EMPOWERING COMMUNITIES THROUGH DIALOGUE

—

A critical component towards reducing the spread of HIV/AIDS

NELSON MANDELA
FOUNDATION
Living the Legacy

german
cooperation
DEUTSCHE ZUSAMMENARBEIT

Implemented by

giz Deutsche Gesellschaft
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CONTENTS

"We are breaking the trajectory of the AIDS epidemic with bold actions and smart choices."

FOREWORD
BY SELLO HATANG

Dialogue (along with Mandela Day and archival work) is one of the three key strands of the Nelson Mandela Foundation's mission.

It is easy to assume that dialogue is a high-level activity almost exclusively undertaken by governments and diplomats. But dialogue is certainly not their preserve alone: a quick peek into a dictionary will tell you that dialogue is a conversation between two or more parties to explore a subject – or resolve a problem. It will say nothing about who those parties may be.

And that provides us with a perfect definition for the Community Conversations dialogues that have been held around South Africa since 2008. They have been a series of conversations within communities to discuss one of South Africa's most pressing and intractable health issues: how to effectively deal with the HIV/AIDS pandemic.

But without the inclusion and active participation of those very communities that have borne the brunt of HIV/AIDS in finding solutions to the pandemic, it is difficult to understand exactly how ordinary people have been affected by it, to effectively address issues such as stigma and ignorance, or to find local solutions where one-size-fits-all prevention strategies don't always work.

All too often, South Africans don't want to talk about issues that affect them and their communities, or sections of communities are effectively silenced for a variety of reasons, such as socio-economic circumstances, gender or age. But silence effectively kills: it allows HIV to spread, unhindered, and infect thousands upon thousands of unwitting people. The Community Conversations dialogues aimed to give everyone a voice, a space where they could articulate their feelings and concerns, and collectively come up with answers that are pertinent and meaningful to them.

Through the Community Conversations, which the Nelson Mandela Foundation launched in 2008 in partnership with the German government's agency for development co-operation, GIZ, thousands of South Africans have been able to find their voices – and use them to common benefit. It has not always been an easy process, as our facilitators will attest, but it is one that has always had a positive impact on those communities that participated.

We thus look back on the past five years with a great deal of pride, in that we have demonstrated the conviction of our founder, the late Nelson Mandela, in dialogue as the best way to resolved problems. The Community Conversations in themselves are proof of his unwavering belief in the power of discussion.

While the involvement of the Nelson Mandela Foundation and GIZ in the Community Conversations now comes to an end, the dialogues themselves do not and many other NGO's that have been trained on the GIZ methodology. They have now been taken over by the Department of Social Development, for further rollout around South Africa. We have provided a solid foundation on which to build this great initiative, and we look forward to it going from strength to strength – and continuing to empower people to speak up and speak out, for the benefit of us all.

INTRODUCTION
BY DR MOTHOMANG DIAHO

The Nelson Mandela Foundation (NMF), through its Centre of Memory, seeks to contribute to a just society by promoting the vision and work of its Founder and, using his example, to convene dialogue around critical social issues.

The NMF Community Dialogue programme, using the Community Capacity Enhancement programme (CCE), has been in existence since 2008. During this first phase of the programme, the NMF directed the implementation of the Community Dialogue programme in partnership with NGOs (list on back page).

Issues such as HIV and AIDS, poverty, teenage pregnancy, alcohol abuse, abuse of women and children, crime and substance abuse were the main focus of the conversations. The NMF Community Dialogue programme aims to promote social cohesion by creating a safe place in which members of a community can come together to discuss the challenges they face and find sustainable solutions.

The second phase of the programme, starting in 2011, focused on handing over the key experiences to partners so that dialogues can be scaled up both efficiently and effectively. As part of its ongoing strategy of facilitating the handover process, NMF invited experienced NGOs interested in and capable of further implementing the CCE using community dialogues in all South African provinces, to submit proposals expressing their interest in participating in this programme.

During this second phase of the programme, the NMF Programme Management Unit (PMU) conducted both Training of Trainers (TOT) and Training of Facilitators (TOF) for both NGOs and the Department of Social Development (DSD) between 2009 and 2012. These partners continue to convene dialogues in various provinces.

DSD has been supporting home-based care organisations over many years through its own programmes, and has initiated a "DSD going back to communities" programme. A suggestion was made during ongoing discussions between the NMF and DSD officials that the NMF Community Dialogue programme should be taken to scale and handed over to the most appropriate government department, in order to realise the vision of enhancing the capacity of communities to identify and find solutions to their problems, using the CCE methodology

The Lessons Learned Conference on 26 August 2013 was intended first to share lessons from community experiences with other partners who have used the methodology, but also to those that have indicated interest in incorporating the CCE methodology in their programmes.

We look forward to sharing these lessons with you, and hope that the Department of Social Development will continue shining the light in our communities through Community Capacity Enhancement.

A DEEPER UNDERSTANDING OF EFFECTIVE HIV PREVENTION

BY DR MOTHOMANG DIAHO

COMBINATION PREVENTION: DEFINITIONS

In 2009, The US President's Emergency Plan for AIDS Relief (PEPFAR): Five Year Strategy defined combination prevention as its major approach to HIV prevention, stating that:[1]

"Successful prevention programmes require a combination of evidence-based, mutually reinforcing biomedical, behavioural, and structural interventions."

This definition was expanded upon in a 2009 meeting of the Joint United Nations Programme on HIV/AIDS (UNAIDS) Prevention Reference Group and published in the 2010 UNAIDS Discussion Paper[2] on combination prevention, in which combination programming was defined as:

"... rights-based, evidence-informed, and community-owned programmes that use a mix of biomedical, behavioural and structural interventions, prioritised to meet the current HIV prevention needs of particular individuals and communities, so as to have the greatest sustained impact on reducing new infections".

It is this definition of combination prevention that has guided the community dialogue approach in focusing on community ownership of interventions, the social drivers of HIV and individual and collective behavioural norms in responding to the epidemic.

CORE PROGRAMMATIC COMPONENTS

In August 2011, PEPFAR issued *Guidance for the Prevention of Sexually Transmitted HIV Infections[3]* , and recommends a combination approach to prevention that includes three types of mutually reinforcing interventions:

Biomedical interventions are those that directly influence the biological systems through which the virus infects a new host, such as blocking infection (e.g. male and female condoms), decreasing infectiousness (e.g. antiretroviral therapy (ART) as prevention) or reducing acquisition/infection risk (e.g. voluntary medical male circumcision).

Behavioural interventions include a range of sexual behaviour change communication programmes that use various communication channels (e.g. mass media, community-level, and interpersonal) to disseminate messages designed to encourage people to reduce behaviours that increase risk of HIV and increase protective behaviours (e.g. risks of having multiple partners, and the benefits of using a condom correctly and consistently). Behaviour interventions also are aimed to increase the *acceptability* and demand for biomedical interventions. This is the level at which community dialogues become useful, focusing on the ownership and acceptability and uptake of medical technologies like condoms and ART by communities.

Structural interventions address the critical social, legal, political, and environmental enablers that contribute to the spread of HIV. PEPFAR uses five categories to describe structural interventions: legal and policy reform, reducing stigma and discrimination against people living with HIV and marginalised groups, gender inequality and gender-based violence, economic empowerment and other multi-sectoral approaches, and education.

EXPERIENCES FROM THE NELSON MANDELA COMMUNITY DIALOGUES

Since 2008, over 480 community conversations were convened, trained more than 250 community and government (Department of Social Development) facilitators and over 30 NGOs on the Community Capacity Enhancement (CCE) methodology. In communities where the programme has been implemented, those communities have found solutions to limiting stigma and discrimination, have become more open about their HIV status, have responded positively to HIV counselling and testing, increased reporting of crime (drug and alcohol abuse, rape and violence against women and children), increased collaboration between existing structures within the community (police service, social

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[1] www.Aidstar-One.Com/Focus_areas/Prevention/Pkb/Combination_approaches/Overview_combination_prevention
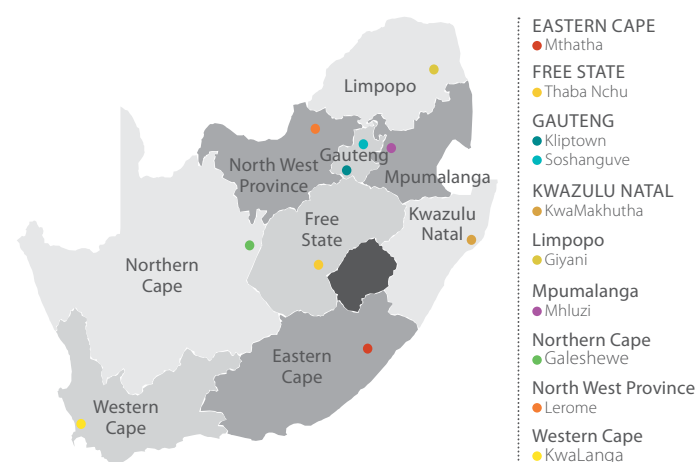[2] www.Aidstar-One.Com/Focus_areas/Prevention/Pkb/Combination_approaches/Overview_combination_prevention?Tab=What&Nid=3730#Nid3730
[3] www.Aidstar-One.Com/Focus_areas/Prevention/Pkb/Combination_approaches/Overview_combination_prevention?Tab=Tools&Nid=3752#Nid3752

departments, local government) to deal with crime and support those most vulnerable, and more openness to confront those with risky behaviour that perpetuates the spread of the virus. This first phase of the GIZ-supported HIV and AIDS community dialogues were piloted by the NMF in 2008, the pilot ending in 2010; the dialogues were convened in all nine provinces. After the end of 2010, the NMF successfully exited from engaging in the implementation component of the HIV and AIDS community dialogues programmes.

During the second phase of the programme, two CCE Training of Facilitators (TOF) sessions were conducted. The first was held for those partners who had implemented the dialogues in six of the provinces. A total of 59 participants representing 30 NGO implementing partners were trained on the CCE methodology in October 2011. The implementing partners convened a total of 252 dialogues in the six provinces between February 2012 and November 2012 (implementation was delayed for various reasons). The second TOF was held in June 2011 for partners who work in the two GIZ focus provinces of the Eastern Cape and Mpumalanga, with a total of 55 participants representing 10 NGOs. Two follow-up refinement training sessions were held in the Eastern Cape and Mpumalanga in November 2012.

Figure 1: Map of South Africa – Community Dialogues sites

EASTERN CAPE
● Mthatha
FREE STATE
● Thaba Nchu
GAUTENG
● Kliptown
● Soshanguve
KWAZULU NATAL
● KwaMakhutha
Limpopo
● Giyani
Mpumalanga
● Mhluzi
Northern Cape
● Galeshewe
North West Province
● Lerome
Western Cape
● KwaLanga

Map showing various communities where the 2008-2010 Community Dialogues were held

KEN WILBER – INTEGRAL THEORY AND HIV PREVENTION

Ken Wilber, in Integral Psychology (2000), stated that all the diverse theories about human development could not be wrong – they were just incomplete. "Integral" is defined as comprehensive, whole, all-inclusive, complete. When applied to HIV prevention, one aspires to cover as many perspectives as possible. Every human behaviour has its roots in all four quadrants. To make real changes in behaviour, we have to take into account all aspects of the behaviour.

Ken Wilber's integral model: Four Quadarnts

The upper left quadrant is individual development – our thoughts, ideas, opinions and beliefs. These grow and change over time, from

infancy into our old age, in some predictable patterns.
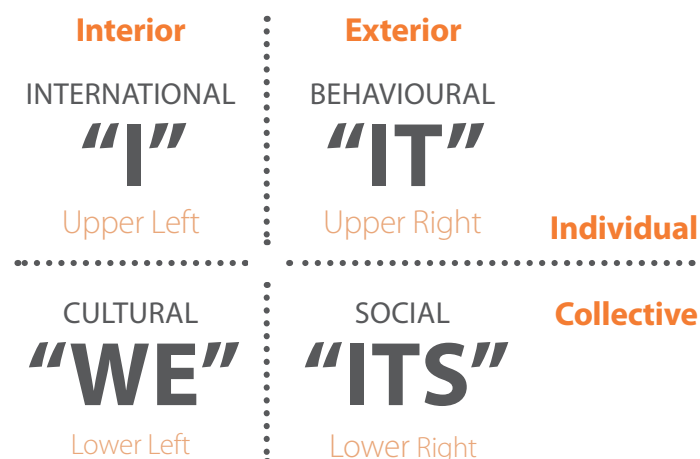
The upper right quadrant is the individual biological systems, including hormones, neurotransmitters and organ systems, and the outward symptoms of diseases.

The lower left quadrant is our social and cultural environment, including the influence of family, neighbourhoods, local churches, peers, and other immediate social influences. Developing cultural competence means learning ways to bridge the upper and lower left quadrants.

The lower right quadrant contains the larger social structures and institutions that affect us all – the legal system, the economic system (such as capitalism), public policies, the media and so on. The problem is that no one approach alone captures all four quadrants; therefore, they are incomplete.

## CURRENT STATUS OF IMPLEMENTATION EXPERIENCE

Although the term "combination prevention" is relatively new, the concept itself is not.

Countries experiencing HIV epidemics routinely implement complex packages of prevention interventions; yet the scale, intensity and quality of these interventions is often insufficient. Furthermore, only a minority of programmes include interventions designed to address structural drivers of the epidemic. Complex and successful programmes have existed for some time in concentrated epidemics where service packages include biomedical, behavioural and structural interventions; however, these approaches remain under-implemented and under-evaluated. Often, prevention portfolios are not adequately focused on the populations and the behaviours that actually drive the epidemic, nor are they sufficiently well implemented in the locations where the risk behaviours are most likely to occur.

Figure 2: The social-ecological model: a framework for prevention[4]

"Individual action is shaped by social and structural factors"

Prevention strategies should include a continuum of activities that address multiple levels of the model. These activities should be
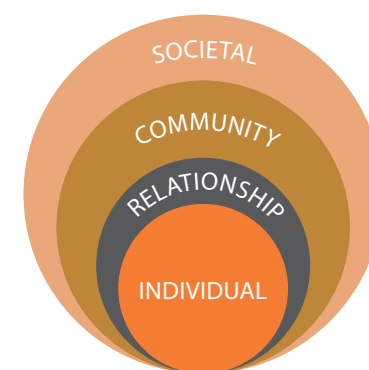
developmentally appropriate and conducted across the lifespan. This approach is more likely to sustain prevention efforts over time than any single intervention. This model considers the complex interplay between individual, relationship, community, and societal factors as Community Dialogues do.

BEHAVIOURAL STRATEGIES AND COMMUNITY DIALOGUES

We define behavioural strategies as those that attempt to delay onset of first intercourse, decrease the number of sexual partners, increase the number of sexual acts that are protected, provide counselling and testing for HIV, encourage adherence to biomedical strategies preventing HIV transmission, decrease sharing of needles and syringes, and decrease substance use.

Behavioural strategies to accomplish these goals can focus on individuals, couples, families, peer groups or networks, institutions, and entire communities. Whereas structural strategies seek to change the context that contributes to vulnerability and risk and biomedical interventions block infection or decrease infectiousness, behavioural strategies attempt to motivate behavioural change within individuals and social units by use of a range of educational, motivational, peer-group, skills-building approaches, and community normative approaches.

Figure 3: Highly active HIV prevention

This term was coined by Prof K Holmes, University of Washington School of Medicine, Seattle, WA, USA. STI=sexually transmitted infections.

## STRUCTURAL APPROACHES AND COMMUNITY DIALOGUES

Structural approaches include structural actions implemented as single policies or programmes that aim to change the conditions in which people live, multiple structural actions of this type implemented simultaneously, or community processes that catalyse social and political change.

These approaches can be applied in combination with behavioural or medical interventions targeted at individuals. When a structural approach is taken, it can result in activities or services being

delivered to individuals, but the approach is different from more individually oriented behaviour change efforts because it addresses factors affecting individual behaviour, rather than targeting the behaviour itself. Therefore, the defining characteristic of structural approaches, regardless of whether they are single policies or programmes (e.g. legal actions to combat or reform a discriminatory practice) or transformational processes (e.g. social mobilisation to oppose a harmful traditional practice), is that they aim to change the social, economic, political or environmental factors that determine HIV risk and vulnerability in specified contexts. Structural factors and, by inference, approaches, are sometimes passed over by the health sector as being too broad, too diffuse, and outside the remit of health programming. Often this is a reaction to the fact that risk and vulnerability can be, and often are, linked to distal, society-level factors, such as gender inequality or social marginalisation, that are beyond the control of individual health-service providers or clients. However, total change of a distal structural factor might not be needed to exert its effect on HIV vulnerability.

