19. Memorandum on the Health-Care Institution Survey

The Health-Care Institution Survey (HCI) has been in development for the past two years but it was formally implemented in 2003.

The HCI Survey has three key aims:

- Identify strengths and existing gaps in service delivery at primary health care level with particular regard to HIV/AIDS prevention and treatment services;
- Identify how these gaps can be overcome and
- Identify ways with health facilities/local government/provincial structures in how TAC branches can play a pivotal role in overcoming the gaps in terms of HIV/AIDS service delivery.

The HCI Survey will interview the clinic managers of primary health care facilities in six provinces: Western Cape, Gauteng, Eastern Cape, KwaZulu-Natal, Mpumalanga and Limpopo. In each province, except for Gauteng, there are two sites (metropolitan municipality or local municipality), one urban and another semi-urban/rural.

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•Western Cape: Unicity of Cape Town Metro and Drakenstein Local Municipality
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•Mpumalanga: Mbombela Local Municipality and Nkomazi Local Municipality
•Gauteng: Egoli Metropolitan Municipality
•Limpopo: Makhado Local Municipality and Musina Local Municipality[1]

The HCI Survey will focus on the following key questions (this is not all the questions that will be asked; please refer to the questionnaire for more detailed questions):

- •Who gets an HIV test,
- •Do they offer pre-and-post test counselling,
- •What type of HIV test is done,
- •Who are the counsellors,
- •Who provides treatment to HIV+ patients,
- •Does the institution supply and of stock of HIV/AIDS medication for opportunistic infections; Is there any staff shortages;
- •How many health professionals are there for the patient population;
- •Is there a HIV policy in the workplace/institution;
- •Who controls the institution's budget;
- •Are there any task teams at district level focusing on HIV/AIDS.

The data obtained in the Survey will be fed back to all stakeholders involved and those interested that might comprise of community based organisations (CBOs) or other non-governmental organisations (NGOs). For the Treatment Action Campaign (TAC), the data will be used by the TAC branches to collaborate with health facilities and other organisations on the existing problems that are faced by these communities in terms of their access and quality to health care.

The TAC hopes that the relationship between its branches and organisations (health facilities, CBOs and NGOs) at local level will be a fruitful and collaborate partnership that will ensure the continuous improvement in the delivery of services for all communities.

For more information on the HCT Survey for your province please contact the provincial co-ordinators at the numbers below:

Mario Claasen (Western Cape):	021 7883507(t) and 021 788 3726 (f)
Johanna Ncala (Gauteng):	011 339 8421 (t) and 011 403 1932 (f)
Ivy Ntlangeni (Eastern Cape):	043 760 0050 (t)
Thembane Shabangu (Mpumalanga):	013 755 2298 (t/f)
Sfiso Nkala (KwaZulu-Natal):	031 304 3673 (t) and 031 304 9743 (f)
Buyi Ndlovu (Limpopo):	015 556 3145 (t/f)

[1] The details of the provincial co-ordinators will follow at the end of this Memo.

20. Health Care Institution Survey: National Report of the Research Component- January-July 2003

BACKGROUND ON THE HEALTH CARE INSTITUTION (HCI) SURVEY

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- Limpopo: Makhado Local Municipality and Musina Local Municipality

The HCI Survey will focus on the following key questions (this is not all the questions that will be asked; please refer to Appendix A for more detailed questions of the questionnaire):

- Who gets an HIV test,
- Do they offer pre-and-post test counselling,
- What type of HIV test is done,
- Who are the counsellors,
- Who provides treatment to HIV+ patients,
- Does the institution supply and of stock of HIV/AIDS medication for opportunistic infections;
- Is there any staff shortages;
- How many health professionals are there for the patient population;
- Is there a HIV policy in the workplace/institution;
- Who controls the institution's budget;
- Are there any task teams at district level focusing on HIV/AIDS.

The data obtained in the Survey will be fed back to all stakeholders involved and those interested that might comprise of community based organisations (CBOs) or other non-governmental organisations (NGOs). For the Treatment Action Campaign (TAC), the data will be used by the TAC branches to collaborate with health facilities and other organisations on the existing problems that are faced by these communities in terms of their access and quality to health care**.**

The data will be captured and analysed through using a statistical package and will be verified by statistician.

PROVINCIAL REPORTS

WESTERN CAPE: Provincial Co-ordinator is Mario Claasen. The sites are the City of Cape Town and the

Drakenstein Municipality.

The Western Cape Provincial Department of Health, the Health Directorate of the Unicity of Cape Town and the Drakenstein Municipality's Municipal Health Services Department gave approval. There were no problems in our application for our research.

Unicity of Cape Town-
Thus far the management team of the Unicity of Cape Town have been very helpful and gave their full support to our research. Several documents and data sources have been made available to us that will be used in the final report.

Mario has trained nine fieldworkers in the methods of fieldwork and survey questionnaire interviews. The survey was first piloted and then it was expanded fully during the second week of June. So far, we have completed 31 interviews with facility managers of either a clinic or a community health centre (CHC) and 19 more interviews are still to be completed.

