

HIV/AIDS Outreach Programme in Southern Africa

**Social Transformation and Empowerment Projects (STEPS)
and International Video Fair (IVF) Programmes**

**Neddy Matshalanga
Edem Djokotoe**

Department for Africa

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Sida Evaluation 06/16

Department for Africa

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Authors: Neddy Matshalanga, Edem Djokotoe.

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SWEDISH INTERNATIONAL DEVELOPMENT COOPERATION AGENCY
Address: SE-105 25 Stockholm, Sweden. Office: Valhallavägen 199, Stockholm
Telephone: +46 (0)8-698 50 00. Telefax: +46 (0)8-20 88 64
E-mail: sida@sida.se. Homepage: <http://www.sida.se>

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List of Acronyms

AIDS	Acquired Immuno Deficiency Syndrome
AM	Afya Mzuri
ARVs	Anti Retrovirals
ARASA	AIDS and Rights Alliance for Southern Africa
ASO	AIDS Service Organisation
CATF	Community AIDS Task Force
CBO	Community-Based Organisation
CHBC	Community Home Based Care
DED	German Development Services
Dr	Doctor
DATF	District AIDS Task Force
DVD	Digital Video Disc
EXP	Experiential Marketing
FBO	Faith-Based Organisation
FHT	Family Health Trust
FW	Facilitators Workshop
GIPA	General Involvement of People Living With HIV and AIDS
HIV	Human Immuno-Deficiency Virus
HIVOS	Humanist Institute for Cooperation With Developing Countries: The Netherlands
IVF	International Video Fair
LMPS	Lesotho Mounted Police Service
LPPA	Lesotho Planned Parenthood Association
M&E	Monitoring and Evaluation
MONASO	Mozambican Network of Organisations Against AIDS
MOU	Memorandum of Understanding
NAC	National AIDS Council
NGO	Non Governmental Organisation
NZP+	Network of People Living With AIDS
PATF	Provincial AIDS Task Force
PLWHA	People Living With HIV and AIDS
PPAZ	Planned Parenthood Association of Zambia
PMTCT	Prevention of Mother to Child Transmission
PPTCT	Prevention of Parent to Child Transmission
RAISA	Regional AIDS Initiative of Southern Africa
REPSSI	Regional Psychosocial Support Initiative
SAT	Southern Africa AIDS Training Programme
SABC	South African Broadcasting Corporation
SAFAIDS	Southern Africa HIV and AIDS Information Dissemination Service
SANASO	Southern Africa Network of AIDS Service Organisations

SAT	Southern Africa AIDS Trust
SBW	Skills Building Workshop
SFH	Society for Family Health
Sida	Swedish International Development Agency
STEPS	Social Transformation and Empowerment Projects
TOF	Training of Facilitators
TOT	Training of Trainers
UN	United Nations
UNDP	United Nations Development Programme
UNESCO	United Nations Educational, Scientific and Cultural Organisation
VAW	Violence Against Women
VCR	Video Cassette Recorder
VCT	Voluntary Counselling and Testing
VSO	Voluntary Services Overseas
WFC	Women For Change
WKW	Women Kind Worldwide
YAZ	Youth Alive Zambia
ZARAN	Zambia AIDS Law Research and Advocacy Network
ZNAN	Zambia National AIDS Network
ZINGO	Zambia Interfaith Working Group on HIV and AIDS

Preface (Optional Reading)

They line up in a single file and shuffle towards the front, like penitents about to receive Holy Communion. But this is no church. It's the assembly hall of a community college in a small village in the mountainous district of Phamong in Lesotho. And what the gathering of young male and female students are lining up for are condoms. In less than 30 minutes, at least 1,000 condoms have been distributed. By morning, several of them would have been used.

For the principal of Bethel Business and Community Development Centre, this is a good sign. In a region where there is no electricity, no TV, no movie theatre, no night clubs, no video arcades, no public library, no internet café, very few radio sets and a nondescript village pub, sex is the main form of entertainment among the students. When the principal first came to Bethel two years ago, many of the students preferred their sex unprotected because wearing a condom during intercourse was just as bad as eating a sweet with the wrapper still on. It used to take two weeks for a box of 100 condoms to finish. These days, they are gone in a matter of days, and he feels the change in attitude and behaviour has a lot to do with the power of film. The evening's screening of *Looking Good* in the Steps for the Future series has been particularly good and he feels confident that his students, both males and females, will protect themselves whenever they have sex. He has one worry, though. How to replenish the stock of condoms at a remote rural college, located hundreds of kilometres up in the mountains, in a country where one in every three people is infected with HIV remain a challenge. What he doesn't know is that the condoms that have just been distributed are part of a consignment of one million condoms donated to Steps for the Future as part of the Africa Festival 2004 award it won in Germany for its work.

The award is one of several displayed in the cabinet case at Steps for the Future offices under the shadow of Table Mountain on a quiet suburban street in Cape Town.

Among the trophies in the cabinet are awards from the 2002 Zanzibar International Film Festival, the 2002 Mexico International Film Festival and the Canadian TV Festival for the same year. In the citation that accompanied the Canadian Banff TV Festival award, the organisers said:

The Rockie Awards honour Steps for the Future and the filmmakers of southern Africa for their vision, their professionalism, and their bravery in creating this extraordinary collection of films... What is most impressive is the collaboration that made the Steps for the Future possible. It is an inspiration to the world.

But of all the awards they have received so far, none has greater sentimental value for the staff of Steps for the Future than the home-grown award for Cultural Development Project of the Year bestowed in 2002 by the Arts and Culture Trust and sponsored by Nedbank and *Mail & Guardian*.

A most interesting development is that HIV and AIDS is now considered to be a multi-sectoral problem, even though by 1985, HIV and AIDS was seen as a medical problem which ought to fall under the jurisdiction of the Ministry of Health. Today, after two decades of trial and error, governments in Africa have grudgingly come to terms with the fact that indeed HIV and AIDS is a development problem because of the extent to which it has shaken the very foundation of the continent, robbing it of its most valuable asset – its people. The idea of a multi-sectoral response to HIV/AIDS interventionism was born out of this realisation. Since then, there have been many efforts to deal with the epidemic, but few have been as innovative as the Steps for the Future initiative, that is using film as an interpersonal communication tool to provide education, raise awareness and stimulate open discussion about HIV and AIDS with the view to influencing behaviour change in the southern African region.

Behaviour change may be difficult to measure in the short term, perhaps because of its sheer intangibility. However, the fact that more and more people are talking about HIV and AIDS, going for VCT and openly disclosing their status is an indicator that things are indeed changing. This positive shift in HIV and AIDS in southern Africa in recent times is a noteworthy development. Because of greater public access to anti-retrovirals, HIV is no longer seen as a death sentence. Reinforcing that view through the use of film has been an important step in HIV and AIDS interventionism. Getting people living with HIV and AIDS to be the vanguard of Steps for the Future has given this unique approach to HIV and AIDS interventionism a sharper cutting edge.

It is not easy travelling around the countryside sharing your story, your pain, your trials and tribulations with strangers with the hope that your message of hope will change and save their lives. It is not easy dealing with the physical, psychological and emotional demands on those who choose to tell their stories in the belief that their efforts will make a difference. The fact that many people living with HIV and AIDS have opted to walk this road is a testimony to the resilience of the human spirit in the face of adversity.

In Namibia the scenario is different. STEPS for the Future Films are widely distributed across the country. They were in use before the Sida funded programme. IBIS has done a great job of training a wide pool of facilitators, drawn mainly from civil society organisations. The unique cadres of facilitators religiously use the STEPS methodological approach to their audiences. As the impact of the facilitated video screenings is felt in one community, the demand for the services increase in other communities and so does the demand for the facilitators. The Positive Speakers Bureau, yet another supportive service in the country contributes to building this unique cadre of facilitators. The only gaps among these dedicated facilitators, is the wish to have the STEPS reach down to communities to marvel at the outcome of their creation.

As the positive impact of this unique intervention is felt among the lucky communities who have been exposed to it, there is growing demand for the need to perfect this intervention in order to address the glaring gaps as the programme matures. The challenge for STEPS is to think through carefully as they craft the next level of this intervention. Building of stronger partner relations and of a more solid NGO (with structures and organisational practices) reflecting the regional nature of the programme, remain key to the next stage of the growth of STEPS.

Edem Djokotoe – Consultant

Dr Neddy Matshalaga – Lead Consultant

Executive Summary

Background: Social Transformation and Empowerment Projects (STEPS) came into being in 2001 as a non-profit making organisation to oversee and to manage a media intervention project for HIV and AIDS in southern Africa called Steps for the Future. The project was based on the idea of using film in a non-broadcast context for HIV/AIDS education and awareness. Steps for the Future's relations with the Swedish International Development Agency (Sida) *dates back to 2000, when Sida contributed to a basket funded project 2000/2002 whose resources were mainly used for film production, training of film makers and initial outreach activities. The project currently under review had a life span from 2003 to April 2006.* During the current project period, Steps for the Future partnered with International Video Fair (IVF), a non-profit making trust in Zimbabwe that also used film as an information dissemination tool to poor communities across the country. The partnership was initiated by Sida on grounds that both organisations shared a similar vision, used the same medium for HIV and AIDS interventionism and could therefore work together. The terms of the partnership between Steps and IVF were defined in a Memorandum of Understanding (MOU). Under the MOU, Steps would provide support for IVF mainly in the areas of training of their facilitators and supplying the materials that they needed for their programme. Sida funding of Steps for the Future ends this year but IVF still has one more year of financial support to go. This evaluation of Steps for the Future is commissioned by Sida. It is a broad organisational evaluation covering *three key components: assessment of programme effectiveness, organisational development and finance and administrative management issues.*

Methodology: The methodology for this evaluation was very unique in many respects. The data collection exercise started with debriefing meetings between the consultants, Sida, Steps for the Future and IVF. This provided an overview of the work at hand and informed the evaluation strategy. Document review included review of mostly project documents from Steps for the Future and IVF as well as a sample of films used in the media outreach programme. This gave the consultants a deeper understanding of the project and its objectives. Field studies were undertaken in four countries, namely Lesotho, Namibia, Zambia and Zimbabwe. In-depth interviews were conducted with a wide range of informants drawn from partner organisations, Steps and IVF board members and staff. In Zambia Focus Group Discussions (FGDs) were held at Hope House (20 participants) and Umayo Skills Training Center (16 participants). These were people who had watched STEPS for the Future Films. In both Zimbabwe and Zambia, there was difficulty in tracking audiences for the IVF screenings. Some of the the planned FGDs were not conducted as originally planned. In Lesotho consultants observed video screenings. In Zimbabwe consultants only observed the beginnings of a screening which was aborted due a technical fault. Participant observation of facilitated screenings was an enriching experience for the consultants. A fifth country, Mozambique, was evaluated through a desk review. Towards the end of the evaluation, the consultants held a workshop with key stakeholders to share the preliminary findings from the exercise.

