

**AN EVALUATION OF THE DEVELOPMENT PROCESS OF THE YOUNG  
WORKERS' CAMPAIGN PROGRAMME IN SOUTH AFRICA**

**by**

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## DECLARATION

I, Muziwakhe Alfred Tshabalala, hereby solemnly declare that "An evaluation of the development process of the Young Workers' Campaign Programme in South Africa" is my own work and that all the sources that I have used or quoted have been indicated and acknowledged by means of complete references. I also solemnly declare that this work has not previously been submitted for any other degree at any other university.

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Date

## DEDICATION

I dedicate this dissertation to

- God, for giving me life, wisdom and courage.
- my late father and mother for being wonderful, caring, loving and supportive parents.
- my son who has been my inspiration; seeing you grow and being so dedicated to your work makes me very proud.
- my brother, who has provided me with the opportunity to realise my dreams and ambitions.

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## **SUMMARY**

The study was about the process evaluation of the development of the YOUNG WORKERS CAMPAIGN (YWC) Programme to document and analyses the involvement and participation of stakeholders in the development process.

The purpose of the study was on the assessment of stakeholder participation and involvement in the development of the YWC to maximise the effectiveness, acceptability and sustainability of the intended programme.

Informant interviews, focus group interviews and document analysis were the primary means of collecting data for this research study.

The main findings are as follows: Few of the stakeholders were involved in the conceptualisation phase of the YWC Programme and their roles in the development process were not clearly described. Stakeholder analysis was not done and their involvement in decision-making was limited.

In order to address the problem of participation, YWC stakeholders should pass through a process of stakeholder analysis, that is, they should be assessed in terms of contribution and value-adding to the development process.

Key terms:

Evaluation; development process; empowerment; Young Workers' Campaign; programme; stakeholders; implementation, effectiveness, stakeholders involvement, South Africa

## **LIST OF ACRONYMS AND ABBREVIATIONS**

AIDS	Acquired immuno deficiency syndrome
AILSCSA	American International Labor Solidarity Center South Africa
COSATU	Congress of South African Trade Unions
COMMIT	Community Intervention Trial for Smoking Cessation
DoH	Department of Health
FEDUSA	Federation of Democratic Unions of South Africa
HIV	Human immune virus
MAI~SBC	Miles and Associates International Success by Choice
MoU	Memorandum of Understanding
MRFIT	Multiple Risk Factor Intervention Trial
NACTU	National Council of Trade Unions
PMTCT	Prevention for mother to child transmission
UNISA	University of South Africa
SADTU	South African Democratic Teachers Union
SC/SA	Solidarity Centre South Africa
TAC	Treatment Action Campaign
YCG	Youth Channel Group
YOPECOP	Youth Personal Concept Project
YWC	Young Workers' Campaign
YWCP	Young Workers' Campaign Programme
YWCHPP	Young Workers' Campaign Health Promotion Programme
YWCPDP	Young Workers' Campaign Programme Development Process
YWCHPPD	Young Workers' Campaign Health Promotion Programme Development
YWCP	Young Workers' Campaign Programme (this programme was designed for people aged 20 to 34)

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## **CHAPTER 1: OVERVIEW OF THE STUDY**

### **1.1 INTRODUCTION**

HIV-AIDS programmes are important in preventing the spread of HIV among young adults in Southern Africa. The effectiveness and sustainability of these programmes depends on the processes and procedures used to develop the programmes. Evidence shows that programmes developed without the involvement of stakeholders become less effective over time, particularly if the people feel that the programmes have been imposed on them (Tones & Tilford 1994:268). The participation of stakeholders in the development of a programme ensures that the solutions are both relevant and culturally appropriate to the group, and that they create an enabling environment for behavioural change.

Many approaches which have concentrated on the prevention of the transmission of HIV have failed to address the socioeconomic context of sexual behaviour and communities' understanding of HIV and AIDS (Webb 1997:194). An understanding of sexual practices as part of a community's construction of the epidemic is important in addressing the spread of HIV. The sexual and cultural practices that increase the risk of HIV-infection are dry sex, prostitution, polygamy, circumcision and cultural beliefs (Whiteside & Sunter 2000:18). This means that individuals and organisations developing HIV-AIDS health prevention programmes must understand how to influence a community's construction of HIV, its transmission and people's risky behaviour. Although some of the interventions, such as the biomedical interventions, prevention-of-mother-to-child transmission (PMTCT) and barrier methods (condoms) have been successful in preventing and reducing the risk of HIV-infection (Berer 2003:63), there is still much to be done to change the social context that influences behaviour.

The social and economic factors that influence people's vulnerability to the disease (HIV and AIDS) are unemployment, poverty, ignorance, gender inequality and cultural factors. According to Rugalema, Wrigang and Mbwika (1999:34), food insecurity is another factor which contributes to people's vulnerability to HIV and AIDS. A study conducted in Kenya found that families afflicted by AIDS often find themselves facing starvation, malnutrition and poverty (Rugalema, Wrigang and Mbwika 1999:32-36). The Kenyan study shows that food insecurity is one factor behind some of the widows' involvement in casual sex; in other words, these widows sometimes engage in casual sex in order to buy food for their families. The above-mentioned factors are challenges that programme developers must embrace when developing relevant health programmes. By involving stakeholders in the development of health programmes, organisations and individuals can develop a broader understanding of communities' sexual practices, lifestyles, knowledge of HIV-transmission and prevention, and cultural beliefs. While stakeholder participation is crucial in the development of effective and successful HIV-AIDS programmes, it is not the only factor which influences the success or failure of such programmes. According to Tones and Green (2004:109), health programmes are more likely to be successful if planning is approached in an inclusive way, that is, in a way that involves all the stakeholders.

This study examines some of the obstacles and challenges facing HIV-AIDS prevention programmes. It does so through a detailed study of the development process of the Young Workers' Campaign Programme. Like most HIV-AIDS development programmes, this one uses the methods of stakeholder involvement and participation, and multi-stakeholder partnerships to address its goals. According to Campbell (2003:1), the concepts "participation" and "partnership" serve as articles of faith in the successful development of programmes around the world. Understanding the processes whereby stakeholder involvement, participation and partnerships might achieve their alleged beneficial effects is, however, still in its infancy in HIV-AIDS programme development. The central

goal of this study is thus to understand how and why stakeholder participation could lead to effective HIV-AIDS programme development. A secondary goal is to highlight the possibilities and limitations of stakeholder participation and stakeholder partnerships as methods used to develop effective HIV-AIDS programmes.

## **1.2 BACKGROUND TO THE STUDY**

Many HIV-AIDS programmes have not been as successful as they were expected to be and have thus not curbed the spread of HIV on the African continent. HIV-infection among pregnant women in South Africa is increasing (South Africa, Department of Health 2003:6). Webb (1997:194) asserts that many HIV-AIDS prevention programmes have failed because of their characteristic short-term-interventionist nature, that is, because they concentrate on the prevention of transmission of HIV. Such prevention programmes fail to take into account the social context which influences behaviour (Webb 1997:192-194). The social context variables which influence behaviour and which place individuals at risk are cultural norms, laws and gender inequality.

Webb (1997:31-33) argues that many communities in Africa live in poverty, which contributes to the spread of HIV. Research conducted in Johannesburg, Soweto and Katanga confirms that women are forced into prostitution for financial reasons (Webb 1997:143-146). Laverack (2004:20) argues that the health approach (e.g. the behavioural approach, the socio-environmental approach or the medical approach) followed in health promotion is important for the success of the programme. The participation of stakeholders will highlight issues which will enable programme planners to develop more suitable programmes for that particular community.

The Young Workers' Campaign Programme (hereinafter referred to as YWCP) is a health promotion programme. A health promotion programme can be defined as an "aggregate of all purposeful activities designed to improve personal and

public health through a combination of strategies, including the implementation of behavioural change strategies, health education, health enhancement, health protection measures and health maintenance” (Anspaugh, Dignan & Anspaugh 2000:4). Laverack (2004:9) uses the WHO’s definition which states that “health promotion is a process of enabling people to increase control over and improve their health”. The YWCP is a health promotion programme as it encompasses health education, prevention strategies, skills development and behaviour change strategies.

The YWCP targets young workers within the trade union movement in the workplace (American Center for International Labor Solidarity 2004:1). Societal conditions (e.g. poor housing, lack of recreational facilities and being away from home for weeks/months) which fuel the epidemic in the community also apply to workers, but working conditions can and do increase the likelihood of new HIV-infections. HIV-infections may result from direct occupational exposure or working conditions which encourage risky behaviour (Joint United Nations Programme on HIV/AIDS 2000a: 9). Rugalema et al (1999:32) explain that work-related stress, lack of recreational facilities and extra income earned from overtime work are all factors which drive workers to consume alcohol (especially beer) and to engage in commercial sex (buying sex) -- all these factors contribute to an increase in risky behaviour. The YWCP aims to reduce and prevent the spread of HIV among young workers in the workplace and in communities through HIV-AIDS education in the following core areas of HIV-prevention and health:

- Health and sexuality education
- HIV-AIDS and TB-transmission
- Male involvement in HIV-prevention
- Care and support
- Culture and HIV
- Voluntary confidential counselling and testing
- Management of HIV in the world of work

- Leadership skills and HIV
- Facilitation skills
- Monitoring and evaluation of HIV programmes
- Human rights and the law (American Center for International Labor Solidarity 2004:2)

AIDS morbidity and mortality can reduce business productivity, increase costs and lead to the loss of customers (Whiteside & Sunter 2000:99). An increase in the impact of HIV and AIDS on households leads to a decrease in market demand for products and services, as households are no longer able to afford to buy goods due to the loss of income which goes hand-in-hand with the death of a breadwinner. According to the Joint United Nations Programme on HIV/AIDS (2000b:16), HIV-infected individuals need extensive and costly medical support; their insurance premiums and pension fund contributions also increase as companies are forced to prepare for their early retirement and/or death.

These HIV and AIDS-related consequences are as much a concern for trade unions as for employers and the community (American Center for International Labor Solidarity 2004:8). According to Nicholson (quoted in the American Center for International Labor Solidarity's Young Workers' Campaign Programme proposal document 2004:8), the majority of union members earn below the minimum wage (e.g. below R2 640 per month for chemical workers and R1 426 per month for mineworkers). The YWCP aims to strengthen the capacity of South African trade unions to implement effective behavioural change programmes and HIV-prevention and education programmes to reduce the rate of HIV-infection.

The YWC aims to achieve the following through a participatory learning experience:

- To improve the general health status of young workers by encouraging the adoption of healthy and risk reduction behaviours.
- To increase the capacity of young workers aged 20 to 34 years, to develop and implement HIV-prevention programmes and policies in the workplace.

- To encourage young workers to know their HIV-status.
- To increase the involvement of young men in HIV-prevention efforts and to increase efforts to combat violence against women.
- To enhance the participation of young workers in trade union structures and campaigns (American Center for International Labor Solidarity 2004:18-19).

Given the complex social and cultural milieu in which we live, it is not surprising that many HIV-AIDS prevention programmes have not succeeded in changing behaviour. In working towards achieving the above-outlined outcomes, the Young Workers' Campaign Programme has involved stakeholders (COSATU, FEDUSA & NACTU), MAI-SBC, a partner organisation, and other organisations in the YWCP development process. Campbell (2003:46) believes that stakeholder participation in the development of health programmes is crucial for addressing issues such as cultural differences and communication difficulties that are believed to undermine the level of health provision. Despite the growing emphasis on stakeholder participation, much remains to be learnt about how stakeholder participation and involvement enhance health promotion programmes. Stakeholders often have different perceptions of how a community understands HIV and AIDS, and this has implications for the health programme to be developed (Campbell 2003:161).

Traditionally, health promotion programmes were developed using top-down processes (Jones, Sidell & Douglas 2002:34-38). People were informed about the programmes, but were not involved in or consulted about their design. This contributed to the unsuccessful implementation of the Multiple Risk Factor Intervention Trial (MRFIT) and the Community Intervention Trial for Smoking Cessation (COMMIT) (Laverack 2004:14). Programmes built on the principle of participation emphasise the need to work from people's needs (Tones & Tilford 1994:268). Participation in the Young Workers' Campaign Programme Development Process (YWCPDP) is crucial, because stakeholders can convey their understanding of the causes of HIV-transmission, which will enable the programme developers to develop a united approach to health promotion.

### **1.3 PROBLEM STATEMENT**

HIV-AIDS prevention programmes have become important tools in preventing the spread of HIV in South Africa. The success or failure of such programmes depends largely on stakeholder involvement and participation in the development thereof. Statistically, the number of South Africans being infected with HIV is increasing (Shisana, Rehle, Simbayi, Parker, Zuma, Bhana, Connolly, Jooste, Pilay 2005:33-44). Stakeholder analysis is thus a prerequisite for stakeholders to make an effective contribution to the development of effective HIV-AIDS health promotion programmes meeting the needs of people living with HIV and/or affected by HIV and AIDS.

Laverack (2004:48) believes that those health promotion programmes that fail to involve stakeholders in programme assessment and decision-making, fail to achieve their purpose. The degree and quality of information to which stakeholders have access through participation in decision-making processes, has important implications for the success of programmes. According to Ryan (1999:34), information sharing is important as it provides a level playing field for stakeholders in terms of participative decision-making. Laverack (2004:50) supports this view and states that an assessment of programme-related problems builds capacity (i.e. when stakeholders find solutions to identified problems) and gives rise to a common understanding of issues that need to be addressed.

Traditionally, programmes which aim to target behavioural change are developed by outside experts for a passive target group (i.e. top-down programming). Laverack (2004:74) believes that top-down programming is a “manifestation of power-over, in which the outside agent exercises control” over the primary stakeholder. He furthermore believes that top-down programming is risky for stakeholders (communities), in that they are encouraged to participate in programmes that are not necessarily suitable. Stakeholder participation is thus

essential in programme development, “although this has proved to be logically difficult to effect in some cases” (Webb 1997:213).

Stakeholders need to fulfil the function of a gatekeeper (e.g. PLWHA and funders), as they are the people with a vested interest in the programme (Population Council s.a.: 20-21). They should be involved from the design phase (proposal) onward so that they are able to address their concerns, draw attention to their priorities and feel a sense of ownership in the programme. In addition, discrimination, fear of disclosure and failure on the part of programme initiators to clearly establish how the programme will benefit stakeholders will result in a low level of stakeholder participation (Twyford & Baldwin 2006:5; O’Shaughnessy s.a.:9-11). Stakeholders are the key to the success and sustainability of programmes.

There is wealth of evidence which suggests that a lack of stakeholder involvement and participation in the development of HIV-AIDS programmes results in

- unsuccessful programme development
- a lack of collective commitment to a common programme
- a lack of development in terms of effective HIV-prevention programmes
- rejection of the programme by end users

Uganda, Senegal and Thailand, for example, were hard hit by the epidemic in the 1980s. But a strong political commitment, the involvement of various ministries and multilevel responses (at national, provincial, district and community levels) brought about behavioural change which helped to contain the epidemic (Joint United Nations Programme on HIV/AIDS 2001a:1, 5 & 10). Campbell (2003:188) indicates that the project goal of the Summertown project failed due to a lack of commitment to actively involve stakeholders in the range of project activities.

The Summertown project was a community-led HIV-prevention intervention in a mining community near Johannesburg. The funding agency had commissioned a

consultancy company to write the Summertown project proposal. The local stakeholders were not involved or fully participating although there was ample consultation with some of the stakeholders that had resulted into a limited sense of ownership of the original ideas of the project (Campbell 2003:38-39). During the implementation of the Summertown project other stakeholders or project actors were not familiar with the project goals and it reinforced a passive attitude among stakeholders to participate in the implementation of the project.. Campbell (2003:153-154) furthermore argues that the nature and extent of stakeholder participation has negative implications for the programme. Mining stakeholders, for example, varied in their degree of commitment and this may be one of the reasons why the Summertown project failed to achieve its goals. Stakeholder analysis, however, would have assisted the programme initiators to understand the interests of stakeholders and the ways in which these interests affected project risk and viability (Schmeer s.a.:6).

#### **1.4 THE RATIONALE FOR THE STUDY**

Effective HIV -AIDS prevention programmes are imperative for the future benefit of all South Africans. However, the development of effective HIV-AIDS programmes depends on the participation and involvement of multi-stakeholders in the development phases of such programmes. Tones and Tilford (1994:268-269) state that active community (stakeholders) participation in health promotion programme development empowers individuals to achieve equity and to address inequalities, which are significant barriers in achieving health goals. The WHO (Jones et al 2002:58) sees stakeholder engagement in health programmes as an essential way of unlocking valuable knowledge. Campbell (2003:138) argues that the success of HIV -AIDS prevention programmes is most likely to be maximised when located within the broader community (stakeholders) and social context that enables and supports health-enhancing behavioural change.

Despite the theoretical importance of stakeholder involvement and participation in the development of health promotion programmes, there is a lack of empirical

evidence on the extent of the involvement required and the nature of the dilemmas encountered. Stakeholders might, for example, have different reasons for participating in HIV -AIDS programmes and these reasons might contribute to the success or failure of such programmes. According to Laverack (2004:87), communities (stakeholders) participate in health promotion programmes to assess their health needs and problems, and so that they can act to implement solutions. The challenge for HIV-AIDS programme planners is how to evaluate stakeholder participation. The process of evaluating this challenge in the YWCP was to examine the procedures, tasks and level of stakeholder participation and involvement in the development processes of the programme.

In view of the above, the rationale for this study was to investigate stakeholder participation and involvement in the development of the YWC Programme so as to develop an understanding of the value of stakeholder participation in the development of a successful programme. This study also contributes to the development of an effective monitoring and evaluation system for the YWCP.

## **1.5 THE PURPOSE OF THE STUDY**

The purpose of the study is to demonstrate that the participatory involvement of stakeholders in the development of the YWC Programme is important for the effective and efficient development of the YWC Programme. More precisely, the purpose of the study is to establish what works and what does not work, suggest measures to be taken in order to enhance the development processes of HIV-AIDS programmes, and to provide guidelines on HIV-AIDS programmes development processes that may be replicated in other countries.

## **1.6 BROAD OBJECTIVES**

Based on the above-mentioned rationale, the broad aims are to retrospectively assess the participation and involvement of stakeholders in the development processes of the YWC, so as to determine what worked and what did not, and to

have an idea which stakeholders to involve during the implementation of the programme.

## **1.7 RESEARCH OBJECTIVES**

1. To assess stakeholder participation and involvement in the development processes of the YWC Programme.
2. To classify the various activities, to assess what worked and what did not work, and to evaluate the effectiveness of each activity according to the objectives of the programme.
3. To ascertain which mechanisms were used to ensure stakeholder involvement.
4. To assess the level of stakeholder and partner participation in terms of time and human resources utilised in the development processes of the YWC Programme.
5. To assess the strengths, weaknesses, opportunities and threats of participant involvement and participation in the development process of the YWC Programme.
6. To document the overall development process of the YWC Programme and to present recommendations and conclusions.

## **1.8 CENTRAL RESEARCH QUESTION**

The above-mentioned research objectives give rise to the following central research question:

To what extent does the development process of the YWC Programme follow the participatory principle of programme development? Does stakeholder participation and involvement in the Young Workers' Campaign Programme Development (YWCPD) contribute to the successful development and implementation of the programme?

### **1. 8.1 Questions to structure information gathering**

In terms of the research objectives stated in section 1.7, the following secondary research questions were formulated:

- **Question based on objective 1:** What was the nature of the stakeholder participation and involvement in the development phase?
- **Question based on objective 2:** What were the activities? What were the successes and failures of each activity? How did each activity match up with the objectives of the programme?
- **Question based on objective 3:** What mechanisms were used to ensure effective stakeholder participation in the YWC development process?
- **Question based on objective 4:** What was the level of participation in terms of time devoted and human resources utilised?
- **Question based on objective 5:** How did the stakeholders experience their participation in the development of the YWCP and what were the strengths, weaknesses, opportunities and threats?
- **Question based on objective 6:** What lessons did the stakeholders participating in the Young Workers' Campaign Programme Development Process (YWCPDP) learn?