Preliminary Observations:

Strengths-

- Voluntary Counselling and Testing (VCT-that includes pre and post test counselling) is offered at all health facilities surveyed thus far;
- Most facilities offer both the rapid test and the blood test for HIV testing;
- There is generally an uniformity amongst the staff of different facilities because most of them have been trained through ATTIC;
- The Directly Observed Treatment (DOTS) programme is running in all facilities surveyed. Since TB services is a high priority in this Province, it is our observation that this programme is running smoothly;
- Male and Female condoms are most often in stock and available to patients/clients. Although there are times at certain facilities when delivery of condoms are slow;
- Most facilities have given support to HIV positive clients through one-on-one or group counselling;
- All TB medications are available at the facilities;

Weaknesses-

- Understaffing is a problem for some facilities. When one staff member is off sick or on leave then the rest of the staff have difficulty in coping;
- There is not a continuos skills and knowledge training for the health staff in HIV/AIDS;
- No CD4 testing is being offered;
- Most of the facility managers stated that they experience an increase in number of HIV/AIDS clients compared to last year (this will have to be verified by the statistics from the Health Department);
- Most facilities have a copy of the Standard Treatment Guidelines, but when asked about it they indicated that its in the facility but there is no indication if they have read it or are in fact using it;
- It varies across facilities with medication availability and stockade. Most don't have AZT and 3TC for adults and/or children who have been raped;
- Most of the facilities do not have a social worker but have a counsellor who gives counselling to HIV/AIDS clients;
- Most doctors see clients once or twice a week, some managers indicated that they have no pharmacists or that the pharmacists needs assistance;
- Trade unions play no role in making improving the work conditions of staff;
- None of the managers interviewed are involved in the budgetary process. The budget for the City has been cut by R12 million for this financial period.

Opportunities and Expectations

- Most of the facility managers interviewed would like a sustainable and co-operative relationship with TAC and its various programmes;

- Facility managers also indicated the need for prevention and treatment education for staff and clients an in gaining access to anti-retroviral medications for their clients;
- There is thus a demand for TAC's various programmes like Project Ulwazi, The Health-Care Workers Campaign and the Clinic Survey itself to link up and build and strengthen the relations between TAC, it local branches and health care facilities.

Drakenstein Municipality
Training was also done with 10 members of the Paarl branch in terms of fieldwork and survey questionnaire interviews. The conducting of the survey has been delayed by logistics: uncertainty in the number of health facilities and their respective locations. The data we received from the Health Information Support Programme (HISP) indicated mobile and satellite health facilities, but according to the Drakenstein Municipality there is none. Mario is currently busy verifying this with them. After this, the survey should take place.

GAUTENG: Provincial Co-ordinator is Johanna Ncala. The site is the Egoli Metro. She has completed 30 interviews with facility managers and there is about 20 remaining.

Egoli Metro:
Initially, some of the facility managers had reservations about being interviewed by TAC due to the fact that TAC was viewed as an 'anti-government'organisation. It was difficult to convince the health workers that his research would be of benefit to the community and to them as well.

Preliminary Observations:

Strengths:
- Most of the facilities have sufficient ante-natal services;
- ELISA-is readily available in most facilities;
- DOTS-treatment supervisors are sufficient because most patients are advised to take their family members;
- Male condoms are readily available in all the facilities gone to thus far;
- Pre and Post test counselling always take place at all the facilities;
- Quite a few facilities have formed support groups;
- All the necessary TB medications are up to standard in the facilities visited.

Weaknesses:
- In most areas, especially in the black populated areas, there are no Doctors at facilities;
- There is no transparency about the clinic budget with the clinic manager and as a result they clinic manager does not even know how the budget works;
- VCT is not easily accessible;
- All local clinics do not give Acyclovir and Fluconazole because it's not on their essential drug list. They say its too expensive;
- The trade unions are not doing anything to improve the conditions for the health workers in facilities;
- Most clinics do not have doctors, they only come once or twice a week;
- Most of the local government clinics do not provide CD4 testing;
- All the nurses feel that HIV counselling is an added task to their duties because it consumes a lot of their time;
- All the clinics visited thus far are understaffed;
- Clinics do not have female condoms, they say that they are too expensive

Opportunities and Expectations
- Most clinics without support groups see the survey as a way of strengthening ties with TAC and believe the relationship will help launch sustainable support groups in specific clinics;
- Most of the clinics visited are looking forward to TAC's help in organizing food parcels for them;
- Treatment literacy to staff and communities at large are very much on demand.

KwaZulu-Natal: Provincial Co-ordinator is Sfiso Nkala. The sites are eThekwini Metropolitan Municipality and Kwa-Dukuza Local Municipality. Both municipalities have given approval and training of fieldworkers has been done. Due to illness Sfiso is unable to give us a detailed report on the progress thus far of the HCI survey.
Limpopo: Provincial Co-ordinator is Buyi Ndlovu. The sites are Makhado Local Municipality and Musina Local Municipality. On the 16th of July, Buyi and Oupa with assistance from Mandlo Majola and Nonkosi Khumalo made a presentation to the Provincial Department of Health's Research Committee. The members of the committee indicated their support for the research and will make a recommendation of approval to the Department of Health's senior management. We expect a reply between the 21st-25th of July.

Eastern Cape: Provincial Co-ordinator is Ivy. The sites are Buffalo City Municipality and Amahlati Municipality. Ivy started the survey in the Buffalo City Municipality without permission from the local government authorities. When the Provincial Department of Health found out about the survey, our work was stopped. We did formerly apply for an application to gain access to the health facilities on our list but everytime we were told that we will get a letter of approval but to date this has not occurred. Fatima Hassan, a lawyer with the AIDS Law Project, has sent the provincial Department of Health a letter requesting access to these information and facilities. They will have to reply to us within 30 days after receiving this letter.

