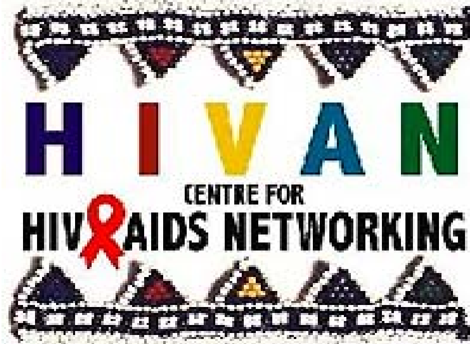

HIVAN COMMUNITY SYMPOSIUM REPORT

28 – 29 February 2002

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A. OVERVIEW

HIVAN is essentially about facilitating multisectoral partnerships around HIV/AIDS in KwaZulu-Natal. In line with this mission, HIVAN serves as a mechanism for linking communities and community-based organisations with other organisations and individuals who can partner these communities in various ways (research, intervention, training, fund-raising, etc.) to effect meaningful responses to HIV/AIDS. HIVAN organises fora, workshops, seminars and symposia as a means for linking like-minded, and often isolated, community-based HIV/AIDS initiatives with one another.

I. Purpose of the Symposium

In order to obtain an overview of community needs and priorities in KwaZulu Natal, and to jumpstart the process of engagement in communities, HIVAN held its first Community Symposium on 28th – 29th January 2002.

The Community Symposium was aimed at:

- Informing major community stakeholders in the province about HIVAN's community engagement activities;
- Providing an opportunity for representatives from HIV/AIDS focused community organisations working at grassroots level in all the regions of KwaZulu Natal to network with one another;
- Providing HIVAN and communities with a snapshot of HIV/AIDS related activities in KwaZulu Natal, and through this process to be able to assess the commonalities and the differences by region;
- Developing a community-inspired agenda for research and intervention informed by community input and community-identified priorities. The report reflecting these findings will be integrated into the HIVAN research and intervention agenda to be finalised in mid 2002;
- Forming a HIVAN Community Advisory Panel that will meet a number of times annually to interact with HIVAN around its activities and to advise HIVAN on the direction and focus of its community engagement activities. This panel comprises one community elected representative from each community in which HIVAN has conducted research (currently three representatives); two members of the KZN CBO Network's Behaviour Change Programme (BCP) Executive; and is chaired by the KZN CBO Network Provincial Chairperson, Mr Victor Mkhize. The Chairperson of the Community Advisory Panel sits on the HIVAN Advisory Panel;
- Forming a BCP Task Team that will meet a number of times annually to plan and implement a BCP programme of training and intervention activities at sub-regional and grassroots level in KwaZulu Natal. HIVAN is an active partner with BCP in KwaZulu Natal and will be assisting both in conceptualisation of these BCP implementations plans and enhancing BCP training efforts at community level as

HIVAN rolls out its community engagement process in the province.

II. The Delegates

Participants at the Symposium were identified through a process of consultation between HIVAN's **Community Liaison Office (CLO)**, KZN CBO Network, the BCP programme and communities in which HIVAN has been actively engaged. Participants at the symposium were drawn from the eight regions of KwaZulu-Natal, as defined by the CBO Network. Each region was represented by two BCP trainers, a member of the regional CBO HIV/AIDS policy committee, and HIVAN's representative for the communities in which HIVAN has worked (Cato Manor, Embo and Bergville). These community representatives were elected by the community at HIVAN community workshops held in each of these communities. It is important to note that all delegates are members of community based organisations in their regions and as such represented also the interests of the communities that they serve. HIVAN also included representatives from Community newspapers and students from the KZN Experimental College, Pinetown, an organisation training community members in skills necessary to manage community based projects more effectively. HIV/AIDS is one of their focus areas. HIVAN team members also attended. All delegates were expected to participate actively in the Symposium, both in discussions and presentations.

III. The Programme

Day 1

The symposium timetable was divided into two days, with Day 1 dedicated to presentations on community HIV/AIDS initiatives focusing on their concerns, needs, priorities and strengths. Presentations were organised on a regional basis and were given by the BCP, Community HIV/AIDS Policy and HIVAN's Community representatives. Time was given between presentations for discussion and reflection. The afternoon session focused on extracting information from presentations into four major themes: Prevention, Treatment and Care, Research, and Human Rights and Ethics. Delegates were asked to categorise activities and prioritise identified concerns and needs on this basis. This then allowed for comparisons to be made between regions presenting. The information presented indicated that there are commonalities across all regions regarding problems, needs, concerns and priorities. See Tables A and B below for a more detailed illustration. Identified strengths, however, seemed to differ across regions. The reasons for this are complex however socio-economic factors linked to the level of regional interaction with and support from government [in particular with the Departments of Health, Social Welfare (Social Development) and Education] seem to be of significance in determining the success of community based activities and interventions around HIV/AIDS.

Day 2

Day 2 focused on discussions around BCP training themes and identification of factors to be considered in development of a sub-regional and grassroots implementation plan for HIV/AIDS based behaviour change. Here groups discussed the following themes: Facilitation, partnership building and networking for BCP training implementation and current community HIV/AIDS activities; BCP training themes; and development of a support strategy for capacity building.

IV. Speeches and Welcome

Professor Jerry Coovadia, HIVAN's Director of Biomedical Science, opened the Symposium by explaining that HIVAN's purpose in hosting the event was to bring together those who are active in communities around HIV/AIDS in KwaZulu Natal, so that they would be able to decide together what is most important for them in the struggle to contain the epidemic in the province. He said that this approach had been adopted in countries like Uganda and Senegal, and it had proved to be very effective.

Professor Coovadia said that in our country, many argue that we have too little funding and too many orphans to cope with. He acknowledged that there were enormous problems, but he felt strongly that the University community could help in making the process move from the bottom upward, and plan responses to specific issues in a united effort with its multisectoral neighbours. He said that academics need the expert knowledge that is lodged in communities to determine what the epidemic is doing in our province, and that only then could researchers determine useful priorities and inform other stakeholders in business and government as to what is needed.

He pointed out that government policy is changing by the day, with KwaZulu-Natal now offering Nevirapine to HIV-positive mothers, which it had evaded doing until now; this meant that community input is more vital than ever before, specifically in terms of how the free drug could be efficiently administered to all those needing it. Although the dosage was simple (one tablet for the mother and a measure of syrup for the baby), he explained that it would involve more than simply taking medication - these mothers would need to feel free of the stigma that surrounds HIV/AIDS so that they could come forward to accept the drug. Professor Coovadia urged the delegates to explain to their own communities what this treatment could mean to its members, to spread the word and offer support and counselling.

He said he could foresee major positive changes in the future, with more treatment being made available for those already infected (more than five million) and that this should give us hope, for what would we be as human beings if we allowed our citizens to suffer and die? He said he could not provide firm details about such treatment yet, as plans had to be confirmed, but as more drugs become available, the community representatives would

continue to play a vital role in making treatment programmes viable in our resource poor country.