Key Findings

The findings cover six components of the evaluation: assessment of project effectiveness, project planning and evaluation, key lessons, partnership relations, organisational development, and financial and administrative issues. The evaluation report end with key conclusions and also make overall recommendations.

Project Processes: The needs assessment conducted in 2002 in Namibia provided a roadmap and framework for subsequent needs assessment in other countries. The methodological approach for needs assessments was solid. It provided background data for identification of lead and strategic partners to implement the STEPS outreach programme. The methodological approach of facilitated video screening was hailed not only as unique but also as one that has resulted in positive outcomes of the intervention. It has touched the people's lived experiences, created hope for management for management of HIV and AIDS, initiated risk reduction behaviour, promoted openness among audiences. The four pillar training components were evolutionary and have contributed towards building a strong cadre of facilitators in the region. Training materials and guides were useful and use of supportive HIV and AIDS materials from other partners proved important. The language versioning exercise created an avenue for the films to reach rural communities. Despite the positive observation in the processes, challenges were also noted in the growing demand for video screening technology, limited capacity of some countries to produce a wide pool of facilitators, weak monitoring of programme implementation in regional countries and the need to build stronger relationships with partners in the various countries.

Programme Planning and Implementation: Both STEPS and IVF, should be commended for their efforts in putting in place systems for programme planning programme and implementation. The two organisations depict common characteristics of young emerging organisations, which generally have such systems in one form or the other. There still is room for improvement with regard formalising programme planning processes and outputs. The STEPS board has played a critical lead role in contributing to the development of the organisation's programme plan for future programming, to the extent of inputting into the development of the funding proposal for future programming. Programme planning for STEPS has also been an on-going process where it has consulted with partner organisations, staff and donor agencies. Compared to originally set plans, STEPS has actually implemented more but this was mainly evolutionary. However mature organisations tend to have clear programme strategies documented. STEPS hold regular two weekly staff meetings to share progress on programme implementation. Despite these positive developments, STEPS could improve in this area if it organised and developed a formal strategic plan with a clearly written strategic plan. Such a plan would also include recording the organisational vision and mission, which is currently documented in some of the organisational documents such as proposals. The public does not easily access proposals.

IVF programme planning is mainly informed by monitoring and impact studies that it conducts. Like STEPS IVF board and staff play an important role in programme strategy and planning. IVF is currently working on development of a five-year strategic plan (2005–2009). A review of the working draft indicated efforts in the right direction. However the draft strategic plan could also be improved if clear strategies and programme activities were mapped out. Clarity on partnership strategy within such a planning document is also key. Review of organisational documents such as programme updates and monitoring reports, indicated the need for improvement on the quality of programme reports, particularly the content and content analysis. Capacity on staff on fundamentals of project planning could help IVF improve the quality of its current programming reports. While IVF has monitoring and evaluation systems in place in the form of pre and post screening questionnaires, commissioned impact studies and evaluations, the evaluation exercise noted the need to improve systems for assessment of impact of its programme. While IVF programme reaches large numbers of disadvantaged groups in society, the current evaluation exercise revealed the difficulty there is to track audiences for IVF screenings after the screenings in order to assess impact of the programme well after screenings. This was more so for community screenings. Screening targeted at health Institutions (clinics) and schools (some of the target audiences for Mozambique) were easier to track audiences. This points to the need to rethink the design of the programme such that it is easier to identify audiences well after screening. Working through established NGOs with a solid constituency is a possibility. In addition to the road show screenings, IVF could also consider screenings to targeted audiences. This will make it easier to track impact of the screenings. The Director noted the gaps the organisation has in the research

component of their work. IVF is already working towards expanding skills base of its staff (through additional recruitment) which will also include a research component in order to improve tracing of project impact.

Partnership Relations: Maintaining a functional and good relationship with partners is an important part of development organisations. The three-year STEPS programme was characterised by relatively strained relations between STEPS and IVF. This was partly a result of differences in programmatic methodological approaches and the desire by IVF to be treated as an organisation in her own right, which is not supervised by another organisation. STEPS has managed to maintain very good relations with lead implementing partners, but in very few countries. There is need to work on this area. Relations between STEPS and strategic partners in regional countries, is an area requiring improvement. However it should be noted that in the initial stages of the programme development, STEPS organised two four-day regional workshops to gather inputs towards the development of the training curricula and materials. Such consultation and feedback mechanism is critical both during the programme implementation and towards end of a programme. The cost implications are big and thus should be planned as part of project activities. STEPS could benefit from forging partnerships with leading regional HIV and AIDS organisations (SAT, SAFAIDS, International Federation of the Red Cross, REPSI, ARASA, RATN, VSO-RAISA and strategic regional bodies such as the SADC, Africa Union). Regional HIV AIDS organisation work with a wide range of NGOs who could benefit from use of the STEPS methodology of facilitated video screening and thus scale up the outreach activities for STEPS. Equally so, regional bodies with clear HIV and AIDS strategies could also make use of STEPS programme and conversely, STEPS could lobby for some form of support to its regional initiative. Involving such organisations in the STEPS planned regional consultative workshop could be ideal. Most such organisations are able to support themselves in such meetings. In a self-assessment and reflection spirit, STEPS observed the need to work more in building stronger relations with its partners as the programme grows.

Key Lessons: Key lessons can be drawn from a critical analysis of the STEPS programme that can provide food for thought for future programme development. Correct identification of a lead implementing partner in each country is a recipe for success for the STEPS outreach programme. The facilitated video screening methodology is indeed a unique one that has advantages of contributing to achievement of positive programme outcomes. Building a critical mass and strong cadre of facilitators is key to the success of STEPS regional programme. The care and support of facilitators, a majority of whom are living positively with HIV and AIDS, should be a priority if the programme is to be sustainable. Using NGOs as an entry point for the STEPS outreach programme is a preferred approach. *The IVF screening approach has the advantage of reaching the most disadvantaged communities in remote areas and more so in their multitudes.* The STEPS programme has significantly contributed to the operationalising the GIPA programme. On the whole, the facilitated video screening has tended to focus on adults. As the programme grows, there is need for a deliberate effort to target children.

Institutional Arrangements and Capacities: Both organisations (STEPS & IVF) have functional boards. The board members are dedicated to the work of their organisations and play active roles in programme plans. However, both boards have tendencies for violating conflict of interest rule of governance. Some of the board members are gainfully employed by the organisations thereby compromising the supervisory role and function of the Board over the Executive Directors. While both boards are familiar with their roles and functions, the role of supervising the Executive Director is not well understood. The Boards also are not very conversant with their role of organisational policy formulation, approval and supervision of implementation of such policies.

Financial and Administrative Management: The successful implementation of project activities of organisations is determined by the effective and efficient utilisation of financial resources at their disposal. This means good financial management systems and procedures with adequate internal controls that

provide a measure of comfort regards on the organisation's ability to manage financial resources at its disposal in a transparent and accountable manner. In this regard both STEPS and IVF have financial systems, which provide some measure of comfort with regards to their ability to manage financial resources for project implementation. The organisations' financial records are independently reviewed by external auditors on an annual basis. The organisations are computerised and use Pastel Accounting Software, which clearly segregates income and expenditure per funding partner using a coding system. The organisations have checks and balances to ensure expenditure is recorded and accounted for. Generally accepted standards are adopted for accounting purposes. However, key challenges for both organisations relate to governance structures within both organisations and lack of documented policies and procedures, which have been approved by the relevant Board of Trustees (IVF) or Board of Directors (STEPS). The sizes of both organisations have affected the management of the organisations and on the financial side, internal control procedures such as supervisory controls and segregation of duties, which are critical in the financial management of resources in organisations, which rely on Donor funding. The organisations are highly dependent on donor funding. The operations of STEPS and Day Zero (A private company which does implementation for STEPS) clearly need to be reviewed and streamlined as the co – Directors of Day Zero are also Directors on the STEPS Board. The lack of well documented and board approved policies and procedures indicate gaps on the roles the Trustees or Directors are meant to fulfil in their respective organisations. IVF is operating in a shrinking donor base environment and should consider strategies to increase its own revenue generating capacity and to attract external donor funding.