Mpumalanga: Provincial Co-ordinator is Thembane. The sites are Mbombela Local Municipality and Nkomazi Local Municipality. We have already formerly applied to the Provincial Department of Health, but have received no news on our application. Fatima Hassan has also sent the same letter to the provincial Department of Health and we are waiting for their response as well.

Thank you.

21. Guidelines for TAC Branch Capacity-Building: Making the Health-Care Institution Survey work for Branches

PLEASE NOTE: THE FOLLOWING MATERIAL IS A DRAFT ONLY-
PLEASE DO NOT REDISTRIBUTE

AIMS AND OBJECTIVES

The aim of this guide is to outline a range of skills and activities that might be needed at and by the Treatment Action Campaign (TAC) local branches. This guide will provide a comprehensive but not exhaustive list of scenarios/contexts/activities whereby these skills and activities can be applied.

The objectives of this guide is to transfer skills and knowledge to TAC local branches in all provinces to ensure that these branches has the necessary skills and knowledge to initiate, manage, implement and evaluate activities that is affecting their communities in terms of HIV/AIDS. Although, this guide will primarily focus on HIV/AIDS as a condition affecting all communities, these skills and knowledge can be applied to other issues like gender-based violence, sexual harassment, poverty, etc.

This guide will primarily draw from the Health-Care Institution Survey conducted in 2003 by the TAC as a case study for branches on how to utilise the skills and knowledge mentioned in this guide. Other case studies regionally and internationally will also be drawn from in this guide to illustrate the effectiveness of such strategies.

BACKGROUND TO THE HEALTH-CARE INSTITUTION (HCI) SURVEY

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- Identify strengths and existing gaps in service delivery at primary health care level with particular regar to HIV/AIDS prevention and treatment services;
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The HCI Survey will focus on the following key questions (this is not all the questions that will be asked; please refer to Appendix A for more detailed questions of the questionnaire):

- Who gets an HIV test,
- Do they offer pre-and-post test counselling,
- What type of HIV test is done,
- Who are the counsellors,

- Who provides treatment to HIV+ patients,
- Does the institution supply and of stock of HIV/AIDS medication for opportunistic infections;
- Is there any staff shortages;
- How many health professionals are there for the patient population;
- Is there a HIV policy in the workplace/institution;
- Who controls the institution's budget;
- Are there any task teams at district level focusing on HIV/AIDS.

The data obtained in the Survey will be fed back to all stakeholders involved and those interested that might comprise of community based organisations (CBOs) or other non-governmental organisations (NGOs). For the Treatment Action Campaign (TAC), the data will be used by the TAC branches to collaborate with health facilities and other organisations on the existing problems that are faced by these communities in terms of their access and quality to health care**.**

It is hoped that the relationship between the TAC branches and organisations (health facilities, CBOs and NGOs) at local level will be a fruitful and collaborate partnership that will ensure the continuous improvement in the delivery of services for all communities.

So, how will TAC branches use such information? Is such information sufficient enough to plan strategies in their respective communities? Who will branches contact in their community to address their grievances? What type of strategy (ies) is most appropriate to an issue/s faced by the community?

The answers to these questions will be addressed in this guide.

Role of National TAC Office

- The functions of National TAC Office are:
- To co-ordinate and manage the activities/responsibilities of the provincial TAC offices,
- To initiate and implement programmes in line with TAC's objectives;
- Have reports from the provincial office on the activities of the all branches in the province;
- Deal with problems or conflict when it arises within TAC's provincial and local branches.

Role of Provincial TAC Offices

The role of the provincial TAC office should be the following:

- There should at least be one person at the provincial office that directly works with the local branches.
- The person/s responsible for co-ordinating the local TAC branches should be continuously monitoring and evaluating the activities and progress of the branches;
- If problems do arise within a branch or any misconduct by a branch member/s than this should be reported to the provincial office and dealt with at the provincial level;

Role & Activities of the Local TAC Branches

The role and activities of the local TAC branches should consist of the following:

- All local TAC Branches should have a copy of the National TAC Constitution;
- Each branch will determine their own structures and procedures but it should be in-line with the National TAC Constitution;
- All branches should liase directly with the provincial TAC designated person/s that is responsible for working with the TAC local branches in that respective province;
- It is also important that all TAC branches should report to the provincial office of their activities for a three-month period
- TAC local branches can and are encouraged to conduct their own activities in terms of issues/problems identified that they want to address in their community;

- Misconduct of any branch member should be reported to the provincial office and dealt with at the provincial level. But if it cannot be dealt with at provincial level than it should be taken up to the national office or national executive.

INFORMATION/DATA GATHERING

This is the most basic activity for any community-based organisation (CBO). **But why and how does one gather information/data?**

In order for any action or programmes to be planned one needs information about conditions or causes in a community. The information will assist you in trying to convince other members of the community that this is a problem that needs your organisation or other authorities' attention.

The best way to gather information is to either ask people you think has the information or you can just observe a situation then you will have information. Box 1 will explain this further.

Box 1. Two Case Studies

Case Study 1: Abongile lives in Nyanga and one day while at her local clinic she observed that the clinic ran out of condoms and especially femidoms for the women. She enquired with the nurse why this is so and the nurse told her it's because the district office has not distributed them and it always arrives late.

