

A photograph of a group of African people, likely in a community meeting or a public gathering. Several individuals in the foreground and middle ground have their right hands raised, pointing upwards. The background is filled with more people, some also with their hands raised, and trees, suggesting an outdoor setting. The overall atmosphere appears to be one of active participation and engagement.

Documenting strategies  
of the Australian Partnerships  
with African Communities  
program partners

# community engagement

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# community engagement

Cover: Community members in Cupo, Mozambique take part in discussions regarding a food security program which Oxfam supports through its local partner UNAC. Photo: Paul Weinberg/OxfamAUS.

This page: Oxfam supports partners in Mozambique to develop income-generating projects such as sewing and handicrafts for people living with HIV and AIDS. Photo: Joel Chiziane/OxfamAUS.

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# introduction

## 1. Introduction

The Australian Partnerships with African Communities (APAC) program aims for men and women in 132 southern African communities to lead their own development, address the impacts of HIV and AIDS, have increased food security and access to basic social services. The five-year initiative aims to achieve these objectives by 2008. It is supported by the Australian government and implemented by two Oxfam Australia partner organisations in Mozambique and five in South Africa.

The APAC program has three objectives:

- Achieve food sovereignty through building community capacity
- Building a network to improve the quality of the responses to HIV and AIDS
- Create a more enabling environment for HIV and AIDS programs.

This report explores theoretical approaches to community development focusing on community engagement and highlights emerging best practice in community entry strategies for HIV and sustainable livelihood development projects. It considers the community engagement strategies undertaken by the seven partners working on the APAC program and identifies the approaches that they use, highlights the strengths and challenges they encounter

in their strategies and discusses common trends that have emerged from a study of the various approaches. The report also



Women attend a community meeting in Cupo, Mozambique to discuss UNAC's food security program. Under the program, cattle, vegetable seeds and tools have been distributed and several agricultural extension workers trained, to help the community learn to care for their cattle and cultivate vegetables. Photo: Paul Weinberg/OxfamAUS.

provides lessons and recommendations that emerge from the findings to inform further community engagement practice.

# review

## 2. Review of literature and research

A review of literature and research into the community development approaches of the seven APAC partners indicates the need to unpack the concepts of community engagement as differing from community entry strategies. In general, community development approaches do not necessarily differentiate these concepts as strategic intervention phases. This report suggests that community entry and community engagement involve different processes, and are dependent on the emergence of the project.

Development organisations uniformly state that community participation and involvement are essential for success. In the literature reviewed the terms “community”, “participation” and “involvement” are used loosely and each has a range of meanings. The term “community” is sometimes used to refer to a geographical community or it may refer to a “community of interest”. The terms “participation” in development and “participatory approaches to development” are used so widely that they have almost lost their meaning. They were introduced to emphasise the importance of people having control over their own development, but are now used in situations where people have little control, or where people are allowed to participate in a limited way.<sup>1</sup>

Development practitioners need to recognise genuine participatory development, and always strive for genuine participation in community-based development work.

In social learning theory<sup>2</sup>, learning is considered a social phenomenon and takes place in the context of our lived experience and participation in the world. Learning takes place when individuals are active participants in the practices of social communities. Transformation takes place through individuals belonging to and participating in communities, doing things in practice, gaining experience and confidence and ultimately gaining a new identity.

Rights-based approaches to development take as their foundation the need to promote and protect human rights. Human rights have been recognised by the global community and are protected by international law. These include civil and political rights (eg, freedom of speech, religion, political affiliation and assembly) and economic, social and cultural rights (eg, rights to health, education, shelter, land, a livelihood), all of which are interdependent.<sup>3</sup>

Development programs guided by human rights focus on respecting human dignity, achieving fairness in opportunities and equal treatment for all and strengthening the ability of local communities to access resources and services.

Sector-wide approaches focus on the overall effectiveness of a particular sector, such as health, agriculture or education, and combine institutional development, policy dialogue and service delivery.

Learning takes place when individuals are active participants in the practices of social communities. Transformation takes place through individuals belonging to and participating in communities, doing things in practice, gaining experience and confidence and ultimately gaining a new identity.

<sup>1</sup>Waad El Hadidy, Alison Mathie, Gord Cunningham, Laila, Megan Foster. Coady ABCD manual. Center for Development Services and Coady International Institute; St Francis Xavier University

<sup>2</sup>Alec Couros (2003)Communities of Practice: A Literature Review; For Dr. Cyril Kesten; Faculty of Education, University of Regina; [http://educationaltechnology.ca/couros/publications/unpublishedpapers/communities\\_practice.pdf](http://educationaltechnology.ca/couros/publications/unpublishedpapers/communities_practice.pdf)

<sup>3</sup>DFID. Guidance notes on Sustainable Livelihoods. [http://www.livelihoods.org/info/info\\_guidancesheets.html](http://www.livelihoods.org/info/info_guidancesheets.html)

# case studies

A key strategy is to increase the level of participation of members in collectively cultivating seed, planting trees, and deciding what crops to plant through local practice.

