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# CITIZENS AT THE CENTRE

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AIDS COUNCILS  
AS CATALYSTS FOR  
UNLOCKING CITIZEN  
POWER

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By Marie-Louise Ström ❖ 2005

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## About the author

Marie-Louise Ström trained and worked as an English teacher in Johannesburg before doing a Masters Degree at the Sorbonne University in Paris. She then lectured in the French Department at Rhodes University, Grahamstown.

Since 1992 she has worked at IDASA, where she has directed a variety of democracy education and citizen leadership initiatives in South Africa and other African countries. She is a materials development specialist, and has written many training manuals for IDASA and other organisations.

From 1998 to 2001 she was convenor of the National Forum for Democracy and Human Rights Education. She was lead author of *Youth Vote South Africa*, a project with the Independent Newspaper Group and the Department of Education that included 20 weekly newspaper supplements on democracy and citizenship, in preparation for the 2004 general elections.

In 2004, Ström directed *Lessons from the Field: A Decade of Democracy*, an IDASA project which included a series of commissioned papers, roundtable discussions and a national symposium exploring the lessons from South Africa's first 10 years of democracy. She now manages the Exchange and Learning Unit in the Executive Office of IDASA, and facilitates strategic planning, evaluation and exchange of learning between programmes. She also continues to be involved in materials development.

## Preface

The principal objective of this manual is training non-governmental organisation (NGO) practitioners to develop and mobilise civil society's engagement with AIDS councils and build effective governance of the HIV/AIDS pandemic.

There is very limited civil society participation in the AIDS councils, despite the fact that the government at provincial, district and local levels has shown strong interest in establishing AIDS councils to open up space for a collaborative response from all key actors.

To this end, this manual will be a resource not only for civil society, but also for those entrusted with driving the AIDS councils. It is aimed at promoting the sustainability of the AIDS councils through the contribution of civil society. Theories of sustainability argue that citizen ownership of development initiatives is crucial to their long-term success. Thus the main idea promoted in this book is citizen ownership of the initiatives carried out by AIDS councils.

With this in mind, facilitators have been guided to take the local context into consideration. Citizen ownership is not possible without serious consideration of the local context as people always act according to what they know and understand.

This manual attempts to help the facilitator guide participants in understanding and using specific aspects of their context and history as a motivation for engaging with HIV/AIDS through AIDS councils.

It is IDASA's view that this approach to dealing with the pandemic is in line with one of the pillars of democratic governance, that of participation of citizens in the issues that concern their lives. This manual serves as one of our contributions to the empowerment of ordinary citizens in assisting effectively in managing the pandemic.

*Kondwani Chirambo*  
Programme Manager

*Bernard Likalimba*  
NGO Capacity-Building Coordinator

## Acknowledgements

We extend our gratitude to several people and organisations who gave immeasurable support to the interventions that have resulted in this publication. Our contribution to this project would not have been possible without the support of the Department for International Development (DFID) through our operational partners, the Eastern Cape NGO Coalition (ECNGOC) and CARE SA-Lesotho.

Our relationship with both ECNGOC and CARE SA-Lesotho has led to a better understanding of the dynamics of the coalition between state and non-state entities in combating the HIV/AIDS pandemic and lays a strong foundation for the continuation and replication of such work in other parts of South Africa and Africa.

The Eastern Cape interventions, which were aimed at strengthening the role of NGOs in the AIDS Council structures, clearly indicate the need to develop systematic training programmes to ensure longevity and sustainability in the long term.

Of special mention within ECNGOC should be Nopiwe Ludidi, the coalition's training officer, who dedicated much of her time to strengthening the capacities of NGOs involved in AIDS councils.

Vanessa Kruger and Dianne Morram of Project Evaluation and Research Services Trust were pivotal in implementing the strategic workshops held under this project.

The commitment of the Eastern Cape AIDS councils in supporting our work through theoretical and methodological reflections must also be mentioned. We also thank the five district AIDS councils we worked with in the Eastern Cape, Amatole – Chris Hani, Alfred Nzo, Cacadu and Ukhahlamba – for their logistical support in organising the workshops which gave us insights into the needs of civil society and AIDS councils in the province.

Finally we thank GAP and IDASA staff who were always there to provide moral and intellectual support during the process of producing this manual, especially the author, Marie-Louise Ström

*Kondwani Chirambo*

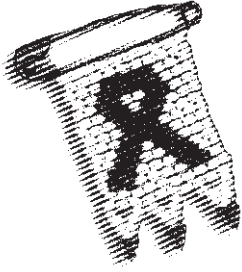
*Bernard Likalimba*

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# **1** INTRODUCTORY NOTE **FOR TRAINERS**

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## ❖ INTRODUCTORY NOTE FOR TRAINERS



### A different approach to AIDS councils

Local and district AIDS councils have already existed for quite a while. In many places, however, they have struggled to fulfil their purpose of co-ordinating the work of the government and civil society around HIV and AIDS. A lot of effort has gone into diagnosing the councils' problems and trying to help them function more effectively. Much of this work has tended to focus on improving the administrative arrangements and organisational skills of the councils themselves. This training programme takes a completely different approach. Rather than attempting to boost the capacity of AIDS councils and their members, this programme acknowledges the limitations of any such structures when it comes to solving complex public problems, and turns the spotlight on citizens instead.

### Citizens as agents of change

The aim of this workshop is to remind ourselves that our democratic faith does not depend first and foremost on structures, but rather on people. On their own, structures can achieve very little. The real power to change society and turn around a major crisis like HIV and AIDS lies with citizens. The most valuable role that AIDS councils can play is to help unleash this citizen power, and tap into the enormous talent, ingenuity, energy and local knowledge that citizens have to offer. Instead of functioning like bureaucratic structures that co-ordinate and direct the work of others, AIDS councils have the potential to be facilitative, helping unlock the capacity and resources inherent in their communities to address the AIDS pandemic. But this is a lot more easily said than done. Deep down, people often doubt the capacity of citizens to be real agents of change, and prefer to put their faith in the government and other specialised bodies. And the government likes to be firmly in control. In fact, although many participatory structures exist to enable citizens to communicate their views to the government, such participation is often rather limited and happens on the government's terms and according to its timeframes.

### Going back to the basics of democracy

AIDS councils, together with others, need to focus on community organising, enlisting people institution by institution, block by block and street by street to join the fight against HIV and AIDS. Everyone knows that the pandemic cannot be addressed by a handful of government officials, health experts and service organisations, no matter how outstanding their work may be. Across the country, individuals and

groups have taken remarkable initiatives to deal with HIV and AIDS in their communities. But many people are not yet involved. New ways must be found to enable every member of the community to accept the AIDS crisis as their own crisis – to be honest about the multiple ways in which it affects them and their neighbours and is shaping the future of their community. The problem cannot be solved unless they take responsibility for it too. The government has a role to play in providing resources and developing co-ordinating frameworks, but the people themselves have the best ideas about what needs to be done and what solutions will work in their particular community. If the government and citizens work together real progress can be made. This is the true foundation of our democratic faith.

### **Finding local solutions that work**

Tapping into the knowledge, experience and capacity of citizens makes it possible to find solutions that can be owned and implemented by people themselves. The aim is to find solutions that work in terms of the culture and customs of a particular place and group. For example, to what extent have we encouraged young people to develop their own AIDS awareness programmes in local communities, using their own ‘language’ and fitting in with their own norms? Have we involved older adults in communities in finding ways of talking to each other about HIV and AIDS, rather than judging them for treating it as a taboo subject? How can people living with AIDS work with others to develop support networks for themselves and their children, into the future? In each place, the answers to these questions might be different. While it is useful to share ideas across communities, the most important thing is to work with local realities and local personalities, both hidden and well-known. Local government is part of the mix, but instead of trying to devise solutions for people, it can be more effective by collaborating with them and boosting their resources and capacity to act for themselves.

### **Rising to the challenge together**

The AIDS pandemic poses a huge, unprecedented challenge to the whole nation. Saying that we need to place citizens at the centre of our efforts to address this challenge is to acknowledge that the call to action needs to be answered by everyone. If people continue to see HIV and AIDS as issues ‘out there’ that ‘other people’ have to deal with, then projects and programmes conducted by AIDS councils and other bodies will never have the desired effect. Without a broad sense of ownership of the problem, most solutions are doomed to fail. Simply presenting solutions to people does not develop ownership. We need to find appropriate ways of involving every sub-group in the community – not only the better organised or more obvious sectors – in confronting the crisis and devising ways of dealing with it. Every group can offer something different, but essential, to the fight. In some cases it might take patient organising to convince people that they have an important

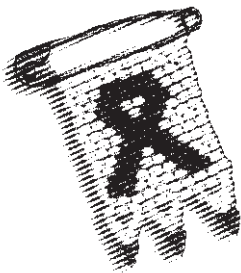
role to play, but if they feel respected and valued in the community, they will begin to take themselves and their contribution seriously. People start to hold each other accountable when they recognise the urgency of a problem and acknowledge their own role in dealing with it. Accountability is not about finger-pointing, but about getting down to work ourselves. Only then can we say, 'We are playing our part to the best of our ability. What about you?'