Case Study 2: Pastor Michaels from Retreat wants his congregation to be more involved in their community and especially in HIV/AIDS since he thinks it's a huge problem for the community of Retreat. One of his churchwardens questions him on this. He asks how many people are infected with HIV/AIDS in the Retreat community that the Pastor Michaels thinks it's a huge problem. Pastor Michaels was unable to answer the churchwarden since he didn't have the information on how many people in Retreat is infected with HIV/AIDS.

The above cases illustrate the problems with firstly, gathering information and secondly, what to do with the information when you have it (as in the case of Abongile). ***What were the options available for both Pastor Michaels and Abongile?***

Firstly, Pastor Michaels would be able to gather such information from his local clinic. Most clinics keep a record of HIV/AIDS infections and send these records to their district offices that then go to the local municipality or metropolitan offices. Pastor Michaels could contact any of these institutions for this information and they should be able to give him this information.

If one wants any other information like crime statistics in a particular area then the local district authority is the organisation to contact for such information.

Information is only useful if it is used with an aim in mind. In Abongile's example above, she had the information but she didn't do anything with it. ***How would she be able to change her own situation (her right to access to contraceptives like femidoms) and in the same time making a difference for others?***

Abongile would be able to address this issue (lack of condoms and femidoms) by either involving other women and/or men in her community and a representative group could speak directly to the local health authority of their district.

Another option available to a TAC branch specifically, is to use the questions in the Appendix A as a group of questions to be asked to the relevant health authorities. One can make an appointment with one's local clinic manager and ask them these questions or add to the questions listed. These questions will serve as a way of finding out for oneself the conditions of HIV/AIDS service delivery. It should be noted that one does not only have to ask questions on HIV/AIDS services but also add questions that is relevant to your community. In your community, the quality of services might be a problem for the users of these services, irrespective of HIV/AIDS or general primary health care services. So it would be relevant for you to ask questions on the quality of services from the point of view of the service providers (the health workers) and the service users (the community who uses the service).

Lastly, there are some cautionary measures that need to be noted when gathering information. Firstly, the information you gather needs to be accurate and come from a reliable source. You as a CBO have a responsibility to not mislead people and provide them with the most accurate, reliable and up to date information. An example of this is telling the community that when engaging in sex one must use two condoms instead of one for extra protection. This is incorrect information and is responsible for you to inform people about such actions. This will not only increase people's risk to HIV infection but also spread incorrect information that will cause more harm than good.

Secondly, the information you gather should be relevant to the needs of the community. Don't inform the community on the low number of arthritis patients, but rather inform them on the high rates of HIV infections. Also, when informing the community of this information make sure that it is accessible, interesting and appropriate for their needs. A community who are experiencing high levels of poverty might not be interested in addressing HIV/AIDS as a priority problem. The ways of convincing them might be through advocacy and community development. This is discussed later in the guide.

This is only the first initiative in making a change in one's community. Meeting with the local health authority/community health committee and having information is not enough to make a significant change in the lives of people. For a change to occur one need to mobilise other community members and other community organisations and convince them through education and other methods that this issue is important and needs to be addressed.

EDUCATION

Education is one of the most important tools for any community-based organisation. For TAC branches education will take the **primary** form of (a) internal education that combines political education about HIV/AIDS and treatment literacy and (b) public treatment literacy work is provided to community groups, religious organisations, and trade unions at local level.

The **secondary** form of education for the TAC local branches can/might be training of life and educational skills that might/will be needed for the various programmes/sectors of TAC National and provincial. Life skills refers to a core package of skills that aims at personal development of individuals and/or groups that will allow them to make the necessary choices for their personal growth which might be in terms of health choices.

The core package of life and educational skills training might be the following:
Advocacy and Lobbying Skills;
Communication, Presentation, Facilitation and Writing Skills;
Democracy, civil rights and citizenship Skills;
Primary Health Care and District Health Systems;
Local Government and Governance in South Africa;
Planning, Implementing, Monitoring and Evaluation Skills of Project or Programmes;
Others like conflict resolution, job search and marketing skills, time and stress management and financial management.

(NOTE: not sure of these skills above since some of them might be too idealistic)

Some of the above skills will be discussed and applied to the HCI Survey, so as to inform TAC branches on what it is and what needs to be done in their respective communities.

COMMUNICATION, PRESENTATION, FACILITATION SKILLS

The above skills will be examined separately but all link and it's hard to have one/two skills without the others. In Box 2, we will assist the health workers and community members in gaining more knowledge.

Box 2. Musina's Workshop on Opportunistic Infections (OIs)

During the Health-care Institution (HCI) Survey, conducted by TAC, there was a need identified by the health workers and community members of Musina, Limpopo province that they need to know how to treat opportunistic infections (OIs) in HIV/AIDS infected people. Most of the nurses at the two clinics in this district had the Standard Treatment Guidelines for Treating HIV/AIDS Infections but none of them know read it and know how to implement it. The community members on the clinic committee also shared an interest in being part of this training since they know of people who are infected with HIV/AIDS. The health workers and the community members requested interest in a Treatment Literacy workshop by the TAC Musina branch. But the Musina branch is very knowledgeable about Treatment issues but don't know how to conduct a workshop. It is important for them to know how to conduct a workshop since the success of the workshop will greatly benefit the future relationship of the Musina branch with the community members and the health workers.

Lets help the Musina branch in conducting this workshop by providing them the necessary skills.