## 3. Case studies

### 3.1. Uniao nacional de camponeses (unac), mozambique

#### Purpose and origins of organisation

Uniao Nacional de Camponeses (UNAC) is a membership-based organisation that works to improve the livelihoods of small agricultural producers or peasant farmers, based on the principles of food sovereignty and self-determination. UNAC was officially registered as a non-government organisation (NGO) in 1994.

The APAC programs support aims to strengthen the capacity of communities to achieve food sovereignty in two districts of Inhambane province by building community structures that enable communities to plan and control their own development. This is achieved through building local capacity to identify and respond appropriately to food

insecurity and the impact of HIV and AIDS through association building, technical training and agricultural input. In addition, APAC focuses on building the capacity of UNAC as a national umbrella body to respond to the challenges facing its members.

#### Community engagement strategy

The role of the partnership between UNAC and APAC is to assist communities to engage with locally-based farming associations to minimise some of the problems the communities face. This is based on the understanding that sustainable development must be owned and directed by the people it affects and this requires strong local organisation.

The role of the unions is to establish a movement to build member capacity to engage in their own development and to facilitate government service delivery. Projects are implemented by member associations rather than at other levels.

Capacity development focuses on advocacy, agricultural training, organisational skills development and how communities can respond to challenges such as the impact of HIV and AIDS. A key strategy is to increase the level of participation of members in collectively cultivating seed, planting trees, and deciding what crops to plant through local practice.

Benefits of being part of UNAC include access to and sharing of technical expertise and organisational development skills, as well as the establishment of agricultural projects for community benefit and improved land management. In addition, member organisations have increased understanding and practice of how a community can respond to the challenges and problems they face by identifying their own problems and developing strategies to overcome them. Members develop an understanding of what it means to be poor and connect and build solidarity with people in different provinces, countries and continents who are in a similar position. Member associations are also able to develop an understanding of their rights and be part of a movement that can help them to achieve these rights.

#### Challenges and strengths

One of the challenges UNAC faced is that it is difficult for poor people to be self-sufficient in their own community development. UNAC strives to ensure that communities do not become donor dependent as this undermines the capacity building process required in sustainable community development practice. This is a difficult process because communities face the reality of dealing with immediate needs, such as hunger, as well as long-term development needs.

MONASO focuses on three strategic areas: building the capacity of member associations, building the capacity of MONASO to meet member needs, and information sharing and communications.

### 3.2. Monaso in Sofala, Tete, Gaza and Inhambane provinces, Mozambique

#### Purpose and origins of organisation

MONASO's role is to capture the willingness of people to prevent and mitigate the results of HIV and AIDS and channel this willingness into worthwhile activities. To this end, MONASO supports community-based organisations in geographical communities and network organisations at district level. MONASO helps to build capacity through training courses, seminars, exchange visits, information sharing initiatives, referrals, advocacy and other support from its provincial and national offices. As a network organisation, MONASO aims to expand the response to HIV and AIDS countrywide.

MONASO focuses on three strategic areas: building the capacity of member associations, building the capacity of MONASO to meet member needs, and information sharing and communications.

#### Community engagement strategy

MONASO was established by the founding member organisations through a process facilitated by the regional movement of networks, AFRICASO. In slightly more than a decade the organisation grew to an average national membership of 150 organisations. Member numbers are fluid as new organisations form and join, others change direction and others close.

In addition to national and provincial meetings, MONASO staff visit each organisation regularly to identify training needs, identify potential donors and network with organisations to inform plans. Training courses and seminars cover organisational development issues like financial management, project management and leadership, as well as technical training like home-based care. Seminars build the ability of member organisations to advocate for change, overcome stigma and discrimination, and share knowledge and experience. A monthly newsletter provides a platform for sharing information and member experiences.



A woman carries a jerry can of water to the vegetable fields in Mavume. Through UNAC's food security program, wells have been, as well as seeds, tools and agricultural training to enable community members to grow a great variety of vegetables. Photo: Paul Weinberg/OxfamAUS/OxfamAUS.

MONASO plays an advocacy role at a national level, sits on the national and provincial AIDS councils and the government agency distributing donor and government funds for HIV and AIDS interventions, and continues to mobilise new organisations to address HIV and AIDS related issues.

