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10/29/97

**Enhancing Advocacy Skills for
HIV/AIDS Programs in South Africa**

Workshop Report

Pretoria, Republic of South Africa
August 17 - 22, 1997

Draft for Review

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I. Summary

The POLICY Project in collaboration with the National AIDS Programme (NAP) conducted a one-week workshop, "Enhancing Advocacy Skills for HIV/AIDS Programmes in South Africa," August 17 - 22, 1997. The workshop was sponsored by USAID and the European Union.

Thirty-seven participants representing the private sector, all nine provinces, and the national level of the Republic of South Africa participated in the workshop. All official 11 languages were represented.

The goal of the workshop was to enhance advocacy skills for leadership support from a broad range of individuals, groups, and organizations for strong multisectoral HIV/AIDS programs at both national and provincial levels. The workshop focused on approaches to galvanize the support of government, NGOs, and community leaders for HIV/AIDS programs through better leadership understanding of the status and trends of the epidemic in South Africa and the interventions needed for desired results. There were two specific objectives for this workshop:

1. To increase the skills of the participants to perform effective advocacy for HIV/AIDS programs by providing the participants with a thorough understanding of key steps in building stronger leadership commitment including identifying key policy issues, specifying target audiences, developing and disseminating policy-relevant messages, and using a variety of policy tools to analyze and disseminate HIV/AIDS information.
2. To equip the participants with the ability to replicate this training on HIV/AIDS advocacy techniques at the provincial level.

II. Background

The AIDS epidemic is well established in South Africa and continues to grow at varying rates in all provinces. By 1995, the prevalence of HIV in South Africans who attended antenatal clinics had reached more than 10 percent. In the latest national antenatal survey (October/November 1996), 14.1 percent of women attending public health service antenatal clinics were infected with HIV. Extrapolations to the remainder of the population suggest that 11 percent of all adults in the country are infected. By the end of 1996, the estimated number of infected persons in South Africa, therefore, was just over 2.4 million. New HIV infections occur at a rate of 1,200 a day, the majority from heterosexual transmission.

Arising from extensive consultation, the National AIDS Convention of South Africa (NACOSA) developed a National AIDS Plan for South Africa in 1994. This was accepted by the Minister of Health as the framework for the government's response. In recognition of the seriousness of the epidemic, the plan was accorded the

status of a Presidential Lead Project within the Reconstruction and Development Programme in the Department of Health.

The HIV/AIDS and STDs Directorate of the Department of Health was established in January 1995 as a strong vertical program with an imperative to devolve implementation functions to the provincial structures as these develop sufficient capacity to assume and sustain the functions. The transition and restructuring within the national and provincial Health Departments, however, has delayed this process. With the recent appointments of most of the Provincial HIV/AIDS Coordinators, the relationships between the national and provincial structures are now being formalized and devolution is commencing.

The NACOSA/NAP is thus operated by the National HIV/AIDS and STDs Directorate, the nine provincial STD/HIV/AIDS structures, and the regional local structures, which include the 20 AIDS Training, Information and Counseling Centres (ATICCs). In addition, NGOs are either funded or subcontracted to run projects and provide services.

Support of political, government, and community leaders is critical to the implementation of effective HIV/AIDS prevention programs. The National STD/HIV/AIDS Review in July 1997 identified the need to mobilize commitment, support, and resources and to strengthen and expand the national, provincial, and local responses to HIV/AIDS. In response to these findings, the HIV/AIDS and STDs Directorate, in collaboration with the POLICY Project, planned this workshop for Provincial HIV/AIDS Coordinators and key NGO leaders at the provincial level, together with several national-level participants, to enhance their advocacy skills for mobilizing the required leadership support. Local costs of the workshop were provided by the European Union.

III. Workshop Objectives

The goal of this workshop was to enhance advocacy skills for leadership support from a broad range of individuals, groups and organizations for strong multisectoral HIV/AIDS programs at both national and provincial levels. The focus of the workshop on approaches to galvanize the support of government, NGOs, and community leaders for HIV/AIDS programs through better leadership understanding of the status and trends of the epidemic in South Africa, and the interventions needed for desired change. There were two specific objectives for this workshop as follows:

1. To increase the skills of the participants to perform effective advocacy for HIV/AIDS programs by providing the participants with a thorough understanding of key steps in building stronger leadership commitment, including identifying key policy issues, specifying target audiences, developing and disseminating policy-

relevant messages, and using a variety of policy tools to analyze and distribute HIV/AIDS information.

2. To equip the participants with the ability to replicate this training on HIV/AIDS advocacy techniques at the provincial level.

IV. Workshop Organization

POLICY Project staff organized the workshop in collaboration with NAP. The workshop facilitators included Alan Johnston, Kirsten Olson, Mary Scott, and Taly Valenzuela of the POLICY Project; Pooven Moodley of NACOSA; and Ria Schoeman of the HIV/AIDS/STDs Directorate. Rose Smart, Director of the HIV/AIDS and STDs Directorate, gave the keynote address. NAP was responsible for the logistics for the workshop. The venue was the Hamilton Conference Centre in Pretoria.

Workshop materials included a workshop workbook, entitled "Enhancing Advocacy Skills for HIV/AIDS Programmes in South Africa," which included a workshop agenda; list of participants; a presentation on the policy process; handouts on the advocacy process; HIV/AIDS global trends; integration of HIV/AIDS and PHC/MCH/FP; internet resources; and research references on South Africa, as well as advocacy materials and information on the HIV/AIDS situation and NAP in South Africa. In addition, numerous other reference materials were distributed to the participants (see Appendix A).

V. Participants

Thirty-seven participants attended the workshop, representing all the provinces, NAP, and the private sector. Public sector participants were from the provincial Departments of Health, a district Department of Health, the Youth Commission, and various NGOs, including ATICC, NACOSA, ALN (AIDS Legal Network), and NAPWA (National Alliance of People with AIDS). Private sector participants included representatives from the mining industry. Provinces were asked to nominate participants from different sectors. Please see Appendix B for a list of the participants.

VI. Description of Presentations and Working Sessions

This section will give a summary of the content of the workshop. The complete workshop agenda is provided in Appendix C of this report.

Introduction: POLICY staff and NAP welcomed participants and gave a brief introduction to the workshop. It included a review of goals and objectives of the workshop as well as its agenda. Participants introduced themselves and discussed their expectations of the workshop.

HIV/AIDS status in South Africa and Current Programs and Priorities of the National AIDS Programme: The Director of the HIV/AIDS and STDs Directorate, Rose Smart, gave a keynote presentation about the status of HIV/AIDS in South Africa and the current programs and priorities of NAP.

Overview of the Policy Process: This presentation examined several conceptual frameworks to describe the policy process in general and the policy process of South Africa in particular.

Introduction to Advocacy: During this session, participants defined the concept of advocacy—the what, why, and how—reaching consensus on a definition. They examined a conceptual framework for advocacy and identified the key role that advocacy plays in the policy process. This was followed by a presentation by the National Advocacy Office of NACOSA, updating participants on current advocacy activities in the country.

Basic Elements of an Advocacy Strategy: The purpose of this session was to introduce the basic elements of an advocacy strategy including issue identification, goals and objectives, audience selection, message formulation, network building, fundraising, implementation, and evaluation.

- *Issue identification.* This session introduced a step-by-step approach to designing a strategy (campaign), beginning with issue identification. Participants worked in groups and selected and prioritized three policy issues for their provinces. The groups were as follows: KwaZulu-Natal with Eastern Cape, Mpumalanga with Northern Province, Western Cape with Northern Cape, and the Free State with the North West Province.
- *Goals and objectives.* Once these issues were identified and analyzed, participants reviewed criteria for developing a policy goal and SMART objectives to address these issue.
- *Selecting target audiences.* This session focused on how to analyze primary and secondary audiences on the basis of their knowledge, attitude, and beliefs. An audience mapping tool was introduced to select the appropriate audience for a particular policy issue.
- *Shaping messages.* This session focused on defining and shaping a message to the appropriate audience. Participants reviewed the key elements of a message, including content, language, format, and effective dissemination tools. The provincial groups then worked through the steps necessary to develop a message that includes stating the problem, formulating the solution, and calling for action.

- *Building support.* During this session, participants identified and analyzed supporters/opponents/undecideds of their provincial policy issues. Participants suggested strategies on how to increase and strengthen support for their advocacy efforts and to neutralize their opponents. Participants also took part in an exercise that illustrated the power of networking.

Program Issues and Lessons Learned: Findings from the National STD/HIV/AIDS Review: In this keynote session, Rose Smart, Director of NAP, highlighted the key findings from the National STD/HIV/AIDS Review, which had been conducted from July 4-18, 1997, in each of the nine provinces and at the national level. Many of the workshop participants had been members of the review teams for their provinces and had attended the national "report back" workshop held on August 7-8. The discussion following the presentation focused on those review findings that identified topics for which advocacy strategies need to be developed.

Reports from the Provinces: Program issues and lessons that have been learned from program implementation to date: During this session, provincial groups reviewed the National AIDS Assessment document. The participants analyzed the strengths and weaknesses of the program in their provinces and shared experiences and lessons learned.

How to Organize a Workshop: The purpose of this session was to help provincial groups design and conduct an advocacy workshop. Discussion included logistical arrangements, funding, participant selection, agenda, and content design.

Evening Sessions: Several sessions were conducted in the evenings to reinforce and complement the materials presented during the day. These sessions included the following: *Demonstration of Computer Software for HIV/AIDS Presentations: the AIDS Impact Model (AIM); Demonstration of Computer Graphics Presentations; Tools for Effective Message Dissemination; and Sources for Information on HIV/AIDS: the Internet.*

Special Event: Networking with religious leaders: On Wednesday evening, August 20, representatives from a number of national religious communities were invited to join the workshop participants for informal discussions and brainstorming about the role of religious leaders and religious groups in national HIV/AIDS programs. The representatives from Christian, Muslim, and Hindu communities were all active in the Religious AIDS Programme (RAP), which collaborated in organizing the session. Representatives of the religious communities also joined the participants for dinner following the lively discussions. Many of the participants used this networking opportunity to discuss specific follow-up activities.

Practicum: For the next day and a half, the five provincial groups were given an opportunity to practice their new advocacy skills by developing an advocacy strategy around one of the policy issues identified on the first day. In addition, each of the

provinces developed an action plan to conduct an advocacy workshop at the provincial level within the next four months. Workshop plans included an agenda, session descriptions, timeframes, and logistics.

Participants presented the five advocacy strategies and nine workshop action plans on the last day of the workshop.

VII. Advocacy Goals by Provinces

Gauteng Province

Establishment of pre-employment testing bill

Free State and North West Provinces

Establishment of policy and guidelines on HIV testing and counseling

Western Cape and Northern Cape Provinces

Development and implementation of an appropriate management and care protocol for the provision of home-based care at the primary care level

Eastern Cape and Kwa-Zulu Natal Provinces

Policy established at the provincial level for NGO funding

Northern and Mpumalanga Provinces

Increase manpower in HIV/AIDS program as a result of lack of policy facilitating structures of human resources in the program

VIII. Evaluation

To evaluate the workshop, organizers asked participants to fill in evaluation forms. The evaluation forms are presented in this section. For detailed participant comments, please refer to Appendix E. Out of 37 participants, 34 completed the evaluation form.

Was this workshop able to change the way you think in approaching an advocacy strategy?

