

**REPORT ON TRAINING OF TRAINERS WORKSHOP ON  
CAPACITY ENHANCEMENT PROCESS**

**VENUE: DESERT SANDS MOTEL PALAPYE**

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## 1. BACKGROUND AND CONCEPTUAL FRAMEWORK

It is now widely recognised that communities worldwide have capacities to care, change and sustain hope in the face of HIV/AIDS.

This notion is based on the reality of existing social dynamics and concerns of local communities. It also borders on the creation of “spaces” of trust and mutual respect. These elements are critical in sourcing genuine interaction to stimulate sustainable changes from within the community that are relevant to HIV/AIDS prevention, care and reduction of the epidemic.

Application of these practices has not occurred at global or national level. The thought is that they may touch the soul of a community or organisation to facilitate a transformative process.

The focus of the community capacity enhancement programme is people centred. It takes into consideration their interactions, strengths, resources and their collectivity in dealing with their concerns. The programme recognises the capacity and knowledge of communities and appreciates that, they possess the strength to build on these and put them through a process of validation as a group.

In this process an acknowledgement exists that communities hold false beliefs, are misinformed and thus act in bad faith. It involves interaction, observation, reflection, questioning, and collective decision-making.

A community capacity enhancement approach starts from where the people are, their perspectives of the situation and the desire and interest to evoke change.

Through these processes of inclusive interaction collective or social learnings emerge. In addition power relations shift, changes are initiated and responsibilities for these changes are strengthened. In the same token capacities and resources are mobilised which include material resources, social systems, time, skills, knowledge, values, tradition etc.

Central to the community capacity enhancement approach is capacity for local responses transfer and sharing of lessons learned. This should occur at country regional and international level. Once the process has commenced it lends itself to a trickling down effect. The movement then occurs from community to community among the ever-growing pool of skilled implementers and facilitators, which is bound to expand the response to HIV/AIDS. The process is often accelerated by a facilitation team approach, which is sourced internally and externally. Competency in facilitating the approach emanates from experiences gained as learnings unfold. It is against this background that the United Nations Development Programme (UNDP) in its global cooperation provides a range of services to Government and the United Nations country teams in the following areas; Democratic Governance, Poverty Reduction strategies, Crisis Prevention and Recovery, Environment and Sustainable Energy, HIV/AIDS and Information and Communication Technology.

The Special Initiative on HIV/AIDS supports countries and UNDP country offices in the areas of Advocacy strategies, Guidelines for Policy Development and Planning, networks and participatory methodologies to enhance capacities of communities through community conversations. It has been documented that this community capacity enhancement approach has had notable success in many African countries. Its summarised objectives include:

- reinforcement of individual and community capacity to understand the nature of the epidemic
- exploring community perspectives around issues of HIV/AIDS and in particular those living with the virus
- strengthening capacity of individuals and organisations to facilitate local communities responses to HIV/AIDS
- sustaining local action by increasing the capacity to care, change and find hope with the communities
- strengthen individual and organisational reflection on their approach in working with communities
- facilitate the transfer of knowledge and changes between organisations and communities.

It is in the light of this unique approach that the UNDP, the Government of Botswana and the National Coordinating Agency (NACA) planned, organised and conducted a Training of Trainers (ToT) workshop in Palapye from the 24<sup>th</sup> of November to 3<sup>rd</sup> December 2003.

### **1.1 The Purpose of the Workshop**

The major purpose of the ToT workshop was to strengthen individual and organisational capacity to lead the community Capacity Enhancement Programme.

Specifically the ToT aimed at:

- providing individual facilitators with the appropriate participatory methodologies to enable them to train community facilitators,
- exposing the facilitators to the diverse skills and qualities required to conduct community conversations,
- Giving the facilitators the opportunity to share varied lessons, experiences, perspectives based on the methodologies developed,
- creating a deeper understanding of the epidemic in Botswana,

- giving facilitators an opportunity to critique and appreciate the content, methods and tools to be utilised in training community facilitators,

## 1.2 **Expected Outcomes**

The expected outcomes of the ToT programme involve the key issues stated below:

- reinforcement and strengthening of individual capacity to enhance the CCEP programme,
- understanding and appreciation of the methodologies that assist in exploring community perspectives,
- transfer of knowledge, lessons and skills to community facilitators,
- an emergence of a capable pool of facilitators to lead the Community Capacity Enhancement Programme (CCEP).

## 2. **OFFICIAL OPENING SESSION**

The District Officer Serowe/Palapye Mrs Thobo Mapitse chaired the official opening session. As is tradition the session started off with a prayer led by Pastor Goganamang Marampu.

This was followed by welcome remarks, presented by the Resident Representative of the United Nations Development Programme (UNDP) Mr. Bjourn Forde. The programme assistant from the NACA Mr. Bontsi Monare presented some brief key points on the contribution of NACA.

Kgosi Christopher Masunga performed the official opening. Dr George Obita from the AIDS Coordinating Unit in the Ministry of Local Government, closed the session by sharing with the audience the overview of the district level response to HIV and AIDS.

The official opening session was interspersed with items presented by children from the House of Hope Day Care Centre and a group of young people living with HIV and AIDS. These items were in the form of songs that inspired the occasion.

The highlights of the official session are stated below and follow the above sequence:

### 2.1 **Welcome remarks by the UNDP Resident Representative**

The UNDP representative stated that, while every society needs the Government to provide a framework that will meet the challenges of HIV/AIDS in itself is not sufficient.

The critical approach is to find a balance between policy design and what occurs at the grassroots level. Finding this balance is not easy at all. However, the balance is important and involves empowering the communities through participation and involvement, as opposed to imposition of ideas originating from national policy structures.

Structures have been established, as part of the national response, to HIV/AIDS and this workshop is not about developing these structures, but about the blood that will make the system work by circulating through the heart and other vital organs, to feed the entire body to function effectively.

The HIV/AIDS epidemic is not an isolated phenomenon. It is out there where the communities reside and thrives amidst poverty and to a large extent affects those who are marginalized. He further gave an example of Bill Gates, who has found it fit to share his riches by funding HIV/AIDS activities in Botswana.

This is in an effort to rescue the situation and it is very much appreciated. However, money alone cannot do everything. The right approach is to develop strategies at all levels of society to reverse the epidemic.

Continuing his remarks the UNDP Resident Representative stated that, there is no blue print for development, as there are many ways to approach the issue. There is no one way of doing this. The critical point is to find a number of alternatives along these points to achieve results.

He concluded by emphasising that the workshop should discuss issues around community empowerment, through active participation and involvement. The challenge for participants then will be to take the message to the people that matter to make an impact.

## **2.2 Remarks by NACA representative: Mr Bontsi Monare**

The NACA Representative started off by apologising on behalf of the Coordinator of NACA, who could not attend the workshop because of other pressing work related commitments.

He then emphasised the strong partnerships that exists between the UNDP, the Government of Botswana, NACA and other sister ministries.

According to the presenter, NACA in collaboration with other stakeholders has formulated an operational plan that is in line with the National Strategic Framework (NSF). This framework trickles down to various sectors and provides strategies, to achieve a cascading effect that considers the voice of communities.

In conclusion he acknowledged the value of the multi-sectoral approach, which includes the CCEP. This approach becomes a springboard for a new thinking, which should be embraced throughout the interaction with communities.

## 2.3 Official Opening Speech

In his opening speech Kgosi Masunga articulated the following critical issues:

Botswana has the highest prevalence of HIV/AIDS in Southern Africa. This is bound to have negative impacts on the economy. The reversal of the situation will depend on the level of response to the epidemic. He reminded the audience that, the president of Botswana has called on a multi-sectoral response to comprehensively address all aspects of the epidemic.