Member organisations comprise volunteers; very few receive any remuneration and resources of all kinds are scarce. At ward and village level, organisations involve a wide range of stakeholders through the support of community leaders; participating in and publicising their work at community meetings, mobilising vulnerable people who are strong enough to work, and encouraging civil servants to identify vulnerable people, youths, children and carers who need additional support.



# Engagement

## Challenges and strengths

Challenges include the fluidity of membership and weak links between civil society organisations and government, as well as weakness of local government structures. In addition, there is a need for civil society organisations to contribute more to poverty reduction strategies, play a greater role at district and community levels, and for the young member associations, in particular, to grow into the roles of service delivery, monitoring and advocacy. MONASO staff believe that donors have only recently started building a long-term response to poverty; the focus had been on humanitarian aid. MONASO is challenged by the scarcity of professionals, with only 600 doctors serving 15 million people. In addition, literacy levels are extremely low, clinics are scarce with people travelling up to 20 kilometres to the nearest clinic and civil society organisations need to play a role in service delivery.

Benefits for member associations of being part of MONASO include opportunities for training and support. Experiences and information are shared regularly and a “bigger voice” is created by those who join together to advocate for change at a political level. This approach also increases understanding and practice of how a community can respond to the challenges and problems they face by identifying their own problems and developing their own strategies to overcome them.



Dondo is a small community located in Sofala province, in the centre of Mozambique. In Sofala 26% of the adult population is living with HIV, the highest prevalence in the country. MONASO supports a local community-based organisation in Dondo which provides treatment support to people living with HIV and their families, as well as orphans and vulnerable children. Photo: Joel Chiziane/OxfamAUS.

## 3.3. Centre for Positive Care (cpc) in Limpopo province, South Africa

### Purpose and origins of organisation

The Centre for Positive Care (CPC) supports approximately 1,000 volunteers in four districts in the northern part of the Limpopo province. The organisation focuses on peer education programs and home-based care services. CPC’s vision is to reduce the spread of Sexually Transmitted Infections (STIs) HIV and AIDS and improve the quality of life for people living with and affected by HIV and AIDS.

### CPC works with volunteers to offer services in three main areas:

- Preventing HIV and AIDS through peer education and lay counselling.
- Providing community home-based care services to ill clients in their homes and supporting the DOTS treatment program for tuberculosis.
- Identifying orphans and vulnerable children and offering care and support to help create an enriching environment for children to grow up into healthy and productive members of their communities.

### Community engagement strategy

The project was originally initiated externally from the communities and community engagement was based on raising awareness through public broadcasts and

school talks, and meetings with community stakeholders. As volunteers came on board, and were trained in public health awareness around STIs, community stakeholders requested more information. As the project grew, communities themselves were requested to identify volunteers, particularly women, to assist in the roll-out of the projects. The emphasis of the public health awareness program initially focused on the prevention and treatment of STIs, which the community is generally more open to discussing, after which volunteers are able to address issues of HIV and AIDS.

When CPC begins to work in a new community the emphasis initially is on engaging with the key stakeholders to gain broad-based support and “buy in” for the provision of health program. Key to the success of the CPC’s work is the establishment of working relationships with the local traditional leaders. Once active support has been gained, a baseline survey is undertaken by trained youth from the community to identify the health problems in the area. Once completed, the stakeholders organise a community meeting to present the findings and engage with community members in selecting projects and developing processes to select volunteers to implement the identified projects. If support from the community is not obtained, the implementation phase is delayed until such time as active engagement is evident.

External people are not brought into the community; the members must do it for themselves. In order to do this, CPC mobilises government resources, particularly training program, to support community and rural development. CPC facilitate and encourage community-based volunteers to make the links with government and establish the partnerships themselves. If they are unable to do this, then CPC intervenes to support the volunteers.

### Challenges and strengths

Challenges include the lack of reliable statistics from the clinics and inadequate allowances for volunteers. Parallel and duplicated home-based care services initiated by local community-based organisations through funding from various sources could also pose a threat to existing services offered by non-government organisations. Duplication results in confusion for the clients and wastage of valuable resources.

Key to the success of the CPC’s work is the establishment of working relationships with the local traditional leaders.

### 3.4. Amanzimtoti YMCA in Kwazulu-natal province, South Africa

#### Purpose and origins of organisation

The vision of Amanzimtoti YMCA is to develop young people holistically in order to transform their communities into a place where Christian values and principles are practised. The YMCA is an international youth membership organisation based on volunteerism. The purpose of the APAC partnership with Amanzimtoti YMCA is to create a more enabling environment for HIV and AIDS programs.

