



# HIV/AIDS

**2010 COMMUNITY CONVERSATIONS:  
PROGRAMME FINDINGS AND LESSONS**



**NELSON MANDELA  
FOUNDATION**

*Living the Legacy*

HIV/AIDS community conversations: programme findings and lessons

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## FOREWORD

**Achmat Dangor, CEO Nelson Mandela Foundation**

Though South Africa has made enormous progress in its response to the AIDS epidemic, it remains as one of the most serious challenges our country faces. More than 5 million people live with HIV and 400,000 died of AIDS related diseases in 2009. The cost – financial and human – continues to escalate. Yet, there is reason to be optimistic.

In recent years the response to the pandemic has increasingly been comprehensive, a strategy that AIDS activists have advocated for years. Government and civil society are working together on an unprecedented scale, both in expanding anti-retroviral treatment and promoting HIV prevention.

The Nelson Mandela Foundation is proud to have played its small part in helping to mobilise South Africans in the fight against AIDS. Our “community dialogue” programme helped to draw in one of the key stakeholders: local communities. Trained in the Community Capacity Enhancement methodology pioneered by the United Nations Development Programme, facilitators assisted community members in 11 sites talking openly about a very complex disease, often identifying underlying causes that even the most rigorous scientific research may not easily unearth. Most importantly, once “unspeakable” issues that contribute to the spread of HIV surfaced.

As we enter the next phase, and the community dialogue programme is integrated into the ongoing work of various government departments and non-governmental organisations, we believe new partnerships will emerge, with affected communities at the core of the response to AIDS.

## INTRODUCTION

**Mothomang Diaho, Dialogue Programme, Nelson Mandela Foundation**

Throughout all ages and across socio-cultural boundaries dialogue has served a distinct purpose of bringing people, who seem intractably opposed to change, to view and relate to each other differently. The Nelson Mandela Foundation community conversations have provided the opportunity to encourage communities to discover shared values and concerns, which may lead to collaborative actions, and concrete plans to tackle the HIV/AIDS pandemic which has not previously occurred. Issues such as poverty, teenage pregnancy, alcohol abuse, abuse of women and children, crime and substance abuse continue to be the main focus of the conversations.

The Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH, working on behalf of the German government, has provided support to the NMF community dialogues on HIV/AIDS programme using the Community Capacity Enhancement (CCE) methodology developed by the UNDP since 2008. After three successful years the NMF and GIZ are handing the programme over to non-governmental organisations (NGOs), government and other partners.

The dialogues were convened in all nine provinces, over 300 conversations attended by over 8 000 participants were held; over 60 facilitators were trained on the CCE methodology and “burning issues” raised by communities covered the entire development spectra.

The dialogues were implemented in Khakhala Village (Limpopo); Lerome (North West); Thabanchu (Free State; Galeshewe (Northern Cape); Kliptown and Soshanguve (Gauteng); Mhluzi (Mpumalanga); Kwa Makutha (KwaZulu-Natal); Ngangelizwe and eMantlaneni Villages (Eastern Cape) and Langa Township (Western Cape).

The Nelson Mandela Foundation (NMF) is in the third and final phase of the current five-year strategic plan approved by the Board in November 2006. This created the framework for developing the Centre of Memory (COM) as the organisation’s core work. By the end of 2010 the NMF had successfully exited from implementation of its community dialogues.

This final phase also marks the handover programme of the community dialogue to NGOs. Over the next two years, the

Nelson Mandela Foundation will provide mentoring support to NGOs and through partnership with SANAC and the Department of Social Development to train facilitators on the methodology of community engagement.

The next phase of the programme will focus on handing over the key experiences, using the tried and tested Community Capacity Enhancement (CCE) methodology developed by the UNDP, to partner agencies, so that they can be scaled up effectively.

Whilst not offering a panacea for all problems related to the pandemic, community dialogues offer a layer of intervention that ensures that communities have adequate information and have built adequate capacity to mount a sufficient response to the pandemic and its devastating consequences.

It is important that communities take ownership of these interventions and build mechanisms to ensure the responses are sustained. Community dialogues are a “missing link” between health systems, specifically the facility level, and the community.

### **The Nelson Mandela Foundation’s community dialogues**

Over the past three years the Nelson Mandela Foundation has produced a series of booklets based on numerous community dialogues held around the country. The dialogues form part of a holistic approach to the HIV pandemic whereby the importance of personal and social responsibility is emphasised in public meetings of various communities.

This booklet is an overview of the last three years of work, and it documents the thoughts and reflections of many key people involved in the community conversations. The Nelson Mandela Foundation hopes that the experience gained from the dialogues reflected in this booklet can help shape and guide future projects that share the same concerns.



# Overview of the **HIV/AIDS** community dialogues

*"We are breaking the trajectory of the AIDS epidemic with bold actions and smart choices."*

**Michel Sidibé**

**In late 2010 the Joint United Nations Programme on HIV/AIDS (UNAIDS) released a global report which gave cause for cautious optimism: HIV/AIDS-related deaths and new infections were on the decrease, it indicated.**

According to the report, new HIV infections had fallen by nearly 20% in the previous 10 years and HIV-related deaths had dropped by 20% in the previous five years. The report contained strong evidence that the number of people living with HIV was stabilising and that current prevention efforts were starting to show results.

Michel Sidibé, executive director of UNAIDS, said, "We are breaking the trajectory of the AIDS epidemic with bold actions and smart choices. Investments in the AIDS response are paying off, but gains are fragile – the challenge now is how we can all work to accelerate progress."

For sub-Saharan Africa the outlook in 2011 is more positive than it has been in the past: In 2001 there were 2.2-million new HIV infections; by 2009 this number was down to 1.8-million. New infections in three countries that bear a large burden of the epidemic in the region – South Africa, Zambia and Zimbabwe – have been

reduced by more than 25% between 2001 and 2009, and in Nigeria the epidemic has stabilised.

One of the ways that these gains have been secured is through a range of intensive prevention campaigns, focusing on community-based approaches. The Nelson Mandela Foundation's community conversations programme focuses on prevention by engaging communities in facilitated dialogue, helping them identify the drivers of the epidemic and developing solutions that are tailored to their specific requirements and environments.

As much as it highlights encouraging global and regional trends, the UNAIDS report for 2010 also acknowledges that sub-Saharan Africa continues to bear the brunt of the virus, with 68% of HIV-positive people worldwide living in this region. Coverage for prevention of mother-to-child transmission in South Africa has reached almost 90%, but the country still has an increasing child mortality rate – one of the few remaining countries in the world in this position. Around 35% of deaths in children under five years of age in the country can be attributed to AIDS. South Africa still has the largest epidemic in the world, with 5.6-million HIV-positive people, while women continue to bear the brunt of the epidemic.



*Facilitators guide community members through a series of activities that help identify and address key challenges and drivers of the epidemic.*

Some 76% of all HIV-positive women live in sub-Saharan Africa, and in South Africa the numbers are particularly alarming, with prevalence among women aged 20 to 24 at approximately 21%, compared with 7% of men in the same age group.

The message from the report is clear. We are on the right track with our prevention efforts but we must sustain these efforts. We must maintain our focus and continue to engage communities in meaningful ways to ensure they understand how the virus is spread and what they can do to prevent it.

### **Why community conversations?**

It is now widely accepted that prevention efforts need to take local context into consideration and must address both individual and social norms and structures. Although a large number of HIV/AIDS interventions have focused on building awareness, there needs to be greater emphasis placed on individual and communal responsibility and accountability for the epidemic.

Effective HIV-prevention programming focuses on the epidemiology of HIV infection and interrogates how social and institutional factors such as sexual norms, gender inequality and HIV-related stigma contribute to the spread of the virus. Successful, sustainable interventions equip communities themselves to identify the drivers of the epidemic and develop relevant solutions.