Yes	32
No	1
NR	1

Did you learn new, useful advocacy skills?

Yes	34
No	0
NR	0

How confident are you to conduct an advocacy skills workshop?

a) yourself? (1=not confident; 5=very confident)

Number responding	32
Average Rating	3.84
Lowest Rating	1
Highest Rating	5

b) with your provincial team? (1=not confident; 5=very confident)

Number responding	34
Average Rating	4.24
Lowest Rating	1
Highest Rating	5

How useful are the materials distributed at the workshop (reports, presentation charts, training manuals)? (1=not useful; 5=very useful)

Number responding	30
Average Rating	4.97
Lowest Rating	4
Highest Rating	5 (and one was marked 6)

IX. Next Steps

On the final day of the workshop, NAP and NACOSA led a discussion on workshop follow-up activities. Among the many requests and comments were the following:

1. NAP committed itself to fund local costs for all provincial advocacy workshops within the next four months.
2. All provinces intend to conduct advocacy workshops within the next four months. The majority requested technical assistance in the design and implementation of their workshops.
3. Participants committed themselves to turning the workshop group into an ongoing advocacy network. They discussed and proposed several strategies for coordination and communication. One proposal consisted of selecting a person to act as advocacy coordinator at the central level, who would be part of a coordinating committee consisting of representatives from the nine provinces. They agreed that the group should meet regularly and not just on an ad hoc basis.

4. The majority recommended that a follow-up workshop take place in November to enhance their advocacy and training skills including presentation and facilitation skills. The workshop would also serve as a forum for lessons learned from the provincial workshops. It was also suggested that NAP develop a set of critical questions to guide the participants in assessing the successes/problems/challenges in conducting their workshops. These completed forms would be shared with all provinces immediately upon completion of the workshop.

Appendix A. List of Materials Distributed in Workshop Briefcase

1. Workshop Workbook: "Enhancing Advocacy Skills for HIV/AIDS Programmes in South Africa." Includes: Workshop Agenda; List of Participants; The Policy Process (presentation); The Advocacy Process (handouts); HIV/AIDS Global Trends; Integration of HIV/AIDS and PHC/MCH/FP; Internet Resources; and Research References on South Africa.
2. "An Introduction to Advocacy: A Training Guide," Support for Analysis and Research in Africa (SARA).
3. "Cairo, Beijing, and Beyond: A Handbook on Advocacy for Women Leaders," CEDPA.
4. "Training of Trainers: A Handbook," CEDPA.
5. NACOSA, South Africa United Against AIDS, "A National AIDS Plan for South Africa, 1994 - 1995," July 1994.
6. *HIV/AIDS and The Law: A Resource Manual*, AIDS Law Project and Lawyers for Human Rights, Johannesburg, May 1997.
7. "Advocacy Study on Lobbying Parliamentarians," Pooven Moodley, NACOSA, Capetown, July 1997.
8. AIDS CAPTIONS, Vol. III, Number 2, July 1996, "New Paths in HIV/AIDS Prevention," FHI AIDSCAP.
9. AIDS CAPTIONS, Vol. III, Number 3, November 1996, "HIV/AIDS Prevention: Perspectives from the Field," FHI AIDSCAP.
10. AIDS CAPTIONS, Vol. IV, Number 1, June 1997, "Building on Success: The Next Generation of HIV/AIDS Programs," FHI, AIDSCAP.
11. The South African STD/HIV/AIDS Review, 4-18 July 1997: Contextual Analysis.
12. The South African STD/HIV/AIDS Review, 4-18 July 1997: Comprehensive Report.
13. The National STD/HIV/AIDS Review, 4-18 July 1997: Team Reports: National Level; Free State Province; Northern Cape; Eastern Cape; Gauteng Province; KwaZulu Natal; North West Province.

14. South African HIV/AIDS and STDs Programme: Strategic Plan: 1996/7-2000/1.
15. "HIV/AIDS Status in South Africa and Current Programmes and Priorities of the National AIDS Programme," (handouts and transparencies), HIV/AIDS and STDs Directorate, Department of Health, July 1997.
16. "Seventh National HIV Survey of Women Attending Antenatal Clinics of the Public Health Services," October/November 1996, Department of Health.
17. "Letters to Legislators," (guidelines).
18. "Being Interviewed by the Media," (guidelines).
19. "How to Organize a Workshop," (handouts).
20. "Action Plan for Organizing Your Own Advocacy Workshop," (handouts).
21. "RAP Focus," Religious AIDS Programme, April 1997.

Appendix B. List of Participants and Facilitators

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Appendix C. Agenda

National AIDS Programme and The POLICY Project - USAID Workshop

“Enhancing Advocacy Skills for HIV/AIDS Programmes in South Africa”

Hamilton Conference Centre - Pretoria

Best Western - Pretoria Hotel

August 17-22, 1997

Agenda

Background: The support of political, government, and community leaders is critical to the implementation of effective HIV/AIDS prevention programmes. The National STD/HIV/AIDS Review in July 1997 identified the need to mobilise commitment, support, and resources and to strengthen and expand the national, provincial and local response to HIV/AIDS. In response to these findings, the HIV/AIDS and STDs Directorate, in collaboration with the USAID-supported POLICY Project, has planned this workshop for Provincial HIV/AIDS Coordinators and key NGO leaders at the provincial level, together with several national level participants, to enhance their advocacy skills for mobilising the required leadership support. The European Union has provided funding for the local costs of the workshop.

Workshop Objectives:

1. The overall objective is to increase leadership support from a broad range of individuals, groups, and organisations for strong multisectoral HIV/AIDS programmes at both national and provincial levels. The focus of the workshop is on approaches for galvanizing the support of government, NGO, and community leaders for HIV/AIDS programs through better leadership understanding of (a) the status and trends of the epidemic in South Africa and (b) the interventions that are needed and the impact of these interventions.
2. The specific objective of the workshop is to increase the skills of the participants to do effective advocacy for HIV/AIDS programmes by providing the participants with a thorough understanding of key steps in building stronger leadership commitment, including identifying key policy issues, specifying target audiences, developing and disseminating policy-relevant messages, and using a variety of policy tools to analyse and disseminate HIV/AIDS information.
3. The participants will be equipped to replicate this training on HIV/AIDS advocacy techniques at the provincial level.

Sunday, 17 August

Afternoon Participants arrive

19:00 Opening Dinner, Welcome and Introductions

Monday, 18 August

08:30 - 09:00 Introduction to the Workshop

*Ms. Ria Schoeman, Deputy Director - Intersectoral Liaison,
HIV/AIDS and STDs Directorate*

Mr. Alan Johnston, The POLICY Project

09:00 - 10:00 Purpose of the Workshop and Review of Agenda

Participants' workshop expectations

Ms. Taly Valenzuela, The POLICY Project

10:00 - 10:30 Coffee/tea break

10:30 - 11:30 HIV/AIDS Status in South Africa and

Current Programmes and Priorities of the National AIDS Programme

Ms. Rose Smart, Director, HIV/AIDS & STDs Directorate

11:30 - 12:30 Overview of the Policy Process

Mr. Alan Johnston

Overview of the South African Policy Process

Mr. Pooven Moodley, National Advocacy Office, NACOSA

12:30 - 13:30 Lunch

13:30 - 15:00 Introduction to Advocacy

What is Advocacy?

Advocacy Conceptual Framework

Ms. Taly Valenzuela

15:00 - 15:30 Coffee/tea break

15:30 - 16:30 Update on National Advocacy Activities

Mr. Pooven Moodley, National Advocacy Office, NACOSA

16:30 - 17:30 Basic Elements of an Advocacy Strategy

Ms. Taly Valenzuela

Tuesday, 19 August

08:30 - 10:00 Basic Elements of an Advocacy Strategy (continued)
Ms. Taly Valenzuela

10:00 - 10:30 Coffee/tea break

10:30 - 12:30 Basic Elements of an Advocacy Strategy (continued)

12:30 - 13:30 Lunch

13:30 - 15:30 Basic Elements of an Advocacy Strategy (continued)

15:30 - 16:00 Coffee/tea break

16:00 - 17:00 Basic Elements of an Advocacy Strategy (continued)

17:00 - 17:30 Tools for Effective Message Dissemination
Ms. Kirsten Olson, The POLICY Project

17:30 - 18:30 Demonstration of Computer Graphics Presentations

Wednesday, 20 August

08:30 - 09:00 Networking Techniques
Ms. Taly Valenzuela

09:00 - 09:30 HIV/AIDS Technical Resources and Internet Resources
Mr. Alan Johnston

09:30 - 10:30 Programme Issues and Lessons Learned:
Findings from the National STD/HIV/AIDS Review
Ms. Rose Smart, Director, HIV/AIDS and STDs Directorate

10:30 - 11:00 Coffee/tea break

11:00 - 12:30 Reports from the Provinces:
Programme issues and lessons that have been learned from programme
implementation to date

12:30 - 13:30 Lunch

13:30 - 15:30 Development of Advocacy Strategies

15:30 - 16:00 Coffee/tea break

16:00 - 17:00 Development of Advocacy Strategies (continued)

17:00 - 19:00 Informal Networking with Religious Leaders on the role of Religious Leaders and Religious Groups in HIV/AIDS Advocacy (in collaboration with the Religions AIDS Programme - RAP)

19:00 Religious Leaders join participants for dinner

Thursday, 21 August

08:30 - 10:00 Development of Advocacy Strategies (continued)

10:00 - 10:30 Coffee/tea break

10:30 - 11:00 How to Organise a Workshop
Ms. Ria Schoeman, HIV/AIDS and STDs Directorate
Ms. Kirsten Olson, The POLICY Project

11:00 - 12:30 Development of an HIV/AIDS Advocacy Workshop

12:30 - 13:30 Lunch

13:30 - 15:30 Development of an HIV/AIDS Advocacy Workshop (continued)

15:30 - 16:00 Coffee/tea break

16:00 - 17:00 Development of an HIV/AIDS Advocacy Workshop (continued)

17:00 - 18:00 Demonstration of Computer Software for HIV/AIDS Presentations:
The AIDS Impact Model (AIM)
Mr. Alan Johnston

Friday 22 August

08:30 - 10:30 Presentation of Advocacy Strategies and Provincial Workshop Plans

10:30 - 11:00 Coffee/tea break

11:00 - 12:00 Evaluation and Closing

12:00 - 13:30 Farewell Lunch

Afternoon Participants depart

Convenor: Rose Smart, Director, HIV/AIDS and STDs Directorate

Coordinator: Ria Schoeman, Deputy Director - Intersectoral Liaison: HIV/AIDS and STDs Directorate

Facilitators: Alan Johnston, POLICY Project, RTI, Senior Population Specialist

Pooven Moodley, National AIDS Convention of South Africa (NACOSA), National Advocacy Office

Kirsten Olson, POLICY Project, RTI, Policy Analyst, resident in Pretoria

Mary Scott, POLICY Project, The Futures Group International, Regional Director - Anglophone Africa

Taly Valenzuela, POLICY Project, CEDPA, Participation Director

United States Agency for International Development (USAID/South Africa):

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Appendix D. Evaluation Form

Evaluation

*Workshop on Enhancing Advocacy Skills
for HIV/AIDS Programmes in South Africa*
August 17-22, 1997 - Pretoria, South Africa

Please fill out the following evaluation. Thank you.