Figure 4: Causal chains – highly active HIV prevention
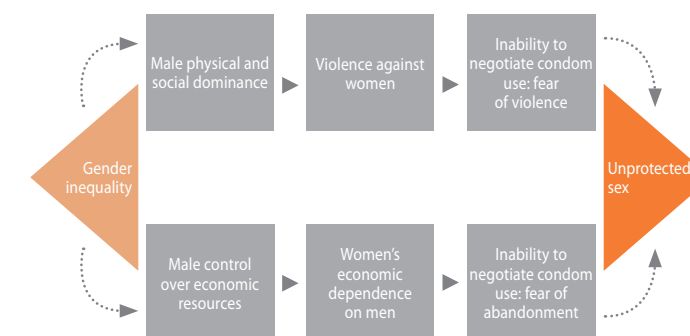
Different causal chains can link the same distal structural factor (gender inequality) and HIV risk behaviour (unprotected sex). For example, rather than seeking to eliminate gender inequality, a structural approach might simply prosecute more vigorously men who are violent to women. Thus, policy changes or programmes can address the ways in which the broader structural factors increase HIV risk or vulnerability. Some structural factors might be driving HIV risk or vulnerability proximally, while others will be distal, working through intermediate links or causal pathways.

CONCLUSION: BUILDING COMPETENT COMMUNITIES THROUGH DIALOGUE

The fundamental objective of the Community Dialogues, using the CCE methodology, is first of all to build HIV/AIDS-competent communities. This is done through the creation of interactive spaces within communities in order to generate a response to HIV/AIDS by integrating individual and collective concerns, values and beliefs, and to shift individual and collective attitudes and behaviours embedded in social systems and structures.

Community Dialogues should be at the core of interventions in combination prevention.

[4] Dahlberg LL, Krug EG. Violence-a global public health problem. In: Krug E, Dahlberg LL, Mercy JA, Zwi AB, Lozano R, eds. World Report on Violence and Health. Geneva, Switzerland: World Health Organization; 2002:1–56

COMMUNITY CAPACITY ENHANCEMENT (CCE) THROUGH COMMUNITY CONVERSATIONS

BY KEN MUTUMA

INTRODUCTION

The Community Capacity Enhancement (CCE) methodology convenes communities through dialogue spaces called "Community Conversations". In these spaces people discuss and debate on specific issues that affect them, and agree upon appropriate responses. Key to CCE is the belief that communities have the capacity to identify and change harmful practices and social norms, based on identifying and exploring community concerns and reaching consensus on how they can use local resources to address these.

The purpose of community dialogues in CCE is to obtain an in-depth understanding of the issues facing community. The process creates space for communities to reflect on their situation, allowing them to look at how individual/collective mindsets, socio-cultural beliefs and practices, as well institutions and structures in which these are embedded, contribute to the undesirable situation. Through expert facilitation, this process enables communities to drive their own transformation process.

PROCESS AND TOOLS

As a methodology, CCE uses a series of tools and skills to allow communities to reach decisions and to take action based on a process of exploration of the issues at hand. The tools are employed at given stages of the six-step process illustrated below.

Community Change Process

- Building relationships
- Identifying Concerns
- Explore Concerns
- Decision making
- Action
- Review reflect

In some other methodologies, once issues of concern are identified they are immediately prioritised and acted upon by experts. However, in CCE, there is no rush to prioritise and take action because of the awareness that quick decisions and actions may be off the mark without a thorough process of verification and validation. Since community concerns are different from needs, exploring concerns help communities identify invisible norms, values and attitudes that may lie beneath the issue of concern and not only their visible needs. Clearly identifying and documenting concerns is an essential part of the CCE. It is the key to bringing out real community responses. Through exploration, people can examine how significant or important the concern is and what the underlying factors are. Exploration helps to show how concerns are interconnected. It shows how there are different manifestations of the same concerns and the other factors that are involved at different levels, and can lead to linkages and/or connections.

In CCE dialogues, it will be of utmost importance not to compromise the process by focusing on emerging perspectives and rushing to package those as issues to be deliberated on in the conference. The implementation of CCE dialogues must be true to the process. This will not only help identify who may be affected by the issues at hand, but also what possibilities for partnerships exist to address the situation. It will also allow enough time for all participants to voice their views, so that the group may consider everyone's perspectives on an issue.

DOCUMENTATION, ANALYSIS AND REPORTS
UPON WHICH ACTION IS BASED

Community change has a range of other tools that generate community perspectives. These perspectives reflect the circumstances of each individual expressing them, it is important to confirm the way they are captured, and whether this reflects the intended meaning of the individual. Moreover, perspectives that emerge in a dialogue are always subject to multiple interpretations because participants, including facilitators, bring different worldviews to the process. This can lead to differences as to how the situation can be improved.

Community perspectives are claims made by individual community members. It is important to subject them to a process of validation through which a common understanding of the issues upon which community energy can be leveraged, emerges. The analysis and interpretation tool helps distil these divergent perspectives and coalesce them into one action-oriented focus. It facilitates a collective decision-making process, upon which the community energy can be transformed into social change.

As the black box of the CCE process, it unravel the "secret" of the dialogue – community issues (including the latent ones) – while at the same time ensuring objectivity in making sense of what transpires in the community conversations. It also helps prevent a situation where only the voices of the dominant are considered in the process of change. In this way, it protects the community from influences of external catalytical agents, such as facilitators, and the value positions they may hold.

There are two parts to the analysis process:

The "Community Wall", which focuses on the following categories:			
Community perspectives	*Burning issues*	*Non-burning issues*	*Misconception*

The "Facilitator Wall", which focuses on the following categories:			
Facilitators' perspectives	*Implications for the community*	*Implications for the facilitators*	*Refinement of methodology*

Community perspectives

Perspectives are an expression of the views held by community members on any one aspect. They will be influenced by various determinants, such as social standing, gender, class, ethnicity, culture, age and religion. Each perspective becomes evident as it is verbally expressed. Facilitators are therefore urged to listen carefully to not just what is said, but the way it is said. The latter observation is critical in relation to the next section (i.e. recording burning issues). Each community perspective raised is captured verbatim on flip charts/notebooks as soon as it is raised. This approach validates community members by allowing them the space to "say the world". Further, it safeguards against dilution through paraphrasing. It also limits the risk of facilitator bias in the documentation process.

Perspectives are finally classified into groups and themes in preparation for their placement under the community wall headings of "burning issues", "non-burning issues" or "misconceptions".

Burning issues

A burning problem for a community can often be identified when a group becomes active. It will be the topic that energises people. The unique characteristic of a burning issue requires facilitators to be keen observers for various forms in which such energy manifests, such as the frequency with which an issue is raised, the emotions that surround it, etc. Identifying burning issues helps to leverage action, since emotions play a crucial role in unleashing social transformation. Moreover, taking action on burning issues also breaks feelings of apathy, and unleashes a feeling of hope and a desire to act.

Non-burning issues

Non-burning issues do not raise the kind of energy perceived in burning issues. This could be due either to the fact that community members have communal beliefs that they do not question, or to the fact that they are problems that have not yet caught their

attention. Though they do not seem to ignite the interest of the group, the experience within the team of facilitators will recognise them to be of equal importance in relation to the given context. They are recorded in order to encourage further discussion among community members. It is important to note that the use of the phrase "non-burning issues" in CCE is altogether different from other contexts, where it is interpreted to mean "less urgent". "Non-burning issues" simply do not generate the same level of excitement during the dialogue than "burning issues", but that does not mean that they are of less importance!

Misconceptions/false beliefs

Misconceptions are beliefs that are founded on statements that are not factually true. These must be distinguished from an opinion. Misconceptions necessitate discussion and follow-up, rather than an interactive interpretation. Recording them acts as a memory guide to the facilitation team in order to help the community to be better informed. It is important to swiftly follow up on misconceptions as they may pose a danger to the process outcomes, since a community may proceed to act upon a factually untrue statement.

Facilitators' perspectives

Facilitators' perspectives are the opportunity for the team of facilitators to "say the world", or express their own experiences and views regarding the community, the dialogue process and the dialogue content. They stimulate reflection among the community and help them to be more aware of the manner in which they interact and they ways they can change. Facilitators' perspectives are their contribution to the process of social change and should be phrased in an appropriate manner, as they will be presented to the community. These observations do not have the same weight as those of community members. However, they can serve to engage the community and facilitators while the community asks questions or discuss perspectives.

Identifying implications for the community

Community implications reflect upon the action that community may have to consider taking in relation to a specific issue. CCE is grounded upon the tacit capacity within the community to take action to address concerns they have identified. Endogenous change lies at the heart of an effective response. Community implications will arise from burning issues, non-burning issues and misconceptions. Facilitator perspectives may also have an

implication for the community. Community implications should be appropriately worded to convey an outlook that empowers community as the drivers of their own change process. Phrases such as "community should explore" can be used.

Identifying implications for facilitators

Facilitator implications reflect upon the action that facilitators should consider taking in relation to support the community they serve. They will arise from each community's implications. Facilitator perspectives may also have an implication for the facilitators. Facilitator implications are important, since facilitators are the link between a community and the wider system of support available.

Identifying areas of refinement

Refinement of the methodology is a two-pronged process that looks back at the process of the just-concluded dialogue, and forward towards preparing for the next dialogue. In relation to looking back at the process, refinement entails evaluating the manner that the CCE tools were administered, their reception by the community and whether the tool accomplished its purpose. In terms of looking forward to the next dialogue, the process of refinement examines the implications emerging from the dialogue, in order to inform the nature of the tools required for the next dialogues. Refinement of the methodology is a critical point that links the continuity of the community dialogue process. Furthermore, allowing the community to reflect upon and suggest improvements to the facilitation process is an important evaluation tool. Often it is outsiders who evaluate processes. With the CCE methodology the community, alongside the facilitators, is in a position to explore the best ways to catalyse change and to use the Community Capacity Enhancement tools.

Presenting the Community and Facilitator Wall to the community

Community and Facilitator Walls need to be presented to communities. The team of facilitators at the beginning of a dialogue will present the analysis that has emerged out of the Walls in the previous dialogue. Normally this is done by employing the tools to be used in this dialogue. The presentation to the community is important, as it allows the community to input on the documentation process and gives authenticity to the documentation and analytical process. Furthermore, it validates community input and allows the community to disagree with documentation by facilitators.

APPLICATION OF THE CCE FRAMEWORK

Identification and enrolment of key stakeholders

The first stage in translating the framework during implementation involves a detailed identification of relevant stakeholders and obtaining their buy-in of the dialogue process. A specific organisation will occupy the role of convener in guiding this aspect. It is particularly helpful if the convener already works closely with the key stakeholders that will support the dialogue process.

Enrolment will normally happen over a given period prior to the dialogue, and is intended to explain the methodology and engage

on how it will unfold. The outcome of the meeting will be a process plan outlining the roles and responsibilities of the stakeholders.

Orientation and capacity enhancement

The success of the CCE framework relies heavily on the recruitment of facilitation teams based within the areas where dialogues will be held. The rationale here is based upon using catalytical agents that already enjoy a level of trust among the community and, further, understand the local dynamics of a specific area. These facilitators will be orientated on the methodology over a specific period, including planning for the actual dialogues. This will enable them to implement the dialogues in line with the requisite quality assurance. The capacity invested in these local teams remains a long-term resource within the communities, which can be drawn upon in future.

The dialogues

Immediately after the orientation, the local CCE facilitators will embark on planning for dialogues. The planning process will include social mobilisation, identification of venues where the dialogue will take place, and identification of appropriate tools to be used in each dialogue. They will conduct an optimum number of dialogues (as agreed upon with the community) under the supervision of experienced master CCE facilitators. Through the analysis process described above, issues will be captured and these will serve as entry points for action. After each dialogue, a report will be compiled and subsequent dialogue will planned based upon the issues identified. Between the dialogues, a selected number of task teams nominated by the community will implement specific points of action raised during the dialogue.

BENEFITS OF USING CCE AS DIALOGIC APPROACH

Giving voice to the voiceless

CCE provides a platform for people not just to be passive recipients of information, but to think through all the repercussions of a situation – the way their individual values and behaviours, and those of their family and neighbours, affect people's lives. Through conversation spaces, they learn collaboratively to attain to new

perspectives on their situation. Dialogues take into account their perspectives of the situation, and their interest in change. The tools used touch the subjective interior of individuals and a community, which is latent (values, intention and commitment) rather than objective, and manifests in behaviour and actions. These tools enhance the capacity of individuals to reflect, and to be aware of self- and communal change taking place.

Through the CCE process, the understanding of their situation that the people develop leads them to act out of their own resolve to improve the situation. It is a fact that no substantive change is possible without a prior change in consciousness. Through CCE people "rediscover" themselves and their capacity to change, and the action learning cycle is activated in them.

Ownership by the community

At the heart of the CCE methodology is the belief that communities have the capacity to make their own decisions, based on the concerns they identified and the findings of their exploration. As part of the process of CCE, community conversations facilitate decision-making and action planning. Unlike traditional approaches, where plans are developed by outsiders, in CCE community members develop their community-based plans that integrate anything that can be useful in tackling the problem, from the perspective of the community. Instead of prescribing desired changes to people, the process is facilitated in such a manner that it is communities that come up with what needs to change in order for their situation to improve. Community decisions and plans can be integrated into local, district, provincial and national response plans.

Capacity to unearth hidden assumption about situations

Hidden, shared assumptions and other underlying factors shape how communities respond to challenges they face. There is no doubt that hidden assumptions are a factor in dealing with challenges. CCE has a way of tapping into the hidden assumptions that drive community behaviour. It does that by using people's ways of understanding social life to detect their perspectives. There are specific tools such as storytelling that are designed to do that. This places CCE, as a methodology, in a better position to tackle mindsets and values influencing undesirable visible behaviours. Through the CCE dialogues hidden assumptions will surface, and addressing them will be possible.

Openness and accommodation of any perspective that may emerge

The fact that the agenda of an intervener using the CCE approach is not limited to things s/he can control and influence, is also a strength that makes CCE ideal. Given the nature of CCE, the boundaries of the intervention will not be limited to what might be premeditated by the interveners; instead, they will be expanded to include what would be of interest and concern to the affected community. From this, interveners will learn from this community. This is based on the principle that the community has capacity and knowledge of their situation, and the intervention's role is just to enhance it.

THE ANSWER LIES WITHIN

BY DOLLY MPHUTHI

TRAINING AND MENTORSHIP
IN THE COMMUNITY
CONVERSATIONS METHODOLOGY

1. Introduction

At the heart of the Community Capacity Enhancement (CCE) methodology is skills-building in facilitation of transformative community dialogues. Skills-building takes the form of the training and mentorship of trainers and facilitators, as well as regular skills update, reinforcement and refinement. The overall goal of training and mentorship is to build a pool of resource persons with transformative leadership abilities and skills in facilitating community dialogues, that lead to improvement of situations being addressed. There are three levels of training, namely, training of trainers, training of facilitators as well as needs-driven skills-update and refinement, which takes place during the implementation of community dialogues. Mentorship happens at all levels. This section provides a brief description of training and mentorship, the two key elements of skills-building in CCE.

2. Training in CCE

The training of trainers and facilitators is aimed at:

- Transferring CCE skills, concepts, aptitudes and tools
- Increasing awareness of the issue of focus, e.g. social cohesion or HIV and AIDS
- Experiential learning
- Creating opportunity for reflection and learning

The delivery methodology hinges upon process facilitation. The manner in which the venue is prepared allows for easy configuration into semi-circle and smaller group formation. It is typically such that participants can engage in dialogue in the same way community members would in community gatherings. It is important to create an environment that enables participants to experience training as a series of dialogues, so that they can relate this to the envisaged community dialogue set-up.

The methodology also entails use of participatory methods where participants work in pairs, groups and do role-plays. As a demonstration of respect and giving value to individual experiences, participants are allowed to share and draw from their own experiences in making sense of the content introduced to them. Both observational and experiential learning play a key part during training. With regard to observational learning, trainers and facilitators are introduced to the CCE skills and tools through skilful demonstration by trainers as they apply them during the workshop. With regard to experiential learning, participants experience tools and concepts and work out what they mean to them, before master trainers come in. The aim is to model what the participants are expected to do as trainers and facilitators.