#### The current focus of Amanzimtoti YMCA is on three projects:

- **A juvenile halfway house for young people aged 18 to 23 who are in conflict with the law.**
- **Support groups for young people infected or affected by HIV and AIDS.**
- **An APAC-supported youth project focusing on edutainment, youth clubs and youth entrepreneurship. The aim of this project is to intensify HIV and AIDS interventions in communities through strengthening youth participation in community development. A youth centre has been established in the KwaMakhutha area where young people are able to meet and participate in the project activities.**

The centre contributes to the development of young people by enabling them to develop their talents; provides awareness and education in career guidance, life skills and entrepreneurship; and engages them in their own development.

#### Community engagement approach

Amanzimtoti YMCA has worked in KwaMakhutha for a number of years and young people who were active in the activities of the YMCA had previously established a youth committee to address the needs of youth in the area. The KwaMakhutha youth committee, with the support of the YMCA, conducted a baseline study to identify the needs and challenges of young people. The study found that most young people were not involved in economic activities as they lacked skills. They called for a place where they could meet and where services specific to their needs could be provided.

The youth centre was subsequently established to address these needs through providing entrepreneurship training, career guidance, therapeutic interventions, drama and debating clubs, and providing HIV and AIDS prevention awareness. The centre contributes to the development of young people by enabling them to develop

their talents; provides awareness and education in career guidance, life skills and entrepreneurship; and engages them in their own development. Support groups for young people affected or infected by HIV and AIDS also utilise the centre.

Young people are able to help identify and prioritise project, training and resource needs at the centre's annual general meetings. Other stakeholders involved include the local clinic, church structures, the local library, the Department of Social Welfare, the South African Police Service, tertiary colleges and schools, and local NGOs and community based organisations.



#### Challenges and strengths

One of the challenges Amanzimtoti YMCA faces is how to market the youth centre and its activities to young people. The activities they undertake must appeal to young people and meet their needs. A further challenge is the reality of working in a political context with local government councillors, ward structures and traditional leadership.

A successful approach used by Amanzimtoti YMCA has been the establishment of youth clubs in schools. The aim of this approach is that the learners will remain involved in the YMCA and grow up to be active volunteers and participants in community development.

Young people attending one of Amanzimtoti YMCA's entrepreneurship training sessions in KwaZulu-Natal, South Africa. The centre contributes to the development of young people by providing career guidance, life skill and entrepreneurship training and support groups. Photo: Matthew Willman/OxfamAUS.



### 3.5. Targeted Aids Intervention (TAI) in Kwazulu-natal province, South Africa

#### Purpose and origins of organisation

Targeted Aids Intervention (TAI) aims to make a positive contribution to a healthy society. TAI focuses its intervention on men arguing that “while men hold a position of power in social interactions, it is through training men to use their power creatively that men might protect themselves and thus their female partners”. TAI targets the behaviour of men and women by working within the social system of gender inequality and the contextual nature of gendered relationships in KwaZulu-Natal.

TAI works closely with community structures and the South African Football Association to engage with men through the amateur football network in the province. The Shosholoza Project is an HIV and AIDS education campaign operating through the soccer network. The aim is to use the language, beliefs and behaviour of the young men to facilitate change in risk behaviours, and to change the local construction of hegemonic masculinity.

The purpose of the APAC partnership with TAI is to create a more enabling environment for HIV and AIDS programs.

#### Community engagement history

The focus of TAI’s engagement with communities is initiated through discussions on preventing STIs after which young people are open to engaging with issues of HIV. This approach enables the work to be incorporated into everyday activities; young people become “forerunners” and are not seen as “volunteers”. The forerunners take the leadership in raising public health issues and contribute to community empowerment for social change. Issues addressed include immunisation, home-based care, and STI prevention and treatment.

TAI has been asked by community structures, such as churches, schools and gardening groups, to conduct presentations about STIs and HIV. TAI provides information and encourages people to raise awareness in their communities and become involved in community health projects. However, TAI found that the community structures lacked operational planning. As a result they request a meeting with traditional leaders to discuss further engagement and support strategies in the particular community in which they are working. TAI agrees to facilitate the capacity building of the structure or organisation if the traditional leaders are supportive and committed to the process.

TAI establishes a young men’s committee by inviting young men to come forward and represent their community. They are asked to bring a friend to a meeting where TAI asks them how they would like to organise themselves and, through the discussion, the structure emerges.

The focus is on capacity building in action – TAI facilitates the discussion on what the community want to do and discusses with them the options they could take to implement the action. The community members identify the steps and gaps in their skills to implement the action, and request TAI for support in the strategic areas.

TAI pay the community-based organisations to undertake the actual work in order to strengthen the capacity building approach and ensure that it takes place in a practical and action-orientated setting. Young people become skilled through practical community development and apply what they have learned beyond the health sector.