He stressed that HIVAN's only role, other than its research, is to make the sharing of information possible and easier; the Centre did not have massive funding to distribute, but it can rally support and bring role-players together. He welcomed everyone present and expressed his hope that the gathering would be beneficial to communities in making their voice heard.

Moses Ndlovu, HIVAN's Community Liaison Officer, addressed the meeting and gave an overview of the function of the community liaison team at HIVAN. Details of this are provided in Appendix A. He noted that although much is happening within each community around HIV/AIDS, there is often little knowledge of related activities in communities nearby or of the regional structures in place to support these. He noted that many communities have expressed a thirst for more knowledge about the virus and about new treatment regimes, and have appealed to HIVAN to assist them with acquiring such knowledge and skills. The HIVAN team believes that there is a rich resource base of local practical responses to the epidemic being formulated at community level. One of the things HIVAN hopes to do is to provide opportunities through networking forums such as these, through their website and database and through grassroots interactions, for sharing of knowledge between stakeholders at community level and between communities, government service providers and academic communities. He noted further that while Universities can provide information on HIV/AIDS medical and behavioural research that is being undertaken, it is the people working at grassroots level that can provide essential practical information about the experience of the HIV/AIDS epidemic in communities. It is therefore critical that successful community intervention initiatives and their impact are publicised, whether these are home-based care projects, stage-plays or vegetable gardens. Effective practical responses to the epidemic also require identification and prioritisation of community needs so that strategic plans can be devised that take note of these needs. He urged the delegates to aim towards composing a clear picture of these elements so that a "way forward" could be determined by the end of the Symposium.

Mr Ndlovu then introduced **Mr Victor Mkhize, Chairperson of KZN CBO Network and the Symposium Facilitator.** Mr Mkhize then asked each community representative to give short presentations of their community's activities, needs, concerns, priorities and strengths they have identified. Victor Mkhize thanked HIVAN for making the Symposium possible and led the meeting into the Regional Overviews of HIV/AIDS initiatives.

B. COMMUNITY REGIONAL REPORTS

COMMUNITY HIV/AIDS INITIATIVES, NEEDS, CONCERNS AND STRENGTHS:

A variety of community-based activities were represented at the Symposium. It became clear that the magnitude of the HIV/AIDS pandemic has resulted in HIV/AIDS being integrated into most activities at community level. HIVAN believes that it is only when HIV/AIDS is treated as a cross cutting issue, informing responses in all community based activities, that practical solutions to HIV/AIDS will be found. In short, the pandemic requires a multidisciplinary, all encompassing, response if we are to combat the progression of the epidemic and mitigate against the very real economic, social, psychological and negative-development effect that the disease is having on KwaZulu Natal and South Africa as a whole.

The following were the major categories of activities represented by delegates at the Symposium:

- Training and counselling skills
- Home-based care
- Community Health Work
- Income generation such as chicken and egg production projects, fruit and vegetable sales, vegetable gardens, sewing, craft and beadwork projects
- Youth Projects linked to income generation projects and HIV/AIDS awareness and prevention
- Orphan care
- HIV/AIDS awareness campaigns
- Anti-hunger campaign (BCP component)
- Basic adult education (ABET)
- Primary health-care clinics
- Behaviour change projects, e.g. music and drama around HIV/AIDS

Table A below lists all current initiatives at both regional and community levels as well as the initiatives that delegates hoped to introduce into their regions or communities.

Table B lists prioritised needs and support available at both regional and community levels. Data presented in the tables indicate that there are common needs across almost all regions of KwaZulu-Natal. In some cases there are support systems available, which can be viewed as strengths, but due to a demand of services for HIV/AIDS prevention and care, these support systems are inadequate. Items indicated with both a X and √, are those for which resources / services exist but are overburdened or in short supply. For instance, one community gets support from the Department of Health with regard to provision of home-based care materials but there is a need for more support, e.g. financial and human resources.

TABLE A: TABLE OF INITIATIVES

√ = existing initiatives
X = required initiatives

REGION:	Qophumlando			UThukela		Ugu / Ogwini	Simdlangentsha	Maputaland	Igugu	Senzokuhle	Midlands
ITEMS	Region	Cato Manor	Embo	Region	Bergville						Planning Phase
Willingness to provide moral support, hope and assistance	√	√	√	√	√	√	√	√ HBC	√	√	√
HIV/AIDS Prevention / Awareness	√	√	√	√	√		√	√ X	√	√	X
Treatment	X	X	X	X	X	X	X	X			X
HBC & Orphan care	√	√	√	√	√		√	√ X	√	√	X
Research	X	X	X	X	X		X	X		√ orphan care	X
Human Rights / Policy	X	X	X	X	X		X	X			X
Adult Education	√	√	√	√	√		√	X			X
Youth Projects	√	√ X	√ X	√ X	√	√ X	√	X	√ X	√ X	X
Drama	√	X	√	√	√	√	√	X		√	X
Income Generation Projects	√	√	√	√	√	X	√	X Survivalist		√ tourism and water purification project	X
Anti-hunger Campaign	√	X	√	√	√	√ X	√	√ X			X

TABLE B. TABLE OF PRIORITISED NEEDS

R = Region √ = Needs X = Available items

	Qophumlando			UThukela		Ugu/ Ogwini	Simdla-ngentsha	Maputaland	Igugu	Senzokuhle	Midlands
ITEMS	R	Cato Manor	Embo	R	Bergville	R	R	R	R	R	R - Start-up Phase
BCP Representation	X	√	√	√		√	√	√	√	√	√
Human Resource Needs	X	X	X	√		X	√	√	√	√	√
Financial Resource Needs/ Funding	√	√	√	√	√	√	√	√	√	√ Kick-start funding for programmes	√
Management Skills	√						√	√			√
HIV/AIDS Basic Information Needs	√	√	√	√	√	√	√	√ NB: Zulu Newsletter	√	√ NB: Zulu Newsletter	√
Counselling; Literacy/Numeracy Training Needs	√	√	√	√	√	√	√	√	√	√	√
Material Resource Needs. E.g. HBC supplies, medication	√	√	√	√	√	√	√	√	√	√	√
Stigma and denial	X	X	X	X	X		√	√		√	
Partnership/ Networking with NGOs, CBOs & other institutions.	√	√	√	X	√	√		√	Mobilisation not dependency	X Achieved	
Partnership/ Networking with Government	√	√	√	X	√ X	√		√	Mobilisation not dependency	X Achieved Mobilisation not dependency	
Coordination and communication	√	√	√	√	X	√			√	√ Strength in community collaboration	√
Infrastructure: Office space, computers, roads, telephones, sports facilities, etc	X	√	√ X	√ X	√	X	√	√	√		√
Youth friendly Approaches e.g. drama; sports & recreational methods	√	√	X	X	X	X	X	√	√	√	
Volunteer body (and CHWs)	X	X	√	X	X	X	√	X √	X		Recruiting
Volunteers move to "greener pastures"	X	X		√		X √			√		
Income Generation Projects: gardens, arts & crafts, SMME	√	√	X √	X √	X √	√ X	√ X	√	√		
General / Social Development Needs & HIV/AIDS	X	X	√	X			√	√	√		

C. DISCUSSION

1. Coordination and cooperation at regional level

Liz Clarke, HIV/AIDS reporter from the **Independent Newspapers,** suggested that KZN urgently needed a three-day sponsored Summit to be held at a venue like the ICC, gathering all key players together to formalise plans for co-ordination, training and funding. She offered to promote this idea should the Symposium recommend it. There was good support for this idea but it was cautioned that much consultation was needed before such a summit could be held.

