicit in SACMA’s programme logic appears to be based on untested assumptions. These assumptions, such as “collaboration is an effective tool in fighting HIV/AIDS,” need to be discussed, explored and made explicit. How well do partnerships really work in preventing the spread of HIV/AIDS? What is essential so that such collaborations are effective? Does “individuals meeting and sharing information on a regular basis” automatically result in effective collaboration?

A shared understanding of the precise meaning of buzzwords would assist members in having a clearer understanding of the role of SACMA, and their roles within the alliance. Once SACMA has unpacked its own thinking and knows why it employs the methods it does, then its role can be more clearly directed and its assumptions tested and adapted to constantly enhance its effectiveness and efficiency.

7.3 Improved participation

Not all of the identified organisations presently participate in the provincial CMAs. In particular, it has proven difficult to secure the regular and consistent participation of the Department of Health in some provinces. A non-attending official from Health mentioned that SACMA is just one of a vast number of similar committees in which the Department is expected to participate. It was also mentioned by other Health representatives that they are not sure how they can benefit from participating in SACMA. From the other perspective, members from SACMA committees where Health was not represented mentioned their frustration regarding their absence.

In attempting to recruit appropriate members it is important that their expected role in the alliance be spelt out to them. This would be made easier if there were a guideline document in place. The voluntary nature of the alliance is such that

one can expect that there will always be problems in securing full representation from all five government departments. Arrangements should therefore be made for departments that do not wish to be full SACMA members. For example, in provinces where the regular participation of the Department of Health cannot be secured, arrangement could be made whereby the Department acts as a resource to the alliance and is only referred to when their direct inputs are required.

A second problem to do with participation and representation is that there is little representation of interface representatives. Uniformed members dominate the provincial CMAs, and civil society organisations are represented in just two provinces and NAPWA in just one. Ultimately, SACMA's intention is to encourage interaction at the military and civil interface. At present non-military role players are limited to three government departments - the voice of pertinent civil society organisations is not being heard. Once again, a guideline document would provide direction regarding the extent to which civil and PWA representatives should participate, and where necessary additional members should be recruited.

7.4 Improved funding arrangements

The issue of funding seems to be one that is hampering the implementation of SACMA outreach initiatives. A number of members cited funding problems as the primary reason for the scant activity within their provinces. Funding is a serious problem that needs to be addressed as it is central to the sustainability of the alliance. At present, SACMA is entirely reliant on funds from the Department of Health. It would be a more tenable situation if the individual departments were also able to make contributions towards the costs incurred by the alliance.

A second funding-related problem has to do with feedback from the Department of Health in Pretoria to the provincial CMAs regarding funding. A number of respondents complained that there was a *"lack of transparency"* regarding funding decisions. It is necessary that the Department of Health provides detailed feedback to each province regarding all decisions taken on funding requests and proposals. It should be stated that the research team is not clear about the exact form in which feedback from the Department of Health is given to the provincial committees. The lack of feedback might be in part due to the Department of Health's lack of administrative capacity. The limited staff capacity hampers the Department's ability to sufficiently address communication issues within the alliance.

However, it is suggested that the criteria for funding are made clear and communicated to all provinces. It would also assist relations between the provincial and national structures if standardised feedback is given to provincial CMAs, perhaps even making use of standardised feedback forms.

7.5 Additional administrative capacity and systems

The SACMA executive does not have adequate resources available for the administrative tasks required. As a result, communication and feedback between provincial and national structures suffers. This was highlighted by some of the members interviewed, who mentioned that they did not receive sufficient guidance from the national office.

A related problem is that of poor record keeping in the past. The present administrator is not able to comment on, or provide complete documentation for past activities since no systematic record keeping appears to have been in place from the time SACMA was initiated.

Possible solutions to the problem of the administrative capacity of the national office include making additional staff available, or decentralising some aspects of the administrative workload.

It is also important that adequate administrative systems be instituted. It is acknowledged that the problem of an inadequate record keeping system might have been addressed with the appointment of the present administrator. However, the problem does warrant a review of the system currently in use to ensure continuity in the work of subsequent administrative staff. The need for a coherent administrative system is particularly important if any administrative tasks are decentralised, so as to avoid the loss of information between provincial and national structures.

It ought to be noted, that this recommendation is dependent on whether SACMA chooses to play an initiating or coordinating role, as discussed under section 7.1 on page 44. The answer will determine whether it would still require a strong administrative backbone, or not.

7.6 Improved monitoring and evaluation systems

Despite the training provided by the POLICY Project in monitoring and evaluation, there appears to be no clear monitoring and evaluation system in place. As a result the research team experienced difficulty in verifying the specifics of what had actually taken place. The problem is further exacerbated by the inconsistent submission of reports by the provincial CMAs – a problem that highlights the fact that participation in SACMA is voluntary and no organisation is mandated with the authority to manage the process.

The Department of Health, as the funding organisation, should make it clear what the consequences are of failing to submit complete and accurate reports on time. Some of the quarterly reports submitted by the provincial committees are very short on details and do not contain sufficient information to serve as adequate

tools for monitoring the progress made by the provincial CMAs. A standardized reporting format is recommended.