### **1.9 DEFINITIONS OF KEY CONCEPTS**

Some of the key concepts used in this study are now defined:

#### **Evaluation**

Evaluation is defined as the general process of weighing or assessing the value of something (De Vos, Strydom, Fouche & Delpont 2002:374). According to Webb and Elliott (2002:9), evaluation is the careful examination of an ongoing programme including the programme design, implementation and outcomes. For the purpose of this research I define an evaluation process as the examination of participation by stakeholders in the development process of a programme.

## **Impact evaluation**

Impact evaluation refers to an attempt to assess the effects produced by programmes and the extent to which such results measure up to programme goals (Ovretveit 2002:15). According to Di Lima and Schust (1997:314), impact evaluation focuses on the long range of the programme and changes.

## **Process evaluation**

Process evaluation examines the procedures and tasks involved in implementing a programme (Di Lima & Schust 1997:313). Process evaluation gives people participating in the development of a programme an understanding of how the programme works and what it intends to achieve.

## **Programme**

A programme resembles a project in that it is a set of objectives designed to facilitate the achievement of specific objectives on a large scale over a longer timeframe (Cushworth & Franks 1993:1). Babbie and Mouton (2001:335) define a programme as any intervention or set of activities mounted to achieve external objectives to solve identified problems. According to Kirst-Ashman and Hull (2006:223), a programme is an aggregate of actions directed towards accomplishing a single goal.

## **Programme development**

This refers to a coordinated group of activities directed towards achieving defined objectives and targets (Ministry of Health 2003:11).

## **Implementation**

Implementation is defined as a series of activities or steps undertaken to achieve a set of goals or missions (Swanepoel, Erasmus & Van Wyk 2000:49). In the context of this study, I define implementation as the process of putting into action the designed plan of development processes.

## **Efficiency**

Efficiency is defined as a measure relative to effectiveness, that is, how successful a programme has been in comparison to competing strategies or methods (Tones & Green 2004:315).

## **Effectiveness**

Effectiveness refers to the extent to which a programme has achieved its goals (Tones & Green 2004:315). Kartz and Peberdy (1997:278) refer to effectiveness as the extent to which aims and objectives are met.

## **Empowerment**

Empowerment is defined as an enabling process through which individual and communities take control of their lives and the issues which concern them (MacDonald 2003:46). Kirst-Ashman and Hull (2006:342) define empowerment as those strategies used to enhance the personal and interpersonal ability or power of individuals to help themselves.

## **Stakeholders**

A stakeholder is an individual or a representative from an organisation or an interest group who has a strong interest in the programme or project. Ovreteit (2002:23) defines stakeholders as "people or groups with an interest in the

service or affected by it in some way". Following this, stakeholder involvement or participation is the process by which stakeholders influence and share control in the programme development processes. According to the Oxford English Dictionary (2000:989), involvement means "included, concerned, and emotionally engaged with". Involvement thus implies active, ongoing, joint work that is participatory (taking part in) or consultative.

### **1.10 PROBLEM EXPERIENCE AND LIMITATIONS**

This study has a number of limitations. I found it difficult to interview all the participants involved in the development of the YWC because of their work commitments. Time and financial constraints did not allow for a comprehensive and in-depth exploration of all the issues involved in the development of the YWC development process. A small sample thus formed the focus group for this investigation, and this has implications in terms of the generalisation of the study.

The small size of the sample increases the likelihood that the observation just happened to be particularly good or particularly bad. It will, therefore, be harder to find significant relationships from the data, as statistical tests normally require a larger sample size to justify that the effect did not just happen by chance.

### **1.11 DEMARCATION OF THE STUDY**

Although there are a number of HIV-AIDS programmes in circulation, this study focused only on the development of the YWC Programme, developed by the American Center for International Labour Organisation (Solidarity Center South Africa), based in Braamfontein, Johannesburg.

The reason for selecting this organisation was that this organisation develops its programmes in conjunction with stakeholders. Most of the stakeholders' offices are in the area and this enabled the researcher to attend stakeholder meetings and to gain access to information from the participating stakeholders.

## **1.12 AN OUTLINE OF THE CHAPTERS**

This dissertation of limited scope comprises the following chapters:

Chapter 1: Overview of the study

Chapter 2: Literature review

Chapter 3: Research methodology

Chapter 4: The Young Workers' Campaign Programme

Chapter 5: Evaluation of project outcomes

Chapter 6: Discussion of findings and recommendations

## **CHAPTER 2: LITERATURE REVIEW**

### **2.1 INTRODUCTION**

This chapter provides an overview of the socio-historical context of the study. In the first section, the problem of HIV and AIDS in society and in the workplace was outlined. In the second section, the background to the Young Workers' Campaign (YWC) was discussed.

### **2.2 EPIDEMIOLOGICAL PERSPECTIVES ON HIV AND AIDS**

The AIDS epidemic in South Africa is now well established and represents one of the most devastating diseases for the future of the country. HIV and AIDS affect everyone. It knows no colour, age, gender, race or social group. Today HIV and AIDS have become the most studied diseases in history (Webb 1997:1). Most researchers have, to date, focused on the cause, spread, cure, prevention and origin of HIV and AIDS.

While there is no cure for HIV, the disease can be prevented if programmes such as the YWC are implemented. Preventing HIV-infection among young workers and the community requires an understanding of the vulnerability of young workers. According to the South African National HIV survey of 2005, HIV-infection rates vary according to age (Shisana et al 2005:35).

The following tables illustrate the increases and decreases in the prevalence of HIV-infection in 2002 and 2005.

**Table 2.1: Estimated percentage of HIV-prevalence by age and gender among South Africans (2002)**

Age (years)	2-14	15-19	20-24	25-29	30-34	35-39	40-45	45-49	50-54	55+
Male prevalence%	5	4	8	22	24	18	12	12	5	7
Female prevalence%	6	7	17	32	24	14	19	11	8	7

Source: Adapted from Shisana et al 2005:52

**Table 2.2 Estimated percentage of HIV prevalence by age and gender among South Africans (2005)**

Age (years)	2-14	15-19	20-24	25-29	30--34	35-39	40--45	45-49	50--54	55-59	60+
Male prevalence%	3,2	3,2	6,0	12,1	23,3	23,3	17,5	14,2	10,3	6,4	4,0
Female prevalence%	3,5	9,4	23,9	33,3	26,0	19,3	12,4	8,7	7,5	3,0	3,7

Source: Adapted from Shisana et al 2005:34-35

The findings of the 2005 survey show that HIV-prevalence among those aged 20 to 34 is still increasing, although there is a slight decline in the infection rates of those aged 25 to 29 (Shisana et al 2005:35). The increase in the number of HIV-infections among women may be as a result of rape, blood transfusions and cuts during birth. According to the National HIV and Syphilis Antenatal Sero-Prevalence Survey in South Africa 2004 and the South African National HIV-prevalence, HIV Incidence Behaviour and Communication Survey (South Africa, Department of Health 2004:8-10; Shisana et al 2005:34), different age groups have different rates of infection, which suggests that there are different patterns of risk. HIV-infections are increasing among the 20 to 34 year age group, especially for women.

In addition, Shisana et al (2005:34), has also shown that HIV-prevalence among men increases from age 34 to 60 years and older. This shows that in order to develop an effective YWC-AIDS programme for men, programme designers need to consider age differentials in prevalence rates. In terms of the global population, the number of people living with HIV continues to increase in several regions, most markedly in sub-Saharan Africa (Joint United Nations Programme on HIV/AIDS 2003:2). The Joint United Nations Programme on HIV/AIDS (2005:1-5) estimates that 40,3 million (between 36,7 and 45,3 million) people globally are living with HIV and close to 5 million (between 4,3 and 6,6 million) people were newly infected with HIV in 2005.

Sub-Saharan Africa is home to 25,8 million people living with HIV --- that is an increase of almost one million since 2003 (The Joint United Nations Programme on HIV/AIDS 2005:2). Despite much improved antiretroviral treatment and care in many parts of the world, the AIDS pandemic claimed 3,1 million (between 2,8 and 3,6 million) lives across the world in 2005, of which more than half a million (between 420 000 and 580 000) were children (Joint United Nations Programme on HIV/AIDS 2005:1). In sub-Saharan Africa, AIDS has claimed 2,4 million (2,1-2,5) adults and children (Joint United Nations Programme on HIV/AIDS 2005:17).

**Table 2.3: A global summary of the AIDS epidemic (1999-2005)**

<b>Year</b>	<b>1999</b>	<b>2001</b>	<b>2003</b>	<b>2005</b>
Number PLWHA	33,6	40	40	40,3
Number of newly infected	5,6	5	5	4,9
AIDS death	2,6	3	3	3,1

Source: AIDS epidemic update (Joint United Nations Programme on HIV/AIDS 1999:1; 2001:1; 2003:1; 2005:1)

The YWCP has the potential to curb new HIV -infections through lifeskills training and leadership education. The YWCP offers health-related lifeskills and health education that aims to equip young workers with the knowledge, attitudes and

skills they need to help them avoid risky behaviour and to adopt healthier lifestyles. “The skills-based health education is an approach to create or maintain a healthy life style through acquiring knowledge, attitude and skills using a variety of learning experiences, with an emphasis on participatory methods and lifeskills abilities for adaptive positive behaviour that enables an individuals to deal effectively with the demands and challenges of every day life” (World Health Organisation s.a.:3). According to African Development Bank (2001: 2), lifeskills-based education teaches problem solving, critical thinking, self-management and interpersonal skills that will help young workers to acquire knowledge and attitudes that support the adoption of healthy behaviour. Lifeskills-based HIV-AIDS education must not be an optional add-on programme, but rather should become part of comprehensive skills-based education programmes and mainstream curricula in workplaces.

The success or failure of the skills-based HIV-AIDS education programmes depends on effective stakeholder participation in the development of such programmes. Stakeholder participation enables programme developers to develop an in-depth understanding of the way in which HIV is spreading in a particular community (Campbell 2003:152). It is thus essential to include local and other affected stakeholders (especially those living with HIV) in the planning, implementing, monitoring, managing and evaluating processes so as to avoid programme failure (O’Shaughnessy s.a.:9).

Sprague, Nishioka and Strieber (s.a.:20-22) believe that the lifeskills programme called *Skills for Success* (SFS), which was designed to improve discipline in schools, is a success. Those schools that place at-risk learners in an on-site *Skills for Success* (SFS) programme have indicated that fewer learners had problems with the school discipline than those who were placed at non- SFS programme sites. It is also confirmed by the results from the research conducted at northwest region of USA from two middle schools that had showed the higher reduction of 35% in overt aggression from learners that have attended the SFS

programme than the comparison school 26 % (Sprague, Nishioka & Strieber s.a.:21).

The WHO (s.a.:26), which supports Sprague, Nishioka and Strieber's view (s.a.:20-22), states that skills-based health education reduces high-risk sexual activity that can result in STIs or HIV-infections. In a USA study, a Lifeskills Training (LST) programme was conducted at 56 schools and the results show that a LST can significantly help to reduce marijuana, cigarette and alcohol abuse. Alcohol and marijuana are also known to be two factors which fuel the spread of HIV. Many people under the influence of alcohol behave uncontrollably; they often do things which they later regret. In addition, an evaluation of a skills-based AIDS intervention in Zimbabwe, for example, showed that most female student were knowledgeable about condoms and their correct use; female students also tended to have a higher levels of self-efficacy than their male counterparts. Findings from this study show that female students reported fewer sexual partners after four months of the intervention than their male counterparts who participated in the lecture (WHO s.a.:26).

This is also confirmed by two studies --- one in the USA on sexuality and HIV education and the other in Nigeria on HIV-prevention ([www.freshschool.org](http://www.freshschool.org)). Both these studies confirm that sex education based on lifeskills is more effective than other forms of education in bringing about behavioural changes in adolescents: Use of contraceptives, delaying sexual debut, delaying the onset of alcohol and marijuana use, and developing attitudes and behaviour necessary to prevent HIV-infection. The lifeskills intervention, if developed together with all the relevant stakeholders, has great potential to change people's behaviour .

All programmes need to be designed in such a manner that they reflect the sociocultural norms, values and religious beliefs of the communities which they aim to help; they also need to be monitored on a regular basis.

Evian (2002:21) believes that the following factors contribute to the susceptibility of young workers to HIV :

- Economic dependency, which makes it difficult for women in particular to protect themselves.
- Lower levels of literacy, which keep people ignorant about the existence of HIV.
- High levels of unemployment. This forces people to leave their families to seek employment in urban areas, which often results in unplanned sexual activities.
- A breakdown of traditions, beliefs and customs in the community which may lead young men and women to engage in sexual practices before they are mature enough to take responsibility for their decisions.

There is no single factor that contributes to young adult workers vulnerability to HIV.

The next section is a further exploration of young workers' vulnerability.

### **2.3 YOUNG WORKERS IN WORKPLACES**

Young workers are found in all economic sectors of society. The physical vulnerability of young workers to HIV-infection depends on the sector in which they are employed. According to Alcamo (1993:141), health workers are exposed to HIV through needle sticks, cuts, and so on. Workers in other sectors are vulnerable to HIV through discrimination, stigma and the violation of their right to safety. Although Ellis and Terwin (2004:24-25) acknowledge that some economic sectors are in a process of developing HIV-AIDS policies (which will protect workers from occupational injuries and HIV-infection), young workers are under-represented in decision-making structures in many workplaces. The Basic Condition of Employment Act (No 75 of 1997; hereinafter referred to as the BCEA) provides for basic rights for all workers, but fails to offer sufficient

protection for vulnerable workers such as young workers (South Africa, Department of Labour 1997:5-40). HIV-AIDS programmes like the YWC will empower young workers to protect themselves against HIV-infection.

In the following section, I explore the vulnerability of young workers in various sectors.

### **2.3.1 The vulnerability of young health workers to HIV and AIDS**

It is more than likely that young health workers will be exposed to HIV and AIDS in the workplace. This may occur through patients' open wounds, exposure to mucous membranes, and so on (Alcama 1993:141). Evian (2002:306) argues that health workers are at risk, because of patients' open sores on the skin or because of being exposed to injuries for HIV-transmission. The Constitution of South Africa which guarantees a patient's right to privacy also has implications for health workers (Barrett-Grant, Caesar, Fine, Heywood & Strode 2001:83). Is it, for example, acceptable to inform health workers about the HIV-status of a patient living with HIV. The patient also has the right to keep his/her status to himself.

### **2.3.2 The vulnerability of young educators to HIV and AIDS**

Educators are vulnerable to HIV-infection for a number of reasons. Firstly, they are often placed in schools away from home, which forces them to leave their homes and families (Kinghorn, Rugeiyamu, Schierhout, Johnson, McKay, Ndegwa, Coombe, Mendelsohn & Villet 2002:35). Secondly, they generally have higher levels of disposable income than the general population, which grants them a higher degree of mobility and social status (Kinghorn et al 2002:35). Shisana et al (2005:116,118,121) note that factors which drive the AIDS epidemic among educators include low and inconsistent condom use, multiple partners and mobility (regularly spending nights away from home). A combination of these factors increases the likelihood of risky behaviour.

### **2.3.3 The vulnerability of young transport workers to HIV and AIDS**

Workers in the transport industry are at high risk of HIV-infection, because of their mobility and time spent away from home (Bollinger, Stover, Kerkhoven, Mutangadura & Mukurazita 1999:7). According to the Joint United Nations Programme on HIV/AIDS (2003:37), the vulnerability of transport workers can be attributed to

- poor working conditions
- delays at border gates
- a lack of access to health services
- conditions of service, salaries and poor relationships with employers

The above factors contribute to the vulnerability of transport workers to HIV and AIDS. Lack of knowledge also increases vulnerability to HIV and AIDS. The YWC Programme has an important role to play in protecting transport workers from HIV-infection through HIV-AIDS education.

### **2.3.4 The vulnerability of young farmworkers to HIV and AIDS**

Farmworkers are vulnerable to HIV and AIDS just as migrant workers are in the mines and in the construction industry ([www.hist.org.za](http://www.hist.org.za)). Farmworkers live in compound accommodation, tents or shacks which are unhygienic, overcrowded and which lack privacy (Joint United Nations Programme on HIV/AIDS 2003:58). These factors make them vulnerable to HIV and AIDS, as they could become involved in sexual activity to improve their living conditions. According to Webb (1997:31-33), the absence of markets in farms (places to sell their produce) and proper wages for agricultural workers makes them vulnerable to HIV and AIDS, as women will exchange sex for money.

A study conducted by the South African Migration Project (SAMP) in (2000) found that most foreign migrants working on South African commercial farms earn an average of between R2,00 and R23,00 per day (Joint United Nations Programme on HIV/AIDS 2003:58). In addition, the agricultural sector employs many undocumented farmworkers and border-crossers who are reluctant to access health services for fear of revealing their work status to the authorities and risking deportation. According to Colvin (2000:335,337-339), untreated STIs/STDs in either partner increase the risk of HIV-infection. The Joint United Nations Programme on HIV/AIDS (2003b:58) argues that the vulnerability of farmworkers is enhanced by seasonal contracts which increase their mobility. In addition, the vulnerability of young farmworkers increases because of a lack of HIV-prevention knowledge and the absence of HIV-AIDS programmes and STI-services on farms.

## **2.4 AIDS IN THE WORKPLACE AND ECONOMY**

Businesses in South Africa play a crucial role in raising the general standard of living through employment, wealth creation and the supply of goods and services (Whiteside & Sunter 2000:98). The spread of HIV worldwide and the growing number of people affected by the disease makes business vulnerable to HIV and AIDS. The vulnerability of business is due to a decline in economic growth; increased absenteeism; a decline in production, labour supply and demand; pensions, employee benefits, and savings or investments. Each of these factors is discussed below.

### **2.4.1 Decline in economic growth**

Illness, absenteeism and the death of economically active people due to HIV and AIDS cause businesses to divert resources from savings to care (Whiteside & Sunter 2000:85). According to the Joint United Nations Programme on HIV/AIDS (2002b:10), illness and increasing numbers of deaths in the workforce result in

the loss of skills and tacit knowledge. This has cost implications for companies as they look for replacements. Whiteside and Sunter (2000:88) believe that HIV and AIDS has further cost implications to companies, as they are forced to pay more for medical aid or disability coverage. Economic growth, from recent calculations, has fallen to between 2 and 4% in sub-Saharan Africa (Joint United Nations Programme on HIV/AIDS 2002a:56). In addition, absenteeism from work stemming from AIDS-related illnesses results in an increase in workloads and poor production.

#### **2.4.2 Labour supply and demands**

Recruitment and training increase the costs associated with sustaining the company (Joint United Nations Programme on HIV/AIDS 2002b:10). A company may have to employ extra labour to cope with staff fluctuations and losses. Whiteside and Sunter (2000:100) argue that employees who retire or die have to be replaced. The replacement of a worker who has died is costly for companies, because his or her replacement might be less skilled or experienced and may, therefore, may require training. Bollinger, Stover, Kerkhoven, Mutangadura and Mukurazita (1999:12) argue that a shortage of skilled workers leads to an increase in wages for the other workers as an incentive to keep them in the company.

#### **2.4.3 Decline in production**

HIV and AIDS increases absenteeism and, consequently, results in a decline in the productivity of a company (Joint United Nations Programme on HIV/AIDS 2002b:9). Increasing worker absenteeism disrupts organisational productivity and contributes to declining profits. Whiteside and Sunter (2000:100) argue that sick workers are less productive at work. This has an impact on the present and future profitability of the company (Joint United Nations Programme on HIV/AIDS 2001:15).

## **2.5 YOUNG WORKERS AND HIV AND AIDS**

Despite the development of HIV-AIDS programmes in South Africa, there is still an increase in HIV-prevalence rates among South Africans (South Africa Department of Health 2004:8). The epidemic has created a clear need to prevent HIV-infection among young workers. The loss of young workers in the community and the business environment due to HIV will cause a decline in the GDP of the country.

The loss of young workers in their most productive years affects overall economic output (Joint United Nations Programme on HIV/AIDS 2002a:10). Memfih (2005:9) mentions that replacing experienced young adult workers with less experienced workers reduces productivity. It is thus essential to develop prevention intervention programmes for young workers.