2. Government support at regional level

Phumzile Ndlovu from Bergville noted that every community was saying that their greatest need is funding. She felt that there was a need to find out what local government support was available to these communities. **Don Mtshali** of Maputaland noted that interaction between stakeholders differed across regions according to urban and rural settings. Organisations were struggling to link with one another, and feared interference in their projects from councillors. Many NGOs wanted to work independently and were not willing to share resources with CBOs and communities. In some areas, local government was offering funding but it needed organisations to come forward with plans.

D. INTERACTIVE GROUP DISCUSSIONS ON 4 THEMES

The gathering split into four groups to examine four different themes, namely prevention; treatment and care'; research; and policy development, human rights and ethics. Groups were asked to identify activities, needs, concerns, priorities and strengths around these themes. The following section examines these themes in more detail.

1. PREVENTION

Activities that would promote prevention were listed as follows:

- **Encouraging sports, arts, drama and other recreational events** to bring communities together. It was noted that these are family events, attracting youth, children and parents and can therefore reach out to most people in the community, whether young or old.

  - **ABC "Abstain, Be Faithful, Condomise" Campaigns:** Virginity testing was seen as important, but some concerns were raised. While youth need to

be encouraged to abstain, it was generally felt that it is unrealistic to ignore the fact that most young people engage in sexual practices. For effective prevention, condom use should go hand-in-hand with relevant HIV/AIDS education.

- **Behaviour Change Programmes:** The KZN CBO Network Behaviour Change Programme emphasise that every human being has an inherent capability to change. All BCP activities, ranging from primary health care, anti-hunger campaign, to arts and drama, have a strong behaviour change message aimed at promoting HIV/AIDS prevention. It was discussed that for prevention purposes communities could use BCP to facilitate life skills training; re-enforcement of cultural values; sex education and workshops for married couples; more education on condom use; and a culture of acceptance around the use of vibrators and other "release mechanisms" as an alternative to unsafe sex.

- **Safe methods of sexual release:** A debate arose around whether vibrators and masturbation should be recommended as a prevention method. Caution was urged regarding the promotion of vibrators and masturbation, and even condoms, as there was a risk of alienating those community members holding negative views about these and so compromising awareness efforts. Initiatives such as Mazibuyele Emasisweni ('Back to Traditions') encourage people to go back to their traditions, which do not support the practice of sex before marriage. However, the delegates felt that in reality many people do not abstain, so youth need to be educated on safe sex options.

- **Mother to child transmission drug interventions (MTCT) as prevention - Nevirapine:** A short debate arose as to whether prevention of MTCT drugs should be considered a prevention strategy. Drugs such as Nevirapine reduce the likelihood of transmission of the HIV virus from the HIV positive mother to her baby during birth.

  Another initiative relating to the co-ordination of Nevirapine/MTCT treatment programmes, which was strongly supported by the delegates was to provide phone cards to pregnant mothers. These mothers would use the phone cards to call primary health care providers in case of emergencies as most people only have access to public card phones. A call was made for resource centres, equipped with email and other communication facilities, to be set up so that those wishing to report their HIV status and register for treatment could do so.

- **Adult Based Education and Training (ABET)** was also seen as necessary in teaching about HIV/AIDS. Knowledge on HIV/AIDS would contribute in the reduction on HIV infections.

- **Youth Enterprise Development Initiatives** were identified as of prime importance for prevention as it was noted that once people start to become successful in their business , they tend to become more responsible and positive about their lives, and simultaneously they reduce their unsafe sexual practices. This is supported by the statement that "…most young people engage in unsafe sexual practices as an alternative to suffering and worries…" (Thulani Hadebe, TDCSP Youth Project, Bergville, 2002).

- **Community radio stations** also serve as a vital purpose of spreading prevention messages as well as opening a stage for discussions and debates. Other community concerns included the need for information, resources, materials, and communication strategies which would, for example, strengthen the initiative of facilitating effective flow of information; easier distribution of gloves for protection during treatment; etc.

Challenges to prevention activities included lack of networking; volunteers' inability to hand out supplies; need for free and/or affordable as well as physically accessible treatment; need for feedback from researchers working in areas - much research is done with little communication to subject communities about its purpose and results.

Key lessons were identified as the exchange of information, mobilisation of resources, and improved networks or relationships between stakeholders.

2. TREATMENT AND CARE

Symposium participants identified the following activities as important to the sustainability of treatment and care initiatives:

- **Home based and orphan care** - home visits. Home-Based Care workers were identified as key role-players in the identification of orphans. There was an urgent need for after-care facilities for orphans.

- **Faith based/ spiritual support**

- **Micro enterprise initiatives**, e.g. ceramics, vegetable gardens, arts and crafts, etc, produced and sold for financial support

- **BCP's Anti-hunger Campaign**

- Department of **Social Welfare grants**

- **Community Health Workers**: Phumzile Ndlovu said it was important that Community Health Workers be engaged in helping to shift the context in communities. For this, they required training for the facilitation of the volunteer base at community level.

Community Health Workers would also have greater access to government support in the form of educational materials, counselling skills and the requisite medical supplies. It was important to identify those infected as early as possible so that more could be done for them in terms of keeping them healthier for longer, through nutritional advice, etc. Promotion of HIV-testing / "Knowing your status" programmes were therefore essential.

The greatest weakness identified was a lack of vision and focus. The group had agreed that local government expenditure on condom awareness needed serious reconsideration, as they felt the money would be better spent on community-driven HIV/AIDS initiatives.

- **Community support.** Community strengths in the line of care were the empathy, conscientiousness, generosity and innate wisdom of the volunteers.

It was felt that physically challenged people could be encouraged to become more involved in volunteer programmes as they had a lot to offer.

- **Traditional healers.** An important element in treatment and care projects was the role of traditional healers, and identification of mechanisms for strengthening and integrating their work with western medicine. Phumzile Ndlovu reported that Nkosinathi Dlamini was training traditional healers to do home-based care visits in the Ladysmith area, but that he also worked in many other areas in the province. The representative from Ogwini region reported that they too had a traditional healer who assists with educating the community on how to treat the symptoms of HIV/AIDS and how to avoid infection. This indicates how important traditional healers' role is in caring for the ill. It was generally felt that most HIV+ people consult traditional healers for alternative indigenous medicines to control the virus in their bodies.