Overall Recommendations

The following are key recommendations for the STEPS and IVF programme:

1. In the interests of transparency, accountability and good governance, STEPS be separated from Day Zero.
2. In line with fundamental principles of good governance for NGO operations (avoidance of conflict of interest), Membership of the Steps for the Future Board and IVF be reorganised and reconstituted to avoid conflicts of interests arising from staff members sitting on the board of trustees. IVF considers creating opportunities for the current regional Board member to meet at least once a year as full functional Board Members. IVF to also consider avoiding engaging board members as operational staff for IVF programmes.
3. It is recommended that Steps for the Future develop a long-term strategic plan to guide the direction of programme growth. This should be complemented by staff capacity programming fundamentals, development of well-thought out annual workplans accompanied by clear budgets.
4. STEPS should consider developing a clear strategy for strengthening partnership relations in the region. This will include lead implementing partners at country level, strategic implementing partners as well as involvement of lead strategic regional HIV and AIDS organisations.
5. STEPS should consider forging partnerships with strategic regional HIV and AIDS organisations for increased programme outreach. In the same vein STEPS should also consider dialoguing with strategic regional bodies that already have HIV and strategies which could benefit from STEPS programmes.
6. Programmatically, future plans should consider addressing issues of targeting children, challenges around video screening technologies, building a critical mass of facilitators in-country and human capacity gaps for the regional programme.
7. Programmatically IVF should consider redesigning her outreach strategy to involve NGOs with ready constituencies. This would improve tracking impact of her screenings.

1. Introduction

1.1 Background to STEPS/IVF Programme

Steps for the Future (STEPS) was borne out of Day Zero, a closed broadcasting film making company in Cape Town, South Africa that produced Steps for the Future series of films. The relationship of STEPS and Sida dates back to 2000 when Sida contributed towards a basket funded project 2000/2002 whose resources were used among other activities for film production, training of film makers and for initial outreach activities. Both STEPS and IVF were founded in 2001 independent of each other.

STEPS partnered with IVF in 2003 after both organisations had submitted proposals to Swedish International Development Agency (Sida) to use the Steps for the Future series of films in a media advocacy campaign for Southern Africa more or less at the same time. The current evaluation is assessing STEPS and IVF projects 2003/2006. STEPS project cycle ends in April 2006 while that of IVF will continue until November 2006. More attention will be given to STEPS programme whose funding cycle comes to an end. The media advocacy campaign uses non-broadcast mobile videos and facilitated screenings as a tool to disseminate HIV/AIDS related information to reach disadvantaged audiences in urban poor and rural communities.

Steps for the Future is a series of 37 *documentary* and short films ranging from 4 to 74 minutes in length. They were produced as a result of a collaboration of southern African filmmakers, broadcasters, AIDS Service Organisations and people living with HIV and AIDS. The films deal with various HIV/AIDS-related issues such as stigma and discrimination, mother to child transmission, voluntary counselling and testing, disclosure, treatment and positive living. They were produced in South Africa, Mozambique, Lesotho, Zimbabwe, Zambia and Namibia and are available in English, Portuguese, French and 15 local languages from the southern African region, including ChiChewa, Siswati, Shona, Ndebele, Bemba, Nyanja, Sesotho, Setswana, isiZulu, isiXhosa, Afrikaans, Shangaan, KiSwahili, Oshiwambo and Makua.

The stories are strong, personal and provoke discussion around issues such as stigma, discrimination, disclosure, traditional and cultural practices. The target audience includes, children, teenagers and adults and the films are suitable for the workplace, schools, universities, health sectors, clinics, support groups and workshops. The films not only aim at educating, but also at stimulating community driven advocacy initiatives.

1.2 Project Context

As an intervention, Steps for the Future is located in the broad context of the media's traditional role as mass communication channels with a mandate as well as a social responsibility to inform, educate and stimulate discourse on issues of public interest. However, the methodology of using film as an advocacy tool and as a means for promoting discussion around HIV/AIDS-related topics is a more recent innovation. It is, according to the initiators of the project, a response to the growing distance of mainstream media from the lives of real people and to issues that concern and affect them. This non-broadcast approach is based on the principle that films used as an interpersonal communication tool have a greater impact than impersonal broadcasts and can lead to behaviour change. In other words, facilitated community screenings are seen as a practical methodology for engaging smaller audiences in dialogue on HIV/AIDS-related issues.

A director at Steps said they found it methodologically imperative to move away from a didactic approach to HIV and AIDS education and interventionism because this was essentially based on telling people what to do. From the point of learning cycles, this approach did not work and he explained why:

When people are told what to do, they very seldom listen or respond in a way that they've been asked to respond. But if you can touch people emotionally and intellectually and make them curious enough to ask questions themselves, then that information becomes useful to them. This is why the people who facilitate the screenings have to have a very good knowledge of HIV and AIDS issues because that is not in the films. The films are just a vehicle to get people to think, to feel and to ask questions... A Steps for the Future Director.

The fact that the Steps films were made with and about people living with HIV and AIDS has enhanced their utilitarian value, making it possible for audiences in the region to identify with characters and to relate to their experiences. Their availability in 15 local southern African languages has given them an added advantage.

At the onset of the project, the project objectives were outlined as to:

- Bring together media groups in an integrated approach to work together in raising awareness around HIV/AIDS awareness in seven southern African countries
- Conduct needs assessments in Botswana, Mozambique, Lesotho, Zambia and Zimbabwe
- Train facilitators for the facilitated video screenings of the films
- Undertake screenings in schools and communities in the region
- Consolidate present distribution efforts of the films in Namibia and
- Research and analyse the impact of HIV + people as agents for change using the medium of film and working as facilitators.

3.3 Purpose of the Evaluation

This evaluation was commissioned by Sida as part of the standard practice to assess the degree an organisation will have achieved its set project objectives over a specified funding period. This is an end of funding cycle project evaluation. Among other issues the purpose of this evaluation include the following:

- *Assessment of STEPS Methodological Approach:* To assess effectiveness of the STEPS methodological approach of facilitated video screening.
- *Reach of Target:* To assess if the films are reaching their target audiences and if they are being used as intended.
- *Assessment of Project Processes:* To assess the effectiveness of processes undertaken by STEPS to achieve its set project objectives
- *Organisational Structures and Mechanisms:* To assess STEPS organisational structures and institutional development issues
- *Recommendation for Future Programming:* To conduct a critical analysis of the current programme delivery in order to make concrete recommendations for the future direction of the project.

1.4 The Evaluation Team

Two consultancy firms, namely Triconsult of Zimbabwe and Primus Media of Zambia, were contracted by Sida to conduct the evaluation. The technical backgrounds of the consultants who undertook the exercise was varied in such a way that they complemented each other in a manner that addressed the

skills requirements of the evaluation. Below is a summary of the competency profiles of the evaluation team.

Triconsult Consultants

Dr Neddy Matshalaga –Team Leader: Neddy Matshalaga is an international social development consultant, a researcher by profession and widely published scholar. She holds a PhD in Sociology from Maxwell School, Syracuse university (New York), a Masters Degree in Gender and Development Studies from the Institute of Development Studies (Sussex University-UK) and a B.A.Honours Degree in Economic History from the University of Zimbabwe. Neddy has vast experience in conducting project evaluations, particularly in Southern Africa in most cases playing a lead consultant role. Neddy's experience as a Deputy Director for a regional HIV/AIDS organisation (SAfAIDS), and exposure to regional ASOs and funding agencies, gives her an added advantage as a programme evaluator. Neddy's exposure to senior management of organisations has enhanced her skills in both administrative, organisational development and programme issues. Neddy is also a reputable gender expert who has contributed immensely to both policy, strategy and programme formulations in Africa.

Mr Arthur Jani – Financial Management Specialist: Arthur Jani is a Chartered Secretary, an Associate Member of the Institute of Chartered Secretaries and Administrators (ACIS). Arthur is a short-term Independent Consultant and has extensive experience in grants management (monitoring, systems review and evaluation of projects), finance and administration management working with international and local NGOs (working in HIV/AIDS Programs), public and private sector enterprises. Arthur is the former Head of Grants Management for the Catholic Relief Services/USAID funded, Orphans and Vulnerable Children Project, The STRIVE Project. Arthur has also done work on costing of interventions and cost effectiveness. He was part of a team of Local Consultants (responsible for Finance) that restructured the largest local CRS funded NGO, Diocese of Mutare Community Care Project (DOMCCP) and has also worked as Financial Adviser to the Executive Director for SAfAIDS.

Primus Media Consultants

Mr. Edem Djokotoe: Edem Djokotoe is a journalist, newspaper columnist and media trainer who has been living and working in Zambia for over 22 years. He holds a Master's degree in Journalism and Media Studies from Rhodes University in South Africa, a Bachelor of Science degree (with distinction) in Journalism and media Studies from the International School of Social Sciences of the University of Tampere in Finland and a Bachelor of Arts degree (with distinction) in Applied Linguistics and Literature from the University of Zambia. He was Training Manager and eventually Deputy Director at the Zambia Institute of Mass Communication. Before he set up Primus Media, he was Training Editor at Post Newspapers Limited where he was responsible for training journalists on the job. He initiated and edited the Business Post, a weekly business news supplement of the Post.

Mrs. Pamela Chama: Pamela Chama of Primus Media is a television journalist and IEC specialist who has undertaken several media and communication consultancies for the World Health Organisation (WHO), National Malaria Control Centre, One World Africa (OWA), Kaiser Family Foundation and the Population Reference Bureau. She is a journalism graduate of the Evelyn Hone College and is currently pursuing dual degrees in Communication Science and Development Studies with the Universities of South Africa and Zambia respectively. She is a member of the IEC Technical Committee of the National AIDS Council and has been directly involved in material production, including television documentaries and specialised news reports.