### Building confidence and skills

This workshop aims to renew people's faith in the resources that citizens have to offer. Although the idea of AIDS councils is based on the belief that the government and citizens need to collaborate, too often the councils become the centre of attention and the broad vision of developing a community-wide response to HIV and AIDS is weakened. Our aim is not to look at a community and say, 'They have an outstanding AIDS council'. Rather, we want to be able to say, 'The whole community is dealing with HIV and AIDS in a remarkable way'. An effective AIDS council will help to unleash this energy. It will counter pessimism and powerlessness in the community by building citizens' confidence in each other, increasing local pride, raising expectations and developing capacity so that everyone becomes involved in fighting the pandemic.

An important objective of this workshop is to boost the democratic faith of the participants so that they can approach the citizen-government partnership with renewed hope and commitment. The workshop presents two simple, but highly effective, community organising tools: one-on-one interviewing and power-mapping.

This is simply an introduction – these are skills that need careful development through practice. By using these tools, AIDS councils and communities can transform the way they work together. They will be able to design locally feasible strategies for dealing with the AIDS crisis, drawing on their combined resources. The programme includes a case study that provides inspiration, but not a directly transferable solution. This is not about the roll-out of a uniform approach, but about crafting a workable local response, owned and implemented by all the citizens of a community.



### Using this training manual

#### ❖ Number of participants

This workshop has been designed for small groups, not bigger than 30 people. The programme is highly participatory, and its success depends on people being able to interact with each other and the trainer. Rather run more workshops than include too many participants.

#### ❖ Training venue

If possible, use a flexible venue with movable furniture. A formal conference setting is not recommended. It is a good idea to seat

participants in small groups of 5 or 6. Tables are not essential, although there are some writing activities.

❖ **Training equipment**

The only equipment you need to run this workshop is one or two flipchart stands and plenty of flipchart paper. You also need several koki pens for group exercises, and masking tape to hang up the charts. If you do not have easy access to these resources, groups can take notes on ordinary paper. You can also use a chalkboard instead of a flipchart.

❖ **Timing**

The workshop lasts one and a half days. The programme for the first day is not too full, allowing for a later start and later finish if necessary. Try not to drop any of the activities as they have been carefully designed to flow together. It is ideal if participants can be accommodated at the venue overnight to enable a punctual start and finish on the second day.

The times provided for each activity are guidelines only, although they give some idea of the relative importance of the activities in relation to each other. If 5 minutes have been allocated for a particular activity, try to keep it relatively short. If 30 or 40 minutes have been allocated, use plenty of time for the activity, even if it does not catch on immediately.

❖ **Instructions and questions**

This training manual provides very detailed instructions. It is designed for people who might not have received any training on how to use it. The main purpose of this workshop is to promote the democratic idea of allowing citizens to take the lead in public problem-solving. It is a philosophical workshop rather than one based on facts and figures. For this reason, it aims to encourage honest discussion and reflection.

The questions for plenary and small-group discussion are included in the training instructions. Try to use the questions as they appear in the manual. They have been carefully formulated to ensure clarity and to provoke discussion. One of the rules of training is that unclear questions elicit confused answers!

❖ **Handouts**

To facilitate photocopying, all the handouts appear together at the back of the manual. Handouts have been kept to a minimum. Ideally, participants should receive copies of all of them. However, if you have limited access to photocopying facilities, ensure that you have at least 10 copies of every handout, so that there are enough for the different group activities. Remember that this workshop is about developing a new way of thinking, not about gathering facts and figures.

Read the trainer's instructions carefully to see when you should distribute each handout. Sometimes they are needed at the beginning of an activity and at other times they are distributed at the end.

❖ **Trainer's notes**

The trainer's notes provide more detail on some of the activity steps. They contain ideas on how to deal with tricky situations, or how to guide a discussion. Sometimes they provide the key points for a presentation, although you should also refer to the handouts when preparing your input. Because of the philosophical nature of this workshop, it is impossible to predict all the ideas that will arise in the discussion. No ideas are out of bounds. Be flexible, and at the end of each workshop write your own notes to remind yourself of interesting questions, useful answers, how much time you needed, and so on.

The trainer's notes are numbered and appear as footnotes to the instructions for each session.

❖ **Workshop outcomes**

Before you start conducting this workshop, the most important thing is for you to believe in the outcomes (see page 7). Don't train this programme if you don't believe in its core philosophy – that citizens need to take the lead in dealing with HIV and AIDS in communities. If you are convinced about this, then you will be able to guide participants effectively through the programme. If you have doubts, wrestle with them and discuss them with others, until you are able to say with conviction that citizens are the key to fighting the AIDS pandemic, not the government, health experts or AIDS councils.

This 'democratic faith' in citizens is the central message of the workshop. For many people it will represent a big shift in how they believe problems should be dealt with. Allow people to voice their questions and doubts, but keep challenging them to think about the limitations of structures and the infinitely diverse capacity of people. Keep the workshop objectives in mind at all times to keep you on track. The participants will not necessarily all be on the same wavelength as you at the start of the workshop, but the key themes are reinforced repeatedly throughout the programme, allowing for people to come to grips with them gradually.

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# 2 CONDUCTING THE WORKSHOP

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## OUTCOMES

After attending this workshop, participants will be able to:

- ❖ understand the meaning and value of multi-sectoral partnerships for addressing the AIDS pandemic;
- ❖ describe the structure and functions of AIDS councils, and the roles of different stakeholders;
- ❖ identify potential partners and suggest strategies for involving a diverse mix of institutions, organisations and citizens in dealing with the AIDS crisis in their community;
- ❖ promote community ownership of HIV and AIDS issues so that citizens can be at the centre of collaborative efforts to deal with the pandemic;
- ❖ proclaim the democratic faith that people have power and resources to address the crisis of HIV and AIDS.

## TIMETABLE

DAY 1		DAY 2	
09:00 – 10:30	<b>Session 1</b> We are the ones we've been waiting for	08:30 – 10:30	<b>Session 1</b> Communities acting together
10:30 – 11:00	<b>Tea</b>	10:30 – 11:00	<b>Tea</b>
11:00 – 12:30	<b>Session 2</b> Tapping into diversity	11:00 – 13:00	<b>Session 2</b> Deepening the democratic faith
12:30 – 13:30	<b>Lunch</b>	13:00 – 14:00	<b>Lunch</b>
13:30 – 14:40	<b>Session 3</b> Facts about AIDS councils		
14:40 – 15:00	<b>Tea</b>		
15:00 – 16:30	<b>Session 4</b> Mapping community resources and power		

# WE ARE THE ONES WE'VE BEEN WAITING FOR

## DAY 1, SESSION 1

**TIME:** 90 minutes (09:00 – 10:30)

**AIMS**

- ❖ to establish the core premise on which the workshop is based, namely that the power to change things lies in people rather than structures;
- ❖ to create an open atmosphere in the workshop that encourages participants to look at AIDS councils from a different perspective.

**LEARNING OUTCOMES**

After this session participants will be able to:

- ❖ describe the shift needed from expert-driven solutions to people-centred solutions;
- ❖ acknowledge that structures alone achieve little, but depend on people to bring them to life.

**WHAT YOU NEED**

- ❖ nametags;
- ❖ registration forms;
- ❖ handout 1: Programme outline;
- ❖ handout 2: Alinsky quote and 'We are the ones'.

TIME	TRAINER'S INSTRUCTIONS
10 minutes	Welcome participants to the workshop and introduce yourself. Invite people to introduce themselves very briefly to the plenary, giving just their names and the organisations/institutions they represent.
10 minutes	In plenary, ask participants to share their expectations of the workshop, in random order until all have been covered. Encourage people not to repeat points that have already been raised. Note the expectations on the flipchart.
10 minutes	Distribute the workshop programme (handout 1) and run through the objectives, clarifying which expectations will or won't be met by the workshop. Explain that this workshop emphasises the role of citizens in addressing the AIDS pandemic and presents a different perspective on how to make AIDS councils more effective.
1 minute	Now ask people to sit quietly for a moment and respond to the following question: ☆ What are three words <sup>1</sup> that describe how you feel when you think about the AIDS pandemic?

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3 minutes	Instruct participants to cluster in groups of 3, as they are seated, and share <sup>2</sup> the three words that came to mind in response to the question.
6 minutes	<p>Back in plenary, debrief quickly by asking:</p> <ul style="list-style-type: none"><li>☆ <b>What was the dominant feeling in your group – positive or negative?</b></li></ul> <p>Let a few people briefly share how they feel, if time allows, and reflect on the general mood in the face of the AIDS pandemic.</p> <p>State that this workshop aims to create a sense of hope, but that there is a need to take a fresh look at where this hope can realistically come from.</p>
5 minutes	<p>Comment that although this workshop focuses on AIDS councils and how to make them more effective, the programme is going to begin by asking some tough questions about them.</p> <p>In plenary, ask participants to respond<sup>3</sup> honestly to the following questions:</p> <ul style="list-style-type: none"><li>☆ <b>Do you <i>really</i> believe that AIDS councils are the best solution for dealing with the HIV/AIDS crisis in South Africa?</b></li><li>☆ <b>Do you <i>really</i> believe that it is worth putting your faith in your AIDS council to solve the AIDS crisis in your area?</b></li></ul> <p>Listen for whether 'yes' or 'no' answers predominate. Challenge<sup>4</sup> people about their answers, whether 'yes' or 'no'.</p> <p>Explain that this workshop goes back to the basics of 'democratic faith' so that we remind ourselves where our strongest hopes lie.</p>
5 minutes	Distribute handout 2 and read the quotes aloud in plenary, slowly and clearly, at least twice. Then divide participants into groups of 5 and ask them to share their reactions to the statements with each other. Again encourage them to be honest, and to feel free to agree or disagree with the statements on the handout.
20 minutes	Allow participants to discuss freely in groups.
10 minutes	<p>Back in plenary, allow the discussion to continue, focusing on the idea that 'the solution always lies with the people'. Ask:</p> <ul style="list-style-type: none"><li>☆ <b>Does the way we have been dealing with the AIDS crisis so far reflect this democratic faith in the people?</b></li><li>☆ <b>Do we have enough faith in ourselves and in each other to believe that we can be part of solving the AIDS crisis?</b></li></ul> <p>Reflect on the fact that we have become a very expert-centred<sup>5</sup> culture, relying on the government and specialist consultants to solve problems on our behalf.</p>