PLANNING THE WORKSHOP

Choosing the Venue: The first step is in choosing a venue for your workshop. It depends on the number of people and you must choose a venue that will suit your needs. Try to avoid venues that has fixed seating arrangements like lecture halls or rooms. It is best to choose a venue were you can determine the seating arrangements and all the participants will be able to face each other during the workshop. This creates an environment of openness and good communication between the facilitator/s and the participants.

Setting objectives: Here you will set objectives for your workshop. What this means is that you will determine for each session what information the participants should gain from that particular session. You will also have to allocate time for each session and work your objectives around the allocated time. Do not make broad general statements but be specific about each session's topic. For instance, do not make the statement of *"to learn about HIV/AIDS"*. In box 3 below is an example of setting objectives:

Box 3. Setting Objectives

Session 1

Objective: By the end of this session participants should know the some common opportunistic infections (OIs) and where and how to get treatment:

- Tuberculosis
- Oral, vaginal Thrush
- Herpes

Session 2

Objective: By the end of this session participants should know the different anti-retroviral drugs and its use:

- Nevirapine
- Acyclovir
- Cotrimoxozole

Adapted from: Coulson, N, et al. 1998. Promoting health in South Africa: an action manual, page 84. (Sandton: Heinemann)

Your role as facilitator: The word 'facilitate' means making it easy. So the primary role of the facilitator is to make the workshop easy for the participants so that they can understand the knowledge you are trying to transfer. You will not lecture to the participants but instead you will structure the workshop in a participatory method of learning. This means that all participants should be involved in the activities and discussions that occur in the workshop. There are various methods of doing this:

- Role-playing
- Drama
- Games
- Discussion exercises

The aim of these techniques is to ensure that there is a discussion amongst your participants and that the knowledge you want to transfer is done so in an active manner.

Ground rules: It is important that you set ground rules for all participants in the workshop. These are rules about being on time, listening and not talking amongst themselves when someone else is talking and having respect for each other and another person's opinions. These rules will only be effective though if you set an example for the participants. Always show them respect and treat them as equals. Do not act superior about your knowledge or have a hostile attitude towards the participants. This will only create an atmosphere of non-cooperation and distrust between the participants and yourself and will not make your workshop a success. So, at the start of your workshop, make everyone feel that they are welcome to talk and participate but that there are rules like having respect for each other.

Managing time: It is important that you allocate specific time for each session. If you allocated 10 minutes for introductions, then stick to this and do not spend more time on this. Sometimes workshops start late but try to make it clear to everyone that it is very important to start on time since it will be to everyone's advantage if they do so. Below is an example of a session time plan:

Box 4. Example of a session time schedule

Introduction- 5 minutes
Round giving names and describing my journey to our venue today
Expectations- 5 minutes
Brainstorm
Exercise- 20 minutes
Role-play
Discussion- 15 minutes
Feedback from role-play
Evaluation- 10 minutes
Personal reflection on the session

Source: Coulson, N., et al. page 81

Starting your session: Before starting your session it is important to think through the following:

- Who are the participants;
- Do they already know each other;
- Will this session be difficult for them;

Some facilitators choose to have an icebreaker session first to make the participants more comfortable with each other and even getting to know each other. The type of icebreaker to be used is totally up to the facilitator, but here are some examples:

- Participants can just introduce themselves and tell others why they are at the workshop and what their expectations are;
- Participants could sit in groups and try to sing a song starting with a letter of the alphabet;
- Participants could play musical chairs: this is where the facilitator places a limited amount of chairs in a circle. Music plays in the background and while participants walk around, when the music stops they must sit on a chair and the persons who do not have a chair is out of the game. Then you remove two chairs and repeat above.

Evaluation: It would be useful for any branch to evaluate the workshop that they held. The information gained might assist you in planning for future workshops of this nature. What you want to evaluate depends on the objectives you set for each session. But here are some things you might want to evaluate:

- What participants gained from the workshop-what was useful and what was not;
- What participants thought of the venue, time, food;
- What participants thought of the facilitator's role and conduct.

One can gain this information by either having a group discussion with the participants, or one can give them an assessment form where they can write their evaluation of the workshop. This would serve as a sort of grad-

ing system and the branch would know next time where to improve on their skills, knowledge and services.
Involving the provincial office in your workshop: the TAC provincial branch can assist the local branches in terms of being facilitators, giving guidance on planning the workshop, using resources (like telephone, paper, copier, computer) and giving you booklets or posters.

ADVOCACY AND COMMUNITY DEVELOPMENT

Advocacy and community development is two processes that are linked and difficult to separate. Above, we said that one couldn't fight HIV/AIDS at community level in isolation from other issues or organisations. In this section, we will explore this further again through a case study. **What do we mean by advocacy and community development and how are they linked?**

Advocacy is a process whereby a group or organisation will attempt to break down the barriers prohibiting/hindering certain goals. These goals in our guide will refer to health goals. An example of advocacy is TAC's attempts to force the national government's Department of Health to make anti-retrovirals available to all people living with HIV/AIDS in the public health sector and to build through this a better and equitable public health system.

Community development involves local empowerment through organised groups of people acting collectively to control decisions, projects, programmes and policies that affect them as a community (Coulson, *et al*., 1998: 133). This is quite similar to the activities of TAC but the community members and not an outside organisation start community development.

Community development is thus a broad process whereby goals can be met, whereas advocacy is part of the range of activities involved in meeting the goals of the community.
Both of these processes will be illustrated through the case study below.