The ambitious goal of “no” new infections by 2016, means the ability to seek more possibilities to transform lives, confront the nation at large with questions of action and inaction, utilisation of the best capacities and reflections on the mistakes made and preparedness to take corrective action within the response.

These questions have been responded to by the NSF, which focuses on reversing the trend of HIV/AIDS. The NSF in its powerful interventions recognises the importance of community mobilization.

In addition, the Kgosi highlighted the much appreciated partnership between UNDP and the Government of Botswana, through the newly developed HIV/AIDS support programme, which aims at enhancing community capacities to respond to HIV and AIDS. This support is channelled through the Ministry of Local Government and will start off in five districts namely: Kweneng West, North East, Okavango, Kgalagadi North and Gaborone

Kgosi Masunga pointed out that the aim of the workshop is to build a pool of resources that will actively facilitate the CCEP. This is based on the recognition that, communities already have the capacity to meaningfully respond to HIV/AIDS, care, ability to change and sustain hope even amidst a crises situation.

The battle against HIV/AIDS can thus be won or lost at community level.

Kgosi Masunga defined the essence of the CCEP to include harnessing individual and community’s capacities to develop and strengthen the response to HIV/AIDS through:

- facilitation of community conversations to create a better understanding and information sharing of the epidemic, Poverty, Gender, Governance and the Environment.
- strengthening strategic networks aimed at transforming communities.
- according to Kgosi Masunga the UNDP is not inventing the wheel regarding the CCEP approach. These methodologies are documented and have been

adopted in African countries with success, but cautioned that if they are to be effective, they have to relate to the Botswana context.

Botswana communities are different due to the cultural orientation and the factors that fuel the epidemic can vary and should form the basis for directing the required responses.

The Kgosi noted the following challenges that should be borne in mind when facilitating the CCEP.

- facilitators should recognise the wisdom, knowledge, fears, concerns, strengths and weakness of each community
- be prepared to be guided by the community to gain increased participation.
- rise to a challenge, whereby communities will participate to improve the effectiveness and sustainability of development activities, resulting in the reduction of dependency on external assistance.
- facilitators will need to adopt an attitude of learning and building on what already exists. This will allow a transfer of information based upon observing the following principle.

Sensitivity and believing that communities have the capacity.

In conclusion the Kgosi emphasised the following:

Facilitators have the obligation to influence the realisation of the goals and aspirations of the National AIDS Control programme, as articulated in the NSF for HIV and AIDS. The response of families and communities depend on how the national response is implemented to achieve the cascading effect.

Community involvement and participation is bound to produce gains. It is important to give guidance on the CCEP, to enhance the response on HIV and AIDS. Although the process started in the five districts, the expectation is that best practices will be generated and shared in the most effective ways across districts.

Kgosi Masunga concluded his opening speech by wishing the participants fruitful discussions and declared the workshop officially opened.

## 2.4 **District Level Response to HIV and AIDS: An Overview**

Dr. George Obita presented an overview of the district response to HIV and AIDS. The highlights of his presentation are summarised below.

- the district response has long been recognised by the Botswana Government. The focus should be decentralisation to achieve coordination and impact at district and community level.

In terms of the NSF, three approaches come into play to make this work. The national response programme on prevention, care and mitigation, which is driven by the central Government programme moving down to the ultimate beneficiaries. However, some programmes did not start well and the anticipated results were not successfully achieved.

There are a number of activities which are NGO driven. These include initiatives such as Total Community Mobilisation (TCM) and counselling centres at a national level. Structures have also been put in place at national, district community and village level. Changing the direction of the epidemic through local and community initiated programmes, based on their perceptions is the way response should occur. This is critical and the workshop discussions should move in that direction.

Activities have been planned organised and undertaken at different levels of society. These activities occur in institutions such as Community Home-Based Care, Orphan Care and many other projects and programmes. However little has been done in the area of prevention activities.

The idea is to relate the new programmes to the NSF, to complement and add value to the process, and use the limited resources efficiently.

There is a need to review these structures from time to time. The vision for the future is remembering that to make a meaningful difference, we need to believe in Community capacity. Additionally, we need to display the characteristics of inclusiveness, sensitivity, mutual learning and mutual trust.

### 3. WORKSHOP PROCEEDINGS

The workshop was started off with an exercise to set the scene, know each other and motivate relaxation. In pairs two participants held a short conversation capturing the following issues:

Name, community, favourite hobby, personal strength, name by which one desires to be called during the workshop.

Participants then introduced the friend to the larger group. The second activity required the pair to record two strengths of the community, two important challenges and a personal contribution that the individual will make to the workshop. Participants articulated responses that were common between communities. These included the knowledge base of communities, collectivity cohesiveness and the associative strengths.

While communities have their strengths they also experience challenges. The strengths and challenges that surfaced include:

### 3.1

<b>Positive Community Attributes</b>
<p>The community strengths that emerged included that:</p> <ul style="list-style-type: none"> <li>• they respect relationships, embrace love and care,</li> <li>• they are accommodative and ready to offer refuge,</li> <li>• they respect and retain cultural norms and values. The case in point is the installation of a woman chief to lead the Bamalete tribe,</li> <li>• they have access to electricity, communication and technology</li> <li>• communities display their quest for development, knowledge, information, and economic empowerment,</li> <li>• they have the willingness to learn and appreciate its benefits of</li> <li>• communities like to be recognised and respected,</li> <li>• they enjoy superiority, unity and speak their minds.</li> <li>• they have produced great leaders, and if they know you they will love you unconditionally,</li> <li>• some communities bury their loved ones in the homestead, which is an indication of love and sustaining the memories of their departed ones,</li> <li>• communities mount crime prevention campaigns in order to discuss and solve community problems collectively,</li> <li>• they have knowledge on how to economically survive,</li> <li>• they also have a liking for their cultural language and despite ethnic differences, they undertake community work in a united way, such as contributing to community projects in cash and kind, a case in point being contribution to funerals</li> </ul>

### 3.1 Challenges

#### **Information descimination and capacity building**

- education on HIV/AIDS has not trickled down to the entire community
- some level of illiteracy exists among communities which works against effective response,
- lack of access to radio programmes,
- poor transfer of life skills to the young generation,
- lack of empowerment in decision making at the personal level, particularly for women and children,
- long distances from major resource centres which makes accessibility to information difficult,
- NGO's are few and do not reach the communities. They are also unwilling to work in the rural areas,

- inadequate proactive leadership in response to HIV/AIDS.

### **Non recognition of the principles of “BOTHO”**

- values around compassion have diminished
- the concept of “Botho” has been replaced by materialism, and this works against the principles of care,
- volunteerism has disappeared as materialistic values have taken over and the spirit of togetherness is fading,
- issues of crime escalate, unemployment and poverty are some of the factors that fuel the epidemic.

The outcome of the above activity on challenges revealed the recognition that, these challenges require non-threatening strategies to result in the enhancement of communities to effectively respond to the impact of HIV/AIDS.

The next activity required the participants to formulate ground rules for the purpose of guiding the workshop process. Participants were asked to draw pictures that depict the rules. The pictures were drawn which pointed to the following rules to be adhered to.

Punctuality; no cell phone use; active participation and listening; maintenance of order and tranquillity, avoidance of unofficial discussions; speaking up and being clear in the deliberations; avoidance of dominance in discussions; respect the views of other individuals; strict attendance throughout the workshop duration; attend to issues of language in order to allow for free and open discussions; allow both men and women to participate. The rules were adopted by the workshop participants.