Prior to working in a community a house-to-house baseline study is also undertaken by community members to understand demographic data and community needs. This provides a sound base on which to measure changes over time and provides an opportunity to individual community members to meet and be exposed to TAI.

Engaging with men is challenging as cultural and social constructs set gendered relationships and behaviour and often hinder open engagement to social and health challenges. TAI promotes community-based events, such as soccer matches, which create opportunities for awareness campaigns, demonstrations and discussions about health issues that affect all community members. The particular event begins once the discussion is over.

The Shosholoza Project is an HIV and AIDS education campaign operating through the soccer network. **The aim is to use the language, beliefs and behaviour of the young men to facilitate change in risk behaviours, and to change the local construction of hegemonic masculinity.**



These young men are participants in Shosholoza, a peer education program run by Targeted AIDS Interventions, based in Pietermaritzburg, South Africa. The program uses soccer networks to raise awareness about HIV transmission, safer sex and issues such as stigma and discrimination. Photo: Paul Weinberg/OxfamAUS.

#### Challenges and strengths

The challenges TAI face include difficulties around engagement with political and government role players, taking into account the historical contentions between political parties. If political leaders are to speak at a function they need to be briefed about the purpose of the event so that they can advocate clear and agreed messages in support of community health. This is not an easy process and events have caused “ruffled feathers”.

Strengths include TAI’s approach which is concerned with community involvement rather than participation. They regard participation as members going to an event, and community involvement as members planning together, agreeing on actions to be taken, solving problems together, and taking action. The approach mobilises individual strengths towards common issues that

are of concern to individuals. Organised outings for youth committees members, particularly in very rural settings, have been essential in affirming and recognising the voluntary nature of the work the young men do, and for exposure to the constructs of masculinity. Many have never experienced flushing toilets, escalators or eating in a canteen or restaurant. During these outings young women are able to talk about how they are treated and their views of men, their mother-in-laws, gendered power relations in sexual behaviour and traditions that disempower them and maintain unfair gender relationships. A further strength of TAI’s work is that many of the community health workers from the clinics participate in the activities and come to the training sessions. They are very supportive of the initiative and indicate that they have learned much from TAI.

The community asked for help in 2003 when nearly a third of the population had died. By 2004 enough patients had completed voluntary counselling and testing, and the community asked for help with treatment. The awareness campaign began in 2005, with the children translating during door-to-door visits to homes.

### 3.6. Bela Bela HIV and AIDS prevention group in Limpopo province, South Africa

#### Purpose and origins of organisation

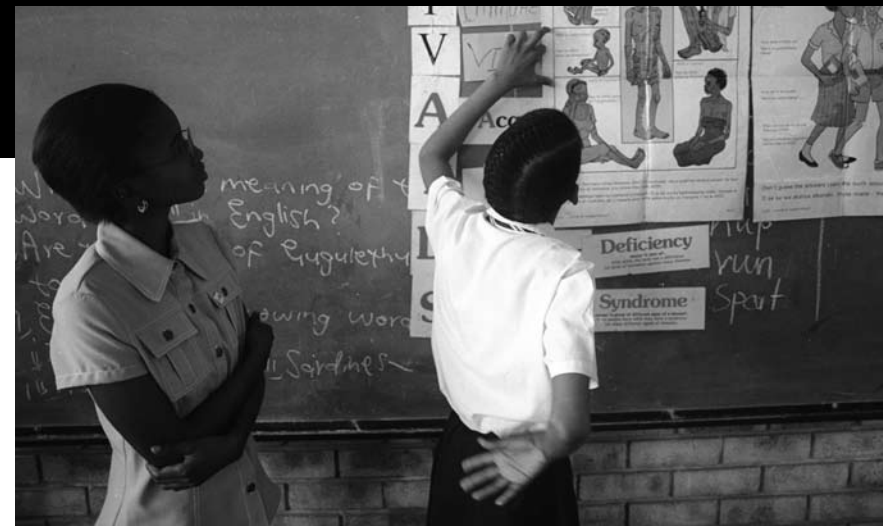
The Bela Bela HIV and AIDS Prevention Group aims to support people infected and affected by HIV and AIDS by providing antiretroviral treatment and facilitating home-based care, support groups, orphan care, prevention work, treatment literacy, voluntary counselling and testing, follow-up counselling, training and antiretroviral treatment support. Beneficiaries are community members who are infected and affected by HIV and AIDS, patients who are on an antiretroviral treatment program, and community groups, especially young people at local primary and secondary schools, who receive prevention messages.