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- 10 minutes** Gradually move the plenary discussion to focus on the idea that ‘we are the ones we’ve been waiting for’. Ask:
- ☆ **Are we waiting for AIDS councils to act, or are we ready to take action ourselves?**
  - ☆ **Are we ready to create citizen-centred AIDS councils that form serious partnerships with communities to address HIV and AIDS?**
- Wrap up by commenting that AIDS councils,<sup>6</sup> just like all other structures, can achieve very little on their own – it is people who will bring them to life.
- To end on a rousing note, get the group to sing<sup>7</sup> ‘We are the ones we’ve been waiting for’.
- 

### TRAINER’S NOTES

1. People can think of three separate words or a three-word phrase.
2. Encourage people to share their words without giving detailed explanations, and then to assess the overall mood of their group.
3. People can respond aloud, or indicate what they feel by raising hands. Urge people to drop their pretences and to admit what they feel deep down.
4. The point is to shake participants up a little. Challenge those who say ‘yes’ to think honestly about whether structures on their own have ever succeeded in reversing major social problems. To those who answer ‘no’ or who seem non-committal, ask why they are attending the workshop in the first place. The intention is to shake people out of an attitude of compliance and create an atmosphere of honesty in the workshop. The gravity of the AIDS crisis does not allow for us to go along with an idea or play along with a structure just for the sake of it. We need to apply our best democratic energy and imagination to this situation. It is time to make AIDS councils work for our communities, but this will not happen without basing our work on a deep democratic faith in the people, not simply on instructions from higher-level structures and departments. Challenge everyone to be open to a real change in mindset in this workshop.
5. Expert-centred problem-solving has become a worldwide trend. As professionals have improved their qualifications and become more specialised, they have offered their services to governments and communities as consultants, often promising superior solutions. Government departments also employ their own expert staff, who confidently apply their minds to solving people’s problems. Citizens and communities have been seriously disempowered by this trend. Because experts generally consider themselves to be more informed and better qualified than most citizens, they tend to work in a detached way. Very often, inappropriate solutions have been imposed on communities because of this.
 

Expert-driven problem-solving processes often contradict the spirit of democracy. They imply that ordinary people don’t know what is best for them or their situation. But they have become so common that people have become used to them and underestimate what they can do for themselves. Obviously one does not want to suggest that expert knowledge is unnecessary and that citizens are capable of executing the most highly technical tasks. Experts have their place, but their work has much more positive impact when they collaborate with communities in a truly democratic way (not simply a token way). Experts need to be ‘on tap, not on top’.
6. Even if an AIDS council is perfectly structured and organised, *on its own* it will have very limited impact if it does not galvanise the energy of the community. One can draw a comparison with a jazz group. The group itself is not the music, but the vehicle to make it happen. In the same way, an AIDS council can be a platform for productive co-operation between a number of different role-players. But the structure itself is just the beginning. The ‘music’ is the

collaborative work of many different sectors of the community, using the council (as well as other settings) as common platforms.

7. It is easy to sing 'We are the ones' to the tune of 'This is the day that the Lord has made,' a song that is probably familiar to some participants. Otherwise make up your own tune.

*We are the ones,  
We are the ones,  
We've been waiting for,  
We've been waiting for;  
Nobody else,  
Nobody else,  
Gonna rescue us,  
Gonna rescue us;  
We are the ones we've been waiting for,  
Nobody else gonna rescue us;  
We are the ones,  
We are the ones,  
We've been waiting for.*



# TAPPING INTO DIVERSITY

## DAY 1, SESSION 2

<b>TIME:</b>	90 minutes (11:00 – 12:30)
<b>AIM</b>	❖ to encourage greater appreciation of how diverse perspectives on HIV and AIDS can create more power to deal with the pandemic.
<b>LEARNING OUTCOMES</b>	After this session participants will be able to: ❖ explain the importance of broad participation in AIDS councils; ❖ identify people's unique perspectives on HIV and AIDS.
<b>WHAT YOU NEED</b>	❖ handout 3: Quote by Lasker and Weiss; ❖ handout 4: Guide for one-on-one interview

TIME	TRAINER'S INSTRUCTIONS
10 minutes	<p>Introduce this session by stating that the defining characteristic of AIDS councils is that they are multi-sectoral forums. In plenary, have a brief discussion about why a multi-sectoral<sup>1</sup> approach is important in the fight against HIV and AIDS. Use these questions as a guide:</p> <ul style="list-style-type: none"> <li>☆ Why is it important to go beyond the health sector when dealing with HIV and AIDS?</li> <li>☆ What are some other sectors that need to be involved?</li> <li>☆ Why are the voices of community organisations needed on AIDS councils?</li> <li>☆ In what ways are the perspectives and insights of the government and the community different?</li> <li>☆ Does everyone in the community have the same perspectives and insights on HIV and AIDS?</li> </ul>
15 minutes	<p>Explain that there is growing international recognition of the fact that the world's most complex problems – from public health to terrorism – can only be solved by adopting a multi-sectoral approach. Distribute handout 3 and read the quote by Lasker and Weiss aloud in plenary.</p> <p>Ask participants to cluster in groups of 3 as they are seated, and to reflect together on which words and phrases they find most striking in the quote.</p> <p>Take just a few comments in plenary. Wrap up by commenting that AIDS councils need to harness the creative energy that comes from putting different stakeholders with their different perspectives in</p>

conversation with one another. Point out that people often spend a lot of time trying to minimise differences, but that AIDS councils need to learn to see diversity<sup>2</sup> as a resource, not a threat.

- 
- 5 minutes** Introduce the next activity by emphasising that learning to appreciate diversity means learning to listen more attentively to other people and to tap into what is most distinctive about their experience. Explain the one-on-one interviewing<sup>3</sup> exercise.
- 
- 45 minutes** Distribute the interview guidelines<sup>4</sup> (handout 4). Ask participants to pair up with someone they do not know well, if possible from another sector. Allow pairs to spread out so that they are not within earshot of each other.
- Instruct pairs to spend 20 minutes<sup>5</sup> on the first interview. After 20 minutes, tell participants to switch roles, with interviewees becoming interviewers and vice versa. Allow another 20 minutes for the second interview.
- 
- 15 minutes** Call participants back to plenary and get them to reflect on the experience of being interviewed. Ask:
- ☆ What did it feel like to share your experience in this way?
  - ☆ What was it like to listen for the things that are different or distinctive about your partner's experience?
- Close the discussion by connecting these reflections to the theme of the first session – that it is people who have the power to change things, not structures.
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### TRAINER'S NOTES

1. The details of the multi-sectoral composition of AIDS councils will be presented in the next session. Treat this as an introductory discussion, focusing on the basic rationale for the multi-sectoral approach.
2. Throughout this session, keep stressing that diversity is a resource. Using the Lasker and Weiss quote, make sure participants highlight that it is the *complexity* of the AIDS problem that requires the input of diverse groups, especially citizens, and that solutions need to be 'locally feasible,' not simply generic, 'one size fits all'. While people obviously share a common interest in dealing with HIV and AIDS, the real potential of AIDS councils lies in unlocking the distinctive experiences and insights of different stakeholders, and not focusing on sameness. The citizen perspective will enable strategies to be developed that meet local needs and fit local cultures and sub-cultures. Strong citizen involvement will also build people's confidence that they can begin to take charge of their own lives in relation to the AIDS crisis, and not just depend on others to find a solution.
3. The interviewing exercise should help highlight the point that we seldom listen attentively enough to people we work with on structures such as AIDS councils. To maximise the effectiveness of these structures, members as well as non-members need to pay far more attention to the unique contributions that different people can make to the fight against AIDS. Developing the skill of one-on-one interviewing is a way of building respect for different stakeholders and unleashing their particular power to act on the problem.
4. The guidelines provide a basic outline for the interview. Explain that people should add their

own questions to follow up interesting points made by their partner and to gain as deep an appreciation as possible of their partner's insights. Rather than asking participants to complete a questionnaire in writing, the interview format is designed to be more spontaneous and to place the emphasis on listening.

5. If participants really engage deeply in this activity, 20 minutes will probably not be long enough for each interview. However, insist that people switch roles when you instruct them to, otherwise one partner ends up not receiving an

equal hearing. The idea is for people to get a taste for what it is like to listen in this way, and not necessarily to exhaust everything there is to say. Conversations can continue during the breaks. In some cases, interviews might dry up quite quickly. Often this is because interviewees underestimate the value of their own experience. Push the interviewers to continue probing quieter participants and to help them uncover their insights and talents. Do not allow participants to switch interviewing roles ahead of time.