3. RESEARCH

A group of community representatives were given the task of discussing research activities, needs, concerns, priorities and strengths going on in communities. The key finding was that research was a neglected factor in CBO responses to the epidemic, and that more understanding of its role was needed.

The debates concluded that research was necessary before embarking on any activity, as it allows organisations to consider, identify and obviate potential obstacles during implementation of the initiative.

Research topics suggested by communities were:

- Child and virgin rape as a "cure for HIV/AIDS": combating the myths

- Peer pressure: how it manifests, how it can be used to advantage in terms of HIV/AIDS awareness
- Generation gap: bridging the gap through knowledge and projects
- Culture / subcultures: cultural values in various sectors and the impact they have on behaviour, e.g. church, school
- Nutrition: which foods strengthen the immune system
- Combating Stigma: why people don't get tested and disclose their status
- Traditional healing and Western medicine: investigation as to what traditional healing can offer and how the two modalities can collaborate
- Funding of HIV/AIDS initiatives: analysis of funds available and their specific allocation; how to disseminate this information widely
- Accountability for operational and financial management of projects and funds: NGOs and CBOs need information on audit processes and administration
- Government policy regarding responses to HIV/AIDS: an expose is needed; It was felt that Government strategies were not having adequate impact at community level and that it was important to determine why this was so
- Behaviour Change: how can it be strengthened at community level
- Human rights of the affected and infected: rights regarding disclosure, the right to treatment even if they refuse to be tested for HIV status
- Protecting vulnerable children and orphan rights relating to HIV/AIDS
- School programmes: need more work done in schools on how children from child-headed households are proceeding with their schooling, how they are getting to school if at all, etc
- Similarly, child-headed households need focused research: lack of food, lack of mobility, rape and abuse, peer pressure, discrimination within the community, etc and
- Finally, research is needed on how best to make information accessible at community level quickly, effectively and in a way that will inform and be remembered. In addition, CBOs would need to be trained on research to make adequate use of research opportunities.

The discussion on **research** stressed the need for community ownership of research and accurate interpretation of results. Symposium participants felt that communities were usually not treated as equal partners in the administration of research and the dissemination of results. Too often researchers, including university students, conduct research on communities and disappear once they have gathered all the information they need, and never return for report-back. As a result there is a real danger that reports released contained inaccurate information as this is never checked with research participants. The result is inevitably that the community feels betrayed and this makes the community reluctant to participate in further research.

The debates resolved that research needs to be relevant to and informed by communities. Information should be fed back to communities before being sent out via the media. Debbie Heustice, HIVAN's Project Manager, assured the gathering that HIVAN was committed to this principle.

A commitment to action research should also be made - i.e. research that results in change at community level, so that money is not spent merely on research for the sake of research, but also on measurable changes and development.

Research needs to be taken to a new level - beyond the generation of papers and statistics. This calls for research aimed at community interventions informed by community research results and recommendations drawn.

HIVAN would also choose their partners very carefully to ensure that they espouse the same ethics, values and degree of commitment with regard to community research.

4. POLICY / HUMAN RIGHTS AND ETHICS

HIV/AIDS Policy Forums exist in KZN to look at human rights and policy issues around HIV/AIDS. These forums are part of a wider KZN CBO Network under the auspices of BCP.

The policy/human rights and ethics issues raised below relate to research needs, HIV/AIDS as well as general human rights issues:

- The right to information in one's own language
- Communities have the right to fully participate in community research designs and reporting processes
- It is unethical for researchers to conduct research and disappear with reports without showing results to the community on which research was conducted. As a result,
- Communities have the right to reports for research done on them
- Access to information for women and children's rights - important to communicate policy specific to these
- Support for projects is essential if they are to succeed - how do "rights" factor into this? Do communities have an entrenched right to such support so that they are not set up to fail? Policy and ethics pros would argue that projects should provide a benefit to communities, hence the beneficence principle of ethical conduct.
- Commercialising the issue of HIV/AIDS must be guarded against
- Grants for orphans are limited and difficult to access, as people do not have the requisite certificates or documentation to access grants. This should be a priority focus areas.
- Who qualifies to receive grants and what policies guide the provision of grants for orphans and terminally ill people?

- The need to investigate the issue of doctors refusing to examine patients who don't want to be tested as carefully as they would those who do - people reserve the right NOT to know.
- Develop a new research topic on human rights, especially for upcoming symposia and other forums - focus on the rights of the infected and affected.
- Orphan rights with relation to HIV/AIDS should be accorded special examination, so that government funds can be lobbied to establish care centres for them.

In the discussion of Human Rights and policy issues these recommendations were made to ensure sustainability of community activities and social well-being:

- Encourage people to get certificates. Schools can educate parents and caregivers on this - the Departments of Health and Education should work on incorporating Memory Boxes into schools-based programmes
- Project management skills so that initiatives are more sustainable
- General human rights education needed at community level.
- Important to convey that rights go hand-in-hand with responsibility - communities need to understand that there are reciprocal obligations.
- Lobby government to use HIV/AIDS funds appropriately, especially for the establishment of orphan protection centres. The background and culture of the orphan needs careful consideration, particularly with regard to the placing of orphans in these facilities. Attempts should also be made to ensure that Memory Box programmes are operative, not only for emotional well-being but also so that the orphans can be linked to surviving relatives by Social Workers.

E. CBO NETWORK BEHAVIOUR CHANGE PROGRAMME

Victor Mkhize and Sifiso Cele gave a short presentation on BCP focus areas.

The BCP programme arose out of the CBO Network Anti-Hunger Campaign, launched in 1996. This campaign has four focus areas:
Primary Health Care
Business Development
Social Mobilisation
Nutrition and Food Security

HIV/AIDS has both a contributory and a derivative impact on these four focus areas, and so the need for a Behaviour Change strategy around HIV/AIDS emerged and was integrated into these programmes, as were gender and sustainable environment.

The four main focus areas were seen as a means for communities and CBOs to assist government

service providers in setting up micro-enterprise development projects and promotion of basic service delivery and sustainable food production.

The BCP representatives stressed that prior to 1994, the issues and approach of CBOs were different – they were political activists. Now, work has to be done in a constructive way as opposed to a socially obstructive or destructive one (as typified by the apartheid era). The mechanisms can still be used effectively, but the aim of the activism is different. Indeed, BCP sees no contradiction of or conflict of interest between their programmes and those of government.

Victor explained that HIV/AIDS is not seen as something separate from other issues affecting communities, but as one that cuts across all others, including the problem of crime, lack of development and the rise in unemployment. The BCP's statement of belief is that "Everyone has an inherent capacity to change", that is "the power to change is within ourselves". **The BCP trains individuals to approach life with the philosophy of "You are the only one who has to change to conquer the epidemic".** Sifiso Cele emphasised that the community also has to be involved in the change process, and work hard at achieving it. Such change is enhanced by full community involvement or participation in behaviour change activities; education for transformation; and mobilisation of support systems from all sectors of the society.
Don Mtshali said that the BCP concept embraces all community subjects, that is, the youth, the elderly, women, men etc. because it targets the individual's mindset. The key strength of the BCP in their activities is that the BCP *are* the community – not just an organisation within it. The BCP exists to assist the community in mobilising itself, but it is essentially an internal initiative enhanced by their understanding of local needs/dynamics.