Employees are aware of how HIV and AIDS affect individuals, but they do not know how it impacts on their workplaces (Southern Africa HIV/AIDS Information Dissemination Service 2004:3). Trade unions in workplaces are more concerned with wage negotiations, keeping jobs and preventing retrenchments than with dealing with HIV and AIDS. According to Ellis and Terwin (2004:23), few companies, apart from the mines and manufacturing and financial sectors, have developed and implemented prevention, care, support and VCT programmes. The Southern Africa HIV/AIDS Information Dissemination Service (2004:2) states that the key focus of HIV-AIDS campaigns has been the empowerment of shop stewards on HIV-AIDS-information. The development of HIV-AIDS education programmes in the workplace has the potential to change the focus of the unions. This could result in HIV and AIDS issues being high on unions' agendas. The Southern Africa HIV/AIDS Information Dissemination Service (2004:4) also asserts that trade unions need to be informed about effective and worthwhile HIV-prevention activities.

### **2.5.1 The role of trade unions regarding the vulnerability of young workers**

It is essential that the trade unions respond to the AIDS epidemic, as the epidemic is affecting young workers who are often unable to change the factors which place them at risk for HIV. These factors include labour migration, single sex hostels and the non-affordability of HIV-AIDS treatments (Southern Africa HIV/AIDS Information Dissemination Service 2004:2). To date, there do not seem to be any specific programmes in place which target young workers in trade unions and/or the workplace. The traditional role of trade unions is to promote better working conditions, reduce overtime and expand social time protection ([www.cinterfor.org.uy](http://www.cinterfor.org.uy)). The workplace can be a major “entry point” for information and lifeskills education campaigns by proposing prevention measures in collective agreements and demanding “zero tolerance” for discrimination against people living with HIV in the workplace and in society.

Recruiting young workers to join unions is a main concern for many trade unions ([www.cosatu.co.za](http://www.cosatu.co.za)). According to Gladys Mthembu of NACTU at the American Center for International Labor Solidarity (2004:8), young workers get little support from their trade unions. New strategies and tactics are required to curb the vulnerability of young workers. The Congress of South African Trade Unions (2000:1) argues that many of its affiliates have HIV-AIDS policies and programmes. According to Ellis and Terwin (2004:24-25), however, only large companies have the following in place: HIV-AIDS workplace awareness programmes (79%); VCT awareness programmes (52%); HIV/AIDS care, support and treatment (48%); and the provision of ARTs (21%). The YWC provides HIV-AIDS information, basic skills for HIV-prevention and leadership skills to young workers so that they are able to protect themselves against HIV-infection.

## **2.5.2 Background and the role of partner organisations in the development of YWCP**

This brief discussion of both the Solidarity Center and Miles and Associates International is to give a picture of the main non-profit organisations involved in the development of the YWC Programme.

The susceptibility and vulnerability of young workers to HIV have prompted the American International Labor Solidarity Center (AILSC), known as Solidarity Center South Africa (SC/SA), to initiate the Young Workers' Campaign (YWC) Programme. The SC/SA has formed a partnership with Miles and Associates Success by Choice (MAI~SBC), known as Miles and Associates International (MAI), in developing the Young Workers' Campaign Programme. The American Center for International Labor Solidarity (hereinafter referred to as the Solidarity Center) is a non-profit organisation.

The Solidarity Center SA (SC) plays a prominent role in the development of the Young Workers' Campaign. The SC/SA programmes provide trade union members with skills in developing HIV-AIDS policies, designing and implementing HIV-AIDS education programmes, applying remedies to protect workers from discrimination, and providing counselling and support services at the workplace and within the community ([www.solidarity.org](http://www.solidarity.org)).

The Solidarity Center South Africa HIV-AIDS Workplace Education Programme has created partnerships with COSATU, FEDUSA and NACTU in the war against the AIDS epidemic ([www.catin.org](http://www.catin.org)). Within the union federations, Solidarity Centre targets the critical sectors of health, farming and agriculture, transport and education. The Solidarity Center uses a multisectoral approach as a framework for action to provide comprehensive support for trade unions and other relevant stakeholders ([www.solidaritycenter.org](http://www.solidaritycenter.org)).

The Solidarity Center South Africa has also formed partnerships with Miles and Associates International ~ Success by Choice (MAI~SBC) (hereinafter referred to as Miles and Associates International) (MAI) founded in 1995 (American Center for International Labor Solidarity 2004:1). Felicity (1999:8) states that the power to defeat the spread of HIV lies in partnerships. Partnership, according to Laverack (2004:95), demonstrates the ability to develop a relationship with different groups or organisations based on the recognition of mutual interest or exchange services based on shared goal. Miles and Associates has experience in designing programmes which challenge young people, teachers and parents, and which motivate them to maximise their true potential by sharing specific success strategies ([www.milesandassoc.com](http://www.milesandassoc.com)).

This organisation empowers youth through lifeskills education, leadership training, sporting leagues and *Train-the-Trainer* programmes. Its programmes also focus on discipline, teamwork and healthy living (Nxumalo 2004). These programmes assist young workers to live healthy lives. The MAI has extensive experience in all phases of project implementation and management, including design, monitoring and evaluation; it has a massive role to play in the development of the YWC Programme in terms of curriculum development, design, implementation and monitoring (Steward 2004).

## **2.6 THE YOUNG WORKERS' CAMPAIGN**

The Young Workers' Campaign Programme (YWCP) is a health promotion programme. A health promotion programme is defined as an "aggregate of all purposeful activities designed to improve personal and public health through a combination of strategies, including the implementation of behavioural change strategies, health education, health enhancement, health protection measures and health maintenance" (Anspaugh et al 2000:4). According to Laverack (2004:9), the WHO defines "health promotion as a process of enabling people to increase control over and improve their health". The YWCP encompasses health education, prevention strategies, skills development and behavioural change

strategies. The activities of the YWC Programme are designed to prevent and improve the lives of those infected with HIV and prevent HIV-infection among non-infected young workers.

### **2.6.1 Principles in health promotion programme development**

Empowerment, participation, collaboration and equity are the key principles in health promotion programme development (MacDonald 2003:220). The South Africa Department of Health (1998:23) argues that consultation, stakeholder commitment, the integration of HIV and AIDS issues into the organisation's daily activities and transparency are the key principles necessary for successful programme development and implementation. The development of the YWC Programme includes stakeholder participation, involvement and empowerment. Participation and empowerment, according to MacDonald (2003:43), are needed to understand in what forms and at what levels involvement should take place.

### **2.6.2 Recording the development process of the programme**

By recording the development process of a programme, collaboration between programme developers and stakeholders in identifying programme needs and expectations and tracking progress towards the achievement of the programme objectives can be achieved. Fox and Gutheil (2000:8) argue that recording provides a concrete means to measure and document progress and performance in relation to goals. The processes for the development of the YWC Programme were recorded.

Stakeholders participating in the YWC development processes met timely to give feedback on tasks completed and problems encountered; they were also able to plan for the next phase (Working group minutes 2004). Minutes were kept of each meeting. The different levels of stakeholder involvement and participation during the development of the YWC programme were carefully monitored based on indicators proposed at the conceptualisation of the programme. This was

done by the programme developing task teams, together with the participating stakeholders as the development of the YWC Programme progresses.

### **2.6.3 Stages of health promotion programme development process**

There are six stages in HIV-AIDS programme development, namely, assessment, planning, designing, programme development, implementation, monitoring and evaluation ([www.synergyAIDS.com](http://www.synergyAIDS.com)). The YWC Programme followed all six stages in its development (American Center for International Labor Solidarity 2004:5-7). Each of these stages needs the involvement of stakeholders. In other words, all the relevant stakeholders and programme developers must meet regularly to successfully design and implement a programme. The success of the YWC Programme can be affected by many factors, including the socio-cultural context, the economic development context, political commitment, the availability of resources and the extent to which the policy environment is supportive of the programme.

#### *2.6.3.1 Assessment*

Assessment helps to identify those factors which may influence the programme development process. Assessment is the process of understanding the status of AIDS epidemic ([www.synergyAIDS.com](http://www.synergyAIDS.com)). Goldstein (1974:19) believes that assessment provides the information necessary to design the programme. Assessment thus helps to clarify and define those issues needed for the development of the programme.

Lamprey, Zeitz and Larivee (2001:13) believe that response assessment is important in programme development, because it provides the planners with the opportunity to hear directly from the workers or clients they serve. In HIV-AIDS programme development (such as the YWC), response assessment provides programme developers with an opportunity to identify critical gaps and assess their effort in terms of adequacy, acceptability and relevance. The development processes of the YWC were assessed by Solidarity Center South Africa together

with NACTU, FEDUSA, COSATU and other participating organisations (American Center for International Labor Solidarity 2004:6-9).

#### *2.6.3.2 Programme planning*

Planning is a strategy used to secure a particular result ([www.synergyAIDS.com](http://www.synergyAIDS.com)). According to Field, Newman, Morris and Burg (1985:29), programme planning refers to a wide range of activities undertaken prior to implementation. Planning clarifies the scope of the programme, analyses the stakeholders, assesses the resources, determines the timeframe and establishes teams ([www.synergyAIDS.com](http://www.synergyAIDS.com)). The YWC planning was divided into the following categories: Timeframes, human resources and budget. The Solidarity Center South Africa and Miles Associates International assessed all the resource needed, the timeframes established and the budget during the writing of the funding proposal (American Center for International Labor Solidarity 2004:5-19). O'Shaughnessy (s.a.:9) believes that a successful intervention should include PLWHA, the local community and other affected people in the planning, implementation, monitoring, evaluation and management interventions.

The programme plan provides the basis for tracking the impact of each activity in terms of the programme's overall goals, benefits, risks and costs. In HIV-AIDS programme development, planning allows for an informed, realistic, and viable decision-making process. Lamptey et al (2001:13) believe that it is essential to gather information about what works, what needs improvement and what gaps exist. Planning is a way of giving direction in the development process of the programme.

#### *2.6.3.3 Programme design*

Programme design is the process by which planners are able to identify and manage interventions ([www.synergyAIDS.com](http://www.synergyAIDS.com)). The response assessment identifies gaps, activities, resources needed to achieve the objectives, and the measures needed to document progress and successes. According to Lamptey

et al (2001:15), it is essential to develop a budget and design plan so that periodic reviews of critical benchmark indicators and strategies is essential in periodic reviews of critical benchmarks can take place. Successful programme design requires the participation of numerous stakeholders, including people living with HIV and those with expertise ([www.synergyAIDS.com](http://www.synergyAIDS.com)).

The process of the programme design depends on an interactive, participatory and iterative analysis of what intervention will be successful in the context of the specific setting ([www.synergyAIDS.com](http://www.synergyAIDS.com)). A good design has measurable objectives and is endorsed by stakeholders; an unplanned intervention almost always outstrips available resources.

#### *2.6.3.4 Programme development*

This is the practical application of the knowledge; it involves partners, stakeholders and programme development personnel. Each participant has various roles to play if the programme is to be a success. Solidarity Center South Africa (SC/SA) and Miles and Associates International (MAI) coordinated the development phase of the YWC. Stakeholders, such as the trade unions, provided information at meetings and evaluated educational material (Working group minutes 2004).

#### *2.6.3.5 Programme monitoring and evaluation*

Monitoring and evaluation of the development of the programme is a critical and continuous part of the development of a programme. Monitoring and evaluation, in other words, helps stakeholders to keep track of how the programme is being developed ([www.syrnegyAIDS.com](http://www.syrnegyAIDS.com)). The Joint United Nations Programme on HIV/AIDS (2000b:4) describes monitoring of the HIV-AIDS programme as the process of tracking what has been done to ensure that the best possible services are delivered. Monitoring helps to keep track of inputs and outputs. Outputs are the specific products, goods or services delivered as a result of the inputs, while inputs are the resources that will go into the projects, such as money, staff,

material and time ([www.synergyAIDS.com](http://www.synergyAIDS.com)). The YWC Programme was monitored by means of feedback meetings (Working group minutes 2004). Those meetings were held on agreed upon dates. The agendas focused on discussing the progress made, problems encountered and the corrective measures needed. The trade unions and other stakeholders, such as Advocates for Youth (AFY), Engenderhealth and the National Department of Health Youth Programme, SADTU and UNISA did not participate in these meetings. Their participation took the form of consultation (Nhlapo 2004).

Evaluation means judging the worth of a programme (Field et al 1985:53). In other words, evaluation means judging whether a programme has met its objectives. Cafferella (1988:190) argues that the evaluation of the programme means to determine the effectiveness of its activities and the result of those activities. The YWC Programme was evaluated by assessing whether or not the activity in question had helped to reach the objectives of the programme. The action items (tasks) were thus analysed (Working group minutes 2004). The stakeholders were not involved at this stage of the evaluation; they were involved in the final evaluation of the YWC Programme (Working group minutes 2004).

#### *2.6.3.6 Programme implementation*

Implementation is the process of putting a plan into action ([www.synergyAIDS.com](http://www.synergyAIDS.com)). According to Swanepoel et al (2000:49), the implementation process can be defined as the series of activities or steps undertaken to achieve a set of goals or mission. The implementation phase for an HIV-AIDS programme should be developed during the planning phase of the programme. Lamptey et al (2001:47) argue that a design plan should include what actions to take, the resources required and the expected results. In the programme implementation phase of the YWC, meetings were held with trade unions coordinators to discuss implementation strategies. These discussions also looked at the resources needed, the training needs of staff, the target audience and the budget (Nxumalo 2004). Each trade union coordinator, together with two

training staff members from SC/SA, was involved in implementing the planning process of the YWC Programme.

#### **2.6.4 Types of health programme evaluations**

There are various types of health programme evaluations. Each type focuses on a specific issue. Ovretveit (2002:38-45) mentions five types of evaluation, that is, summative, formative, implementation, process, and outcome or impact evaluation. The evaluation of the YWC Programme focuses on the development processes of the programme, especially the impact of stakeholder involvement and participation. Process evaluation (using formative and summative methods) in the development of the YWC Programme is used to determine the strengths, weaknesses and successes of the YWC Programme development process as a result of stakeholder involvement and participation.

### **2.7 STAKEHOLDERS PARTICIPATION AND INVOLVEMENT IN AIDS PROGRAMME DEVELOPMENT**

Participation in the development of the programme is an essential part of human growth; in other words, it helps to develop self-confidence, responsibility, creativity and cooperation. Stakeholders can learn to take charge of their lives and solve their own problems. Rietbergen-McCracken and Narayan (1998:4) define participation as “a process through which stakeholders’ influence and share control over development initiative, decisions and resources which affect them”. The term "participation" means different things to different stakeholders and the same word or concept may be known by a number of different terms (MacDonald 2003:46). Participation in the development phase of the YWC Programme means the participation and involvement of stakeholders in a number of different kinds of activities in the development of the YWC Programme. The number of resources needed to practically organise primary and secondary stakeholder means that choices have to be made about excluding certain groups

and restricting the level of involvement of others (Hare, Letcher & Jakeman 2003:63).

Restricting and excluding some stakeholders such as the target audience (e.g. Young workers) in the development of HIV-AIDS programmes may create tension and conflict, and certain vulnerable groups may be unwilling to accept the end product of the programme. Campbell (2003:195) in support of Hare et al (2003:63) states that the participation of grassroots stakeholders has the potential to create networks of bonding social capital within marginalised communities (PLWHA). According to Kudat (1995:1), participation will ensure collaboration in terms of discovering problems, setting programme objectives, formulating an action plan, taking the required action, and monitoring or evaluating the results. Participation requires more than an arrangement to take part in programme development processes; it requires flexibility to listen to the wishes and feelings of other stakeholders and to agree to the arrangements that respects these issues. There should be a clear selection criteria for stakeholder participation, methods used to ensure suitable participation by them, or even what the role of the stakeholders should be.

### **2.7.1. The nature of stakeholder participation in health programme development**

The nature of stakeholder participation in the development of HIV-AIDS programmes requires people of different backgrounds, perspectives, interests, and cultures to communicate and work together at all levels of programme development. The research conducted in Uganda, Tanzania and Malawi shows that participation in programme development should be tailored so that individuals can participate at their level of interest (O'Shaughnessy s.a.:9-14). In contrast, Laverack (2004:71-72) indicates that participation at all levels is seen as a threat to those who favour top-down approaches to programme development. The process of working and achieving things together can strengthen stakeholders or young workers and build adaptive capacity.

Parry and Wright (2003:388) argue that participation in programme development is time-consuming and stakeholders often question the value of investing time and effort in a programme. The nature of stakeholder participation should be appropriate to the issue involved and the level of programme development. Hare et al (2003:63) argue that there are a variety of ways to involve stakeholders in the development of the programme so as to generate a variety of outputs (e.g. focus group discussions, scenario testing, envisioning workshops and consensus conferences) (Hare et al 2003:63). But in the development of HIV-AIDS programmes, it is imperative for the programme developers to work closely with stakeholders so that decision-makers can gain greater insight into the communities they serve.

The nature of participation and involvement in the YWC process development is through consultation, acting together, information sharing and accepting the views or contributions of stakeholders and other interested communities and participate in all levels of the YWC Programme development activities (Nhlapo 2005). But, working with stakeholders is not easy and participatory partnerships in programme development take time to build if they are to be truly participatory (Parry and Wright 2003: 388). Stakeholder analysis has to be done reasonable quickly, so as to operate within the programme-development time scale. In addition, Parry and Wright (2003:388) highlighted that in programme development, the authenticity of those who chose to participate with regard to representing the view of the wider stakeholders (young workers) is unclear. It is important for the participating stakeholders in the YWC Programme development to understand the rationale of collective action.

### **2.7.2 Barriers to effective participation in programme development**

Several factors may limit stakeholders' willingness to participate in programme development. Stakeholders may struggle to participate in all phases of the YWC Programme development, because of a lack of expertise or time. According to

O'Shaughnessy (s.a.:10), low levels of stakeholder participation can often be attributed to insufficient time given to investigate perceptions. In the development of the YWC Programme, most of the stakeholders were workers belonging to trade unions; these workers needed the permission of their employers to leave the work environment. Central to effective participation are the roles and nature of the indicators used. In developing HIV-prevention programmes, indicators to measure stakeholder participation are desirable for the purpose of tracking changes in stakeholder participation. It is important to note, however, that indicators cannot tell much about why the changes have or have not occurred.

### **2.7.3 Indicators for measuring participation**

An indicator is a measure of the progress made towards the objective (Barton 1997 cited in Webb and Elliot 2002:34). According to Davies, Schneider, Rapholo and Everatt (1998:77), an indicator is a direct or indirect measure of change. An indicator is something (statement or marker) that provides a basis to demonstrate a change as a result of participation in the programme activity. In the development of the YWC Programme, for example, participation is measured by the widest participation of primary and secondary stakeholders so as to achieve the objective of the programme. The breadth of stakeholder involvement and the depth of their participation in decision-making and commitment can improve the quality, impact, effectiveness, ownership and sustainability of the YWC Programme. This can happen if stakeholder participation is not passive and that the viewpoints of beneficiaries (young workers), representatives of trade unions and institutions (NGOs) are taken into account.

### **2.7.4 Levels and a degree of stakeholder participation**

During the programme cycle, different stakeholders may want to participate in different ways. Stakeholders may participate in the development of the programme through information dissemination, consultation, collaboration and

empowerment (Kudat 1995:1). It is therefore important that programme developers or practitioners in the YWC clarify the context in which participation will take place. It is important to note that the most effective form of participation in programme development is collaboration. The African Development Bank (2001:2), in support of the above-mentioned statement, indicates that shared control over decision-making, collaboration and empowerment (i.e. transfer of control over decisions and resources) constitutes deeper and more meaningful levels of participation in programme development.

### **2.7.5 Effective participation of stakeholders in programme development**

Participation should reduce the risk of failure. But, it is not a guarantee of programme success. There may be conflicting interests among the target audience (young workers) as well as among other stakeholders involved in the development process of the YWC Programme. According to the United States Agency for International Development (USAID) (s.a.:11), effective participation of stakeholders in programme development processes depends on the basic process of effective participation as adapted from the USAID participatory guide:

- Clarify the objective for using the participatory approach to manage HIV and AIDS.
- Identify and invite stakeholders to participate; communicate to stakeholders that participation is valued.
- Convene collaborative events.
- Provide constant feedback to stakeholders.

In contrast, Bandaragoda (2005:8) states that effective participation of stakeholders in programme development should meet the following requirements as adapted from Water International, (Vol 24, No. 3, September 1999, 277-278). The community (public) participation process is effective if it

- actively seeks out and facilitates the involvement of those potentially affected at all levels of society (working environment).