Opportunities for participants to practise and consolidate learning are created through a community visit, where a community dialogue is conducted for learning purposes. During both the Training of Trainers (TOT) and the Training of Facilitators (TOF), there is a day set aside for field practice where a community close to the training venue is visited for practicum.

2.1 Training of Trainers (TOT)

The training of trainers is a 10-day residential workshop. Among the benefits of the training being residential is the fact

facilitation tips, such as how to deal with difficult participants and how to work with large groups. It is also low on factual information regarding the subject matter being discussed, e.g. HIV and AIDS. The assumption is that there are many organisations that focus on information-giving. Unlike these organisations, CCE focuses on getting people to talk. The training, therefore, focuses on the mechanics and art of dialogue facilitation.

2.2 Training of Facilitators (TOF)

The duration of the training of facilitators is six days. Like the TOT, it is also residential for the same reasons explained above. Facilitators are trained by trainers, after fulfilling all the requirements. Ideally, facilitators are drawn from communities identified for the implementation of the community dialogue programme. However, it is also acceptable, although not always recommended, to have facilitators who come from outside the areas where dialogues take place. Risks of use of external facilitators include financial implications, and potential challenges regarding understanding socio-political and cultural dynamics in the communities where dialogues are implemented.

"History has shown us that human beings, like trees in an old forest, tend to thrive best when they grow in the presence of those who have gone before them."[1]

that it allows for participants to gel as teams. It also allows for after-hours group assignments to be done at participants' leisure. This, in turn, makes it possible to complete the training curriculum in 10 days. Experience has shown that where there is no opportunity for homework to be done after hours, activities that are supposed to be done as homework are carried over to the following sessions, which then leads to some aspects not being covered in the workshop.

The training of trainers is conducted by master trainers who have experience both as facilitators and trainers. The nature of CCE is such that it requires facilitators to work as teams. Working as teams allows for different perspectives to be shared on a given situation, which then creates opportunities for learning. It also provides team members with an opportunity to receive feedback from their peers. Furthermore, there are a number of activities that have to be carried out by different team members during the dialogue. e.g. When one member is leading an activity, the other might be recording perspectives being generated. It is against this background that training is conducted by a minimum of two trainers.

Ideally, trainers should be people with passion and interest in bringing about social change through community conversations and social action. The quality, dedication, mindset and their values are of utmost importance in the success of a CCE intervention. Aspiring trainers should have a respectable level of education. However, education alone does not qualify one to be a good CCE trainer since attitude, presence and the way the trainer carries him- or herself are equally important.

CCE training assumes that trainers have knowledge of facilitation, to a certain extent. As a result there is not detailed information on

The following guidelines can be used as minimum criteria for selecting community facilitators:

- Must be resident in the community where CCE is to be implemented
- Must be proficient in the local language
- Must be respectable and reputable within the community
- Must, ideally, have an organisational home (e.g. local CBO or pressure group)

2.3 Why offer training?

Although CCE may seem simple to the untrained eye, it involves complex concepts, frameworks and tools that require specific skills, knowledge and attitudes. The training is aimed at transferring those requisite skills, tools, knowledge and attitudes.

2.4 Distinguishing factors of CCE training

- It provides for a framework for a community-owned dialogue process that leads to social action
- It broadens perspectives of all those involved in the process (trainers and trainees)
- It results in clear understanding of the long-term nature of community change processes, and the need for sustained systematic activities that stimulate community reflection in order to achieve change from within
- It allows for the entire group to participate actively through use of tools designed to achieve this

2.5 Skills-update and refinement

Once trained, local facilitators conduct community dialogues at regular intervals agreed upon by community members. At this stage, they are still facilitators-in-training, since they are not yet fully-fledged facilitators. They are closely monitored and backstopped by supervisors, who identify whatever training needs they still have. Skills refinement sessions are organised based on skills gaps identified. The duration for such sessions is two days, during which all facilitators come together in a workshop setting and go through a programme that includes assessment on skills and tools, and addressing tools that require reinforcement.

3. Mentorship

"History has shown us that human beings, like trees in an old forest, tend to thrive best when they grow in the presence of those who have gone before them."

The mentorship context in CCE reflects the above quotation. For CCE trainers and facilitators to grow, a mentor must be present to help guide them. Mentoring is understood to be a deliberate and intentional process of learning, where the skilled and experienced individual helps the other to develop in a reciprocal relationship that focuses on personal and professional growth. For learning and growth to happen, there must be conversations between the mentor and the mentee. Two models of mentorship applicable in the CCE context are the competency and reflective models. At the core of both these models are conversations between mentors and mentees. The competency model is when the mentor gives the mentee systematic feedback about performance and progress. The reflective model, on the other hand, entails the mentor helping the mentee to become a reflective practitioner. In CCE, trainers and facilitators are both given systematic feedback through regular feedback sessions, and encouraged to be reflective practitioners through the practice of after-action review.

3.1 How mentorship works in CCE

The training elaborated upon above marks the beginning of a journey towards mastery in CCE. However, this journey continues through mentorship until trainers and facilitators are ready to be on their own. It is also an exercise of caution, lest harm is done to communities due to wrong application of the methodology. Mentoring in CCE has elements of both formal and informal relationship. There are planned mentorship sessions which tend to be formal. These sessions involve community visits by a mentor to observe and reflect with facilitators. However, there is also always room for spontaneous sharing, which allows for the boosting of self-esteem and confidence of the mentees by having someone who acts as their sounding board.

The goals of mentorship in CCE are:

- Identifying the special challenges and opportunities from implementation experience
- Fostering learning from action
- Providing technical backstopping to trainers and facilitators

- Identifying tasks and processes for enhancing the capacity of trainers and trainees

a) The trainers as mentees

After completing 10 days of TOT, trainers are not yet ready to train others until they have had at least a six-week long community dialogue facilitation experience. During this period they are expected to go through a full cycle of the six-step process of CCE. It is a requirement that those who train others in CCE must have gone through the process of facilitating dialogues themselves. Even after this experience they are expected to conduct their first training in the presence of master trainers, who play the role of mentors during the TOF. It is expected that during the TOF, the six-week experience of CCE practicum will be debriefed and feedback provided by mentors.

b) The local facilitators as mentees

During the TOF facilitators are introduced to concepts, skills and tools of the CCE methodology. This marks the beginning of their learning journey, which continues during the implementation of dialogues when they actually facilitate community conversations. During the rollout of dialogues, trainers become supervisors and mentor facilitators.

At this stage mentors engage in follow-up and on-site support visits, with a view to identifying the skills and tools , as well as to assess the capacity of local teams to implement the approach. During the on-site support visits, mentors observe the facilitation process and reflect with facilitators. During this process mentors identify the following:

- Concepts, skills and tools that need further clarification (and those found by facilitators to be useful)
- Difficulties encountered in implementing the approach
  This provides mentors with information to use in preparing for skills-update and refinement sessions. It also allows mentors, as Daloz (1986) puts it, to "lead (facilitators) along the journey … cast(ing) light on the way ahead, interpret(ing) arcane signs, warn(ing) (them) of lurking dangers, and point(ing) out unexpected delights along the way" (p 17)[2]

[1] Wong, AT & Premkumar, K (2007) An Introduction to Mentoring Principles, Processes and Strategies for Facilitating Mentoring Relationships at a Distance. http://www.usask.ca/

[2] Daloz, L (1986). Effective teaching and mentoring: Realizing the transformative power of adult learning experience. San Francisco: Jossey-Bass

3.2 Rationale for mentorship

The origins of mentoring can be traced back to ancient Greece as a technique to transfer important social, spiritual, and personal values to young men. In present-day community change settings mentorship helps transfer values, attitudes and skills to mentees. There are a range of factors that make it important in CCE change processes. These include the following:

- It complements training as it allows participants to draw lessons from practice and begin to make sense of with what was theorised about during the training sessions. In this way learning becomes meaningful, as it happens in the life space of the individual
- It helps with the identification of skills gaps, and development of plans for reinforcement
- It makes valuable support available to mentee and offers an easier, better and more focused process, that helps to overcome barriers to learning skills and enables those being mentored to move gradually towards becoming independent and self-reliant
  in terms of process facilitation and all that it entails
- It is a win-win-win situation, as it benefits both the mentor and the mentee. The capacity of the mentee is enhanced, as s/he grows to become proficient in the art of facilitation and bringing about change. The mentor, on the other hand, makes a significant contribution to the change process by minimising harm that could be done if things go wrong and by developing a skilled, well-rounded and knowledgeable facilitator. It also becomes an opportunity for the mentor to give back through sharing her wisdom
- It helps deepen the understanding of the mentee of the process and strategies appropriate to a particular situation in a given context
- It contributes towards improved communication on how dialogues are unfolding. The conversation between the mentor and the mentee also includes where the community is in the change process. This information is vital as a form of feedback on the progress (or the lack of it) being made
- It ensures that facilitators as mentees have access to a support system that they can make use of during critical stages of the community change process

4. Conclusion

Training and mentorship are a step towards creating an environment conducive to successful implementation of community dialogues. However, there are pitfalls to be avoided that can potentially have a negative effect on the on the outcomes of community dialogue processes. Among such pitfalls are:

- Trainers who go on to train others without having practical experience of dialogue facilitation. The risks, in this regard, include the fact that value judgments they may make regarding what should be included or excluded in the curriculum, would not be informed by experience. It would only be based on what they think might work
- Failure to follow the clearly delineated steps of how each tool should be applied in the manual. The suggested process steps in the manual are tried and tested; changing them might not yield desired results

In conclusion, CCE training has evolved to a stage where it is now being accredited. There is going to be a need for trainers and facilitators to develop portfolios of evidence in order to be accredited.

WHAT IS COMMUNITY CAPACITY ENHANCEMENT?

Community Capacity Enhancement (CCE) is about empowering communities, through dialogue, to identify their challenges and find solutions that are appropriate to them.

The United Nations Development Programme specifically promotes CCE as an innovative way for communities to address the HIV/AIDS epidemic by dealing with the underlying drivers of the disease, such as power relations, gender issues, stigma or discrimination.

While most community methodologies rely on raising awareness and discussion, CCE rather focuses interactive dialogue on the epidemic's deeper causes and, through a facilitated process, community decision-making and action.

CCE stands out as a participatory approach that takes cognisance of a community's socio-cultural dynamics. It moves beyond simply raising awareness, instead equipping community members with the tools to facilitate decision-making from within. CCE has the philosophy that communities possess the inherent capacity to identify sustainable solutions to the challenges they face. Because they best understand their own social, political and cultural dynamics, they are in a strong position to develop local responses to HIV/AIDS.

The CCE methodology helps to empower individual community members, and allows them to meaningfully engage with each other. Through facilitated dialogue, community members can begin to explore challenges around HIV/AIDS, understand the epidemic's underlying drivers, and develop solutions appropriate to their community.

CCE facilitators are trained to engage with communities, and assist those communities to talk about issues and work out solutions. This process is guided by several key principles:

- Sensitivity to local community experiences
- A focus on facilitation rather than intervention by experts
- Gender sensitivity
- Mutual learning
- A grounding in universal human rights
- A participatory approach
- Respect
- The belief that communities are able to identify the change they require

THE NMF PERSPECTIVE

*BY **SELLO HATANG** SPEAKING NOTES*

When we talk about the Nelson Mandela Foundation's Community Dialogue Programme, we are essentially talking about the importance of people who disagree with each other often on fundamental issues, to have a safe space to discuss their issues and to hopefully reach common ground on which they can confidently move forward.

Madiba stepped down in 1999, after serving only one term as President of South Africa – something he had planned before he even entered office. He had resolved that he would set an example by not overstaying his welcome.

For those of you who are not aware, he started the Nelson Mandela Foundation as his post-presidential office, so that he could continue working on those areas closest to his heart.

Eventually, as Madiba was drawn more into a life of retirement after his almost superhuman contribution to our wellbeing as a nation, the NMF adopted three important strands onto which to anchor our mission to promote his legacy for future generations. They are: Mandela Day; Memory or archival work, and dialogue work.

To us, they serve to draw us closer to the genius of Nelson Mandela. They reveal to us on a daily basis why this man is revered and honoured throughout the world. And they remind us why it is so important to promote his legacy far into the future.

Madiba's presidency was born out of a dialogue he engineered. A dialogue that brought about the end of white minority rule.

It was not just any dialogue. It was a dialogue he, following the ANC's long history of negotiation, wanted to start in 1961 when he called on Prime Minister Verwoerd to call a non-racial national convention on a new constitution for South Africa. Needless to say, he was ignored. But when he came out of prison nearly 30 years later, he was calling for the same dialogue.

In 1986, in prison, Madiba started talking to the enemy, laying the foundations for a future negotiations process, which would draw all strands and flavours into the roaring fire – rather than melting pot – that was South African politics at the time.

Madiba never deviated from his commitment to place dialogue at the centre of problem-solving.

In 2004 he said: "In almost every part of the world human beings find reasons to resort to force and violence in addressing differences that we surely should attempt to resolve through negotiation, dialogue and reason."

So who can blame us for taking his recipe to the people in their communities, as a guide for them to solve their problems on their own?

In 2008 our Community Dialogue Programme was rolled out to communities around South Africa, to empower people to be able to have reasoned discussions about the issues they faced directly. Issues such as HIV/AIDS, poverty, teenage pregnancy, the abuse of women and children, alcoholism and substance abuse, crime and inequality.

We didn't just bring people together to talk in a safe space; we provided training, thanks

> "*In almost every part of the world human beings find reasons to resort to force and violence in addressing differences that we surely should attempt to resolve through negotiation, dialogue and reason.*"
>
> *Nelson Mandela*

to the German government and its development funding provided by GIZ.

This involved the training of facilitators and the training of trainers, to work with the dialogue participants so that they could not only find their own voices, but so that they could be part of the process and believe in its power.

Throughout the phases of the life of the Community Dialogues Programme, we were guided by the words of our founder. These are the same words you will find on the back of all our business cards at the NMCM: "My wish is that South Africans never give up on the belief in goodness."

Madiba uttered these words during a special sitting of Parliament in 2004, to mark our 10 years of democracy. These words are central to his philosophy and his strategies throughout his life.

In the same speech he warned against what he called "chauvinistic breast-beating" about our achievements. He admonished us as MPs, MECs, councillors and ordinary South Africans to not let it go to our heads that we have "a stable and progressive democracy where we take freedoms seriously". We still have to keep our eye on the long road ahead, which leads to a South Africa in which all have a house, an education and good health care. Until then, we have not reached the end. We are almost 20 years into democracy, and we sound the same warnings.

In the same speech Madiba added: "Good can be achieved amongst human beings who are prepared to trust, prepared to believe in the goodness of people. Nothing impairs the dignity of a person so much as not being able to find work and gainful employment. HIV/AIDS continues to threaten our future in a particularly frightening manner. Our democracy must bring its material fruits to all, particularly the poor, marginalised and vulnerable. Our belief in the common good ultimately translates in to a deep concern for those that suffer want and deprivation of any kind."

Like our Founder and South Africa's first democratically elected President, we don't have to hang around, forever looking over people's shoulders as they continue the task of helping to "build a country of our dreams".

In that vein, we sincerely hope that we can hand over our Community Dialogues Programme with full confidence that they will be continued in Madiba's spirit.

We know that within our NGO community, within our Department of Social Development, there are people will never give up on the belief in goodness, and we know that by following the style of our founder we can empower all sectors of our society to build a country of their dreams.

Remember Madiba's words: it is in your hands now.

I thank you

> "*Besides these achievements, the most important one is: we have made ourselves 'superfluous.'*"

THE GIZ PERSPECTIVE

BY EDUARD WESTREICHER, FIRST COUNSELLOR, HEAD OF DEVELOPMENT CO-OPERATION, EMBASSY OF THE FEDERAL REPUBLIC OF GERMANY

First of all, I would like to express my sincere gratitude to Mr [Sello] Hatang for hosting this conference.

Germany has made the prevention of new HIV infections one of the three focal areas of development co-operation with South Africa. In 2012 Germany alone committed funds amounting to €23-million for this sector.

The German government and its implementing agency, GIZ, are forming a strong partnership with the Nelson Mandela Foundation in the field of HIV and AIDS prevention. Germany, already in 2001 (only two years after the foundation of the NMF), decided to support the NMF in their fight against HIV/AIDS. Our support over the past years amounts to more than €5-million (about R60-million) and can be differentiated in three phases:

1. Initially, GIZ advised NMF on establishing a modern, effective financial management and campaign management.

2. Since 2008, German Development Co-operation supported the Foundation's successful HIV and AIDS prevention programme, entitled "Community Dialogues and Community Empowerment". The programme facilitates interactive dialogue in communities on the epidemic's deeper social causes and supports community decision-making and action.