Don Mtshali spoke about **BCP training** indicating that the BCP trains people in leadership skills. He noted that the BCP runs campaigns around **education for transformation**, rather than simply on AIDS education. They work on the mobilisation of support systems from all sectors of society for the affected and infected. Community members have to realise that the availability of treatment and moral support will require exposure of their HIV status so that these systems can offer them the assistance they need. Using the example of the introduction of free ARV treatment, Don said that the BCP could play a vital role in this regard, particularly in transforming mindsets before the drugs are administered at community level. He noted that some people may continue to take pills even if they don't need them simply to gain access to the social grants offered by government – this is a dependency issue arising from lack of community development. BCP training offers an efficient means of handling the medication and other resources that are delivered by government to communities.

Don emphasised that additional assistance and partnerships are required to take BCP efforts further. HIVAN has been the first to come forward and offer this intervention. BCP was eager for HIVAN to facilitate better interaction between it (BCP) and government structures.

F. KZN EXPERIMENTAL COLLEGE PRESENTATION

1. The Institution

This institution comprises 15 colleges within four countries internationally, some having 25 years of experience of people working in the context of development. They train about 1200 volunteers annually. The umbrella organisation funding and managing the Colleges is Humana People to People, an international development organisation, which began in 1977 and now runs in 36 countries, with 150 projects under way. Launches are planned for a number of new countries this year. Some examples of current programmes are: second-hand clothing sales (which is the backbone of their funding efforts in most countries), street children, economic empowerment and micro-enterprise programmes. In some instances (e.g. Botswana), governments and/or other aid agencies have provided funding to cover year-long training programmes, so that training can be offered across the nation.

The College in South Africa is one and a half years old. There are many plans for roll-out in SA but partners are needed. Fundraising activities have been under way in Gauteng. Copies of Humana People to People promotional video can be made available on request.

2. Training Programmes

College representatives gave an overview of the College history, facilities and training programme. These were supplemented by a video on the Total Control of the Epidemic programme. Copies of the training video and details on their courses can be obtained directly from the College.

In short, the 14 month training programmes are made up of three sets of learning:

1) Studies via computer "self study" assignments that are marked and returned to students for review. Each assignment constitutes a certain number of hours of work towards completion of this module of training.
2) Lectures, called "courses", take place about three times a week.
3) Practical experiences – students go into Humana projects while registered for College study and gain hands-on experience.

The programme includes fundraising efforts by students to train them in these skills for the future. These experimental learning

opportunities occur regularly, with a focused 6 month practical after six months at the college. Then, two months back at the college for report writing and evaluation before graduation. For the TCE "Total Control of the Epidemic" programme, launched in South Africa in January 2002, the course is 4 months self study, 4 months practicals, and 2 months evaluation making 10 months in total.

Besides training, Humana has also established a number of "Hope Centres" or facilities for HIV testing and counselling, home-based care services, orphan care, vegetable gardens, etc. The success of these programmes are well represented by the Botswana experience to date:

- many people came to the Hope Centres for testing
- orphans gain hope and homes
- statistics reflect a decline in new infections

The following African countries currently run TCE Programme: Zimbabwe, Mozambique and Botswana. Negotiations are currently under way with other African governments for the introduction of these programmes, and South Africa has been identified as an important target country. Plans are in place for one to two Hope Centres in KwaZulu-Natal. They will be doing surveys to decide where these should be initiated.

Humana can also provide focused training for particular purpose and for particular organisations. Some organisations send key people for training at the college and then these graduates re-train their own project staff. Also, students attend colleges in other countries where they learn to operate with new challenges, and so are even better equipped to apply their knowledge at their home base.

G. SMALL GROUP DISCUSSION

Groups discussed factors to be considered in the development of a sub-regional and grassroots BCP implementation plan for HIV/AIDS based behaviour change.

Three themes were discussed:

GROUP 1: Stakeholder Roles in Facilitation, Partnership Building and Networking

Group 2: Mobilisation Strategies: Knowledge and Mentoring

Group 3: Capacity-building strategies

RECOMMENDATIONS FROM GROUPS:

1. STAKEHOLDER ROLES IN FACILITATION, PARTNERSHIP BUILDING AND NETWORKING

The following to be facilitated through the establishment of a BCP task team:

- CBO network to play a role in training within BCP structures
- identification of strategies for partnership and networking, with, in particular, the Departments of Health, Agriculture, Social Welfare and Home Affairs
- development of a system for obtaining other resources i.e. finance for training, implementation of BCP, capacity-building and management

2. MOBILISATION STRATEGIES: KNOWLEDGE AND MENTORING

The "knowledge" referred to for the purpose of strategising is "collective knowledge".

Better co-ordination of dissemination of information is needed, so that knowledge can reach grassroots level in communities. The delegates debated various options for sharing and dissemination of information in communities. Information needs to flow to communities from government and researchers and also from NGOs and CBOs working on initiatives. Information also has to flow from communities to these stakeholders.

An immediate answer to this issue of information flow is that HIVAN have developed a database of networkers, organisations and projects, which allows people to have access to important information on these organisations and initiatives. This database is available on the website (http://www.hivan.org.za) which serves as a channel for information dissemination. However, HIVAN acknowledges that many communities do not have access to computers or internet. HIVAN has therefore planned a regular community newsletter called ***Sondela* (Come Closer)**. Networking and sharing of information is also planned through community radio broadcast, physical networking and regional workshops, all of which could serve as channels of information dissemination.

The delegates prioritised information on the basic facts and statistics per area about HIV/AIDS, as well as updates on research around the epidemic (e.g. the complexity of modes of transmission). This information needs to be made available to all people if they are to be informed and protect themselves. The delegates noted in particular that they also need to be informed about prevention/control measures to guard against the spread of HIV/AIDS. Guidance on nutrition and prolonging good health for those diagnosed as HIV-positive was also prioritised.

Mobilisation skills are also needed to persuade local leaders, such as councillors, traditional leaders, and other community stakeholders, to take up the BCP initiative and to lead the call for community involvement. All stakeholders and structures should be regarded as a part of the community, and a sound reporting system is needed to keep them informed. Equal access to information is needed and simple language should be used.

3. CAPACITY-BUILDING STRATEGIES FOR BCP AND COMMUNITY ORGANISATIONS

Capacity in the form of materials, human resources, funds, information and skills (knowledge) needs to be built for the BCP to be effectively implemented. Leadership, negotiating and lobbying skills are needed, however not at the expense of values like equality and partnership in community activities. A strategy is needed to achieve these objectives and a follow-up plan to evaluate these on an annual basis.