- provides participants with the information they need to participate meaningfully.
- creates a forum for discourse and interaction with others who are potentially affected with the scientific community (programme initiators).

The starting point for any participatory initiative for programme development is to establish who to work with through stakeholder analysis. The stakeholder analysis helps programme initiators to assess their project environment and to determine future steps. In addition, Mushauri and Herman (2005:13) argue that for participation to be useful, stakeholders have to be compensated for reasonable personal expenses. If stakeholders wish to participate in the development process of the YWC Programme, they should have the same interests and understanding, and should be empowered to communicate effectively.

#### **2.7.6 Stakeholder involvement and participation in the development process of a health promotion programme**

Participation is the process by which individuals and community take joint responsibility with health professionals and others for making decisions, planning and carrying out activities (Tones & Tilford 1994:256). According to Laverack (2004:87), stakeholders develop a capacity through participation and commitment to assume greater responsibility for assessing their health and problems. Participation in the development of a health programme empowers programme users with an understanding of the value of the programme and allows them to develop a sense of ownership. Participation in the development process of the YWC Programme is important for stakeholders to be able to voice their needs.

The participation and involvement of stakeholders leads to the development of a sense of responsibility. Meetings with stakeholders may reveal pertinent issues, which could result in the more effective design and implementation of the project.

According to Campbell (2003:46), stakeholder participation is crucial to address issues such as cultural differences, racism and communication difficulties. Campbell (2003:55) also confirms that different social groupings hold different levels of power, that is, that their level of participation will differ according to their needs and interests. Stakeholders need to be aware of these different levels of power when it comes to constructing programmes.

Popenoe (1989:458) defines power as “the capacity to control or influence other’s actions regardless of consent”. People may, for example, assist in the development of the HIV-AIDS programme to further their own interests, which may be contradictory to the interests of the programme. Stakeholder analysis is important when developing a programme so as to determine the stakeholders’ reasons for participating. According to Campbell (2003:55), stakeholders should be well-informed to understand the reason for their participation as the space of possible action to strive and use their effect for positive change depends on their knowledge of programme goal.

However, Jones and Tilford (2002:59) argue that participation in programme development can become a device for procrastination and delays. Participation can, for example, serve other functions, not necessarily intentional, such as giving people a platform to pursue their interests, which may not be of benefit to the programme. The motivation for participation is an important consideration when developing the YWC Programmes. Programme development through participation can be properly understood only if one understands the ambiguity of power relations and the double-edged nature of power.

Involvement and participation in the development of the YWC Programme may take different forms depending on the objectives of the programme. According to Laverack (2004:87), involvement and participation may be direct or indirect. Wilcox (1994) illustrates four types of participation in programme development, namely, informing/supporting, consultation, deciding together and acting together ([www.ccnep.org.uk/Guide/part1.htm](http://www.ccnep.org.uk/Guide/part1.htm)). Atherton, Hashagen, Chanan, Carratt and West (2002:16) believe that stakeholder involvement and participation can take

place at three levels: (1) general involvement in activities; (2) involvement and participation in the process of development; and (3) involvement in the delivery and implementation process.

Brett (1996:1 -7) distinguishes between community participation and involvement. Community (stakeholders) involvement is seen as a range of potential activities. Stakeholder (community) participation refers to enabling people to become active partners in contributing to and sharing decisions that affect their lives (MacDonald 2003:46). In addition, MacDonald (2003:35) notes that there are a number of different types of stakeholder participation, such as identifying health needs and improving delivery. Brett (1996:6) argues that participation may take two forms: (1) service delivery, and (2) natural resource management. Participation in the YWC was direct and indirect. The direct participation is defined in terms of whether people influenced the course of the programme development. The indirect participation refers to people trying to influence the programme development through an official spokesperson (trade union representative).

There are a number of different models that have been developed to explain and describe the nature of participation. The so-called "ladder of participation" is one of the best-known models. This model has a number of different levels. The lowest level includes non-participation, while the top level is seen as the best way for people to participate (Tones & Tilford 1994:268-269). This model provided by Arnstein has been criticised as being too simplistic, as it ignores or ignoring power relationships, resources and empowerment (Laverack 2004:87).

**Figure 2.1: Arnstein's ladder of participation**

DEGREES OF ACTUAL POWER	Control, delegate, power, partnership
DEGREES OF TOKENISM	Placation, consultation, informing
NON-PARTICIPATION	Therapy, manipulation

Source: Arnstein 1971 cited in Tones & Tilford 1994:269.

Wilcox (1994) has adapted Arnstein's ladder of participation to consider in greater detail the participation of different stakeholders. The levels of participation, according to Wilcox (1994:8), include elements such as substantial participation, acting together, deciding together and supporting. Other elements of the ladder include information and consultation. Wilcox (1994) also portrays different levels of participation as appropriate for different groups of people. In contrast to Arnstein's (1971) ladder of participation, the different levels are not judged. Greater participation is not seen as superior to lower levels of participation with regard to involvement in decision-making.

**Figure 2.2: Wilcox's model of participation**

Level of Participation	Phase of Participation	Who is involved?
Information	Initiation	Politicians
Consultation	Preparation	Officers
Deciding together	Participation	Activities
Acting together	Continuation	Residents
Supporting independently		Business
Community interest		Local groups

Source: Wilcox (1994)

Arnstein's (1969) ladder of participation uses the principle of empowerment and development (Tones & Tilford 1994:269). MacDonald (2003:46) indicates that empowerment makes it possible for people to exercise power and to have more control over their lives. Having a greater say in health programme development

and situations which affect them, provides stakeholders with the power to control and accept the programme. Tones and Tilford (1994:268) confirm that participation may contribute to empowerment. Empowerment is the process through which people or organisations gain mastery over their lives (MacDonald 2003:73). Empowerment in the YWC is associated with developing stakeholder capacity to participate effectively in the activities of the Young Workers' Campaign Programme, that is, to make decisions and to use services provided by the programme to change behaviour.

## **2.8 THEORETICAL FRAMEWORK**

Empowerment in this sense differs from the common usage of the term. It does not mean power balancing or the redistribution of resources, but rather increasing the skills of stakeholders, young workers and communities so that they are able to make better decisions for themselves. This idea of empowerment means restoring to stakeholders, young workers, communities and individuals a sense of their own value and strength and their own capacity to handle life's problems (MacDonald 2003:73; Cloke and Davies 1995:132-136). Cloke and Davies (1995:166), however, indicate that participation without empowering participants could be self-defeating; they argue that stakeholders could feel powerless and unable to influence decisions. Empowerment builds the capacity of stakeholders to participate effectively in decisions which affect their lives. Further, MacDonald (2003:73-74) explains that through empowerment, groups or individuals gain greater clarity about their goals, resources, options and preferences and that they use this information to make their own clear and deliberate decisions.

Empowerment theory constitutes a broad theoretical framework for this study. A multilevel construct, "empowerment", is defined by MacDonald (2003:46) as an "enabling process through which individuals and communities take control of their lives and the issues which concern them". As Wallertstein (1992:198) notes, empowerment is "a social action process by which individuals, communities

(stakeholders) and organizations gain mastery over their lives in the context of changing their social and political environment to improve quality of life”.

Empowerment is both a process and an outcome. As a process, empowerment can derive from mutual exchange dynamics, where power is viewed as a positive concept and used proactively by each party to promote his or her views and to respond to the views of others (MacDonald 2003:48). This notion of empowerment is an important one in the development of the YWC Programme, since it emphasises the involvement and participation of all stakeholders and rests on the recognition and the merit of the distinctive knowledge, experiences and skills of all participants.

Processes are empowering when the participants create or are given opportunities to control their own destinies and influence the decisions that affect their lives (Zimmerman 1995:581). According to Laverack (2004:47), empowering processes are those that never end, but instead continually shift in personal empowerment and in control. In other words, such processes see power shifting between different social groups and decision makers in the broader society. Processes are empowering when participants learn to see a closer correspondence between the goals of these processes and the means to achieve them (Perkins & Zimmerman 1995:583). The stakeholders should gain greater access to and control over these processes.

In this study, the participation and involvement of stakeholders in the development phase of the YWC will be judged as empowering if stakeholders were observed to have

- developed a sense of ownership of the YWC Programme
- become more knowledgeable about HIV-transmission
- developed a common understanding of the dynamics of community mobilisation to facilitate a common vision for the health programme to be developed

According to Campbell (2003:152), stakeholder participation creates an in-depth understanding of the way in which the AIDS-epidemic is spreading in a particular local context and provides information on how to mobilise a community response through involvement and participation. McLeroy, Bibeau, Stickler and Glanz (1998:4) support this statement and argue that the involvement and participation of consortiums in programme development is empowering if it is substantive and informed. It should begin with the initial conceptualisation of the programme and continue through all the phases of programme development.

Empowerment-oriented interventions such as the Young Workers' Campaign enhance wellness and aim to counteract problems by providing opportunities for stakeholders to develop knowledge and skills, and by engaging professionals as collaborators instead of authoritative experts (Perkins & Zimmerman 1995:569-570). An empowerment-oriented approach places partnerships with users, providers and stakeholders at the centre of its programme for change. It helps people and stakeholders to gain the knowledge and skills they need to take control of their lives.

"Empowerment theory states that empowerment can be viewed both as a process, incorporating actions, activities, or structures, and as an outcome, suggestive of an achieved level of empowerment" (Nachshen s.a.:68). At an individual level, empowerment includes both the giving and receiving of assistance in a mutual process, which focuses on gaining control over one's life. At the level of the organisation, empowerment involves processes and structures which enhance goal-directed actions by members of the organisation; at the broadest levels, it reflects actions taken by stakeholders to improve life in the community (Minkler, Thompson, Bell & Rose 2001:786).

From the perspective of community-based interventions, like the Young Workers' Campaign, these diverse levels of empowerment are unified by the belief that the primary goal of the community intervention is not to help individuals or

communities to accept or adjust to problems, but rather to help them develop the ability to change negative behaviour and prevent the spread of HIV. MacDonald (2003:49) believes that the participation and involvement of the relevant stakeholders in programme development is not beneficial to either providers or service users if it does not support the empowerment process. However, exploring each level of empowerment independently can assist us to understand its characteristics and processes within these different levels of participation and involvement. As noted above, this study focuses primarily on stakeholder participation and involvement through a consortium.

Regardless of the level of empowerment being considered, Zimmerman (1995:44) suggests that there are three key factors involved, namely, participation, control and critical awareness. While participation and involvement are necessary conditions for empowerment, they are not sufficient, because beyond participation and involvement, awareness and control must also be achieved. Awareness and control includes a person's belief in his or her ability to exert control and to be involved in decision-making (Zimmerman 1995:44).

For the purpose of this study, awareness and control also imply an understanding of the causes of HIV and AIDS. Critical awareness can be defined as the process through which an individual or group develops a desire for change (Campbell 2003:50). According to Perkins, Simnett and Wright (1999:65), critical awareness is the stage in which people are aware that a problem exists and are thinking about doing something. This occurs through participation wherein people become aware of their lack of insight into the way in which their social conditions undermine their wellbeing, and they do not see their own actions as capable of changing these conditions.

The development of critical awareness among the participants in a consortium occurs through a series of stages. According to Perkins et al (1999:65-67), the first stage is pre-contemplation. During this stage, people are unaware that they have a problem. The second stage is contemplation, where people become

aware that a problem exists and are thinking of solving it. The third stage is preparation, where individuals intend taking action to change their behaviour. The fourth stage is the action stage, where individuals practise new changed behaviour. The fifth stage is the maintenance stage, where people work to prevent a relapse and consolidate the gains achieved during the previous stages. Lastly, the termination stage is achieved when there is no danger that an individual beneficiary will revert to the original unacceptable behaviour.

Campbell (2003:50), in support of Perkins et al (1999:65-67), states that the first stage of critical awareness is an intransitive thought characterised by naïve thought; in this situation, people lack knowledge in which their “social condition undermines their well-being, and do not see that their actions as capable of changing these conditions” The final stage is "critical transitivity". In this stage, people have knowledge about issues and how to tackle them (Campbell 2003:50). MacDonald (2003:74) explains three stages of human consciousness, namely, magic, naïve and critical. He states that the first stage refers to super powers, which implies that an individual has no control over his or her situation. In the second stage, an individual has knowledge about the problem, but has no understanding of why and how it should be changed.

The last stage refers to critical consciousness, whereby an individual uses a more critical mode of exploring the problem; the individual identifies the cause of the problem and develops a plan to tackle it (MacDonald 2003:74). Through participation in a consortium, individuals can gradually learn to think critically about their situations. Such critical thinkers are empowered to reflect on the conditions that shape their lives.

Participation is empowering, as it increases the individuals control over his or her life. Campbell (2003:49) defines control as “the development of confidence and an ability to act on collective decision-making in favour of health-enhancing behaviour”. MacDonald (2003:47) defines control as “people taking increased responsibility for managing their lives, relations and circumstances. Both of these

definitions suggest that powerlessness or lack of control over one's destiny undermines the health of people.

Empowerment and control promotes the participation of people (target audience) and communities (stakeholders) in improving the quality of community health. Stakeholders develop a more positive self-concept as they come into contact with supportive individuals and experience success and acceptance in various areas of their lives. It is important to note, however, that empowerment is not a service that can be delivered, but nor is there a defined way to determine that an individual is empowered.

MacDonald (2003:73) believes that empowerment is a process of transforming powerlessness and increasing individual control. The emphasis is on reducing professional domination and increasing individual choice and self-determination, rather than reliance on professionals developing programmes and services directed at marginalised groups. The empowerment of stakeholders in developing HIV-AIDS programmes can result in

- a decrease in an individual or group's powerlessness
- a redistribution of resources
- varying degrees of success in achieving a programme's goals

Stakeholder relationships are empowering and cause communities to seize control of their lives and health. This study looks at stakeholder involvement and participation in the development process of the YWC Programme. It explores whether the participatory involvement of stakeholders is important for the effective and efficient development of the YWC Programme.

In this study the community-based consortium in question is one made up of NACTU, COSATU, UNISA and FEDUSA. Bailey (1992:71-72) defines a consortium as a "partnership of organisations and individuals representing consumers, service providers and local agencies or groups who identify themselves with a particular community, neighbourhood or locale and unite in an

effort to collectively apply their knowledge and skills to plan, design and develop a programme". Although the YWC consortium is not a single organisation, participation by stakeholders in a community organisation or consortium can be empowering for both individuals and organisation members, because people learn and become empowered by the knowledge and skills gained from collective participation.

Participation is critical in designing empowered-focused programmes, plans and implementation environments that reflect local values and concerns (Tones & Tilford 1994:268-270). MacDonald (2003:46) notes that stakeholder participation and involvement in programme development can be empowering, especially when issues such as communication difficulties, cultural differences and racism are addressed. According to Ahanotu (1998:177), participation and involvement are empowering when participants participate in innovative processes which change people's behaviours. This level of participation and involvement in the development of the YWC Programme requires participants to actively participate in decision-making processes, make health-enhancing behavioural changes and to mobilise community strategies.

In examining the extent to which the development of the YWC Programme and the consortium contributed to empowerment at the different organisational levels, this study makes use of MacDonald's (2003:49-56) conceptualisation of empowering and empowered organisations. Consortium participation in the development of the YWC Programme must include representation that reflects a partnership of consumers, providers of services and community organisations and groups, both public and private. In this regard, the development of the YWC Programme involves community organisations, such as UNISA, AFY, SC, MAI and Engenderhealth.

The participation and involvement of stakeholders in the development of a health programme such as the YWC is a form of empowerment. Laverack (2004:87) states that for participation and involvement to be empowering, the process

should not only involve the development of skills and abilities, but also a political concern that enables the stakeholders to decide and to take action without the assistance of the organisation.

## **2.9 CONCLUSION**

According to various researchers, HIV and AIDS in South Africa and other Southern African countries is mostly affecting those aged between 20 and 34 years of age (Shisana et al 2005:34-35; South Africa Department of Health 2004:6; Joint United Nations Programme on HIV/AIDS 2000a:2; Webb 1997:9-10). The development of an HIV-AIDS programme which focuses on this specific age group has much potential in preventing the spread of HIV among South African young adult workers. But without the involvement and participation of stakeholders, there is uncertainty that the programme will be successful.

Stakeholders have a critical role to play in controlling the AIDS epidemic. In terms of the empowerment theory cited in MacDonald (2003:47), the participation and involvement of stakeholders equips participants with the power to take increasing responsibility for their lives and circumstances. Whereas, attempts made at stakeholders' participation fail because organisations promoting involvement are not always very clear about the levels and types of participation by stakeholders in programme design (Arnstein 1969:216-224). Limited consultation which offers few opportunities for real is likely to produce disillusionment. Stakeholder participation in the development of HIV-AIDS programmes is necessary not only as a strategy for limiting the destruction of lives and HIV-transmission, but also in terms of how stakeholders negotiate their responses to the AIDS epidemic.



## **CHAPTER 3: RESEARCH METHODOLOGY**

### **3.1 INTRODUCTION**

This study was undertaken with a view to providing measures which may enhance the development of sustainable HIV-AIDS programmes. A qualitative approach was used to guide the research process.

This chapter describes the research design, sampling method, sampling process, data collection procedures and strategy, pilot testing of the data collection instruments, the validity and reliability of the data collection instruments, the ethical considerations and the data analysis methods.

Qualitative research is described as the use of a range of methods which use qualifying descriptions to record and investigate aspects of social reality (Bless & Higson-Smith 1995:150). This was a new topic focuses on the evaluation of the stakeholders participation on the development of the YWC programme. Qualitative method was use to understand in-depth the thoughts and feelings of stakeholders on their involvement and participation on the development of the YWC programme.

### **3.2 THE RESEARCH DESIGN**

A descriptive-exploratory approach was chosen, which was directed at understanding the subjective world of human experience. Guy, Edgley, Arafat and Allen (1990:103-105) state that the descriptive-exploratory methodology delineates the way things are, while exploratory methodology uncovers the way things are. Seaman and Verhonick (1989:189) argue that the descriptive-exploratory methodology has the potential of generating a broad range of data regarding the phenomena. The use of a descriptive-exploratory methodology in this study is important, as it captures the meaning of stakeholder involvement and participation in the YWC Programme. The focus is on the experiences of all

the participants (stakeholders) in the development processes of the YWC Programme.

### 3.3 SAMPLING METHODS AND SAMPLING TECHNIQUE

Purposive sampling was used to select the participants for the study. Purposive sampling is the selection of participants on the basis of the researcher's knowledge of the population, its elements and the nature of the research aims (Babbie & Mouton 2001:166). Burns and Grove (1993:246) argue that purposive sampling involves the conscious selection of certain subjects who have certain characteristics. The critical criterion for the inclusion of participants in this study was their involvement and participation in the development process of the YWC Programme. The most suitable participants were those who were entrusted with developing and facilitating the development process of the YWC Programme. Those who were identified were given letters requesting them to participate in the study.

### 3.4 DOCUMENTARY SOURCES AND ANALYSIS

Documents such as minutes of meetings, proposal documents and other relevant documents for the development of the YWC Programme were analysed. The minutes of meetings were used to determine the level of involvement and participation of stakeholders in each activity. Documentary sources were analysed by means of the following indicators:

**Table 3.1: Indicators used to review the document/events in the development process of the Young Workers' Campaign Programme**

	<b>Research objectives</b>	<b>Themes to analyse</b>	<b>Data sources</b>
1	To assess the stakeholders' involvement and participation in the development process of the YWC	Level of involvement and participation	Documentary sources Interviews with key informants Focus group interviews
2	To assess each activity to determine what worked well and what did not, and to evaluate	Classification of activities	Documentary sources Interviews with key

	the effectiveness of each activity against the objectives of the programme		informant Focus group interviews
	<b>Research objectives</b>	<b>Themes to analyse</b>	<b>Data sources</b>
3	To assess mechanisms used to ensure stakeholder participation and involvement	Mechanisms to ensure involvement and participation	Documentary sources Interviews with key informants Focus group interviews
4	To assess the level of participation in the development process of the YWC in terms of time taken and human resources	Time and human resources investigated	Documentary sources Interviews with key informants Focus group interviews
5	To assess the strengths and weaknesses in the development process so as to determine whether actions met the desired outcomes	Strengths and weakness	Documentary sources Interviews with key informants Focus group interviews
6	To document the development and make recommendations	Effectiveness Recommendations	Documentary sources Interviews with key informants Focus group interviews

**Table 3.2: Stakeholder participation and involvement**

<b>LEVEL OF PARTICIPATION</b>	<b>PHASE OF PARTICIPATION</b>	<b>WHO WAS INVOLVED?</b>
Information	Initiation	Union representative (NACTU, FEDUSA, COSATU)
Consultation	Preparation	Partner organisation representative (MAI)
Deciding together	Participation	Other stakeholders (NDoH; YP, YOPECOP, YCP, UNISA, EngenderHealth)
Acting together	Continuation	Activities

### **3.5 SAMPLE POPULATION**

Following the criteria described in section 3.3, eight participants were selected for the key informant interviews and eleven participants for the focus group interviews. Only four participants were selected for the focus group session. The selected participants were experts in their respective areas and their involvement in the study gave additional validity to the study.