### **3.3 The Concepts of the CCEP**

The next activity addressed the concepts, of CCEP, which are at the heart of community interactions. These are:

Community Capacity, Community Response, Space for interaction and change, Inclusiveness.

Through facilitation these concepts were explained as follows;

**Community Capacity:** was defined as a group of people, who may live together with shared norms, values and systems for communication and leadership. In this cohesiveness communities have the capacity to care, change and sustain **hope** for their own survival. Reference was made to the hopeful statement articulated by the President of Uganda when he stated that **“we will be here as Africans even after the HIV/AIDS epidemic”** which means communities have capacity to sustain hope.

**Community Response:** The response of the community should be based on the local reality and the social dynamics. It also points to the intricacies and the complexities of the epidemic and the need for sensitivity in responding to it.

**Space for interaction and change:** Understanding local reality thus means unearthing the social dynamics and creating spaces for interaction, reflection and change.

***“It does not mean off-loading the information for communities to consume without question, but getting deeper into what epidemic means”.***

**Inclusiveness:** This principle appreciates the inclusiveness of women, children and men as the epidemic affects the entire community. These individuals have their own experiences and stories, which can collectively bring about enhancement of capacity. In this way sensitivity, tolerance and tapping local family and community experiences becomes real.

Communities can identify their own concerns analyse them and make decisions. They have demonstrated this capability throughout the years. Warmth passion and genuiness towards the communities are essential ingredients for generating community responses and enhancing it.

As facilitators of Conversations relate their conversations to their language use, to make sense of their knowledge and lack of understanding of the epidemic. The responses are not carried in the pocket of the facilitator, but reside in the thinking of the community.

“ Summon your spiritual being as facilitators and respect the strengths and challenges of communities with care and passion.”

#### 4. STOCK TAKING

The stock taking session was guided by the following questions, and aimed at unearthing the principles and values needed for community capacity enhancement.

- what have you done personally about the epidemic?
- what have you done as organizations?
- what has gone well at the personal level?
- what has gone well at the organizational level?
- how do you usually work with communities?

The participants were divided into district groups to undertake the task.

## 4.1 The Outcome of the Stocktaking Exercise

### 4.1.1 Organisational Level Contribution

- some organisational members, have taken up voluntary testing and also have motivated family, friends and co-workers to test;
- practices of abstinence and sticking to one partner in consideration of behavioural change was noted as efforts made by organisational members;
- socialising and interacting with people living with HIV/AIDS to reduce stigma;
- nursing HIV positive family members;
- behaviour modification and accountability, which involves avoiding alcohol and religiously using condoms;
- self retrospection and reflecting on behaviour in relation to the epidemic;
- volunteering services to upscale the response to epidemic;
- personal commitment and sacrifice by some members, by actually changing jobs to join organizations that deal with HIV/AIDS;
- offering guidance and sharing ideas with the infected and affected ;
- encouraging vulnerable groups such as women and children to watch HIV/AIDS related programmes on television;
- contributed substantially in breaking the silence at family level by encouraging openness and interactions;
- capacity building and interaction with married women and engaging in discussions with the community;
- Personal living freely with HIV/AIDS;
- awareness raising on the epidemic, how it is spread and how can it be prevented;
- commitment to the fight against HIV/AIDS;
- committed to Christianity principles and values;

- developed a photo movie on HIV/AIDS for the youth;
- initiation of awareness raising campaigns such as HIV/AIDS fares and workshops;
- capacity building in the area of health education and life skills, particularly targeting women and youth at different levels of society;
- financial support for HIV/AIDS committees and initiation of fund raising activities, to empower people economically;
- organising and providing child welfare and orphan care activities to empower people economically;
- conducting counselling sessions for the infected and affected;
- establishment of Village Multi Sectoral AIDS Committees at district and village level;
- encouraging and supporting the unemployed and out of school youth to improve their livelihoods and exit the poverty trap;
- encouraging vulnerable groups such as youth and women through drama, to influence change of attitudes;
- documentation of HIV/AIDS related issues and conversations during other work related assignments;
- established workplace HIV/AIDS programmes, which are up and running;
- assuming a lead role in resource mobilization and policy development issues;
- capacity building: encouraging peer education, sensitisation of the top level personnel, through the training of trainers, to achieve a stakeholders development scenario;
- establishment of projects that encourage the communities such as gardening and music to spread the message on HIV/AIDS;
- advocacy for the incorporation of human rights issues in HIV/AIDS programmes;
- strengthening networks and strategic links;
- providing vegetables to the Home-Based Care members;

- sensitising church leaders to encourage spiritual connectedness to HIV/AIDS and conducting prayers in an effort to remind the public sector personnel about the scourge;
- provision of programmes to reverse the stigma and discriminatory attitudes;
- supply of condoms and encouraging consistent use.
- establishment of HIV/AIDS programmes across the board and seeing their appreciation at the workplace among staff members;
- enhanced community capacity to a certain level.

#### 4.1.2 Individual Contributions

- recognition of the fact that one can live positively with HIV/AIDS;
- managed to befriend young girls, that frequent trucker stops conducting free conversations with them to organise and capture stories;
- reversing the HIV/AIDS stigma and clarification of myths by discussing with family;
- increase in numbers of people coming forward for voluntary testing, and formation of voluntary groups to disseminate HIV/AIDS information and documentation;
- embraces the principles, values and norms for community interaction;
- recognising the importance of community participation;
- **Botho**, being humane in dealing with communities;
- encouraging communities to become self-reliant;
- motivating communities to be accountable in HIV/AIDS issues;
- being transparent in the HIV/AIDS issues to get a deeper understanding and response from family members;
- the adherence to community values and not imposition of facilitators views.

<p>“Contributions at organisational and personal levels will definitely make a difference”</p>
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The day ended with an evening assignment, which required the participants to:

Write a letter to a relative or a friend who has lived away from home for a long time. Inform the recipient what has happened in the community since the epidemic began.

### **Day's Review**

Facilitators made the following comments on Day One of the workshop process:

- participation was high although a few participants did not get involved as expected due to the language problem. It was decided that some translation should occur in the subsequent sessions;
- facilitation was simple and clear and a conducive climate for active participation was created;
- the question of principles, norms and values seemed unclear to some groups and was to be revisited.

### **Reflection**

Day two started off with participants reflection on the issues related to the epidemic from a personal perspective. The objective of the exercise was to reveal the depth and devastating nature of the epidemic and the emotions that are attached to it. Reflections were stated to be at the heart of the methodology for the CCEP. The following reflections emerged:

The lack of information that existed since the beginning of the epidemic, mitigated against reversing the disease. Myths, beliefs and unexplained stories resulted in misconceptions.

Related to the above, the silence was stated as having worked against positive responses to the epidemic. For a substantial period of time the subject of HIV/AIDS was not talked about and was always met with disbelief and an attitude of "it is not my problem". One other issue reflected on was the voluntary testing aspect, which requires great courage and motivation in order to reverse the epidemic.

**"Helping the communities to reflect on issues that concern them in a motivating and encouraging way is an accomplishment for the facilitator as well"**

## 5. SOCIO-CULTURAL DYNAMICS

Participants in their groups were tasked to discuss and note the key elements that fuel the epidemic. The group responses are summarised below:

Intergenerational sex, cohabitation and infidelity in marriage and traditional practices,

Using the same needles for treatment purposes, religious practices, transactional sex,

Using the sister to service the brother-in-law and fathers-in-law sexually abusing their daughters-in-law, alcohol and substance use and abuse and the dangerous methods used by care givers, especially in Home-Based care activities.