Box 5. Nkomazi's Community Development

The Mpumalanga province has the second highest HIV prevalence rate for 2000 (29.7%). The community of the Nkomazi local municipality has found that there is a lack of basic medications available to people living with HIV/AIDS. Their local clinics do not have cotrimoxazole, acyclovir, and nevirapine. These are basic medications needed for HIV/AIDS patients. Some community members have asked the clinics why they do not stock these medications, but their reply was that the local and provincial health authorities did not provide it because it's too expensive.

We all know that this not a good enough excuse for not treating people with HIV/AIDS. The Nkomazi community would like these medications to be available to them since they heard from the TAC provincial office in Nelspruit that it is their basic human right to have access to treatment at a public health sector clinic/community health centre or hospital.

We will outline some activities and processes that TAC branches can undertake to make medications available at their clinics, getting more medical staff at their clinics or improving the health service delivery for the community.

Why is community development important?

The problem in our health system directly affects us all. Most of South Africa's population makes use of the public health system because they cannot afford a medical aid. If there is a lack of medications or the service at our public health facilities are poor, then it not only affects us all but it also directly impacts on our health. We, as members of TAC, but most importantly as members of a broader community of people, need to ensure that our health system is effective and efficient in delivering the best quality and affordable service possible to all members of the community. Therefore, its in the interests of all members of the community to be concerned and play an active role in ensuring a better health system for the citizens of South Africa.

What are the key characteristics of community development?

- The following is the key characteristics of community development (Coulson, et al. 1998: 136-137): Community development has to be initiated by the members of the community itself. An outsider might identify the problem but it needs to be addressed by the community. In Nkomazi, the community will have to involve the health workers in their actions since they too are part of the community but the initiation of the action will need to come from the Nkomazi community;
- The community, who will ultimately benefit from the action taken, needs to be involved in the control, planning and implementation of any action. So, the Nkomazi community who uses the clinics need to b involved in all phases of getting access to medications for their community;
- Since there are various people involved in this action, it needs to be ensured that most voices, especially those of marginalized groups like women and children, should also be heard. Only if this action is inclusive of the majority of community members, including the marginalized groups than this will be the first step in making the action a success;
- Clear structures for the running and management of the action needs to be identified. This must be understood and made clear to all members of the community;
- The long-term goal/s of the action needs to be that the community will manage it, including the sustain ability of the action and/or structures;

Guidelines for Nkomazi Community Development

Who is involved- as already stated above, the action should involve the majority of the community members. This will ensure that there is mobilisation and awareness of the action and that members should be made feel part of the action. There are various activities that most members can get involve in. For example, through making posters, talking to other community members, providing food and drinks at meetings, etc. It is also important to involve other structures and/or community based organisations in the community. They might have different interests to you, but one should make them understand that it is in their best interests to support your activities and then in the future you too would be able to support their activities.

Work with the community, not for the community- in the case of the Nkomazi community, they want to start an activity whereby they can have access to essential treatment medications. In another case, a church organisation, or a NGO might have already established an initiative. So it is best to link up the existing activities of these organisations in meeting their goals, which would benefit the broader community.

Be realistic- before starting any activity one needs to be clear of the objectives that one wants to achieve. The Nkomazi community's objective of getting access to treatment is an important and achievable objective. There have been other organisations in South Africa involved in this objective, like the TAC, the AIDS Consortium, the AIDS Law Project, COSATU, and others. One also need to remember that one's objectives will not be achieved over night but rather it will take time but at the end it will be worth it all.

Build teamwork- always encourage people to work together at all phases in the activities. This can be the starting block of a long term working relationship with clinics, health workers, local authorities and other community organisations.

Be sustainable- an organisation and its members will always change over time. How to adapt to such changes is very important to the sustainability of the organisation and its activities. The organisation might at a certain time lack the necessary resources and/or the commitment of its members. It is thus important to continuously share skills with members and be flexible to change. This will ensure that the organisation continues its work and meets its objectives.

Skills and Knowledge for Community Development

There is a core package of skills and knowledge necessary for community development. As members of TAC

branches, you might face opposition to your activities and goals and you will have to convince various members of the community like NGOs, CBOs, trade unions, local councils, and health workers of your intentions. For you to do this, you will need the knowledge and skills necessary.

Knowledge- there is basically two main fields of knowledge necessary for community development. The first is the knowledge of the community itself:

- Who are the leaders (clinic/health facility committee, traditional and/or local political councillors, especially the councillor for health in your municipality);
- Which are the organisations working in the community and what are their objectives/goals (faith based organisations, community-based organisations, stokvels, etc.);
- Which organisations/groups work well together and which are in conflict with each other and why;
- What are the demographics of the community, including health demographics (number of women, men, children, young people, old people; the number of different racial groups; number of people infected with HIV, etc.);
- What are the health-related resources available for the community (funding, human resources like the number of health staff, etc.);
- What activities are already in place in terms of HIV/AIDS prevention, treatment and care.

The second field of knowledge necessary is about the activity itself. The Nkomazi community wants training in treatment issues, so for your branch to hold such a workshop you will need to know about treatment issues yourself. The TAC provincial office's Treatment Literacy co-ordinator should give this training to the local branch of Nkomazi and then they should be able to give the same training to other community members.

Skills- The following are the skills necessary for effective community development. These are skills necessary for the facilitator/s of community development. But it is not exclusively for the branch committee members but should rather be share with other members in the branch.