3. In 2011 to date, the last phase, we contributed to the dissemination of the approach, evaluating its impact and establishing sustainable structures.

What are our joint achievements so far?

The Nelson Mandela Foundation and its partner organisations, through the German support, have held over 400 dialogues in South African communities and trained some 200 facilitators since 2008. Significant behavioural changes regarding virginity testing, rape, condom use, as well as access to HIV counselling and testing and antiretroviral treatment, have been documented in the communities where the programme has been implemented. These are clear indications that communities are

able to change harmful norms and values that hinder development and spread disease.

Besides these achievements, the most important one is: we have made ourselves "superfluous".

After five years of successful implementation, the NMF and the German Development Co-operation are now handing over the programme to the South African Department of Social Development and the respective NGOs and communities. With government and NGOs adopting the method and taking over responsibility for the nationwide implementation of the programme, continuation of the community dialogues has been secured beyond the end of Germany's co-operation with the NMF. This shows that our joint exit strategy is a success. An achievement, we can all be proud of the number of NGO's trained on the Methodology!

Having said that, I am very much looking forward to a lively discussion and your lessons learnt from the community dialogues. I am sure that it will be beneficial for the future stakeholders, especially our colleagues from DSD and NGO's, who are going to continue with this programme.

On behalf of the German government and my GIZ colleagues, I wish us a fruitful conference.

Thank you very much for your attention.

SUPPORTING OVC THROUGH CCE
BY CONNIE MALEGA KGANAKGA

The Department of Social Development (DSD), with funding from United States Agency for International Development (USAID) through PACTSA, contracted Project Literacy (ProLit) to children and youth dialogues using a Community Capacity Enhancement (CCE) methodology nationally. The key objectives for the project were to a) strengthen and improve the knowledge, skills and competence of CCE facilitators and change agents, particularly the trained community and youth care workers (CYCWs); b) conduct dialogues that are child- and youth-friendly, and sensitive; c) facilitate the development and completion of community-based plans that are children- and youth-driven and owned, and that prioritise the needs and challenges of orphans, children and youths made vulnerable by HIV and AIDS (OVCYs); and, lastly, to d) monitor, evaluate and report on project outputs and outcomes.

The overall objective of the child and youth dialogues was to identify, from the perspective of OVCYs themselves, their needs and challenges, and to hear their thoughts on how their situation could be improved. The Community Conversations approach emphasised an open space for safe speech, and encouraged participants to look within themselves and their communities for answers to problems. To ensure adequate national representation, three dialogues were conducted in one selected district per province over three weekends in April/May 2013. Selected to participate in the dialogues were approximately 60-80 children and youths per district[1] who represented the following categories: a) infected and affected by HIV and AIDS; b) HIV-positive; c) living in granny-headed households; d) leading households; e) living with disability; f) from rural areas and other disadvantaged communities; g) representing the racial demographics and gender and h) between the ages of 12-19 years, of whom 60% were between the ages of 12 and 15 years. The dialogues were conducted in collaboration with the CYCWs, who were trained as CCE facilitators.

CCE METHODOLOGY

Underpinning the process was uniformity and standardisation of the process to maintain quality, and ensuring the achievement of project objectives. Several key tools were used for each dialogue in

[1] Districts selected: KwaZulu Natal (Ethekwini Metro); Gauteng (Ekurhuleni Metro); Mpumalanga (Gert Sibande); Northern Cape (John Taole Gaetsewe); Limpopo (Mopani); Free State (Thabo Mofutsanyana); Eastern Cape (Amathole); Western Cape (South Metro) and North West (Bojanala)

all provinces. As part of Phase One of the CCE methodology on relationship-building, the stock-taking, mapping and strategic questioning tools were used on the first dialogue. Storytelling and strategic questioning tools were used in the second dialogue as part of Phase Three (concern exploration). On the last dialogue the tree diagram tool was further used as part of Phase Three (concerns identification), and the five friends of planning tool was used as part of Phase Four (decision making/exploration of strategies).

TRAINING OF CCE FACILITATORS

To strengthen and improve the knowledge and competence of facilitators and change agents, 22 CCE facilitators were trained, comprising 14 CYCWs and an additional four district officials from KwaZulu Natal and four national officials from the Children Directorate. The workshop was successful in transferring knowledge and skills on the CCE methodology, generating a deep understanding of the complex nature of challenges facing children and youths through application of probing tools of the CCE dialogue methodology, and developing plans for dialogues to be conducted in provinces as build-up activities to an OVCY conference. Time constraints became a hindrance in that participants only focused on the CCE tools that were going to be used in the project, and furthermore the trainees could not practise conducting a dialogue in the community prior to the actual one.

OUTCOMES OF THE DIALOGUES

Varied and diverse findings were extracted from the dialogues. During the first dialogues, children and youths identified areas in their environment considered to be "good" and "bad", and motivated reasons for these. Schools, clinics, parks, police stations and libraries

were identified as "good" areas, while taverns, open spaces, parks, police stations and overcrowded areas were identified as "bad" areas. However, it was mentioned that sometimes bad things do happen in good places.

The most prevalent burning issues that were identified during the second dialogue were sexual abuse and rape of children and youths by parents, caregivers and teachers, drug and substance abuse, child abuse (verbal, emotional, physical and sexual), rape and sexual abuse, lack of safety in public places, teenage pregnancy,, and ineffective parenting or foster care. Child kidnapping and trafficking, crime and corruption, easy access to pornography, bullying, suicide, child prostitution and unemployment of parents were identified as non-burning issues. However, other province-specific issues that emerged included abuse of the child support grant by adults (Eastern Cape), violence and gangsterism (Western Cape), archaic traditional practices (North West), lack of safety and security (Gauteng), and unhygienic environments, ineffective policing and lack of safety (KwaZulu-Natal).

During the third dialogue, participants were able to identify the root cause of their problems, and how these manifest at an individual and community level and impact their wellbeing. The tree diagram was used to explore the root cause and manifestations of several issues such as physical abuse, rape and sexual abuse, drug and substance abuse, lack of trust between parents and children and youths, lack of safety and security, and moral degeneration and corruption. Following that, participants were asked to prepare draft action plans using the five friends of planning tools to suggest possible interventions that could address identified challenges. A simple community-based plan was developed per province. Besides developing plans, involving children and youths and other stakeholders (such as implementing agencies and government

departments) in addressing their challenges is likely to strengthen ownership of the process.

During the relationship-building phase, different stakeholders who are actively involved in children and youth programmes were involved particularly during the enrolment session, dialogues, the development of community-based plans and the feedback session. The enrolment session was used to enlist the different stakeholders in the project, to orientate them on the CCE methodology, and lastly to clarify the roles and responsibilities of all stakeholders during the process. The most participating stakeholders were the hosting DSD, Department of Health (DoH), Department of Basic Education (DBE), the South African Police Service (SAPS) and NGOS working with OVCYs. Feedback sessions were held to give feedback on the outcome of the dialogues to all stakeholders, to review and reflect on the dialogue process, and to coach and refine the conference presentation. Stakeholders made pledges and committed to ensuring that OVCYs' concerns are addressed. Most stakeholders appreciated the forum created in addressing the OVCY concerns.

CONCLUSION

In conclusion, the dialogues were able to identify key concerns including burning issues (i.e. teenage pregnancy, lack of emotional care and poor parenting, ineffective foster parenting, child abuse (verbal, emotional and physical), drug and alcohol abuse) and non- burning issues (lack of safety and security in public places, exposure to pornography, kidnapping and human trafficking, crime and corruption, easy access to pornography, bullying, suicide, child prostitution and unemployment).

However, due to time constraints and limited involvement of the relevant stakeholders, only the first three CCE phases were successfully completed (namely relationship-building, invitation and concern identification/exploration). The fourth phase (exploration of strategies) was partially completed, as community development plans were drafted and still need to be finalised.

RECOMMENDATIONS

To improve the quality of the dialogues it is recommended that a) sufficient time and resources be allocated to enable completion of all CCE phases; b) a strategy be devised to finalise and implement community based plans; c) training on CCE and its roll-out are intensified in order to widen the catchment area and reach different segments of the community, particularly parents, and d) the involvement of other stakeholders is broadened for greater cohesion and co-operation. A massive expansion of the conversations and a concerted effort to link the work of social workers, educators and the SAPS is highly recommended.

WHAT IS THE PHILOSOPHY OF DIALOGUE AND COMMUNITY ENGAGEMENT?

COMMUNITY ENGAGEMENT

MODERATOR: DR MOTHOMANG DIAHO

Dr Mothomang Diaho is the founder and CEO of Diaho Social Technologies, a public health consultancy, and is the co-founder and CEO at TEACH South Africa, an organisation that recruits young graduates to teach mathematics and science in schools. She is the mother of two young adults and is passionate about leadership, wellness and youth development. Dr Diaho is the project manager of the Nelson Mandela Community Dialogues project.

Introduction

Dr Mothomang Diaho of Diaho Social Technologies facilitated the panel discussion titled Community Engagement, which looked at the philosophy of dialogue and community engagement. Panellists also explored the role of the Community Capacity Enhancement (CCE) methodology in South Africa, with regard to the HIV/AIDS Community Conversations held nationally from 2008 to 2013.

The panel comprised Dr Peter Westoby, senior lecturer at the University of Queensland; Dr Bernd Appelt, director of the German Society for International Co-operation (GIZ) HIV/AIDS prevention programme in South Africa; Dr Connie Kganakga, chief director for HIV and AIDS programmes at the Department of Social Development; and Imara Rolston, who is completing his doctorate on the use of Community Conversations as a preventative approach to the social and structural drivers of HIV/AIDS.

Community engagement and dialogue practice:
In conversation with the wisdom of some thinkers

DR PETER WESTOBY

Dr Peter Westoby is a Senior Lecturer in Community Development at the University of Queensland, Australia. He is a Research Fellow at the Centre for Development Support at the University of the Free State. He has over 25 years of experience in community work, facilitating dialogue and development practice in various contexts, including South Africa, Australia, Papua New Guinea, India, Vanuatu and the Philippines. He has published many articles and several books, including his latest book, Theory and Practice of Dialogical Community Development – International Perspectives (2013).

Dr Westoby presented the wisdom of a few key authors, philosophers and activists as an exploration of the philosophy of dialogue and community development theory.

"It is my argument that each of them introduces some key issues and challenges for our consideration. They are the poet and philosopher Rabindranath Tagore, the philosopher Martin Buber, the educator Paulo Freire, and of particular relevance here, activist and community worker Steve Biko – the four of them linking Asia, Europe, South America and Africa – a global dialogue on community engagement," he said.

Tagore: 'see what the people see'

The Bengali Nobel Prize winner, R. Tagore, lived a rich life and supported innovations that are deeply relevant for community development. Tagore discovered the practice principle of *"see what the people see"* after years of witnessing examples of failed development.

His initial experiments in rural development, through trying to do things *for* the rural poor, failed miserably. He reflected on this failure,

> **"**Unless community engagement and dialogue practices engage with the cultural-consciousness dimension of social change, they will inevitably come undone. Dialogue and engagement as technique alone will not work. Unless there is time and space for people to find their voice confidently, to articulate their understanding of the world, to share their sense of vulnerability but also resilience, then people will not experience power.**"**
>
> *Dr Peter Westoby*

and decided he needed to pause from action and learn from the lives of the people. From this work he articulated the principle of *"seeing what the people see".*

It is a crucial community development principle and yet also a key challenge. On the one hand, it is important as practitioners engage with people that they take the time to see what they see, mainly through listening, which requires the building of trust so that people feel safe to tell their stories. However, on the other hand, we often are in too much of a rush to see what people see and have attitudes that prevent us from "seeing": we've become *"development experts",* and so we think we know what people see.

Buber: 'community as dialogue'

The philosopher Martin Buber offers wisdom around "community as dialogue", and around conceptualising community vs. collectivity.

At the crux of Buber's contribution to an understanding of dialogue is his seminal work *I-Thou* (1958). This book argues that there are two key ways of experiencing the world generally and relationships specifically. The first, characterised as I-It, is understood as an experience of object-subject. Within such an experience people "use" one another; the exchange is one of strategic engagement with one another. As a contrasting experience, Buber discusses subject-subject relations as I-Thou, which are characterised as relations of mutuality, equal exchange, and connection.

Such a shift primarily entails developing an attitude towards self and other that is characterised by a dialogical connection of mutuality and reciprocity. To imagine such ways of relating is to imagine opportunities for re-humanising, which re-centre people as active agents making decisions, using their creativity, resources, relationship and intelligence.

One of our challenges as community development workers, then, is to cultivate *I-Thou* relationships, as spaces focusing our efforts on relationship-building, storytelling, deep listening, and for building a shared commitment to change that could be animated and activated.

One might challenge the idea by arguing that it is unreasonable to expect community development professionals to take the time to

build such relationships with people, or that there are simply too many people or that the instrumental focus on getting projects done would not allow for it.

But the possibility of *I-Thou* kinds of relating develops from the very beginning of an encounter; and if workers are going to spend minutes, hours or days with someone, then surely they should invest in the quality of relationship for those minutes, hours or days. And ultimately the social state will only be recreated if people, in community, are able to struggle together for it.

Bringing attention to relationships, creating space for story, listening and mutuality requires a deep interest and orientation towards individuals. Buber (1947) carefully argues that collectivity is in many ways the antithesis of community.

Community development cannot afford to reduce people to groups of collectives. There are always individuals with their stories, their hopes and dreams, sufferings and concerns. Our work is to engage with such individual stories, connecting people together with similar such stories, enabling the emergent community to discern a narrative thread, an analysis of what they can do together.

Freire: 'start with the people, but don't stay with the people'

Paulo Freire and his meme *"start with the people but don't stay with the people"* argue that we have to see what the people see, but that as development specialists we are also educators and thus obliged to ask questions and create learning contexts where people themselves can start to ask questions.

Freire's wisdom reminds us of the fundamental challenges we face as community workers: social relations and divisions of class, gender and race. We cannot avoid these fundamental challenges for community development practice; it requires us to start with the people, engaging in dialogue with where they are at, and creating platforms for transformative dialogue.

Here community development practitioners enter difficult and complex spaces and relations, named by Freire as *"the delicate relationship"*. Questions of how to use our authority as educators and facilitators without abusing it or polluting it with authoritarianism, or how to bring our ideologies into play without manipulating

people or "depositing" our truths into people (as Freire called it), come to the fore.

As practitioners, I suggest we should be ready to take the equivalent narrative or dialogical turn, letting go of our techniques and methodologies and instead focusing on the skilful practice of being present within the delicate relationship that we are in.

Biko: cultural and political independence are equally important

In 1972 Steve Biko approached two women (Anne Hope and Sally Timmel) now living at The Grail Centre, Kleinmond, asking them to help the Black Consciousness Movement train adult educators in the Freirean method.

He had become aware of this method through his readings Freire's *Pedagogy of the Oppressed*, and saw the Freirean approach as potential for a holistic community development approach.

For Biko, Freire was contextualised within his understanding of Black Consciousness and his desire to reconstruct a cultural consciousness that blacks can manage and run their own affairs. The key "developmental" problems were (i) *cultural* – if black people only see good things coming from white people, then they will inevitably develop an inferiority that saps the soul, and (ii) *structural* – recognising the role of capitalist modes of production and accumulation within exploitation. Development activity then was focused on the practical, but also on the cultural-conscious.

Biko understood cultural independence to be as important as political independence.

Technique alone cannot work

Unless community engagement and dialogue practices engage with this cultural-consciousness dimension of social change they will inevitably come undone. Dialogue and engagement as technique alone will not work. Unless there is time and space for people to find their voice confidently, to articulate their understanding of the world, to share their sense of vulnerability but also resilience, then people will not experience power. Empowerment is embodied by qualities such as confidence, along with resources, networks and skills.

Community involvement as key to HIV prevention

DR BERND APPELT

Dr Bernd Appelt is the Manager of the Multisector HIV Prevention Programme of the Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH in South Africa. Commissioned by the German Federal Ministry for Economic Cooperation and Development (BMZ), GIZ has supported the Nelson Mandela Foundation since 2001, with the focus on combating the HIV and AIDS epidemic and mitigating its social consequences. The second phase of the project focuses on extending the approach, evaluating action taken and creating lasting structures.