# FACTS ABOUT AIDS COUNCILS

## DAY 1, SESSION 3

**TIME:** 70 minutes (13:30 – 14:40)

**AIMS**

- ❖ to provide information about AIDS councils in line with official policies;
- ❖ to highlight the limitations of policy as it appears ‘on paper’ and the need for creative implementation.

**LEARNING OUTCOMES**

After this session participants will be able to:

- ❖ explain the relationships between AIDS councils at different levels, from national to local;
- ❖ describe key functions of AIDS councils;
- ❖ describe the roles of different stakeholders in AIDS councils;
- ❖ affirm the importance of making AIDS councils instruments of the people.

**WHAT YOU NEED**

- ❖ handout 5: Levels, composition and structure of AIDS councils;
- ❖ handout 6: Functions of AIDS councils;
- ❖ handout 7: Roles of AIDS council members and other stakeholders.

TIME	TRAINER’S INSTRUCTIONS
10 minutes	First make a presentation <sup>1</sup> on the structure and levels of AIDS councils based on handout 5. Use a flipchart or overhead projector to illustrate, if possible. (See alternative <sup>2</sup> method for conducting this information session in trainer’s notes below.)
10 minutes	Allow people to ask questions on the presentation. Invite participants to answer and illustrate where possible.
10 minutes	Make the second presentation on the functions of AIDS councils, focusing on district and local levels, using handout 6.
10 minutes	Allow participants to ask questions and provide more information.
10 minutes	Make the third presentation on the roles of people who serve on AIDS councils and the responsibilities of other stakeholders, using handout 7.
10 minutes	Take a final round of questions. To wrap up this information session, distribute handouts 5, 6 and 7.

**10 minutes** Lead into the next discussion by stating, ‘So that’s what it looks like on paper’<sup>31</sup>!

Now conclude with a short plenary conversation on what it will take to breathe life into the AIDS councils and transform them from bureaucratic structures into empowering structures. Use these questions as a guide:

- ☆ **What is more important – for citizens to receive direction from AIDS councils or for AIDS councils to receive direction from citizens?**
- ☆ **How can AIDS councils help to ensure that the whole community owns the problem of HIV and AIDS and works together to address it?**

### TRAINER’S NOTES

1. Allow about 20 minutes for each presentation together with the questions that follow. There is quite a lot of information for participants to absorb in this session, although it is fairly straightforward. Don’t rush the presentations and let people interact with the facts, adding details from their own experience and answering each other’s questions.
2. If you wish to avoid the lecture format of this session, an alternative approach would be to get participants to teach each other. This means that they first need time to study a set of facts. Divide participants into groups of 6 (ideally). Give each group *one* copy of each of the handouts for this session (handouts 5, 6 and 7). Then tell group members to form pairs (or work in 3s if groups have more than 6 members). Each pair should focus on one of the handouts. Pairs should take 15 minutes to study their respective handouts and practise presenting and explaining the facts in an interesting manner, without reading them. They can use break-away rooms and outdoor spaces for this preparatory step. Then instruct people to gather together again in their groups, and to present their information to the other group members. Each presentation should be followed by questions from the rest of the group. Any questions that cannot be answered in the group should be recorded so that they can be posed during the plenary session that follows. Allow about 25 minutes for the ‘group teaching’ process, covering all 3 handouts. Then call all the groups back to plenary and take about 20 minutes to work through any unanswered questions. Then continue with the 10-minute discussion on transforming AIDS councils from bureaucratic structures to empowering structures, according to the instructions above.
3. The emphasis of this workshop is to shift participants’ thoughts beyond structures as they appear ‘on paper,’ and to challenge them to acknowledge that structures on their own achieve very little. People are eager to receive information about AIDS councils and often request additional guidelines on how to make them work. But focusing on the structures often traps people in the language of formal participation on the government’s terms. For AIDS councils to be effective, we need to stop wondering ‘Are we doing what we’re supposed to do?’ Rather, we should be asking, ‘Are AIDS councils doing everything they can to stimulate collaborative action?’ The challenge is to find ways for AIDS councils to unleash citizen energy and power.
 

The government and communities can work together to make AIDS councils tools of the people. What is needed is a firm belief in the power, resources and talent of citizens to address the AIDS crisis. There is a crucial difference between co-ordinating activities and empowering people to act. This is the shift in mindset that needs to occur. AIDS councils cannot control the action. If we look at AIDS councils through a democratic lens, everything looks different. Seeing citizens as the central players gives us a much broader vision of how to deal with the pandemic. Rather than the government assuming responsibility for solving the problem, AIDS councils can help organise communities to take joint action.

# MAPPING COMMUNITY RESOURCES

## DAY 1, SESSION 4

**TIME:** 90 minutes (15:00 – 16:30)

**AIM** ❖ to reorient discussion towards the resources of citizens and to build greater confidence in the role of citizens in addressing the AIDS pandemic.

**LEARNING OUTCOMES** After this session participants will be able to:

- ❖ identify the interests of different groups in the community in fighting HIV and AIDS;
- ❖ identify the unique perspectives and resources that these groups have to contribute to the fight against HIV and AIDS.

**WHAT YOU NEED** ❖ handout 8: Mapping community resources and power;  
❖ flipchart and kokis for group mapping exercise.

TIME	TRAINER'S INSTRUCTIONS
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<b>5 minutes</b>	Announce that in this session the focus of the programme shifts from structures and policies back to citizen <sup>1</sup> capacity and power. In plenary, ask people to think quietly and honestly about where they stand on the following two questions <sup>2</sup> at this point in the workshop:
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- ☆ **Do you really believe that each community has within it the seeds of a solution to the AIDS pandemic?**
- ☆ **Does your deepest hope for a solution to the AIDS crisis still lie in government, doctors, scientists and other experts?**

Then get participants to share their answers with someone sitting next to them.

Emphasise that changing our mindset to place greater confidence in citizens is often very difficult, but the aim of this workshop is to rebuild people's democratic faith and to unlock citizen capacities that are not yet being used in the fight against HIV and AIDS.

<b>10 minutes</b>	Introduce the community mapping exercise as a way to uncover hidden resources <sup>3</sup> for addressing HIV and AIDS in our communities. Encourage people to think about resources, not just in financial terms, but also as strategic relationships, skills, knowledge and so on.
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On a flipchart, demonstrate how to draw a power map<sup>4</sup>. Start by drawing a circle in the middle and inside it write 'Dealing with HIV and AIDS in our community'. Then ask:

- ☆ **Which people and groups have a role<sup>5</sup> to play in the effort to address HIV and AIDS in our community?**

Draw two or three lines pointing outwards from the edge of the circle and at the end of each line write a response to the question. Do not write too many answers. Then draw many more lines around the circle and explain that participants will complete the map in groups. Divide participants into groups of 5 or 6. Give each group a sheet of flipchart paper and a few koki pens. Distribute handout 8 and instruct groups to work through the questions to assist them as they draw their maps.

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**25 minutes**

Allow groups to complete their maps.

During this time, observe their progress and ask questions to prod them further. Encourage them to think beyond the usual boundaries and stereotypes, but also to be realistic. Most importantly, press participants to be as specific<sup>6</sup> as possible and not simply to name very large, general groupings (eg. youth or women).

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**30 minutes**

Back in plenary, take reports from each group. Urge each reporter to move quickly through his/her power map, without initially going into detail on any point. Then identify two or three particularly interesting groups of people that appear on the map and ask the reporter to explain the kinds of resources that these people can contribute towards addressing the AIDS crisis. Ask questions like:

- ☆ What does that group know that would assist the community in dealing with HIV and AIDS?
- ☆ Do those people have access to an important section of the community that needs to be reached in the fight against HIV and AIDS?
- ☆ What skills can that group of people offer?

Wrap up the group presentations by asking:

- ☆ Have you seen new resources here that have not been tapped before?
- ☆ Does this build your confidence that citizens, not structures, hold the key to addressing HIV and AIDS in our communities?

Remind participants that in reviving 'democratic faith,' the emphasis is on the power of the people<sup>7</sup>, not on the power of structures and leaders.

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**10 minutes**

Referring back to the second session of the workshop, give a brief input on one-on-one interviews<sup>8</sup> as a key tool for listening to people and identifying the distinctive resources they have to offer.

Also comment on the fact that working with people across lines of difference<sup>9</sup> can sometimes be difficult. Ask participants to give some examples of differences that can be hard to bridge. Emphasise that involving everyone in the fight against HIV and AIDS means learning how to deal with these differences.

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- 10 minutes** To end the day and evaluate the programme so far, ask participants to form pairs, ideally with someone they have not spent much time with during the workshop.
- In these buzz groups, ask people to answer the following two questions:
- ☆ What is the most important insight that you have gained today?
  - ☆ What questions do you have, arising from today's programme?
- 
- 2 minutes** Wrap up by challenging people to hold on to their questions, pursue them with one another and work together to answer them.
- If you wish, close by singing 'We are the ones we've been waiting for'.
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### TRAINER'S NOTES

1. After focusing on the facts about AIDS councils in the last session, it is important to return to the idea that citizens form the foundation of democratic faith, not structures. It is obviously helpful for people to have clarity about how AIDS councils are structured and so on, but it becomes easy for them to fixate on these details. Citizens continually fall into the trap of criticising or praising structures rather than focusing on their own capacity and confidence to help win the fight against HIV and AIDS, particularly in their own community.
 