APAC supports work in Spapark suburb and Vingerkraal village. The intervention in Spapark grew out of individual counselling by church members. When antiretroviral treatment became available, the community asked for information. Volunteers, chosen at a community meeting, formed a support group. They work for a year as trainees in return for breakfast, lunch and food parcels. After a year, their performance, commitment and skills are evaluated and successful volunteers qualify for a stipend. Volunteers are self-motivated, and focus on door-to-door visits to create awareness in the households.

Beneficiaries attend support groups at the clinic, where they also receive treatment if necessary and support groups have been approached by farm workers and farmers seeking assistance.

Vingerkraal village was established in 1992 by Namibian refugees who had been demobilised from the South African Defence Force and were not welcome in their home communities due to their involvement in the war. About 1,000 men bought a farm with their pension pay outs and their families grew to a village of about 3,200 people. Vingerkraal is a remote village without water, electricity, transport or other services and most men are working in cities as security guards or in Afghanistan.

Again, the intervention grew out of individual counselling by church members. The community asked for help in 2003 when nearly a third of the population had died. A health specialist assessed the situation, advised the community leaders, and encouraged the first patients to consult the doctor. By 2004 enough patients had completed voluntary counselling and testing, and the community asked for help with treatment. The awareness campaign began in 2005, with the children translating during door-to-door visits to homes.



Sophie Maeokela, an activist with Bela Bela HIV and AIDS Prevention Group, in South Africa, visits a school to raise awareness about HIV and AIDS. Photo: Paul Weinberg/OxfamAUS.

In Vingerkraal, the need and motivation were so great that, unusually, treatment started before the awareness program. The community invited Bela Bela to conduct an awareness program and home visits were conducted in the village. This helped to reduce stigma, and the support among community members resulted in good compliance with the antiretroviral treatment regime. The church donates food parcels to orphans and vulnerable children and many patients receive disability grants. The community is mobilising for water to enable the establishment of food gardens.

The Bela Bela selection committee decides on eligibility for treatment and the nurse, counsellor and caregiver visit the patient's home to observe the openness of the family. The patient and a treatment supporter from the family must complete the three-day adherence training and counselling and understand the support commitment. The patient signs a treatment

contract with the clinic, joins the support group, keeps daily treatment records and visits the clinic monthly for testing, medication, counselling and to present treatment records. Poor compliance is dealt with quickly and forcefully by nurses, doctors, counsellors, and volunteers to prevent the development of "wild virus" – untreatable forms of the virus caused by mutation.

#### Community engagement strategy

The community engagement strategy varies depending on the circumstances. Generally, community engagement relies on the openness of infected people who are prepared to share their experiences in public testimonies and groundwork with community leaders and with churches and schools. The process starts with awareness and door-to-door visits by community leaders and volunteers. Later, at a community meeting where a well known person shares their testimony, a support group forms.

The support group takes over the awareness visits, and starts home-based care, orphan care, voluntary counselling and testing and treatment support.

#### Challenges and strengths

Challenges include the high cost of medication, the need for more support by the Department of Health at provincial level and insufficient funds for stipends for all volunteers.

Successful outcomes of the project include good compliance with the antiretroviral treatment regime. This is attributed to the adherence training for patients and their treatment supporter, combined with help from the support group, a contract with the clinic, home visits and openness in the family. Another positive outcome of the project is that orphans are attending school and employed patients are back at work. In addition, volunteers are self-motivated and drive prevention and mitigation initiatives.



### 3.7. CHoiCe Comprehensive Health Care Trust in Limpopo province, South Africa

#### Purpose and origins of organisation

CHoiCe aims to improve the health of people living in the Greater Tzaneen Municipality by mobilising community volunteers who, once trained as community home-based caregivers, visit homes to educate, train, support, counsel and serve households to improve their health. Caregivers identify other needs through home visits, and have established:

- support groups for people living with HIV and AIDS, chronic patients, caregivers and grannies
- scout and cub groups for vulnerable children, orphans and young people
- vegetable gardens at homes and clinics to generate food and income
- a support system for home community based caregivers which includes debriefing, networking, rewards, training, mentorship and referrals
- accredited, certified training courses to build the skills and capacity of care givers, beneficiaries and community members who can build a quality local support system
- a methodology to build circles of support around orphans and vulnerable children through training community members and group therapy
- and a storytelling program to create awareness. The interventions are built on the belief that “CHoiCe is about being healthy.



CHoiCe volunteers visit local villages in the Greater Tzaneen area, in South Africa's Limpopo province and speak about HIV and AIDS. Here they hold an open forum in Mamitwa town where pedestrians ask questions pertaining to HIV and AIDS and the stigmas attached. Photo: Matthew Willman/OxfamAUS.