It was resolved that the:

- The first objective would be to increase literacy. To do this, opportunities for learning need to be created via an adult basic education programme.

- Second objective is to promote efficiency in project management, so that the BCP can perform well and deliver to the community. The BCP must strengthen their financial management systems and institute staff development programmes.

- Third objective is to develop the KZN CBO Network so that they become self-sufficient.

- BCP to produce short reports on regional meetings.

H. THE WAY FORWARD

HIVAN / BCP / KZN CBO NETWORK CO-OPERATION FRAMEWORK

- HIVAN mobilises **resources** not funds.
- HIVAN networks and assists community organisations in networking.
- HIVAN facilitates CBOs with the means to work with each other, however, it is the responsibility of the CBOs to integrate their activities using these means.

I. ACTION

1. HIVAN CLR team to finalise Report
2. Set up a meeting between HIVAN and the BCP Task Team – during which group to develop a timeframe for the "next steps" of BCP implementation plan
3. Develop a BCP community-level Implementation Plan.

4. Plan for a large-scale, sponsored KZN Summit on "HIV/AIDS in Communities" after all regional workshops (18 months time).

In order to carry forward the BCP implementation plan and HIVAN's community agenda it was decided to elect a BCP task team and a community advisory panel, respectively.

J. ELECTION OF IMPLEMENTATION BODIES

Two committees were elected to take the processes forward: A Behaviour Change Programme Task Team and a Community Advisory Panel.

1. Election of BCP Task Team

Victor Mkhize was assigned the role of Liaison Officer between the BCP, the HIVAN Community Advisory Panel and the Task Team;
Julius Sibisi to deputise in this role.

One BCP representative per region in KZN:

1. Qophumlando: Sandile Njapha
2. Senzokuhle: Mbuso Mthethwa
3. Ogwini: Sifiso Cele
4. Midlands: Bongekile Ngwadi
5. Maputaland: Don Mtshali
6. Uthukela: Zandile Sithole
7. Igugu: Sandile Ndwandwe
8. Simdlangentsha: Siphiwe Ndlangamandla

2. Community Advisory Panel (CAP)

The role of the CAP is twofold:

i. Representation of community interests at HIVAN fora and on HIVAN Advisory Board
ii. Dissemination of information from HIVAN and the University of Natal to communities

This committee would be made up of one representative from each community with whom HIVAN has engaged. These representatives are mandated to this role by their own community. Currently these representatives are:

Cato Manor: **Ben Ntsikane**
Embo: **Mzo Gumede**
Bergville: **Phumzile Ndlovu**

The delegates also felt it important to highlight disabled community representatives. As a result, the CAP membership will include one community representative for those with special needs / disabilities. Victor Mkhize was tasked with this role. The composition of the Community Advisory Panel, as approved by the delegates and ratified by Senate of the University of Natal is as follows:

COMPOSTITION OF THE HIVAN COMMUNITY ADVISORY PANEL

1.	KZN Community Partners: representatives elected by each community in which HIVAN has conducted a community "audit". Presently:	
	Cato Manor Community	One member
	Embo Community	One member
	Bergville Community	One member
2.	Representatives from the Behaviour Change Programme of the KZN CBO Network Currently: Irene Xaba: Chair of uThukela Region Julius Sibisi: Chair of Qophumlando Regional Committee and HIV/AIDS Sub-Committee	Two members
3.	The Chairperson of the KZN CBO Network	One member
4.	Representation from HIVAN Senior Management • The Directors • The Deputy-Directors • The Manager	Two members
5.	HIVAN Community Liaison Team	Two members

NOTE: Funders will be issued invitations to the Community Advisory Panel Meetings.

Approved Senate: 5 June 2002

APPENDIX A

HIVAN'S COMMUNITY LIAISON ROLE

HIVAN's core mission

HIVAN is essentially about facilitating multisectoral partnerships around HIV/AIDS in KwaZulu-Natal. Its fundamental aim is to bring together researchers, policy-makers, interventionists, service-providers, and communities into meaningful and mutually-rewarding alliances aimed at addressing the multiple problems heralded by the HIV/AIDS pandemic. HIVAN *facilitates partnership-building* around HIV/AIDS. This is the essence of the service it provides – to communities, researchers, service providers, and anyone who is genuinely concerned to work in partnership with others to make a difference to the scourge of HIV/AIDS.

HIVAN and communities

In line with this mission, HIVAN serves as a mechanism for linking communities and community-based organisations with other organisations and individuals who can partner these communities in various ways (research, intervention, training, fund-raising, etc.) to effect meaningful responses to HIV/AIDS. It also provides a means for linking like-minded, and often isolated, community-based HIV/AIDS initiatives with one another. HIVAN attempts to effect this in a number of ways – through development of a comprehensive database of individuals, organisations, projects, and literature around HIV/AIDS (web-based, hard copy, and Zulu versions); through regular workshops and annual symposia that bring together different communities and CBOs for the purposes of linking them with one another and developing a unified HIV/AIDS agenda; through a combined university/community seminar series; and through student community-based learning initiatives. HIVAN also has a job shadow programme specifically for staff of HIV/AIDS-related civil society organisations. The programme sponsors visits by KZN-based NGO and CBO staff to similar organisations elsewhere in Africa (and vice versa), and in so doing attempts to facilitate exchanges of experience and expertise.

Activities of the Community Liaison Team

The HIVAN Community Liaison Team consists of two full-time staff members, Cedric Mhlongo and Moses Ndlovu. HIVAN is working in partnership with the KwaZulu-Natal CBO Network and, in particular, with its Behaviour Change Programme (BCP) which is directed at implementing a wide-

sweeping programme on behaviour change in communities. The BCP has representation throughout the province’s eight regions and will facilitate HIVAN’s entry into the communities in which it will work. For the present, the work to be done in communities consists primarily of a series of community workshops aimed, first, at identifying HIV/AIDS-related activities, assets, needs and priorities in communities; second, at familiarising communities with HIVAN and the resources and services it has to offer; and third, and most importantly, obtaining information that can be used to identify organisations and individuals who can appropriately partner these communities in ways that meet community-identified priorities in relation to HIV/AIDS.

As time does not permit a thorough audit and study of the entire province at this juncture, localized sites have been identified in a number of the regions of KZN, focusing initially on communities in which HIVAN has established contacts. The process should therefore be seen as *preliminary* – a first point of contact and an impressionistic survey of activities, needs, priorities and assets. These findings will then serve as a “launching pad” for more extensive engagement in each of the eight geographically defined regions of the province in the future. HIVAN will work closely with the KZN CBO Network and the participants in Behaviour Change Programme (BCP) in each of these regions.

It is worth noting that HIVAN is placing particular emphasis on identifying, profiling, and foregrounding the activities of grassroots-level HIV/AIDS-related initiatives. Many ‘formal’ organisations and projects are already listed in various directories, but there are numerous smaller, ‘informal’, less publicised initiatives happening at a grassroots level. The Community Liaison Team will play a key role in identifying these community-based initiatives. Indeed, this is one of the primary objectives of the community/area audit process.