When people focus on the official policies on AIDS councils, the tendency is to ask questions like, 'Are we doing what the government wants us to do?' This workshop aims to turn this question on its head by prompting participants rather to ask, 'Are we, as citizens, drawing on our deepest resources to make our mark on AIDS councils and on the fight against HIV and AIDS?'
2. Another way of getting participants to respond to these two questions is to try the following exercise. In a long, straight, open space in the training room (or an adjacent space), get people to imagine that there is a straight line on the floor stretching from one side to the other. At one end of the imaginary line ask someone to stand with a flipchart poster that says, 'Government/Doctors/Scientists/Experts' and at the other end let someone hold a poster saying 'Citizens'. Then ask participants to take up a position on the 'line' indicating who they think holds the key to solving the AIDS crisis. They can stand at either end of the line or anywhere in between, depending on where their faith and hopes lie.
 

Once people have taken up their places along the 'line,' get them to turn to the person nearest them and to share why they have taken that particular position.
3. The mapping activity is intended to help people identify existing resources in their communities so that the idea of placing faith in citizens seems thoroughly realistic. The aim is to highlight the 'buried treasures' in communities. These are the energies, ideas, capacities and talents of ordinary people that need to be 'unearthed' to make real progress in dealing with HIV and AIDS.
 

If participants voice misgivings about citizen capacity, turn the spotlight back to the government, healthcare providers and other experts. Ask whether they have yet managed to solve the AIDS problem. Obviously they all have an important role to play, but the truth is they are incapable of turning the AIDS pandemic around *on their own*. Nevertheless people continue to look to experts and the government for the answers. The AIDS councils are a way of drawing together the wisdom and energy of people from a wide range of backgrounds and developing a community-centred approach.

The mapping exercise should also help people to realise that taking action on HIV and AIDS does not *only* depend on having funding. Often people complain that they are powerless to act because of a shortage of funds. While financial constraints can limit certain kinds of action, they also provide an excuse for doing nothing. If communities organise themselves to make maximum use of the 'buried treasures' they have within them, very often funding will

begin to flow as a result. Remind participants about the earlier discussion on harnessing diverse experiences and perspectives when dealing with a complex problem like AIDS. These are resources that we too often take for granted. The mapping exercise provides an opportunity to name these resources and to encourage AIDS councils to see themselves as organising bodies that develop the multiple strengths of the community to take action together.

4. The power map looks a bit like a spider. It is a useful tool. Some people might favour a more linear approach, but explain that it has the advantage of being fluid and non-hierarchical. This is not just about making a list. It is a visual tool to loosen up our brains!
5. It is important to keep the question about who has a role to play as open as possible. Participants might be tempted to talk only about 'stakeholders' when answering this question. Point out that the concept of 'stakeholders' can be limiting in an exercise like this as it tends to focus on recognised groups and representative structures. In drawing their maps, encourage participants to think beyond these groups and tap into the interests and resources of a much broader range of people, whether they belong to existing, organised formations or not.
6. To help participants be more specific, challenge them to think about sub-groups within a larger group. For example, when thinking about the role of youth in addressing HIV and AIDS, get them to name different kinds of organisations that young people belong to or different channels through which they can be reached. This will yield a lot more detail for the power map. The more detailed and precise it is, the more useful it will be.
7. Power is generally thought of as a finite thing; that some people have it and others don't, but there is never enough for everyone. The community mapping exercise can help participants to realise that power is actually something that can be developed, through building alliances, sharing resources and acting together. If a group of people develop their power it does not mean they have to take power away from others. Rather, they equip themselves to deal with powerful people from their own position of power.

Power is also commonly thought of as something that is exercised *over* people who are in a weaker position. It is much more positive to

think of power as the *ability* to do something. Encourage participants to ask of each and every group or person listed on the power maps: 'What do they have the *power to do* as part of our community's fight against HIV and AIDS?'

8. A one-on-one interview is a way of really tuning in to another person and finding out about his or her interests. We often pre-judge people, but if we take time to listen to them properly we can almost always find a 'hook' to draw them into joint action. When it comes to HIV and AIDS, even people who are very different to us in terms of personality, political affiliation, ethnic background and so on have the power to make a useful contribution. It takes effort to question people in a way that brings out their deep concerns about the pandemic and the resources they have to offer in the fight against it. This is a key element of community organising. After doing a thorough power map, it is necessary to engage individually with people to unlock their deep interests and passions, and figure out how you can work together.
9. The power mapping exercise is again intended to help people to see difference as a resource. However, it is important not to romanticise this idea. Emphasise that we need to be honest about the difficulties of working with people from different backgrounds. Name some differences that can pose challenges, such as dealing with:
  - ☆ government representatives from different sectors;
  - ☆ people from other NGOs/CBOs;
  - ☆ people from other faiths;
  - ☆ members of other political parties;
  - ☆ people from other types of institutions and professions (clinics, schools, prisons, courts of law, etc).

When thinking about how different people can work together towards a common goal, it is again helpful to draw a parallel with jazz music. The music is the result of collaborative work between different musicians who are all masters of different instruments. Jazz is a very flexible form of music-making that allows for plenty of creativity and improvisation on the part of individual musicians. In a jazz group, different musicians take the lead at different times. Even when the same musicians play together a lot, every performance sounds different. At times, jazz can sound chaotic and discordant, but then the rhythms and melodies start to come through clearly again. It takes ongoing, hard work to make good music together.

# COMMUNITIES ACTING TOGETHER

## DAY 2, SESSION 1

- TIME:** 120 minutes (08:30 – 10:30)
- AIM** ❖ to give more flesh to the idea that complex public problems require the collaboration of diverse groups, with citizens taking the lead.
- LEARNING OUTCOMES** After this session participants will be able to:
- ❖ provide concrete examples of how diverse groups of citizens in a community can collaborate to address complex public health problems;
  - ❖ explain key principles of collaborative problem-solving in communities.
- WHAT YOU NEED**
- ❖ handout 9: Case study – teenage drinking;
  - ❖ handout 10: Guidelines for collaborative problem-solving in communities.
  - ❖ flip chart and kokis for group exercise

TIME	TRAINER'S INSTRUCTIONS
15 minutes	<p>To begin the day, assess the extent to which participants are making the democratic mind shift from faith in structures to faith in people.</p> <p>To take the 'temperature' of the group, read the following statement a few times and then ask people to indicate their reaction:</p> <p><b>'Fixing structural problems in AIDS councils (more meetings, better attendance, proper minutes, broader representation) will not change much. The real change will come when the whole community owns the problem of HIV and AIDS, and draws on the talents and resources of every citizen to tackle it.'</b></p> <p>To capture participants' reactions, use the exercise in which they position themselves along an imaginary line between two extremes of hot and cold (see Day 1, Session 4, Trainer's note 2), or simply ask them to choose between three groups to indicate whether they:</p> <ul style="list-style-type: none"> <li>☆ strongly agree with the statement (hot);</li> <li>☆ agree to a certain extent, but have lingering doubts (lukewarm);</li> <li>☆ disagree with the statement (cold).</li> </ul> <p>Allow participants to explain their position briefly in their groups. Then invite a spokesperson from each of the three positions<sup>1</sup> to share their group's ideas in plenary.</p>
10 minutes	<p>Introduce the case study on teenage drinking as a real example of a community that pulled together to solve a serious public health problem. Distribute the case study (handout 9) and read it aloud in plenary.</p>

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<b>30 minutes</b>	<p>Divide participants into 6 groups and let them work through the questions in the handout.</p> <p>Invite each group to take the lead<sup>2</sup> on one question and to write up their answer to this question only on the flipchart paper.</p>
<b>40 minutes</b>	<p>Back in plenary, take reports from the groups. Take the answer to question 1 from the lead group and then allow brief plenary discussion if other participants have anything to add. Work through all the questions in this way.</p>
<b>15 minutes</b>	<p>Still in plenary, ask:</p> <p>☆ <b>What lessons does the case study teach us about collaborative problem-solving in communities?</b></p> <p>Note the key points from the discussion on the flipchart. To wrap up, distribute handout 10 and run through it quickly, explaining any new points.</p>
<b>10 minutes</b>	<p>Get participants to return to their case study groups and discuss the following question<sup>3</sup>:</p> <p>☆ <b>How can we apply the principles of collaborative problem-solving to our own efforts to deal with HIV and AIDS?</b></p>

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**TRAINER'S NOTES**

1. The statement is deliberately provocative and people might take quite strong positions. This makes for interesting discussion, and dramatises just how difficult it is for people to stop relying on the government and structures to solve problems for them.

This exercise again pushes people to consider whether they deeply believe that citizens need to be at the centre of efforts to deal with HIV and AIDS or whether they feel it is first necessary to 'fix' the AIDS councils so that they can take the lead. Obviously it is important for the councils to have efficient operating systems if they want to help make a difference. However, just concentrating on building the capacity of the councils can end up leading nowhere. It will perpetuate the belief that the structure is the answer and will solve problems *for* people. This is the mindset that needs to be turned around. We need to shift from asking, 'How can we make the AIDS councils work better?' to asking, 'What are we doing to ensure that dealing with HIV and AIDS becomes everybody's business, and what role does the AIDS council have to play in this?'