1. Was this workshop able to change the way you think in approaching an advocacy issue?

Yes

No

If yes, how? If not, why?

2. Did you learn new, useful advocacy skills?

Yes

No

If yes, name a few and how they will benefit you and/or your organisation.
If not, why not?

3. How would you as a trainer use the skills that you learned at this workshop?

4. How confident are you to conduct an advocacy skills workshop
 - (a) yourself? (1 = not confident; 5 = very confident)
 - (b) with your provincial team? (1 = not confident; 5 = very confident)

5. What type of follow-up would benefit you the most?

6. How useful are the materials distributed at the workshop (reports, presentation charts, training manuals)? (1 = not useful; 5 = very useful)

7. Please add any additional comments.

Appendix E. Comments on the Evaluation

The following are the comments recorded by the participants on the evaluation forms.

1. *Was this workshop able to change the way you think in approaching an advocacy issue?*

If yes, how?

Having started from no-where and not even knowing the concept, the workshop and especially the presentation and group work did just that and more.

Ability to analyse advocacy strategies more deeply and approach this more logically than before and not in a haphazard way.

Working for the ATICC, I'm supposed to go out and advocate HIV/AIDS programmes to other organisations. Having been through this course I have realised that I was wrong at some techniques I have used. I feel more motivated, effective, and powerful to do my job and get across the message in a powerful way. To tell you the truth, I was getting bored with my job because I wanted challenge. Now I have it and I am going to educate my working mates so that we do one thing together in a more effective, cost-effective way.

I did have an idea already about what went into it. But the workshop really helped us to think systematically and carefully—work out which step to follow. Problem one, I did not realize (until the second to last day) that the purpose of the workshop was to strengthen intersectoral collaboration. Problem two, it was not made clear enough in the workshop structure initially why the policy process was emphasized. This led to confusion.

Because I used to fail in my attempts, because my approach was very much haphazard in dealing with issues.

It has learnt me to think in a systematic way and do proper planning toward a specific goal.

It has given me a logical way of thinking, writing, and presenting an issue. It has empowered me with skills in networking. Some of the tasks seemed to be daunting, but with the skills gained, one is in a position to tackle tasks.

I have been using a DOTMABE approach. The AIM approach learned puts a much greater emphasis on the analysis of the target audience (opposition, support, neutral) than the approach I have been using in programme development. Though I will not entirely abandon the approach I have been using to date, I definitely will be integrating the two approaches.

I always thought advocacy is about demanding things in a negative and forceful way; instead, I've learnt that one is to put forward an issue in an assertive persuasive way through demanding an action.

Mobilizing support is very important so that you speak as one voice and this involves networking. Adequate preparation is needed. One does not necessarily have to follow the steps in a linear process.

It was systematic, planned, and specific. I personally thought I was advocating for programmes before but not in this structured manner.

One of my weak points is that I am quite disorganized in my thinking processes. This reinforces the issue of organising.

In the way that I now know that I must first identify the issue and test if the issue is widely supported or perceived as a burning issue. Then one has to come up with a goal and objectives of achieving that goal. The advocacy is directed to policy matters who are both primary and secondary audiences.

I now have a practical way of approaching advocacy rather than theory. I gained some hands-on experience.

It changed my networking strategies (improved). In my province we are dealing with too many NGOs and we never network, etc.

Assisted in helping me learn for the first time about steps one takes in designing and implementing an advocacy campaign. Gave me insight into advocacy theory and where I can access information (additional).

By the end of one workshop I have been able to distinguish between a policy issue and an issue that is not policy related. I've also learned to distinguish between objectives and goals, and I have also learned the policy process—the channels depending on the type of issue.

Yes, it changed my attitude toward advocacy. I am now more open and free to talk about it, it's no longer a radical government-opponents thing.

If not, why?

It has aided in gathering information.

No response.

As I have had a bit of training and experience, the workshop did not change the way I think about approaching advocacy. However, it helped me crystallize my thinking and provided a framework/structure for me to order my ideas, thinking.

2. *Did you learn new, useful advocacy skills?*

If yes, name a few and how they will benefit you and/or your organization. If not, why not?

Planning of workshops and planning advocacy strategies—skills that I have never had before. Presenting advocacy messages and also networking and skills for building support.

How to identify the issue. How to clarify the goal. How to set objectives and building support and identifying primary audiences.

From identifying the issue to implementation. Especially the goals and objectives. The whole process was exceptionally good and was money well spent. The shaping of the message to different target groups and the step by steps of advocacy.

Networking and forming coalitions. Although we do networking, I've learned more that not all having to share a similar view about all issues. The painful process of reaching a consensus and giving in on strongly felt issues.

The identification of an issue. The correct way of putting across the message. The need to identify opposition to an issue, analyse them, and still manage to win the opposition.

The use of factual information at all times.

How to organise an advocacy workshop. This affords my organization the skills of setting up its own advocacy workshops in the future.

Networking—will be able to get support from other stakeholders. Planning—prioritising issues. More negotiating skills.

Ways to put forward your message clearly. Collection of enough facts before putting forward the issue. Every issue to have a solution. Putting forward clear, measurable, achievable, specific, realistic, and time-bound objectives.

Networking - in my department I am the only one responsible for the programme and have now been able to network in this very workshop.

The skill to be focused and visual and systematic in addressing your issue. This will aid my organisation in the very common problem of budgeting, as AIDS is not seen (in practise, only in theory) as a priority.

All elements of advocacy. This will assist me to strongly advocate on issues important to the HIV/AIDS/STD programme in my province.

How to build support, networking—seeing that I am only starting with an AIDS Centre now and need these skills very much.

3. *How would you as a trainer use the skills that you learned at this workshop?*

At first I will be nervous and maybe not feel that confident. But with the help of the team I am going to do my level best. I am going to use every skill I have learned in an effective way and evaluate my work.

I will be conducting workshops on two levels.

1. Training new advocates to increase the number of advocates for the HIV/AIDS National Programme.
2. I will use the training skills from this workshop to trainers on advocacy skills for AIDS and the law.

Impart these skills to fellows identified, advocated in the province for capacity building.

The skills learned will be used to empower my support group, so that issues could have strong support when brought forward.

With skills learned I will advocate for improvement in implementation of HIV/AIDS programmes in the province and contribute positively to policy formulation.

I will, after consulting with my supervisor, organize a leadership/advocacy workshop—targeting young people (reps) in all the six regions; this is where I'll impart these skills to them, so as they will know how to advocate for certain policy issues affecting them.

Replicate this workshop to the different AIDS committees to empower them to advocate for fully functional AIDS programmes on their mines and in their immediate communities.

First, I will have to practise the skills learned thoroughly before I transfer them to others, and I am willing to use them to influence policy issues at the work level and on HIV/AIDS programmes through working together with other potential advocates toward a better change.

Train others to become advocates. Help to develop a provincial advocacy strategy with the trainers. Have a strong provincial network of HIV/AIDS advocates.

That health problems are not the responsibility of the Health Department alone and together networking is very important in attaining intersectoral collaboration.

By committing myself to help to facilitate workshops. I think these skill will be strengthened by facilitating the training and therefore it will ensure that it will benefit my department as well.

Using presentation skills to introduce the idea of a provincial advocacy task force.

Tackle projects/campaigns provincially by working with the existing team and new recruits.

By making them my own, go through the process on my own again and again!!!

One-to-one lobbying.

In my own organization—ATICC to help staff work out a way of advocating for the future of ATICCs.

(Questions 4 - 6 contained no comments.)

7. *Please add any additional comments.*

At least has a similar workshop in a year's time, get all people trained, and see how they are.

Preparation of workshop materials at regional level is a big problem as there are no equipment in various regions. Support from the department is not as forthcoming as one would wish.

Congratulations to the Department of Health. This is what SA wants. Together we learn. Together we advocate. Together we succeed.

Thank you for the opportunity. I definitely will be practising my 'sharpened' skills and reading all the workshop materials. Only wish someone could help me translate them into Afrikaans for the workshops I'll be presenting!!!

I think that this was an excellent course, but time was too short. Thus, it caused exhaustion, because the issues which were dealt with were very new (some not so new) and intense. Thank you very much!

The whole workshop was very well organised; re: logistics (thank you Ria and DOH) and you could feel how carefully the facilitators had thought of how to make the participants feel comfortable.

Committee to sustain the project for the nation.

Trainers/presenters of this workshop are proficient, professional, and very flexible. This is the only workshop I have ever attended for more than three days and I still feel like continuing. Where any cultural/boundary differences did not matter (as they usually do) within the ASO. You are dynamic people continue doing the good work. For the National AIDS Programme, this was time and money well spent and thank you.

It was wonderful having such a competent and caring people here to present these skills to us. We feel as if the department is acknowledging us.

At times, things could have been speeded up, e.g., the provincial review report back seemed irrelevant to this course and badly placed. I see the value of it, but the time consumed by the workshopping of this exercise did not, in my opinion, warrant the results.

Things that can be added to presentations:

1. The use of audio visual aids
2. Presentation to audience, individuals
3. Touch on listening skills
4. Communication

Thank you.

I strongly believe that the knowledge one got from this workshop has opened a way of approaching the way I should go about:

1. identifying problems
2. analysing my audiences
3. lobbying for policy or anything



The POLICY Project
Contract No. CCP-C-00-95-00023-04

South Africa Trip Report

Period Covered:
August 9-29, 1997

Prepared by:
Alan G. Johnston
Kirsten Olson
Mary Scott
Taly Valenzuela

City and Country Visited:
Pretoria, South Africa

Submitted to:
Elizabeth Schoenecker
Barbara Crane
G/POP/PHN/PE

Date Prepared:
October 2, 1997

Date Submitted:
October 29, 1997

Executive Summary

USAID/Pretoria's strategic objective 3 (SO3) is to provide a more equitable, unified, and sustainable system, delivering integrated primary health care services to all South Africans. Activities to reduce the spread of HIV/AIDS fall within SO3. As part of these activities, the POLICY team comprising Alan Johnston, Mary Scott, and Taly Valenzuela traveled to Pretoria to conduct a workshop with the National AIDS Programme (NAP) on enhancing advocacy skills for HIV/AIDS programs in South Africa. An additional purpose of the visit was to discuss possible follow-up activities with USAID/Pretoria and local counterpart agencies. The team was joined by Kirsten Olson, who is resident in Pretoria.

The POLICY team, in collaboration with NAP, conducted a one-week workshop, "Enhancing Advocacy Skills for HIV/AIDS Programmes in South Africa," August 17-22, 1997. The team was joined by Pooven Moodley, a facilitator from the National Advocacy Office of the National AIDS Convention of South Africa. USAID and the European Union sponsored the workshop.

The goal of the workshop was to enhance advocacy skills for leadership support from a broad range of individuals, groups, and organizations for strong multisectoral HIV/AIDS programs at both national and provincial levels. The workshop focused on approaches to galvanize the support of government, NGOs, and community leaders for HIV/AIDS programs through better understanding of the status and trends of the epidemic in South Africa and the interventions needed for desired results.

Following the workshop, the POLICY team held discussions with officials from the Department of Health, UNFPA, and USAID/Pretoria regarding priority needs for technical assistance from the POLICY Project. Activities identified included a follow-on HIV/AIDS workshop for November 1997 that could include advocacy skills, training-of-trainers, and presentation skills.