### **3.6 VALIDITY OF THE STUDY**

I used the following strategies to establish validity, as adapted from De Vos et al (2002:351-352).

#### **3.6.1 Credibility**

Credibility was established through prolonged observation of the development process of the YWC. The findings were triangulated using cross-matching documents and the key informants' interviews. Finally, participants were given summarised data and asked for their comments on the content of the researcher's observations (member checking).

### **3.7 DATA COLLECTION PROCEDURE AND STRATEGY**

The data collection methods used in this study included key informant interviews, observations, documentary analysis and focus group interviews.

A variety of data collection instruments were used. Minutes of meetings and the YWC proposal document were analysed using the themes identified above in table 3.1. Participation in the development process of the YWC Programme was measured in terms of

- the type of participation
- who participated, at what levels, in what ways and for what reasons

For the key informants' interviews, I employed a semi-structured interview schedule. Open-ended questions were used to allow flexibility; I was thus able to probe or clear up any misunderstandings.

Morgan (1997) cited in De Vos et al (2002:306) describes focus group interviewing as a research technique that collects data through group interactions on a topic determined the researcher. I conducted a focus group interview with four participants to obtain their views on the development process of the YWCP, particularly their views on stakeholder participation and involvement, and the importance of the YWC for young adult workers. The focus group interview took 45 minutes. I facilitated the process and, with the permission of the respondents, utilised a tape recorder and video recorder to record the data.

### **3.8 ETHICAL CONSIDERATION OF THE STUDY**

Research ethics generally focus on the degree of harm the participants are subjected to and the ways in which this can be alleviated (Bailey 1987:422). De Vos et al (2002:64) argue that subjects participating in a study can be harmed physically or emotionally. The researcher has the responsibility to protect participants from harm (Dane 1990 cited in De Vos et al 2002:64). Guy (1987:60) argues that the participants in the research study place trust in the researcher and the researcher should, in turn, not violate that trust. For the purpose of this study, the following ethical issues were identified and taken into consideration: Confidentiality, protecting respondents from physical and emotional harm, obtaining informed consent, avoiding deception, discussing the publication of findings and debriefing the respondents.

I requested that the participants give their written consent before taking part in the study. Each participant was given a letter which outlined the purpose of the study, the estimated length of the interview and measures to ensure confidentiality and anonymity. Participants were informed that their participation was voluntary. The participants were asked to return a reply slip to confirm their

availability and consent. All the participants had to sign a participation form. The participants were also informed that I intended to publish the results of the study. Every attempt was made to ensure that the data would not reveal individual characteristics. Codes were used to keep responses anonymous. I created an atmosphere in which each respondent's actions and views were accepted even if they conflicted directly or indirectly with those of the researcher. I listened and accepted what the participants said without imposing his personal value system on the participants. The participants of the focus group were debriefed immediately after the focus group interview took place. The participants discussed their feelings about the programme.

### **3.9 ANALYSING THE DATA**

The recordings from the focus group and the key informant interviews were transcribed and summarised. Responses were compared and differences, similarities, trends and patterns identified. Common issues were coded for (1) central themes and comments; and (2) general sentiments (positive, negative, neutral, suggestions). For documentary analysis, categories were formulated and a coding sheet was prepared to tally the data in each of the categories. The data from the documentary sources was summarised and incorporated into focus group and key informant interview summaries.

### **3.10 CONCLUSION**

This chapter described the research design, sampling methods, sampling technique, documentary sources and analysis, validity, sample population, data collection procedures and strategy, ethical considerations and data analysis of the study.

In the next chapter, the observations and analysis of the stakeholder participation in the development of the YWC Programme will be discussed.

## **CHAPTER 4: THE YOUNG WORKERS' CAMPAIGN PROGRAMME**

### **4.1 INTRODUCTION**

This chapter consists of a brief overview of the YWCP and includes my observation and an analysis of the stakeholder participation and involvement in the development processes of the YWC Programme. The chapter looks at the programme's background and goals; the profile of the stakeholders in the development process of the YWC; the components of the programme; the stages in the development process of the YWC; the learning framework; the expected outcomes and the programme's proposed impact on the target audience.

### **4.2 BACKGROUND TO THE PROGRAMME**

The YWC Programme (intervention) is a joint programme coordinated by the US Center for Disease Control and Prevention (CDC/Solidarity Center South Africa), the National Council of Trade Unions (NACTU), the Congress of South African Trade Unions (COSATU), the Federation of Trade Unions of South Africa (FEDUSA), the National Department of Health's Youth Unit, EngenderHealth, Miles and Associates International, Advocates for Youth, the Youth Personal Concepts Project (YOPECOP), and the Youth Channel Group (American Center for International Labor Solidarity 2004:2). The vulnerability of the Young workers to HIV and the availability of stakeholders were identified as reasons for requesting funding from the President's Emergency Plan for AIDS Relief (PEPFAR). A funding proposal was submitted by CDC/Solidarity Center South Africa to initiate the AIDS programme called the YWC.

The focus of the programme was primarily to target young workers employed by small and medium-sized enterprises (aged 20 to 34 years) and to reduce the risk and transmission of HIV (American Center for International Labor Solidarity 2004:2). It is estimated that 27,2% of South Africans who fall into the 20 to 34

age group are infected with HIV (South Africa, Statistics South Africa 2004:21). According to Shisana et al (2005:34), 25 to 29 year olds are the most vulnerable to HIV, with 33,3% of women and 12,1% of men being infected with the HIV. The prevalence rate of males peaks between the ages of 30 and 34 (at about 23,3%). Young workers are vulnerable to HIV and AIDS because of a number of factors, including cultural factors and societal norms.

HIV-prevention efforts for young workers in their workplaces should be initiated by union structures. Today, unions represent 40% of the workforce. There are 3,2 million union members and 500 registered unions (American Center for International Labor Solidarity 2004:6). Unions are believed to be powerful in protecting workers' rights, and preventing discrimination and exploitation by employers. HIV-AIDS programmes which focus on union members have a great potential to positively influence the behaviour of workers. The CDC/Solidarity Center South Africa aims to reach young workers within union structures and workplaces through a year-long lifeskills-based education and leadership development programme (American Center for International Labor Solidarity 2004:3). The proposed lifeskills and leadership skills programme will address the transmission and prevention of HIV through training and capacity-building programmes for trade unionists and managers.

The key elements of the YWC risk reduction programme include the following:

- Providing information on the transmission and methods of preventing infection
- Skills training and motivation to adopt risk reduction behaviours.
- Addressing the role of culture and tradition in HIV-prevention and transmission. The cultural depiction of the husband as the breadwinner has supported the greater rewards accorded to men in the workplace; it has also legitimised male power within the family and provided men with the means to demonstrate their masculinity (Anderson 1998:449). Women, who are economically marginalised, are often only able to support themselves by

exchanging money for sex and may, therefore, participate in unprotected sexual activities (Joint United Nations Programme on HIV/AIDS 2000a:2).

- Identifying and addressing the range of social and economic constraints that prevent the adoption of long-term risk reduction behaviours. The vestiges of these traditional concepts, coupled with socially-induced factors such as virginity testing (women will prefer anal sex for fear of virginity testing), make women vulnerable to HIV and AIDS. These factors, according to Boroffice (1995:67), restrict their ability to protect themselves from sexually transmitted diseases. For girls and women in many cultures, sex is the “currency” which they used to pay for life’s opportunities, from passing a grade in school to a trading license or permission to cross a border
- Women have no control over how or when they have sex; this makes them vulnerable to HIV and AIDS (Joint United Nations Programme on HIV/AIDS 1997:10).
- Addressing gender diversity and providing skills to prevent gender-based violence. Violence is defined by the Oxford Dictionary (1999:1600) as a general term to describe behaviour, usually deliberate, that causes or intends to cause harm or injury to people. Kudchedkar and Al-Issa (1998:12) define violence as a coercive mechanism to assert one’s will over another in order to prove or feel a sense of power. Women are more likely to be poor, powerless, have less education and have less access to land, credit, cash and social services than men ([www.unicef.org](http://www.unicef.org)). The powerlessness of women in relation to man makes them vulnerable to HIV and AIDS. In sub-Saharan Africa, for example, women are culturally disempowered to negotiate sexual intercourse with their male partners. Women are also socially subordinate; they simple don’t have any say in whether protection can or should be used during intercourse (Bond, Kreniske, Susser, & Vincent 1997:53-56).
- Providing knowledge in the art of collective bargaining, arbitration and dispute resolution to protect young adult workers against exploitation. Young workers need to be given information regarding their rights, labour laws and the circumstances in which they have to use those laws to protect themselves.

### **4.3 DESCRIPTION OF THE YOUNG WORKERS' CAMPAIGN**

The YWC Programme is a health promotion programme designed to be relevant and appropriate to the specific context and needs of young adult workers. The programme is based on a multi-sectoral and developmental approach to HIV-prevention and seeks to provide the skills, information and training necessary for trade unions and management in health care, education, transport, and farming and agriculture sectors to adopt healthy life styles and to protect themselves from HIV-infection (American Center for International Labor Solidarity 2004:2).

The YWC Programme assists in empowering, building self-esteem and confidence among young adult workers; it also assists in the adoption and continued use of risk reduction practices. All young adult workers who are both infected with HIV and/or affected by HIV and AIDS in these sectors need to be engaged as facilitators to reinforce educational efforts and to battle stigma and discrimination among workers and their community. The YWC strengthens the participation of young workers in the trade union movement, and increases trade union employment, policy education and HIV-AIDS education activities that promote HIV risk prevention in young adults (American Center for International Labor Solidarity 2004:18).

The programme promotes the Information-Motivation-Behavioural Skills Model (IMBS)" (Fisher, Fisher, Amico & Harman 2006:463-466); the model contends that there are three fundamental determinants of HIV risk reduction, namely, information regarding AIDS transmission and prevention; motivation to change AIDS risk behaviour; and behavioural skills for performing specific HIV-preventive acts. According to the model, information that is directly relevant to the personal practice of prevention is a prerequisite for HIV-preventative behaviour.

The YWC Programme covers lifeskills training and the law components of the “Expanding Prevention Services to Reach Young Workers in South Africa” (also referred as the Young Workers' Campaign or YWC).

This programme targets young workers affiliated with the three South African trade union federations, namely, COSATU, FEDUSA and NACTU. Recognising the transformational power of union federation within the labour movement, this programme will mobilise the support of these federations to improve South African young workers' lives and leadership skills from the ground up. The project covers the dissemination of HIV-AIDS information and relevant training materials, provides the skills needed for them to participate effectively in union structures, and the information needed to protect themselves and others from HIV-infection. In each region there were 24 administered trainings on the life and leadership skills education programmes and 24 training sessions on HIV and AIDS and the Law education programmes. Each of these training sessions was offered over a period of five days. Each regional education programme will support 30 union participants and require 2 facilitators.

The YWC curriculum is designed in accordance with *Train-the-Trainer* guidelines; the curriculum encourages the empowerment of union representatives. *Train-the-Trainer* objectives aim to empower 720 young union workers and community change agents who can then expand the programme to surrounding communities.

#### **4.4 THE FOCUS OF THE YWC**

The Young Workers' Campaign Programme focuses on the prevention of HIV-infections among young adult workers working in health care, farming and agriculture, education and transport sectors. HIV leads to the destruction of social capital and the weakening of institutions. It destroys human resources and deepens poverty. The impacts of HIV and AIDS are on all areas of society and

this is felt by all sectors, including households. It is for this reason that the CDC/Solidarity Center South Africa, together with its partners and other service providers, committed themselves to providing lifeskills and leadership skills education to young adult workers starting in the following four provinces: Gauteng, KwaZulu-Natal, Western Cape and the Eastern Cape. The impact of HIV and AIDS is felt differently in each sector (i.e. health, education, transport, farming and agriculture) (Ellis & Terwin 2004:30-40).

Lifeskills and leadership training equip young workers with knowledge and skills, promote positive and responsible attitudes, and provide motivational support to reduce high-risk practices. The HIV -AIDS and employment training components help young workers familiarise themselves with the legal framework that protects them from stigma and discrimination in the workplace and contributes to the development of workplace policies and programmes. The *Men as Partners* Programme creates opportunities for men to explore and challenge each other's attitudes on gender violence, and sexual and reproductive health.

#### **4.5 THE GOAL OF THE YWC**

The goal of the programme is to strengthen the capacity of South African trade unions to implement effective HIV-prevention education programmes (American Center for International Labor Solidarity 2004:2). The goals of the YWC are to

- promote safe and healthy sexual behaviour among HIV-infected and affected individuals
- improve the management and control of sexually transmitted diseases
- reduce mother-to-child HIV-transmission
- improve access to voluntary counselling and testing
- build self-esteem and confidence among young adults

The objectives of the YWC programme are to

- develop strategies to increase awareness of HIV and AIDS, sexually transmitted infections (STIs) and tuberculosis (TB) among young workers in SMEs, union structures and the community
- develop strategies to promote healthy lifestyles and the adoption of risk reduction behaviours
- increase the involvement of young workers in union structures and campaigns (HIV-AIDS awareness, community mobilisation and organising young workers to participate in union activities)
- increase the awareness of HIV-status among young workers
- increase the involvement of young men in HIV-prevention efforts so as to combat violence against women
- strengthen the capacity of 720 young adult trade unionists to manage, coordinate, plan, implement and monitor expanded responses to HIV and AIDS in the workplace and in their communities

## **4.6 COMPONENTS OF THE YOUNG WORKERS' CAMPAIGN PROGRAMME**

### **4.6.1 The components of the YWC Programme**

The YWC Programme consists of eleven components. The YWC components are described briefly to indicate what they entail.

#### *4.6.1.1 The development of information, education and communication material (IEC) and behaviour change communication (BCC) material*

The SC/SA and MAI trainers developed the IEC and the BCC (YWC Programme workgroup minutes 2004). The steering committee and selected union representatives from all the regions gathered to review the training material and teaching methodology, and to ensure that the training materials were age, language and culturally appropriate for young workers (YWC Programme workgroup minutes 2004).

#### *4.6.1.2 Networks and community coalition*

A successful graduate of the YWC Programme will reach an additional 25 young workers in SMEs, union structures and the community in which the workers reside (American Center for International Labor Solidarity 2004:23). The cascading process is the process in which the YWC intends reaching large numbers of young workers in workplaces and in their communities through formal and informal education methods (Work group minutes 2004).

#### *4.6.1.3 Advocacy*

A steering committee comprising young workers, organisers and community activists will be established to promote and coordinate the campaign among young workers in SMEs and union structures. The steering committee will identify potential participants for the lifeskills and leadership development programme (American Center for International Labor Solidarity 2004: 9). The HIV-AIDS union task team and the Solidarity Center HIV-AIDS task team will develop strategies/criteria to identify and recruit young activists.

#### *4.6.1.4 Mentoring and support*

The graduated young worker participants will be mentored and supported by Solidarity Center South Africa. They will be given small grants to facilitate peer education and community outreach activities (American Center for International Labor Solidarity 2004:23). The mentoring and support of the graduated young worker will be conducted through telephonic interviews, planned questionnaires, on-site visits and short focus group workshops (Nhlapo 2004).

#### *4.6.1.5 Dissemination of lessons learnt*

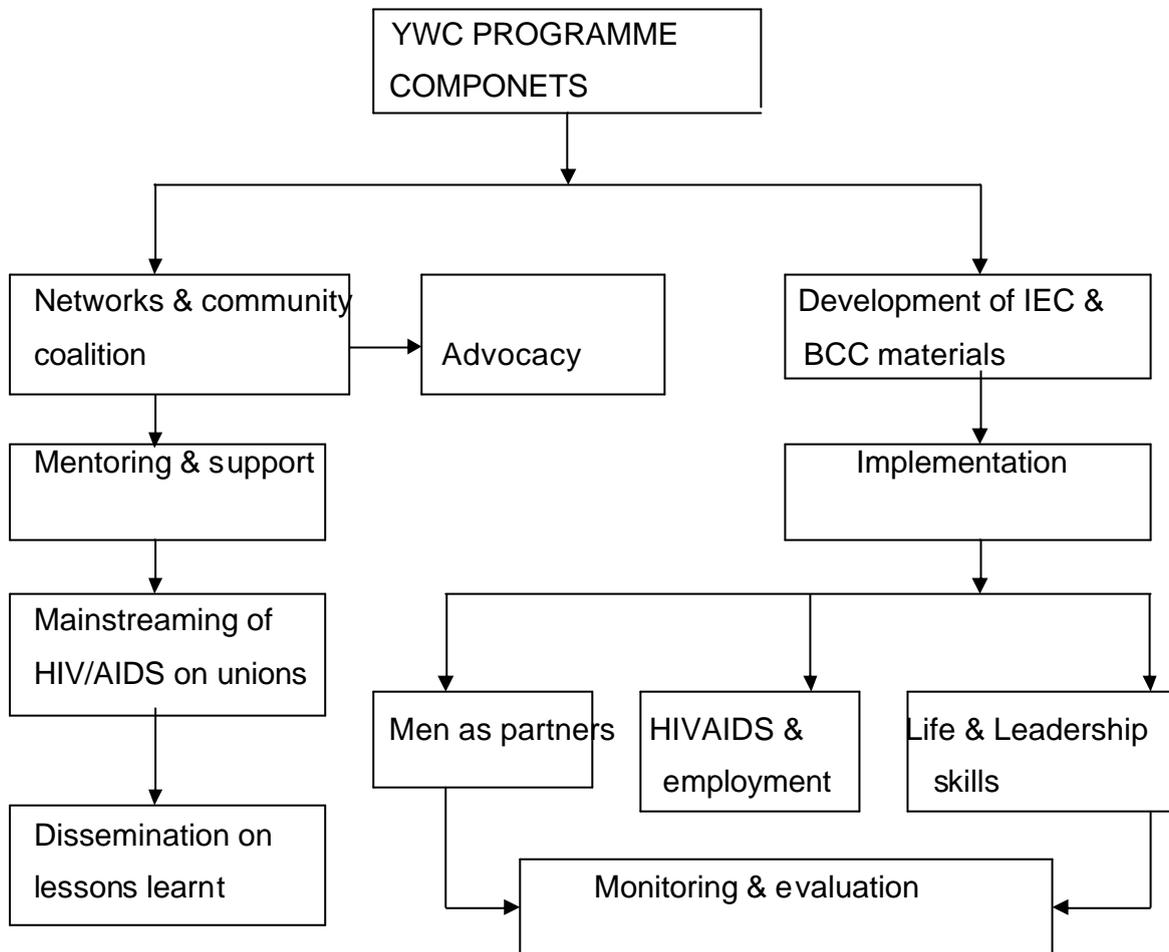
A range of activities will be conducted to enable union partners and the Solidarity Center staff to actively engage in a dynamic and creative process of reviewing and exchanging information, including the development of linkages to national and international exchange programmes. The communication strategy entails an interactive e-mail campaign, interviewing participants on radio or television, youth focused newsletters, websites, trade union newsletters, trade union websites and other relevant young worker networks (American Center for International Labor Solidarity 2004:22).

#### *4.6.1.6 Monitoring and evaluation*

Projects are evaluated by means of reports by NGOs and other national bodies where the results of the programmes are shared and compared (Joint United Nations Programme on HIV/AIDS, Case study 2001:40). The Solidarity Center South Africa initiates a planned and systematic process to measure the extent to which the expected outcomes and impacts of YWC are achieved. Process evaluations are conducted quarterly and outcome evaluations annually (American Center for International Labor Solidarity 2004:23).