Dr Bernd Appelt, by definition a medical doctor, shared ideas and observations he has garnered while working with community dialogues and the Community Conversations series of HIV/AIDS dialogues, saying that the community as a whole needs to play a role in active HIV prevention.

> **"**Community dialogues are the social fabric that make communities resilient to the spread of HIV. Dialogues hold communities together.**"**
>
> *Dr Bernd Appelt*

Fact versus fiction

Thirty-three years after the first AIDS case was recognised in the United States, we know the technical details of HIV. We know how transmission happens, we know how to prevent it, we know about infection. We have medical abbreviations to represent medical interventions that have proven to be successful, from AZT to HAART.

Despite 33 years of experience, however, South Africa still has the largest population of people infected and affected by the virus, and the country's infection rate remains elevated – 18% prevalence among those aged 15 to 49, which translates to over 5-million people infected and living with HIV/AIDS. In rural communities, nearly 50% of the population lives with the virus.

The South African government has rolled out biomedical interventions across the country, and compared to the rest of Africa, South Africa is "tops" when it comes to the availability of medical interventions and treatment. And treatment today is very effective. What hasn't changed though, is people's behaviour – where, when

and how they have sex, both voluntary and involuntary. People don't talk about sex, or about HIV or AIDS. People don't talk about themselves as living with the virus, only others who are infected.

The key to successful HIV prevention therefore lies in communities.

Community and HIV intervention

In a bid to curb the spread of the epidemic and target HIV infection reduction within communities, the South African government and partners have prioritised health education and health promotion, and have invested time and resources in bringing these services closer to communities.

Yes, communities don't do what is logical, or good, or recommended to them. Whatever public or private healthcare is offering, if the community does not accept these services, the people within the community, the women and children as the most vulnerable members of the community, have the capacity to be harmed by threats from outside.

The German Society for International Cooperation (GIZ) support of the Nelson Mandela Foundation's Community Conversations dialogue programme is based on successful community interventions, as proposed by the CCE methodology, which shows that there is an inherent strength in communities to be able to support and shelter the individuals that make up its residency.

The CCE methodology has shown that community dialogues are the social fabric that makes communities resilient to the spread of HIV. Dialogues hold communities together.

Community dialogues as a mode of service delivery in rural South Africa

DR CONNIE KGANAKGA

Dr Connie Kganakga is the chief director for HIV and AIDS programmes at the national Department of Social Development. She holds a PhD in nursing and helped develop a nurse-based model for the rollout of anti-viral treatment in rural areas while working at the Nelson Mandela Centre of Memory.

She also holds a Masters degree in Public Health (International Health), an MA in Psychology, a BSc Med Honours degree, B.Cur and Dip in General Nursing and Midwifery.

Dr Connie Kganakga began her presentation with an explanation of the Department of Social Development's position regarding the Community Conversations dialogue series.

The department began taking social development to communities in 2010 via a series of community engagements and has now absorbed the Community Conversations function, as led by the Nelson Mandela Centre of Memory.

An integrated approach to community dialogues

In 2010, on World AIDS Day, the Department of Social Development pinpointed KwaZulu-Natal as a province where Community Conversations should be held. Today, in 2013, the department is holding a number of community dialogues across the province, driven by an integrated approach to dialogue.

This approach, the legacy of the one-day *imbizo*, where after a day of talking the candidates and facilitators go home and are unchanged, is being adapted into something more meaningful and with tangible results.

"Via the Department of Social Development, community dialogue has become a mode of service delivery. Senior managers within the Department of Social Development have been deployed to South Africa's rural communities to rally around the community with stakeholders, and engage with them on a serious level before drafting a plan for implementation. Implementation must be community-driven, and must start with conversations within communities, where the community members can tell you what they want and need," she said.

Via a national project, facilitators from the department are deployed to go and engage with communities, and hold ongoing conversations with community members. The aim of the project is to ensure that together, the community comes up with solutions to the challenges it faces.

> **"**Via the Department of Social Development, community dialogue has become a mode of service delivery. Senior managers within the Department of Social Development have been deployed to South Africa's rural communities to rally around the community with stakeholders, and engage with them on a serious level before drafting a plan for implementation. Implementation must be community-driven, and must start with conversations within communities, where the community members can tell you what they want and need.**"**
>
> *Dr Connie Kganakga*

Taking DSD to the community – lessons learned

Since the launch of the project, the Department of Social Development has completed more than 300 Community Conversations and has trained over 200 change agents, including departmental officials. The department has also trained child and youth care workers, with the aim of training 10 000 child and youth care workers across the country.

One of the first projects, held in remote Limpopo, helped respondents and facilitators realise some of the significant impacts of community engagement. Via the project the DSD was able to identify young and skilled people within the community and place them in appropriate jobs.

The dialogues held in the Northern Cape were a highlight on the calendar, too. In this province, the DSD trained 15 young people as dialogue facilitators. The group of young people had lost hope, since after passing matric they still couldn't find work in their community. Today, after having completed the training in 2011, the 15 facilitators have successfully formed an NGO that targets leadership development.

A project in Jozini, which is home to some 3 000 grant recipients, saw the DSD empowering the Jozini community (via dialogues) to form a community-based economy, where money is put back into the economy.

After engaging with the community members – those people who receive monthly grants – the dialogue facilitators enabled them to realise that they can become an economic power within their own village.

"Out of the grants received, if these community members put some money aside each month, at the end of the year they will have accumulated a lump sum that can be used to the benefit of the community. Via a process of pooling resources (in a similar way to community *stokvels*) the community has taken back a portion of their financial freedom.

"The department is also working with Treatment Action Campaign and loveLife stakeholders to facilitate and mobilise dialogue in all provinces. We have made strides as a department, in that the service delivery model of HIV and AIDS treatment, prevention and care has paved the way for how we will structure dialogue as a means of addressing those critical social issues within communities," she added.

Redefining the parameters of the community

Imara Ajani Rolston is a Caribbean-Canadian documentary filmmaker and Research Fellow at the London School of Economics. He is a practising community development worker. He is currently completing his doctorate on the use of Community Conversations as a preventative approach to the social and structural drivers of HIV/AIDS.

"*There is a fundamental need to foster relationships among communities to shape the world that shapes them. By drawing outsiders from the community into dialogue, you open the process up to connected forms of leadership.*"

Imara Rolston

Imara Rolston began his discussion by pointing out the shifting context when talking about HIV/AIDS, saying that there is an increasing focus on not just the virus, but on the social and structural drivers of HIV/AIDS.

Moving beyond the virus and into the community
"In addressing the challenges around HIV/AIDS, there needs to be more of a focus on the social and structural drivers of the virus, from water sanitation and effective treatment to poverty, drug abuse and gender-based violence," he said.

Rolston was careful to point out that as individuals and communities, our range of choices – sexual and beyond – have everything to do with how we define ourselves, our identity and where we belong within a community. From this point of view, what are the personal drivers of choice, and what then is the role of the community?

He proposes shifting the conversation to one that redefines the parameters of the community, where the conversation takes into account community stakeholders and the choices made by members of the community in relation to these powerful drivers.

The nation as community

Community engagement work traditionally places a great deal of emphasis on what is believed to be the local circumstances, Rolston says. Citing community engagement work in rural Ethiopia and Zambia as pertinent examples, he says that many communities have transformed the relationships they have with powerful stakeholders outside of the community, by practising an inclusive dialogue process.

"There is a fundamental need to foster relationships among communities, to shape the world that shapes them. By drawing outsiders from the community into dialogue, you open the process up to connected forms of leadership," he says.

Communities have broadened the sense of a local community, to one that is national. As a result, the nation is a community that needs to be built.

As community development change agents, dialogue facilitators should be guided by the phrase "the answers like within", and are advised to cultivate the deep understanding and wisdom that communities carry. In so doing, there is a need to engage with all realms of society and cultivate a new set of relationships among communities, and those greater communities within which they lie.

COMMUNITY VOICES

HIGHLIGHTING THE MESSAGES AND MEANING FROM THE COMMUNITY

MODERATOR: TUKISANG SENNE

Tukisang Senne is a passionate community developer, with a long history of work in youth development, sexual and reproductive health, HIV/AIDS, gender-based violence and general wellness. He is currently the deputy CEO of Mindset Network, where he also provides strategic management to the organisation's health programmes.

Introduction

Tukisang Senne from the Mindset Network facilitated the second panel discussion titled *Community Voices*. In this session, participants shared stories and insights gained from the communities in which they had worked, as well as pertinent themes encountered throughout the dialogues. The panel comprised Motlatsi Lekuleni, project manager at the Mindset Network, the organisation that runs community dialogues in Mpumalanga; Nozuko Majola, project manager at the national Department of Social Development; Olebogeng Nkoliswa, a dialogue facilitator and CCE-trained moderator; and Mamatli Thakhuli-Nzuza and Herbert Bolotini from Drama for Life, which employs the dramatic arts to help facilitate dialogue about difficult social issues.

COMMUNITY CAPACITY ENHANCEMENT (CCE) METHODOLOGY IN FOCUS

MOTLATSI LEKULENI

Motlatsi Lekuleni is the project manager on Community Dialogues at Mindset Network,

the organisation that runs community dialogues in Mpumalanga. Mindset Network is a not-for-profit organisation set up in 2002 for the purpose of providing educational solutions for the formal education and health sectors.

Motlatsi Lekuleni kicked off the *Community Voices* panel discussion by exploring the CCE methodology and implementation. Trained in CCE in 2008, Lekuleni has been involved in community dialogue interventions for nearly five years.

Procedural framework: CCE

"Implementing the Community Capacity Enhancement (CEE) methodology enables communities to go through a six-step framework, a community counselling process where at the point of entry we try to build relationships with the community via facilitators and among community members," he said.

The first step is about establishing relationships among facilitators and community members, which allows community members to feel free to voice their concerns and worries without any fear of intimidation or otherwise.

The second step is for the community to identify concerns that they would like to talk about. This entails a process of exploration and clarification, where the community dialogues and then clarifies exactly what its concerns are.

The third step is when facilitators encourage communities to look into their social capital, and what is available in them within their community to overcome their concerns. Part of this step is taking into account things such as power relations and stakeholder engagement within the community.

The fourth step is when the community makes decisions

The fifth step is when these decisions are put into action according to the issues previously identified. Community members then reflect and review what has transpired – this is the sixth step.

Partnerships within the process

What has the CCE process given to communities in the past? Lekuleni cites an example of a rural village in Giyani, Limpopo, where community dialogues were implemented in the chief's kraal.

In such an environment, youth and children don't attend meetings and women have no say when it comes to decision-making. That

dynamic on its own created a problem with regard to inclusivity. However, by involving the key stakeholder – the chief – and displaying the importance of the process, ultimately it became known that the youth and the women could participate in the dialogues, since the chief recognised the importance of the process.

"Using that partnership to our advantage, it made it possible to the village to enlist task team community members, who became active participants in addressing issues," he says.

As an example, the community had an issue with its local clinic, where the doctor was never available or on duty, and community members had to discuss their health with and get treatment from nurses.

Via a process of engagement, community members were able to hold meetings with the Department of Health in Giyani, where they described their experiences and formally requested the assistance of a doctor. They now enjoy the services of a doctor, who visits the community three times a week.

The same task team was able to transform a derelict sports ground into a facility that is today in use.

Lekuleni cites another example of the value of bringing in stakeholders to the dialogue process.

"We encountered a community in Pienaarsrivier, where the community perception was that the SAPS in the region was letting the community down when it came to arresting the perpetrators of rape and keeping them in custody. Identified rapists in the community would be arrested and then released shortly after," he says.

The SAPS were then invited to the dialogues, and the community applied pressure on them to talk about why this was happening.

Grandmothers in the area were identified as the main targets of rape, a valid issue that came about as a result of the dialogue. In following the process, the community established a network of volunteers that have provided a safe shelter for grannies during the day, where they are given lunch and taken care of.

The dialogues act as a referral means to link change-makers and community members together. To ensure sustainability in this process, simple methods should be used – such as speaking in the local language, using pen and paper, and formulating simple, community-driven solutions to community challenges.

"Implementing the Community Capacity Enhancement (CEE) methodology enables communities to go through a six-step framework, a community counselling process where at the point of entry we try to build relationships with the community via facilitators and among community members."

Motlatsi Lekuleni

REFLECTING ON COMMUNITY CONVERSATIONS

NOZUKO MAJOLA

Nozuko Majola is a community and social activist. She is a project manager at the Department of Social Development, and was deployed to various rural communities in KwaZulu-Natal to engage in community dialogues.

Nozuko Majola is a full-time CCE worker within the Department of Social Development. She recalls the community voices she encountered during her deployment to various rural communities in KwaZulu-Natal.

AIDS, alcohol, drug abuse and gender violence: the community speaks

"We were running dialogues with the community in the battlefields of Isandlwana in KwaZulu-Natal. The environment was very intense – people were crying, reflecting on issues, men were saying they are tired of digging graves, but one old man changed my perception forever.

"This old man stood up and went outside, I suppose to reflect a little in silence. When he came back into the tent, he said: 'People, we defeated the British at the Battle of Isandlwana. Why then are we then being defeated by

something we can't even see?' His observation prompted me to become a full-time CCE worker within the Department of Social Development.

"I have held dialogues with women, with children, with young adults – all of them have something to tell you," she says.

"I remember another occasion when I encountered a child in Khayelitsha. 'I don't like it when my mother is drunk, because we don't eat at home, she doesn't cook food for us when she is drunk,' said the young child.

"Young people do what they do because they have lost hope. I met a young man, who said: 'Because you have created this space for me, today I'm going to say what is in my mind. I actually have a matric exemption, and I'm going to take a risk and tell you all – I use tik every day. We steal rides by train, go to town, we steal things, and come back and sell them so I can feed my habit. I don't like my habit, but I have to feed it every day.'

"This young guy, his name was Thulani, he asked whether we couldn't do something that would help him deal with his tik habit. He described his habit as a result of his joblessness, saying that he is in survival mode, but that he would like to work, to get rid of his habit.

"I've also encountered communities where not all the women talk. As an example, I was sitting with a group of women and noticing that not all of them would engage in conversation with me. I took note of the silent female dialogue dynamics between the senior female figures (the mothers), and the more junior daughters-in-law and wives.

"I've seen women sit on the floor, while men sit on chairs. I've been

"I have held dialogues with women, with children, with young adults – all of them have something to tell you."

Nozuko Majola

in communities where women are not allowed to go and work, men are the workers. Gender inequality and gender imbalances become prevalent when you go into communities."

DIALOGUE AS A MEANS OF CHANGE – FOR BOTH THE COMMUNITY AND THE FACILITATOR

OLEBOGENG CLIFFORD NKOLISWA

Olebogeng Clifford Nkoliswa is a young man who was born in Mafikeng, in the North West Province, and came to Pretoria in 2007 to stay with his mother. He is dedicated to uplifting people as much as he gains strength from the people around him. He believes that the reason he was spotted and selected as a CCE moderator is nothing short of a miracle. As an HIV+ homosexual male, he says he enjoys a self-awareness that transcends his expectations.

Olebogeng Clifford Nkoliswa describes the CCE moderator's journey as a lifelong one, characterised by cultural challenges and great personal growth.

A tool to help rebuild the community

"I have come to a point when I no longer using myself as a point of reference. It's always about WE instead of I. The community dialogues themselves have planted a seed – you do not look at other people as those who don't belong. You yourself become part of the community in order to be one with them," he says.

> "We realised as facilitators that the community, though the CCE process, rediscovered their own value as individuals and as part of the active community. CCE is a change process for communities, and for individuals within the community."
>
> *Mammatli Thakhuli-Nzuza*

In Tshivenda there is a word, *mvelaphanda*, which loosely translated means "show yourself, so that people can learn who you are". This is the role of CCE moderators within the community.

"I have seen programmes become offshoots from the dialogues; I have seen young people mobilising each other as a result of dialogues; I have seen community members challenge their own long-held beliefs in order to accommodate a new era, or a new idea. The practice is that we talk, but then we have to take action after," he adds.

"The CCE methodology has enhanced the capacity the community has to sort out their own situations – and help bring ideas to the fore, and help people to make things happen together.

"It's all about the people – when people talk with one voice, there is nothing that any policy can do to change their perception. People in dialogue are like water – it can penetrate through anything and can erode through anything. It is a tool that highlights and provokes what is not talked about. Cultural norms, things we do as young people, and so on.