I. Trip Objectives

USAID/Pretoria's SO3 is to provide a more equitable, unified, and sustainable system, delivering integrated primary health care services to all South Africans. Activities to reduce the spread of HIV/AIDS fall within SO3. As part of these activities, the POLICY team comprising Alan Johnston, Mary Scott, and Taly Valenzuela traveled to Pretoria, August 9-29, 1997, to conduct a workshop with NAP on enhancing advocacy skills for HIV/AIDS programs in South Africa. An additional purpose of the visit was to discuss possible follow-up activities with USAID/Pretoria and local counterpart agencies. The team was joined by Kirsten Olson, who is resident in Pretoria.

II. Background

The AIDS epidemic is well established in South Africa and continues to grow at varying rates in all provinces. By 1995 the prevalence of HIV in antenatal clinic attendees in South Africa had reached more than 10 percent. In the latest national antenatal survey (October/November 1996), 14 percent of women attending public health service antenatal clinics were infected with HIV. Extrapolations for the entire population suggest that 11 percent of all adults in the country are infected. By the end of 1996, the estimated number of infected persons in South Africa was therefore just over 2.4 million. New HIV infections occur at a rate of 1,200 a day, the majority from heterosexual transmission.

Arising from extensive consultation, the National AIDS Convention of South Africa (NACOSA) developed a National AIDS Plan for South Africa in 1994, which was accepted by the Minister of Health as the framework for the government's response. In recognition of the seriousness of the epidemic, the plan was accorded the status of a Presidential Lead Project within the Reconstruction and Development Programme, Department of Health.

The HIV/AIDS and STDs Directorate of the Department of Health was established in January 1995 as a strong vertical program to devolve implementation functions to the provincial structures as these develop sufficient capacity to assume and sustain the functions. The transition and restructuring within the National and Provincial Health Departments, however, has delayed this process. With the recent appointments of most of the provincial HIV/AIDS coordinators, the relationships between the national and provincial structures are now being formalized and devolution is commencing.

The NACOSA/NAP is thus operated by the National HIV/AIDS and STDs Directorate, the nine provincial STD/HIV/AIDS structures, and the regional local structures, which include the 20 AIDS Training, Information, and Counseling Centres (ATICCs). In addition, NGOs are either funded or subcontracted to run projects and provide services.

Support of political, government, and community leaders is critical to the implementation of effective HIV/AIDS prevention programs. The National STD/HIV/AIDS Review in July 1997 identified the need to mobilize commitment, support, and resources and to strengthen and expand the national, provincial, and local responses to HIV/AIDS. In response to these findings, the HIV/AIDS and STDs Directorate, in collaboration with the POLICY Project, planned this workshop for provincial HIV/AIDS coordinators and key NGO leaders at the provincial level, together with several national-level participants, to enhance their advocacy skills for mobilizing the required leadership support. The European Union provided local costs of the workshop.

III. Key Activities

Advocacy Workshop Implementation. The POLICY team, in collaboration with NAP conducted a one-week workshop, "Enhancing Advocacy Skills for HIV/AIDS Programmes in South Africa," August 17-22, 1997. The team was joined by Pooven Moodley, a facilitator from NACOSA. The workshop was sponsored by USAID and the European Union.

The goal of the workshop was to enhance advocacy skills for leadership support from a broad range of individuals, groups, and organizations for strong multisectoral HIV/AIDS programs at both national and provincial levels. The workshop focused on approaches to galvanize the support of government, NGOs, and community leaders for HIV/AIDS programs through better leadership understanding of the status and trends of the epidemic in South Africa and the interventions needed for desired results. There were two specific objectives for this workshop:

1. To increase the skills of the participants to perform effective advocacy for HIV/AIDS programs by providing the participants with a thorough understanding of key steps in building stronger leadership commitment, including identifying key policy issues, specifying target audiences, developing and disseminating policy-relevant messages, and using a variety of policy tools to analyze and disseminate HIV/AIDS information.
2. To equip the participants with the ability to replicate this training on HIV/AIDS advocacy techniques at the provincial level.

Thirty-seven participants, representing the private sector and all nine provinces and the national level of the Republic of South Africa, participated. All 11 official languages were represented.

On the final day of the workshop, NAP and NACOSA led a discussion on workshop follow-up activities. Among the many requests and comments were the following:

- The NAP committed itself to fund local costs for all provincial advocacy workshops within the next four months.
- All provinces intend to conduct advocacy workshops within the next four months. The majority of participants requested technical assistance in the design and implementation of their workshops.
- Participants committed themselves to turning the workshop group into an ongoing advocacy network. They discussed and proposed several strategies for coordination and communication. One proposal consisted of selecting a person to act as advocacy coordinator at the central level who would be part of a coordinating committee consisting of representatives from the nine provinces. They agreed that the group meet regularly and not just on an ad hoc basis.
- The majority recommended that a follow-up workshop take place in November to enhance further their advocacy and training skills, including presentation and facilitation skills. The workshop would also serve as a forum for lessons learned from the provincial workshops. It was also suggested that NAP develop a set of critical questions to guide the participants in assessing their successes/problems/challenges in conducting their workshops. These completed forms would be shared with all provinces immediately upon completion of the workshop.

A complete workshop report has been compiled, which includes the workshop objectives, organization, goals, agenda, and list of participants and facilitators.

Preliminary Needs Assessment. During the week following the workshop, the POLICY team held discussions with the Health Development Division of USAID/Pretoria regarding priority needs for technical assistance from the POLICY Project. Meetings were held with the HIV/AIDS and STDs Directorate; Maternal and Child Health Directorate, Department of Health; members of the Reproductive Health Task Force; and the UNFPA country representative.

Priority activities identified for HIV/AIDS were the following:

1. A follow-on workshop for November 1997 that could include advocacy skills, training-of-trainers, and a presentation skills workshop.
2. Hiring national advocacy coordinator to promote and facilitate provincial advocacy training and other advocacy activities.
3. Support to provincial teams in carrying out provincial advocacy workshops including materials preparation, workshop design, and training and facilitation assistance.
4. Development of a booklet on the status of AIDS in South Africa and action needs, to be used to generate strong leadership commitment and support from a broad range of leadership groups.
5. As part of the process of developing the booklet, conducting an expert group meeting to discuss and reach consensus on the statistics and projections for use in the booklet.

The POLICY team and the Reproductive Health Task Force discussed the types of support that the POLICY Project could provide in FP/RH. The Reproductive Health Task Force is in the early stages of designing its scope of work and is looking for ways to continue providing strong support for FP in the context of the broader integrated primary health care system. Several ideas were discussed including analysis and presentation of data from the forthcoming DHS in support of FP services, and enhancing advocacy skills for NGOs working in RH. Any POLICY Project assistance in this area will depend on further discussions between the Task Force and USAID/Pretoria.

The POLICY team also met with UNFPA country representative Jay Parsons. UNFPA activities are being carried out with the National Population Unit (NPU). Parsons requested POLICY Project assistance in providing training for the NPU in advocacy, demography, and policy analysis. A more in-depth assessment of these potential areas of collaboration will take place during the November TDY.

IV. Next Steps

There was great enthusiasm from the HIV/AIDS and STDs Directorate and from USAID for further assistance from the POLICY Project. In the short term, the POLICY Project will cofund the November follow-on advocacy workshop (the POLICY Project will provide technical assistance; the HIV/AIDS and STDs Directorate will provide all local costs for the workshop). Any further activities in HIV/AIDS or in broader population/RH will depend on the availability of field support funds from USAID/Pretoria.

POLICY staff will keep in close communication with the HIV/AIDS and STDs Directorate and with USAID regarding future activities.

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These are current and potential areas of assistance from the POLICY Project in HIV/AIDS.

The Policy Project

POLICY HIV/AIDS Activities as of March 13, 1997

Core Activities

- AIM model updated as part of SPECTRUM system; also, Excel spreadsheet and PowerPoint presentation format. Addition of an expanded Tuberculosis and program intervention modules underway.
- Dissemination of modeling techniques and methodologies in HIV/AIDS: presentations at the Vancouver AIDS Conference and the National STD Conference.
- Practical guide to compiling and analyzing sentinel surveillance data and communicating the findings to policymakers, based on experience in several countries.
- AIM workshop held in Kenya for participants from nine countries. Additional workshops planned (South Africa, summer 1997; Burkina Faso, fall 1997) at the request of USAID missions.
- HIV/AIDS-specific policy environment score (PES) — to be tested under POLICY in four African countries. Expanded version applied in five Central American countries under PASCA.
- Compendium of HIV/AIDS policies — compilation of sample public policies and laws underway for a reference manual.
- Advocacy training curriculum and manuals covering how to design advocacy strategy, activities to reach policymakers, how to use PR and media, how to network/build efficient coalitions, etc.
- Strategic planning element applications for HIV/AIDS program expansion.

Field Activities

Benin	Plans to address issues of STD/HIV/AIDS through policy dialogue activities and AIM presentations. Includes analysis of surveillance data to produce national estimates, training of counterparts, the development of AIM presentations in various formats (computer, slides, transparencies, and AIM booklet), and design of dissemination plan.
Ethiopia	AIM application including analysis of surveillance data to produce national estimates, training of counterparts, the development of AIM presentations in various formats (computer, slides, transparencies, and AIM booklet), and design of dissemination plan.
Ghana	Assistance to National AIDS Control Programme to develop plan for strengthening leadership support for STD/HIV/AIDS programs: AIM presentations includes analysis of surveillance data to produce national estimates, training of counterparts, the development of AIM presentations in various formats (computer, slides, transparencies, and AIM booklet), and design of dissemination plan.
Kenya	Further analysis of sentinel surveillance data, continued AIM support, use of modeling results for program planning, advocacy workshops for NGOs, funding of AIDS-related research and AIDS technical update workshop for the Kenya AIDS NGOs Consortium.
Madagascar	AIM application including analysis of surveillance data to produce national estimates, training of counterparts, the development of AIM presentations in various formats (computer, slides, transparencies, and AIM booklet), and design of dissemination plan. Includes support for an expanded program of STD surveillance and detailed analysis of the economic impact of AIDS.
South Africa	Policy workshop (similar to Kenya AIM workshop) at request of USAID.
Tanzania	Potential AIM application.
Zambia	Collaboration with the AIDS/STDs Unit of the Central Board of Health to organize national information on the HIV/AIDS epidemic for policy dialogue; assistance to the unit to develop strategic guidance for the districts; and application of AIM.
Zimbabwe	Assistance to National AIDS Coordination Programme to meet Mission's objectives covering improved RH policies and enhanced RH program implementation skills (relevant to HIV/AIDS).
Mexico	Responding to request for policy assistance regarding HIV/AIDS.