If at this point most participants have bought into the spirit of the workshop and largely agree with the statement, challenge them with the question above. Remember that this is just a warm-up activity to start the day so do not allow an extended debate to develop here. Indicate to participants that the remainder of the workshop will continue to explore these themes.

2. Encourage groups to begin with the question on which they will take the lead in plenary. The questions are all quite broad and require thoughtful interpretation of the case study. It is not necessary for them to be answered in chronological order. After groups have had a thorough discussion on the question that has been allocated to them, they can use the remainder of the time to work through some of the other questions. Time might not allow for groups to discuss every question before returning to plenary, but participants should feel free to contribute to the general discussion following each report.

3. This question is intended to prepare groups for the exercise that immediately follows the break. There will be no reports to plenary.



# DEEPENING DEMOCRATIC FAITH

## DAY 2, SESSION 2

**TIME:** 120 minutes (11:00 – 13:00)

- AIMS**
- ❖ to stimulate people to imagine new possibilities for addressing the AIDS pandemic in their communities;
  - ❖ to draw on the history of South Africa’s democratic struggle to strengthen the message of the people’s role as agents of change.

- LEARNING OUTCOMES**
- After this session participants will be able to:
- ❖ suggest strategies for involving a diverse mix of institutions, organisations and citizens in dealing with the AIDS crisis in their community;
  - ❖ give examples of how ordinary citizens have made a difference to the course of history in the past;
  - ❖ use the history of the struggle to inspire people in communities to take action on HIV and AIDS;
  - ❖ list the actions that they intend to take personally to put the lessons of this workshop into practice.

- WHAT YOU NEED**
- ❖ flipchart and kokis for group exercise;
  - ❖ handout 11: Personal reflection sheet;
  - ❖ evaluation form.

TIME	TRAINER’S INSTRUCTIONS
30 minutes	<p>For the next exercise allow people to stay in their case study groups if everyone is from the same town<sup>1</sup>. If not, create 5 or 6 new area groups. To set up the group activity, read the following scenario:</p> <p><b>‘Imagine that you have jumped ten years into the future. A television crew wants to film a documentary on how your whole community pulled together to address the AIDS crisis in your area. You have had huge success in getting every citizen to become part of the solution to the problems created by AIDS. The local AIDS council has been an effective catalyst, but the community has taken centre stage. The whole country is turning to your town for inspiration, and the documentary will be shown around the world.’</b></p> <p>Instruct the groups to brainstorm the key elements of the documentary, encouraging them to be as imaginative<sup>2</sup> as possible. Ask them to capture their ideas on the flipchart, in point form.</p>
30 minutes	<p>Back in plenary, take reports from each group.</p>

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<b>10 minutes</b>	<p>Still in plenary, reflect on the group reports and ask:</p> <ul style="list-style-type: none"> <li>☆ How has this group exercise made you think differently about what the citizens of your town can do if they take joint responsibility for dealing with HIV and AIDS?</li> <li>☆ How has this exercise made you think differently about the role of the AIDS council?</li> </ul>
<b>10 minutes</b>	<p>Remind people that the struggle against apartheid in South Africa provides an important resource for building confidence in communities to overcome huge challenges like HIV and AIDS. Ask:</p> <ul style="list-style-type: none"> <li>☆ Who liberated South Africa from apartheid?</li> <li>☆ Did the political parties and political leaders do it on their own?</li> <li>☆ Who are the ordinary people in your community who played a role in the struggle?</li> <li>☆ What are some unique stories about how your particular community came together in the struggle against apartheid?</li> </ul>
<b>10 minutes</b>	<p>Give a short motivational lecture on the importance of naming<sup>3</sup> and claiming the history and traditions in communities that provide proof of the power of citizens to solve problems together.</p> <p>Ask motivational questions like:</p> <ul style="list-style-type: none"> <li>☆ Can we fight HIV and AIDS with the same determination that we showed in the struggle against apartheid?</li> <li>☆ Can we enlist the energies of people in our communities who have not yet become active in addressing the AIDS crisis?</li> <li>☆ Can we surprise the world and counter the Afro-pessimism that has spread as quickly as HIV and AIDS?</li> </ul>
<b>10 minutes</b>	<p>Remind participants that believing in citizen power to change the world is not just about having a warm feeling, but is also about hard work in which we all must play our part. Distribute the personal reflection sheet (handout 11) and ask participants to complete it individually.</p>
<b>10 minutes</b>	<p>Invite participants to form pairs to share their answers to the personal reflection sheet.</p>
<b>10 minutes</b>	<p>Distribute the evaluation form and ask participants to complete it. Close the workshop with a few final words of encouragement.</p>

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**TRAINER'S NOTES**

1. This exercise will be more realistic if all members of a group are from the same town. If participants come from a very wide geographic area with only a few representatives from each town it may be necessary to cluster them into area groups. If participants come from very scattered places, they will have to imagine that they live in the same place for the purposes of this exercise.
2. The main aim of this activity is to encourage imaginative thinking within a real situation. Participants should base their stories on what

they know about their towns, but they should also imagine creative strategies that have not yet been tried; actions taken by citizens who have not been involved in dealing with HIV and AIDS before; new, creative collaborations; the catalytic role of the AIDS council, etc. If necessary, give some examples to stimulate people's imaginations, like singing 'We are the ones we've been waiting for' every Sunday in all churches or creating care groups on every block for providing home-based care to seriously ill neighbours. Alternatively, use examples of your own.

Encourage people to use the Kwaggadal case study for inspiration, but to come up with original ideas based on the resources and talents in their own towns. Remind them that the aim is to think of how the whole community can own the AIDS problem and become part of the

solution. Keep urging them to think beyond activities that are currently taking place and to be as creative as possible. Sometimes wild ideas can prove to be remarkably powerful.

3. Naming these stories and making them visible takes work. It goes against the normal ways of the world. Typically people are inclined to credit great leaders and structures like political parties with overcoming unjust systems like apartheid. But the truth is that these are multi-faceted struggles in which huge numbers of ordinary citizens play different roles, both big and small. Without them, victory can never be achieved, no matter how impressive the leaders might be.

It will help to build participants' pride and belief in their own place to focus on the unique stories of how their community contributed to the struggle against apartheid or how they joined together to solve other common problems.

# Handout 1

## OUTCOMES

After attending this workshop, participants will be able to:

- ❖ understand the meaning and value of multi-sectoral partnerships for addressing the AIDS pandemic;
- ❖ describe the structure and functions of AIDS councils, and the roles of different stakeholders;
- ❖ identify potential partners and suggest strategies for involving a diverse mix of institutions, organisations and citizens in dealing with the AIDS crisis in their community;
- ❖ promote community ownership of HIV and AIDS issues so that citizens can be at the centre of collaborative efforts to deal with the pandemic;
- ❖ proclaim the democratic faith that people have power and resources to address the crisis of HIV and AIDS.

## PROGRAMME OUTLINE

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### DAY 1

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09:00 – 10:30	<b>Session 1</b> <b>We are the ones we've been waiting for</b> ☆ introductions; ☆ structures vs the people: where does our hope lie?
10:30 – 11:00	<b>Tea</b>
11:00 – 12:30	<b>Session 2</b> <b>Tapping into diversity</b> ☆ multi-sectoral approaches to problem-solving; ☆ one-on-one interviews.
12:30 – 13:30	<b>Lunch</b>
13:30 – 14:40	<b>Session 3</b> <b>Facts about AIDS councils</b> ☆ levels and structures; ☆ functions; ☆ roles of members and non-members; ☆ from policies to action.
14:40 – 15:00	<b>Tea</b>
15:00 – 16:30	<b>Session 4</b> <b>Mapping community resources and power</b> ☆ mapping exercise; ☆ identifying resources.

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### DAY 2

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08:30 – 10:30	<b>Session 1</b> <b>Communities acting together</b> ☆ case study; ☆ principles of collaborative problem-solving.
10:30 – 11:00	<b>Tea</b>
11:00 – 13:00	<b>Session 2</b> <b>Deepening democratic faith</b> ☆ future scenario; ☆ drawing on our history; ☆ evaluation and closure.
13:00 – 14:00	<b>Lunch</b>

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## Handout 2

‘The world is flooded with laws and policies, councils and committees. It is tragic that most of these deal with the structures of society, rather than with the heart of society – the people. But the eternal truth of the democratic faith is that the solution always lies with the people.’

(adapted from Saul Alinsky, *Reveille for Radicals*, 1946)

‘We are the ones we’ve been waiting for; nobody else gonna rescue us.’

(African-American freedom song from the 1960s civil rights movement)

‘Many of the problems that affect the health and well-being of people in communities – such as alcohol and drug abuse, poverty, environmental hazards, and inadequate access to health care – cannot be solved by any person, organisation, or sector working alone. These problems are complex and interrelated, defying easy answers ... Only by combining the knowledge, skills, and resources of a broad range of people and organisations can communities understand the underlying nature of these problems and develop effective and locally feasible solutions.’

(adapted from Roz Lasker and Elisa Weiss of the New York Academy of Medicine. ‘Broadening Participation in Community Problem-Solving,’ *Journal of Urban Health*, March 2003)

# Handout 4

## **GUIDE FOR ONE-ON-ONE INTERVIEW**

The following questions provide a basic outline for your interview. Use all of them or only some of them, depending on their relevance. You should also add more questions of your own, arising from your partner's answers and your own curiosity.