An evaluation team will be established to guide the HIV -AIDS Project Director and the Solidarity Center South Africa staff to monitor and evaluate the process. The team will include a representative from each of the collaborating partners, a representative from the YWC and one person from each of the federations (COSATU, FEDUSA and NACTU). The monitoring and evaluation process will be used as a management tool to review progress and assess performance.

**Figure 4.1: The structure of YWC Programme components**



#### **4.7 THE TRAINING FRAMEWORK**

Training of the YWC master trainers will be conducted using the following framework:

- Developing a clear selection criterion for participants with guidance provided by the trade union task team on HIV and AIDS.
- Securing specific commitments for follow-up work from participants .

- Administering pre and post-workshop evaluation tests to all participants to assess knowledge of HIV and AIDS gained through the YWC Programme.
- Incorporating adult education techniques and interactive approaches in training (experiential learning).
- Mentoring and supporting participants after they return to their workplaces to learn lessons and share their experiences .
- Monitoring, evaluating and refining the training programme in order to produce trainers who will enhance skills and achieve sustainable results within trade unions and in their communities (American Center for International Labor Solidarity 2004:20).

#### **4.7.1 Learning approach**

The learning approach in the YWC will be guided by the outcomes-based education approach. The lifeskills-based education approach complies with the competencies and requirements of the National Qualification Frameworks (NQF) (American Center for International Labor Solidarity 2004:16). The National Qualifications Framework is the set of proposed qualifications, standards and competencies described in terms of the learning outcomes that the qualifying learner is expected to have demonstrated ([www.saga.org.za](http://www.saga.org.za)). Pre and post-workshop tests will be administered to assess participants for changes in HIV-AIDS related knowledge. Participants will be requested to evaluate the overall education workshop to identify any additional needs they might have (American Center for International Labor Solidarity 2004:16).

#### **4.8 EXPECTED OUTCOMES**

The expected outcomes of the Young Workers Campaign was to train\_120 master trainers in SMMEs and union structures among the three union federations in Gauteng, KwaZulu-Natal, Western Cape and Eastern Cape to increase their competencies in the following areas:

- Lifeskills-based education
- HIV/AIDS and the Law
- Peer education as an intervention to reduce risks and the adoption of safer sex practices

The 120 master trainers will each train 25 participants and those 25 trained participants will reach 5 communities or co-workers via informal HIV-AIDS education. Participating SMMEs and union structures will have appropriate workplace HIV -AIDS prevention and care programmes in place. Youth activists and advocates will engage senior union leaders on key issues which address the needs of young adult workers (American Center for International Labor Solidarity 2004:24).

#### **4.9 EXPECTED IMPACT**

The following outcomes will determine the impact of the Young Workers' Campaign Programme:

- Union members will increase their knowledge, understanding and skills to adopt risk reduction behaviours (including consistent, accurate use of male and female condoms with their sexual partners).
- Union members with personalised risk will obtain counselling support and seek to learn their HIV-status.
- Community members in four targeted provinces will increase their access to information, condoms and materials , and will increase their ability to adopt risk reduction behaviours.
- Management in the formal business sector will participate in the development and implementation of an HIV -AIDS workplace policy.
- Employers will promote risk reduction strategies by distributing male and female condoms and materials, and will display core risk reduction messages to educate their workers about HIV and AIDS.

- Youth focused initiatives will be integrated into union structures (American Center for International Labor Solidarity 2004:24).

Stakeholder empowerment is important for programme sustainability. Health promoters or programme developing personnel need to build capacity so that stakeholders are better able to comply with or sustain the programme (Laverack 2004:15). The development processes of the YWC involved stakeholders with different forms of expertise. According to Campbell (2003:56), participation has the potential to serve as an important mechanism for social change. MacDonald (2003:48), however, indicates that empowerment in the involvement processes rests on valuing each other's knowledge or experiences in programme development. Understanding the background of participating partners in the development process of the YWC gives one an idea of whether the programme will be successfully implemented or not.

#### **4.10 THE BACKGROUND OF STAKEHOLDERS**

A brief background is now given on the stakeholders who participated in the development processes of the Young Workers' Campaign:

##### *4.10.1 The stakeholder profile*

The stakeholder profile is limited to a brief description of their activities and achievements. Some of the stakeholders have not been mentioned, as their contribution to the process was short. I felt it important to mention only those who made a substantial contribution to the development process of the YWC.

##### *4.10.1.1 American Center for International Labour Solidarity South Africa*

The American Center for International Labor Solidarity (Solidarity Center) is a non-profit organisation. It was established to carry forward, under one organisation, the programmes and activities of four international institutes of the

American Federation of Labour and the Congress of Industrial Organizations which also represented the American Institute for Free Labour Development, the African American Labour Center, the Asian-American Free Labour Institute and the Free Trade Union Institute.

The Solidarity Center has headquarters in Washington D.C. and field offices in Latin America, Africa, and Asia, Central and Eastern Europe, and the newly independent office was recently opened in the states of the former Soviet Union. The Solidarity Center conducts its mission with funds obtained through different grants from the US Agency for International Development, the United States Information Agency, the National Endowment for Democracy and the AFL-CIO

The Solidarity Center South Africa provides workers and unions with information about internationally recognised worker rights. In addition, it provides workers and unions with skills and basic training. The Solidarity Center South Africa HIV-AIDS workplace education programme was developed in partnership with COSATU, FEDUSA and NACTU ([www.catin.org](http://www.catin.org)). The Solidarity Centre targets the critical sectors of health care, farming and agriculture, transport and education sectors among the trade union federations.

The Solidarity Center South Africa's programmes provide union members with skills to develop and negotiate HIV-AIDS policies; to design and implement HIV-AIDS education programmes; to apply remedies to protect workers from discrimination; and to provide counselling and support services at the workplace and in communities ([www.solidarity.org](http://www.solidarity.org)). The HIV-AIDS programme team has expertise in a wide range of related fields, such as community organisation, psychology, health promotion, community health, adult basic education, social work, ethics and law. To assess whether the training has met its objectives, the team conducts follow-up training surveys. The Solidarity Center South Africa uses a multi-sectoral approach as a framework for action, to provide comprehensive support for trade unions and other relevant stakeholders ([www.solidaritycenter.org](http://www.solidaritycenter.org)).

#### *4. 10.1.2 Advocates for Youth (AFY)*

The AFY promotes policies and programmes that assist young people in making informed and responsible decisions about their sexual and productive health needs. Since 1980, AFY has been providing information, training and capacity building assistance to youth-serving professionals, youth leaders, policy makers and the media throughout the world (American Center for International Labor Solidarity 2004:15). The AFY programme works at the intersection between sexual and productive health and youth development. The AFY is based in the United States and has worked with implementing partners in sub-Saharan Africa since the AFY's inception. However, it has built capacity in South Africa through various projects over the past three years. In 2003, AFY opened a field office in Johannesburg to increase its regional impact (American Center for International Labor Solidarity 2004: 15).

Currently, AFY is implementing the Youth Leadership in Fighting the Epidemic (Youth Life). The CDC supported a youth-specific AFY HIV-AIDS programme. The AFY in South Africa partnered with the Township AIDS project in Soweto to strengthen their HIV-AIDS programme for youth through a computer literacy initiative and with the South African Centre for Organisation Development in Pretoria. In Botswana and Nigeria, AFY is partnering with two youth-led NGOs to develop their capacity to deliver effective HIV-AIDS interventions --- interventions primarily focused on "edutainment" (combining performing arts with lifeskills-based education) and advocacy efforts.

AFY staff brings a depth of expertise in evidenced-based HIV-AIDS interventions; these interventions are focused on lifeskills-based education, youth-adult partnership formation and policy formation. AFY also operates a Los Angeles-based media project that partners with the television industry in the US and in developing countries to integrate sexual health messages into popular television programming.

#### 4.10.1.3 EngenderHealth

Established in 1943, EngenderHealth is a non-profit organisation which operates throughout the world to support health care services ([www.engenderhealth.org](http://www.engenderhealth.org)). EngenderHealth works in partnership with, and provides technical assistance and training to, public and private sector programmes and NGOs throughout the world (American Center for International Labor Solidarity 2004:16). Their work in HIV/STIs focuses on the integration of HIV-prevention, care and reproductive health services; STI management; voluntary HIV-counselling and testing; prevention of mother- to-child transmission; prevention of infection and standard precautions; and quality improvement of health ([www.engenderhealth.org](http://www.engenderhealth.org)). The Solidarity Centre, EngenderHealth and Planned Parenthood of South Africa are currently implementing a *Men as Partners* programme to involve men in the fight against HIV and AIDS and violence against women (American Center for International Labor Solidarity 2004:16).

#### 4.10.1.4 Miles and Associates Success by Choice (MAI~SBC)

Established in 1995, Miles and Associates Success by Choice entered South Africa as a volunteer effort promoting positive behaviour among youth ([www.milesandassoc.com](http://www.milesandassoc.com)). The organisation designs, trains and implements key programmes (community and school based) in disadvantaged communities, and encourages social and economic development. The corporate and community change agents become trainers and facilitators who take local ownership of programmes, processes and results. All programmes are designed for sustainability.

The services provide by MAI~SBC range from school-based programmes to corporate training programmes. The MAI~SBC youth programme includes sports and health motivation, leadership and lifeskills activities. Corporate consulting focuses on individual skills development and organisational transformation. In

2002, over 29 000 individuals were recipients of MAI-SBC programmes and services.

The organised labour movement (trade unions) in South Africa, comprising the Congress of South African Trade Unions (COSATU), the Federation Unions of South Africa (FEDUSA), the National Council of Trade Unions (NACTU), as well as independent trade unions, acknowledge that the AIDS epidemic affects economically active people in South Africa. The extent to which the disease is spreading and the serious challenges it poses to the country's development and future, are factors that make it difficult for many people to change behaviour that puts them at risk of HIV-infection.

#### *4.10.1.5. The Federation of Unions of South Africa (FEDUSA)*

FEDUSA was also involved in the development of the YWC Programme. One of the services it provides to its affiliates is its HIV-AIDS campaigns ([www.fedusa.org.za](http://www.fedusa.org.za)).

##### *4.10.1.5.1 HIV-AIDS campaigns*

FEDUSA delegates have undergone and completed the first two phases of the "Train-the-Trainer" programme, which looks at the fundamentals of HIV-AIDS teaching approaches and HIV/AIDS and the law. The third phase, on pre and post-test counselling in HIV/AIDS, was completed in 2003 ([www.fedusa.org.za](http://www.fedusa.org.za)). Between 29 November and 1 December 2002, FEDUSA embarked on an HIV/AIDS media campaign to illustrate its position on the disease and to outline FEDUSA's Workplace Policy on HIV and AIDS. The campaign emphasised the rights of PLWHA in the workplace ([www.feduas.org.za](http://www.feduas.org.za)).

During the course of 2002, FEDUSA's Equity Forum initiated a care and support programme for HIV -AIDS homes and orphanages; it also donated clothing, non-perishable foodstuffs (groceries), blankets, toys, and so on to St Kizito HIV-AIDS

Children's Home in Kibler Park, south of Johannesburg, and to an informal settlement called Ipolele Home-Based Care Centre in Eikenhof, Johannesburg ([www.fedusa.org.za](http://www.fedusa.org.za)).

#### *4.10.1.6 Congress of South African Trade Unions (COSATU)*

The Congress of South African Trade Unions (COSATU) has an active programme for shop stewards. The union encourages its shop stewards to discuss and take up HIV and AIDS issues such as the prevention and treatment of HIV ([www.cosatu.co.za](http://www.cosatu.co.za)).

##### *4.10.1.6.1 HIV-AIDS campaigns*

COSATU developed a guide for shop stewards on the prevention of HIV among its workers ([www.cosatu.org.za](http://www.cosatu.org.za)). On 20 August 1999, COSATU adopted a declaration on HIV and AIDS. This declaration re-affirmed the Executive Committee's (Exco) decision that COSATU would encourage its leadership and members to voluntarily take HIV tests and break the silence ([www.cosatu.org.za](http://www.cosatu.org.za)). COSATU also encouraged a new culture of openness --- adults taking openly to their children, friends and relatives about the AIDS epidemic and the need to use condoms ([www.cosatu.org.za](http://www.cosatu.org.za)). COSATU campaigns for the provision of a supportive environment for workers and people living with HIV and AIDS; supports the rights of people living with HIV; fights against discrimination based on any unfair grounds, including HIV-status; made a submission to the Equality Legislation; and called for the improvement of the Employment Equity Act to protect the rights of people living with HIV ([www.cosatu.org.za](http://www.cosatu.org.za)).

##### *4.10.1.7 National Council of Trade Unions*

AIDS is an epidemic, disproportionately affecting the labour market and the poor. It clearly has a major impact on social policy. NACTU, FEDUSA, COSATU and TAC have started negotiations within NEDLAC for the provision of HAART. NACTU is also involved in many HIV-AIDS campaigns.

#### *4.10.1.7.1 HIV-AIDS campaigns*

NACTU jointly participated with COSATU and FEDUSA in a labour education programme that was undertaken and funded by Solidarity Center South Africa. This training programme is three-phased: (1) 'Fundamentals of HIV and AIDS and the Approaches to teaching about HIV and AIDS'; (2) "HIV and AIDS and the Law"; and (3) "Pre-and-post test counselling on HIV and AIDS ([www.fedusa.org.za](http://www.fedusa.org.za)).

Between 30 November and 1 December 2002, NACTU, FEDUSA and COSATU attended a joint Labour Conference on HIV and AIDS in Braamfontein, Johannesburg. The conference culminated in a declaration being formulated, which outlined specific demands to ensure that employers, Government and employees commit themselves to coordinate negotiations and engagement strategies around HIV and AIDS. One of the pertinent demands made was that Government establish a legislative framework that will ensure that sectors develop guidelines ([www.fedusa.org.za](http://www.fedusa.org.za)).

#### *4.10.1.7.2 Provision of antiretroviral (ARV)*

NACTU, in conjunction with various trade union federations (COSATU, FEDUSA and the TAC), started negotiations within NEDLAC (a statutory body involving labour, Government, business and community representatives) in September 2002 to provide universal access to HAART ([www.hst.org](http://www.hst.org)). Despite the cabinet statement of 9 October 2002, the Government lowers the cost of ARVs and creates conditions that make use of ARVs effective in the public sector ([www.hst.org](http://www.hst.org)). The statement showed that the Government has not changed its attitude towards the implementation of ARVs in the public sector.

#### *4.10.1.7.3 Violence and prevention of HIV*

In the 1990s, South Africa experienced high levels of HIV-prevalence among women attending antenatal clinic (South Africa, Department of Health 2002:6-7).

The Solidarity Center with its trade union partners (NACTU, FEDUSA, and COSATU) encourages men to take a stand against women abuse and to be more involved in HIV-AIDS related prevention, care and support programmes ([www.engenderhealth.org](http://www.engenderhealth.org)).

#### **4.11 DEVELOPMENT PROCESS OF THE YWC PROGRAMME**

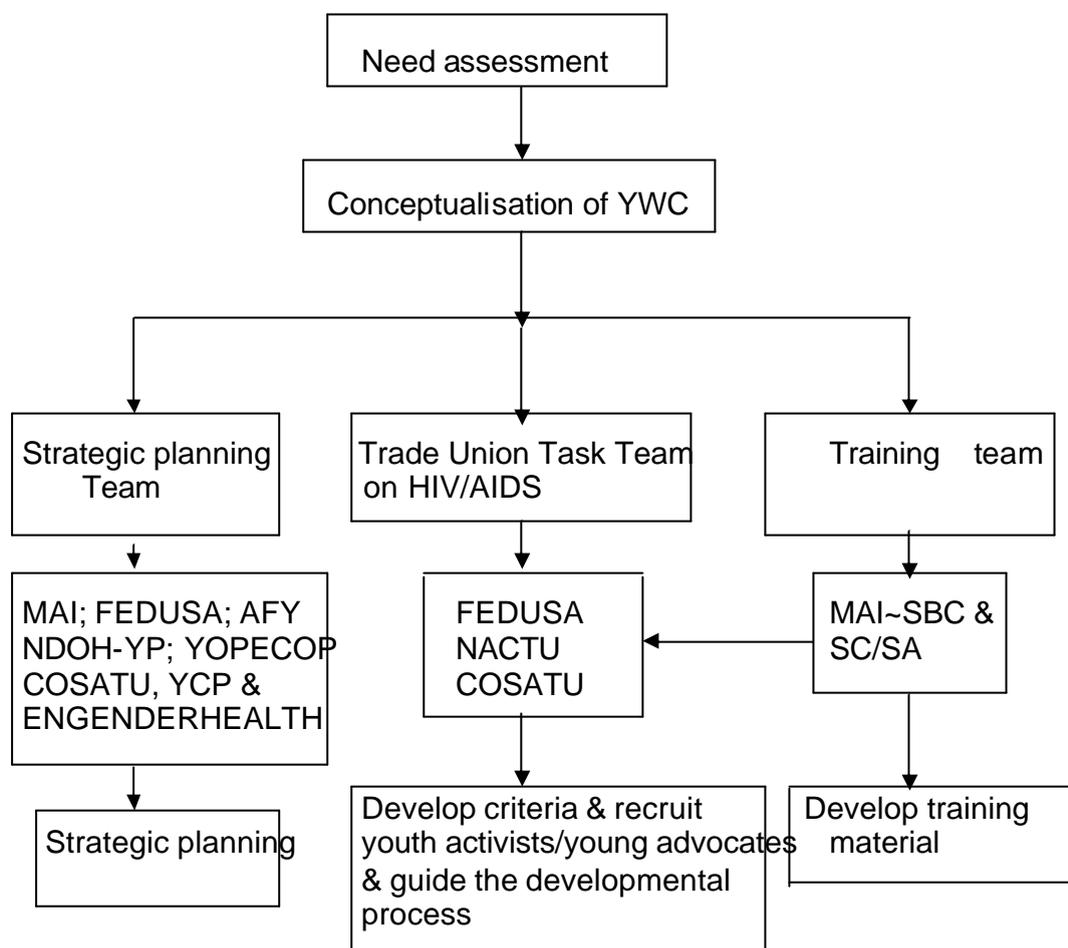
For the purpose of this study, the development process of the Young Workers' Campaign Programme (YWCP) was divided into 11 stages. There were several meetings and various actions taken in the development processes of the YWC.

##### **4.11.1 YWC development process stages**

The YWCP consists of 11 developmental components. The first three components consist of a strategic planning team which was formed by MAI-SBC, SC/SA, YCG, YOPECOP, National Department of Health-Youth Programme (NDoH-YP, HIV-AIDS/STD Directorate-Youth Programme and the three union federations (COSATU, FEDUSA AND NACTU) (American Center for International Labor Solidarity 2004:19). These components' main function was to plan and develop the YWC Programme. Berkeley, a labor consultant from USA, who consulted with young workers at the United Labour Center and the University of California, did also facilitate a two-day strategic planning session for the development of the YWCP (Saunders 2004).

The Trade Union Task Team on HIV and AIDS (TUTT) including representatives from FEDUSA, COSATU and NACTU, together with the HIV-AIDS training team (HATT), developed the criterion to recruit youth activists for the programme (YWC Programme workgroup minutes 2004). The TUTT did also guide the HIV-AIDS training teams (HATT) with regard to the content, age and cultural appropriateness of young workers (YWC Programme workgroup minutes 2004).

**Figure 4.2: The structure of the YWC development process stages**



#### 4.11.1.1 Need assessment

The first element of the development of the YWC Programme was to determine the vulnerability of young workers to HIV and AIDS. The need assessment was conducted to better understand the status of the AIDS epidemic in the trade union movement, and what skills the YWC Programme should provide in the fight against HIV and AIDS (American Center for International Labor Solidarity 2004:6). According to Mabhele (2004), the vulnerability of young people was noted in a 2002 household survey conducted by the Human Science Research Council (HSRC). In addition, the World Bank report (2000) noted that Southern

African countries lose a great number of workers to the AIDS epidemic each year (American Center for International Labor Solidarity 2004:4). This prompted PEPFAR to request proposals for supplemental funding for the Solidarity Center South Africa for the year 2004 (YR04). The Solidarity Center South Africa saw an opportunity to conduct an HIV-AIDS risk reduction and prevention programme targeting young workers aged 20 to 34 within SMMEs and union structures (Saunders 2004). The need assessment has given the Solidarity Center South Africa an understanding of the risk factors contributing to young adult workers and their communities' vulnerability to HIV and AIDS.

