



Evaluating an HIV and AIDS Community Training Partnership Program in five diamond mining communities in South Africa

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ABSTRACT

In 2006, De Beers Consolidated Diamond Mines in South Africa entered into a partnership, with the Soul City Institute for Health and Development Communications to implement an HIV and AIDS Community Training Partnership Program (CTPP), initially in five diamond mining areas in three provinces of South Africa. The aim of CTPP was to improve HIV knowledge and to contribute to positive behavior changes in the targeted populations. This paper describes the evaluation of the CTPP, one year after implementation. The evaluation combined qualitative interviews with key informants and trainers and a post-intervention survey of 142 community members.

The successes of the CTPP included capacity building of trainers through an innovative training approach and HIV and AIDS knowledge transfer to community trainers and targeted communities in remote mining towns. The Soul City edutainment brand is popular and emerged as a major reason for success. Challenges included insufficient attention paid to contextual factors, resource constraints and the lack of a monitoring and evaluation framework. Independent evaluations are useful to strengthen program implementation. In remote areas and resource constraint settings, partnerships between non-governmental organisations and corporations may be required for successful community HIV and AIDS initiatives.

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1. Introduction

South Africa has the largest number of HIV infections in the world, with an estimated 5.5 million people living with HIV (UNAIDS, 2006; UNAIDS & WHO, 2007). Mining is one of the most important sectors of the South African economy (Baxter in Williams et al., 2000) and is also one of the worst affected sectors by the HIV epidemic (Campbell & Williams, 1999; Williams et al., 2000). Early estimates within the mining industry placed HIV infection prevalence between 20% and 30%, while the mean prevalence among miners was 29% in Carletonville, the largest gold mining complex in the world (Williams et al., 2000). In 2004, seroprevalence studies and ongoing voluntary counseling and testing (VCT) campaigns carried out at De Beers diamond mines in South

Africa, estimated an HIV prevalence of 10% among its South African employees (De Beers, 2006). Knowledge, Attitudes and Practice (KAP) studies have shown several high-risk behaviors, including low levels of condom use in high risk sexual encounters and interaction with commercial sex workers (De Beers, 2006), thus confirming the findings of other KAP studies in mining towns (Auvert et al., 2001; Zuma, Gouws, Williams, & Lurie, 2003; Zuma et al., 2005).

In consort with mining sector developments and in recognition of the threat that the epidemic poses to its operations, De Beers has over the years instituted a number of HIV and AIDS prevention, treatment and care programs to reduce and mitigate the impact of the epidemic among its employees (Bolton, 2008; De Beers, 2006; Smart, 2004; Williams et al., 2000). The De Beers Workplace Program was launched in 2000, initially targeting employees and their immediate families (De Beers, 2006). The company is aware of the devastating impact of the HIV epidemic on communities in which they operate, as many of the workers are members of the surrounding, predominantly rural communities. As part of its corporate social investment program, De Beers Consolidated Mines initially committed R10 million a year (about US\$ 1.2 million) for at least three years, to a community-based HIV/AIDS Program (De

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Beers & Soul City, no date). The intention of the De Beers Community HIV/AIDS Program is, where possible, to extend what has already been implemented in the workplace into the communities, to facilitate the implementation of new programs, and to support the efforts of Government (De Beers, 2006). De Beers intends to build a comprehensive HIV and AIDS Community Program which focuses on the key areas of prevention, education and training while facilitating and supporting treatment, care and support for those infected and affected.

The first major partnership announced as part of the De Beers Community HIV/AIDS Program was with the Soul City Institute for Health and Development Communications (IHDC) (Soul City, 2007). Soul City is a multi-media 'edutainment' and development communication program in operation since 1992 (Soul City, 2007). The Program combines radio, television, newspapers and magazines to impart messages and to advocate on healthy public policy. Evaluations done since the inception of Soul City IHDC have shown repeatedly that Soul City has had a positive impact on health literacy and that it contributes positively in the fight against HIV and AIDS (Goldstein, Japhet, Usdin, & Scheepers, 2004; Goldstein, Usdin, Scheepers, & Japhet, 2005; Scheepers et al., 2004).