The POLICY Project

HIV/AIDS POLICY ACTIVITIES - - YEAR TWO WORKPLAN

- I. African Regional Conferences
 - Conduct one East African Regional Conference
Kenya: October 1996
 - Conduct one West African Regional Conference
Burkina Faso: Fall 1997
- II. AIM Upgrades
 - Upgrade AIM
 - Update program intervention module of AIM
 - Develop costing component for AIM
 - Develop TB model
- III. Tool Development and Adaptations
 - HIV Sentinel Surveillance analysis tool:
Workbook and Spreadsheet
 - Advocacy tool for HIV/AIDS policy issues
 - Application of UNAIDS contextual assessment tool
 - AIDS Policy Environment Scores
 - HIV/AIDS Policy Compendium
- IV. Provide technical assistance for country POLICY HIV/AIDS activities
 - A. Kenya
 - B. Ethiopia
 - C. Madagascar
 - D. Ghana
 - E. Zimbabwe
 - F. Zambia
 - G. South Africa
 - H. Tanzania
 - I. Benin
 - J. Mexico
- V. Build POLICY Project staff skills

HIV/AIDS POLICY PRIORITIES for The Policy Project

1. Strategic planning for national HIV/AIDS programs
2. HIV/AIDS programs targeted to adolescents
3. Mobilizing NGOS and strengthening their skills to provide services
4. Mobilizing political support
5. Involving private sector
6. Integrating gender perspective in HIV/AIDS policy and programming
7. Mobilizing and utilization of resources for HIV/AIDS programs

The Policy Project

POLICY APPROACH TO PRIORITIES

POLICY ISSUES	POLICY RESPONSE
Lack of coordination and strategic planning	• Adapt SP materials from FP to HIV/AIDS issues and programs • Facilitate SP at the national and regional level
Need to address youth issues relating to HIV/AIDS	• Utilize policy checklist developed by FOCUS Project • Integrate & apply awareness-raising presentations and materials developed by FOCUS Project • Modify SP materials to use in planning for youth friendly program expansion • Facilitate policy dialogue on youth and HIV/AIDS issues
Need to involve NGOS	• Strengthen NGOS' policy/leadership skills in the following areas: awareness raising; coalition building; institution building; and networking • Facilitate NGOS active involvement in policy dialogue process with public sector
Lack of political support	• Build on AIM approach to raise awareness & build consensus for policies & programs • Foster support for specific issues, such as adolescents, STD programs, gender & HIV/AIDS, etc. • Facilitate a multi-sectoral approach to the epidemic by involving other actors & sectors • Modify legal and regulatory checklist to reflect HIV/AIDS issues
Lack of private sector support	• Raise awareness of epidemic's impact on the private sector • Raise awareness of private sector's responsibility not to discriminate against PWAs and to provide education programs to workers • Define private sector's role for provision of services • Coordinate with social marketing initiatives
Little understanding of epidemic's impact on women	• Raise awareness on gender and HIV/AIDS issue • Mobilize women's groups and networks to become involved in HIV/AIDS advocacy and/or provide services • Support and disseminate research on women and HIV/AIDS
Inadequate funding for HIV/AIDS programs	• Mobilize resources to expand HIV/AIDS research and programs • Raise awareness on the need for more funding • Mobilize other actors than Ministry of Health for more funds • Facilitate donor coordination of resources • Analyze cost-effectiveness of different interventions and programs to help prioritize

The Policy Project

Potential LIST OF HIV/AIDS POLICY ISSUES

PROGRAM COMPONENT	POLICY ISSUES
Comprehensive Care	inadequate health care systems; negative provider attitude; opposition towards non-traditional service delivery
Provision of condom	restrictive access for adolescents & non-married; costly import duties; limited distribution points (e.g. schools excluded); limited sustainability of certain condom programs
Blood safety	lack of donor screening protocols; limited enforcement of blood/donor protocols; frequency of transfusion
Mass media	restrictions on content and advertising ethical pharmaceuticals or condoms.
STD treatment	lack of support for syndromic management approach by health professional; lack of commitment to implement syndromic management; inability to scale up from pilot, small-scale to ntl. scale programs; debate over promoting dual methods; lack of commitment to STD programs
IDU - unsafe drug use behaviors	stigmatization associated with IDUsers; opposition to providing services to IDUsers; resistance to providing services to those involved in illegal activities.
Counseling/voluntary testing	lack of policy guidelines; debate on expense vs. effectiveness
Integration of services	continued debate on integration vs. vertical HIV/AIDS programs and integration of HIV/AIDS into FP programs
Human rights/ethics	lack of information on human rights ethics; continued stigmatization of PWA among policymakers & communities; lack of information on relationship between epidemic and impact on women
Youth education	opposition to schools provide FLE; if decide to provide FLE, inadequate planning to launch nationwide FLE programs
Services for specific groups, incl. youth	stigmatization of target groups (IDU, CSW, prisoners); opposition to providing services to certain groups (IDU, CSW, prisoner, youth)
Sentinel surveillance system	lack of understanding of importance of surveillance data in policy and planning; underutilization of data in policy and program planning
Funding	lack of priority, resulting in limited funds allocated to HIV/AIDS; need to mobilize more resources; debate on public sector funding of new treatment programs
Strategic planning	lack of coordination: need better planning for program expansion
Research & Evaluation	not a priority; underutilization of R/E in policy and program planning
Home-based care	need to analyze resources implications of home-based care; need to plan for providing HBC
Traditional healers	need to define appropriate roles; negative provider attitude towards traditional healers
Supportive leadership	lack of political support
Clinical research	need to identify priorities; need to develop ethical guidelines
Ntl. AIDS policy	debate on need for separate policy or not; lack of guidelines on how to address policy issues
Socio-economic impact analysis.	little understanding of socio-economic impact of HIV/AIDS
Multi-sectoral approach	lack of coordination among all sectors (public, private and NGOs); HIV/AIDS perceived as health problem and not development issue
Human Resource Development	need for more training; lack of resources to conduct training

The HIV/AIDS Policy Environment Score (PES)

PES Survey Technical Information

Study group: convenience sample of
HIV/AIDS knowledgeable informants in each
PASCA country

Sample size - 127 in the region

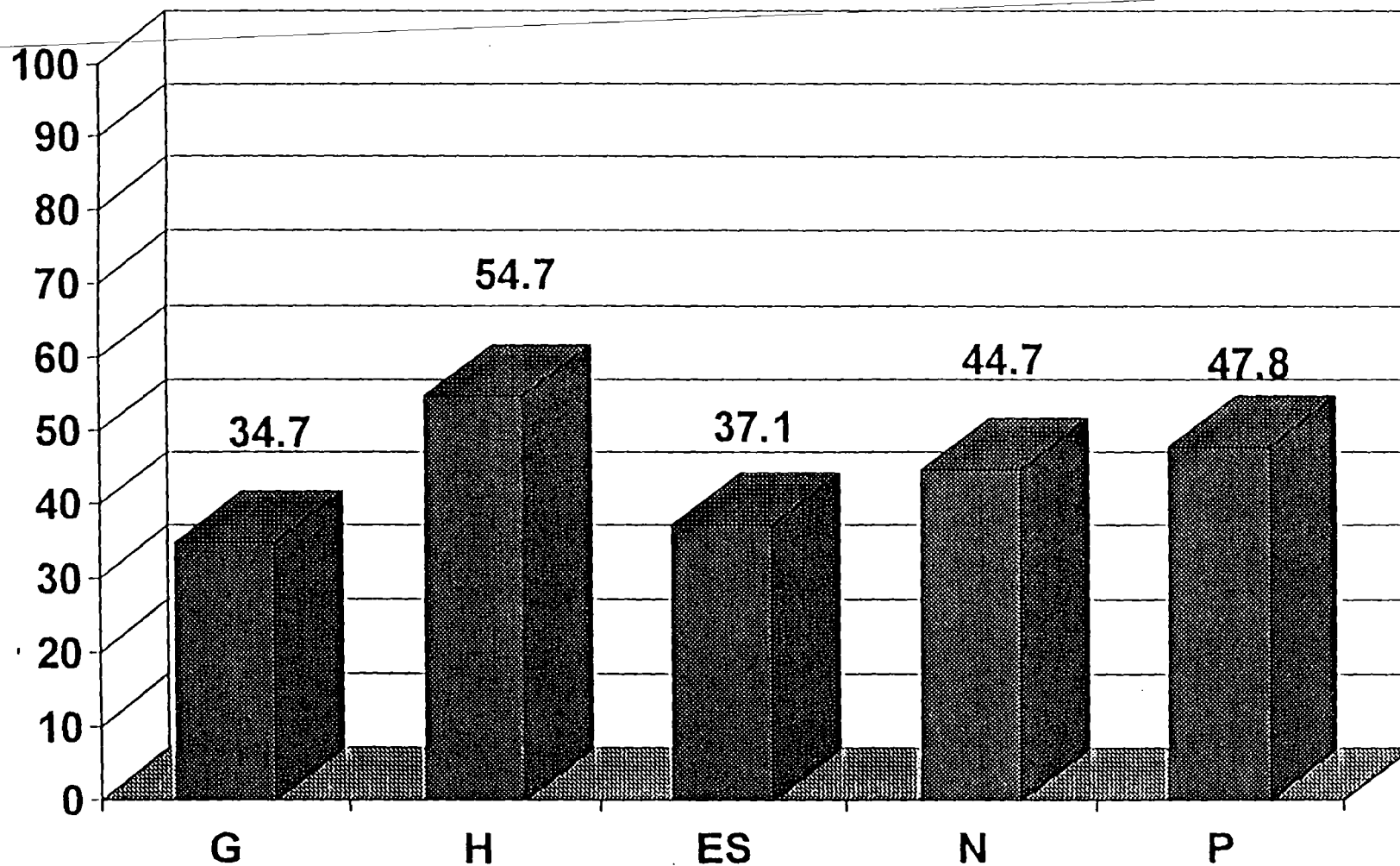
Self-administered questionnaire; 7 topics and
53 questions; 1 - 5 Likert-type scale