It was with this in mind that the Nelson Mandela Foundation decided to underpin the HIV/AIDS community conversations programme with the Community Capacity Enhancement (CCE) methodology. Originally developed by the UNDP, the CCE is based on a consultative model that gives communities tools to respond to challenges they face, equipping and empowering them through dialogue.

The Nelson Mandela Foundation launched the community conversations programme in 2007 with the Youth in Dialogue programme. These dialogues were aimed at empowering young people between the ages of 16 and 24 to prevent the spread of HIV/AIDS among their peers.

The HIV community dialogues, using the CCE methodology, were piloted by the NMF in 2008, and the pilot ended in 2010;

The dialogues were convened in all nine provinces. In 2010 alone, over 300 conversations attended by just under 8 000 participants were held; over 60 facilitators were trained on the CCE methodology and “burning issues” raised by communities covered the entire development spectra.

The dialogues were implemented in Khakhala Village (Limpopo); Lerome (North West); Thabanchu (Free State; Galeshewe (Northern Cape); Kliptown and Soshanguve (Gauteng); Mhluzi (Mpumalanga); Kwa Makutha (KwaZulu-Natal); Ngangelizwe and eMantlani Villages (Eastern Cape) and Langa Township (Western Cape).

The Youth in Dialogue programme was always intended as a pilot project and a means to test the efficacy of the community conversations model.

Once the sites had been selected the Foundation went about identifying community partners, facilitators and stakeholders who would assist in ensuring an effective community conversations process.

### **A facilitated process**

Integral to the programme is the facilitation of conversations by trained community-based facilitators who guide community members through a series of activities that help identify and address key challenges and drivers of the epidemic.

These facilitators also help ensure community buy-in, as they themselves come from the communities in which they work. Formal partnerships were created with local community and non-governmental organisations (NGOs) working in the HIV/AIDS field, and facilitators were then recruited and trained in the CCE methodology during two seven-day capacity development workshops.

In addition to the role played during the conversations, facilitators were responsible for social mobilisation activities within the communities, and as such raised awareness and

promoted attendance and involvement by engaging with the local press and radio stations, faith-based groups, schools, and men’s and women’s networks.

### **What is Community Capacity Enhancement?**

According to strategy documentation from the United Nations Development Programme (UNDP), the objectives of Community Capacity Enhancement are to “generate a response to HIV/AIDS that integrates individual and collective concerns, values and beliefs and addresses attitudes and behaviours embedded in social systems and structures”.



CCE stands out as a participatory approach that is cognisant of the socio-cultural dynamics of a community, moving beyond simply raising awareness and rather providing community members with the tools to facilitate decision-making processes from within. It is based on the philosophy that communities have an inherent capacity to develop sustainable solutions to the challenges they face. Using their in-depth understanding of the social, political and cultural dynamics within the community, they are well positioned to develop grassroots-level responses to the HIV/AIDS epidemic.

The CCE methodology helps empower community members and helps them to engage meaningfully with each other. Through facilitated dialogue, community members begin to explore HIV/AIDS challenges, understand underlying drivers of the epidemic, and develop solutions.

Facilitators are trained to engage with communities, and using a set of tools, help communities talk about their concerns and generate solutions. The process is guided by key principles that include sensitivity to local community experiences, a focus on facilitation rather than on intervention by experts, gender sensitivity, mutual learning, a grounding in universal human rights, a participatory approach, respect and the fundamental belief that communities have the capacity to identify the change that they require.



## Monitoring and evaluating the outcomes

**T**racking the progress of social change initiatives can be challenging but is critical to understanding how positive change occurs. This is why a fundamental pillar in the CCE methodology is participatory monitoring and evaluation.

Participatory monitoring and evaluation intentionally focuses on participants' own perceptions, experiences, priorities and real life challenges relating to HIV/AIDS, as witnessed in the community conversations. It engages key stakeholders in active reflection on the CCE process and approach, in the interest of strengthening the community conversations and their ultimate impact. Community stories and experiences are elicited and used to catalyse collective reflection and learning, in efforts to both reaffirm and assess the impact of the CCE approach.

By actively engaging community members in the evaluation process, community voices are strengthened and local capacity developed. At the same time, many of the frustrations and weaknesses of limited mainstream evaluation methods, typically imposed from above, can be avoided.

Participatory monitoring and evaluation is underpinned by principles of local ownership, equity, commitment to hearing

marginalised voices, respect for local knowledge and experience, and action orientation. It emphasises multiple accountabilities: programmes need to be accountable to intended beneficiary communities, as well as to senior stakeholders and donors. In participatory approaches the onus is on evaluation primarily for and by key persons and communities involved.

There are many advantages of participatory approaches, but they also present significant challenges. Accommodating the diversity of voices, experiences and various perspectives requires immense skill, time and resources. The review process also demands significant commitment and flexibility to respond to community needs and the varying states of social change, and as such to adapt or leave behind approaches and methods as the need arises.

As part of monitoring and evaluating the community conversations programme, facilitators are required to write in-depth reports after every dialogue, documenting what happened, who participated and who did not, critical moments in the conversation and apparent achievements and weaknesses. This documentation then becomes a reference point, a benchmark against which to assess the impact and progress of the community conversations programme in particular communities over time.



# 3

## Community dialogues consultative forum

### Overview of the *HIV/AIDS* consultative forum – Day One

As part of evaluating the impact of the HIV/AIDS community conversations programme as a whole and taking stock of achievements and challenges, the Nelson Mandela Foundation hosted a consultative forum in November 2010 to which stakeholders, partners, civil society and government representatives were invited. The future of the programme was considered, and discussions were held around how the programme can develop with the support of potential donors and sponsors.

Taking place over two days, the forum started with a closed session between facilitators from the nine provinces, select stakeholders, partners and Nelson Mandela Foundation staff. Mothomang Diaho, head of the Nelson Mandela Foundation's Dialogue Programme, began proceedings with the words: "I hope this forum will be an opportunity for us to share the lessons, challenges and opportunities from the current community dialogues using the Community Capacity Enhancement (CCE) methodology."

Regional co-ordinators each gave a presentation, highlighting some of the major achievements, challenges and issues in their respective communities. Regional facilitator Motlatsi Lekhuleni

remarked, "Communities have the capacity to make their own decisions and find their own solutions to their problems ... There is no blanket solution, even in communities with similar concerns. If you give people capacity it becomes easier for them to implement their own solutions."

A group discussion followed, during which facilitators talked about common experiences and challenges, broadening their understanding of the complex nature of the HIV/AIDS epidemic and how individuals and communities in South Africa are reacting and responding to it.

The first day closed with a session on participatory monitoring and evaluation as a means to strengthen the community conversations process. Facilitators were given a refresher course on why evaluation is central to the success of the Dialogue Programme.

The second day was an open session, involving all stakeholders and relevant representatives, and again dealt with how critical dialogue is to social change and the importance of monitoring and evaluation. Diaho again opened proceedings, saying: "It is through dialogues like this one that the methodology gets strengthened."

Following a session on outcomes and feedback from the 11 communities in which conversations had been held, a panel

discussion dealt with how the community conversations process could inform municipal and high-level policy planning, while another session focused on how HIV/AIDS should be seen in the broader context of development and human rights, and not just as a health issue.

The two-day forum ended on a high note, with the partners pledging to consider funding for the programme during their strategic planning sessions, while local government representatives committed to publicising the programme and looking into forming partnerships with the Nelson Mandela Foundation.

## Setting the scene

Mothomang Diaho, head of the Nelson Mandela Foundation's Dialogue Programme, opened the HIV/AIDS consultative forum by outlining its objectives – to share lessons from, challenges of and opportunities for the current programme, and to identify partnering opportunities for taking the community conversations into the future – before touching on the history of the programme, outlining its methodological framework and the tools used.

Explaining the importance of community conversations in encouraging and reinforcing positive social change, not just at an individual or grassroots level but also on a collective level, and reaching the highest echelons of society, Diaho said, "The leadership we need is the leadership that listens to voices on the ground, is able to learn lessons from the past, and is able to adapt."