#### Community engagement strategy

The first contact is with traditional leaders and CHoiCe then addresses a community meeting to explain the health intervention. The community elects potential volunteers or, occasionally, volunteers present themselves to CHoiCe. The volunteers are screened using set criteria and an interview process to minimise drop-outs. Successful volunteers are re-introduced as CHoiCe volunteers at a community meeting. Over the next two years, all caregivers complete the home-based care national curriculum alongside their duties as caregivers.

Community work is built on formal training for volunteers, home visits and regular support group meetings for volunteers and beneficiary groups. The purpose of support groups is to discuss challenges, solutions and successes, build relationships, and share information through health talks by trained staff and volunteers. The 250 volunteers work in their home villages, with a team leader at each of the 30 clinics, supported by a volunteer coordinator in each area. CHoiCe staff provide technical support and mentorship.

Each volunteer conducts home visits that focus on door-to-door health education. Volunteers identify vulnerable or sick people, build relationships, provide confidential counselling that breaks through stigma and discrimination and encourage patients to

The purpose of support groups is to discuss challenges, solutions and successes, build relationships, and share information through health talks by trained staff and volunteers.

consult the clinic and seek and adhere to treatment. Vulnerable people and patients are encouraged to join support groups. The referral system brings in professionals, including social workers, physiotherapists, counsellors, tuberculosis coordinators, nurses, social workers, health inspectors, police and speech and hearing therapists to help specific families and patients.

#### Challenges and strengths

One of the challenges CHoiCe faces is the gap left when skilled volunteers leave the program for alternative employment. CHoiCe received stipends for only half the volunteers last year after the government introduced stipends for volunteers. Different organisations apply different qualification criteria and performance and quality standards to volunteers receiving the same stipend. Actual competition between volunteers from different organisations for patients was a challenge, but has been partially resolved as clinic staff allocate each patient to a volunteer based on geographical areas.

Strengths of the CHoiCe project include the Services Sector Education and Training Authority (SETA) accredited training which, together with work experience, equips volunteer caregivers for employment. CHoiCe initiatives are well planned and monitored and new initiatives are regularly identified, researched, designed and rolled out. Volunteers work with a large number of stakeholders in all categories including beneficiaries, community leaders, professionals, and other volunteers through support groups and referral networks. Initiatives are inclusive and aim to support children and youth, patients, caregivers and families.



# summary

## 4. Summary

The aim of the APAC program is to contribute to the building of Southern African communities to lead their own development, tackle the impacts of HIV and AIDS and to have increased food security and access to basic social services. This research study suggests that there is no single community development approach that can do this; rather that practice on the ground remains dynamic, flexible and responsive to the changing needs, demands and challenges of beneficiaries, community structures, government service delivery and civil society's growth. This report has attempted to highlight a number of the common approaches, trends in the programs and communities, and the strengths and challenges experienced by the partners.

The partner approaches to community development respond to where the initial need for the services was identified and to the local socio-economic and political dynamics of the community. No partner's community development approach fits into a single theoretical approach. What is common is the organisations' human rights principles and that ownership for community development rests with capacity building of community-based initiatives.

Transformation and social learning theory suggest that learning takes place when individuals are active participants in the

practices of social communities, and developmental transformation takes place through individuals belonging to and participating in communities gaining a new identity. The case studies suggest that the process of social participation is greatly enhanced through engaging in behaviour change strategies at the individual, interpersonal, organisational, community and society level.

One of the strengths of the APAC partner approaches is the commitment to ensuring effective community engagement. The beneficiaries are involved in the interventions throughout the stages of the program. The levels do vary across the organisations and individual programs depending on where the need was identified, existing relationships, and the community dynamics.

Challenges partners face include working within the political context of traditional, local and provincial government as well as the lack of statistical data from government health services. This makes it difficult to measure the impact of health prevention and treatment work within a specific community. There are inadequate allowances and stipends from government for community-based volunteers and organisations have to constantly recruit new members as experienced volunteers leave for alternate employment. This results in the need for constant capacity building.

In Mozambique, the member organisations and associations also need capacity building as most were established within the last five years. The cost of antiretroviral treatment has reduced over recent years, but is still high for families who live in poverty.

The case studies suggest that the process of social participation is greatly enhanced through engaging in behaviour change strategies at the individual, interpersonal, organisational, community and society level.



CHoiCe volunteer Agrineth Mongwe relaxing outside her hut in the Mamitwa village. She is waiting for the children to arrive for their scout gathering at her house after school. Many of the Volunteers go beyond their call to involve their lives closely with the community even in using their own homes for venues to promote their message in the village.  
Photo: Matthew Willman/OxfamAUS.



# Lessons

## 5. Lessons

A number of key lessons that inform community development practice in the region emerge from this research.