As the HIVAN Community Liaison Team has been working in three communities in KwaZulu Natal over the past four months, they have conducted a thorough audit of HIV/AIDS related activities in these three communities and have held a workshop in each. The final reports on this process are being compiled and will be circulated to all Symposium participants with this Symposium report.

APPENDIX B

HIVAN COMMUNITY SYMPOSIUM ATTENDANCE REGISTER

DATE: 28 - 29 January 2002
VENUE: Athlone Skinner Conference Room, University of Natal, Durban

BCP REPRESENTATIVES

SURNAME	NAME	CONTACT DETAILS	ADDRESSES	DESIGNATION / POSITION
IGUGU REGION				
Ndlanzi	Lumka	Cell: 072 224 2668	Box 5583 Mtubatuba 3935	Volunteer Facilitator on HIV/AIDS Mazibuyele Emasisweni Youth Programme
Ndwandwe	Sandile	Fax: 035-838 1163 Tel: 072 327 6603	Box 485 Hlabisa 3937	Facilitator and BCP Trainer
MAPUTALAND REGION				
Mabuza	J.	Cell: 082 516 6238	No provided	BCP Trainer
Mtshali	Don	Cell: 072 235 2520 Cell: 033 – 343 3005	13 Panorama Road Hilton Box 63 Mkuze	KZN-CBO Network Coordinator

SURNAME	NAME	CONTACT DETAILS	ADDRESSES	DESIGNATION / POSITION

MIDLANDS REGION

SURNAME	NAME	CONTACT DETAILS	ADDRESSES	DESIGNATION / POSITION
Luthuli	Dudu	Tel: 033 – 390 1296 Tel: 072 120 1732 Fax: 033 – 390 4724	149 Jubilee Street P.O. Sobantu Pietermaritzburg 3201 P. O. Box 20581 Sobantu Pietermaritzburg 3201	BCP Trainer
Mnguni	Nonhlanhla	Tel: 033 – 398 592 Cell: 082 547 7592 Fax: 033 – 390 4724	1591 Nogwaja Road Imbali 4503 Pietermaritzburg	BCP Trainer
Ngwadi	Bongekile	Not provided	Box 123 Ixopo 3276	BCP Trainer

OGWINI REGION

SURNAME	NAME	CONTACT DETAILS	ADDRESSES	DESIGNATION / POSITION
Cele	Sifiso	Tel: 082 431 4797	Box 60188 Portshepstone 4240	BCP Trainer and Facilitator
Mhlongo	Lindiwe	Tel: 083 991 1928	Bhobhoyi Location P.O. Box 70662 Port Shepstone 424	BCP Trainer, Facilitator Shukushukuma Positive Art

QOPHUMLANDO REGION

SURNAME	NAME	CONTACT DETAILS	ADDRESSES	DESIGNATION / POSITION
Mkhize	Victor	Tel: 031- 260 2791 Cell: 083 511 3318 Fax: 031- 260 2849 Email: mkhizevs@nu.ac.za	KZN-CBO Network C/O Community Internship Programme Section A TB Davis Natal University Durban 4041	KZN-CBO Network Provincial Chairperson and Qophumlando region BCP Trainer

SURNAME	NAME	CONTACT DETAILS	ADDRESSES	DESIGNATION / POSITION
Thwala	Macrina	Tel: 031 – 260 1492 Cell: 082 321 3762 Fax: 031 – 260 2849 Email: thwalam1@nu.ac.za	KZN-CBO Network C/O Community Internship Programme Section A TB Davis Natal University Durban 4041	KZN-CBO Network and BCP Provincial Coordinator
Ngcobo	T. C.	Tel: 039 – 973 7059 Tel: 083 992 7181	Not provided	CBO Network Trainer
Njapha	Sandile	Fax: 031 – 915 0192 Tel: 031 – 915 0069	Not provided	KZN - CBO Network BCP Trainer
SENZOKUHLE REGION				
Mthethwa	Mbuso T.	Fax: 035 – 337 0033 Cell: 083 425 4218	Not provided	Facilitator
Qwabe	Sibongile	Tel: 035 – 474 9780	P. O. Box 14009 Eshowe 3815	BCP trainer And Facilitator
SIMDLANGENTSHA REGION				
Ndlangamandla	Sphiwe	Cell: 083 956 4729 Fax: 034 – 413 1522	Box 4055 Pongola 3170	BCP Trainer
Sikhosana	Nomsa	Tel: 082 707 9632 Tel: 034 – 413 6727	P. O. Box 660 Pongola 3170	BCP Trainer and Facilitator
UTHUKELA REGION				
Sithole	Zandile	Tel: 036 – 636 4535 Cell: 083 345 9622 Cell: 072 277 3966 Fax: 036 – 637 6350	6933 Box Ezakheni 3381	BCP Trainer
Zwane	C.	Tel: 072 397 9179	Not provided	Coordinator

KZN – CBO NETWORK POLICY REPRESENTATIVES

SURNAME	NAME	CONTACT DETAILS	ADDRESSES	DESIGNATION / POSITION
IGUGU REGION				
Ngcobo	Hilda	Tel: 082 411 3545	P.O. Box 345 Ulundi	Policy Making Coordinator
Myeni	Thamsanqa	Tel: 035 – 595 1007 Tel: 035 – 595 8039	Not provided	Facilitator
MAPUTALAND REGION				
Mathenjwa	S. C.	Tel: 082 516 6238	Not provided	Trainer
Nhleko	Beatrice	Fax: 035 – 595 1007 Tel: 083 756 3632	Not provided	Facilitator
MIDLANDS REGION				
Mkhize	Phumlani	Fax: 033 – 394 3986 Tel: 083 617 5672 Tel: 033 – 394 3999 Email: pprmb o@yahoo.com	Jewuview 583 P. O. Box 181 Mooi River 3300	Youth Enterprise Development (YEDEP) Aids/Sub-committee and Volunteer facilitator
OGWINI REGION				
Jula	Yvonne	Tel: 083 762 9307	P. O. Box 66193 Musters 4278	BCP Trainer
Nxumalo	Thuli	Tel: 039 – 317 2138 Tel: 039 – 3181104 Tel: 082 969 7359	Res: 2287 Hathorn Margate P. O. Box 1936 Margate 4275	Counsellor, and Training the trainer, and BCP regional coordinator