The activity was followed by a short story stated below;

***An African wise man was asked to reflect on the underlying factors, behind the explosion of the HIV/AIDS epidemic in Africa. He went to all the communities in his country and listened to what people had to say. At the end he identified the following factors that fuel the epidemic:***

- the subordinate status of women,
- the myth that “the man is a bull”,
- excessive alcohol intake,
- social hypocrisy,
- blaming and looking down on people living with HIV/AIDS.

The participants had to respond to the following questions in the their groups to further understand the socio-cultural dynamics:

- why do you think the wise man identified these factors?
- are you in agreement with them?
- what other factors can you think of?
- a summary of the group responses appear in the sequence of the issues identified by the wise man:

### 5.1 The Subordinate Status of Women

- men are normally not questioned about their movements so unfaithfulness persists;
- economic dependency of women on men gives men the prerogative to make all the crucial decisions;
- the influence of religion, cultural norms, beliefs and values make women more vulnerable;
- inadequate legal backing from the law for women, works against their rights.

## 5.2 **The man is a bull**

Men have been influenced by the patriarchal system where they are considered as macho. This is very evident in the setswana proverbs. Women are supposed to be subservient, and should respect men. Men normally go where they could display their manhood and are praised for having extra marital affairs. Their unfaithfulness cannot be questioned even in the wake of the epidemic. The issue of unequal power relations still persists.

## 5.3 **Excessive alcohol use**

There is a mushrooming of bars, and shebeens, that operate twenty four hours around the clock. At shebeens all kinds of dangerous alcoholic concoctions are sold. The sale of liquor occurs during all festive seasons. There is failure to regulate bar operating hours and enforce laws of illegal liquor trading.

## 5.4 **Social Hypocrisy**

Some individuals and leaders of institutions preach the importance of reversing the epidemic but do not practise what they preach. They themselves are involved with multiple partners and the epidemic can thus not be contained. Those who have power and social status use sex in the rural areas as a form of entertainment. In addition parents do not serve as role models to their children.

## 5.5 **Blame and Shame extended to PLWHAs**

The blame mentality exists and PLWHAs fear to announce their HIV status as they feel that they will be scorned by the community. The PLWHAs then enter into self-blame, bitterness and vengeance also fuels the epidemic.

“ The Lord has created us as equal beings, let us respect his doings”

At the end the facilitator presented the following summary

The above issues depict a bigger picture of the happenings in Botswana that are directly related to the epidemic. The normal way that people live is where the transmission occurs. Mobility of persons from one area to another area could be the cause of the epidemic. The day ended with a recap and the following comments were recorded.

The stories created a deeper understanding of the epidemic and their application improved analysis. The sessions were logically sequenced and this reinforced the learning.

## 6. PROCESS FACILITATION AND THE ROLE OF THE FACILITATOR

Participants were divided into groups to discuss their approach, when working with communities. They were provided with two scenarios and a graphic presentation to guide the discussion. The following questions were part of the guiding process;

- which picture shows the way you normally work or relate to the community?
- what is the happening in scenario 1 and 2?
- how would you describe the relationship between the people in scenario 1 and 2?
- what word or phrase would you use to describe what is happening in scenario 1 and 2?

### **The following key points emerged during the group discussions;**

Scenario one and two were evaluated guided by the illustration. Scenario one was said to depict the teacher student approach. It does not motivate discussion between the community and the facilitator. The facilitator and the community do not work together, there is no contact between them and as a result there is no information flow. The community becomes isolated and the concept of unity is lost. A feeling of hostility and tension prevails, the facilitator poses as if she/he has all the information. There is no relationship between the community and the facilitator.

**Scenario 2** depicts communication, consultation, mutual learning and a creation of “space” for communities to get involved. It also creates a sense of belonging and a feeling of ownership. It brings about happiness, satisfaction and consensus building. It acknowledges equity and facilitates empowering conversations.

It was impressed upon the facilitators that while we are aware of these scenarios we choose the easier route, something we need to unlearn.

**“Be a participatory facilitator and not a dictator, remember you are building on what communities already know. This is the essence of CCEP”**

### 6.1 The Role of the Facilitator

The following presentation was delivered by the lead facilitator.

The Facilitator serves as a coordinator and is expected to perform the following role;

- ensuring that the activity is clear,
- ready to serve the group,
- raise questions for clarifications,
- encouraging values of respect,
- guiding the process

The facilitator has to work for consensus, by motivating people to stay on course. It is important to separate process from context issues, and to maintain a focus, by creating “space” for communities to get enrolled and involved.

Mobilise total participation; through different engaging approaches.

## 6.2 Methodological Framework

The methodological framework which should guide the Facilitator was presented.

The model aims at:

Building a relationship and using tools to make the relationship work, between the facilitator and the community and among the communities themselves.

Helping them identify the concerns for themselves. It should be remembered that the entry point is the concerns rather than posing it as a problem

**Decision-making:** is influenced and based on the tools and skills that result in viable decisions.

**Action:** means that through community participation, people act together and produce tangible results.

**Reflection and review:** connects the various steps alluded to above. Ongoing reflection is a valuable process to follow. The steps in the methodological framework overlap and one may not move to the next step if a thorough process has not been followed.

“If you miss one step you fall, if you miss two or three steps you will tumble down heavily, so watch every step”

## 7. SOCIAL CAPITAL

The next activity addressed issues of social capital, social and cultural coherence. The definition of social capital was stated to involve the following elements: the norms and values that, hold or knit people together in a society, the dense and synergetic patterns that knit people together, the networks which span socio-economic issues that include gender, race and class. These elements need strengthening through conversations, in order to identify issues that pull the community apart. Other elements involve governance in the community such as a leadership, that is charged with responsibility and accountability to deal with issues of HIV and AIDS.

At the end of the day the participants were tasked to move around the area with the aim of visualising community concerns and strengths using their observation techniques.

Participants were required to answer the following questions in their groups after the walk.

- how does social capital manifest itself in society? Give examples.
- how is it linked to behavioural change?
- how is social capital formation linked to HIV/AIDS prevention, care, support and mitigation?
- Translate the conception in your local language.

## Day's Review

The day ended with a review and the following comments emerged.

There is positive progression of the sessions, activities were logically sequenced, but there is a need to be able to apply the concepts through the tools in order to make them more practical. This will assist the facilitators as and when they start community conversations.

The programme was revisited to explain where we were in the process. More time was necessary during group discussions to allow participants to explore issues further, deepen their understanding and analysis of the situation. Facilitators and participants should desist from making comments during group presentations as this attitude derails the process and focus is lost.

The next day was started off with a reflection exercise. The objective of the exercise required the participants to think seriously about the loss that occurred in their families, friends and neighbours as a result of HIV/AIDS. The process involved the following:

- Individually, the participants were requested to gather stones, which signify the graves of each loss. In the larger groups these stones were counted and the amount of deaths experienced, were substantial.
- the significance of this exercise was said to clearly demonstrate the gravity of the epidemic. While this was a sample of losses, the bigger picture in a community is enormous thus requiring for serious commitment. Using this approach in the communities will create a deeper understanding of the epidemic.
- sharing of letters, which was an assignment given to participants overnight, followed the reflection exercise. Three letters were shared with the larger group and these further demonstrated the devastating nature of the epidemic. Fictional as these letters were, they reflected some of the realities brought by HIV/AIDS.
- the letters were full of information relating to the challenges surrounding the epidemic. Emotions were stirred and what was observed was that this approach created a deeper understanding of the epidemic.