Study period: May - December, 1996

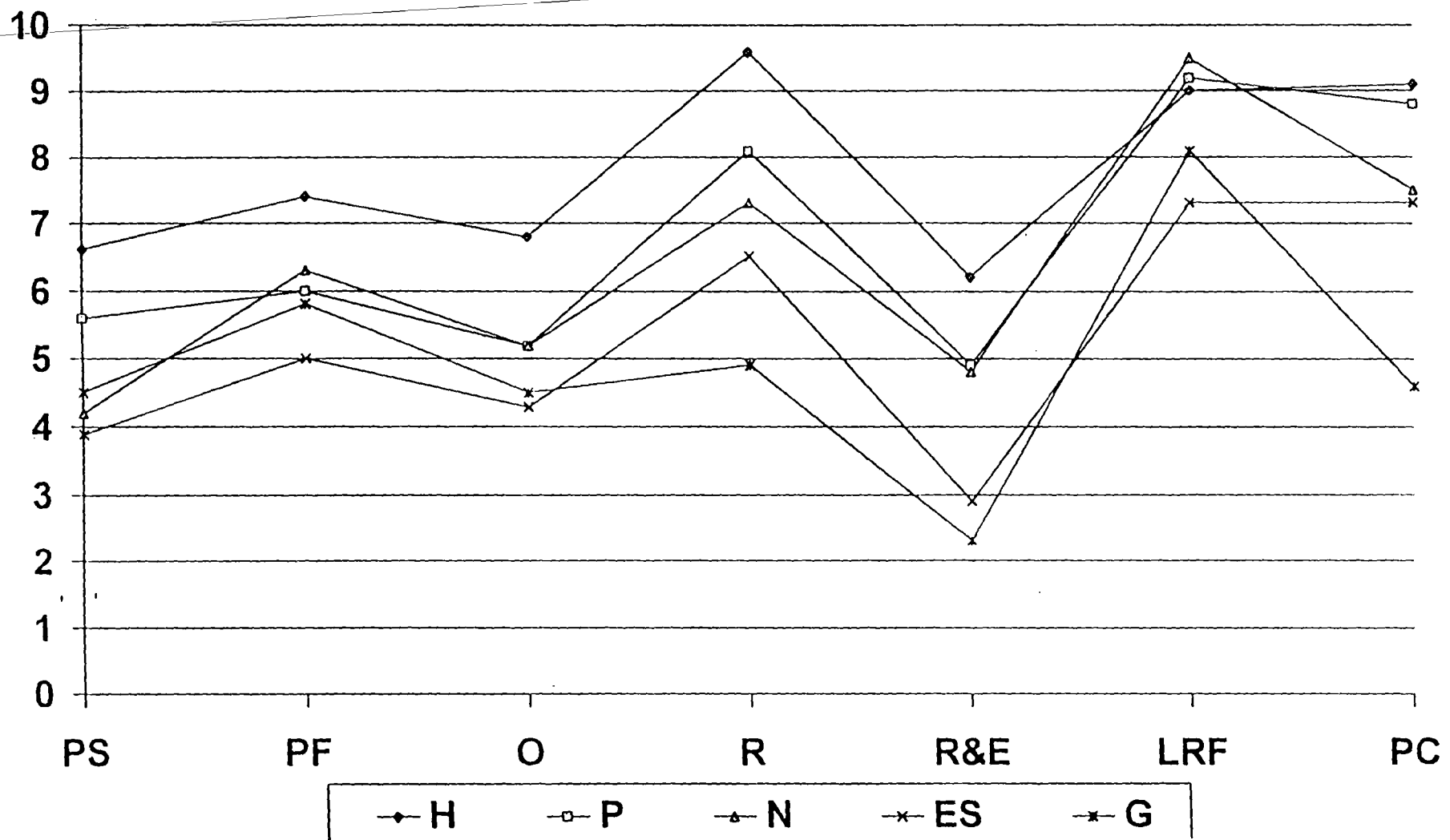
Survey Topics - PES

- ◆ Political Support - 7 items
- ◆ Policy Formulation - 6 items
- ◆ Organization of the Program - 5 items
- ◆ Resources - 8 items
- Research & Evaluation - 3 items
- ◆ Legal and Regulatory Framework - 12 items
- Program Components - 12 items

PES in Central America



PES results in Central America, by survey item



Uses of the HIV/AIDS Policy Environment Score

- ◆ Country Assessment
- ◆ Project Evaluation
- ◆ Policy Dialogue:
 - » Awareness tool
 - » Advocacy tool

**POLICY ENVIRONMENT SCORE
(PES)**

This instrument is designed to measure the policy environment that surrounds a national HIV/AIDS/STD program. The PES is comprised of seven categories to assess the policy environment: political support, policy formulation, organizational structure, legal and regulatory environment, program resources, program components, and evaluation and research.

The PES is meant to assess the current environment as well as changes over a period of years. Many of the items will change little over a two or three year period; nevertheless, this allows the same features of the policy environment to be systematically assessed at regular intervals. The respondent should fill in responses to both the "this year" and "previous year" columns each time the questionnaire is administered.

A scale of 1 to 5 should be assigned to each item. In every case, 5 means a better or more satisfactory rating. Some items may seem to require just a yes or no response, but even these items may be more or less satisfactory, so try to adhere to the 1 to 5 rating scale. Enter a "DK" in a cell when you have little or no information about it, rather than leaving it blank or using a zero..

- The POLICY Project

-

POLICY ENVIRONMENT SCORE

COUNTRY:

RESPONDENT NAME:

POSITION:

DATE:

GENERAL COMMENTS:

- **Policy Environment Score**
- **AIDS**

This Last
Year Year

I. POLITICAL SUPPORT

Please indicate the level of support which is provided by the following groups for an effective HIV/AIDS/STD policy and program.

(Scoring: 1=weak; 5 = strong)

1. High level national government support exists for effective policies and programs.

Comments:

2. Public opinion supports effective programs and policies.

Comments:

3. Media campaigns are permitted and encouraged.

Comments:

4. The main political parties support effective policies and programs.

Comments:

5. Top planning bureaucrats recognize AIDS/STDs as a priority problem.

Comments:

6. Major religious organizations support effective policies and programs.

Comments:

7. Private sector leaders support effective policies and programs.

Comments:

8. NGO leaders support effective policies and programs.

Comments:

This Last
Year Year

II. POLICY FORMULATION

Please read the following statements regarding HIV/AIDS/STD programs and policies in your country. Indicate the degree to which each statement is true or false.

(Scoring: 1 = false; 3 = true but limited; 5 = true)

1. A favorable national policy exists.

Comments:

2. Formal program goals exist.

Comments:

3. Specific and realistic strategies to meet program goals exist.

Comments:

4. A national coordinating body exists and functions effectively.

Comments:

5. Ministries other than Health are involved in policy formulation.

Comments:

6. Policy dialogue and formulation involves NGOs, community leaders, and representatives of the private sector and special interest groups.

Comments:

III. ORGANIZATIONAL STRUCTURE

Please read the following statements regarding HIV/AIDS/STD programs and policies in your country. Indicate the degree to which each statement is true or false.

(Scoring: 1 = false; 3 = true but limited; 5 = true)

1. The AIDS Control Program is placed high in the government structure.

Comments:

2. The ACP Director is full-time and reports to an influential superior officer.

Comments:

3. Ministries other than Health are involved in program implementation.

Comments:

4. NGOs are formally included in the AIDS Control Program.

Comments:

This Year	Last Year
--------------	--------------

5. The private sector is formally included in the AIDS Control Program.
Comments:

IV. PROGRAM RESOURCES

Please read the following statements regarding HIV/AIDS/STD programs and policies in your country. Indicate the degree to which each statement is true or false.

(Scoring: 1 = false; 3 = true but limited; 5 = true)

1. Resources are allocated according to priority guidelines.
Comments:
2. Current funding can be used flexibly in order to support effective new programs.
Comments:
3. There are technically competent professionals staffing the program.
Comments:
4. Adequate technical information is available to professional and organizations who work in the program.
Comment:

Please rate the level of financial support for HIV/AIDS/STD programs provided by the following groups.

5. Ministry of Health
Comments:
6. Private sector.
Comments:
7. Social security.
Comments:
8. International donor community.
Comments:

V. EVALUATION AND RESEARCH

Please read the following statements regarding HIV/AIDS/STD programs and policies in your country. Indicate the degree to which each statement is true or false.

(Scoring: 1 = false; 3 = true but limited; 5 = true)

1. Evaluation and research results are actively employed in policy formulation.
Comments:
2. A formal evaluation unit exists within the program.
Comments:
3. Special studies are undertaken as needed to improve the program.
Comments:

This Year Last Year

VI. LEGAL AND REGULATORY

Please read the following statements regarding the HIV/AIDS/STD legal and regulatory environment. Indicate the degree to which each statement is true or false.

(Scoring: 1 = false; 3 = true but limited; 5 = true)

1. Condom advertising is allowed.
Comments:
2. Anti-discrimination regulations exist.
Comments:
3. There are no mandatory testing requirements.
Comments:
4. Confidentiality of test results is guaranteed.
Comments:
5. Current regulations encourage the importation of condoms.
Comments:
6. Current regulations encourage the importation of STD drugs.
Comments:
7. There are no restriction on condom distribution.
Comments:

8. There are no unethical AIDS laws (quarantine, incarceration, discrimination).

Comments:

9. There is no officially condoned harassment of high risk groups (CSW, MSM, IVDU).

Comments:

10. There is no mandatory reporting of HIV test results.

Comments:

11. NGO registration procedures are clear, straightforward and fair.

Comments:

12. There are no restrictions on who may receive STD services.

Comments:

VII. PROGRAM COMPONENTS

Please read the following list of program components and indicate the degree to which the program exists.

(Scoring: 1 = not included; 3 = included but not priority; 5 = included)

1. Universal blood screening.

Comments:

2. Guidelines to reduce the risk of transmission of HIV to health workers.

Comments:

3. An active program component to promote accurate reporting by the media.

Comments:

4. A functioning logistics system for STD drugs.

Comments:

5. A functioning logistics system for condoms drugs.

Comments:

6. A social marketing program for condoms.

Comments:

7. A social marketing program for STD drugs.

Comments:

8. National treatment guidelines for STDs.

Comments:-

9. Special prevention programs for high risk groups.

Comments:

10. A program to make confidential testing and counseling available on demand.

Comments:

11. Family life education for youth.

Comments:

12. A functioning surveillance system.

Comments:

13. NGOs are actively encouraged to provide a wide range of services.

Comments:

This is a description of our AIDS Policy Environment Score including a worksheet. The worksheet is filled in by 30 people and is used as a way of measuring changes in the policy environment. It has been applied in Central America.

AIDS Policy Environment Score

Conceptual Framework

The PASCA Project

Purpose

The AIDS Policy Environment Score (PES) is intended to measure the degree to which the policy environment in a particular country supports efforts to (1) prevent the spread of HIV/STDs, (2) provide quality care for people with AIDS, (3) ensure the rights of people with AIDS, and (4) ameliorate the negative impacts of AIDS on individuals, families, communities and society. The PES is designed reflect both the current level of support and changes that take place over a one to three year period as a result of policy activities of the type conducted or supported by the policy projects (POLICY, PASCA, etc.). The score is intended to be used to evaluate changes in the policy environment over time. Once validated, it may also be useful as a tool to assess areas where policy change is most needed and to rank countries by the degree of support for AIDS programs.

Definitions

For our purposes, we define AIDS policy to be actions, customs, laws or regulations by governments or other social/civic groups that directly or indirectly, explicitly or implicitly affect programs for AIDS prevention, people with AIDS or families and communities affected by AIDS. This extends earlier definitions of policy (Cross, 1988; Maguire, 1990) to recognize that policies can be direct or indirect and explicit or implicit.

Background

Local governments and international donors have a long history of supporting activities designed to improve health in the developing world. Among the many lessons learned from this experience is that a supportive policy environment is a major factor in the success of most, but not all, national programs (Clinton, 1979; Freedman, 1987; Merrick, 1989). USAID and other donors have supported population and health policy activities for the past 25 years. There now exists a large and diverse literature base concerning the components of the policy environment and how the various elements interact to affect services and outcomes. Recently The EVALUATION Project addressed the issue for family planning activities with a working group on population policy indicators. A considerable amount of background research was done in preparation for that working group. Much of the following discussion expands on the report of this working group (Knowles and Stover; 1995).

The policy environment is defined as the factors affecting program performance that are beyond the complete control of national program managers. In addition to political support and other expressions of national policy (e.g., a formal national population policy), the policy environment includes those aspects of operational policy that involve decisions at a higher level than the program (i.e., the program's organizational structure, its legal/regulatory environment, the resources made available to it, and its use of provider and acceptor payments and fees).

Figure 1 presents a conceptual framework for the policy environment. The framework is organized according to the standard Input-Process-Output-Outcome schema and depicts policy activities of a single period as part of a continuous circular loop. The policy environment is the output of the policy process. It directly affects the various functional areas of AIDS programs (e.g., I-E-C, training, commodities and logistics, management), institutionalization, self-sufficiency, and demand for services.