2. Evaluation Methodology

Box 1: Confronting the Reality of the Subject of Investigation: Experiences of Data Collection

A young man in the audience stood up to ask a question. “My kidneys hurt when I use condoms. What do you think I should do?” By way of an answer, the facilitator reached out behind him, ripped open a packet of condoms from the stack behind him and gave it to the young man to smell. His action triggered a contagion of curiosity and very soon, everyone in the small, cramped room where the 52-minute documentary, *Looking Good*, had just been screened, was anxious to smell it, including the young women in the audience, who seemed shy at first. Even I could not resist the temptation. It was the first time in my life I had seen a vanilla-flavoured condom, let alone smell one. And to think I had to travel all the way from Zambia up the mountains to the Bethel Business and Community Development Centre in rural Lesotho with The Sesotho Media team of facilitators to do so. When the animated chatter had died down and he knew he had their undivided attention, the facilitator spoke with earnest. “Friends, this rubber you have just been smelling will save your life. Use it. Don’t make excuses. The HIV virus does not accept excuses. Sex is great, yes, but it is not worth your life.” You could have heard a pin drop in the silence that followed. From where I was sitting, I looked deep into the facilitator’s eyes and was overcome with mixed emotion. Like everybody in that room, I had watched him star in a short documentary film about his life deal with the pressures that come with living with HIV. In the four-and-a-half-hour drive from Maseru, the capital of Lesotho to the district of Phamong where the screening had taken place, I had watched him take his ARVs. I had seen him buckle under the strain of fatigue that comes with being on the road in a country of 1.8 million with the fourth highest HIV prevalence rate in the world, with one in every three people infected with the virus, according to official statistics. But the person I saw in front of me was no statistic. He was a man trying to make a difference at a rural college where, according to the students themselves, sex was the only form of recreation they had.

Edem Djokotoe –Consultant Experiences.

The ethnographic account narrated above is an example of the unique experience the methodology of facilitated screening presented to the consultants who evaluated the project. The work of Steps’ facilitators, many of whom are PLWHA, involves stimulating discussion around HIV and AIDS. This is often characterised by interludes of physical, psychological and emotional stress. Bearing witness to the tribulations as well as the joys of foot soldiers, the project gave the consultants rare insights into the hows, whys and wherefores of the Steps methodology and the rationale behind it. In the main, it proved invaluable to the evaluation and brought depth not only to the process of data collection but to the findings it yielded. This section of the report documents the research methods used in the evaluation and categorises the target groups reached.

2.1 Research Methods

Debriefing with Sida, STEPs for the Future and IVF: The entry point to the evaluation was an initial debriefing meeting with Sida that was held in Zambia. The meeting enabled Sida and the consultants to have a common understanding of the scope of work, review the terms of references and develop a workplan for the entire evaluation. This meeting also allowed the two consulting firms, (who had not worked together before) to get to know each other and create an enabling environment to work as one team for the evaluation. A second debriefing meeting involved the consultants, Steps for the Future (STEPS) and IVF and was held in Zimbabwe. The meeting provided an opportunity for the consultants to learn from the two organisations and have a richer appreciation of programme to be evaluated. Information gaps and issues not quite clear from document review and TORs were clarified. Informed by the discussions with the organisations, the consultants shared a rough roadmap on how they hoped to navigate through the evaluation process. The meeting provided a wealth of views, opinions, hopes as well as critique that clarified ongoing work and helped focus the evaluation questions for the various informants for the exercise.

Programme Document Review: Review of relevant project documents was a critical component of the evaluation exercise. Key among the documents for review were: project documents, the country needs

assessment reports, training workshops reports and impact assessments studies, STEPS Newsletters and academic articles on STEPS programme. The document review was extended to the repertoire of 37 short documentary films and enacted dramas on various aspects of HIV and AIDS under the working title Steps for the Future. Selected popular films used in the region (The Ball, Mother to Child, Red Ribbon Around My House, A Miners Tale, Looking Good and Fighting Spirit) were also reviewed before the fieldwork. The review also provided a sky view of the programme in the region. As did the debriefing meetings, the review of documents also informed data collection exercise. In addition, letters from people who had been part of the audiences during the facilitated screenings were reviewed. These provided insights into the extent of the impact of films on some viewers.

Country Field Studies: While the programme was implemented in 11 (mainly) southern Africa countries (Angola, Botswana, Lesotho, Namibia, Swaziland, Tanzania, Zambia and Zimbabwe), in depth studies were done in 5 countries. Field studies were conducted in Lesotho, Namibia, Zambia and Zimbabwe. Of the four countries, Lesotho was the only one where the evaluation was extended to a rural area – the village of Bethel in the mountainous rural district of Phamong some four and a half hours' of off road driving from the capital, Maseru. In Lesotho, consultants also accompanied the team from Sesotho Media and Development for a facilitated screening at *Khubetsoana* High School some 20 minutes' drive from the capital. The field visits were useful as they provided the consultants with a better appreciation of Steps and IVF's outreach programme. A closer desk review was also done for Mozambique. The sampled countries allowed the consultants to have good appreciation of both STEPS and IVF work.

Focus Group Discussions: This method was used with segments of the target audiences which had been part of the facilitated screenings of Steps for the Future films or had been involved as participants in training of trainers and facilitators' courses. It was easier to reach groups of people exposed to the STEPS for the Future facilitated video screenings than it was for IVF audiences. The audiences for STEPS programmes were easy to identify constituency groups from NGOs and other sectors of development (Health, education, private sector). In both Zambia and Zimbabwe efforts to track down IVF audiences were not successful and the FGDs were thus abandoned. In Namibia, FGDs could not be conducted due to time limitations. Interviews with Lironga Eparu were done towards the end of the week when the groups had already met on Tuesday and Thursdays. However two FGDs were conducted in Zambia with people who had been exposed to the STEPS facilitated video screening. See Annex 4, for the list of participants.

In-Depth Interviews: In-depth interviews were also employed to generate information from all the different categories of informants. This methodology allowed for deeper and rich interaction with the informants. In all the cases, confidentiality of issues discussed was ensured. This allowed for an open discussion of the programme under evaluation. On average interviews lasted an hour or just below an hour. It should however be noted that interviews with the Directors of both STEPS and IVF lasted between two to three hours each. This is because the Directors had to share information on all the three components of the evaluation: assessment of programme effectiveness, organisational development and financial and management issues.

Participant Observation: The evaluation team also employed participant observation as a tool for data collection when the opportunities presented themselves. The consultants actively participated in some of the programme activities. In Zimbabwe (IVF activity), the consultants went to a film show in one of the urban setting, unfortunately, they were some technical challenges and the film was cancelled. The short stint however offered the consultants with a picture of the film set-up and the crowds that gather for such support group sessions for the adult as well as for the kids. In Zambia the consultants briefly observed a Training of Facilitators workshop in session while, in Lesotho, the consultants accompanied the Sesotho media crew to some of their video screening.

Financial Management Assessments: Data collection started with an introductory meeting with the three Directors of STEPS. In-depth interviews were conducted with organisational auditors, board treasurer and accountants. Other methods included observation, inquiry and transaction review and combination of the above. A review of relevant documents included; review of financial statements, STEPS reports to Sida, articles and memorandum of association.

Preliminary Findings Sharing Meeting: At the end of the fieldwork and analysis of preliminary findings, a stakeholder workshop was organized, where the consultants shared preliminary findings with the key stakeholders who included: STEPS, IVF, Sida. The essence of the workshop was to share preliminary findings in order to receive feedback and reach consensus on key issues. It is in this context that the stakeholder sharing meeting becomes a data collection tool for this evaluation.

2.2 The Evaluation Target Group

The evaluation findings are an end product of analysed data shared by many stakeholders. The stakeholders included first and foremost Board members, management and staff from both STEPS and IVF.

In Namibia data was shared by country implementing partners such as IBIS-Namibia. The evaluation also targeted strategic partners who have worked with STEPS, and key implementing partners. These included organisations such as in Namibia – Sister Namibia, Mother to Mother, Lilonga Eparu, Yilula and School Board Support Projects in north of Namibia, Positive Speakers Bureau and Rainbow Project. Due to time constraints the consultant were unable to meet with Social Marketing Association (SMA), ICW, Department of Education, Ministry of Health and partners who also use the STEPS videos.

In Zimbabwe key informants included Board, management and staff of IVF. Interviews were also conducted with informants from partner organisations such as SAfAIDS, Experiential Marketing (EXP), the Centre (facilitator), Zimbabwe International Film Festival, Marketing for Development and consultants involved in local language versioning. For financial management, the consultants also had informants from IVF a funding partners HIVOS, MS-Zimbabwe and Germany Development Services.

In Lesotho, the consultants interviewed representatives from Sesotho Media's list of partners. These included facilitators, programme officers, staff members and tutors from: Mission Aviation Fellowship, Lesotho Flying Doctors Services, Lesotho Planned Parenthood Association, Lesotho Mounted Police Service and Radio Lesotho. In the case of educational institutions such as Khubetsoana High School and Bethel Business and Community Development Centre, staff and students formed part of the target groups interviewed as part of the evaluation exercise.

In Zambia, consultants engaged with facilitators from various implementing and strategic partner organisations like Family Health Trust, Kara Counselling Training Centre, Afya Mzuri, International AIDS Alliance, EXP Momentum Zambia, Youth Alive, Zambia National AIDS Network. They also interviewed programme staff for umbrella organisations such as the National AIDS Council and the Churches Health Association of Zambia. Audience members from some communities were also sampled as part of the exercise.

Cape Town: In Cape Town consultations were made with STEPS staff, its Board Members, and STEPS external auditors. Due to limited time the consultants were unable to meet with other funding partners

There were rather less opportunities for the consultants to interact with the primary beneficiaries of the programme. This was due in part to the limited timeframe and also to the difficulty for tracking such beneficiaries in the case of the IVF programme. Efforts however were made to track the beneficiaries and engage them in the evaluation discussions. The wide range of informants and the diversity in methodologies for data collection, all contributed to the rich data collected for this evaluation.

Key Findings

Overall evaluation key findings cover three components of the evaluation, namely assessment of project effectiveness, organisational development issues and financial and administrative issues. In assessing project effectiveness, a number of issues are addressed. They include an assessment of project processes, effectiveness of the STEPS/IVF methodology and assessment of appreciation and implementation of programme planning issues. Lessons learnt from the project are drawn and key recommendations for future programming are provided.