<p>“ You can only support the community if the epidemic has also touched your heart”</p>
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## 8. METHODOLOGICAL FRAMEWORK (Change Process)

A short presentation was given by the facilitator to revisit and contextualise the methodological framework, required to facilitate the community **change process**. This framework is linked to the skills that are needed by facilitators to conduct and process community conversations. The skills addressed were as follows:

- **Strategic Questioning and active listening:** The strategic questioning session involved a brainstorming session to understand the skill and its meaning. This was followed by group discussions whereby participants were asked to formulate strategic questions. This was based on a scenario of the Chief that contracted HIV/AIDS. These were further consolidated by a smaller group and shared in plenary. They emerged as follows:
  - In your view what are the challenges we are facing in our families and our community?
  - what health concerns do we have in our village?
  - how do you understand HIV/AIDS and its effects in the community?
  - in what way do our lifestyles contribute to the spread of HIV infections in this village?
  - what is our collective responsibility towards people living with HIV/AIDS?
  - can we make decisions for action to curb the spread of HIV infections?

It was suggested that in formulating strategic questions, it is important to use open-ended questions, which will generate numerous ideas, opinions and perceptions

## 9. TRANSECT WALK AND MAPPING

The objective of the transect walk and mapping exercise was to document the current community reality, explore issues of social capital and also rediscover family's surroundings. The focus is on community realities to find out the issues that holds them together.

On the previous day, participants did a transect walk which resulted in the mapping exercise depicting the social capital of the area they visited.

The different group maps were put up on the wall for explanation and discussions. The outcome of this exercise revealed the following points:

The definition of socio-capital, which embraced aspects of norms, values and practices. Networks which depict the socio-economic aspects that knit people together and patterns of relationships and cooperation.

In summarising this activity the following considerations were regarded as important:

- helping the community to analyse their socio capital, which is intended to harness the responses of the community to the epidemic.
- recognising that the community has to generate responses on HIV/AIDS
- acknowledging that social capital links to behavioural change in terms of prevention, care and support.

The issue of social capital was then linked to the concept of **“dry and green grass”**. The “dry grass” was explained as factors that fuel the spread of the epidemic and the “green grass” referred those factors that have the potential to reverse or contain the epidemic.

“Through effective community conversations, facilitators should encourage the community to weed out the dry grass and together plant the green grass, which depicts the commitment of communities to reverse the epidemic collectively”

It was noted that, structures such as institutions and facilities should not be regarded as social capital. It should be strictly linked to relationships that occur between people within communities, addressing the underlying value systems and synergies that hold them together.

### 9.1 Active Listening

Active listening was described as a skill that encourages the facilitator to adhere to the power of listening. The activity started off with a brain storming session, aimed at understanding what active listening is all about.

A long list was generated by the participants which included listening with interest, compassion, concentration, listening to facts and non-facts in order to empower the community.

This was followed by a brief presentation alluding to the characteristics of listening. These characteristics are: not being judgemental, taking what you hear as is, listening and not empathising, avoiding additions and subtractions, desisting from demonstrating the power that you have, absorbing what you hear, sharing, the learning and including all people in the conversation.

Key elements that emerged as critical in active listening were identified as:

- maintaining eye contact depicting a peaceful and relaxed facial expression,
- limiting the use of excessive body language,
- considering the audience that you are addressing for example it may be youth, women or men and they have different needs,
- recap and paraphrase in a skillful manner.

Participants were then divided into groups to practice active listening. The exercise involved the following topics to be discussed. Some were the listeners and some were being listened to.

- condom and HIV/AIDS use in the church,
- castrating adults who sexually abuse children,
- PLWHAs should not marry or have children.

In plenary, participants were required to react to what they listened to in the groups and how they felt. The following were the reactions that emerged: a feeling of boredom, tempted to giggle, could not get eye contact, confused, overpowered by little voices hovering in my mind, surprised by and questioning biblical inferences. Some stated that they were upset. Some could not believe certain things and became frustrated.

“If you practice to listen to the community with interest you have captured their interests as well. Community Conversations will yield results with a difference”

## 10. HISTORICAL TIME LINE

The objective of historical time line was to allow participant’s to explore the meanings of significant events in their lives and that of communities. It is a tool that is used to build a relationship between facilitators and the community, by sharing significant events in their lives in Botswana.

Documenting the events that were important in Botswana as far back as it could be remembered by the participant’s sparked historical Time line activity.

The following events were generated: The colonial era, the year of the locust, the drought, the cattle lung disease, one man one beast (BUCA), the reign of Sir Seretse Khama, the year of the black sorghum, contribution of Botswana to the world wars and the first case of HIV/AIDS in Botswana. It was noted that these events should be listed in a chronological order, and their significance discussed in relation to people’s lives capacities and challenges.

On the previous day participants were requested to document a short history of their personal events that occurred twenty years ago. The idea was to solicit their views and opinions on the value of their time lines. This activity was linked to a reflection exercise and participants presented the views and opinions stated below:

- the revelation of emotions and negative experiences of the past, are difficult to store as memories because they revive sadness;
- this revelation can be equated to opening painful doors, closing them and reopening new doors of hope. In this regard an attitude prevails of not “letting go” when one is moved into emotional spaces;

- writing time lines opens up past wounds, you become agitated. For example, the exercise of gathering stones signifying graves of loved ones brings grief and opens up the struggles of the past;
- on the positive side some participants shared experiences of looking at the situations differently such as; looking back at the trials endured in life and events that occurred helps you to ally the fears and gives one the courage to move on;
- a realisation surfaced that the skills of dealing with the community to respond to issues of HIV/AIDS exists and yet these have not been put to use which, is a waste of resources. This workshop is therefore worthwhile and also timely, as facilitators discovered the reality of issues that will motivate them to deal with communities in a strategic manner.

Summarising the activity, one of the workshop participants, a PLWHA, shared the story about how she is positively living with HIV and how she dealt with the situation even amidst stressful trying moments. Her testimony revealed how PLWHAs go through the emotions of living with HIV.

### Day's Review

The day was closed with a reflection exercise on the activities of the day. These reflections revealed that:

- the **exercise depicting losses** demonstrates that HIV/AIDS is everybody's problem within any given community;
- the **Mapping** served as a powerful tool for communities to refer to a pictorial view of their social capital and related issues;
- the **Active listening** session is a powerful tool particularly in dealing with sensitive cases, for example within the police discipline or doing counselling sessions. During these conversations one gains the ability to probe and get the root of the issues related to the case;
- the learning gathered by the participants was that being excited as they actively listen generates the excitement of communities as well. In this way more issues emerge as the community feel that they are being appreciated and respected;
- each day of the workshop actually built on the other in a more logical way;
- relationship building has occurred among participants, which was supported by the new sitting arrangement of using inner circle;
- a change of attitude unfolded as when the process progressed, emotions were shared and participants began to internalise the issues;

- it is necessary to adapt the tools when working in different situations and with different target groups;
- a movement has occurred and personal application to break the barriers, surfaced which encouraged the dropping of defences;
- a deeper understanding of facilitation skills and techniques has occurred;
- the self-esteem, confidence, resourcefulness associative strengths and bonding has been achieved among participants and is bound to spill over to the communities. Analytical skills improved as the process unfolded.

## 11. DOCUMENTATION

Participants were divided into four groups to discuss documentation. The following questions guided the discussions in groups:

Why documentation is important? Who should document? Who is the documentation for? What tools help us to document? and What should be documented?