#### *4.11.1.2 Conceptualisation of the programme*

Conceptualisation is a process of defining a construct (De Vos et al 2002:192). According to Babbie and Mouton (2001:99), conceptualisation in research is the clarification of a concept to draw a meaningful conclusion. It is a process by which the participants (stakeholders) are given a detailed and meaningful explanation of the programme. The YWC conceptualisation is the process by which the programme developers specify precisely what will the programme and its development processes entail.

With the understanding of the impacts of HIV and AIDS on the South African workforce and the long-term perspectives for the development of the programme, the Solidarity Center South Africa (SC/SA) involved the stakeholders in the conceptualisation of the YWC Programme so as to highlight the value of the YWC in its early stages of development. According to Campbell (2003:191), the failure of stakeholders to take personal ownership on the Summertown project, for example, is because of a lack of clarity during the conceptualisation phase. The participating stakeholders during the conceptualisation of the YWC were Advocates for Youth (AFY), Miles and Associates International~ Success By Choice (MAI~SBC), EngenderHealth, and the South African National Department of Health Youth programme (American International Labor Solidarity 2004:16).

Participating stakeholders brought their expertise in the development of the YWC Programme. Several meetings were held during the conceptualisation of the YWC and the HIV-AIDS staff presented the concept of a campaign focused on young workers to stakeholders (consisting of the representatives from unions, training partners, and other stakeholders) (Saunders 2005).

#### *4.11.1.3 Strategic planning of YWC*

“The strategic planning ensures that the best programming objectives are chosen to meet the need, taking account of organisations different missions, roles and comparative advantage, within the available resources” ([www.synegyAIDS.com](http://www.synegyAIDS.com)). A South African trade union task team on HIV-AIDS (FEDUSA, COSATU and NACTU) was formed and the Solidarity Center South Africa serves as the Secretariat (American International Labor Solidarity 2004:14). The task team is a forum where all three federations can collaborate, network, coordinate and develop the strategic direction for a joint labour response to HIV and AIDS. The task teams are responsible for overall strategy, programme development, and the launch and implementation of the programme. The Secretariat is responsible for network coordination and provides programme planning, implementation support and technical inputs to network and task team activities.

#### *4.11.1.4. Creating the plan*

A plan is a strategy for making informed, evidence-based decisions on how effectively achieve a measurable change or improve a situation ([www.synegyAIDS.com](http://www.synegyAIDS.com)). According to O’Shaughnessy (s.a.:11), in the planning of the Nankumba HIV-AIDS project, the local stakeholders (i.e. affected community) participated. The development plan was created with the involvement of all the stakeholders (Nhlapo 2005). According to the American Center for International Labor Solidarity (2004:25), the plan to develop the YWC included mobilising effective partnerships; building a synergistic framework for

coordination and stakeholder participation in the shaping of a comprehensive response to HIV and AIDS; and building stakeholder commitment (YWC Programme workgroup minutes 2004). The planning meetings --- which looked at the YWC pilot training workshop, the launch, Ditsela leadership training, core trainers and material development --- were attended by the principal stakeholders (SC, MAI) in April and May of 2004 (YWC working group minutes 2004). The other stakeholders were informed about the progress of the YWC development processes (YWC Programme narrative report 2004).

#### *4. 11.1.5. Conducting the programme development needs analysis*

It is important to have baseline information on the needs of stakeholders when developing a programme. Baseline information can be obtained by doing a need analysis (South Africa, Department of Health 1998c: 75). Goldstein (1974:21-22) argues that the need analysis in the process development phase of the programme involves a job description, task specification and the examination of performance standards. The need analysis for this project was conducted to determine the language, age, size of the target audience, budget, equipment needed, timeframes, and the reporting and communication strategy (YWC Programme workgroup minutes 2004). This culminated in a memorandum of understanding between the trade unions and Solidarity Center South Africa (Mabhele 2005). With regard to the need analysis of the pilot, launch and implementation of YWC, several meetings were held by the MAI and Solidarity Center South Africa --- the principal organisations in the development of the YWC Programme (YWC Programme working group minutes 2004).

#### *4.11.1.6 Formation of a task team*

Task analysis is necessary to determine the knowledge, skills and attitude needed for a task to be successfully performed (Goldstein 1974:31). Caffarella (1988: 49) points out that identifying one's own personal beliefs and values

concerning programme development assists in ordering these beliefs. People's underlying beliefs and values affect the way they plan and carry out programme developmental activities. Three task teams were set-up in the development of the YWC Programme (manual/material development team, launch team and implementation team) at a meeting held on 22 April 2004 (YWC Programme workgroup minutes 2004). Bokaba (2006) reminds us that a union task team was formed (comprising representatives from each participating union). The union stakeholders were informed about the progress of the task teams in developing the YWC Programme. Magcingwane (2004) asserts that the union task team was consulted on the YWC activities (Magcingwane 2004).

#### *4. 11.1.7 Delegation of responsibilities*

Meetings were held for all the participants in the development of the YWC Programme. During the meeting, responsibilities were delegated among the participants (YWC Programme workgroup minutes 2004). Percy, Nhlanhla and Shummi were delegated to develop lifeskills material and Percy and Nhlanhla were appointed as team leaders in the EC and BCC development. They were required to report to the programme directors and the stakeholders on the progress. Caroline, S'bongile and Simphiwe were given the responsibility of drawing up selection criteria for young workers to participate in the YWCP. John, Steve and Zola's responsibilities were to draw up launch and pilot activities. Tasha was responsible for preparing the budget and logistics for the programme launch and pilot run (YWC Programme working group minutes 2004). The teams worked collaboratively in achieving the objectives of the YWC Programme.

#### *4.11.1.8 Reporting to the stakeholders*

Meetings were held collectively or with individual stakeholders to report on the progress of the programme (YWC Programme workgroup minutes 2004). The relevant stakeholders used e-mail and the telephone to inform the stakeholders

about the programme and to request assistance.

#### *4.11.1.9 Monitoring and evaluation*

Monitoring and evaluation are a means of measuring the progress of a programme or project in terms of its processes, outcomes and impacts. The task teams held regular meetings to discuss their progress. The teams assisted each other to complete uncompleted tasks.

The purpose of the meetings was to consolidate the progress and suggest a way forward (YWC Programme workgroup minutes 2004). All progress was reported to the directors so that these could be reported to the stakeholders (Nhlapo 2004). This was the system used to monitor and evaluate the development of the YWCP. According to YWC Programme workgroup minutes (2004), the development process of the YWC was monitored through a project arrow. A project arrow gives specific objectives to be achieved and the dates of completion. Evaluations were made via short meetings where each committee reported on its progress (YWC Programme workgroup minutes 2004).

The pilot training workshop took place between 31 May and 4 June 2004. All the stakeholders and the 20 participants (young workers) participated in this activity. The YWC Programme was evaluated and recommendations made (YWC Programme working group minutes 2004). Ten meetings were held between June and September 2004 to discuss pilot training evaluation and the manual content for the YWC Programme. All the senior managers from each organisation such as Advocates for the Youth, Engenderhealth including SC/SA, MAI, NACTU, COSATU, SADTU, UNISA, FEDUSA, were recruited to revise and edit the manual and to ensure the relevance of the language, information and learning material (YWC Programme narrative report 2004).

#### *4.11.1.10. Reviewing the programme*

The YWC Programme content was reviewed in terms of its relevancy and suitability for the target audience. Thirty participants were present during the pilot testing of the YWC Programme; most of the participants were the stakeholders. During each session, participants were asked to write and present their comments on each module completed. The recommendations and comments were recorded, kept for further review and incorporated into the manuals (Nhlapo 2004). The role players (UNISA, EngenderHealth, SADTU, MAI, SC/SA, AED and YCG) further reviewed the manuals. The focus of these reviews was on learning outcomes, module outlines, time allocations, learning support material, content and assessment methods. Further UNISA have provided the student with information to record the programme development and assist in with monitoring and evaluation of the YWC programme (YWC Programme workgroup minutes 2004).

There was also further reviewing of the YWC Programme. A day-long meeting was held on 11 November 2004. Here the SCSA and MAI discussed the YWC launch, logistics, programme rollout, training venues, YWC trainings workshops and technical support. The manual was reviewed once again between 21 June and 4 December 2005 (YWC Programme narrative report 2005). The stakeholders involved in the development of the YWC Programme met again on 5 May 2005. The purpose was to check whether the information in the manual was in line with the objectives contained in the proposal (YWC Programme workgroup minutes 2005).

#### *4.11.1.11 Incorporation of comments and recommendations*

The recommendations and comments made by the participants in the pilot study of the training material were incorporated in the YWC manual. Several meetings were further hosted by Solidarity Center South Africa. The first meeting was held on 2 February 2005. During this meeting, elements were identified in the manual

that needed further review. The second, third and fourth meetings were held on 24 August 2005, 2 September 2005 and on 10 October 2005 (YWC Programme workgroup minutes 2005). The purpose was to discuss the added content, technical aspects and the layout of the manual. The participating stakeholders were the programme developing group (SC/SA and MAI). The stakeholders and role players further edited the manual. The final comments were completed on 29 March 2006 and sent to the MAI for incorporation in the manual.

#### *4.11.1.12 Finalisation of the programme*

The YWCP was finalised and all the relevant stakeholders were informed about the programme activities, the rollout plan, and the expected impact of the programme and the outcomes of the programme. All union structures are requested to sign a pledge in which they indicate that they will actively support the programme.

## **4.12 CONCLUSION**

Stakeholder participation in the development of the YWC Programme was important to give unions perspective on the YWC Programme. The participation and involvement of the unions in the development of the YWC Programme mostly took the form of consultation and information dissemination. This has contributed to a greater understanding of how young workers are susceptible and vulnerable to HIV and AIDS. The involvement of other organisations has also contributed into a greater understanding of communities' vulnerability to HIV and AIDS.

The next chapter will discuss the findings of the study.

## **CHAPTER 5: EVALUATION OF PROJECT OUTCOMES**

### **5.1 INTRODUCTION**

In this chapter, the project outcomes are discussed. The main findings of both the key informants and the focus group interview are given.

#### **5.1.1 Stakeholder participatory process**

The participation of stakeholders has become a defining characteristic for good and effective programme development (Brett 1996:6). One of the guiding elements in the development of the YWC Programme has been that the process involves the participation of the stakeholders, particularly trade unions and communities (stakeholders). The participation and involvement of the stakeholders in the YWC development has become an important guiding principle for effective and sustainable YWC Programmes.

The participatory processes in the development of the YWC enables service users or stakeholder groups to be involved in decision-making, although participatory approaches vary widely in practice. The way in which participation in the development of the YWC Programme unfolds depends on a number of factors, including how we interpret and use the term. Consultation, participation, informing, deciding together and acting together allow the stakeholders to take responsibility for managing the programme, relationships, their lives and circumstances. The different development levels or phases of the programme where the stakeholders were involved and participated took place.

Participatory approaches in the development of the YWC Programme have also become important tools for more effective and efficient decision-making in the YWC Programme development. Stakeholder involvement and participation,

especially service users, has proved to be extremely valuable in the development process of the YWC.

## **5.2 FINDINGS FROM BOTH KEY INFORMANTS AND FOCUS GROUP INTERVIEWS**

In the following sections, the main findings are discussed.

Prior to the construction of the research question, an informal discussion about the development process of the YWC Programme was carried out with the staff of SC/SA and the MAI-SBC and some of the trade unions members. In addition, the YWC developmental meetings were also attended. This provided me with insight into some of the issues that needed to be dealt with in the YWC Programme development phase.

The main findings are presented in this chapter and are presented according to the objectives of the study. These objectives as described in chapter 1.

### **5.2.1 Stakeholder participation and involvement in the development process of the YWCP**

The nature of stakeholder participation in the development of an HIV-AIDS programme requires people of different backgrounds, perspectives, interests, and cultures to communicate and work together at all levels of programme development. The study explored the nature of stakeholder involvement and participation in the development phase of the YWC Programme. The development of the YWC Programme needs a variety of information and expertise. When *participants were asked about the process or nature of stakeholder involvement and participation in the development of the YWCP*, the majority reported that stakeholders were involved in different phases or activities in the YWC development process. *“Stakeholders were involved in the*

*conceptualisation phase of YWC, planning, piloting of material (education materials) and in terms of evaluating the material.”*

Involvement of stakeholders in the development of HIV-AIDS programmes especially the beneficiaries (trade unions) helps to create confidence and ownership, which, in turn, leads to programme sustainability. *“When participants were asked about the levels of participation and involvement of stakeholders with regard to decision-making in the development of the YWC”,* the majority indicated that the involvement and participation of the trade unions was mostly focused on the recruitment of young workers to participate in the YWC and the evaluation of the manual for the relevancy of the content and language of the target audience. *“Trade unions were involved in many meetings giving them background on YWC, pilot, recruitment of young workers, and workshop training to union members”.*

From the interviews’ it emerged that stakeholders who participated in the conceptualisation of the YWC were not the trade union members. The literature also highlights that there is low participation of communities (trade unions) in planning, monitoring and evaluating many projects (O’Shaughnessy s.a.:9). *“... our involvement as labour movement in the development of YWC its when we were informed about the programme and we were also informed that there was other stakeholders with expertise which were involved in developing the material to be given to unions to see...”*

For the successful development of the programme, different stakeholders may participate in different ways, depending on the different programme activities. *When participants were asked about the activities stakeholders were involved in,* the majority reported that most of the stakeholders play different roles in the development of the YWC Programme. *“...MAI-SBC were involved in designing, planning piloting, reviewing of the manual (education materials) and implementation of the YWC Programme”.* The nature of stakeholders’ participation processes should be appropriate to the issue involved and the level

of programme development to enable the stakeholder to take charge of the activity. *“...it is necessary for the stakeholders to participate in all the stages, but also have a particular emphasis on their areas of expertise...”*

In spite of this, the evidence shows that there are other factors which could have prevented (barriers) the stakeholders from full participation at all levels. *When participants were asked about the factors that could or have prevented them from participating fully in the development phase of the YWC Programme, the participants interviewed gave different reasons. The factors which prohibited them from participating fully were the process of consultation, time constraints and their availability. “...one measure factor was time and unavailability... we have activities we were involved in... that prohibited or stop us from participating”*

Participatory approaches in programme development bring stakeholders together for face-to-face discussions and an exchange of views. The stakeholders felt that they were not fully consulted and this contributed into the non-involvement of the service users (young workers). *“...we as the stakeholders we felt that we were not fully consulted, processes were decided upon without our contributions and time as well...”* In addition, other participants (respondents) highlighted that as the result of the lack of consultation and time constraints have resulted into the involvement of people who were not the beneficiaries of the programme. *“...the time constraints have forced the participation of people who were not supposed to participate”*

Shared control over decision-making, collaboration and empowerment constitutes deeper and more meaningful levels of participation in programme development (UNICEF 2001:15). *When I asked about the extent of participation in decision-making regarding the development process of the programme, it soon became apparent that the majority of the stakeholders (trade unions) were not involved in decision-making relating to the YWC Programme. “Trade unions*

*didn't play much role in decision-making when it comes to conceptualisation of the programme”.*

From an analysis of the documents, it is clear that the beneficiaries (young workers) of the YWC Programme did not participate in the development of the programme, and insufficient time given to investigate local perceptions may have crippled meaningful stakeholder participation. *When participants were asked about measures that could have been taken to ensure stakeholders participated fully in the development of the YWC*, some of the suggestions emerging from the interviews were that

- there should be a clear programme objective
- there should be a stipulated timeframe that should be enforced
- a memorandum of understanding should be signed

Mushauri and Herman (2005:13) argue that participation in AIDS-programme development to be effective; participants must be reasonably compensated for personal expenses. *“... to ensure the stakeholders to be represented fully... recommend potentially the stipend paid to the stakeholders to make sure that they are there... every body was fully committed...”* Some kind of compensation is crucial for YWC stakeholders, since some of the stakeholders come from poor communities.

Acknowledge the type of participation and be transparent about why the stakeholders have chosen to participate. Participation empowers programme users with the understanding of the value of the programme and develops a sense of joint ownership. *When participants were asked about whether the participation of trade union increased ownership of the YWC Programme among the union members*, the majority of the participants reported that it has to a limited extent. *“There was recognition that if you own something you should participate fully on it”* Involvement of the stakeholders(trade unions) from the

YWC design phase onwards is important for addressing their needs and concerns and to instil a sense of ownership of the programme.

### **5.2.2 Classification of various activities and assessment of what worked well and what did not work, and the evaluation of the effectiveness of each activity against the objectives of the programme**

The success of the programme development processes depends on whether all development activities are being conducted. In exploring the type of activities (education material development, preparing for the programme pilot, preparing for the launching the programme, reporting to the stakeholders, monitoring the programme etc.) the stakeholders participate in the development of the YWCP. It emerged that most of the participants (stakeholders) were involved in different activities. The activities were divided between committees or task teams *“.. we had 12 people and 3 to 4 teams each team has a leader ...given tasks to work on ... report back activities and what has been accomplished and up dates...”*

*When participants were asked whether each activity matched up with the objective of the programme, the majority of the participants stated that activities matched up with the original objective. “.. for each and every one stage there was reporting err... then there were meetings, reports were written and also in terms of verbal reports, meetings were held to evaluate the progress of the Young Workers Campaign, the people who were involved in certain areas of development were to report to the Directors to say what we have done so far to achieve that particular objectives of the development stage”.*

It became apparent during the course of the study that there are a number of involvement activities organised by the SC/SA in the development of the YWC which provides the trade unions (stakeholders) with an opportunity to influence the YWC Programme. *When participants were asked about the monitoring or evaluation of the programme, the majority of them reported that evaluation and*

monitoring was done through feedback meetings, verbal reports and written reports on each activity conducted. *“...in terms of external monitoring I do not think is something that we did I think only people monitoring the process with people involved in the process itself...”* Monitoring and evaluation is the continuous activity in the development of the programme to track the progress.

There are weaknesses, strengths and successes in the development of the programmes. *When participants were asked about the strengths, weaknesses and successes in achieving planned objectives in each stage of development, the majority of them stated that the strength was the partnerships with other organisations. “The strengths of the programme it was the partnership with the MAI-SBC ...it has come with great experience in life skill and leadership skill”.*

The YWC Programme development processes involve many activities. There were also weaknesses in its development. *When participants were asked about the weaknesses encountered in the development of the YWC Programme. The majority of respondents (participant) agreed that the weakness in the development of the YWC Programme was project management, especially in terms of keeping to deadlines. “The weaknesses were around the time management we did not take much recognition of time in developing the programme that delays the programme”.*

Although the deadlines were not met, there were still notable successes in the development phase of the YWC. The participants mentioned different activities which worked well in the development process of the YWC. *When they (participants) were asked what work out well in the development of the YWC Programme? The majority of the participants responded positively to the involvement of the stakeholders in reviewing the manual during the pilot phase and the partnership with other organisations. “...the partnership with other organisation works out well which motivated us to development more partnership in programme development”* But, there were other participants who felt that there

were other activities which worked out better than others. *“I think the only things that work out is that the information sharing session and the meeting that we held ... the workshops that were given and re-evaluation of the materials (manual) content of the training workout well”*. Workshops and full briefings with the stakeholders are critical at all stages of the programme.

### **5.2.3 Mechanism used to ensure stakeholders involvement and participation**

The mechanism used to ensure stakeholders involvement and participation in the development phase of the YWC was to offer opportunities for the stakeholders to influence some aspects of the YWC. While it is possible to present the range of mechanisms that participants described, it is not possible to quantify the extent to which these operate in each activity.