She emphasised that there were tough choices to be made: either to continue with the current reactive response and pay the consequences later, or to make an effort to maximise the available interventions and respond to the HIV/AIDS epidemic.

The forum provided the space for these issues to be discussed and analysed openly, Diaho affirmed, while considering organisational partnerships to take the work of the community conversations programme forward.

## Feedback from the provinces

On day one of the HIV/AIDS consultative forum, feedback was given from the various provinces, with provincial co-ordinators presenting on major challenges faced and progress made.

Motlatsi Lekhuleni, the provincial co-ordinator for Limpopo, the North West, Free State and Northern Cape provinces, started the session with lessons learnt and observations made by communities in these regions.

The community of **Giyani, Limpopo**, responded well to the programme, reported Lekhuleni. One of the major achievements in this area was getting buy-in from tribal authorities, who broke with tradition by allowing women and children into the kraal and involving them in discussions. This was a major achievement and showed that the elders were ready to engage with all community members on the issue of HIV/AIDS. Further progress could be seen in the community, reported Lekhuleni, in that there was now a dedicated social worker, and a doctor would visit and conduct HIV tests on a weekly basis. The lack of well-maintained recreation facilities for youth and changing social mores were two issues worth noting, however.

Community members in **Lerome in the North West** province were grappling with gender inequality in particular. Through sustained efforts, stereotypes and perceptions were starting to change, however: A woman from the community recently became a taxi driver, a job she had pursued for many years without success, said Lekhuleni.

In **Thaba Nchu in the Free State**, community members felt that prostitution, crime (including rape and mugging) and numerous taverns contributed to the spread of the virus. These taverns had begun to stock condoms, however, and the police had identified and were patrolling crime hotspots.

In the **Northern Cape community of Galeshewe**, facilitators heard how teenage pregnancy and criminal activities were major

challenges. The local school had very high rates of teenage pregnancy, but during the period that community conversations were held, the number of teenage pregnancies decreased. New Start and Youth AIDS, two organisations that offer HIV counselling and testing, were very active at the community conversations in this area, and hundreds of people were tested and educated about how to live positively with HIV/AIDS.

Lekhuleni said a major lesson learnt was that "Communities have the capacity to make their own decisions and find solutions to their problems." He explained that there wasn't a blanket solution when it came to HIV/AIDS and behaviour change, but that if you empower people, they would be able to develop and implement their own solutions.

Siviwe Khaba then gave a presentation on the successes and challenges from communities in Gauteng and Mpumalanga.

Facilitators from **Kliptown, a community in Soweto, Gauteng**, found that creating partnerships with local stakeholders was essential to the sustainability of the conversations process. In an attempt to address concerns around disclosure and gender inequality, the community had committed to forming support groups, particularly for those infected and affected by HIV/AIDS.

Residents in **Soshanguve, outside Pretoria in Gauteng**, highlighted the lack of communication between young and old as a major cause for concern. This lack of communication resulted in a lack of understanding around the virus, contributing to its spread, residents argued, suggesting that there needed to be more dialogue and open lines of communication within families. Community members also felt that substance abuse and a lack of a sense of belonging were problems that needed addressing.

The **Mhluzi community in Mpumalanga** concentrated on the human rights aspect of the HIV/AIDS epidemic, underscoring how rights must be complemented by a sense of personal responsibility and an understanding of the individual's role within the community. Community members also identified the lack of safe recreational space as a problem. People needed safe public places such as parks in which they could relax, the community argued, but these spaces in the community were more often than not frequently places of crime and violence.

"Communities have the capacity to make their own decisions and find solutions to their problems."  
**Motlatsi Lekhuleni**

"There is no blanket solution, even in communities with similar concerns. If you give people capacity **it becomes easier for them to implement their own solutions.**"

**Motlatsi Lekhuleni**



Lesley Nkosi, responsible for co-ordinating the community conversations in KwaZulu-Natal, the Eastern Cape and the Western Cape, reported on progress made in these provinces.

**KwaMakhutha in KwaZulu-Natal** is a community beset by poverty and one historically affected by political violence. During Community conversations in this area, it came to light that the clinic and police station were not functioning effectively, and that drug abuse and cultural practices such as virginity testing were also holding back progress in the realm of fighting HIV/AIDS.

In **Mthatha in the Eastern Cape**, the community was grappling with similar issues such as poverty, unemployment, drug abuse, and a clinic where nurses didn't seem committed to their jobs, didn't treat patients with dignity and respect, and sometimes disclosed the status of their patients.

In **Emantlaneni, a village in the Lusikisiki, Eastern Cape**, the community was battling with a clinic that did not cater to their medical needs. Many services were not offered there, and anti-retroviral treatment was not available.

Through the community conversations programme in the Eastern Cape, relationships with local police departments had improved, however, and task teams had been formed to represent the communities' needs.

In **KwaLanga outside Cape Town in the Western Cape**, drug and alcohol abuse have been highlighted as cause for major concern, together with fears around disclosure of people's HIV/AIDS status and persistent myths that encourage rape. A lack of faith in the public health system and in hospitals' ability to provide anti-retrovirals also came to light during the dialogue process. Community members felt that moral rejuvenation was possible, however, and that strong partnerships could contribute to positive social change.

Facilitators focused on the importance of monitoring, evaluation and documentation in ensuring the long-term success of the programme.

*It came to light that the clinic and police station **were not functioning** effectively, and that drug abuse (such as the use of "whoonga") was also holding back progress in the context of HIV/AIDS.*



## How monitoring and evaluation can enhance community conversations

Ailish Byrne and Denise Gray-Felder, both from the Communication for Social Change Consortium, co-facilitated a group discussion with community conversation co-ordinators and facilitators on ways to determine if the programme was making a difference.

Gray-Felder started by suggesting that community conversations were about changing the way communities saw and reacted to issues around HIV/AIDS: "We are doing conversations to get people talking and thinking, because we know that social change won't happen overnight."

She then asked facilitators what they remembered from a monitoring and evaluation workshop they had attended in April 2010, and how they might act on this knowledge in the context of their work in 2010 and beyond.

Byrne then posed the following questions to facilitators:

- How are you capturing the progress, achievements and weaknesses of community conversations?
- What key challenges are you facing in this process?
- What support do you need to more effectively monitor and evaluate yourself?

Byrne emphasised the importance of honest discussions when considering these questions, before dividing community conversation facilitators into groups. After this, appointed spokespeople reported back on the group discussions.

**In response to the first question,** facilitators said they captured progress, achievements and weaknesses through a variety of documentation formats and team meetings: "We take an attendance register and write reports. After each conversation we have a debriefing session where we evaluate what went well and what could have been improved. We do this through videos and photos. We look at the videos and analyse them to see who participated and what can be improved," said one spokesperson.

Progress was also captured in one-on-one interviews, after which facilitators compare their notes to previous reports to see how conversations had differed over time.

"We record the whole conversation on our phones," said another spokesperson. "When we write reports we play back the tapes for accuracy's sake. Ailish emphasised the need to ask community members questions that do not require a simple yes or no. We get the community members to tell their own stories so that it's easier for them to open up."

*"We try to ask community members questions that do not require a simple yes or no. We get the community members to tell their own stories so that it's easier for them to open up."*

**Ailish Byrne**

**In response to the second question,** "What key difficulties are you facing in this process?" some group members noted that different facilitators have different levels of commitment, as seen in reports submitted that sometimes miss valuable information.

Moving forward, they emphasised that all facilitators present need to play an active role in either facilitating the community conversation, or documenting it.

The group that raised this particular concern suggested it could be addressed by more than one facilitator writing the report: "All facilitators should give input when the report is drafted," they said.

Insufficient resources were identified as another major challenge. Sometimes facilitators didn't have sufficient funds to access the local internet café and send off reports.