Advocacy- This is a crucial part of the activities of any branch since it might find opposition to its activities and goals from different organisations and sectors. How to conduct advocacy will be illustrated by the case study in Box 6.

Box 6. The problem of understaffing at a local community health centre

At Mbekwini clinic in Paarl, there are 3 professional nurses, 1 assistant nurse and 1 doctor who visit the community health centre (CHC) on Tuesdays from 9-2p.m. and Thursday between the same times. The patients have to wait for long hours to be seen by a health worker and when they do it is on average only 5 minutes. The population size is 30 000 and most of the community live in shacks. The community does have access to water but have to share toilets with on average 40 other families in one location. The CHC is always full of sick patients with the most common disease during winter being respiratory infections. This is due to most families trying to keep warm by heating paraffin stoves or fires. The Paarl TAC branch made several requests to the Drakenstein Municipality for more health workers at the Mbekwini CHC. Their request was denied due to financial constraints of the Municipality and they were told that they have to wait till the next financial year (in July 2004) to make their request again, but even if they make the request again it is not guaranteed. Therefore, the branch has decided to run a campaign whereby their demands will be met.

Making a plan[1]: In the above case study, there are various problems that one can identify: staff shortages, inadequate housing and sanitary access, and health problems due to use of fires and paraffin stoves to keep warm. A branch will not be able to tackle all these problems but has to choose the one that is a main concern for the all the community. Since the TAC and its branches is a health organisation, the most relevant and important problem for them to address would be the shortage of staff. The other problems are also very important but these can be addressed by another organisation and a TAC branch can link up with these organisation/s and support their activities.

It is important for any branch to plan its activities very well. The lack of staff has been identified by the Paarl TAC branch has an issue that they would like to address and feel is very important. Ask yourself the following:

"Is it big enough to matter but small enough to win?". If you can answer this question then you will know which issue is the most problematic for the community. The Paarl branch also identified one problem and not two or three. Its best to tackle one issue then you would be able to give all your resources and capacities into that particular issue.

After identifying the issue, it is important to set objectives, i.e. what you want to achieve. In this case, the Paarl branch wants more health workers at the CHC, but they should also state how many and what type of health worker. Here, they can ask for 3 professional nurses and at least two extra doctors who will be able to see patients on a regular basis for various services on different days (maybe Tuberculosis services on a Monday and Tuesday and chronic diseases on Wednesdays). This will ensure that the rest of the community and the local health authorities are clear on the demands of the branch.

Lastly, it is important to evaluate the issue identified. Here you will give the arguments in favour and against your branch taking up the issue. These arguments should be discussed with all branches members and the rest of the community whose support you will need in achieving your goals. *(will give a plan of how to plan an advocacy programme)*

Forming alliances/coalitions/partnerships: as already noted before in this guide, it is important to link up with other organisations/community projects that shares your branch's interests and goals. In the Paarl area there might be two or three organisations working on various issues like housing or women's issues. It would be of benefit to them and to your branch if you all linked up and campaign for the same issue and support each other in other future campaigns by the different organisations involved.
A branch must also involve other community members in its advocacy campaign. The branch's campaign will not be successful and the Drakenstein Municipality will not take their grievances seriously if they do not involve the broader community. The strategies available to the branch for involving other community members might be the following:

- Speaking personally to patients at the CHC;
- Distributing pamphlets and putting up posters informing the community to come to a meeting where their grievances about the health service delivery can be raised

There are various options available to the branch, but decide on one that suits your circumstances best.

Lobbying: this is a process that involves winning allies and influencing key people. These people might be local councillors, political parties, health workers and the community members. The most common strategy would be to speak to the range of key leaders in the community: the district health surgeon, the local councillor for health and the rest of the local council, the members of the community. It would be best to meet the first three groups of people separately than with all of them together to avoid any potential conflict.
To be able to lobby, you will need to be well informed about your issue and what you want to be changed for your community. So, if you are going to give a presentation to the local municipal council, it is best to practice your presentation before-hand, prepare information packs for the audience and have visual aids like over-heads or posters to assist you in the presentation.

Media: using the local media to promote your campaigns is a good method of getting broader support and making your opponents known that you are serious about your objectives. The most cost-effective way of getting media attention is through local community newspapers, which is quite popular in Cape Town. You must remember that you need to make sure your issue is newsworthy. This is through making sure your message to the media is not one of just a narrowed focus (an issue that only benefits or concerns a few) but rather has a broader focus for policy interventions and advocacy methods for other local branches. This can be done in three ways (Coulson, et al., 1998:108-109):

- Writing a press release and/or holding a press conference;
- Writing articles and letters to the print media;
- Make contact with local journalists and/or health journalists who will be able to give you coverage of your activities;
- Community radio stations can be asked for slot to highlight an event or have a debate about the issue, and/or getting the views of the rest of the community on the issue.

Supporting advocacy: there are various strategies available to a branch to highlight their issue. These are the following strategies that will support the advocacy campaign:

- Petitions-you can make a petition that will go to the local municipality. The branch can go from door to door or at a central community centre like a shopping centre, and ask people to sign their petition in support of the issue. This also provides the opportunity for the branch to engage with the rest of the community and gain their support and maybe new members;
- Public holidays- it would be a good opportunity for a branch to make use of a public holiday. For instance, a public holiday like Women's Day on 9th August, is ideal for a branch to organise an event whereby they can create more awareness of women's health issues and how important it is to have more health staff at the local CHC;
- Pickets & marching- these are very familiar strategies in TAC. If conducted in a peaceful and non-violent manner then this strategy will definitely highlight your objectives and goals to the rest of th community and the media;
- Writing to politicians- another notorious strategy in TAC and the rest of South Africa is writing lots of letters and/postcards to the politicians of your area, which is another effective method of getting your campaign noticed (Ibid: 110-111).