"Through the CCEs, young people have decided to take the next step and take responsibility for creating more of what they want to achieve or see in the near future in their community. The CCE programme is a tool that can help rebuild the community."

CROSS-COMMUNITY DIALOGUES: SHARED CHALLENGES, SHARED GAINS

MAMMATLI THAKHULI-NZUZA

Mammatli Thakhuli-Nzuza is an applied drama facilitator and a Drama for Life Masters scholar, specialising in trans-generational research. She is the founder of Meskel Tselote Theatre Organization, through which she initiated her studies on exploring ways to develop trans-generational dialogue in South African communities using applied drama. Thakhuli-Nzuza is also a theatre maker who works with marginalised members of the community, to raise awareness and encourage dialogue around social ills.

Mammatli Thakhuli-Nzuza began her panel discussion by sharing a moment in her dialogue process that stood out the most.

> "I have seen programmes become offshoots from the dialogues; I have seen young people mobilising each other as a result of dialogues; I have seen community members challenge their own long-held beliefs in order to accommodate a new era, or a new idea. The practice is that we talk, but then we have to take action after."
>
> *Olebogeng Clifford Nkoliswa*

"I was part of a group of eight facilitators working in Mpumalanga and Limpopo. The group was facilitating dialogues in four villages, and so four community dialogue processes were running at the same time. We would meet as facilitators to reflect and pave the way forward. We soon noticed that the communities we were working in were all facing similar challenges, and we spotted a unique relationship where communities display symptoms of having an identified strength and weakness that complements the other community in the area. We saw an opportunity for a skills transfer

conversation – where ownership of one strength or one weakness can be transferred to the other community.

"We saw an opportunity for communities to share their own weaknesses and challenges with the other community, one that may have overcome a similar challenge. We proposed a community-to-community transfer, where communities talk to each other, forming a combined dialogue for the greater region.

"The result was a parallel process, where each community was engaging in their own dialogue, and at the same time the greater community dialogue was also taking place.

"It became encouraging to us that as a group of facilitators, we wouldn't just be leaving the community to fend for itself. We have connected them with their partners in other communities, who can help them come up with suitable solutions to similar challenges. Community network is able to address the challenges that face them."

Thakhuli-Nzuza spoke of the "pivotal moment" in community dialogues when members identify the social capital present within the community – a form of ownership over the aims of the community.

"In one process, community members named themselves as the source of human capital, saying: "I, I am the one to help." Community members were then asked to pledge themselves to the community and the change management process. We realised as facilitators that the community, though the CCE process, rediscovered their own value as individuals and as part of the active community. CCE is a change process for communities, and for individuals within the community."

Herbert Bolotini, Thakhuli-Nzuza's colleague, explained the journey of being a facilitator.

"As a local facilitator one must reflect on the process, use images to show what is happening (and not just words), and use theatre in meetings and training," he advised.

SUSTAINABILITY AND OWNERSHIP

HOW DO WE DRIVE SUSTAINABILITY AND OWNERSHIP OF THE DIALOGUE PROCESS WITHIN COMMUNITIES?

MODERATOR: DR TSHIWELA NELUHENI

Dr Tshiwela Neluheni is a founding member and director at the Institute of Health Programs and Systems. She has extensive clinical and public health experience in HIV and TB prevention, treatment, care and support programmes, and has over 15 years of clinical experience providing technical support and implementing comprehensive HIV care and treatment programmes in both the public and private sectors, in South Africa and internationally.

Dr Neluheni holds a bachelor of medicine and surgery degree from the University of the Witwatersrand, a postgraduate diploma in HIV and AIDS management from the University of Stellenbosch, an MPhil in HIV and AIDS management also from the University of Stellenbosch, and a postgraduate diploma in clinical evidence and health management from Pretoria University's School of Health Systems and Public Health. She is currently pursuing a PhD at the University of Witwatersrand, School of Public Health.

Introduction

Dr Tshiwela Neluheni, founder of the Institute of Health Programs and Systems, facilitated the third conference session, which looked at sustainability and ownership of the Community Conversations project.

"If the CCE methodology is working, how do we ensure ownership within communities and how do we ensure it is sustained? Ownership is not an afterthought; it needs to be a very real part of the methodology and process," she said.

The panel shared its insights about driving sustainability and ownership within communities, from using drama as a means of communicating to the practical handover of the project from the GIZ and the Nelson Mandela Foundation to the national Department of Social Development.

The panel comprised Advocate Ken Mutuma, of the Nelson Mandela Foundation's Project Management Unit; Dr Warren Nebe, founder and director of Drama for Life; and Matome Kganakga, executive director of Azali Health Care.

HOW DOES THE METHODOLOGY
INGRAIN SUSTAINABILITY AND OWNERSHIP?

ADVOCATE KEN MUTUMA

Adv. Ken Mutuma is a human rights practitioner with a specific interest in forced migration issues and humanitarian law. He is a mmanagement and implementing consultant at the Nelson Mandela Centre of Memory's Project Management Unit.

He manages and implements a programme aimed at building social cohesion among migrants and locals in South Africa, primarily through the vehicle of community dialogues. At the core of this philosophy is the critical need to trust the tacit knowledge within communities, which they use to resolve their own challenges.

Adv. Ken Mutuma began his presentation by talking about the CCE methodology and how it – as a process – ingrains ownership and sustainability.

Facilitator paradigm shifts move the individual to the community

As facilitators, a fundamental principle is to take cognisance of the tacit knowledge that lies within the community. The methodology deals with those things that we don't see – it doesn't work with the superficial. When you step in as a facilitator, you have to realise that attitudes lie below the basic.

This requires a paradigm shift from entering the community as an expert to becoming a part of the community, a process of humility whereby one travels outside of oneself to become a part of another community.

Sustainability therefore has to be viewed as a cycle – the CCE intervention is a process, not a once-off. And dialogue is not about a single event, but an ongoing conversation.

The methodological framework – CCE's six steps – is about relationship-building, concern identification, decision-making, action and reflection. It is an authentic process where the community and facilitators together dig through thick layers of stories – sometimes told in song, or in poetry.

"I commend the process for the wealth of character it has brought about in facilitators. At the

end of the process, he or she as a facilitator is not pulled out of the community, but remains in context there via the people that he or she has trained within the community, and those who drive the conversations forward," he said.

"It is heartening to be able to witness the transformation of the facilitators and the participants as the dialogue proceeds. The heart-to-heart interaction leads to a new kind of interaction – it becomes an 'us', as a community that is talking as one entity," he added.

Regarding the challenges of ownership and sustainability of the Community Conversations, Mutuma said community vision remains a very real challenge.

"Often there is a lot of positive enrolment and buy-in of community stakeholders, but the challenge of watching a community grow in power and watching the empowerment process challenge vested interests in the community, remains a danger to sustainability."

Community-to-community transfers, where a community dialogues with another in a bid to share common challenges and strengths, come with their own challenges – be they resources or well-equipped facilitators.

What other useful mechanisms can support the dialogue process?

"It's important to try and strike a balance between stakeholders – spoilers and champions – people who can be a part of the process, where the agenda is not necessarily the agenda set for the dialogue."

Adv. Ken Mutuma

To grow sustainability, what other mechanisms can support the dialogue process? What about conflict management? What about upskilling facilitators in conflict management?

The process is also an emotional one, particularly for the facilitators. Is there a debriefing for this type of emotional baggage that one encounters? The question of who to involve in the dialogue is another tie-in to sustainability. It's important to try and strike a balance between stakeholders – spoilers and champions – people who can be a part

of the process, where the agenda is not necessarily the agenda set for the dialogue.

Speaking to donors, Mutuma said that dialogue requires patience.

"It is an organic process that deals with humans, people walking from one position to the other – with no short-cut. It is a process of patience and the willingness to continue investing in the process," he said.

HOW CAN DRAMA ENHANCE
THE METHODOLOGY?

WARREN NEBE

Warren Nebe is the director of Drama for Life, an international postgraduate academic, research and community engagement programme based at the University of the Witwatersrand. He is a theatre director, senior lecturer, a HPCSA- and NADT-registered drama therapist and a Fulbright alumnus. His research focuses on identity construction, representation and memory in South Africa through performance ethnography.

Nebe is also the managing director of Themba Interactive, an award-winning NPO devoted to HIV/AIDS education and prevention within a context of social transformation. He has supervised the Drama for Life and Themba Interactive Nelson Mandela Community Dialogues in the Moutse East community in Limpopo.

Nebe began his discussion by exploring how drama can enhance the CCE methodology. He spoke about Drama for Life's mandate to enhance dialogue for the purposes of social transformation.

The role of drama in community conversations

Drama offers a different approach to traditional dialogue by way of application. With drama, the gestures, song and theatre can be used to broach topics that the community is loath to talk about and can help build conversation about the drama, as a means of bridging the concept to the community without the community members having to engage with the topic directly.

The value of drama (not as entertainment or as a performance) is our ability as humans to imagine and consider a possibility, he said.

"With drama, we experience an ability to change roles," he said. Drama enables us to come together as a community and through drama to begin dialogue about pertinent issues.

Drama for Life as an organisation shares a similar ideology to the CCE methodology – an inherent belief in process and process-orientated work that involves the whole person, from a physical, emotional and spiritual point of view.

Drama in action: lessons learnt

"Some of our lessons learnt speak to the value of an insider/outsider approach, where we witnessed the power of crossing borders (linguistic, cultural and otherwise) by bringing a skilled group of facilitators into an environment to converse with the community," he said.

"Via drama we brought cultural diversity to the community, and brought an insider/outsider approach to the conversation, where we could engage with the different cultural experiences encountered in the conversation.

"We learnt to adopt the Freirean approach to working WITH the community, and facilitators at the outset had to be very wary of their own agendas, and be aware of the community they were working in," he added.

Another lesson learnt by the drama team was to build reflection as a process within the process.

"Throughout the conversations the facilitators hear things such as 'we are tired of digging graves', or 'we don't have any resources', or 'no one is listening to us'. One needs to take into consideration the impact on the person's body and spiritual wellbeing when working with emotional content. The debriefing sessions became one of the key features of the project," he said.

The power of drama – and embodied learning – became obvious in application at community level. While some of the games and skits may seem simplistic to outside observers, they draw on cultural references of singing, dancing, enacting and creating images, and it creates an important bond and means of communication between the facilitator and the community.

In terms of outcomes of the community dialogues project, there have been some key milestones of the project, including:

- A number of cross-community dialogues took place
- A number of other events and processes became offshoots of the original dialogue programme, including a Big Walk for Awareness in one community, and an active testing campaign in another
- In many instances drama acted as a bridge between the

community and the issue, where conversing directly about HIV/AIDS (and the social precursors to transmission) wasn't possible, or was too uncomfortable in the environment. In such instances, drama would speak directly to the issues without having to say the words. Community members could then talk about the performance and the characters in the drama without having to talk about "themselves"

Nebe proposes a dialogue about how the CCE dialogues will continue. "It's time for us to take ownership of this and move forward," he concluded.

SUSTAINABILITY AND OWNERSHIP:
THE ROLE OF STRATEGIC THINKING

DR MATOME KGANAKGA

Dr Matome Kganakga is a practising medical doctor with a private practice in Gauteng. He is also the executive director of Azali Health Care, a non-profit organisation founded in 2010 that supports health systems strengthening strategies, as well as accessible and affordable management and treatment of HIV/AIDS and sexual and reproductive health services for the primary health care sector at district and sub-district level.

Dr Kganakga is the deputy chairperson of the South African National AIDS Council (SANAC) Men's Sector in Gauteng.

Dr Kganakga began his presentation by speaking about the practicalities of the project handover from the Nelson Mandela Foundation and the GIZ to the Department of Social Development.

"We may view the pulling out of funding as a negative aspect, but where we are talking ownership and sustainability, then the process that has happened today creates more value," he said.

"We must measure outcomes and input in terms of progress, but for those of us that are working in the space of CCE, it's important that we appreciate the gesture of the handover to the Department of Social Development. When will they hand over this process to NGOs? When will NGOs hand over that process to communities? When will communities hand over that process to families? And when will families hand over that process to individuals?"

Addressing the social drivers to HIV/AIDS

Dr Kganakga spoke about his experience as a doctor in a government clinic, where for every one patient that he was initiating on treatment and care, another four were being infected. The challenge he faced was that while he was addressing the treatment and care of the patients, the social drivers causing increased infection rates were not being attended to.

"The National Strategic Plan 2012-2016 is South Africa's third master plan that outlines how the country will respond to prevention and treatment of HIV/AIDS, TB and STIs over the next five years. It seeks to improve on the achievements of the last plan, which massively scaled up our antiretroviral treatment (ART) programme and sought to decrease the number of new HIV infections. What we have learn in principle and practice is that policy changes – such as new plans to tackle AIDS – do not necessarily translate to changes on the ground," he says.

Dr Kganakga spoke about the challenges of addressing the social drivers of HIV/AIDS, with behaviour as one example.

He cited behaviour differences between men and women as one of the social issues that act as both a barrier to HIV prevention and care, as well as a social driver of HIV infection.

"The statistics tell us that while 51% of women in South Africa know their HIV status, only 37% of men know theirs. With the 2010 launch of the HIV counselling and testing campaign, 20-million South Africans tested themselves for HIV. But 65% of those who tested were females.

"A recent household survey on HIV showed that there is a decline in condom use, with an increase in multiple concurrent partners. The survey shows that 70% of SA's young men are not married and 30% of them have multiple concurrent partners. The survey results also tell us that it is older men who are infecting younger women between the ages of 15 and 24.

"Although South Africa only represents 0.7% of the world's population, our prevalence rates are high – we're at 17% in the world, with some 6.4-million people living with HIV. Our HIV+ population consumes 24% of the world's ARVs globally. The numbers tell us that in terms of testing and treatment, females have been at the forefront and are leading the charge," he said.

Dr Kganakga advocates strategic thinking and dialogue around human rights, sexual orientation and other social issues as drivers of the HIV epidemic.

"In the future, let's apply dialogue as a programme of action to ensure that we begin to promote positive social norms and values, and talk about those social issues that are drivers to HIV/AIDS," he said.

He also advocates the use of community pledges and oaths post-dialogue interventions, to reinforce community ownership and the sustainability of the conversation into the future.
of the training being residential is the fact

MEASURING IMPACT

EVALUATING IMPACTS
AND OUTCOMES OF
COMMUNITY CONVERSATIONS

MODERATOR: MATEBOGO MAMPANE

Matebogo Mampane is a training manager at Soul City, where she trains facilitators in implementing Community Conversations via the Soul City Institute of Health and Development Communication.
A non-profit, non-government organisation, the institute represents a social change communication project that works in partnership with eight other Southern African countries, to improve the quality of life and health of their residents.

Introduction

The final panel session assessed the ways and means of measuring successes, sustainability and impacts of the Community Conversations project – for the community, the donors and the facilitators. Soul City's Matebogo Mampane moderated the sessions, which comprised Dr Connie Kganakga, of the Department of Social Development; Dr Catherine Sozi, of UNAIDS; and Debra Ewing, of development research and facilitation specialists MXA.

MONITORING THE EFFECTIVENESS
OF COMMUNITY RESPONSES

DR CONNIE KGANAKGA

Dr Connie Kganakga is the chief director for HIV and AIDS programmes at the national Department of Social Development. She holds a PhD in nursing and helped develop a nurse-based model for the rollout of antiretroviral treatment in rural areas while working at the Nelson Mandela Foundation. She also holds a Masters degree in Public Health (International Health), an MA Psychology, a BSc Med Honours, and a B.Cur and Dip in General Nursing and Midwifery.

Dr Kganakga began her talk by introducing the concept of change measurement, saying that at community level and at a national level, change is measured differently.

"At community level, change is measured by those who are most affected and most involved. We ask community stakeholders and members what has been their experience of change. At a national level, however, change is measured by the Department of Social Development, which is accountable for reporting on the return on investment of these community dialogues," she explained.

Communities identify changes encountered at a regional level, while at national level measuring instruments use indicators and provide measurable results. Communities define success by what they can see – by those tangible results that they encounter within their communities. For example, if after dialogic intervention the community receives proper service by nurses and doctors at the community clinic, this is defined as success.

Communities measure change by their own indicators – those things that they identify as problems and issues, and the extent to which these things change within the community.

Change agents are those people within the community who are responsible for documenting the change. Documentation is rigorous and provides information about community activities, decisions and changes as a result of the Community Conversations process.

At national level, what does the Department use to define success and measure change?