*When participants asked about the mechanisms that were used to ensure stakeholders participation? Most of the participants reported that feedback meetings to update stakeholders from each committee were used to ensure stakeholders participation. “... there were aren’t many activities that were meant to ensure the stakeholders participate in the development of the programme except obviously update, meetings, and minutes made available and...the dates of the next meeting ... there were some of the networks events that were dealt with individual organisation that ultimately reflect the collaboration of other organisation...”*

Developing a plan to incorporate stakeholder participation through the programme cycle is necessary in projects which impact the livelihoods of the community (young workers). *When participants were asked about measures that could have been taken to ensure stakeholders participated fully in the development of the YWC, the majority of the participants indicated that there should have been written deadlines, memorandums of understanding, and a*

clear outlines of responsibilities and repercussion. *“...there may be a clear memorandum of understanding or a contract of time-frames and also a repercussion if the timeframes are not adhering too...”*

Effective participation is based on the procedures used to identify stakeholders for participation in the development of the programme (O’Shaughnessy s.a.:10). Identification of stakeholders is the key factor for making a programme a success. Participating stakeholders should have the same interests, understanding and should be able to communicate clearly. *When participants were asked how the stakeholders were identified who would participate in the development of the YWCP*, the majority of the participants reported that there were no definite procedures used. The stakeholders were recruited to participate in the development of the YWC Programme. *“...they were recruited by the unions’ organisation which the American Center for labour Solidarity has worked with in the past...”* Other participants (respondents) indicated that the stakeholders were identified as a result of their expertise in particular areas. *“...stakeholders were identified according to their different expertise and responsibilities...”* Adequate criteria for the selection of stakeholders in the YWC are important, because of the large number of stakeholders with a variety of interests.

#### **5.2.4 The level of participation in terms of time devoted and human resource utilised**

Participation is important in designing community programmes that reflect local values and the concerns of the communities. *When participants were asked how the participatory process in the YWC influenced time taken and human resource utilised*, the majority of the participants reported that the involvement of a large number of stakeholders influenced time negatively. *“good human resource in terms of expertise and there was a number of people involved and then, but there wasn’t much of the progress made...different perspectives people had consume*

*a lot of time in terms of trying to make each and everyone to understand the correct perspectives what YWC is all about and especially in the development of the material...*” According to Parry and Wright (2003:388), participation in a programme development is time-consuming. It is clear that participation in the development of the YWC Programme influenced time negatively, especially in the development of the manual. Lots of contributions were made which resulted in delays in implementing the YWC.

With regard to human resources, Hare et al (2003:63) believe that involving stakeholders in the development of the programme is important for a variety of reasons. *When participants were asked whether it was useful to involve stakeholders in the development of YWC*, some of the participants felt that the involvement of the stakeholders was useful at the beginning because they brought in their expertise. *“It was useful... because of their expertise skills that had actually contributed and strengthen the Young Workers Campaign on various stages and levels...their experiences also added value in the development of the Young Workers Campaign.*

### **5.2.5 Challenges in the development of the YWC Programme**

The above objective looked at the experiences and challenges encountered in the development of the YWC. It emerged that there were a variety of challenges and experiences encountered by stakeholders participating in the development processes of the YWC Programme. *When respondents were asked about the challenges encountered during the development processes of the YWC*, it emerged that each individual respondent had different experiences and identified different challenges. The majority of respondents reported that the main challenge was time constraints and the integration of the leadership and lifeskills information with HIV -AIDS information in the manual. *“The challenges were time, as workers we are not give time off at workplaces to participate in activities out off work”*

Some of the major challenges emerged from the interviews were

- lack of clear description of roles
- lack of common understanding on the content
- lack of involvement of stakeholders in all development stages of the YWC

Institutions or organisations have their own culture of operating and this could create a problem. In addition, some of the participants indicated that it was difficult to understand and work with other organisations at the beginning because of their cultural backgrounds. *“The challenges were that how to work effectively with other organisation...”* The coming together of organisations develops the ability of stakeholders to build relationship with different groups; this could create a suitable environment for effective cooperation and participation in programme development.

Regarding the experiences obtained from participating in the development of the YWC, the majority of the participants (respondents) reported that the experiences were overwhelming (HIV-AIDS knowledge, life and leadership skills, understanding trade unions perspectives on HIV and AIDS and community mobilisation). *“...input in terms of what is needed to be covered in the content and to give their perspectives about the real workplace situation regarding the young workers and the problems that are envisage to be overcome by the YWC-programme”.*

The involvement of stakeholders in the development of the programme brought fruitful results. The successful involvement of stakeholders should generate openness to new ways of thinking based on mutual learning (MacDonald 2003:53). Some of the stakeholders felt that their involvement was haphazard. *“... I would be involved sometimes, sometimes I will be left out, sometimes be recalled back, sometimes be forgotten...that was my experience”*The haphazard involvement of stakeholders breaks communication. Healthy communication

empowers participants to make decisions based on their own priorities and circumstances.

#### **5.2.6 Lesson learnt by the stakeholders participating in the YWCP development processes**

The participants (respondents) felt that learnt a variety of important lessons from participating in the development of the Young Workers' Campaign. *When participants were asked about what lessons were learnt from participating in the YWC Programme development processes, the majority reported that the important lesson was the involvement of the stakeholders in the development of the YWC Programme. "Having worked with the stakeholders' one was able to gain more experienced, knowledge on certain aspects of the programme that would have not been clear if the participating stakeholders had not participated".* The participatory process should be fair and equitable. It should also be balanced in terms of perspectives, views and interests, and inclusive in terms of openness to participate.

The way in which HIV and AIDS issues are defined in a programme context is one of the most important issues that need expertise. Some of the respondents learnt that it is important to have people with knowledge and expertise in the development of the YWC Programme. *"The learning was that we should get people who are knowledgeable about the programme to be developed with different skills, it is important to have people who have skills and knowledge of programme development when developing the programme."*

Participation in the development of the programme is empowering and enables the programme developers to understand the needs of the target audience. The majority of the participants learnt that stakeholder participation empowers. *"Stakeholders' participation enables you to be exposed on large human resource*

*and assistance that you require, and that helps in implementation of the programme”.*

Working together and sharing ideas is empowering. Some participants learnt that working together with stakeholders is empowering. *“...as a stakeholder working together with others in the development of the programme is a challenge but it could bring fruitful understanding of the programme”.*

The majority of participants (respondents) learnt that stakeholder consultation, in whichever form, requires deliberative effort by the programme developers to ensure that the preferences, interests and perspectives of different stakeholders are given systematic consideration in the development of the programme. *“...an extensive consultation has been a lesson, proper planning...as well as repercussion of not meeting the dead lines and also back –up system to say what can be done if what was intended to do hasn’t been met at the time that was intended, so, those are some of the lessons”.* Some of the participants reported that consultation is imperative in programme development. *“... if you do not consult/engage stakeholders your programme will not run smoothly...”*

It is important in the development of the programme to work within the wider framework of stakeholders and the inclusion of the target audience, and not to limit partnerships to the narrower scope of service user concerns. The majority of the participants learnt that partnerships in the development of the programme are important, because partners have a combination of skills which are required to develop an efficient HIV-prevention programme. *“Lessons learnt were that... partnership is the most important...if you want your programme to be known it must be popularized, it must get the buy-in of other people... we have to work together”.* Stakeholder participation from all spheres of society has the potential to create networks of bonding social capital within marginalised communities (PLWHA) --- a very important component for change

Lastly, the respondents learnt that the involvement of the target audience in terms of intensive and extensive consultation has a bearing on timeframes, and that this is important for the success of the programme. *“... deadlines, deadlines are important even thou we understand that deadlines need to be adjusted”*

## **CHAPTER 6 : DISCUSSION OF FINDINGS AND RECOMMENDATIONS**

### **6.1 INTRODUCTION**

The study found that most of the stakeholders were not involved in the conceptualisation of the YWC. Those stakeholders involved, especially trade unions, were involved during the pilot phase of the programme. Engaging stakeholders early in the YWC development process helps to generate information and reveal preferences, especially those of the target audience. The target audience is the source of alternative ideas and approaches that are overlooked. Participation and involvement in the conceptualisation of the programme takes place at the most advanced level where stakeholders gather with the programme authorities and share ownership and control of the discussion-making processes and outcomes. It should be noted that stakeholder involvement and participation in the conceptualisation of the YWC Programme is the most advanced form of stakeholder involvement in decision-making.

It was also noted that the target audience (young workers) were not involved in the development of the YWC. Lack of involvement on the part of the target audience could create a challenge for the implementers of the programme, because stakeholders are more likely to mobilise themselves around issues that are relevant and important to their lives. In addition, participation of the target audience creates a knowledge base that reflects general preferences at the programme-design phase. It is important, since the effectiveness of the implementation phase will ultimately depend on how well programmes are conceived and whether they respond to the needs and concerns of identified communities. The failure to include all potential stakeholders (the beneficiaries) in the development phase of YWC is certainly a limitation of the YWC Programme.

The study has also found that participation in the development of the YWC was not effective. This contributed to the failure of the stakeholders to meet deadlines.

Participation results in pragmatic decision-making, increases effectiveness in accepting proposals and compliance with programme choices. It is important for the local stakeholders (trade unions) in the YWC Programme as a whole to indicate their interests and to articulate a commitment to working with project initiators. Although all stakeholders are not equally important in achieving the goal of the programme, they have different degrees of influence. It is important to assess stakeholder influence in terms of the programme to be developed.

It was also noted that stakeholders were not identified for participation in the development of YWC. Most of the stakeholders indicated different areas or levels in the development of the programme where they felt they could make a valuable contribution.

It is important to identify areas where capacity building is necessary for effective stakeholder participation and to highlight possible "gaps" amongst the stakeholders. Knowledge of such differences will allow systematic exploration of stakeholders' positive attributes.

It was also found that the participatory process may slow decision-making processes. In the development of the YWC Programme, it was found that stakeholders made a meaningful contribution at the beginning of the programme. Towards the end, however, this contribution was less meaningful. The stakeholder involvement led to more efficient and effective outcomes in the long run. What is vital is that the process built relationships among the stakeholders and this led to increasing cooperation, communication and trust; it also reinforced mutual understanding and respect. Although stakeholders are an essential component of the programme's success, they are not necessarily decision makers. Their problems, needs and interest are likely to be more important for the success of the YWC Programme.

It was also found that there was no clear description of roles for the stakeholders in the development of the YWC Programme. The stakeholders must have a sense of ownership of the programme, which, in turn, must address their concerns. One of the steps towards developing a sense of ownership is to have clearly defined roles, responsibilities and line management functions. The role of the organisation or outside agent is to increasingly transform power relationships by transferring responsibility to the stakeholders. This will facilitate effective participation of the stakeholders in the development of the YWC Programme.

The other finding from the interviews was that there was no formally appointed leader in the development of the YWC Programme who could facilitate and coordinate the development process. A formal leader takes responsibility for getting things done and provides direction for the stakeholders; failure to appoint a leader can often impede the progress of programme development. In the context of the YWC Programme, programme leaders can be introduced as external organisers because they are seen to have expertise and management skills.

The involvement of stakeholders in terms of decision-making related to the programme was limited. Stakeholders need to be given an opportunity to voice their views. Limited participation in decision-making could result in the ineffective participation of stakeholders.

There was no mechanism put in place to guarantee stakeholder participation and involvement in the development phase of the YWC Programme. Strategies should be devised to mobilise and sustain effective the participation of stakeholders. Such strategies should be tailored to the different groups of stakeholders as analysed and classified. Empowerment strategies, for example, could be applied to those stakeholders with a high stake but little power or influence. A memorandum of understanding should be signed by all the participants in the development of the programme which provides details on the

participation of all the role players in the development phase of the YWC Programme. It was also found that the target audience (young workers) did not participate in the development of the YWC Programme. The stakeholders who participated were those who are also holding high position in trade unions (trade union HIV coordinators) and/o other senior members such as secretary, gender coordinators of CDC/Solidarity Center

## **6.2 RECOMMENDATIONS**

Effective stakeholder involvement and participation requires a high level of flexibility. If participants are sceptical or if unforeseen developments alter the dynamics of the programme, the YWC development process should be modified. It is imperative to conduct a stakeholder analysis before the conceptualisation of the programme so to prevent stakeholders from bringing their own agendas which will not benefit the programme. Stakeholder analysis contributes to project design through the logical framework, and by helping to identify appropriate forms of stakeholder participation. It is important to draw up a stakeholder analysis table, to do an assessment of each stakeholder's importance to the project success and his or her relative power or influence. Lastly, identify risks and assumptions that will affect project design and success. The stakeholders participate fully in the programme if the programme serves their interest and needs.

Stakeholders generally understand local issues and concerns better than the health promotion practitioners; stakeholders may, however, sometimes lack sufficient knowledge to fully understand the technical elements of the programme. It is precisely for this reason that stakeholders must be brought on board early in the process.

Communication strategies should be put in place. This will help to ensure that the views of service users are collected at every level and channelled to programme developers. The mechanism to ensure stakeholder participation should be put in place. The roles of the stakeholders should be clearly identified and the

stakeholders to be informed where and when to participate if there are many stakeholders participating in the programme. The service users should participate from the stage of initial conceptualisation of the YWC to have a full understanding of the programme

In order to ensure a balanced representation, the analysis should examine and identify stakeholders across a number of different dimensions. The analysis should, for example, separately identify relevant groups and interests within all the sectors identified. The analysis should also look at stakeholders in terms of their information, expertise and resources applicable to the issue. In addition, the analysis should seek out potential stakeholders to ensure proper representation in relation to gender, ethnicity, poverty or PLWHA. Stakeholder analysis by itself, however, only identifies potentially relevant stakeholders --- it does not ensure that they will become active and meaningful participants; other measures to generate interest and sustain commitment will be necessary

The principle of participation should be established for participation in YWC Programme development processes. Both stakeholders and health promoters depending upon programme specifics must adapt the degree or level to which participation and involvement must be used. Stakeholder involvement may include at least four different levels, namely, information, consultation, deciding together and acting together. It is important for programme development to stress that each level can build upon and incorporate the elements of the previous levels.

The following requirements should be taken care of at the outset of the process: A clear statement of purpose must be provided. The stakeholders and partners need special training both in the purpose and intentions of their involvement and their participation in the development processes of the programme.

The deadlines for the completion of the programme and any stages along the way must be identified or clarified. The type of process to be used must be clarified, what the goals will, and also what the process can and cannot accomplish. It is vital for the YWC Programme stakeholders to share ownership and control of decision-making process and outcomes.

The participatory approach in the process development of the YWC is relatively new and is still being tested. It takes time to involve stakeholders in the participatory processes, as it is a new way of working with and involving stakeholders. The stakeholders need a clear explanation of what is expected of them.

Stakeholders have perspectives and insights that can greatly improve the quality of the programme. Meetings should be planned so as to ensure that stakeholder concerns are adequately addressed; stakeholders also need a clear explanation of how stakeholder input will be used. It is also vital that all the stakeholders in a collaborative, participatory process recognise that the outcomes may be significantly different from those they anticipated at the outset of the programme.

In addition, a framework for stakeholder involvement and participation in the YWC should be drawn up and presented to all selected stakeholders. Failure on the part of stakeholders to participate meaningfully may be because they were not meaningfully engaged in the conceptualisation of the programme. A training workshop dealing with stakeholder analysis, effective communication and consensus management may be necessary.

### **6.3 CONCLUSION**

The study has established that participation is important if it is driven by the needs of stakeholders rather than externally-imposed decisions or notions for participation. In order for the stakeholders to participate effectively, the

programme should meet the needs of the stakeholders, and consider what level and extent of participation is given to the stakeholders. In addition, stakeholders need to be assessed in terms of their availability and commitment. Stakeholder analysis is the identification of a project's key stakeholders, an assessment of their interests and influence, and an assessment of the ways in which these interests affect project viability. A review analysis should be performed to ensure that no key stakeholders are omitted; this process also assesses the availability and degree of commitment of the identified stakeholders.

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[www.SynergyAIDS.com](http://www.SynergyAIDS.com) (09/18/2004)



## 8. APPENDIXES

### Appendix 1: Letter to respondents

16341 Westside Park  
Zone 21  
Sebokeng  
1982  
17 January 2006

Dear Sir/Madam

I hereby request your participation in the study entitled “An evaluation of the Development Process of Young Workers' Campaigns Programme in South Africa (YWCP)”.

This study is undertaken towards the fulfilment of the requirements for the degree of Master in Social Behaviour Studies in HIV (MA/HIV) in the Department of Sociology, College of Human Sciences at the University of South Africa (UNISA).

I kindly request 45 minutes of your time to participate in the interview to be held at the CDC/Solidarity Centre, 118 Jorrissen Street, Braamfonten.

The information that you provide will be used for research purposes and to improve programme development and implementation. The information obtained will not be used for any purpose other than the purposes stated above. All information collected will be treated with the highest confidentiality and anonymity. Please be frank when responding to questions, as your identity will not be divulged or disclosed.

Your cooperation in responding as speedily as possible will be highly appreciated.

Yours faithfully

.....  
TSHABALALA M.A.

NB: This letter is intended for the recipient only, its private and confidential it should not be shared with or exposed to the public.

I.....will be able to participate in the focus group to be held at the CDC/Solidarity Center, 118 Jorrissen Street, BRAAMFONTEIN on 18 October 2005 at.....am/pm for "An evaluation of the development process of Young Workers' Campaigns Programme in South Africa (YWCP)".

## **Appendix 2: A letter to an HIV and AIDS Programme Director**

American Center for International Labor Solidarity (Solidarity Center South Africa)  
NGO

16341 Westside Park  
Zone 21  
Sebokeng  
1982

HIV and AIDS Programme Director  
Solidarity Center  
118 Jorrissen Street  
Braamfontein  
2001

Dear Sir/Madam

A LETTER REQUESTING PERMISSION TO CONDUCT A STUDY OF THE  
YOUNG WORKERS' CAMPAIGN PROGRAMME DEVELOPMENT PROCESS  
(YWCP).

I hereby request permission to conduct a research project in the CDC/Solidarity Center. The aim of the project is to evaluate the development process of the Young Workers' Campaign Programme (YWCP).

The information gathered will determine the effectiveness of the strategies/guidelines utilised in the development process of the programme. The research project will entail focus group interviews, participatory observation, process documentation and in-depth semi-structured interviews from the beginning of the development process.

The research project will document the commencement of the programme and follow it through to its initial implementation.

I look forward to your favourable response.

Yours faithfully  
Muziwakhe A. Tshabalala

### **Appendix 3: Interview Guide**

#### **1 What was the nature of the stakeholder participation and involvement in the development phase?**

- a How were you involved and to what degree did you participate in the development of the YWCP?
- b To what degree were you involved in the development of the YWCP?
- c To what extent would you have liked to have been involved in the development of the YWCP?
- d What factors, if any, prevented you from full participation?
- e What measures, if any, should be seen as effective measures of participation in the development of a health programme?

#### **2 Name your main activities in the development of the YWCP?**

- a What were the successes and failures of each activity?
- b How did each activity match up with the objectives of the programme?
- c To what extent were the relevant stakeholders involved in decision making related to the development of the YWCP?
- d What factors or barriers prevented you from fully participating in all the activities related to the development of the YWC?

- e What can be done to ensure that stakeholders are fully represented with regard to services developed for them?

**3 What mechanisms were used to ensure effective stakeholders participation in the development of the YWCP?**

- a Did the stakeholders participate fully in the development of YWC?
- b How were the stakeholders identified which later participated in the development of the YWCP?
- c Were any actions taken to ensure the participation of the stakeholders in the development of the programme? Yes/ No. Give reasons for your answer.
- d What measures, if any, could have been taken to ensure that stakeholders participated fully in the development of the YWC?

**4 What was the level of participation in terms of time devoted and human resources utilised?**

- a Did the participatory process in the development of the YWCP make optimum use of time and human resources?
- b What barriers may have prevented the programme from being completed on time?
- c What measures, if any, could have been taken to ensure that stakeholders adhered to the stipulated timeframes?

**5 How did the stakeholders experience/challenges their participation in the development of the YWC?**

- a What were the strengths and weaknesses?
- b What learning did you/organisation receive as a result of your participation in the development process of the YWCP?
- c What measures could have been implemented to prevent some of the problems experienced in the development of the YWCP?

**6 What lessons did participating stakeholders learn?**

- a What factors contributed to the development of the YWCP?
- b What advice would you give others before starting a programme such as this?
- c How important, in your view, is stakeholder and partner participation in the development process of the YWC?
- d What measures should be taken to ensure the successful development of a YWC Programme?