Intra-branch relations- the branches/forums can support each other's activities and mobilise together through pickets, marching, letter writing, etc. It is important that for the sustainability of all forums that there is a sharing of information, knowledge and skills between the various branches/forums. We need to remember that one issue does not only affect only one community but affects all communities in different ways. Therefore, it is even important for branches/forums to meet at a time that suits everyone, to discuss, exchange ideas and raise issues of concern for their respective communities.

We will know discuss other broader issues for successful community development.

Skill sharing- it is important to share the skills and knowledge that one has gained at a training workshop, just read in the print media or heard on radio. Information and skill sharing will strengthen your branch and its members. It is also important to have continuous training with members, especially new members, in terms of HIV/AIDS Treatment Education, Political Education, and inform them of the various TAC programmes currently running. One should also ask the new branch members to identify a programme that they want to join in and are willing to stay committed to that programme. The new branch members should also be asked what skills they think they can contribute to the branch and skills they would like to have from the branch. This will ensure that all members feel part of the branch and feel that they are gaining from their involvement in the branch.

Problem solving- various problems might come along. It is important not to panic and try to deal with these problems with other members in your branch. Their assistance can help you to solve this problem. If you feel that the problem cannot be solved, then it's best to speak to the provincial office's branch co-ordinator who will deal with the problem for you. If s/he is not helpful, then speak to someone at the National office who you think might be able to help you in solving the problem.

Financial Management- it is important to have a careful financial management system in place. The financial management system should consist of the following basic management tools (Ibid: 142):

- All monies spent and received should be accounted for;
- There must be rules in place about donations and contributions;
- Procedures of who and how the monies can be spent should be developed and adhered to;
- All accounts should be transparent and available to the community and the provincial and national TAC offices to look at any time they wish to.

This type of financial management will need training and skill, and this is something that possible TAC can assist with.

Organisational- sound organisational skills consist of the following:

- Decisions should be implemented in the time allocated;
- Report writing and filing is important for keeping track of decisions made in the branch;

These are also skills that can be acquired if the branch does not have such skills. This might also possibly be done through TAC training.

Running Meetings- the running of meetings should be conducted in the following manner:

- The people or community members should be informed early enough of the time, place and objective o the meeting. This is to ensure that people that must attend should be able to make proper arrangements to attend a meeting. An agenda should also be sent to people who are attending the meeting and if there are any documents that will be discussed at the meeting, it should be made available to everyone attending, so that they can read and discuss this at the meeting;
- The time and place of the meeting should be convenient for everyone to attend. Its useless having a meeting at eight in the evening, when it is known that the area might not be safe. This can sometimes b solved through organising transport for people back home;
- The chairperson of the meeting should make clear to everyone of the purpose of the meeting and ask th members if there are any additional items that they would like to discuss, but keeping in mind of any time constraints;
- A designated person should be identified who will be responsible for taking minutes of the meeting and ensuring that everyone gets a copy of the minutes before the next meeting;
  It's the responsibility of the chairperson of the meeting to ensure that everyone is comfortable to raise their views and that not only a few dominant the discussions. When a person is speaking, the chairperson should ensure that everyone is quiet so that everyone can listen to the person, disruptions should not be tolerated;
- Lastly, before the end of the meeting, it would be good for either the chairperson or the minute-taker, to summarise the decisions that was taken by the members in the meeting.

Conflict resolution- conflicts might arise at any time in an organisation. What is important is to know how to deal with conflicts since a lot of emotions are involved at this time. Conflict resolution is also a skill that one acquires. Here are some brief tips on how to deal with conflict in an organisation (Ibid: 144):

- Do not take any sides-try to be neutral as possible;
- Start the process by meeting with the different parties separately first;
- Acknowledge the useful and positive ideas of the different parties;
- After developing some trust with the parties, bring them together to discuss the situation;
- Each party must explain what they want the other party must not do and must continue on doing;
- Compare the issues raised by the parties. This will assist you in identifying what the problem really is and maybe how to deal with this;
- Acknowledge the common interests of the various parties so that they can have continuous discussions on the problems and how to solve it.

CONCLUSION

The range of case studies discussed in this guide is only a few of the most important problems identified that some of the local branches might encounter during their work with local clinics and other health facilities. It is important to acknowledge that these problems and their solutions to it are flexible and the branch should adapt an approach that suits them best.

The skills that were discussed as solutions most branches might be familiar with but maybe have not put a name to any of the activities that they are engaging with. This guide is important for branches, since it highlights the methods of dealing with a problem and what to do when obstacles arise.

The two sets of topics, which was not discussed in this guide due to a need for a limited scope, is that of the need of branches to know more about Primary Health Care and District Health System of South Africa and the related topic of Local Government in South Africa. This is an area of knowledge that is essential for branches since

it will allow them to engage with health workers and local councillors. This area of knowledge needs to be explored further for TAC branches and training should be conducted.

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[1] It is important to note that before making a plan though, the information-gathering phase will need to be conducted. This was already discussed above. After this is done, can a branch make the necessary plans.