3. Assessment of Project Processes

The unique feature of the STEPS programme is that programme activities have evolved as the project unfolded in response to the emerging needs of the project. A closer look at the initial project proposal and an analysis of the processes undertaken to implement the programme reveals the richness of the evolutionary nature of the programme. A lot of the project process to be reviewed were either rudimentary presented in the initial proposal or where not even imagined at the inception of the programme. This is a positive observation of how STEPS managed to achieve its originally set goals through a creative way of developing key components of the programme. Among the key project process to be assessed are:

- Needs Assessments
- Facilitators Workshops
- Skills Building Workshops
- Training of Trainer Workshops and
- Training of Facilitators Workshops.

3.1 Needs Assessments and Selection of Partner Organisations

The needs assessment was a critical component for the STEPS/IVF programmes. The needs assessments were initially conducted in Namibia in 2002. This needs assessment provided a basis for the development of similar needs assessments in other countries. Needs assessments were conducted in the following countries: Angola, Botswana, Malawi, Mozambique, Namibia, Swaziland, Tanzania, Zambia and Zimbabwe. An international consultant conducted these with the assistance of local consultants who were well informed about their countries. The advantage of using local consultants was their knowledge of local environment within their countries.

The purpose of the needs assessments were among other things to:

- identify possible organisations working in HIV/AIDS that are dynamic, doing good work, credible and respected and that could be interested and committed to use the Steps for the Future films as well as explore and support follow-up activities;
- assess the extent in which organisations that are interested and have been working with Steps have been able to deliver in their commitments;

- identify one or two organisations that are interested and have the capacity for driving, supporting and coordinating the distribution of the Steps for the Future film initiative in the respective countries;
- identify organisations that could select a group of people to be trained as screening facilitators by Steps for the Future in the respective countries;
- identify other possible follow-up activities for the initiative;
- identify other media materials that could be used in conjunction with the Steps films, and
- explore possible synergies between media organisations and HIV/AIDS service organisations in the respective countries.

Review of the needs assessment data made the following observations:

Methodological Approach Strong The needs assessments provided relevant information and were professionally done. Overall, review of needs assessments in various countries provided the much-needed information for designing the STEPS outreach programme. The quality of reports was also very professional. In Namibia for instance, the needs assessment echoed the strengths and importance of using facilitated screenings as a methodology. It is no doubt Namibia stood out clearly as a best practice when it comes to strategic planning using this methodology well in her country work.

Identification of Implementing and Strategic Partners: One of the major outcomes of the needs assessments was to allow STEPS to identify her partners for outreach activities in-country. Some needs assessments were instrumental in the selection of good partners (such as in Namibia). The consultants discovered that in some countries, the selection of partner organisations was strategic in the sense that they had a wide and well-functioning network on the ground with their own logistical, technical, administrative, financial and human resources as well as a sense of mission. Namibia was a classic case in point, with IBIS, a regional HIV/AIDS programme, being a shining example of a well-functioning strategic partnership.

Constraints of Time and Resources: The consultants who undertook the needs assessments admitted that constraints of time and resources limited their selection of suitable organisations. They conceded that the organisations they selected for the needs assessments were umbrella bodies from a variety of HIV/AIDS agencies from government and civil society. They also conceded that the needs assessments were not intended to be a comprehensive investigation but an overview of the possibilities of using Steps films in the respective countries. Therein lay the problem that attended the selection of partner organisations in countries like Botswana, Malawi, Mozambique, Swaziland, Tanzania and Zambia. For example what seemed to lack in the Zambia needs assessment was the fact that not much effort was made to identify the right kind of organisations to advance the cause of the STEPS ideal. The result was that key organisations such as Afya Mzuri (AM) were overlooked, though the umbrella body under which they fall, the Zambia Business Coalition on HIV/AIDS (ZBCA) was selected.

Staggered Needs Assessments: Needs assessments were done at different times throughout the project period. STEPS pointed out that this was done intentionally in order to stagger corresponding workshops. The implications (*though not negative*) were that the outreach programme in the different countries were also at different stages, with countries which had an early start such as Namibia having mature programmes and those whose needs assessments had just been done lagging behind. For example, Angola has only just had a needs assessment and is still to go through the various phases of training to build a resource of facilitators. The other implications of the staggered needs assessment is that as this project period comes to an end, there still remains a lot of work to be done to take the programme to its maturity. Interviews with both Board and senior management of STEPS indicated that originally the idea was, when the training were done, then the project is finished and STEPS regional programme will close doors. The reality on the ground has however presented the opposite. There is a growing demand for the service in all the countries.

Suitability of Partners: Of the 12 organisations the needs assessment exercise identified in Zambia as possible partners, eight of them play a purely coordinating function and do not have the technical, infrastructural, logistical and human resource capacity to support the STEPS initiative. One of them is a youth service organisation but without an HIV/AIDS constituency.

A facilitator from Afya Mzuri had this to say about the selection of organisations through the needs assessment and the implications this raised for the suitability of candidates:

It would have been better if the consultants had targeted implementing organisations that share the same vision than umbrella organisations as was the case in Zambia. The choice of organisations and subsequently participants in the Steps workshops has got a great bearing on the sustainability of the programme. For example, there are facilitators who have undergone training at great expense but have not even done a single screening, whether in-house or in the community.

3.2 Assessment of Effectiveness of Project Methodology

Assessment of the effectiveness of the project methodology is a key component of the evaluation exercise. The programme uses STEPS films to facilitate discussions with audiences after screening a video. All the films are unique *in that the majority of characters are drawn from people living with HIV and AIDS (PLWHA)*. Another unique feature of the methodology is that the majority if not all the facilitators are people living positively with HIV and AIDS, and in rare cases the film characters are also facilitators of the video screenings. Important to note is that both STEPS and IVF employ the facilitated video screening methodology. One of the major areas of difference for STEPS and IVF methodology is that STEPS presents the facilitated video screening to smaller audiences averaging 50 people while IVF conducts road shows in both rural and urban settings, reaching large numbers of people per screening (300 and more). In assessing effectiveness of the methodological approach, to a large extent, audience perceptions of the methodology and the resultant potential impact of the methodology will be used. The following are key major views from the evaluation on the effectiveness of the methodological approach.

Unique Methodology: The uniqueness of the Steps for the Future methodology is the project's strongest feature, particularly the use of films produced with and about PLWHA to stimulate discussion on HIV/AIDS-related issues at community and grassroots level. The films promote voluntary counselling and testing and disclosure, using trained facilitators as a means to this end. Testimonials from partner organisations and other stakeholders suggest that they are impressed by the quality and relevance of the films as well as by their utilitarian value.

Touching on People's Lived Experiences: One common finding from almost all visited countries, is that the methodology touches on many people's lived experiences. The films appeal to a diverse group of people and they tell stories of what happens to many people in the audiences. The films tell stories that resonate with people's lived experiences. Throughout interviews, with most informants, it was clear that the power of using real stories to share the challenges of the reality presented by the HIV epidemic, was a lot more attractive and appreciated by audiences compared to use of fictitious films. The following extracts may confirm this key finding.

They (audiences) start to listen to messages when it's a story about someone real. When I first saw the video Red Ribbon, I was an AIDS and Me facilitator. It opened up my attitude. For a long time, I was struggling with status and how to deal with disclosure. Pinky wanted to disclose and her daughter was not ready. At a personal level, I wanted to disclose but my mother was not ready. It was a difficult situation. I knew it was not only me facing discrimination but also my mother. It took me four years to disclose to my mother. Equally so, one year after my

discloser, my mother needed time to work through it. That's how the facilitated video screening work. They are not fictitious pictures but real life options for life. There are many people in the audience, like I did who can relate to the stories in the film. Facilitator/TOT IBIS: Namibia.

Most mother cry. A lot of mothers cry. Oh!! A lot of mother cry-----pause----- . Its emotional sometimes. They cry a lot because they have lost their babies to AIDS. When they went through their pregnancies then, PMTCT was not an available service for a majority of them. Facilitator to PLWHA Support Groups- Lilonga Eparu-Namibia.

Box 2: Vicky Bum's Story: A Snapshot.

Getting to know that I was HIV positive from the antenatal clinic, was not something I was ready to handle. Without adequate preparation, I disclosed to my partners, in the most crude way, blaming him for infecting me. From that time on, our marriage and relationship turned into a house of horror. He wanted to kill me for my status. I ran away from him and came down to Windhoek where I sought refuge and support. I went through PMTCT programme but somehow, something happened and I lost my baby. Soon after losing my baby, I heard my husband had committed suicide. He could not take it. I did not want many other women in similar situations as I was after knowing my status to go through the same experience I went through. This is why I decided to establish this organisation Mother to Mother, so that I can provide hope and support to mothers who test positive during their pregnancy.

The Director and Founder of Mother to Mother shared about some of her experiences with facilitated video screening, which she shows to mothers who have just gotten to know of their HIV status through ante-natal clinic visits. The most common videos she shows are *Mother to Child* and *Red Ribbon Around My House*. Vicky had this to say about the facilitated video screenings:

I find it is useful in that the people can relate. They can see that its real people. People internalise the films with their own lives. I am talking from both personal experience and that of women who share with me in our support groups. Director/Facilitator/TOT- Mother to Mother, Namibia.

Disclosure Issues: Yet a common effect of the methodological approach was its ability to encourage people to disclose their status and seek help for moving forward in a more positive way. Reports of audiences disclosing their status came from informants from both STEPS and IVF programmes. While it was reported that only a few people disclose in public during sessions, more people were said to disclose their status to facilitators after sessions on the same day (in the case of IVF road shows) or after sessions through communication with facilitators. It is important to note that disclosure was reported by most facilitators as a difficult response yet a healing process.

I was impressed by Red Ribbon the most because of the way that lady accepted herself. I learnt that a person should accept herself/himself and I hope that if I should ever come out with HIV positive test that I will have courage to do what those guys (who disclosed in Harare) were doing. Young Boy, cited in Levine Susan ¹

I have learnt through my interactions with support groups that members learn new ways to prepare themselves to disclose. From the videos they realize the importance of disclosure to families and partners. Many come and share of how they applied the skills of disclosure. I am a good example of a person who had no skills to disclose to my partner. With anger I just ragged on. Looking back, I could have done it better. Facilitator: Mother to Mother Namibia.