Others said they didn't have the necessary equipment, like tape recorders and telephones, or office space in which to work.

**In response to the third question,** addressing the question of support necessary to strengthen the monitoring and evaluation of the community conversations, participants requested more reflection and learning sessions, greater day-to-day support from the lead facilitators and more relevant resources to be easily accessible to facilitators and community members on an ongoing basis.

They also highlighted the difficulties posed by inadequate resources for documentation purposes, including limited funding to access the internet in local cafés which hinders reporting and communication in general, lack of tape recorders, telephones, office space and limited access to computers.

In closing, the facilitators were reminded of the importance and implications of assuring confidentiality when such sensitive issues were being addressed. They were cautioned against using real



*“This [the community conversations programme] doesn’t replace but rather supports other systems designed to get into the soul of other communities.”*

**Mothomang Diaho**

names when compiling personal stories and reports on community conversations, due to the negative consequences for individuals and communities that could follow, which were typically beyond the control of those directly involved.

## **Consultative forum: Overview** – *Day Two*

Mothomang Diaho, head of the Nelson Mandela Foundation’s Dialogue Programme, began the second day of the HIV/AIDS consultative forum, open to the public, by providing a broad overview of the community conversations and setting the scene as to when, why and how the dialogues were established.

She started by saying that we can never truly understand what goes on in families and in communities, but that the closer we come to understanding these dynamics the more capable we are of designing effective interventions.

She highlighted that the community conversations are a facilitated process and that their success depends on the work of facilitators, who have to be well-equipped to guide the programme and document and evaluate its outcomes.

Diaho explained the Foundation’s thinking in starting the community conversations programme, saying that they hoped to create a space where community members could engage and give communities access to resources they wouldn’t ordinarily have had at their disposal.

“This [the community conversations programme] doesn’t replace but rather supports other systems designed to get into the soul of communities,” Diaho said.

She added that interventions are ultimately owned by the community so as to ensure their sustainability and social change. “The frustration with development initiatives is getting traction on the ground. Despite all the money being poured in, not much has changed. We don’t have to look elsewhere for solutions.”

She then outlined the methodological framework of the programme, going through the individual steps of Community

Capacity Enhancement (CCE) – **relationship building, concern identification, concern exploitation, decision making, action and reflection** – and explaining how each is pivotal in securing behaviour change at an individual and collective level.

“This is a reflective process so that people can think deeply about the issues that we are facing,” Diaho concluded, encouraging those present to use the forum to share the lessons they had learnt through their work, to set an agenda for the future, and to secure commitment from potential partners to take the initiative into the future.

## *A word from* **GIZ**

The work of the Nelson Mandela Foundation would not be possible without the support of the Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ).

The GIZ is an organisation of the German federal government that helps communities all around the world identify the problems they face and develop sustainable solutions, in the process becoming self-sustaining. The strategic objectives of the GIZ dovetail with the overall principle of the community conversations: that it is only through direct engagement with communities affected by HIV/AIDS that sustainable solutions can be found.

GIZ Country Director Peter Conze welcomed stakeholders, partners and facilitators to the second day of the HIV/AIDS consultative forum, saying, “HIV/AIDS is the most pressing problem in South Africa. We have seen the first signs that new infections are going down, but there is still a long way to go.”

He explained that the GIZ had been working with the Nelson Mandela Foundation since 2001, when they provided support and organisational development to help to establish the Foundation and build internal capacity. In 2008 GIZ became involved in the Dialogue Programme,

providing financial support and assistance for community conversations over three years.

Conze welcomed the opportunity to stop and take stock of the achievements, shortcomings and major lessons from the programme. He concluded, “This [the community conversations programme] is a relevant instrument that must be spread out throughout the country. It is an important instrument in the fight against HIV/AIDS.”

## **Keynote address: Human capacity for response**

Ian Campbell, a physician who designed the community counselling aspect of CCE and currently works with AFFIRM Facilitation Associates, delivered the keynote address at the consultative forum on HIV/AIDS.

Campbell focused on the inherent capacity that people have for responding to HIV/AIDS, especially through engaging in facilitated dialogue on issues surrounding the virus. He



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**Ian Campbell**

spoke about how HIV/AIDS is embedded in the fabric of human relations, and that it would have been an unstoppable epidemic if it wasn’t being addressed using interventions that interrogated people’s deeply held beliefs about HIV/AIDS and encouraged behaviour change.

“The facilitation of a change process helps to facilitate and help other people to find it easy to succeed,” he said.

He looked at the format of community conversations and how they naturally take root in communities, harnessing the inherent knowledge and expertise found there.

He gave numerous examples of conversations around the world that, once they had been launched, organically extended to neighbouring communities, creating a space in

which different communities could work through common challenges and potential solutions.

He explained that community dialogues were about giving power back to communities and encouraging them to take ownership by placing responsibility for their own well-being in their hands.

He then went on to talk about how community conversations are facilitated interventions. He emphasised that if local communities were smothered by externally driven processes, the dialogue methodology would not be taken up and would never become sustainable in the long-term.

Campbell noted that dialogue interventions that were embedded right at the beginning of a crisis tend to be more sustainable, even more so when the will of the community is truly engaged. A framework that links policy and local community responses allows communities to “work from their strengths while acknowledging their weaknesses”, so that the process expands organically and builds local capacity, Campbell said.

He then investigated the intersections of home, neighbourhood, community and professional areas, and how these shared spaces provide a platform for stigma reduction, saying: “Individual action is shaped by social and structural factors.”

Programmes like HIV/AIDS community conversations give communities the opportunity to develop their own internal problem-solving mechanisms, thereby embedding a problem-solving culture and enhancing the community’s capacity to respond to the complex challenge of HIV/AIDS. Campbell emphasised that it was more important than ever to push this type of dialogue programme, transfer skills to the community, and move toward sustainability.



“There needs to be an institutional transition from our own expertise to the community’s expertise,” he said, noting that energy and enthusiasm are needed to ensure the success of this kind of work.

Campbell emphasised that rights, ethics and health are closely linked, and that local health movements need to focus on human resources development by incentivising community involvement. He also emphasised that measurement, evaluation and monitoring are all essential to ensure that the programme develops into “long-term engagement which stays the course” and avoids the pitfalls of short-term quick fixes.

He then acknowledged the important role that the facilitators and stakeholders play, applauding them for inspiring hope. “You are one element of the community conversations and are a seminal source of catalysing human response.”

“This is only just the beginning. We need to commit to the idea that community conversations matter and that every community counts.”

During the question and answer session after his address, Campbell responded to a question about corporate intervention. “Poverty and money is not the way to get into the conversation. We need to use human capacity as an entry point,” he said.

Campbell concluding by saying that local communities should be allowed to continue the conversations process on their own. “Communities have the capacity to relate, have insight and make the change in their lives ... Intervention is necessary at the beginning and then the will of the people needs to be engaged.”



*“This is only just the beginning. **We need to commit** to the idea that community conversations matter and that **every community counts.**”*

**Ian Campbell**



## *Session One: What facilitators experienced*

The HIV/AIDS community conversations programme has reached many people, some of whom disclosed their status, started organisations or set up action committees, while others became facilitators or social mobilisers. In a report-back session at the HIV/AIDS consultative forum that followed Ian Campbell's keynote address, facilitators spoke about their day-to-day challenges during the course of the programme and the achievements of the methodology. This session was moderated by Lesley Nkosi and included facilitators from the provinces.

"The reason for this is that sometimes students are scared to talk in front of elders in normal conversations."

**Sello Mashibini**

Sello Mashibini, a facilitator from Galeshewe in Kimberley in the Northern Cape, said that since community conversations had been introduced, there had been a decision to establish an organisation to help build self esteem in women and girls in the community. He added that the organisation Youth AIDS had approached facilitators and mobilisers about starting school conversations on the last Friday of every month. "The reason for this is that sometimes students are scared to talk in front of elders in normal conversations," Mashibini said.

