



TRANSPORT SECTOR HIV/AIDS STRATEGIC AIDS PLAN

ANNEXURE B

General Guidelines for Strategy Programming

Participative methods allow participants to explore activities through some form of dialogue that enables them to make decisions regardless of what position one holds in an organisation.

One difficulty that seems to surface from time to time in development projects is that some projects or organisations are centred on personalities. The strength and weakness of the organisation becomes a reflection of the attributes of a particular individual in the organisation. The difficulty with this form of organisation is that the organisation will only function as long as that personality is available. As the personality is removed the organisation ceases to function. There is no transfer of skills and devolution of responsibilities as the projects evolve. South Africa has a strong culture of authority, where reference is to those people who are respected in society, are well read and command influence. This system of tradition inhibits a learning environment at a time when AIDS knowledge is spread across a wide spectrum of communities who are not highly schooled, but have better understanding of their community needs. These communities may hold a reservoir of knowledge that could assist in the running of an AIDS organisation.

In AIDS interventions, there is a need to investigate and encourage transfer of skills, devolution of responsibilities and consultative approach. The participants must be involved in the planning, organizing and management of projects, where the organisation leadership provides direction, supportive monitoring and supervision in an environment that permits delegation and decentralisation of activities. This approach requires a redefinition and refinement of the concept of leadership in AIDS projects, that accommodates circumstances of participants and changing nature of the management process (Sibanda 1994). The approach will also facilitate transparency, thereby enhancing the credibility of the organisations that are involved in AIDS interventions in South Africa.

Project Management and Development

In South Africa the scarcity of managerial skills in HIV/AIDS intervention organisations seems to supersede the urgency to engage in more widespread HIV interventions. Rather emphasis must now be placed on developing and applying managerial skills to the projects.

Management systems and procedures

In South Africa most of the HIV/AIDS intervention organisations are likely to lack clear-cut and adaptable management systems. HIV/AIDS intervention organisations that have management systems and procedures in place have propensity to do well in terms of internal self-organisation, accountability and reputation. A well-developed management system and procedure package permits financial accountability. The management systems may vary from one organisation to another depending on the needs and what may be relevant to a particular organisation. A general skeleton guide of simple management systems and procedures may be based on the following:

- Personnel appointment forms
- Volunteer forms
- Payout forms

- Travel forms
- Workshop forms
- Project equipment register forms
- Consultancy forms
- Coverage checklists
- Project activity checklists
- Delegation checklists
- Problem analysis checklists
- Effective leadership checklists
- Monitoring forms
- The personnel appointment file
- Volunteer file
- Salaries and allowances file
- Personnel development file
- Inter-organisational development file
- Workshop file
- Project stationery and equipment file
- Requisition file project consultancy file

Information management systems

AIDS intervention organisations may lack a comprehensive system of information management. The deficiency may be due to several reasons including:

- Lack of resources to train people on information management



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- Outdated technology resulting in delays in compilation and processing of information
- No felt need to provide information to other organisations and individuals

The situation that exists at the moment is that there is no flow of information among AIDS organisations in the country. Requests for information in various organisations is characterised by delays or decline to provide relevant information for public consumption. Lack of information among organisations may be one of the reasons for duplication of work as people are not aware of what may be happening in other organisations. Information networking is essential and needs to be carefully analysed and developed to meet the needs of various organisations.

common issues for evaluation are:

Beneficiary Capacity Building

Building beneficiary capacity is un-phenomenal as the donor syndrome currently prevails in South Africa. There are few AIDS intervention organisations that are self-reliant in the country. Beneficiary capacity building in the way of directing efforts at strengthening the skills and knowledge of beneficiaries so that they can take on responsibilities for managing the project themselves is yet to be developed further. Outreach activities are largely institutionally based, either the coordinator systematically going out to the community to meet few people or few volunteers conducting non-systemised activities. Where intervention organisations are centred on personalities and outreach activities are institutionally based, managing community participation has not been successful. The organisation becomes self-centred. There is no strong sense of ownership and stakeholders are not well defined. Such projects have tended to lose out on community or beneficiary capacity building since they give little room to innovative ideas from focused communities.

In order for the projects to be sustainable intervention organisations should be geared toward beneficiary capacity building. Some common elements in the development of beneficiary capacity building have been identified. These relate to volunteers who have participated in local projects. The elements are:

- Get to know the community volunteers in a friendly, open way to start with
- Be able to lead the volunteers' interest towards the identified community AIDS activities
- Respect the community volunteers
- Be able to provide psychological, emotional and material incentives
- Spend as much time as possible to boost their confidence and trust
- Create environment for volunteers to realise their abilities and skills by providing opportunity to display the attributes
- Be able to accommodate values, customs and beliefs

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- Find out from the volunteers their problems and needs
- Involve community volunteers in the planning and organizing process
- Allow the volunteers to participate in the evaluation of their activities and be able to show them results of their effort
- Create an environment that permits volunteers to realise that community AIDS interventions are helpful if only they help the poor and powerless gain better control over their health
- Community volunteers are not there to change people. Their work is to facilitate change
- Be able to develop on the knowledge the volunteers have about community work
- Be able to build on good positive things that the volunteers have done. Desist making an emphasis on negative aspects of the volunteers' lives
- During discussion always sit in a circle, never adopt a lecturer type of setting
- Discussion should begin with what is familiar to the volunteers, otherwise you may lose touch
- Facilitate treatment of certain ailments as STD's

The ultimate aim in encouraging beneficiary capacity building is project sustainability.

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