The following responses enriched the process:

### 11.1 Definitions of documentation

- an organised manner of writing down in clear terms, discussions, experiences, views and intentions for future use;
- a record of past learnings and experiences for comparative analysis;
- a compilation and preservation of information and records on activities, events;
- issues raised in discussions in written form;
- a process of collecting and recording all relevant data generated at community level for reference purposes;
- a source of a record of recall, that can be submitted to the archives.

### Why is documentation important?

#### 11.1.1 Why documentation

- documentation helps to preserve the accuracy of what transpired at a given time. It helps in remembering dates of particular events,
- guides present and future action,
- serves as a reminder and a reference point for the future capturing norms, cultures and practices,
- reveals past learnings and experiences for comparative analysis;
- guides the process of development, policy-making, monitoring and evaluation;

- acting as a literature review for the future by drawing out information of historians, observing trends, to compare and contrast information.

#### 11.1.2 **Where should documentation happen?**

Documentation should occur where the discussions are taking place such as kgotla's, work places, churches and at household level. It can also happen within communities, among friends, family, individuals, cultural settings such as museums, community based organizations, educational institutions and funeral parlours. It can also occur during the facilitation of conversations in communities.

#### 11.1.3 **Who should document?**

The following were suggested as documenters:

a chosen member of the community who possesses the skill, ability and willingness to do the assignment. Community and religious leaders, heads of households, parents, individuals, educators, students and those facilitating the process.

#### 11.1.4 **Who is the documentation for?**

The documentation was said to target the community, facilitators, research processes, national interest at planning and policy level, youth as the future generation and other critical stakeholders.

#### 11.1.5 **What tools help us document?**

The following tools emerged: stationary, videos, computers, tape recorders, visuals such as pictures, radios, historical time lines, strategic questioning, stock-taking, mapping, group work for community input and involvement. Individual and family interactions. Interaction with historians and knowledgeable elders. These tools should be interspersed with the following skills: listening, questioning, exploring, probing, rapport building discussions and consultation. Commitment to the course is an important ingredient of documentation.

#### 11.1.6 **What should be documented?**

The following should be documented: Views and experiences, observations, discussions and intentions, cultural related activities, specific community events for example Letsema, inauguration of chiefs, religious events, development planning and its outcomes, society transformation, universal challenges such as drought, pestilences and disasters. Various forms of documentation can take place at community level. This can include: pictures, photos, drama,

poetry, song, folk tales, ancestry, idioms/proverbs, historical sites and graveyards. Other issues that can be documented embrace the following: Cultural dynamics, social capital and story telling.

#### 11.1.7 **Forms of Documentation**

These were stated as follows:

Diaries, letters, libraries, archival deposits, newspapers, coins/stamps, armoury, implements, oracles and natural sites.

#### 11.1.8 **Use of Language**

A brainstorming session ensued to discuss and share issues of language use and sensitivity in its use. It was noted that, when working with communities there are certain words and issues that facilitators should take caution in their use, in order to get the cooperation of community members. These differ according to the target groups. It is critical to test the environment for language sensitivity, by gathering information on words and phrases frequently used by the community.

## 12 **STORY TELLING**

The objectives on the story telling methodology were to:

- help people reflect on the social dynamics of the community, their values, attitudes and behaviour.
- raise sufficient evidence in the community to understand what happens after the story has been told.

The Facilitator shared the following short story with the participants

The Pule's and the Phiri's are two religious families living in Mochudi. They attend the same church. The Pule family have a twenty one year old daughter named Neo, who is a student at the University of Botswana. The Phiri family have a twenty-seven year old son named Thabo working as a teacher in Mochudi. These two are loved, admired and respected in the village.

Thabo and Neo have decided to get married. This was announced at the Dutch Reformed church and traditional preparations and arrangements are almost completed for example Lobola has been paid. While arranging for the big day Neo fell sick and went to the doctor for consultation. The doctor advised her to take an HIV test, and she agreed. Her results came out positive. She was really devastated.

Neo asked herself the following questions:

What is happening to me? What about my life? What about my marriage to Thabo? What should I tell Thabo and How? What can I say to my family and the community of Mochudi?

The participants were asked to pose as Neo, Thabo, the father the mother-in-law, friend and a pastor. The participants engaged in an animative discussion. This revealed perspectives, which highlighted the burning issues, non-burning issues and the misconceptions stated below:

Support, love testing, frustration, fear, acceptance, blessing and friendship.

The non-burning issues captured were rumour, getting real, seriousness, questions on the transmission mode and the blame mentality.

Misconceptions were around transmission and the questioning of the marriage between HIV infected persons. These issues were discussed under the community wall. The facilitator's wall revealed the following issues under the different headings.

#### 12.1.1 Facilitator's Perspective

- facilitator's have to unpack the information and issues generated by the community for analysis.
- noting the action oriented strategies that emerge for future enhancement of the communities is critical
- nurturing the background of relatedness in order to create a bond with the community.
- considering inclusiveness and participation, and control of domineering members.
- giving participants an opportunity to generate responsiveness.

The implications for the community included:

- the need for more information to enhance community knowledge and skills;
- this should include life skills, issues of marriage positive living and pre-marital sex which are critical for community awareness building;
- support structures need to be strengthened to create a leadership movement that will move the agenda to success;
- the voluntary testing and counselling is critical for community awareness building.

### 12.1.2 Refinement of Methodology

In relation to refining the methodology the following proposals were made.

- false beliefs emerging in the discussions and a methodology adopted to create a deeper understanding of these including the community's thinking around the issue.
- community perspectives should not be documented verbatim but a strategy should be adopted to capture these.
- the full engagement of all the community members is critical and the facilitator should sharpen skills to achieve this.
- words and phrases used should not be dis-empowering.

## 13 FIELD WORK

A field trip was arranged for the participants to practice the methodologies that the training of trainers have been exposed them to. Two wards were selected for the intervention. These were Serorome and Boikago. Facilitators were selected to lead the process supported by the team members. The two teams selected the methodologies to be used and developed the agenda for the day.

### 13.1 Feedback from the Field

The feedback was guided by the following issues:

- community strengths in terms of social capital, community concerns and the position of facilitators in the change process:
- what went well and the areas that need improvement?
- what are the lessons learnt in the community that challenges facilitators?
- accomplishment and constraints encountered and how these can be addressed?

Participants returned from the field assembled to prepare their group presentations, which are documented under appropriate headings below:

### 13.2 Community Strengths

The strength of communities were observed as follows:

- the ability to mobilise community members even at short notice;
- community leaders were warm, receptive, welcoming, charming and informative about events in the village;
- leaders of the community adhere to their cultural values and ensure that these be maintained and preserved;

- commitment to the issues about the epidemic is apparent in the community;
- people in the community are characterised by unity;
- joint responsibility for orphan care surfaced as a strong point, which bring the community members together;
- community level structures such as village development committees (VDCs), Home-Based Care, the House of Hope, have been established and actively involved in the response to HIV/AIDS;
- a great deal of respect for Chieftenship and elders was observed;
- full participation and cooperation came through as a strong community characteristic.

### 13.3 Community Concerns

The concerns in the community emerged as follows:

- a high rate of HIV/AIDS infection was well articulated by community members;
- excessive use of alcohol and all kinds of concoctions among young persons is a worrisome issue for parents;
- limited involvement of males in the ward activities;
- sex for resource change is noticed especially along truck stops and shopping centres including bars;
- while elders in the village have taken up voluntary testing, young persons who are even more vulnerable are reluctant to do so;
- a high level of promiscuity exists in the community;
- elders view sex education in schools as a factor that fuels the epidemic;
- skewed power dynamics is evident. Women are the majority in drought relief activities for example, while discussions ensued at the kgotla women were instructed to off load a truck loaded with cement;
- stigma and discrimination of people living with HIV/AIDS (PLWHA) were said to exist among community members;
- inadequate provision of social services and delays in service delivery;
- elements of denial and fear around the epidemic still prevail;
- improper disposal of nappies and condoms, which are consumed by goats, and chickens, while children use these condoms as balloons;
- the orphan care food basket has divided families and thus results in mistrusts between community members.