Mdu Gumede from Ngangelizwe in Mthatha in the Eastern Cape said his community was grappling with the rape of women and children at popular nightspots. In response, and following on discussions during local conversations, community members had got together and ensured that a popular night spot, Kopano Lounge, was shut down. Another marker of the conversations' impact in the area and the trust built between community members was that one woman who had been living with HIV/AIDS for 21 years finally disclosed her status to the community.

The community of Ngangelizwe had also started prison community conversations, and inmates in Wellington, Mthatha, had asked facilitators to return and host more discussions.

Mojalefa Magae, a facilitator from Thaba Nchu in the Free State, said that in his community they had found that there was a need for safe spaces where people could talk freely about burning

“These learners shared ... information that was disclosed in a **safe space**. That is really challenging for us as facilitators.”

**Mojalefa Magae**



issues without fear of being judged. A particular challenge, he found, was that one might create safe spaces, but there was no way of controlling what was said outside the context of the community conversation.

Magae recalled an incident when a learner, while encouraging others to attend the conversations, disclosed that the cause of death of a fellow learner's parents had been due to HIV/AIDS. “These learners shared ... information that was disclosed in a safe space. That is really challenging for us as facilitators,” Magae said.

Another challenge faced by Thaba Nchu facilitators was the psychological burden placed on them by people disclosing their status during the context of the community conversations: “As facilitators we need to be trained on how to deal with these things. There is a need for counsellors to be present at community conversations,” Magae said.

Magae said the community had set up task teams and identified people to volunteer and help the conversations process. “We are also in the process of identifying ambassadors, i.e. people who were drug addicts or gangsters, to take the dialogue message forward.”

In the conflict-ridden community of KwaMakhutha in KwaZulu-Natal, facilitator Mbali Gumede had difficulty trying to convince community members to attend conversations. In the end she succeeded by using a language that everybody in the area understood. “It was a matter of conducting conversations in isiZulu because that is the language that everyone at KwaMakhutha understands,” she said.

Through the community conversations process, a number of partnerships have been struck in KwaMakhutha, and one group in particular had been started by former addicts to raise awareness around “wunga”, a drug that had been ravaging the community.

“The community now wants to continue with dialogues without our help and that makes me proud,” Gumede said.

In the poverty-stricken community of Mantlaneni in Lusikisiki, Eastern Cape, Sibuyisiwe Sontundu said the community conversations had brought a sense of unity. Police and community members had started partnering on efforts, and clinic staff had started attending conversations and helping to counsel those who had disclosed their status.

In Lerome in the North West province, facilitators found there was no consistency amongst those who attended dialogues, saying that this was challenging because they had to start teaching people about the community conversations process all over again every time a dialogue was held. “We get different people coming and we find it difficult to sustain that,” they said.

Lindiwe from Mhluzi, Mpumalanga, said that the challenges in her community were different, in that the moment people heard the name the “Nelson Mandela Foundation”, they associated the initiative with money.

“People assume that we have money because of the big name we are associated with and as a result it is difficult to get sponsorships from stakeholders and organisations. On top of that, the Foundation is viewed as a threat by other NGOs, so it becomes difficult to talk to them.

“We have encouraged community members to take control of the community conversations process,” Lindiwe continued. “Whilst

that works we also need to have on-the-spot counsellors so that the load is taken off facilitators because we aren't really trained in counselling.”

Kgosi Letlape from the Tshepang Trust encouraged those involved to engage more with community members. He said that if the apartheid government had engaged with the people, then things would have been different.

Letlape stressed the need for safe places in communities, for support structures for men, women and children. He also emphasised how facilitators needed to be informed about the world around them, about topical news, culture and the norms of the local community, so that when a question was posed, they knew how to answer.

“Facilitators should be able to give coherent answers and know about human rights and so forth,” he said.

Mothomang Diaho, head of the Nelson Mandela Foundation's Dialogue Programme, concluded the session by encouraging audience members to question culture and try to understand what drives cultural practices.

## **Session Two: Communication for social change**

As part of a session on the role of communication in social change, facilitated by Denise Gray-Felder of the Communication for Social Change Consortium, two questions were posed, namely:

- How is community dialogue essential to the social change we seek in our work?
- What role does advocacy play in promoting community dialogue as an effective approach?

Responding panellists included Soul City's Matebogo Mampane, Paddy Nhlapho from Cool Ideas, and Garth Japhet from HEARTLINES.

Gray-Felder started by saying that social change needs a catalyst, something to get people talking. This was precisely what community



*“No social change will happen without individual change.”*

**Denise Gray-Felder**

conversations were developed to do, she argued. She then commented on how conversations helped to effect personal change. “No social change will happen without individual change,” she said.

In response to question one, Mampane said her organisation had started similar conversations in a number of communities around South Africa. Soul City trains facilitators in basic HIV/AIDS knowledge for six weeks before sending them out to conduct dialogues. Facilitators are based in the communities in which they stage conversations, as a way to encourage trust between participants and further dialogue.

The first community conversation that these facilitators host is a big event, Mampane said. Stakeholders and community members are invited, and facilitators share what they have learnt in the past six weeks. “We have found that these community conversations create an opportunity for community members to engage about issues that are usually not spoken about,” Mampane said.

Garth Japhet from HEARTLINES, an organisation that uses a values-based approach to help address social issues, spoke of dialogue as the centre of social change. “People change because of their relationships with others, and this inspires other dialogues. It is through telling people’s stories that we will be able to reach other people. Dialogue as the centre of social change is key. We make sense of what is not normal about society through dialogues and these change us and spark discussions.”

Japhet also touched on the scepticism that dialogue doesn’t really change much in communities. “As society we always like to take quick fixes out of situations. We spend resources



“People change because of their relationships with others, and this inspires other dialogues.”  
**Garth Japhet**

on things that seem to help for a short space of time and not pay attention to those that will give results in the long run,” he said.

“Social change is not a quick fix thing,” he continued, arguing that community dialogues have impact over a long timeframe.

Japhet advised guests and facilitators to find ways to make sure that community work makes an impact in communities. “We need to make sure that it’s not just lip service, that we are actually helping communities through dialogue.”

Paddy Nhlapho from Cool Ideas, the company that facilitated and implemented community conversations on behalf of the Nelson Mandela Foundation, said that dealing with communities didn’t require much; all community members really needed was a listening ear.

He recalled working with a community in Jozini in KwaZulu-Natal, where his company had been asked to implement an HIV/AIDS project. What he found in the community, however, was that what it really needed was a rural development plan. The community was battling to deal with unemployment, poverty, and a shortage of food. Unless core issues were dealt with, Nhlapho said, people could not start talking about HIV/AIDS.

## Session Three: Linking dialogues to planning

One of the panelists for this session, UNDP representative Benjamin Ofosu-Koranteng, spoke about the organisation’s experiences around HIV/AIDS initiatives in Ghana.

Ofosu-Koranteng told of how he first found out about the CCE methodology and immediately wanted to know more. “I realised that when it comes to HIV/AIDS, dealing with sex, stigma, shame, silence and paralysis of a society has nothing to do with strategic planning,” he said.

He highlighted the importance of linking planning to the dialogue process. Introducing conversations into communities that wanted to change was the best means to ensure success.

Another panellist, Mesfin Getahun from UNDP Ethiopia spoke about how CCE can add a lot of value, not all of which can be measured. CCE was first introduced in Ethiopia in 2003 by the UNDP in partnership with local NGOs, he explained. It was adopted as the main strategy in response to HIV/AIDS in urban and rural areas, and many resources were injected into the programme.

The local government in Ethiopia is currently responsible for training facilitators, and many communities and stakeholders have been mobilised to take positive action through the methodology, Getahun said.

Panellist, Rachel Basirika from Namibia then thanked the Foundation for introducing the CCE methodology in South Africa. Through the methodology, she said, Namibian authorities had begun to identify communities that needed the most help and to include them in the national strategic framework.