This paper describes the evaluation of the Soul City/De Beers HIV and AIDS Community Training Partnership Program (CTPP) implemented in five diamond mining communities in three provinces of South Africa. The objectives of the evaluation were to determine: the main activities of the community trainers (peer educators) and the barriers and facilitators to their actions; impact of the training program on the community trainers; and impact that the training has had (if any) on the surrounding mining communities. In the first part of the paper, we describe the Soul City CTPP intervention, the cascade model used for training and the characteristics of the study population. In the second section of the paper, we briefly describe the evaluation approach and methods. This is followed by the presentation of the key results of the evaluation, including the factors influencing the implementation of the CTPP. The concluding section discusses the evaluation findings and contains the key lessons learnt.

2. Background

2.1. The Community Training Partnership Program (CTPP)

The Soul City IHDC uses multi-media to achieve a positive impact on health and social outcomes (Goldstein et al., 2004, 2005; Scheepers et al., 2004). The Soul City edutainment program consists of a prime time television drama series per topic that is complemented by daily radio drama in nine South African languages (Goldstein et al., 2004). Colour booklets are produced for each series to give more detailed health information and the characters from the television series are depicted in illustrations in the booklets. The booklets are distributed nationally through newspapers. The popularity, penetration and power of the edutainment program have given rise to amongst others: educational packages based on the radio and television dramas; life skills materials for schools; "Soul Buddys", a multi-media program for children aged 8–12 and a Master Trainers (or Train the trainers) Program (Goldstein et al., 2004).

The Master's Trainers Program, which is supported by De Beers, aims to contribute to positive behavior change in targeted populations, both through complementing the brand of the popular television and radio series and through training of community trainers (Soul City, 2006a). The specific objectives of the CTPP are to: *train master trainers attached to partner non-governmental organizations (NGOs) who then train community trainers in the diamond mining communities; educate communities*

around De Beers diamond mines about HIV and AIDS; and distribute the Soul City Materials.

Thus, as part of the CTPP, Soul City IHDC trains master trainers in its partner NGOs in a *cascade model* of training, using a training pack based on the Soul City television series (Soul City, 2006b). The partners are NGOs in each of the nine South African provinces that are selected and contracted by Soul City. The Soul City training pack consists of four workbooks: Workbook 1: Living positively with HIV and AIDS; Workbook 2: Women, Children and HIV and AIDS; Workbook 3: You and your anti-retroviral treatment and Workbook 4: Counseling skills for non-counselors (Soul City, 2006c). These workbooks are complemented by posters; comic books and interactive workshop discussions. The master trainers integrate the training materials and training into their activities; work in a partnership with Soul City both to distribute the HIV and AIDS materials and to cascade the training down to community trainers. The community trainers are envisaged as peer educators whose task is to impart various aspects of HIV and AIDS to communities in the mining areas.

In February 2007, Soul City and De Beers requested a qualitative evaluation of the process and impact of the CTPP in the five mining areas, in order to inform future programs and/or activities. The evaluation was done one year after the CTPP was implemented in the diamond mining towns. At the time of the evaluation, 883 community members had reportedly been reached by the CTPP. Fig. 1 illustrates the cascade model of Soul City training in the HIV and AIDS CTPP with De Beers Diamond Mines.

2.2. Study setting

The populations of interest were those communities living in the towns surrounding the diamond mines in Gauteng, Limpopo and Northern Cape provinces and where the CTPP had been implemented. All the study areas were remote, predominantly rural, diamond mining towns, with the population per town ranging from 6 500 to 105 000. The main source of household income is from mining, and common challenges include poverty; high unemployment rates; dependency on social grants and large distances to the nearest referral hospital (De Beers, 2006).

2.3. Approach and methods

The CTPP evaluation consisted of four study components: interviews with *key informants*; an assessment of the work and activities of the *master trainers* working in the NGO training partners; an assessment of the CTPP impact on the *community trainers* and an assessment of the CTPP impact on the *targeted communities* (Table 1). Permission for conducting the evaluation was obtained from the South African Human Sciences Research Council's ethics committee.

Key informants were selected purposively and included four individuals from the Soul City IHDC who have been involved in the partnership program since its inception and who have trained the master trainers; two managers from De Beers/Tshikululu who have been involved in the conceptualization and/or implementation of the program; five community leaders from three of the mining communities where the evaluation was conducted and who had prior exposure to the CTPP and two HIV workplace coordinators from De Beers mines. The community leaders interviewed consisted of a town mayor; community development worker, a school principal; an area coordinator of pre-school education; and the head of a para-legal advice centre. One focus group discussion was also held with a group of eight HIV and AIDS activists involved in one small mining town. These activists were community members involved in voluntary HIV advocacy activities, ranging from community awareness to provision of para-legal advice on

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