Facilitators through the discussions managed to create a relationship with the community. Facilitators thus managed to identify the concerns of the community.

### 13.4 What went well in the community?

- the few males present were vocal and in particular the chief, an attribute inherent in his authority and the roles prescribed to him,

- youth contribution was observed in the HIV/AIDS response. For example, one participant commended the pro-activeness of some community members taking up voluntary testing, but expressed that a counselling structure needs to be established and a support group put in place to complete the voluntary cycle;
- community elders are warm respectful and welcoming;
- the information on HIV/AIDS, that has been disseminated has been well received by community members;
- the community has started to localise and implement national initiatives around issues of HIV/AIDS;
- the knowledge base around HIV/AIDS clearly exists and issues such as sexual abuse were generously shared;
- positive uptake of voluntary testing is a clear practise and role modelling has occurred, in that area, as adults are in the forefront in going for voluntary testing;
- there is an ability of the community to lead and facilitate teams and they acknowledge the principles of vision 2016;
- the methodology of stock taking selected for the intervention was successful and appropriate probing occurred;
- facilitators managed to adapt the methodology to suit the prevailing circumstances;
- team spirit prevailed among the facilitators, as they supported each other throughout the community conversations;
- the team of facilitators was flexible and adapted easily to the environment. Team members were flexible and accommodative;
- the introductions were clear and interaction between community members and the facilitators occurred;
- a relaxed atmosphere thus prevailed and summaries were well presented by the appointed team member.

### 13.5 Areas of Improvement

Areas that could be improved were articulated as follows;

- logistical arrangements did not work out as expected. Prior arrangements, pre planning and scheduling should be regarded as critical. This was expected as the visit clashed with ongoing community activities;
- loud speakers to announce community meetings can be an added advantage;
- the right point of entry for community mobilisation should be considered. These points of entry are chiefs, and village level institutions such as the VDC;
- the methodologies should be adapted to address the dynamics of culture in relation to HIV/AIDS. These should involve norms relating to puberty and rites of passage. Modern practices should be merged with culture and the methodology adapted for the purpose. This methodology should also consider a discussion on traditional medicine versus the modern;
- Adding idioms, proverbs and Setswana sayings would be of value, to enhance community participation and should be considered;
- adopt a methodology to avoid domination by one participant and in particular the members who wield authority;
- strategic questions should support effective reflection by the community. Probing questions were not well framed;

### 13.6 Challenges for facilitation

The challenges for facilitators emerged as follows;

- social hypocrisy is reflected not only in what you do, but also what you don't do;
- children, youth and their actions reflect the social morals of the community;
- the Community believed that sex is private and therefore this belief should be respected and dealt with accordingly;
- the youth have independent minds and should be educated within their experiences and context;

- that we should adapt appropriate lessons from culture to support efforts to overcome HIV/AIDS;
- community mobilisation should not be taken for granted, a mobilisation plan has to be put in place long before the community meeting;
- sustain interest through out the discussions;
- be able to deal with dominating characters.

### 13.7 **Accomplishment and Constraints**

The sessions on the two wards were well accomplished.

- CCEP should be rolled out nationwide
- Submit findings and recommendations to relevant government bodies
- Include critical stakeholders in such discussions, who are involved in HIV/AIDS related programmes

The next day started off with a presentation on the factors that contribute to enhancing community reflection. These were said to include songs, praise poems, language and imagery to create energy and hope.

The methodological framework was revisited to relate it to community conversations. The critical consideration is to address all the components of the methodological framework from relationship building up until reflection review.

## 14 **THE FIVE FRIENDS OF PLANNING**

The activity started off with a brainstorming session on what planning is and why plan in the context of CCEP. A brief presentation on the five friends of planning was given. Participants were divided into four groups of two and tasked with planning for the following assignments;

- facilitators take a decision to conduct community conversations in a village.
- the community taking a decision to go for voluntary testing.

The planning had to be based on the five friends of planning answering the questions what, how, who, when, and where.

**‘What’** dealt with the concerns relating to AIDS.

**‘Where’** related to the venue where discussions would be held.

**‘When’** was to state the time to hold the discussions.

**‘Who’** had to stipulate the people to be involved; be it the community, youth, stakeholders and people living with AIDS.

**‘How’** was to identify the tools and methodology to be used for discussions.

A planning sample from one group is stated below;

<b>WHAT</b>	<b>WHO</b>	<b>HOW</b>	<b>WHEN</b>	<b>WHERE</b>
Voluntary Counselling and testing youth group from Serorome Ward in Palapye Sub-district.	Out of school youth	BNYC to provide resources for transport and meals	A week prior to World Aids Day which is 24 <sup>th</sup> November 2003 at 8:00a.m	Serowe Tebelopele Voluntary Counselling and Testing Centre in Serowe.

The next day an icebreaker was used to start the session. Participants had to pose as PLWHAs, Gays, Sex Workers, Unmarried Persons, and Foreigners etc. Those with the same characteristics had to interact when instructed. The instruction involved exchanging seats and elimination of those who did not secure a seat.

The message of this game depicted the existence of discrimination and the need to deal with the situation.

This was followed by a review of what had been learnt since the beginning of the workshop.

- using participatory and engaging the community in conversations on HIV/AIDS, is an effective learning process;
- using strategic questioning to enrol and involve the communities rather than being prescriptive, is the best way to get community responses;
- taking stock of the outcomes which need an inner reflection of self-retrospection can improve capacities of the community;
- stocktaking has brought a better and deeper understanding of HIV/AIDS in a qualitative manner as opposed to a quantitative view;
- learned the skills of sharing with the community by involving them;
- improved on the 'how to' of capacity enhancement;
- learnt that communities can use their initiatives, for example the visit revealed that testing for HIV/AIDS had already been done;
- use the tools that have been learnt and apply them in communities;
- the terminology used on HIV/AIDS became clearer as opposed to the academic language;

- the historical line can enable the participants to take part in the discussions;
- the comparison of how orphans are treated and the misunderstanding of the orphan package, need serious community conversations;
- “I have learned to believe in myself to achieve the change process and I understand that it will take a long time”.
- dealing with blames and not passing the buck is a positive approach;
- dealing with others and sense of sharing ideas will bring tangible results;
- “I learnt the power of active listening since it empowers both the listener and the person delivering the message”.
- the transect walk revealed that you can know what is happening in the communities you work in;
- it is very important to have a method that you are going to use but also an ability to adapt methodologies to suit the community;
- very unique bonding that has occurred which will result in strengthening the relationship even after the workshop the 'Botho' concept has been applied;
- “I learnt that each time you meet an audience you are a learner, because of the rich resources you get from the community. What you learnt in the past becomes obsolete as you interact with communities”.
- “I learnt that people are the same irrespective of where they belong”;
- social dynamics are changing, men are now becoming responsible and people should find ways of dealing with their partners;
- develop tools that will help us to deal with each other.

## 15 FEEDBACK ON THE MANUAL

The participants were asked to give feed back on the manual.

The objectives of the session were:

- to give the participants an opportunity to practice the sessions in the facilitator's manual;
- assess the trainers understanding of the content;
- assess the skills and approaches used by the trainers in delivering the sessions;
- assess whether the trainers have understood the methodologies to be used for CCEP.