¹ Levine Susan 2003, "Documentary Film and HIV/AIDS: New Directions for Applied Visual Anthropology in Southern Africa" in *Visual Anthropology Review*: Volume 19, Number 1 & 2, Spring-Summer 2003.

Some teacher in the rural communities we screen videos to would approach our facilitators and say “we are HIV positive, we did not know there was hope, we are part of Lilonga Eparu. We need help to move on, on a more positive path”.
Director Sister Namibia

Interviews with facilitators in the North of Namibia School Board and Yilela also shared the same sentiments that many teachers in particular, disclose to facilitators for additional help. Impact study reports on STEPS for video screened at clinics also indicated a significant increase in mother opting for testing and enrolling in PMTCT.

The evaluation also indicated that in Mozambique and Kwazulu Natal the two HIV positive facilitators did not feel comfortable disclosing their status during facilitated screening sessions. This was in part due to the significantly high levels of stigma in these areas. The screening crew used by IVF in Mozambique at first expressed concern in travelling and working in close proximity with an HIV positive person for a long time. This particular incident was however addressed through a workshop facilitated by Peter Busse who was an HIV and AIDS Consultant Trainer and Facilitator in Mozambique.²

Hope with Managing HIV and AIDS: Analysis of feedback from informants also showed a positive development where people gain a new hope for managing HIV and AIDS. Being diagnosed with HIV and AIDS was no longer viewed as a death sentence. Videos such as *Looking Good and Mother to Child*, were some of those cited for bringing such great hope.

*If I had tested positive before the screening I think I would have committed suicide because I would not have known how to deal with it. But from the screening, I learnt that it doesn't have to be the end of the world. I think that I am now no more afraid to go to a test and if I do, and I turn out HIV positive, I hope I would have the courage to disclose like the people in the films. Young Woman: Lesotho cited in Levine Susan.*³

Initiating HIV-Risk Reduction Behaviour Change: While behaviour change is one of the most difficult to achieve, in the context of HIV and AIDS, analysis of data showed significant improvement among audiences who had watched the videos. There were reports from the field that due to the videos, more people were disclosing, opting for testing and seeking assistance in access to testing. Discussions with IVF facilitators also indicated increasing numbers of women approaching the facilitator to get more information on condom use and negotiation of condom use with partners.

Promotion of Openness: The facilitated video screening is also reported to have encouraged openness among audiences on issues of HIV and AIDS. Such openness has also made it easier for audiences to discuss what may be viewed as sensitive topical issues such as: gender relations, rape disclosure and incest.

I have worked with various methods of facilitation but I think the STEPS approach works best because you normally just stand there and talk to people and address them with power point and this and that. But people normally don't open up when you are talking about sensitive issues related to their lives. But with the usage of film people are able to look and watch and be able to relate so it is safe environment that it provides for them to share their own stories and how best they can change their behaviour where this was previously risky and lead a life of hope. STEPS Facilitator South Africa

IVF Screenings: Reaching the Most Disadvantaged Groups in Their Multitude: One of the unique features of the IVF road shows, is its ability to reach groups in society who would otherwise not have opportunities to

² International Video Fair Report on Mozambique; Presented to STEPS- September 2005

³ Levine Susan 2003, Ibid.

easily assess HIV information. The shows target high-density areas, peri-urban location and rural communities. The other advantage of the road shows is its ability to reach large numbers of people per screening. The evaluation also noted the regularity with which the screening partner EXP shows the videos, which was very impressive. To date, since the inception of the project under review, IVF claims that screening of STEPS films has reached a cumulative total of 1 927 490 audiences through a total of 1159 screenings in five countries (Malawi: 855 900 audiences – 256 screenings; Mozambique 35 670 audiences – 224 screenings, South Africa 75 000 audiences – 256 screenings; Zambia 326 200 audiences – 220 screenings; Zimbabwe 634 720 audiences – 203 screenings).⁴ The consultants would like to point out that they did not have the opportunity to verify the accuracy of the these figures.

3.3 Training Programme

The Steps for the Future training initiative was born out of the need to create a cadre of facilitators and trainers schooled in the art of using film as a communication tool to stimulate discussion of HIV/AIDS-related issues and realities. As it was an innovation, it had no reference point beyond a realization by the programme's initiators that training needed to be experiential and behavioural, founded on the principles of adult learning and the learning cycle. Beyond the communication skills of facilitation, the Steps training programme aims at giving facilitators a clinical knowledge of HIV and AIDS in order to be able to address audience queries.

3.3.1 Overview of the Training Programme

The training component of the STEPS programme has evolved as the project needs unfolded. Compared to what was proposed in the original project document and what actually happened within the programme, the training component developed into a very well-structured training programme with the following key stages:

- Facilitators' Workshop (FW)
- Skills Building Workshop (SBW)
- Training of Trainers (TOT)
- Training of Facilitator (TOF)



Facilitators Workshop: Following among People Living with HIV and AIDS needs assessment, Steps conducted facilitators workshops in the individual countries. Steps training team visited countries for these workshops. Lead implementing partners assisted with the identification of would be facilitators. On the whole, most of the facilitators where drawn from People living with HIV and AIDS. The main focus was to provide facilitators with skills to lead discussions after video screenings.

Skills Development Workshops: Skills development workshops were initiated as a follow-up for facilitators workshops, in order to enhance facilitators skills as well as to create an avenue for facilitators to share experiences. Based on observed gaps, the skills development workshops were also used to offer sessions on factual issues on HIV and AIDS.

Training of Trainers: The Training of Trainers (TOT) Programme evolved naturally as the country experiences dictated the need for developing a critical mass of facilitators in-country, who could take the outreach work forward. A TOT was then organized in Cape and participants from different coun-

⁴ Additional data form interview with the IVF Director.

tries were identified for the programme (Botswana, Lesotho, Mozambique, Namibia and Zambia). While the TOT covered enhancement of facilitators skills, it also introduced new modules; AIDS and Me, Communication Skills, and skills for organising workshops.

Training of Facilitators (in country by trained trainer): The TOF was the fourth component of the training programme. The trained trainers (Cape Town TOT), conducted workshops in-country to train additional cadres of facilitators, who would contribute towards creation of a critical mass of trainers.

To date, Botswana, Lesotho, Namibia South Africa and Zambia have since conducted TOFs. STEPS staff participated in these initial TOF to ensure quality control. The following two sections present highlights of key achievements and challenges for the training programme as a whole.

3.3.2 Highlights of Key Achievements

The evaluation exercise identified the following as some of the outstanding achievements/successes of the training programme.

Regional Coverage Relatively Good: Given the spontaneous and evolutionary nature of the training programme, STEPS has made positive strides in accomplishing a significant coverage of training within the region. Table 1 summarises the various stages of training in the Southern Africa Countries. Despite these achievements, more work still need to be done in Angola, Mozambique, South Africa and Zimbabwe.

Regional Involvement: One of the key achievements of the training programme is the ability by STEPS to engage regional partners in the initial phase of the programme. In 2002, two four-day intensive workshops were organised to provide input into the training curriculum and materials. STEPS noted that special attention was paid to curriculum development. Angola, was also involved in the regional consultative workshops.⁵ Engagement of key partners is useful in contributing towards ownership of a programme. If such positive initiative is followed through (the project implementation and assessment of programme effectiveness) such a process has the added advantage of potentially increasing sustainability of programmes.

Table1: Summary of STEPS Training Programme

Countries	NA	FW	SBW	TOT	TOF	COMMENTS
Angola	1	—	—	—	—	Only conducted a needs assessment IBIS to organize training of facilitators
Botswana	1	1	1	1	1	Generally on track
Lesotho	-	2	1	1	1	More needs to be done to build a critical mass of facilitators, weaker civil society in HIV/AIDS
Malawi	1	1	1	—	—	
Mozambique	1	2	1	1	—	Major challenge with Monaso as lead organisation. Generally poor communication
Namibia	1	3	3	1	1	On track and a best practice
South Africa	-	5	2			More work needed
Swaziland	1	1	1	—	—	Good TOT follow up but does not have strong partners
Tanzania	1	1	1	—	—	Need to work on relationships with key partners
Zambia	1	2	1	1	1	TOF could have been done better with more planning.
Zimbabwe	1	2	1	—	—	More effort needed to bring on build a critical mass of facilitators in strategic organisations

⁵ Additional information form STEPS at the Lusaka meeting were the initial draft was presented.

Key:

NA Needs Assessments

TOT Training of Trainers

FW Facilitators Workshop

TOF Training of Facilitators

SBW Skills Building Workshop

High Level Quality of Training: Almost all informants (facilitators) acknowledged the high level of quality of training. The good quality training was attributed to quality preparations. All facilitators unanimously acknowledged the trainers as highly committed and dedicated to their work. The fact that STEPS current trainers are also living positively with HIV and AIDS, gave new dimension to the quality and depth of the training programme.

TOT Modules Highly Appreciated: The majority of facilitators interviewed (almost all) appreciated the richness of the training of trainers workshops. In particular they singled out the following modules or topics as having been outstanding; adult learning cycle, role of the facilitators and AIDS and Me. Facilitators appreciated the skills they had gained and how that had improved the quality of their facilitation of videos. The following excerpts from interviews say it all:

For my side I was this person who did not have a high level of education.