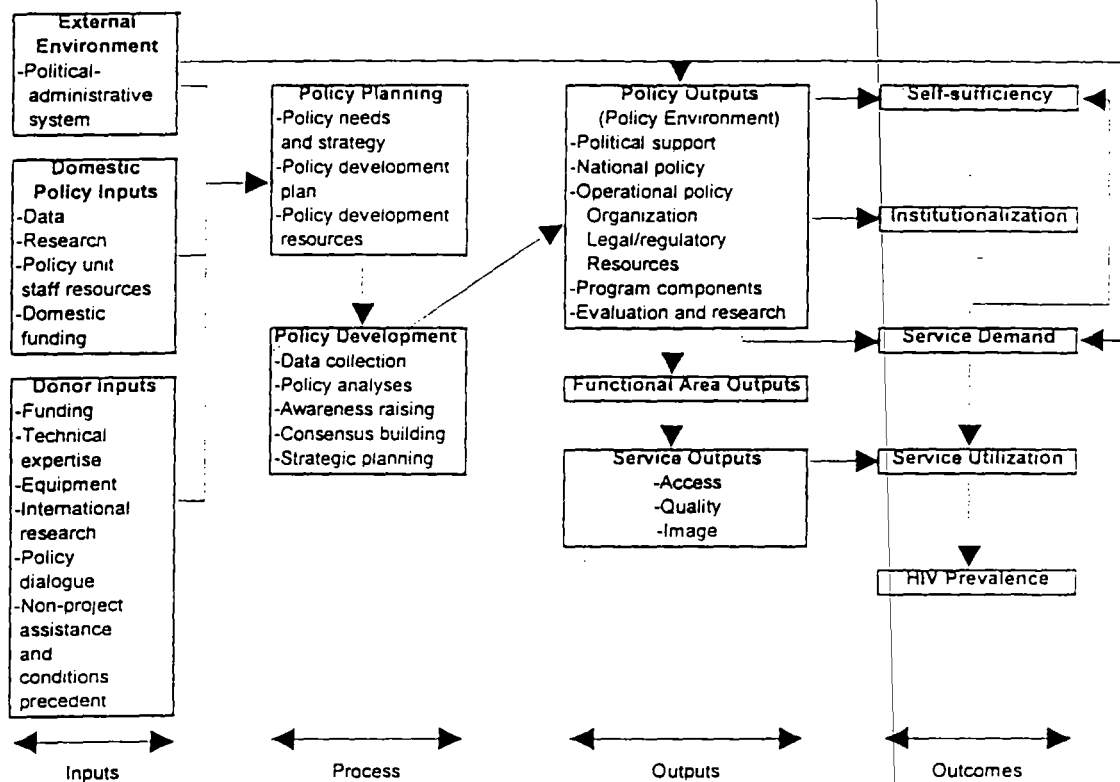
Inputs to the policy development process include:

- The external environment
- Domestic policy inputs
- Donor inputs.

The external environment includes a country's political-administrative system (PAS), its socioeconomic characteristics, and its sociocultural environment. Domestic policy inputs include available data, existing research, staff resources of policy units, equipment (e.g., computers, audio-visual equipment), and domestic funding. Domestic inputs are enhanced over time to the extent that the institutionalization of policy development capabilities is an effect of policy work. (Although, Figure 1, as a single-period schema, does not explicitly show the feedback effect from institutionalization in one period to levels of domestic policy inputs in the following period.) Donor inputs to policy development include specialized technical expertise, equipment, funding, international research, policy dialogue, nonproject assistance, and conditions precedent to loans and grants.

The policy environment is modified over time through the planned implementation of policy activities (i.e., the process of policy planning and policy development). Policy planning is based on an assessment of the current policy environment in relation to program needs and of the inputs available for further policy development. Many policy development activities, or policy interventions, are designed to strengthen political support and/or to develop an effective national policy in support of AIDS programs. As support for AIDS programs grows at the national level, policy interventions are usually directed to strengthening the operational policy environment.

Figure 1. Conceptual Framework for the Evaluation of the AIDS Policy Environment



As shown in Figure 1, the external environment (directly), other policy inputs (indirectly), and the process of policy development determine a national AIDS program's policy environment. The dimensions of the program policy environment, which is the output of the policy development process, include:

- Political support
- National Policy
- Operational policy
- Program components
- Evaluation and research

Political support, at the national, regional, and local levels, plays a central role in a program's policy environment since it is an important determinant of the other dimensions of the policy environment. Political support can be both explicit and implicit. *Statements made by high-level government officials and other leaders in support of AIDS programs* is an example of explicit political support. Implicit political support is most often gauged by what the government actually does in the areas of national and operational policies.

National policy includes both formal statements of policy (e.g., national policies, national development plans) and tax and other material incentives designed to affect decisions. Operational policy consists of four subdimensions that are directly related to the operation of national programs:

- *Organizational structure and processes*: a program's status within the government's administrative structure and its capacity to mobilize the resources of other public and private institutions.
- *The legal/regulatory environment*: taxes and other restrictions that affect the supply of condoms and drugs, particularly from the private sector, and medical barriers to service delivery and information activities.
- *Provision of resources*: financial, material, and human resources needed by programs.

The "Program components" item is intended to explicitly capture whether or not specific program components such as blood screening, testing and counseling, condom advertising and social marketing, are included in the program by formal policy. This could be included under national policy but it seems better to separate it from the broader national policies.

The category of evaluation and research is intended to capture whether these activities are present to support the process of policy formulation.

According to Figure 1, improvements in the program policy environment should lead to stronger service delivery (access, quality, image), increased service utilization and behavior change, and enhanced institutionalization and self-sufficiency of programs. As noted above, institutionalization also affects levels of domestic policy inputs in the following period (a feedback loop). On the supply side, therefore, the policy environment contributes directly both to improved service delivery in the short run, and to enhanced program sustainability in the long run. On the demand side, both the political support and national policy dimensions of the program policy environment (e.g., statements of leaders) affect demand for services.

This framework has been used to develop the major categories for the policy environment score (PES) shown below.

Categories of the Policy Environment

The items in the conceptual framework listed under "external environment" and "donor inputs" are assumed to be outside the potential influence of policy activities. Therefore, they are not included in the PES. It could be argued that they should be included, since they do help define the environment for policy but since they cannot be affected by policy activities their inclusion would reduce the usefulness of the score as an evaluation device. It might be useful to consider developing a separate indicator that captures these external factors.

The items included in the conceptual framework under "Domestic Policy Inputs", "Planning," and "Implementation" are the inputs and processes used by policy activities to affect the environment. Therefore they do not belong in a measure of the environment itself.

The items included under "Policy Outputs" represent the elements of the policy environment that policy activities attempt to influence. These items define the categories of the policy environment score.

- Political support
- National policy (or policy formulation)
- Organization and structure
- Resources
- Evaluation and research
- Legal and regulatory
- Program components

A number of specific items could be included under each of these headings. The selection of items included in the PES is intended to capture the most important indicators in each category.

Scoring

The PES is based on the individual judgments of a group of people knowledgeable about the AIDS policy environment. It is recommended that scoring be done in a group setting where the group first discusses the individual items and then the individuals provide their judgments. This will reduce variability due to differences in interpreting the meaning of the items in the PES.

Scoring is done for both the current year and the previous year in order to improve the reliability of the score in measuring change. It is likely that the people involved in scoring the indicator will change from one year to the next. The variability introduced by this change can be reduced by having each individual rate both the current level and the amount of change from the previous year.

All of the items in the PES are scored on a 1 - 5 scale with the exception of the two items on program resources, which are actual amounts. The definition of the 1 - 5 scale varies somewhat depending on the category, (as shown in the PES scoring sheet) in order to provide clear guidance to the scorer. These resource amounts will have to be converted to a 1 - 5 scale through a formula to be developed.

The total score is calculated by first summing the individual item scores within a category. These sub-totals are converted into percentages by dividing by the maximum possible score for each category. These category percentages are multiplied by the category weights to obtain the score for each category. The sum of all the category scores is the total PES. This approach standardizes the categories so that the number of individual items with a category does not affect its contribution to the total score. There may not be much difference in the utility of the PES as a result of using specific category weights or just assigning all categories the same weight. This issue can be discussed with those scoring the indicator.

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DRAFT

Enhancing Advocacy Skills
for
HIV/AIDS Programmes in
South Africa

Part 2:
Presentations/Networking/Sus
tainability Issues

Workshop Report

Western Cape Province, South
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December 7-11, 1997

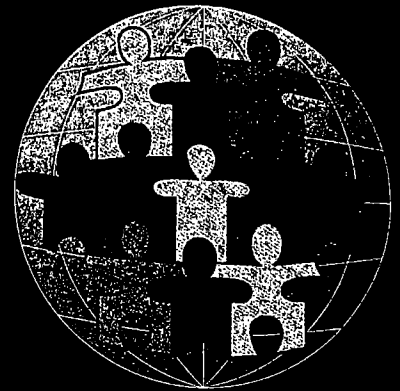
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The **POLICY** Project

The Futures Group International

in collaboration with:

Research Triangle Institute (RTI)
The Centre for Development and Population
Activities (CEDPA)

POLICY is a five-year project funded by the U.S. Agency for International Development under Contract No. CCP-C-00-95-0023-04, beginning September 1, 1995. It is implemented by The Futures Group International in collaboration with Research Triangle Institute (RTI) and The Centre for Development and Population Activities (CEDPA).

DRAFT

Enhancing Advocacy Skills for
HIV/AIDS Programmes in South Africa

Part 2: Presentations/Networking/Sustainability Issues

Workshop Report

Western Cape Province, South Africa
December 7-11, 1997

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17th
Office Natl. AIDS
Adv.
Sandy Theron

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- I. Summary
- II. Background
- III. Workshop Objectives and Organization
- IV. Participants
- V. Session Content
- VI. Evaluation
- VII. Next Steps
- Appendix A. List of Participants and Facilitators
- Appendix B. Agenda
- Appendix C. Evaluation Form

I. Summary

The POLICY Project, in collaboration with the National AIDS Programme (NAP), conducted a follow-up workshop titled *Enhancing Advocacy Skills for HIV/AIDS Programmes in South Africa, Part 2: Effective Presentations/Networks/ Sustainability Issues*, from the 7th to the 11th of December, 1997. The workshop was held in the Western Cape Province, which was the first province to replicate the August Advocacy Workshop and is the homebase of POLICY's local consultant and the National AIDS Convention of South Africa (NACOSA) facilitator. The workshop was sponsored by USAID and the European Union.

Thirty-three of the 37 participants who attended the first workshop enthusiastically accepted the invitation to this workshop. They represented all nine provinces and the national level. As an introduction to the workshop, representatives from all nine provinces delivered focused reports on their advocacy activities since the August workshop. These reports highlighted the strengths, weaknesses, and future plans of their initiatives. This process was facilitated by local POLICY consultant Kevin Osborne.

The workshop was designed to enhance further the advocacy skills of participants who attended the first workshop in August. The specific objectives for this workshop were (1) to strengthen advocacy skills in developing and presenting effective messages; (2) to strengthen advocacy skills in creating and maintaining provincial advocacy networks; and (3) to address provincial concerns to ensure sustainability of advocacy initiatives.

As a result of the workshop, the provinces committed themselves to strengthening the existing AIDS advocacy networks (five provinces) and to forming networks in the other four provinces. Participants also planned and scheduled regional advocacy training workshops within the provinces. One important result of the workshop was improved communication and relations between the national and provincial programs, especially in the area of resource allocation.