SURNAME	NAME	CONTACT DETAILS	ADDRESSES	DESIGNATION / POSITION
QOPHUMLANDO REGION				
Ntuli	Siyanda	Tel: 083 974 5156 Tel: 031 – 905 8069	P. O. Box 241 Adams Mission 4100 Nabhoda Road Adams Mission 4100	Sakhisizwe Cans Support Group and Trainer – Policy Sub-Committee
Hlophe	J.	Not provided	Provided	BCP Trainer
SENZOKUHLE REGION				
Dube	Josephine	Tel: 035 – 337 0033	16 McCullum Street Gingindlovu P. O. Box 409 Gingindlovu 3800	Ithubalabasha for Youth and Volunteer Executive member
SIMDLANGENTSHA REGION				
No representative	No representative	No representative	No representative	No representative
UTHUKELA REGION				
Dlalisa	Mimi	Tel: 036 – 636 1949	P. O. Box 4137 Ezakheni 3381	BCP Trainer
Hlatshwayo	Elizabeth	Tel: 036 – 636 1183 Cell: 083 3485 619	P. O. Box 229 Ezakheni 3381	CBO Network AIDS activist

COMMUNITY REPRESENTATIVES

SURNAME	NAME	CONTACT DETAILS	ADDRESSES	DESIGNATION / POSITION
IGUGU REGION				
No representative	No representative	No representative	No representative	No representative
MAPUTALAND REGION				
Washoli	D.	Tel: 033 – 343 3005 Tel: 033 – 343 3005 Mpumei@iname.com	Not provided	Coordinator
Gasa	Thamie	Cell: 083 922 6299 Tel: 031 – 777 1955	Box 33 Bothas Hill 3660	The Valley Trust Facilitator
Myeni	Thamsanqa	Tel: 035 – 595 1007 Tel: 035 - 5958039	Not provided	KZN-CBO Network Facilitator
MIDLANDS REGION				
No representative	No representative	No representative	No representative	NO representative
OGWINI REGION				
Ngcobo	Thokozani	Tel: 039 – 973 7059 Cell: 083 992 7181	967 Magabheni Township Umkomaas 4170 P. O. Box 1319 Umkomaas 4170	BCP Trainer
Hala	N.	Cell: 083 766 29307	Not provided	BCP Trainer

SURNAME	NAME	CONTACT DETAILS	ADDRESSES	DESIGNATION / POSITION
QOPHUMLANDO REGION				
Mngoma	Robert	Cell: 083 710 4499	Not provided	Newlands P.H.C.S. Not provided
Zulu	Alzinah	Cell: 072 188 5788	Not provided	Durban Youth Radio Presenter
Not provided	Scelo	Cell: 083 710 4499	Not provided	Siyaphila C. Development
Shezi	B. A.	Tel: 073 145 4091	Not provided	Embo Masakhane Community Development Organisation (EMCDO) Coordinator
Gasa	W.	Tel: 083 922 6299 Tel: 031 –777 1955 tatanigasa@yahoo.com	Not provided	The Valley Trust Facilitator
SENZOKUHLE REGION				
Shezi	Aubrey	Tel: 073 145 4091	Box 131 Umbumbulu 4105	EMCDO Youth Coordinator
SIMDLANGENTSHA REGION				
No representative	No representative	No representative	No representative	No representative
UTHUKELA REGION				
Ndlovu	Phumzile	Tel: 036 – 448 1563 Cell: 072 243 0077 Fax: 036 – 448 1389 Email: monika_holst@wvi.org	UThukela Region Child Survival Project P. O. Box 37 Bergville, 3350	Bergville Home Based Care Manager
Xaba	Irene	Tel: 036 – 637 8117	29 Adams Van Riebeeck Park,Ladysmith	KZN-CBO Network Chairperson

INSTITUTIONAL REPRESENTATIVES

SURNAME	NAME	CONTACT DETAILS	ADDRESSES	DESIGNATION / POSITION
HIVAN				
Arntz	Tanja	Tel: 031 – 260 3563 Fax: 031 – 260 3169 Email: Arntzt@nu.ac.za	HIV/AIDS Campus Support Unit Opposite Townley Williams Hall University of Natal Durban, 4041	Project Coordinator
Coovadia	Jerry	Tel: 031 – 260 4616 Tel: 031 – 260 4623 Email: Coovadiah@nu.ac.za	HIVAN Offices 5th Floor Nelson R. Mandela School of Medicine University of Natal, Durban 4041	Director – Biomedical Science
Foulis	Carol-Ann	Tel: 031 – 202 4946 Fax: 031 – 260 3169 Email: Foulisc@nu.ac.za	Memorial Tower Building, University of Natal Durban, 4041	Research Associate
Heustice	Debbie	Tel: 031 – 260 3168 Fax: 031 – 260 3169 Email: heusticed@nu.ac.za	Memorial Tower Building, University of Natal Durban, 4041	Project Manager
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Macpherson	Diane	Tel: 031 – 260 2976 Email: Macphersond@nu.ac.za	HIV/AIDS Campus Support Unit Opposite Townley Williams Hall University of Natal Durban, 4041	Media and Communications Officer

Mhlongo	Cedric Lungani	Tel: 031 – 260 2538 Fax: 031 – 260 3169 Email: Mhlongoc1@nu.ac.za	Memorial Tower Building, University of Natal Durban, 4041	Community Liaison Officer
Mthethwa	Nkosinathi	Tel: 031 – 260 4620 Fax: 031 – 260 4623 Email: Mthethwan2@nu.ac.za	HIVAN Offices 5th Floor Nelson R. Mandela School of Medicine University of Natal, Durban 4041	Biomedical Researcher
Ndlovu	Moses Nhlanhla	Tel: 031 – 260 2538 Fax: 031 – 260 3169 Email: Ndlovum@nu.ac.za	Memorial Tower Building, University of Natal Durban, 4041	Community Liaison Officer
O'Donnell	Max	Tel: 031 – 260 3195 Fax: 031 – 260 3169 Email: max.odonnell@tufts.edu	Memorial Tower Building, University of Natal Durban, 4041	Research Associate
Preston-Whyte	Eleanor	Tel: 031 – 260 3195 Fax: 031 – 260 3169 Email: prestonw@nu.ac.za	Memorial Tower Building University of Natal Durban, 4041	Director – Social and Behavioural Science
Xaba	Nompilo	Tel: 031 – 260 2511 Fax: 031 – 260 3169 Email: Xaban3@nu.ac.za	HIV/AIDS Campus Support Unit Opposite Townley Williams Hall University of Natal Durban, 4041	Administrative and Counselling Officer

KZN EXPERIMENTAL COLLEGE/HUMANA PEOPLE TO PEOPLE				
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Masike	Samuel	Tel: 031 – 701 2206	5/11 Richmond Road P. O. Box 10391 Ashwood Pinetown 3605	Student
Ester	Boere	Tel: 031 – 701 2206 Cell: 083 267 9744 knec@eastcoast.co.za	5/11 Richmond Road P. O. Box 10391 Ashwood, Pinetown 3605	Headmaster

NAMIBIA UNIVERSITY – WINDHOEK				
Danjoh	E.	Fax: +264 –61 –206 3461 Fax: +264 –61 –206 3806	Not provided	Coordinator
Platter	D.	Tel: +264 –61 –206 3807 lplatter@vhah.ha	Not provided	Professor