She spoke of how local organisations had managed to engage traditional leaders around HIV/AIDS, extending the dialogue and giving the programme better standing among community members, before addressing how the methodology can readily be adapted to new environments and purposes. She explained how CCE had been used to address stigma in Namibia, and went on to tell of plans to make CCE a methodology in the workplace in all municipalities.

She closed by encouraging Nelson Mandela Foundation staff and the facilitators in their work. “When you engage communities you are investing in something so precious. Even if there [are] no funds, this is the methodology you can use for everything that affects communities. It is through understanding how people feel and their stories ... that we can work towards social change,” she said.



## Session Four: Institutionalising the process

Another session on day two of the HIV/AIDS consultative forum was a panel discussion on how to institutionalise the community dialogue process. Panellists included Kgosi Letlape of the Tshepang Trust, Connie Kganakga from the Department of Social Development, Gift Buthelezi from the Department of Communications and Catherine Sozi from UNAIDS.

Addressing the delegates, Letlape said that if the country expects behavioural change, then people need to engage their behaviour. "In order for sexual change to happen, people need to make an effort because it is not a standalone or a DIY. It is between two people, so both people need to want the change to happen," he said.

In recent years Letlape said he had observed a subculture in South Africa defined by a lack of responsibility among the youth and the use of poverty as an excuse for laziness. He encouraged those present to address this by telling those concerned the truth about their attitude and behaviour, and not massaging or sugar-coating the message.

"If we don't communicate with people truthfully then society won't be able to make informed decisions," he said, arguing that once people had heard the truth about their actions, they would make better decisions.

On the issue of how community conversations can inform high-level decision making, Letlape said, "If we are dealing with HIV/AIDS and we want to enhance the capacity of communities to deal with the virus, we need to change the political structure and hold politicians accountable."

The Department of Social Development's Connie Kganakga said dialogue was important as a means of healing in South Africa. "When we begin to talk about behavioural change as a mode of intervening in the fight against HIV/AIDS, it is through initiatives like community conversations that we can do those things.

"This local insight and information helps provide a baseline, a measure of the current state of affairs in the community, from which the impact of any intervention can be determined."

**Heston Phillips**



"We need to look at social change and encourage people to know their statuses because this will help our communities a great deal," she continued, saying her department would do its best to look at community structures and see how they could support and enhance communities' capacity to act positively.

Gift Buthelezi from the Department of Communications said that much could be done to raise awareness around community conversations. "For starters," he said, "community conversations can be brought into television and radio and we can work on producing content that is engaging because we can see that facilitators are working hard in communities."

Buthelezi said the CCE is something that communities could use to solve a number of their issues. "It can be used to encourage global citizenship ... It is important that community conversations are included in policymaking because they include communities and governments, and this would help a great deal."

Catherine Sozi, UNAIDS country co-ordinator, said that South Africa carried the burden of the HIV/AIDS and TB epidemics. As a developing country, she argued, South Africa still had many imbalances and issues that needed to be dealt with before HIV/AIDS could be addressed properly.

"As a country where mothers die while giving birth and [with] a high prevalence of HIV/AIDS, South Africa operates on a different level. Though people say it is a developing country in terms of technology, it's not until people have proper sanitary services that the disease can be dealt with."

Sozi said that even though the government had invested a lot of money in finding vaccines for HIV/AIDS and TB, this was not enough. Behaviour change was what needed encouraging, she said.

"HIV/AIDS is still regarded as a health issue and people need to realise it's not a health issue, it is about development. Unless we do things differently, nothing is going to change. We need communities to identify their own problems," Sozi said.

She added that the government could help to overcome HIV/AIDS by politicising the pandemic to ensure that things are sorted out quickly. "Lots of advocacy needs to be done on all levels. We need

to start at provincial level going down and therefore advocacy and dialogue needs to begin," she said.

She then stressed the need for strategic partnerships between countries so as to ensure the epidemic is dealt with across national borders. "Community conversations facilitators need to be spread out to make sure that their voices are heard," she said.

## Session Five: Monitoring and evaluation of community dialogues

Monitoring and evaluation is an essential component of the community conversations programme, helping to strengthen it, to assess its impact and to ensure positive social changes relating to HIV and AIDS issues. On the second day of the HIV/AIDS consultative forum, a session was held on this aspect, and relevant presentations were given by Heston Phillips from UNAIDS, Ailish Byrne from the Communication for Social Change Consortium, Motlatsi Lekhuleni from the Nelson Mandela Foundation, and Alison Campbell from AFFIRM Facilitation Associates.

Heston Phillips spoke first about the role of UNAIDS in assisting South Africa to monitor its progress with respect to the epidemic. Working with and through the South African National AIDS Council (SANAC) in five provinces, UNAIDS representatives try to ensure that the local response to HIV/AIDS is decentralised and multi sectoral.

Phillips noted the importance of establishing local working groups, so that key stakeholders can be involved in development plans. Stakeholder participation, in turn, helps ensure local participation and ownership, he said.

If the response to HIV/AIDS should be decentralised, so should monitoring and evaluation, argued Phillips, saying that this cannot be done from a distance. Facilitators need to help determine what key items should be measured in local communities, and community members themselves should be part of the evaluation process. Monitoring and evaluation is not only about information and data, Phillips said.

This local insight and information helps provide a baseline, a measure of the current state of affairs in the community, from which the impact of any intervention can be determined.



As for evaluating the success of the community conversations programme, Phillips suggested that the following questions should be asked:

- Are more people more involved in the community dialogues?
- To what extent do participants evaluate information before they use it?
- Are communities beginning to talk about things other than HIV?
- How are community members linked to outside support groups?

Phillips went on to advocate for resources with documentation and information on HIV/AIDS issues, and on the conversations themselves being made accessible to members of the communities where the conversations are held.

He concluded by saying that communities themselves must participate in the strategic plan for the 2012 dialogues.

Ailish Byrne, from the Communication for Social Change Consortium, opened her presentation by highlighting the complexity of the context in which community conversations on HIV and AIDS take place, speaking of people's lives and the non-linearity of the development process.

Byrne explained that most evaluations are about being able to account to donors and not to the communities themselves. She went on to explain that if monitoring and evaluation are to be effective and useful, "it is essential to look for local strengths in terms of what the community has and to question if the evaluation encompasses this".

This means that there has to be a deep understanding of the community concerned, and that distinguishing features of the

particular context need to be considered when deciding how to implement the evaluation process. The evaluation process should itself be an integral part of the dialogue process, Byrne emphasised. "Participatory evaluation is a powerful dialogue tool and critical questions need to be asked, and not just for the donors or team of facilitators."

"Participation is useful because [it] allows for one-on-one interviews which reveal the true impact of the community conversation engagement in the local context."