For me to get these skills it kind of make me realise the meaningful involvement of PLWHA. In my case I am now a leading facilitator but I started from low level. In the TOT it was my first time to use equipment. Even at home I can now fix and set up video equipment. These were duties I used to leave to my husband. I can now set up overhead projector. At one conference I was invited to share my story, I used power point, imagine!! Facilitator TOT: Mother to Mother: Namibia

As a facilitator, due to training, I have changed the way I view video. I used to play videos at workshops as a way to kill time or for relaxation. When I thought participants were bored mostly in the evenings towards end of the workshops. Now I start with video screening as an entry point for probing discussions. I am living with HIV/AIDS and also trained as a positive speaker. I do the discussion with audience before disclosing my status. I usually disclose towards the end and I have found this a power tool. Facilitator TOT: Alliance 2015 Yelula: Namibia

The Evaluation findings also showed that the TOT is structured to give participants HIV and AIDS knowledge through the AIDS and Me session as well as facilitation skills. At the end of the course participants should be able to train facilitators to:

- Identify a facilitator team
- Choose a film for a specific audience
- Set up screening equipment
- Facilitate a post screening discussion
- Evaluate and report a facilitated screening.

3.3.3 Key Challenges

Despite the successes scored, the training programme also had some challenges which were observed as follows:

Lack of Screening Equipment: The outreach programme was based on the assumption that implementing partners in the southern African region would have the infrastructural, technical as well as logistical resources to support the intervention of trained facilitators. The evaluation observed the growing need for screening equipment by partners. Not all organisations, which had been identified as key strategic

partners for facilitated video screening had the equipment. Interviews with the STEPS co-directors also concurred with this finding. One of the directors had this to say:

In some of my initial visits, the issue of lack of equipment was at the back of my mind because I know about it. Ideally, it is good to work with partner who have access to equipment but where many of them don't have access, it is problem..... The provision of equipment is not an easy answer to it, partly because of the technology. It does break down. How do you service it? How do you maintain it? The other thing is that it can be misused and thirdly, the challenge where you actually buy it. Director: STEPS for the Future.

Despite this evaluation finding, the two consultants who undertook a needs assessment on behalf of STEPS in Zambia in July 2004, had reported that the problem of equipment did not affect most of the organisations they met. “Most of the organisations in urban areas had the necessary equipment to screen the films. In rural areas, access to electricity and equipment (generators, TVs and VCRs) is a challenge”.

However, some of the organisations were innovative and individually arranged from other organisations for support of purchase of screening equipment. ZANOPA from Tanzania successfully arranged for screening equipment.

Language Issues: In some countries such as Swaziland the trainers were conversant mostly in their local language. This made intensive interaction with Trainers (mostly English speaking) very difficult. However, the TOF programme activity has contributed to redressing the language challenges as locals now provide in-country TOFs.

Unsuitability of trainees: According to a Steps for the Future member of staff, glitches in the selection of partner organisations which had a similar sense of mission had a direct bearing on the suitability of candidates who were sent to be trained as facilitators.

One of the most frustrating things I have experienced in the last couple of years is a workshop culture among the people who come for facilitator training, and this is right across the region. I have seen this everywhere.. You get the feeling people come just to get out of the office and to enjoy the resources that Steps provides. I think we have been taken advantage of. People become so petty about money and about what they think we should provide for them. They will show up on the first day and not turn up again. This has a lot to do with the fact that many of these partner organisations send people who are not best suited for the programme and that is very sad because the success of Steps depends on the commitment of facilitators. Steps for the Future Staff Member – Cape Town

Similar observations were made in Lesotho where the implementing partner for Steps for the Future is Sesotho Media and Development, a local NGO which works closely with Positive Action, an HIV and AIDS support group. Driven by the passion and enthusiasm of its facilitators, Sesotho Media has strategic partnerships with Mission Aviation Fellowship and Lesotho Flying Doctors Service.

Monitoring of Training: Monitoring of the facilitators training in the different countries could do with closer attention. In their self-assessment STEPS staff observed they were still many skills gaps among trained facilitators. This lack of closer monitoring was also observed by informants interviewed in different countries. The following excerpts highlight the importance of closer monitoring of the facilitators.

When we conducted skills development workshops we noted a lot of skills gaps among facilitators. Instead of the training being on skills development it became a refresher course. STEPS Staff: Cape Town

We haven't been very good in the area of monitoring and evaluation. There were gaps between the initial training and the follow-up workshops. The skills development workshops were meant

to be refresher courses. However, the gaps between courses were so large that people lost a lot of knowledge they had acquired previously and going back wasted a lot of time. I can say that the monitoring and evaluation only started from 2005. By this time, they had all received the films. In the first workshops we ran, some hadn't received the films. STEPS Staff – Cape Town.

We would appreciate it if STEPS also came down to our levels to observe for themselves how we are doing with this methodology. We hardly see them, we only see them on major activities as workshops. Facilitators: Namibia

This same view was echoed by many facilitators in different countries such as Lesotho, Mozambique, Namibia and Zimbabwe. Steps also observed that the programme maintaining regular communication with all partners in the countries has not been easy. STEPS also observed that during the programme period under review, maintaining regular communication with all partners in all the countries has not been easy. This was more so, for countries like Mozambique where language barriers were a major issue. In response to the observation (and once again an evolutionary programme activity), STEPS has since initiated an electronic STEPS newsletter in the hope of keeping better communication with partners. Electronic newsletters are cost effective but present a challenge of coverage and reach where the partner lacks the necessary facilities.

Keeping on the Cutting Edge of the Epidemic: STEPS has observed the need for keeping facilitators well informed on the latest development in HIV and AIDS. Training workshops revealed the limited knowledge among some participants on content/factual issues on HIV/AIDS.

When we met again, for training sessions, significant numbers of facilitators lacked deep appreciation of facts on HIV and AIDS. We had to redesign the training package so that knowledge of HIV/AIDS is one input in the use of STEPS film. STEPS Director – Cape Town.

Unless the facilitators have a real understanding of issues they are unable to answer some really difficult questions. For example, I got an email the other day from someone in Uganda who said: I first tested positive and the two subsequent tests were negative. What am I to believe? Now unless facilitators understand the differences in testing procedures and antibody testing and viral load testing, it is very difficult to answer such questions. That is why they should continuously update themselves with the most up-to-date knowledge around HIV and AIDS. And then of course, there are some of the more frequent questions about a couple, one is negative, one is positive and they want to have a baby, what do they do? Such questions come through all the time at screenings. So in response to these, we have developed with a few other people a course called AIDS AND ME. It is about internalising the way you approach HIV and AIDS so that you can pass on the correct information and knowledge about it to other people. We think it is practical and important for facilitators to get a course in AIDS AND ME as well as facilitating skills. STEPS for the Future Co-Director

Limited Training Capacity: Concerns were raised about the limited training capacity at STEPS, given the regional scope of the programme. A staff member admitted that having one training co-coordinator overseeing the programme throughout the region was too heavy and this view was also shared by the STEPS co-director. The staff member suggested the recruitment of an additional co-coordinator who would help ease the load significantly.

When we started, we had one trainer going all over the place and it was very exhausting for her physically and emotionally. I've learnt from that experience and think spreading the load would definitely be better for the participants. It would also help to have a trainer from each of the countries in the region who will work with the trainer from this office. It's always good to have a trainer who speaks the language. STEPS Staff: Cape Town

Building A Critical Mass of Facilitators: While the idea behind the training programme was to build a critical mass of facilitators, not all countries have followed the Namibia Best Practice. In Namibia the lead implementing organisation IBIS, is so strong and strategic and had managed to recruit dedicated cadres for training as facilitators, who in turn have replicated the programme within their own organisations. Even before STEPS initiated the TOT, Alliance 2015 Yelula, had already started providing TOT in response to the growing demand for facilitators and NGOs for outreach work. This was not true of Zimbabwe and Mozambique. STEPS was not able to identify a strategic partner as was for Namibia, that could involve other NGOs and thus increase outreach activities using the facilitated video screening approach. The ripple effects which could have been born out of involving more HIV and AIDS NGOs in facilitated video screening was lost. Most trainers have not continued to use this idea as was in Namibia. Identification of relevant strategic HIV/AIDS partners for provision of potential facilitators was a key missing link for building a critical mass of facilitators in Zimbabwe. In Mozambique the main challenge was that the originally identified partner MONASA could not provide services as originally planned. The language issue also hindered fruitful discussions.

Tracking IVF Audiences for Impact Assessments: The design of IVF screenings, though reaching out to many audiences, presents a major challenge in terms of the ability of the programme or evaluators to reach segments of the audiences for programme monitoring, impact assessment or evaluation. The current evaluation exercise was a test to this challenge. IVF may consider being innovative in reaching its target audiences, in order to reach easier to identify groups especially after the screenings. Working through NGOs is a possible alternative where IVF would market its screenings to HIV/AIDS organisations operating in areas where the screenings are being done. Constituencies drawn from such NGOs could attend IVF screenings, making it easier for monitoring impact. In addition to the road shows, IVF could also consider targeting specific NGOs or groups with facilitated video screenings. Such targeting would improve impact assessment for IVF screenings.

3.4 Material Development/Usage

3.4.1 Overview of Programme Activity

As with other STEPS programmes, material development evolved out of the demand for such a service within the context of the growth of the programme. As the training programme evolved, there too was need for development of supportive materials such as: facilitators training manual, TOT and TOF Guides and manuals. Initially, most of the training materials were developed by STEPS training department. The STEPS first trainer is said to have had good facilitation skills and a good eye for good training materials. Most recently, STEPS has used consultant to assist with the development of training supportive materials. A lot of the training materials are also constantly under review as new areas for packaging in the training manual emerge.

On the other hand, IVF has also had use of supportive materials for the screening of the road shows. Some of the materials have been produced by IVF with support from strategic partners. In some countries IVF has used relevant materials from other HIV and AIDS organisations. In Mozambique and KwaZulu Natal, South Africa IVF has distributed pamphlets of HIV/AIDS materials from Soul City. In Zimbabwe SFAIDS produced a toolkit for IVF targeted at the audiences. The materials were distributed in Malawi, Zambia and Zimbabwe.

3.4.2 Highlights of Key Observations

The following are some of the major observations that have emerged from the evaluation exercise with regards to supportive materials for the programme.