Remember that the aim of the interview is to listen really attentively to your partner and to identify his/her unique experiences and insights and his/her specific resources and talents that can be harnessed in the fight against HIV and AIDS.

1. What pushed you to start caring about HIV and AIDS?
2. What work are you currently involved in that is related to HIV and AIDS? How do you feel about this work?
3. If you do not work directly on AIDS issues, do you see connections between the AIDS crisis and what you do?
4. What insights have you gained into HIV and AIDS through your work?
5. What different people, groups, institutions and networks do you have relationships with in your community? What insights do these relationships give you about HIV and AIDS?  
(Think about children, out-of-school youth, business people, pensioners, crèches, schools, churches, sports clubs, stokvels, etc.)
6. Have you seen positive examples of how people are dealing with HIV and AIDS in your community?
7. What are particular challenges and obstacles to addressing HIV and AIDS in your community?  
(Think beyond financial issues.)
8. What can you do to help the AIDS council work for the community?

# Handout 5

## **LEVELS, COMPOSITION AND STRUCTURE OF AIDS COUNCILS**

### **SOUTH AFRICAN NATIONAL AIDS COUNCIL (SANAC)**

The South African National AIDS Council (SANAC) was established in 2000 as a result of the Department of Health's 2000-2005 Strategic Plan. SANAC has representatives from the government, from parliament and from various sectors of civil society. SANAC is the only HIV and AIDS co-ordinating structure at the national level that includes civil society. It is chaired by the deputy president and has an executive committee and five advisory technical task teams. Civil society representatives on SANAC are nominated via a public process and appointed by the president for a period of two years.

SANAC is an advisory body and interacts with a number of different government structures at national level dealing with HIV and AIDS. Government representatives on SANAC are drawn from the ministries of health, education, social development, land affairs, arts and culture, science and technology, transport, labour, finance, provincial and local government, defence, minerals and energy, correctional services, public service and administration, as well as the government communication and information systems. Parliamentary representatives come from the Parliamentary Portfolio Committee on Health and the Select Committee on Social Services.

Civil society sectors represented on SANAC are academia; business; children; the disabled; hospitality; human and legal rights; labour; local government; men; NGOs; people living with AIDS; religion; sport; traditional healers; traditional leaders; women and youth.

### **PROVINCIAL AIDS COUNCILS (PACS)**

The 2000-2005 Strategic Plan makes provision for Provincial AIDS Councils (PACs). Their structure and membership are similar to SANAC, although the exact composition and size of a PAC is determined by provincial realities. A PAC acts as an advisory structure to the executive committee of the provincial legislature and is also expected to provide province-specific information and recommendations to SANAC. The PAC is also responsible for developing a provincial AIDS plan in line with the national strategic plan, and in response to direction received from District and Local AIDS Councils.

### **DISTRICT AIDS COUNCILS (DACs)**

Each municipal district is expected to have its own AIDS council. The District AIDS Councils (DACs) are composed of district municipal councillors, officials from various district-level departments and representatives from Local AIDS Councils (LACs). Non-governmental organisations that operate in the district also participate. A DAC is an intermediary structure, responsible for providing the link between the PAC and a number of LACs. It advises the district municipal council on AIDS-related matters and also co-ordinates, monitors and supports the activities of the LACs. It is chaired by the mayor of the district municipal council.

### **LOCAL AIDS COUNCILS (LACS)**

A Local AIDS Council (LAC) is also composed of local municipal councillors, officials from various municipal departments and civil society representatives from that municipality. It is chaired by the mayor. The LACs are supposed to ensure that local organisations and initiatives focused on HIV and AIDS are represented as comprehensively as possible. Important areas of representation on AIDS councils include awareness and training, home-based care and support of vulnerable children.

# Handout 6

## FUNCTIONS OF AIDS COUNCILS

AIDS councils at every level are the vehicles for South Africa's multi-sectoral approach to dealing with HIV and AIDS, with the aim of pulling together the resources of all sectors in fighting the pandemic.

The **overall objective** of AIDS councils (national, provincial, district and local) is stated as follows:

*To ensure greater **co-operation** and **co-ordination** between **government** and **civil society** in the fight against the spread of HIV and AIDS.*

The key **functions** of the South African National AIDS Council (SANAC) were defined by the 2000-2005 Strategic Plan. The same terms of reference apply at every level, and AIDS councils are expected to perform these functions in ways that are appropriate within their particular jurisdiction.

The functions of AIDS councils are as follows:

❖ **To advise the government on policy**

The Local AIDS Council (LAC) advises the municipality and informs municipal policies on HIV and AIDS. District AIDS Councils (DACs) provide input into provincial policies on HIV and AIDS, through the Provincial AIDS Council (PACs). This in turn is intended to influence national policies, via SANAC.

❖ **To advocate for the effective involvement of sectors and organisations in the implementation of programmes and strategies**

The LAC needs to promote the multi-sectoral approach to dealing with HIV and AIDS by encouraging the participation of all relevant sectors within the government and civil society.

❖ **To monitor the implementation of the Strategic Plan in all sectors of society**

The 2000-2005 Strategic Plan developed by the national Department of Health provides the blueprint for action at all levels and in all sectors. LACs have a role to play in monitoring the implementation of this plan, as well as their own plans that fit into it.

❖ **To create and strengthen partnerships for an expanded response amongst all sectors**

By functioning as a platform for dialogue between sectors, the LAC can help to create partnerships between organisations, institutions and the municipality that harness new capacity and expand the reach of existing programmes.

❖ **To mobilise resources for the implementation of AIDS programmes**

In addition to channelling funding received via the DAC, an LAC can strive to mobilise additional financial resources, particularly at the local level. It should be remembered that financial resources are no guarantee of effective action unless human resources (skills, relationships, local knowledge) are mobilised too.

❖ **To recommend appropriate research**

The research agenda on HIV and AIDS is primarily driven at the national level, although knowledge gaps identified by LACs can feed into this. LACs can help to create an accurate municipal database by gathering information on issues ranging from the availability and use of services to local workplace policies on HIV and AIDS and local cultural responses.

# Handout 7

## ROLES OF AIDS COUNCIL MEMBERS AND OTHER STAKEHOLDERS

The **local municipality** is expected to:

- ❖ convene the AIDS council;
- ❖ provide the secretariat;
- ❖ ensure that all necessary municipal departments are represented on the Local AIDS Council (LAC);
- ❖ co-ordinate the HIV and AIDS plans of all municipal departments;
- ❖ integrate the plans of the LAC with other municipal plans.

The role of the **secretariat** is to:

- ❖ keep minutes of meetings and store records;
- ❖ circulate invitations to LAC meetings;
- ❖ provide other logistical support, as required, to promote the work of the LAC.

The **mayor's** responsibility is to:

- ❖ chair LAC meetings;
- ❖ delegate the chairing function when she or he is unable to be there.

**Municipal representatives** on the LAC have a responsibility to:

- ❖ bring the perspective and technical expertise of their particular portfolio or department as it relates to HIV and AIDS;
- ❖ identify opportunities to collaborate with citizen groups;
- ❖ identify opportunities to collaborate with other councillors and municipal departments;
- ❖ develop a holistic vision of how to deal with HIV and AIDS in the community, and not see things only from their departmental perspective;
- ❖ propose policies to the local council, after thorough consultation with the community.

**Non-governmental organisations (NGOs) and Community-based Organisations (CBOs)** that are **represented** on the LAC need to:

- ❖ highlight the resources in the community that can be harnessed in the fight against HIV and AIDS;
- ❖ help to organise the community to unleash the hidden energy and talent of citizens to deal with HIV and AIDS;
- ❖ bring the needs of the community to the attention of the LAC;
- ❖ provide information about initiatives to deal with HIV and AIDS in the community;
- ❖ share insight and expertise gained from their work on HIV and AIDS;
- ❖ make policy recommendations based on their experience;
- ❖ provide advice to the LAC on how funds can be distributed;
- ❖ disseminate information to the community about the LAC;
- ❖ share information with other organisations, particularly regarding access to funding.

Organisations and individual **citizens** who are **not members** of the LAC should:

- ❖ organise themselves to interact with the LAC in ways that make it a community tool for dealing with HIV and AIDS;
- ❖ interact continuously with NGOs and CBOS that are represented on the LAC so that they act inclusively rather than exclusively;
- ❖ see themselves as key partners in the fight against HIV and AIDS in the community.

# Handout 8

## MAPPING COMMUNITY RESOURCES AND POWER

### EXAMPLE OF A POWER MAP



The power map looks a bit like a spider. Add as many 'legs' as you can. Use the following questions to assist you:

- ❖ Which other groups of people are **actively involved** in work on HIV and AIDS in your community?
- ❖ Which people have a role to play that has been completely **overlooked** until now?
- ❖ Which groups of people have unique **knowledge** about the community (or parts of the community) that would help in the fight against HIV and AIDS?
- ❖ Which people have **skills** that could assist the community in addressing the AIDS crisis?
- ❖ Which people have **relationships with strategic groups** that could make a difference in the fight against HIV and AIDS?
- ❖ Which **institutions** could be valuable partners in the community's efforts to deal with HIV and AIDS?

Remember, financial resources are not the only ones you need.