### Lesson 1: Protocols and flow for community entry and engagement

The community entry approaches implemented by the five South African partners were dependent on how the project emerged. The approaches included requests from community leadership to enter into a partnership with the community by providing skills to build capacity for community members to meet identified needs. In other situations, the partner had to raise public awareness and arrange meetings with local leadership to enable them to enter a community.

The experience of the APAC partners highlights the importance of establishing working relationships with traditional leaders who are instrumental in mobilising resources within a community, facilitating community member participation, and in sustaining initiatives. Without their support, the project is unlikely to succeed. This requires understanding the protocols for engaging with traditional leaders and ensuring that they are followed from the earliest stage of possible engagement.

Community engagement is a continuous process, and requires working in partnership with government, traditional leaders, civil society organisations and individual community members. Through this engagement, transformation and social learning is more likely to become a reality and to be sustained beyond the partner intervention. Initiatives grow out of the skills and passion of individuals in the communities; successful initiatives roll out quickly across a community with passionate staff and volunteers, close relationships between role players and stakeholders, and a clear strategy based on sound principles of governance and community ownership.

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### Lesson 2: Capacity building for good governance

The two Mozambique partners clearly demonstrate the necessity for building good governance at all levels of a network or union movement, particularly given the recent establishment of many of the associations. This requires structuring the network, capacity building and demonstrating good governance through the organisational work. All activities, in all seven APAC partners, contribute towards capacity building and learning of the collective community enterprise.



Volunteer AIDS peer educators with Centre for Positive Care perform theatre and songs adapted to convey HIV and AIDS awareness messages to people at a rural health centre in the Thoyandou Valley, Limpopo Province, South Africa. Photo: Paul Weinberg/OxfamAUS.

### Lesson 3: Integrating whole community development

External support and assistance needs to be directed by community members towards building on from what already exists, and involving community members in actual implementation. The seven APAC partners demonstrate various approaches towards involving community members at different levels in the project phases. The focus of all the partners is on building knowledge, practice and community capacity to make informed decisions and respond to their own developmental needs. This requires looking at the whole community, the relationships and dynamics that govern and lead the community, and the role of all individuals, including the more vulnerable, in overcoming the challenges. Effective approaches to overcome the challenges a community faces, appear to be through mobilising community members in ownership and action.

### Lesson 4: Build relationships between state, civil society and community

Community relationships with government are necessary in the mobilisation of community resources, and in enabling communities to access health and agricultural services. The relationships between civil society organisations and government vary and are specific to the APAC partner purpose and community development approach. The strengthening of these relationships appears to be a critical element in sustained health and agricultural services in poor communities.

### Lesson 5: Expanding circles of influence

Sustained transformation and social change is more likely to occur when an organisation and its members expand their circle of influence through providing interventions that meet community-agreed needs, and that open opportunities for individual members to actively engage in issues that directly affect them. This approach requires using social marketing strategies to potential beneficiaries. Methods include door-to-door campaigns, loud speakers from vehicles, dramas to share information on health issues, pictures to stimulate discussion, role-plays to demonstrate and compare different behaviour options, peer education and building on strong choral and oral cultures. These activities, however, cannot stand alone; they work if complemented by interventions that actively support affected and infected people.



# conclusion

## 6. Conclusion

This report explores the community engagement strategies of the seven partners in Mozambique and South Africa in relation to how partner organisations enter and engage with communities, and approach community development.

The strengths and challenges highlighted in this review are not specific to the APAC partners or the focus areas; they are largely factors that NGOs face in Mozambique and South Africa. There is often a contention between civil society and state and one of the challenges NGOs face is the constant need to mediate this dynamic relationship.

The role of the seven APAC partners is to build capacity and open opportunities to enable communities to lead their own development within the highly politicised nature of historical development challenges in both countries. This clearly shapes the principles and approaches of organisations within the countries and informs the nature of relationships between state, civil society organisations and community members.

This page: Volunteers from CPC's peer educators project meet in large to discuss future plans and activities and to camaraderie and a sense of team work. Photo: Matthew Willman/OxfamAUS.

Back cover: Carers from Oxfam's partner CHoICE head home at the end of a day carrying out community visits to people living with HIV and AIDS. Over 240 volunteers and about 12 staff members provide HIV and AIDS training, care and support, information and health services based to people living with HIV and AIDS, their families, orphans and vulnerable children. Photo: Matthew Willman/OxfamAUS.





# Community Development



The Australian Partnerships With African Communities (APAC) Program, funded by AusAID (cooperative agreement 09790/11) for a period of five years, was implemented, through Oxfam Australia and its partners in 2004 in Mozambique and South Africa. Its overall goal is to enhance effective responses to HIV and AIDS and increase sustainable food security in the communities within which Oxfam Australia's partner organisations work.

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