The Department of Social Development uses target outcomes, such as a decrease in risky sexual behaviour, as a measure of campaign success. Communities, however, measure success on impacts – the impact or effect of target outcomes. So in this context, the community would view fewer young people falling pregnant as a successful impact of the campaign.

"At community level, change is measured by those who are most affected and most involved. We ask community stakeholders and members what has been their experience of change. At a national level, however, change is measured by the Department of Social Development, which is accountable for reporting on the return on investment of these community dialogues."

Dr Connie Kganakga

In closing, Dr Kganakga proposed that communities be empowered to know what success looks like.

"Let us establish the causal linkages between the structural processes and developmental outcomes," she advised.

WHAT DO YOU WANT TO ACHIEVE, VERSUS WHAT DO YOU WANT TO MEASURE?

DR CATHERINE SOZI

Dr Catherine Sozi is the UNAIDS country director for South Africa. UNAIDS, the joint United Nations Programme on HIV/AIDS, is an innovative partnership that leads and inspires the world in achieving universal access to HIV prevention, treatment, care and support.

The UNAIDS Strategy 2011-2015 aims, among others, to advance global progress in achieving country set targets for universal access to HIV prevention, treatment, care and support.

Dr Sozi congratulated the Nelson Mandela Foundation, GIZ and the Department of Social Development on a successful handover, saying that even though funding from GIZ has come to an end, she is of the view that more stakeholders should look at their resources to conduct or encourage community dialogues, and institutionalise such dialogues.

"Community dialogues stem from the great African oral tradition and they are powerful. From what we have heard today, and from what we have experienced, they are empowering and they have led to a greater sense of self-esteem. That is the impact. The question is, what is it that you measure?" she asked.

So what to measure, then?

The glass is half-full and half-empty, she said. Where as a country South Africa has shown great results to date regarding infection, transmission and care, these results will be harder to maintain unless we address the issues that people in the country are bringing up now.

"South Africa has huge treatment numbers on ARVs, but mortality is still high. People still present with the virus late, and TB remains the biggest killer. Witchcraft is still blamed," she said.

Speaking about the challenges around measuring results, Dr Sozi recounted a conversation she had had with an eminent South African, where the two of them spoke about changes they want to see in Africa.

"I was caught unawares by his question. I was ready to head straight into what I know best, something that included convincing African leaders to engage and to make 'the end of AIDS' their call. But after thinking about what he had really asked me, I told him. I said that I want to sleep at night without fear, with total happiness, and to wake in the morning, smiling, safe and secure … so that I can get on with my day of providing for my family and for my community," she said.

"Those are my personal results that I wish to see, and for most of my friends who I have been seeing over the past few weeks since then, that has been a standing question, and amazingly so, a standard response," she said.

"So what then do we want to measure? Well, we have a National Strategic Plan (NSP) that proposes zero new HIV infections, zero discrimination, zero AIDS-related deaths and zero new infections due to mother-to-child transmission. Beyond the biomedical, you have an NSP with indicators, including social vulnerability and the impact of HIV, and the structural and social drivers of HIV," she said.

"We call for more investments to be made to not only conduct dialogues, but in the solutions provided by the very communities they take place in, and in this way you guarantee sustainability so that institutionalisation of 'dialogues' in communities is restored.

"The oral tradition of African culture must be elevated, and communities must be empowered to design the results they want to achieve and how they intend to get them. That for me is where

"From what we have heard today, and from what we have experienced, these community dialogues are empowering and have led to a great sense of self-esteem. This is their impact. The question is, what is it that you then measure?"

Dr Catherine Sozi

sustainability lies. Stakeholders, such as governments, can help provide an 'authoritative' dialogue environment and they can oversee any legislation and treaties that come into the conversation, but they must partake in dialogue without favour. This is when the processes can evolve and offshoot programmes such as those mentioned today – rallies, community big walks and do on – can take place, and the social and structural drivers to HIV/AIDS can be openly addressed by the community," she said.

DO COMMUNITY DIALOGUES CATALYZE
POSITIVE CHANGES WITHIN COMMUNITIES?

DEBORAH EWING

Deborah Ewing is a research associate of McIntosh Xaba & Associates (MXA), a grouping of specialists involved in the institutional and development research and facilitation in Southern Africa.

She is the national co-ordinator for the ongoing assessment of the impact of community dialogues on social, attitudinal and behavioural drivers of HIV transmission in the Eastern Cape and Mpumalanga provinces.

Ewing previously ran the Culture and Health Programme of the AIDS Foundation of South Africa.

Deborah Ewing presented a selection of findings sourced from an ongoing study that evaluates the impacts of the community dialogues process. She shared insights gained from the impact evaluation survey, as well as findings from each of the reports produced for each of the dialogue interventions.

Insights gained from impact evaluation

"In a typical funding scenario, donors want reassurance as to how the success of the project is going to be measured and how a return on investment will be calculated – usually within two years," explained Ewing.

In response to the anticipated donor question, MXA compiled a survey that assessed whether community dialogues catalyse positive changes within communities.

The survey interviewed 2 400 people from a selection of Community Conversation interventions, and the findings Ewing presented were an analysis of baseline results.

"In terms of methodology, we ran the survey with a group of people who would be participating in the dialogues going forward, and with a group of people who wouldn't be involved (as a control group). We also observed dialogues, attended training and interviewed facilitators and key stakeholders. We also reviewed the reports produced for each of the dialogues," Ewing explained.

Some of the findings of the survey offer insight into the themes of ownership and sustainability of the project.

Ewing then told the story of a two young boys she had encountered while attending a community dialogue in Msinga, a rural region in KwaZulu-Natal. She asked both of the boys what they thought the best and worst part of living in the community was. The one boy replied, saying that the worst thing about living in Msinga was that there were stones everywhere. He was very upset that he couldn't do anything because of the stones – gardens were filled with stones, it was difficult to play because there were stones everywhere. The other boy replied that the best thing about living in Msinga was that there were stones everywhere. He was positive about the stones because he said that they could be used to make almost anything, and were fun to play with.

> "*Although people in the focus groups agree to the social and structural drivers of HIV/AIDS in principle, dialogue participants default to the 'that is not me' position when asked to vote about who is responsible. This highlights the contradictions in social crises such as sexual abuse.*"
>
> *Deborah Ewing*

Ewing then shared some of the survey findings:

1. The level of influence of the social and structural drivers of HIV, particularly poverty and gender inequality, is high.

2. The areas in which the dialogues were held were characterised by higher-than-average unemployment, a reliance on social grants, an inability to meet basic needs and the prevalence of HIV/AIDS.

3. HIV/AIDS was ranked 4th on the list of threats to health and wellbeing among women surveyed – this after rape and/or sexual assault by partners and/or relatives, unplanned pregnancy and rape and/or sexual assault by other men. Male survey participants cited the top threats to their health and wellbeing as violent crime, alcohol abuse and physical abuse by non-family members.

4. Some 85% of respondents said that multiple concurrent partnering was unacceptable for men and women. But 42% of people in sexual relationships believe that their partners have other partners!

5. Individuals do a personal risk analysis before they engage in behaviour – one that is often illogical, but influenced by the social and structural drivers of HIV/AIDS.

6. In the focus groups, there was a strong understanding of drug and alcohol abuse and how this plays into early onset sexual activity and vulnerability.

7. In the focus groups, participants acknowledged the ability of dialogue to create a platform for community members to engage with ideas and concepts that are important to them.

8. Although people in the focus groups agree to the social and structural drivers of HIV/AIDS in principle, dialogue participants default to the 'that is not me' position when asked to vote about who is responsible. This highlights the contradictions in social crises such as sexual abuse.

9. There is a danger of facilitators defaulting to 'educator mode'. It takes real skill and support to not do so.

10. Crime is often cited as a leading threat to a community. Almost 60% of respondents said that unemployment was to blame for the high levels of crime.

Ewing concluded her presentation by saying that the issue of ownership – and feedback – is also one encountered by the very people who are driving the Community Conversations project.

LESSONS LEARNED CONFERENCE CLOSING REMARKS

In closing the CCE Lessons Learned Conference, Nelson Mandela Foundation CEO Sello Hatang called for the continuation of dialogues to address South Africa's often-taboo challenges.

The Community Conversations dialogue series will live on under the auspices of the Department of Social Development (DSD) and various non-governmental organisations, after being handed over to DSD by the Nelson Mandela Foundation and GIZ, said Hatang.

But apart from the Community Conversations, "dialogue will continue" elsewhere around various issues, too, he continued. The Nelson Mandela Centre of Memory is, for example, looking to secure funding for dialogues aimed at young people.

"We need to continue to create dialogue spaces where the unsayable can be said," said Hatang, referring to issues such as multiple and concurrent sexual partnerships, inter-generational sex, teenage pregnancy and HIV/AIDS.

> "Communities are waiting for government to do everything for them ... after each dialogue, each site (community) has something done by the community. They are engaged in local issues and are a part of the discussions. They are in the forefront of their development."

DIALOGUES REFLECTIONS

LORNA FICK, NEW AGE DISABILITY SOLUTIONS

Firstly, I enjoyed getting the latest in terms of statistics … and understanding where South Africa is finding itself. Hearing about the programme and the CCE approach to the community, and immersing yourself in the community, is brilliant. Something that has been left is this whole issue around getting people to engage, and people feel disengaged.

It's not something that's [only] prevalent around poor people. It would be interesting to look at where the stats are gathered [because] from where I'm working, I'm noticing the exact disengagement amongst affluent families. So you have that same sense of youth disengagement amongst middle-income families (both black and white) who also have issues of:

- Drug abuse
- Promiscuity
- Pregnancy

It would be good to see this type of initiative broadening: what's working with the poor we must get to work with a middle-income family [too].

With me being an expert [in the field of disability], what was lacking for me was the discussion of disabled people and HIV because promiscuity in the disabled community is quite rampant and it takes quite an effort to get the disabled people in those communities to be incorporated in those programmes.

It would be interesting if they can extrapolate from case studies, access to services for disabled people. It would be nice to get some sense of whether there is information for the disabled community.

ZANELE KUNENE

I really enjoyed the morning dialogue session [at the Lesson Learned conference in August 2013]. It's interesting to get the different perspectives of the panellists from various angles. We need to do more dialoguing – as much as a lot has been done, there's still a lot to do in terms of changing [people's] behaviour."

JOSEPH MOTSEPE

For years, community engagement has always been the first step in terms of addressing community issues.

The former apartheid government used to build institutions they thought communities would use, without actually conversing with community members to find out what they need. They followed an "I-It" approach and not an "I-Thou" approach (Martin Buber).

We once visited a community and assessed its needs without addressing the community. We concluded that their biggest problem was the lack of adequate healthcare services and facilities. When we carried out community dialogues, they voiced that their main concerns were access to water and unemployment.

Community dialogues help put into perspective community needs, in terms of priority from high to low.

The Community Capacity Enhancement (CCE) process is important because it

unlocks community concerns and issues, and it gives community members a sense of participation.

DUMISILE NALA, EXECUTIVE DIRECTOR, CHILDLINE SOUTH AFRICA

The voices, energy and passion of the CCE facilitators really reflect the effectiveness of this methodology.

Although there were challenges outlined, it would be wrong of us to think the process would go without such challenges. We are dealing with system dynamics where no agent is bigger or more knowledgeable than the other.

As has been reflected, African people used to converse over issues. So to me, South Africa is going back to this meaningful [way of problem-solving].

Messages have been shared with communities on HIV/AIDS, even scare tactics for that matter, but why are we not experiencing behavioural change with all this information shared?

THABO PUTU – SCRIPTURE UNION GAUTENG SOUTH REGION

Communities are not static; they change. People move and the issues they have also change. How do you sustain the programmes in communities?

Transformation is a journey/process that should involve all men, women and children. Given the fact the fact that South Africa is a male-dominated patriarchal society, how does Community Capacity Enhancement (CCE) overcome traditional roles to ensure that everyone participates equally, while still respecting culture? How do we bridge the gap between young facilitators and old participants?

NOSANDLA MALINDI, TRAINER AND CO-ORDINATOR OF DELTA IN LIBODE

The lesson I learned from Community Dialogues is that community members do have the potential to lead their own development. At the same time, these dialogues also empower community members, as some are feeling threatened by not being seen as leaders.

We at Development Education and Leadership Teams in Action (DELTA) hope that as time goes by, ward councilors will see Community Capacity Enhancement (CCE) as one of the best practices for participation.

Communities are waiting for government to do everything for them … after each dialogue, each site (community) has something done by the community. They are engaged in local issues and are a part of the discussions. They are in the forefront of their development.

For example, if you go to Ward 9 of the Intsika Yethu Municipality, there is a shift and now there are Ward Lessons Learnt sessions being held. They plan on keeping the dialogues running.

Working with disadvantaged, poverty-stricken communities with a low level of education is not an easy job, as communities are expecting you to bring something for them. It's hard to convince them to do things themselves, because they lack confidence in the programmes.

PRUDENCE SHAKU

Prudence Shaku and Lorraine Sabushimike, Marapyane Christian Fellowship, Dr JS Moroka Municipality (previously known as Sanerela), situated in Marapyane, Mpumalanga.

Expectations – previous approaches promoted a one-way approach to communication, such that even in the Community Capacity Enhancement (CCE) meetings some expected more presentations.

Experiences – all community members felt valued because their voices were heard; from traditional authorities, religious, political, to the young and the old.

The CCE methodology is effective in daily life experiences such as family, schools, churches and the workplace.

Success stories – people were able to speak out about issues that they previously bottled up. Facilitators were invited to share the methodology in other community meetings.

Challenges/surprises – facilitators and community members realised how much they knew, and explored the possibility of addressing community challenges on their own.

GERDA PAPE

The CCE methodology is adaptable. It is a beautiful and moving tool used to engage communities in shaping their own future.

UNKNOWN

This programme was resourceful, as we all come from different communities [that are] facing different problems. I can now say there is a little bit of light as to how we can run our community dialogues. The strategies exposed today are helpful.

PHILLIP MWALE

It has helped the targeted community members to understand that HIV/AIDS is real; it is not that you are a witch or cursed. The Community Capacity Enhancement (CCE) methodology also helps us to put together traditional healers, young people, older people and stakeholders to talk freely about this epidemic. We have even invited the local clinic to come and test the community during dialogue, and now people are testing more than before.

SIWIWE KHABA

I was exposed to the Community Capacity Enhancement (CCE) methodology in 2009, doing the dialogues on a pilot project about xenophobia.

From the onset, one could spot the difference with this methodology because this empowered the community to take action and therefore created the much-needed space for them to engage in a process of self reflection while they could also attend to some of the challenges in the community.

CCE has proven to be a hit with communities because to them, this gave them an opportunity to voice their concerns in the community while at the same time they could attempt to fix them.

Since the beginning of it all I have been exposed to quite a number of atrocities in the communities in the deep rural villages. Communities engaged intensively with the issue of HIV because a lot of the stories that they shared during the dialogues have reflected the level of understanding of the disease by communities.

In Lusikisiki, communities shared about how the stigma of the disease has created so much discomfort to a point where families have been broken apart because the infected could not bring it to disclose to their families about their status. [This is] something that led to deep divisions in the families because some of the infected passed on without really disclosing and instead went to traditional healers, who misled them and accused certain family members, and this killed relationships in the families.

Dialogues in this instance have allowed communities to engage deeply on the matter, which led to some in the village coming out [and] sharing their limited knowledge of the disease. So, in partnership with the local stakeholders, the facilitators were able to introduce a free space and opportunity for them to be afforded time to change their ways in relation to embracing the challenge of HIV, and not allow HIV to divide the society.

In Tsomo, they have had an opportunity to create a relationship with the local stakeholders like clinics and local councillors, in order to address some of the challenges in the community. Issues like mobile clinics, communal gardens and mobile police stations have been raised in the dialogues in an effort to tackle some of the challenges in the community, and therefore either do away with them or minimise them.

To me, CCE speaks to the soul of a community and that is why it ensures that community experience shifts one way or the other. Communities had an opportunity to get a workshop on public participation in order to attend to the perceptions by communities, because of the stereotypes shared in the community about different

role-players in the community, especially the government. It is worth sharing that the process was not about cleaning the image, but rather a concerted effort to have everyone coming together to address the challenges in the community.

BHEKILIZWE NDLOVU

The CCE methodology has been refreshing in terms of being able to offer the facilitator a process they can get involved in, and be able to come out of it and reflect, thereby creating opportunities for improvement. I walk away from this exercise feeling more faith in the ability by communities to tackle their concerns in groups, and as a united force.