It would be helpful if the provincial CMAs made use of attendance sheets to collect all relevant details of all training participants. It should also be standard that participants complete evaluation sheets at the end of training. It might be that some of the provincial committees already collect such information but it was not made available for the study. Such information is important for evaluations such as this, and also as a means of verification.

Service providers – whether NGOs or SACMA members – could also conduct follow-ups a couple of month after the training to assess the extent to which the training has been implementation and problems encountered in this regards, as well as exploring the need for further training or post training support that might be required by the people responsible for implementation. This could enhance the impact that the training has within the member organisations.

7.7 Inclusion of SMART objectives in project plans

The POLICY Project has provided training in developing and using objectives in project planning and implementation. However, very few of the plans and the reports collected by the research team contained appropriately developed indicators. Provincial CMAs frequently stated that their objectives were to share lessons learnt, to strengthen partnerships, and to empower managers to deal with HIV/AIDS. Such objectives fail to meet the requirements of SMART objectives, namely specific, measurable, achievable, realistic and time framed.

SMART objectives serve an important role in monitoring the delivery of planned activities. Detailed objectives that are possible to monitor are important in all projects, but especially those that are accountable for funding received for the planned activities. Any funds granted should be dependent on the submission of an appropriately conceptualised project plan.

7.8 Clarification of the use of the website in marketing

The website has failed to serve its intended purpose. A total of 76% of SACMA members interviewed mentioned that they either do not have access to the website or chose not to visit the site regularly.

The website is part of a larger problem. It was intended as a marketing tool for SACMA, however, the purpose of SACMA's marketing activities remains unclear. What is the desired outcome of marketing the alliance? Who is the intended audience? SACMA needs to consider if marketing falls within its core business and if it has the necessary skills and resources to undertake the task. This should be possible once SACMA is clearer about its role.

It could be argued that members should rather focus on lobbying within the SACMA member organisations, to, for example, convince departments to provide activities on HIV/AIDS for the SACMA target group. At least some of the individual members have been exposed to the necessary lobbying skills as part of the POLICY Project's training on the topic. It is necessary that SACMA has the support of senior management to ensure its future sustainability. The support of senior decision makers is needed so that resources can be made available for the future sustainability of SACMA.

7.9 Standardised reporting

The lack of monitoring and evaluation highlighted the need of SACMA to standardise its reporting formats. Even though the website provides a format for the writing of proposals, this is not sufficient, since many members have access to the internet and especially because it is not enforced by the administration.

7.10 Post evaluation feedback and planning workshop

In the light of the study's findings, the research team suggests that a feedback and planning workshop be held with all members of the Steering Committee. The purpose of the workshop would be to discuss the findings of this study and its implications for SACMA's future. Following that, we suggest that the research findings be shared with other key stakeholders (for example, SANAC, IDC) and that together with these groups the future of SACMA is determined.

APPENDIX A – SACMA TRAINING

The following information is based on individual interviews and documents provided by the POLICY Project.

APPENDIX A – SACMA TRAINING

Province	Service provider	Training	Year	Objectives	Selection	No. trained	Length	Cost
North West	Hospice	Home Based Care	2000-2: 2-3 times yearly	To plan care givers part	- Over 25 - Able to read & write	200	2 weeks every day, all day	R 10 per person
	Hospice	Care givers course	2001: 1 2002: 2	Able to do Home based care & counselling	Gross course & then selection	21	10 weeks: 5hrs per week	R 100 pp
	Hospice	Hospital: the heart of living & dying	2002 & 2003	To teach about selves, communication skills & how to work with dying patients	None	30	10 weeks – 5 hrs per week	R 5.50 pp
KZN	SANDF	Educational Officers course	2001	To train education officers in occupational health, safety coordinators, health care workers	By social workers & psychologists	18 total 11 SANDF 3 DCS 4 SAPS	1 week	R 4500
	SANDF	Occupational Health & Safety Co-ordinator Course	2002	Training people to train peer educators	OHS coordinators	10 SANDF	4 days	R 3000
Gauteng	SANDF	Educational officers	2002	To train education officers in occupational health, safety coordinators, health care workers	By social workers & psychologists	17 SAPS	1 week	R 8000

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Province	Service provider	Training	Year	Objectives	Selection	No. trained	Length	Cost
National	SANDF	HIV Master Trainers Course	2002	Training members to be educational officers master trainers	Any health care worker with interest & competency in HIV training	21 8-SAPS 13 SANDF	1 year: pre & post course assessment & 3 weeks residential phase	No cost to participants – but to run: R 5000 not a sacma interface project: initiated by attic
Limpopo	ATTICC	Awareness training to prison services & DCS	2001-2002	Awareness of HIV/AIDS	Literacy Communication skills Interest through DCS	535 inmates (all long- & short term sentenced prisoners – form 3 months onwards	3 days	R 25-27000
Eastern Cape	House of Resurrection	Wellness management & home based care	2001	- To educate trainers in HIV/AIDS issues Counselling - Treatment of infections - Caring at home	Clients approach them with names	23 trainers: mixed group: nurses, volunteers, SANDF DCS members, Health	5 days	R 30 000
National	POLICY Project	Train the trainers – Western Cape	1998					R 30 000