Motlatsi Lekhuleni

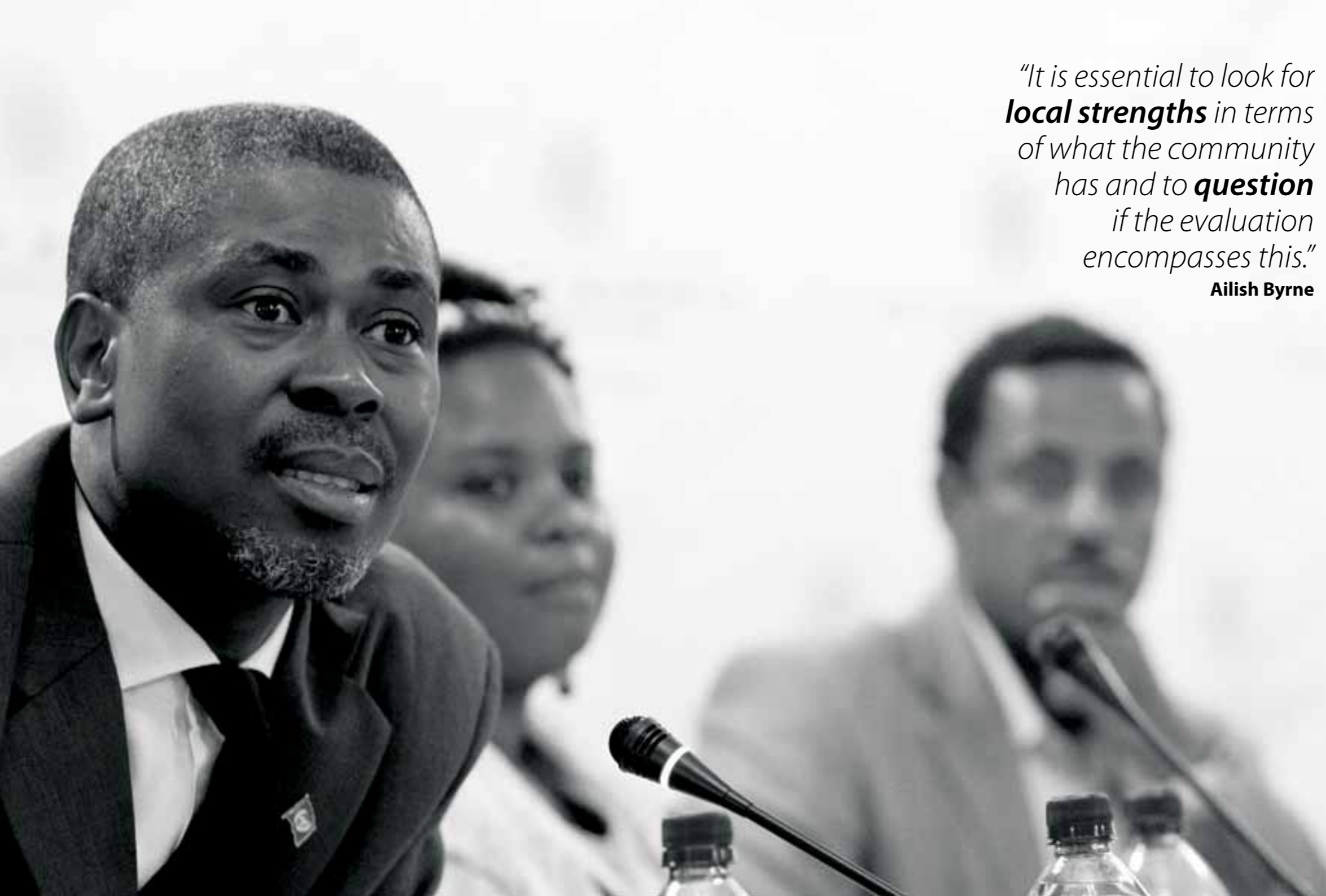
Critical questions that demand deeper, more rigorous thinking about the evaluation process help determine the type of support the facilitators and participants need and good quality answers are fundamental in determining how greater support for the monitoring and evaluation process can be gained, Byrne said. Capacity development was always going to be a long-term process, she continued, and the skills of critical thinking and learning would remain with the community even when the dialogues were over and facilitators long gone.

Motlatsi Lekhuleni, a lead facilitator for the Nelson Mandela Foundation, then recounted some personal anecdotes from his time working on the community conversations programme. He told of how he relies on reports from other facilitators to write his own reports, but that this becomes problematic, as reports only encompass what happens in the conversation and not what goes on outside or beyond it.

"Participation is useful because [it] allows for one-on-one interviews which reveal the true impact of the community conversation engagement in the local context," Lekhuleni argued, suggesting that this is why monitoring and evaluation is vital.

To illustrate his point, he told of learners in Kimberley who were involved in local community conversations. When the dialogues began there were 24 instances of teenage pregnancy in a local school. By 2008 this number was down to 12. By 2010, there were only three instances counted. Stabbing and drug use at the school





*“It is essential to look for **local strengths** in terms of what the community has and to **question** if the evaluation encompasses this.”*

**Ailish Byrne**

had also decreased. If participatory monitoring and evaluation had not been done, Lekhuleni explained, the impact of the community conversations in this school would have remained unknown.

Lekhuleni then told of Giyani, where conversations had happened in the chief’s kraal, typically a space where only men are allowed. For the purpose of the dialogue, however, women were invited in, and have subsequently been encouraged to voice their opinions and become part of the decision-making process in the community.

Alison Campbell, from AFFIRM Facilitation Associates, explained in her presentation how she had seen the progress and implementation of community conversations over the past 20 years. Her main observation was that communities looked both to the past and the future at the same time, and so could sometimes take a long time to gather themselves and take action. Organisations, on the other hand, tended to be stuck to timelines.

The local monitoring and evaluation process can therefore be both long and cyclical, explained Campbell. Community members are not able to take action each and every day, but their strength lies in their long-term memory, and sustainable change happens over the long term, Campbell noted. As such, monitoring and evaluation efforts should have this long-term approach, facilitators should be committed and involved for longer durations, and organisations should adjust their thinking and expectations accordingly.

Communities of long-standing can draw from past experiences over a much longer timeframe, and can readily recognise recurrences and find explanations for them, said Campbell.

She then highlighted the personal value of community conversations. “A special part of monitoring and evaluation is the way it reconnects people to each other and to their sense of will. Monitoring and evaluation needs to look at ideas of ‘I’ and ‘we’ and how this space evolves.”

In conclusion she pointed out how important it is that monitoring and evaluation is an inclusive process. “Having a team appropriate for facilitation is important [and] you need to diversify the team approach. There is no reason to keep generations apart.”



# 4

## Reflections

**To thank facilitators for their ongoing work as part of the HIV/AIDS community conversations programme, the Nelson Mandela Foundation awarded them with certificates at a ceremony, held as part of the HIV/AIDS consultative forum.**

Mothomang Diaho, head of the Foundation's Dialogue Programme, thanked the facilitators for their hard work. "As the Foundation we are so proud of you, and with these certificates we want to thank you for your commitment and passion and for taking community conversations forward."

"The fundamental value of community conversations is that they focus on local contexts. I look forward to hearing [about conversations in] different places." – **Cyril Sadiki, Sadmon Projects**

"South Africa has no choice but to institutionalise the community conversations process." – **Catherine Sozi, UNAIDS**

"The opening statement from Ian Campbell was really inspirational in terms of what he said about the contrast between the intervention-based approach, which NGOs usually take, and the community conversations approach." – **Scott Burnett, loveLife**

"I found the idea of getting communities involved in issues [to be] most interesting. This shouldn't be done from the outside, but rather

from within the community. People need to identify what changes can be made by themselves. Community conversations gives [them] the space to communicate their ideas around this." – **Gloria Khoza, Footballers for Life**

"Community conversations create a platform for the community to participate and therefore make democracy a reality by creating a space for them to [have their say]." – **Motlatsi Matšosa, I Can Foundation**

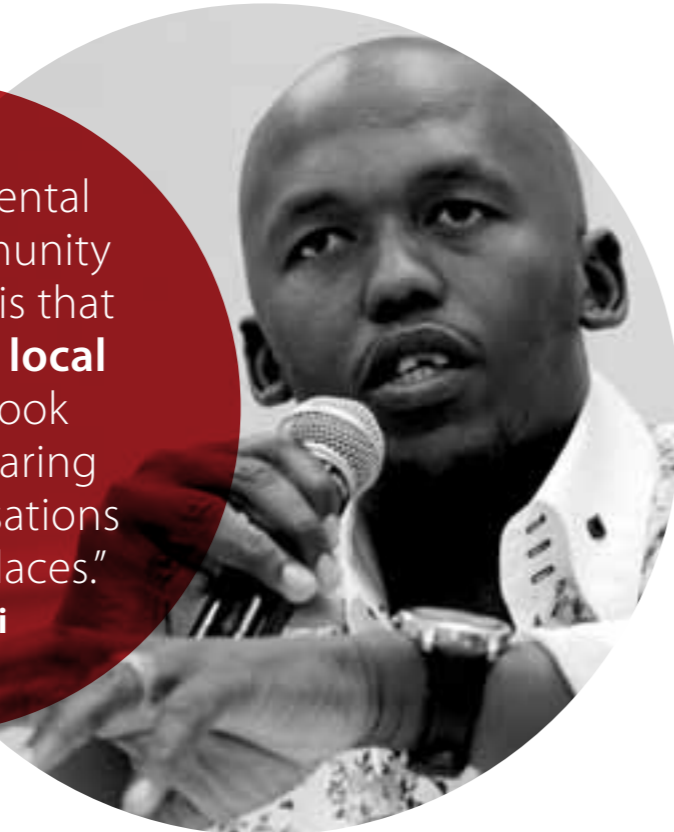
"The fact that we are sharing stories is amazing! We need to have more conversations like this in order to encourage a coordinated approach from the government." – **Noki Pakada, loveLife**