Knowledge + skills + relationships + experience + insights + connections = resources

# Handout 9

## CASE STUDY – TEENAGE DRINKING

Kwaggadal is a town in the Northern Cape where the problem of teenage drinking had become extremely serious. The town was chosen by academics at the University of Cape Town (UCT) to be part of a research project on youth alcoholism. The project was intended to investigate the suitability of certain internationally tested policies to reduce under-age drinking. Staff of the School of Medicine and the Department of Psychology were responsible for managing the project.

The UCT project leaders approached the South African National Council on Alcoholism and Drug Dependence (SANCA) to be their community partner. They also had meetings with the municipal manager and mayor of Kwaggadal to talk about the possibility of introducing new regulations on the public sale and consumption of alcohol in the town. The mayor admitted that he was very concerned about the problem but he felt it would be necessary to consult the citizens of the town before adopting any new policies. The SANCA branch in Kwaggadal was new and had not yet established a wide network of relationships in the town. However, the director, Rosa February, was an experienced community organiser and she undertook to pull together a strategy team to direct the project.

Rosa discovered that almost everyone she spoke to was worried about the problem of teenage drinking in Kwaggadal, but not many people had done anything about it. Alcoholism was one of those problems that was difficult to address, especially because alcoholics themselves usually denied that they had become dependent on drink. Young people were often the most defensive. A few churches and the local high school had tried to tackle the problem in different ways, but they had never collaborated with each other, and they all admitted that their efforts had had limited success. Most people blamed the tavern owners in the township, saying that more and more illegal taverns were opening up and police were ignoring them. The perception was that tavern owners did nothing to discourage teenagers from drinking because they wanted to make money.

After almost 100 interviews and informal discussions with people from all walks of life in Kwaggadal, Rosa found 20 highly motivated people who agreed to be part of the strategy team for the project. The team involved a wide range of groups and interests that had never worked together before. The municipal manager was eager to participate as the problem had touched his family directly when his nephew was killed in an alcohol-related shooting incident. The municipal health department was represented, as well as the sports and recreation department, the traffic department and the police. Two ward councillors from different parties came on board. Citizen participation was also strong. NGOs working on domestic violence and children's rights became involved, together with a number of religious leaders, a soccer coach, a school principal and some teachers. Two parents who had lost children in drunken driving accidents joined the team as well as some concerned teenagers.

Last, but not least, Rosa managed to convince a local liquor store owner and a tavern owner to come on board. Contrary to common opinion, she discovered that they cared about the general decline of the town. Both had been born and raised there and felt that young people increasingly lacked direction and opportunities. Although they both ran businesses based on alcohol, they did not support alcohol abuse. They were happy to become part of the strategy team, although there was a lot of negative feeling towards them at first.

Rosa recalls that it took time for the group to settle down with each other. 'You tell people that there are going to be many different people coming together who you may have thought would never be at the same table, but can see the need to work on the same issue,' she says. 'It was like bringing two lions to the table in some cases. People would sit across the table and never say anything to each other directly. But they all had an interest in youth and in the health of the community. As meetings progressed, you could see that each was beginning to look at what others could contribute in a new way.'

The strategy team spent a lot of time trying to understand the problem of under-age drinking and youth alcoholism. The project partners from UCT had lots of statistics and analysis to offer, but the breakthrough came when people began to realise that irresponsible drinking habits were part of the broader culture of Kwaggadal, and not simply a problem affecting a section of the younger population. A culture of silent tolerance of alcohol abuse had existed for decades. A large number of adults were affected, and those who weren't tended to turn a blind eye. It became obvious that the problem could only be addressed if every citizen became involved.

The annual Kwaggadal Spring Festival was identified as an event that dramatised the problem. Visitors flooded into the town to see the famous display of spring flowers. There were concerts, beer tents and other forms of entertainment. Festival fever spilled over into the township and it was the biggest drinking weekend of the year. The strategy team proposed a major campaign to change the image of the Spring Festival. Informal education took place in taverns to get adults to re-examine their attitudes towards public drinking. The local tourism department became involved, and a huge effort was made to involve young people in offering hospitality to visitors, making cultural presentations, guiding tours of the town, providing directions for parking, and so on.

Offering youth an alternative to alcohol became a main, ongoing focus of the project. SANCA and church leaders provided counselling services for youth with serious alcohol problems, but everyone agreed that the whole town had to be involved in changing the culture that tolerated alcohol abuse. Low-cost sports and cultural initiatives were planned, as well as entrepreneurship training for young people.

One of the obstacles that the strategy team encountered was how to deal with attempts by the university project partners to put pressure on the local council to amend policies related to the sale of alcohol. Research elsewhere had shown that this could make a difference, although it did nothing to create a broader sense of responsibility amongst citizens for dealing with the problem of teenage drinking. The group resisted going the policy route. Even the municipal officials involved in the project came to see themselves as part of a co-operative public process, not as the people who alone were responsible for solutions. Dawid Koornhof, the municipal manager, said that the project changed the way he thought about his job. 'Typically in this position people come up to me, often with a petition, and say, "we want you to fix this issue." But the campaign on teenage drinking entailed a different approach. I brought some specific skills and knowledge, but others made important contributions too.'

Over time there was a significant decrease in the abuse of alcohol by teenagers in Kwaggadal and a noticeable change in the culture of the town towards promoting responsible drinking and providing healthy entertainment for young and older citizens.

*Note: Based on a true story. Names, institutions and geographic setting have been changed.*

## QUESTIONS FOR GROUP DISCUSSION

Note: When you answer these questions, do not restrict yourself to the exact words in the text. Try to interpret and analyse the events, using facts from the story to support your points.

1. What organising strategies did Rosa, the SANCA director, use to set up the project strategy team, and why were they effective?

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2. Can you see how people who were not from organised stakeholder groups were important resources for the community in taking action against alcohol abuse? Explain.

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3. How did the 'blame' for the problem of teenage drinking shift as the project progressed, and what difference did this make to finding a solution?

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4. What approach did the university academics promote for dealing with the problem of teenage drinking? Why was this approach not adopted in the end?

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5. How did the project work to change the culture of the town, and why was this an effective way of dealing with the problem of teenage drinking?

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6. Who is in charge in this story – the government, experts or citizens? Explain your answer.

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# Handout 10

## GUIDELINES FOR COLLABORATIVE PROBLEM-SOLVING IN COMMUNITIES

### 1. Everybody owns the problem

Nobody gets deeply involved in collaborative problem-solving to do people a favour. People will get involved in solving a problem if they feel that they own it. If people blame others for a problem, they will also expect others to fix it. This changes when we take joint ownership of the situation, saying, 'This problem is everybody's business'.

### 2. Everyone is accountable

Taking joint responsibility for AIDS councils means that accountability shifts from 'them' to 'us'. Instead of criticising other people for what they are not doing, the key question becomes, 'What is each of us doing to solve this problem in our community?' If certain partners neglect their responsibilities, instead of complaining that they lack accountability, our question should be, 'What can we do to hold them accountable?'

### 3. Citizens are at the centre

The government and other experts often feel that they are responsible for solving citizens' problems. A truly collaborative approach to community problem-solving does not ask 'What can we do *for* citizens?' but 'How can we work *with* citizens to find a solution?' In this approach, government leaders and experts are 'on tap, but not on top'. They offer skills and resources, but do not dominate.

### 4. Seek out different sources of local knowledge

Different people see a problem from different perspectives. To find a good solution, it is important to bring together insights and experiences from different backgrounds and cultures (traditional, religious, business, male, female, youth, etc). A solution will fit best if it is based on local knowledge rather than general facts. One size does *not* fit all.

### 5. Build relationships

Collaboration doesn't just happen. It takes time for good working relationships to form. Sitting together in meetings does not guarantee that relationships will develop. It is important for partners in a collaborative problem-solving process to spend time getting to know each other's interests and the resources they can offer (knowledge, skills, time, money, etc). One-on-one interviews are a good tool for doing this.

### 6. Respect differences

Different perspectives and experiences are an important resource in collaborative problem-solving. However, differences can be difficult to deal with. Expect tension to arise from time to time, and don't panic when it does. Working through tension can help to clarify important issues, even if it feels uncomfortable. Most importantly, treat difference with respect. Take time to listen and identify people's unique contributions.

### 7. Develop capacity

Solving a problem collaboratively is seen not only as an opportunity to share skills, but to build the skills of others. It might seem more efficient to bring in outside experts to solve a problem quickly, but they leave the same gaps in the community when they depart. In fact, the community often feels disempowered by expert interventions and becomes more dependent on the government to rescue them in other situations.

# Handout 11

## PERSONAL REFLECTION SHEET

1. Having attended this workshop, how do you plan to show more confidence in yourself and other citizens?

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2. How will you introduce the key ideas of this workshop into the work of your organisation?

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3. What can you do in your community to make HIV and AIDS issues 'everybody's business'?

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4. What action will you take to make the AIDS council work for the community?

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# Evaluation form

**WORKSHOP GROUP:** ..... **Date:** .....

1. Which part of the programme did you find the most useful? Why?

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2. Which part did you find the least useful? Why?

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3. Have you received ideas in the workshop that you want to implement straight away?  
Please give details.

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4. Would you like to receive further training to equip you and your organisation to play a  
new or expanded role in dealing with HIV and AIDS? Give details.

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5. What should the AIDS council do next to help organise the whole community to address  
HIV and AIDS?

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