II. Background

The AIDS epidemic is well established in South Africa and continues to grow at varying rates in all provinces. By 1995, the prevalence of HIV in South Africans who attended antenatal clinics had reached more than 10 percent. In the latest national antenatal survey (October/November 1996), 14.1 percent of women attending public health service antenatal clinics were infected with HIV. Extrapolations to the remainder of the population suggest that 11 percent of all adults in the country are infected. By the end of 1996, the estimated number of infected persons in South Africa, therefore, was just

over 2.4 million. New HIV infections occur at a rate of 1,200 a day, the majority from heterosexual transmission.

The support of political, government, and community leaders is critical to the implementation of an effective HIV/AIDS and STD program. In July 1997 the National HIV/AIDS and STD Review identified the need to mobilize inter-sectoral commitment, support, and resources in responding to the HIV/AIDS epidemic.

In response to these findings the USAID-sponsored POLICY project, in collaboration with NAP, conducted a one-week workshop, "Enhancing Advocacy Skills for HIV/AIDS Programmes in South Africa," 17-22 August, 1997. The goal of the workshop was to enhance advocacy skills for leadership support from a broad range of individuals, groups, and organizations for strong multisectoral HIV/AIDS programs at both national and provincial levels. The workshop focused on approaches to galvanize the support of government, NGOs, and community leaders for HIV/AIDS programs through better understanding of the status and trends of the epidemic in South Africa and the interventions needed for desired results.

During the workshop all nine provinces committed to enhancing advocacy skills at the provincial level by conducting a series of similar workshops. One of the participants, Kevin Osborne, was engaged by the POLICY project to facilitate and coordinate this process. With Mr. Osborne's assistance, over a period of two months (October/November) seven of the nine provinces designed and executed advocacy training workshops that were attended by an average of 30 participants per province. As a result of these advocacy workshops, five of the provinces developed provincial advocacy task forces/networks to maximize their new advocacy skills and capacity.

III. Workshop Objectives and Organization

To assist in achieving sustainability of HIV/AIDS advocacy activities at the national and provincial levels, the POLICY team designed and conducted a follow-up advocacy workshop focusing on developing and delivering effective presentations, network building, and program sustainability. The workshop was designed to enhance further the advocacy skills of participants who attended the first workshop in August. The training team included two US-based POLICY staff (Mary Scott and Taly Valenzuela), two local staff (Kirsten Olson and consultant Kevin Osborne), and facilitators from NAP (Ria Schoeman) and NACOSA (Pooven Moodley). USAID and the European Union funded the workshop.

The specific objectives for this workshop, titled *Enhancing Advocacy Skills for HIV/AIDS Programmes in South Africa, Part 2: Effective Presentations/Networks/Sustainability Issues*, were (1) to strengthen advocacy skills in developing and presenting effective messages; (2) to strengthen advocacy skills in creating and maintaining

provincial advocacy networks; and (3) to address provincial concerns to ensure sustainability of advocacy initiatives.

The workshop was conducted from Sunday, December 7th, through Thursday, December 11th in the Western Cape Province, which was the first province to replicate the August Advocacy Workshop and is the homebase of POLICY's local consultant and the NACOSA facilitator. POLICY and NAP were responsible for the logistics for the workshop. The venue was the Protea Ritz Hotel.

The workshop content was based on the following reference materials:

- “An Introduction to Advocacy: A Training Guide,” Support for Analysis and Research in Africa (SARA);
- “Training of Trainers: A Handbook,” CEDPA;
- A module on “Making Effective Presentations,” developed by the RAPID IV project.

In addition, a workshop workbook titled “*Enhancing Advocacy Skills for HIV/AIDS Programmes in South Africa, Part 2: Effective Presentations/Networks/Sustainability Issues*” was distributed. It included a workshop agenda, list of participants, and handouts for the different sessions.

IV. Participants

Thirty-three of the 37 participants who attended the first workshop enthusiastically accepted the invitation to this workshop. They represented all nine provinces and the national level.

Participants represented the Provincial Departments of Health, one district Department of Health, a Youth Commission, and various NGOs including ATICC (AIDS Training, Information and Counseling Centres), NACOSA, ALN (AIDS Legal Network), NAPWA (National Association of People Living with HIV/AIDS), and NAP. (See Appendix A for a complete list of participants.)

V. Session Content

This section gives a summary of the content of the workshop. The complete workshop agenda is provided in Appendix B of this report.

Introduction: The POLICY staff and NAP welcomed participants and gave a brief introduction to the workshop. Representatives from all nine provinces delivered focused reports on their advocacy activities since the August workshop. These reports highlighted the strengths, weaknesses, and future plans of their specific advocacy

initiatives. This was followed by a review of the goals and objectives of the workshop as well as the workshop agenda.

Making Effective Presentations: During this full-day session, the participants were introduced to theories of communication (i.e., how people send and receive information) as well as a training module on developing and delivering effective presentations developed by the RAPID project. Participants developed messages addressing policy issues in all nine provinces. Each participant designed and delivered a presentation around these messages. Using a check list participants assessed and provided feedback on the content, format, and delivery of the presentations.

Building Support for Advocacy: Networking for Political Impact: This module examined concepts of networking and coalition building, reviewed the benefits of forming networks for advocacy purposes, and reviewed methods for building and maintaining effective advocacy networks. Using a network guideline, participants designed strategies to develop and maintain advocacy networks at the provincial level. Through a simulation exercise, participants practiced how to become effective network members.

National Sustainability: During this session, participants addressed issues concerning sustainability of advocacy activities in the provinces. They emphasized the need for effective communications systems between the national and provincial programs and among and within provinces. They underlined the need for role clarification at the national and provincial levels as well as a better understanding of the role of the provincial Department of Health AIDS coordinators in the decentralization process. One important result of this discussion was improved communication and relations between the national and provincial programs, especially in the area of resource allocation. Participants also specified the need for additional training and technical assistance in areas such as how the policy process works in South Africa; working with the media; materials development; preparing and implementing provincial action plans; and facilitation skills.

VI. Evaluation

During the last session of the workshop, participants were asked to fill out an evaluation form to provide feedback on the content and methodology of the workshop. The evaluation scores are presented in this section. Out of 33 participants, 30 completed the evaluation form. See Appendix C for the evaluation form.

1. Did this workshop able to enhance your advocacy skills in

a. developing presentations?	Yes	30
	No	0

b. delivering presentations?	Yes	30
	No	0

2 Do you have a better understanding of

a. the concept of networking?	Yes	29
	No	0
	NR	1
b. the purpose and benefits of networking?	Yes	29
	No	0
	NR	1

3. How confident are you in developing an advocacy presentation? 1 2 3 4 5
(1=not confident; 5=very confident)

Number responding	30
Average rating	3.95
Lowest rating	2
Highest	5

4. How confident are you in delivering an advocacy presentation? 1 2 3 4 5
(1=not confident; 5=very confident)

Number responding	30
Average rating	4.20
Lowest rating	2
Highest	5

5. What specific skills with regards to advocacy presentations did you learn from this workshop?

Responses included how to organize a presentation; how better to use visual aids; and the importance of practicing one's presentation, knowing the content well, maintaining eye contact with the audience, and timing one's presentation properly.

6. Do you feel confident in forming or strengthening your provincial network?

1 2 3 4 5

(1=not confident; 5=very confident)

Number responding	30
Average rating	4.27
Lowest rating	2
Highest	5

7. What do you need to make your advocacy activities sustainable?

Responses included a strong networking system, assistance in preparing and implementing action plans, financial support, and strategic planning.

VII. Next Steps

During the closing session, the provinces committed to strengthening the existing AIDS advocacy networks (five provinces) and to forming networks in the other four provinces. Task force meetings were scheduled for the first quarter of 1998. Participants also planned and scheduled regional advocacy training workshops within the provinces. It is anticipated that POLICY project local staff and NACOSA will provide limited assistance for these activities.

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Appendix B. Agenda

National AIDS Programme and The POLICY Project - USAID
Workshop on

Enhancing Advocacy Skills for HIV/AIDS Programmes in South Africa

Part 2: Effective Presentations/Networks/Sustainability Issues

7-11 December, 1997
Western Cape Province, South Africa

Sunday, 7th December - “*Bienvenue*”

Afternoon	Participants Arrive
18:30 - 20:00	Opening Supper, Welcome and Introductions
20:00 - 22:00	Reporting by Provinces

Monday, 8th December - *Workshop Overview* *Making Effective Presentations*

08:30 - 09:00	Introduction
09:00 - 10:45	Developing Presentations
10:45 - 11:15	Tea/coffee break
11:15 - 12:30	Practicum
12:30 - 13:30	Lunch
13:30 - 15:00	Practicum (continued)
15:00 - 15:30	Tea/coffee break
15:30 - 17:30	Individual Presentations

Tuesday, 9th December - *Building Support for Advocacy*

08:30 - 10:30	The Power of Numbers: Networking for Political Impact
10:30 - 11:00	Tea/coffee break
11:00 - 12:30	Shared Ownership of Goals
12:30 - 13:30	Lunch
13:30 - 15:00	Practicum
15:00 - 15:30	Tea/coffee break
15:30 - 17:30	Building Functional Networks: Provincial Workgroups

Wednesday, 10th December - *National Sustainability of Provincial Advocacy Initiatives*

08:30 - 10:00	Sustainability Issues
10:00 - 10:30	Tea/coffee break
10:30 - 12:00	Sustainability Issues: A Detailed Provincial Analysis
12:30 - 13:30	Lunch
13:30 - 14:30	Report Back to Plenary
14:30 - 15:30	Consolidation and Recommendations
15:30 - 16:00	Tea/coffee break
16:00 - 16:45	The National AIDS Programme Response Questions and Answers
16:45 - 17:45	Way Forward ... The Next Step

Thursday, 11th December - *"Hasta la vista"*

08:30 - 10:00	Evaluation and Closing
Late Morning/ Afternoon	Participants depart

Appendix C. Evaluation Form

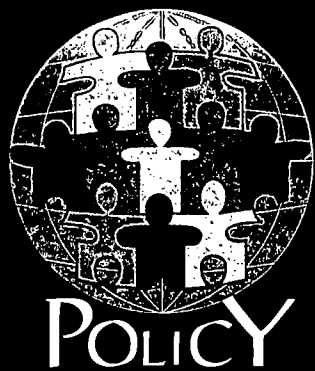
Evaluation Form

*Workshop on Enhancing Advocacy Skills
for HIV/AIDS Programmes in South Africa
Part Two: Presentations/Networking/Sustainability Issues*

7-11 December, 1997 - Western Cape Province, South Africa

Please fill out the following evaluation. Thank you.

1. Did this workshop able to enhance your advocacy skills in
 - a. developing presentations? Yes No
 - b. delivering presentations? Yes No
2. Do you have a better understanding of
 - a. the concept of networking? Yes No
 - b. the purpose and benefits of networking? Yes No
3. How confident are you in developing an advocacy presentation? 1 2 3 4 5
(1=not confident; 5=very confident)
4. How confident are you in delivering an advocacy presentation? 1 2 3 4 5
(1=not confident; 5=very confident)
5. What specific skills with regards to advocacy presentations did you learn from this workshop?
6. Do you feel confident in forming or strengthening your provincial network?
1 2 3 4 5
(1=not confident; 5=very confident)
7. What do you need to make your advocacy activities sustainable?
8. Any additional comments . . .



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