APPENDIX A – SACMA TRAINING

Province	Service provider	Training	Year	Objectives	Selection	No. trained	Length	Cost
	POLICY Project	HIV/AIDS & You – Gauteng Limpopo W Cape Free State E Cape KZN	1999	<ul style="list-style-type: none"> - Impact of HIV on own lives - Impact HIV will have on workplace - Develop individual activity plan for union - Identify additional resources, they may require 	Targeted: POPCRU SAPU	29		R 30 000
	POLICY Project	Advocacy workshop	1999					R 30 000
	POLICY Project	Gauteng Provincial workshop	2000					R 30 000
	POLICY Project	Western Cape Provincial workshop	2000	Debating need for demographic database		23		R 30 000
	POLICY Project	North West Provincial workshop	2000	<ul style="list-style-type: none"> - Workplace policies & programmes - Impact of HIV - Framework of workplace policies - Identify workplace issues & address them through the development of workplace policy 		60: SANDF DCS SOCIAL SAPS HEALTH		R 30 000
	POLICY Project	Northern Cape Provincial workshop: Train the trainer	2000	<ul style="list-style-type: none"> - Building blocks to effective HIV/AIDS Training for SACMA - Identify key elements if designing effective train the trainer workshop - Assist development & design of train the trainer workshops 				R 30 000

APPENDIX A – SACMA TRAINING

Province	Service provider	Training	Year	Objectives	Selection	No. trained	Length	Cost
				- Issues of HIV/AIDS being a facilitator: techniques				
	POLICY Project	<i>Strategic planning workshop:</i> Looking at the fruits of our work & branching out to new terrain	2000	ZOPP model: - participant analysis - problem analysis - objectives analysis - alternatives analysis - defining project - elements - assessment of assumptions - developing indicators - M&E - SWOT analysis		100		R 30 000
	POLICY Project	<i>Steering Committee - facilitated</i>	2001 x 3	Feb 2001: Identify successes & challenges of past Planning: Communication: - website - Newsletter - Link with IDC Programmes: - master training - peer education - care - condom distribution Develop best practice programmes New partners: - security companies,				R 30 000

APPENDIX A – SACMA TRAINING

Province	Service provider	Training	Year	Objectives	Selection	No. trained	Length	Cost
				<ul style="list-style-type: none"> - trucking industry M&E & funding. Nov 2001 - Opportunity to reflect Increase knowledge of community-based approach to planning - Link SACMA with local & inter-sectoral structures providing care for those affected - Assist to identify practical ways & opportunities to extend collaboration - 5 steps planning method - M&E 				
	POLICY Project	Limpopo Provincial workshop: AIDS the connection, the impact	2001	<ul style="list-style-type: none"> - HIV facts 7 figures - Exploring impact - Personal perspective - AIDS & law - Pledging support 				R 30 000
	POLICY Project	Gauteng Provincial workshop: Plotting & planning for better practice: taking a	2001	<ul style="list-style-type: none"> - Trauma centres - Developing terms of reference - Voluntary testing & 				R 30 000

APPENDIX A – SACMA TRAINING

Province	Service provider	Training	Year	Objectives	Selection	No. trained	Length	Cost
		further look at trauma centre		counselling Task team - Multi-sectoral commitment				
	POLICY Project	Limpopo Provincial workshop: Leading the way: expanding multi-sectoral involvement to HIV/AIDS)	2001	- Facts & figures related to HIV/AIDS - AIDS & law - Personal perspective - Impact of HIV - Expanding multi-sectoral commitment				R 30 000
	POLICY Project	Eastern Cape Provincial workshop: – paid for by POLICY Project – not facilitated	2001					R 30 000
	POLICY Project	Kwa-Zulu Natal Provincial workshop: HIV/AIDS conference for managers in uniformed services	2001	- To draw management on board: and look at their role & responsibility - HIV & workplace - Facts & figures - Market SACMA: source of support to management - Management to deal with stigma related issues - Sharing lessons		153: SAPS SANDF DCS HELATH WELFARE NGOS (10 PLWA)		R 30 000
		Western Cape Provincial workshop: Paving the way towards vision & action – POLICY	2001	- To obtain commitment & partnership/cooperation - - Form specific role players to establish & sustain effective		20: SAPS, SANDF, NGOS (0 PLWAS)		R 30 000

APPENDIX A – SACMA TRAINING

Province	Service provider	Training	Year	Objectives	Selection	No. trained	Length	Cost
		Project only assisted in some ways		HIV/AIDS SACMA - Exploring military environment networks & alliances Identifying interface				
		<i>Strategic planning:</i> Getting ahead with our partnership & realising our potential to combat HIV/AIDS pandemic	2001	- Getting provinces to submit proposals to DoH				