The collective being is indeed an intelligent being, if given a chance and a space to tap [into] their potential. I saw my community begin to ask questions about critical issues that relate to HIV/AIDS. We managed to integrate the CCE methodology with our applied drama methodology, and made it more creative through play. On its own the CCE methodology tends to be a rather cognitive methodology, and we found it exciting and refreshing the moment we integrated it with applied drama exercises.

Communities began to see that HIV/AIDS is contained in culture and that to address it, they needed to burst cultural elements that contained it and go to the root of the matter. So we found ourselves dealing with critical social issues such as education and unemployment, but coming from the point of view of the spread of HIV/AIDS.

Our community of facilitators also gained a lot, as they had to grapple with community building in itself. This community was composed of people from different ethnic groups and cultures who had to move an agenda forward. That in itself was eye-opening and rich.

LINDIWE DYAMARA

We carried out Community Conversations where community members were able to gather and speak about the challenges they had concerning HIV/AIDS.

One community member disclosed her status to the community and said the reason she had not told anyone was because she was afraid of what her friends, family and community members would think or say.

The Community Conversations became a safe space for her to come and speak (especially to the facilitators) about any problems she was having, and to ask questions.

In this regard, I feel that CCE was very successful in the community I was working in.

MOTLATSI LEKHULENI

Khakhala Village (Giyani) in 2010 was able to negotiate the services of a medical practitioner in the local clinic, and the levelling of a soccer field for use by the community.

In Kwa-Makhutha the community took an initiative to level a field that was known for rapes in the community. A group of young boys came to the dialogue and confessed about their addiction to the drug called woonga. These boys were referred to the Department of Social Department, and the department was eager to be of assistance with regard to rehabilitation and other support.

In Pienaar, discussions about nurse attitudes and confidentiality in the clinics are a burning issue, and clinic managers are being engaged about this and not much change has been seen in this regard yet. In Moutse East, where mainly the youth attend the dialogues, youth partnerships have been formed such as the Botaki Project (that deals with art in schools), a co-operative that is youth-dominated.

In order to achieve any action in the CCE-CD, buy-on must be sought from the community members, local municipality, government departments, CBOs, NGOs, ward councillors, etc.
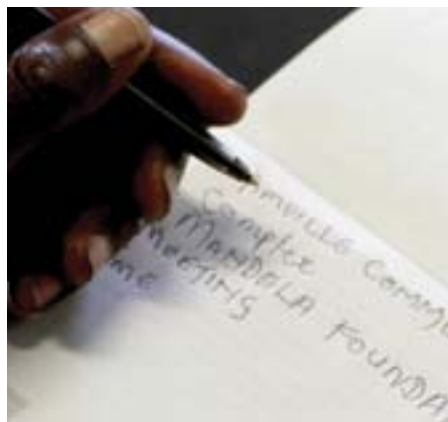
PHOTOGRAPHIC ESSAY

PICTURES FROM DIALOGUES OVER THE YEARS

ABOUT THE NELSON MANDELA FOUNDATION

The Nelson Mandela Centre of Memory carries out the core work of the Nelson Mandela Foundation. The Foundation is a not-for-profit organisation established in 1999 to support its Founder's ongoing engagement in worthy causes on his retirement as President of South Africa. The Foundation is registered as a trust, with its board of trustees comprising prominent South Africans selected by the Founder.

The Centre of Memory was inaugurated by the late Nelson Mandela on 21 September 2004, and endorsed as the core work of the Foundation in 2006. The Centre focuses on three areas of work: the Life and Time of Nelson Mandela, Dialogue for Justice and Nelson Mandela International Day. The Centre works closely with its sister organisations, the Nelson Mandela Children's Fund and The Mandela Rhodes Foundation.

It co-ordinates its activities with those of other institutions that have a stake in its Founder's legacy, including the 46664 Campaign, the Nelson Mandela Institute for Education and Rural Development, the Nelson Mandela Children's Hospital, the Nelson Mandela Museum and the Robben Island Museum.

The Centre focuses on three areas of work:

The life and times of Nelson Mandela

Memory resources documenting the life and times of Nelson Mandela are to be found in an extraordinary range of locations, both within South Africa and internationally. These resources are embedded in various legal and other jurisdictions. The Centre of Memory:

- Locates, documents and promotes the preservation of these scattered resources
- Collects and curates Mr Mandela's personal archive
- Promotes public access to these resources
- Facilitates research by individuals

and institutions
- Utilises an array of information-delivery platforms to make information available to global and local audiences

Dialogue for Justice

Dialogue is fundamental to the legacy of Nelson Mandela and to South Africa's transition from apartheid to democracy. Dialogue is at once a vital instrument for addressing critical social issues and the most effective vehicle for sharing memory, for growing it, and for engaging it in the promotion of justice. The Centre of Memory:

- Provides dialogical platforms for all its memory work
- Undertakes research and initiates advocacy on critical social issues impacting on its mandate
- Hosts or convenes dialogue processes
- Promotes co-ordination, resource-sharing and collaboration between memory institutions
- Disseminates the results and lessons learned from dialogue processes

Nelson Mandela International Day

If the legacy of Nelson Mandela's life and work is to be dynamic, it must be "owned" by current and future generations. It must be accessible to everyone, and applied in constantly changing contexts of time and place.

The Mandela Day campaign was inaugurated as such a vehicle to achieve this. Its objective is to inspire individuals to take action to help change the world for the better, and in doing so build a global movement for good. Ultimately, it seeks to empower communities everywhere. The campaign's slogan is: "Take Action; Inspire Change; Make Every Day a Mandela Day."

Individuals and organisations are free to participate in Mandela Day as they wish. We do, however, urge them to find inspiration for their contribution in the legacy of Nelson Mandela, and to adhere to the ethical framework of "service to one's fellow human".

ABOUT GIZ

THE GIZ

As a federal enterprise, the Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH supports the German government in achieving its objectives in the field of international co-operation for sustainable development. It is also engaged in international education work around the globe.

It offers demand-driven, tailor-made and effective services for sustainable development. To ensure the participation of all stakeholders, it applies a holistic approach based on the values and principles upheld in German society. This is how it facilitates change and empowers people to take ownership of their own sustainable development processes. In doing this, GIZ is always guided by the concept of sustainable development, and takes account of political, economic, social and ecological factors. It supports its partners at local, regional, national and international level in designing strategies and meeting their policy goals.

GIZ operates in many fields: economic development and employment promotion; governance and democracy; security, reconstruction, peace-building and civil conflict transformation; food security, health and basic education; and environmental protection, resource conservation and climate change mitigation.

The German Federal Ministry for Economic Cooperation and Development commissions most of its work. GIZ also operates on behalf of other German ministries, including the Federal Foreign Office, the Federal Ministry for the Environment, Nature Conservation and Nuclear Safety, the Federal Ministry of Defence, the Federal Ministry of Economics and Technology and the Federal Ministry of Education and Research – as well as German states and municipalities, and public and private sector clients in Germany and abroad. These include the governments of other countries, the European Commission, the United Nations and the World Bank.

GIZ operates throughout Germany and in more than 130 countries worldwide. It has more than 17 000 staff across the globe, some 70% of whom are employed locally as national personnel. There are also around 1 000 development advisers working for GIZ.

SUPPORT FOR THE HIV AND AIDS PROGRAMME OF THE NELSON MANDELA FOUNDATION

More than 40-million people worldwide are living with HIV, and over 60% of them live in Southern Africa. South Africa bears the brunt of the global epidemic, with a prevalence rate of around 20% among adults, and some 6-million people infected. Although the rise in the number of new infections has slowed, some 500 000 people in South Africa still become infected every year.

GIZ has supported the Nelson Mandela Foundation (NMF) since 2001, whereby the focus is on combating the HIV and AIDS epidemic and mitigating its social consequences. The second phase of the project currently focuses on extending the approach, evaluating action taken and creating lasting structures.

Community dialogue is based on the principles of Gestalt therapy and the United Nations Development Programme's successful Community Capacity Enhancement approach. The project places responsibility into the hands of individuals and the community, emphasising prevention but in a non-prescriptive manner. Art, industrial theatre and the media are used to engage young people in the project.

In communities where the programme has been implemented, testing rates have risen, condoms are used more widely, and advisory services and antiretroviral medicines are in greater demand. At the same time the number of cases of rape has fallen. These are clear indications that communities are able to change harmful norms and values, to hinder infections and the spread of the disease.

The conversations have also opened up lines of communication between individuals, local government and civil society, in turn driving progress in the delivery of social and health services and also changing attitudes within the police force towards gender-based violence. The taboo subjects of HIV and AIDS are increasingly being discussed openly, and even older members of society are now starting to talk about the disease and the social ills that contribute to its spread.

Source: GIZ website, www.giz.de

FOUNDER'S LEGACY

When the Nelson Mandela Foundation was established in 1999, there was a clear commitment to use the foundation to promote the values and vision of the late Nelson Mandela and use his leadership legacy to contribute to the making of a just and fair society.

As Mr Mandela expanded this vision beyond South Africa's borders and extended his work across the globe, his legacy grew in magnitude. Now this legacy has become so powerful that no one organisation can claim it as its own.

Mr Mandela has challenged people across the world to go out and do something good in his name. His legacy lives in every one of us, and is slowly moving away from expression in just one person to finding expression in everyone.

As Mr Mandela said in 2008 at the 46664 concert in London: "It is time for new hands to lift the burdens. It is in your hands now."

The Foundation has several programmes the provide opportunities for the public and corporates to assist in continuing the legacy of our Founder.

On Nelson Mandela International Day, July 18, Mr Mandela's birthday, people around the world are encouraged to spend just 67 minutes of their time doing something good in honour of the 67 years that he dedicated to social justice.

Our Dialogue Programme contributes to the promotion of this legacy by promoting and facilitating conversation around critical social issues within communities and between communities, businesses, policymakers and the media.

In particular, our Community Conversations Programme, which has hosted hundreds of dialogues on HIV/AIDS, is another way that the Foundation is empowering communities to take ownership of their problems and find sustainable solutions for their internal challenges.

The Foundation's Memory Programme is dedicated to ensuring that Mr Mandela's legacy is accessible to the world's citizens. Due to the extensive nature of Mr Mandela's legacy, the Memory Programme does not aim to be a collecting institution, but rather a portal for the public to access this diversity of resources, in particular through its website, www.nelsonmandela.org.

Our work would not be possible without the generous support of our donors and funders, and we hope to mobilise resources from businesses, corporates and the general public to assist us in continuing our work and growing the legacy of our Founder, Mr Mandela.

PERTINENT QUESTIONS AND COMMENTS RAISED IN THE COMMUNITY CONVERSATIONS LESSONS LEARNED CONFERENCE

QUESTION

"I am a CCE facilitator working with rural communities and I have found that the methodology is sometimes viewed as political interference. The community dialogues help people identify the strengths of the community, but when people in dialogue a start challenging and criticising the district councillors and political heads, the greater community may start to view the dialogue process as a means of political sway."

Tukisang Senne, of Mindset, offers the following advice

"As a facilitator, you need to enter the community and try and understand the leadership of the community, whether it be in the form of a chief, or a traditional healer. The leadership positions and roles within the community may emerge by way of dialogue, where as a facilitator you encounter leaders in the dialogue space.

"The key to remaining relevant and real, and therefore moving the community dialogue forward in earnest, is to involve all major community leaders and players in the dialogue – including church leadership, social leadership and political leadership – and this will add credibility to the overall process.

"Councillors and chiefs may start to feel uncomfortable when the community brings up an issue of, say, service delivery, yet in the end it is up to the dialogue facilitators to turn the political focus into something positive – a means of enhancing the community to chart the course to change its own circumstances."

QUESTION

"When talking about dialogues about HIV/AIDS, I acknowledge the great work that is being done in holding community dialogues where people can talk about the epidemic, but what initiatives are being taken at a community level to actually effect behaviour change? We are addressing the risk and treating the risk, but what other social factors should we be looking at? Those other factors that contribute to those risk behaviours for HIV/AIDS? What is being done to combat absent parenting? What is being done to instil values and principles in young people, in order to minimise risky sexual

behaviour and experimenting with drugs and alcohol? What values are being instilled in order to prevent transmission of the disease?"

Nozuko Majola, of the Department of Social Development, offers advice

"As we engage with communities, we see that community members acknowledge the cause of the problem, and from there it isn't such a leap to driving their own behavioural change. Men in some communities came together and made a pledge to talk to other men, because they are tired of burying their wives and their brothers. Today they meet as men and talk about polygamy and marrying young girls, also meet to talk about infection of young girls. Via the dialogue, as an offshoot programme, they have made a commitment to deal with these issues themselves."

CCE facilitator Herbert Bolotini offers this additional advice

"With regard to substance abuse as a driver of promiscuous and risky sexual behaviour, as long as the people who are abusing drugs are not part of the dialogue, it's hard for the community to come up with a solution.

"As facilitators we wear a lot of caps, but they are not our real roles. You can be an uncle, a brother, a teacher, but the one thing you cannot do is tell a person to decide what to do, or tell them what to do. You lay the carpet for the dialogue, for the conversation, and you point them in the correct direction, but the outcome of the dialogue can be only effective if one individual commits to an action.

"Commitment to behaviour change must come from the community members themselves; there is little the facilitator can do. Facilitators can help by moderating the self-blaming and the pointing of fingers, but community members need to look to themselves to come up with solutions that will best serve them.

"It is imperative that facilitators undertake community base planning and involve all stakeholders in the dialogue. If the community wants to talk about substance abuse, call the police, call the facilitators, call drug addicts, call teachers, call parents, call anyone who has something to do with that particular issue to come and take part in the process.

"Successful intervention by the community themselves depends on the engagement that the dialogue causes, and the dynamics of the community."

COMMENT

"Facilitators are living proof that the methodology works – when they speak about what they have learned, you can tell that they have connected with people living in the community they work in. And while community intervention is a challenging process, you have helped the community look at issues facing them and have helped them draft solutions to their own problems."

QUESTION

"With regard to the authority model, how do we deal with the issue that our leaders don't take responsibility for their actions? We have situations now where people ask why they should have safe sex, when our President doesn't use condoms. We have people who say that they rape because they were raped, too. We have lost our dignity and I want to know how the authority model can help shape sustainability and ownership."

Dr Matome Kganakga, of Azali Health Care, offers the following reply

"This discussion requires a broader platform. The definition of democracy is very clear about where the power lies – it lies with the people, for the people. When we say we live in a democracy, we say we live in a society where power is exercised by the people, how

does this policy translate to action on the ground? We have policy documents in place; the issue is how we begin to ensure they get to the ground and we hold those agents accountable."

QUESTION

"With regard to managing power dynamics and managing the cultural norms that challenge CCE, do we do something that is comfortable to us as facilitators when we are challenged by conflict, or do we do what is best for the community? Also, what does the [South African National AIDS Council's] Male Sector do to empower men to understand their shifting roles in society?"

Adv. Ken Mutuma, of the NMCM Project Management Unit, offers the following response

"This appears to be a question about what is legitimate authority and what isn't. I used to work with Parliament and we did a lot of submissions – bills, green papers, white papers – but this process (CCE) of working directly with the community will reveal fundamental flaws in institutional governance as we have it today. That is one of the huge dilemmas that feeds into the conflict between structures of governance as we know it, and community voices and what they would like to express. There is this question of culture – and cultural norms – coming out of a dialogue process that endorses a value that is conflicting with the greater community. How do you move forward?"

COMMENT

"In getting leaders to take the lead, I believe it is a positive move on the part of the Department of Social Development to introduce senior members to take part in these conversations, since it promotes sustainability and ownership of the programme. But what will the DSD do to absorb the processes and procedures put in place by the NMCM and the GIZ? Political will can stifle and change the community dialogue process; community members themselves have changed at an individual level, but the politics within the

community are stifling the change they want to see – how do we handle this?"

QUESTION

"What are the structural and social issues that you haven't been able to break through into via the dialogue process?"

Dr Kganakga offers the following response

"The six-step [CCE] methodology includes concerns identification as an initial step to the dialogue process. This is where the members of a community identify those things that they want to talk about. This is not a prescriptive process – each community has its own things it wants to talk about. HIV might not have been the community's primary programme, it could have been drugs – either way, it is always up to the community to identify what they want to talk about."

—

PEOPLE MAKING A DIFFERENCE

FACILITATORS

CCE Certificates
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NELSON MANDELA
FOUNDATION
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