The various groups made their presentations guided by the different topics in the facilitator's notes. At the start of the presentations the different groups presented the programme articulating issues of protocol and introductions. In their preparation prior to the presentation, trainers had divided the topics among themselves according to how comfortable they were with the topic area.

The following comments were made in the presentations:

- **Process facilitation:** The methodology and learnings provide appropriate approaches for community involvement and enhances the group work processes, for example in the area of social-cultural issues;
- **The role of the facilitator:** Incorporates the individual, personal skills, talents and ability to deliver;
- **Methodological Framework:** It is exhaustive and empowering, the idea is to strictly follow it;
- **The tree Diagram and Socio Cultural Dynamics:** Gives an opportunity to examine ways of living. It impacts on the community and the environment;
- **Social Capital Analysis:** Gives an indication that the community has something, that it has to build on, enrich and improve the approaches to reverse the epidemic;
- **Strategic Questioning:** Needs more practice and a good command of the local language and knowledge of subject matter;
- **Context:** The unrecognisable topics were, Ken Wiber quadrant, and Likerts organisational transformation;
- **Background:** Our group does not identify with it, it has to be unpacked;

- **Conceptual Framework:** It is 'spot on' and extensive;
- Introduction of participants is important and the way it was done was exciting;
- **Participants rules:** is neither limiting nor exhaustive, one has to have an open mind to inject creativity;
- Active Listening; liberates, empowers both the listener and the speaker;
- **Problem Exploration:** Needs practice, problems to be defined with - in the context in which they prevail and sensitivity to community needs, and expectations is critical;
- **Historical Time line:** Reminds us of communities where we come from and is a challenge and inspiration to the community;
- **Social Resonance:** was not clearly understood even the illustration associated with it.
- **Misconceptions:** needs practice and more clarification;
- **Dense/in depth descriptions:** was not tackled during the workshop;
- **Introduction:** was on strengths and no weaknesses were mentioned;
- **Story telling:** involves reactive writing and should involve creativity and deep analysis. One of the strengths of the methodology is that it produces a healing effect. The question is if it does not heal or if it stirs emotions what can the facilitator do?
- **Factors fuelling:** 'Man is a bull' is a myth, that needs in-depth analysis with the communities.

## 16. FEED BACK COMMENTS ON THE PRESENTATIONS

- creativity is a dynamic approach but such creativity should only be injected when one is comfortable with the principle and the objective that the methodology wants to achieve;
- the issue of the use of local language is vital to consider because while universal terminology is appreciated, communities differ and it would be beneficial to find out the words and phrases used by people in the community;
- as the CCEP is about building on what communities already know and value, it will be beneficial to appreciate the imagery of the local language, expressions, idioms and proverbs;

- the community wall is a skill that has to be practised time and again as it serves as an interactive approach for the purpose of an in depth analysis;
- use of technical words may lose the audience;
- finding visual aids to create understanding will make facilitation simpler;
- to reduce group work, use on individual work reflection to enhance the participation of all community members. In other words inject other methods to buy time;
- linking topics creates an easy flow of the total picture;
- side notes are important in case one forgets what one has prepared;
- pre-planning is critical before meeting the community. Facilitators have to discuss among themselves prior to getting into the community in order to be able to adjust the plan as dictated by the prevailing situation. The idea is to map out areas and share the tasks;
- engaging, enrolling and involving the target group is critical to the enhancement of communities;
- summaries at the end of sessions are important;
- evaluation should also occur including evening assignments to allow for reflection and continuity;
- it is good that the groups have grasped the content of the subject matter and its relationship to the methods or the approaches to be used;
- the only gap points to the skills of facilitating the process, which will improve over time;
- avoid overlaps between the objectives and the implications;
- avoid addressing the chairperson, focus on the audience that you planned to target;
- relationships should be built right from the start of the conversations which is at the point of introductions;
- the burning issues that arise from the perspectives should be linked to the community and not to the thoughts and burning issues of the facilitator;
- qualities of a good facilitator emerged very clearly. Example to understanding and knowing your audience in order to be needs oriented;
- the participants demonstrated advance preparation and are ready for action;

- believe in advocating for the methodology in the presentation;
- avoid giving stereotypical examples, as these are gender insensitive;
- one group went beyond the assignment and included for example logistical arrangements;
- Good questioning techniques emerged;
- it is critical to effectively share the facilitation stage and to work as a team as it reinforces the process, prevents competition and inequality amongst facilitators;
- presentations were very well structured and logical thus linking related areas became easy;
- minimal gestures should be used to maintain interest;
- active listening was observed among certain groups. This active listening was between the team members themselves, they listened to each other which improved moral support and also made co-facilitation easier;
- introduction of ice- breakers was done effectively;
- acknowledging the community values and their capacity occurred which is a good quality that all facilitators should embrace.

Some participants had difficulty in understanding social resonance and other topic areas in the facilitator's manual. This issue needs to be addressed.

The last session thus aimed at pulling things together and filling in the gaps. This session started off by introducing the message game. This game was relayed through whispering from one person to the other. When the last person verbalised the message it was different and distorted. The meaning behind this game was that we rely on verbal communication, which can be manipulated or lost in the process, depending on who is passing the communication. A lot of information transferred to the community is verbal and can be affected by this distortion. While social resonance has been generated with the community, when it is passed on it may not depict the real or true picture. This is where follow up is necessary and important. Accuracy of information needs checking, because community conversations rely on the resonance factor. This means that messages or information will reach more people even in its distorted form. Planning can thus be based on the outcomes of resonance, to strengthen community understanding of the issues under discussion.

The programme for the last day of the workshop involved the session stated below;

Writing of individual "love" notes to each other. The objectives of this approach were meant to strengthen relationships between the participants and create a bond between people working together for a good cause. It is hoped that the bond will be sustained to facilitate strategic

links aimed at reinforcing and supporting each other during training sessions, planning, organising and conduct of community conversations.

The following commitment was also signed by all participants as a pledge to undertake the work on CCEP with diligence.

“I commit myself to use the principles values and process of CCEP to enhance my own capacity and that of my family, organisation and community, to respond to the HIV/AIDS epidemic.”

The following topics were revisited to create a better understanding.

- Story telling and analysis: The idea was to elaborate on the benefits of story telling and analysis and how the issues arising in the story should be processed for in-depth analysis. The benefits of story telling approach were stated as creating bonds, bringing about relief, discovering negative ideas and generating a healing process.

Ken Wilber’s Quadrant:

The Ken Wilber’s quadrant was stated as a simplified way of life, which embraces values, practices or action. Norms at a collective level and systems and structures that influence collective behaviour.

The topic on the Tree diagram, and a dense or in-depth description were to be revisited as and when the upskilling of participants occur.

Participants at the end presented the following items to wrap up the interesting ten days proceedings.

- songs to demonstrate the message  
 “HA CCEP ETENG GA GONA MATHATA “  
 “CCEP has landed there are no problems”  
 “RE ITHUTILE CCEP, A LA RE TSEBA NA”  
 “We have learnt about CCEP do you know us?”
- a role-play to demonstrate power relations at a kgotla forum,
- a poem on stigmatisation,
- readings from the bible. A kitso e le nang nayo e nne lesedi la tsela ya lona. “Let the knowledge you have be your light and your way”.

One of the participants was requested to summarise the workshop. He emphasised on the fact that “communities have the capacity to respond to HIV/AIDS. Facilitators should seek to enhance this capacity to make it more effective. He used the national anthem to encourage fellow participants to work hard to defend their motherland which is an inheritance from our forefathers.