"[The] community conversations seem to be very people-focused; it seems to be an approach that people are commending. The methodology helps facilitators to reach out to communities. People need to engage and involve communities in decision making programmes, and we need to let communities be drivers of the solution." – **Lilian Mlambo, Tshepang Trust**

"We should encourage facilitators to engage in community conversations because only then will this country move forward. Congratulations NMF, and well done on this move." – **Angie Makwetla, businesswoman**

“The fundamental value of community conversations is that they **focus on local contexts**. I look forward to hearing [about conversations in] different places.”

**Cyril Sadiki**



“The conference was an eye opener. I believe that a new chapter was opened today.” – **Gugu Ncongwane, Department of Justice and Constitutional Development**

“I am revitalised, refreshed and inspired by [communities'] courage [and by their realisation] that there is a need to travel this road with facilitators.” – **Panellist Ian Campbell, Affirm Facilitation Associates**

The CCE methodology is a great methodology as communities are involved in policy making and problem-solving.”  
– **Phiwinhlanhla Madida, Department of Arts and Culture**

“I can't believe this is how far we have come. We have had to wait outside municipality offices, but we are still continuing to knock on doors till you open. It was encouraging to be among so many people who are implementers of CCE. The lessons I heard here today made me [realise] that I am not alone.” – **Dolly Mphuthi, CCE Master Trainer**

“Unless we start with a culture of community dialogue, the bottom-up planning approach won't happen. The community needs to own the issues and the solutions for community conversations to be measurable.” – **Dudu Nchoba, Social Cohesion Directorate, National Department of Arts and Culture**





# 5

## About the **Nelson Mandela Foundation**

**The Nelson Mandela Foundation is a not-for-profit organisation established in 1999 to support its Founder's ongoing engagement in worthy causes on his retirement as president of South Africa.**

The Foundation is registered as a trust, with its board of trustees comprising prominent South Africans selected by the Founder, Nelson Mandela.

The Nelson Mandela Foundation's Centre of Memory and Dialogue was inaugurated by Mr Mandela on September 21, 2004, and endorsed as the core work of the Foundation in 2006. The Foundation, through the Centre of Memory and Dialogue, contributes to the making of a just society by promoting the vision and work of its Founder and convening dialogue around critical social issues.

### *Dialogue for justice*

The Dialogue Programme of the Centre of Memory and Dialogue aims to develop and sustain dialogue around Mr Mandela's legacy.

It is committed to building on the history, experience, values, vision and leadership of its Founder to provide a non-partisan platform for public discourse on critical social issues.

Achieving community participation in decision making, even at policy levels, is prioritised.

The Dialogue Programme aims to perpetuate and reinvigorate the culture of engagement, using the example of inclusive and open dialogue set by Mr Mandela.

Drawing on the rich traditions of transformative dialogue, problem-solving and social renewal that made possible South Africa's remarkable transition, the Dialogue Programme:

- Aims to facilitate greater understanding and awareness about the problems faced by people, particularly in South Africa and Africa, and the possible solutions available to them;
- Utilises comprehensive methodologies to promote dialogue between stakeholders; and
- Convenes result-oriented stakeholder dialogue on key social issues identified through continuous engagement with partners.



## Memory for justice

Memory resources documenting the life and times of Mr Mandela are to be found in an extraordinary range of locations, both within South Africa and internationally.

The Memory Programme provides a unique facility which:

- Locates, documents and ensures the preservation of these scattered resources;
- Collects and curates Mr Mandela's personal archive;
- Promotes public access to these resources and fosters dialogue around them; and
- Ensures that all initiatives in the name of Mr Mandela are true to his legacy.

Memory is not an end in itself. Its significance lies in its use. The Memory Programme seeks to reach both global audiences and those systemically disadvantaged within South Africa by:

The Dialogue Programme aims to **perpetuate and reinvigorate** the culture of engagement, using the example of inclusive and open dialogue set by Mr Mandela.

- Undertaking outreach programmes, including travelling exhibitions, books, a comic series and internships;
- Ensuring web-based access to information through its web portal;
- Supporting digitisation initiatives designed to broaden access to resources; and
- Facilitating research by individuals and institutions.

We believe that the vehicle for sharing memory effectively, for growing it and for engaging it in the promotion of justice, is dialogue. We actively open our memory work – on the life and times of Mr Mandela, the events and the people he influenced or was influenced by – to debate and discussion, and we draw on this memory work in convening dialogue on critical social issues that present a threat to justice in society.



# 6

## Founder's legacy

**When the Nelson Mandela Foundation was established in 1999, there was a clear commitment to use the Foundation to promote the values and vision of Nelson Mandela and use his leadership legacy to contribute to the making of a just and fair society.**

As Mr Mandela expanded this vision beyond South Africa's borders and extended his work across the globe, his legacy grew in magnitude. Now this legacy has become so powerful that no one organisation can claim it as their own.

Mr Mandela has challenged people across the world to go out and do something good in his name. His legacy lives in every one of us and is slowly moving away from expression in just one person to finding expression in everyone.

Recently, former president of the United States of America, Bill Clinton, pledged his support for Mandela Day at the Foundation's offices. In an inspiring speech, Clinton highlighted the individual power that we all hold and how, through collective action, every one of us has the power to impact on the world in a positive way.

As Mr Mandela said in 2008 at the 46664 concert in London: "It is time for new hands to lift the burdens. It is in your hands now."

The Foundation has several programmes that provide opportunities for the public and corporates to assist in continuing the legacy of our Founder.


On Mandela Day, July 18 and Mr Mandela's birthday, people around the world are encouraged to spend just 67 minutes of their time doing something good in honour of the 67 years that he dedicated to social justice.

Our Dialogue Programme contributes to the promotion of this legacy by promoting and facilitating conversation around critical social issues within communities and between communities, businesses, policymakers and the media.

In particular, our community conversations programme, which has hosted 110 dialogues on xenophobia and HIV/AIDS, is another way that the Foundation is empowering communities to take ownership of their problems and find sustainable solutions for their internal challenges.

The Foundation's Memory Programme is dedicated to ensuring that Mr Mandela's legacy is accessible to the world's citizens. Due to the extensive nature of Mr Mandela's legacy, the Memory Programme does not aim to be a collecting institution, but rather a portal for the public to access this diversity of resources, in particular through its website, [www.nelsonmandela.org](http://www.nelsonmandela.org).

Our work would not be possible without the generous support of our donors and funders, and we hope to mobilise resources from businesses, corporates and the general public to assist us in continuing our work and growing the legacy of our Founder, Mr Mandela.

A black and white, close-up portrait of Michel Sidibé. He is looking slightly to the left of the camera with a thoughtful expression. The lighting is dramatic, highlighting the contours of his face and his short, dark hair. He is wearing a dark-colored t-shirt with a subtle, textured pattern.

*"We are breaking the trajectory of the AIDS epidemic with bold actions and smart choices."*

**Michel Sidibé**