Solid Tools for STEPS Programming: A review of STEPS training manuals (Facilitator's Manual, Training of Trainers Manual and Training of Facilitators Manual), showed that STEPS has solid training tools for the programme. The fact that these tools were not initially conceived in the original project propos-

als, shows that the STEPS programme have been innovative and creative to achieve their set goals of increased outreach work using facilitated video screening methodology.

IVF Toolkit for Distribution: An examination of the toolkit showed that it was bulky and not quite suitable for large audiences. Such a toolkit could have been useful targeted at organisations. This observation is made against IVF's strong belief in use of the toolkit for distribution to large numbers of audiences.⁶ The consultants however recommends use of flyers, which are less bulky, and are cost effective given the large audiences and relative levels of education for IVF target groups. The toolkit itself was not attractive. Commenting on the toolkit, the director of IVF had this to say: "*The black cover brought home the issue of how depressing the disease is*".

Soul City Magazine: Overall, the Soul City magazines were viewed as being very useful. Because of the pictures in most of the magazines, the illiterate are said to have also benefited from the materials. The magazines also had contact lists of organisations where people could make follow-up for additional assistance. However it was also noted that some of the magazines carried topics, which had no relevance to HIV and AIDS.

3.5 Local Language Versioning

Making local language versions of films is a practical way of spreading scarce audio-visual resources around and sharing peculiar as well as similar experiences regarding HIV and AIDS. Indications are that this has worked considerably well. To date, the 38 Steps for the Future films are available in 15 local languages in the southern African region. The country distribution of local languages are as follows: ChiChewa (Malawi), Siswati (Swaziland), Shona and Ndebele (Zimbabwe), Bemba and Nyanja (Zambia), Sesotho (Lesotho), Setswana (Botswana), isiZulu, isiXhosa and Afrikaans (South Africa), Shangaan and Makua (Mozambique) KiSwahili (Tanzania) and Oshiwambo (Namibia)

A Steps for the Future TOT and Screening report for the period 1st March–31st August 2004 provides some background as well as some technical explanations about how the language versioning was done:

In March 2004, TOPS media company in Harare was contracted to produce Bemba, Nyanja and Chichewa versions of the Steps films that IVF had planned to use in their screening programme. New translations had to be made, voice artists found and rehearsed... By May the first versions were completed and in June were all delivered for screenings by Prudence Uriri who coordinated the versioning in Harare... Also in March 2004, versioning for further language versions was started in Maputo by Iris Imaginacoes. Languages being worked on were Portuguese, Shangaan and Makua... The versioning being done in Mozambique is voice synchronization as opposed to dubbing in other languages where the translated voice is placed over the original voice...

Inaccuracies in translation: On the whole, respondents felt that the local language translation films were good and served the purpose of sharing and replicating common experiences. However, others felt the translations could have been done better. Some proposed that the versioning can be done better if it was done by the locals instead of outsiders who may not be familiar with the nuances and shades of meaning that attend dialectal variants of the same language. Respondents made this observation with reference to the regional consultant engaged by STEPS to do the language versioning. Facilitators from Family Health Trust (FHT) said they had had difficulties screening some of the films in rural areas because of some of the glitches in translation as well as in the restrictiveness of the languages available. They conceded that making copies available in the seven official Zambian languages would be finan-

⁶ The Director of IVF strongly defended the use of the toolkits at the Lusaka meeting where the draft evaluation report was shared and feedback provided from STEPS, IVF and Sida.

cially prohibitive, but they argued that this would be the most practical way of getting around the limitations of language versions available.

In Namibia, informants were grateful that some of the films had been translated to Oshiwambo, *Afrikaans* and *Setswana*. They however preferred the 100 percent development of films using nationals from their country as opposed to the local language versioning.

When I screen the video, the audiences want to see people from their own countries. They want to see Vicky Bum and not Pinkie from South Africa. They want to see their local people dressed in their own attire and videos short in their own familiar places. Facilitator – Lilonga Eparu: Namibia

In Lesotho, a facilitator from Sesotho Media pointed out that the biggest challenge of local language versioning was to make the versions on the films acceptable to viewers. He said:

Basotho are very conservative when it comes to language. They regard talking about sex openly as taboo. So it becomes difficult to say things as they are sometimes. However, in my experience, once you open up and break the barriers, people talk about things they normally wouldn't talk about because of the culture. Facilitator – Lesotho

In Zimbabwe, STEPS engaged a consultant to do local versioning for Zambia local languages. As indicated above, this was not well received in Zambia due to language limitations. In *Mozambique*, language versioning was not that successful partly because the organisation contracted did not complete language versioning of relevant key video. On the other hand, the videos were badly dubbed into local languages and could not be used at all.

A co-director at Steps admitted that local language versioning had not been without its challenges. He explained how:

We have done far more language versioning than we originally projected. And language versioning is a difficult thing to do. It's another part of our learning process... If you are doing a language version in Bemba and it is not your language, there is no way you can monitor how it is being used. You have to get people who understand language as well as production issues to do that and so I think we've been able to grow certain people in the media field and to develop some of those aspects.

4. Project Planning, Implementation, Monitoring and Evaluation

Programme planning and appreciation of concepts within it, is an important feature of programme implementation. This is often a forgotten piece in organisations particularly emerging organisations. This section of the evaluation report looks at the STEPS/IVF programme planning processes, beneficiary and stakeholder participation in the process, staff appreciation of programme planning terms, the degree to which departments follow the plans and the monitoring and evaluation of the two programmes

4.1 Project Planning Process

The evaluation revealed that to date STEPS does a lot of programme planning through the dedicated board members. The Board and senior management has mapped out what needs to be done to push the programme forward. The Board members interviewed as well as the senior management all confirmed their involvement in contributing to the policy direction of the organisation. Feedback from the Co-Directors of STEPS (Zambia Draft Sharing Meeting) also indicated that STEPS staff contributes towards programme planning in many ways. The staff engages in short and long term project planning activities. In addition, staff meetings are held once in every week to review project implementation. The output of the STEPS' current planning processes have been the project proposal submitted to Sida and the most recent proposal, which is under consideration. The Board of STEPS should be congratulated in the role they have played in providing policy direction for the STEPS outreach programme. While all these efforts are commendable on the part of STEPS Board and senior management, it should be noted that the project planning could also benefit from fully-fledged strategic project planning which would involve a wide range of key stakeholders for the project.

Like STEPS, IVF project planning is also characteristic of a growing organisation where some processes are in place and other can be refined as the organisation grows. The Board, senior management and staff have contributed towards the development of project plans for IVF. As indicated earlier, IVF is working towards developing a long-term strategic plan for 2006–2009. This is a positive development on the part of IVF. However a quick review of the draft strategic plan indicates the need to give the strategy more depth in terms of project strategies and sub-activities, partnership strategies and fundraising strategies or framework.

Gaps in Planning Processes: Interviews with STEPS Board, senior management and staff, clearly showed the limited appreciation of the other important forms of planning processes, which will help make STEPS programme a mature and up-to date organisation. A long-term strategic plan would be an important up-stream planning tool, which is important for STEPS. Capacity enhancement for staff on project planning and implementation fundamentals which include; appreciation of the log frame for project planning, inputs, outputs, impact, indicators and monitoring and evaluation. STEPS do have clear vision and mission for its project. However reviewing the vision and mission against the first phase of project implementation and current realities may also benefit STEPS to think through its project to a much higher level. Refined vision, mission goals and strategies are usually outcomes of series of strategic planning meetings /workshops which would ideally involve different levels of stakeholders. The workshops can be held separately for different stakeholders and may also include the bringing together of key stakeholders to assist in the moulding of organisational vision, mission, goals, and programme strategy. A participatory process is usually most rewarding as the organisation takes along its various partners in shaping its programme direction. It should however be noted that interviews with co-directors of STEPS indicated positive future plans to bring key programme stakeholders to contribute towards the development of a strategy for the region. In the same vein, putting in place plans for engaging STEPS in Strategic Planning workshops initially for its internal staff and board and then inclusion of other key stakeholder, will be a positive development. Organisational Strategic Frameworks are important planning tools, which for many mature organisations have also served as fundraising tools. There is urgent need for STEPS to invest some resources in the development of her organisational strategic framework.

Programme Implementation: Programme wise, STEPS has done well in achieving beyond set targets in its project implementation. As a new programme the project components have evolved over time. The training component is a mature one. There is however need to review human resource requirements to match the growing demands of the project.

Annual Work plans: As STEPS grows; it is more likely to have various departments that will play different roles in the achievement of the organisational programme vision, mission and goals. The organisational department will thus require developing periodic work plans (preferably annual work plans), which provides roadmaps what needs to be achieved by specified timeframes. Annual work plans are usually derived from organisational strategic frameworks.

4.2 Monitoring and Evaluation

Good monitoring and evaluation (M&E) is a downstream programme activity, which should be directly informed by well-developed upstream programme planning tools (strategic framework, annual and quarterly work plans). Good M&E is also a function of knowledge and appreciation of M&E terms such as programme goals, objectives, activities, inputs, outputs and outcomes.

Both STEPS and IVF have different methods of monitoring their work. STEPS for instance conducts field visits during implementation of project activities such as IVF Screenings, STEPS supported training programmes. For STEPS, the Skills Building/Development Workshops (SBWs) were designed as a monitoring tool in order to assess the work organisations had or had not been doing regarding facilitated screenings.

“The very nature of these workshops, held in each country as a follow-up after a period of 8 to 10 months from the first facilitators workshop, was to monitor and evaluate the progress of the facilitators and the organisations involved. This has allowed us to monitor whether facilitators were undertaking the work as designed, had received the necessary support and training”.

Co-Directors STEPS.

Despite the positive efforts in monitoring her project, STEPS could improve particularly in field visits to strategic organisations that are using the steps methodology for their outreach work.

IVF’s monitoring of programmes could also improve in a way that will make it easier for them to assess the impact of their screenings. The current monitoring approach mainly makes use of questionnaires distributed just before and after the screenings. As discussed earlier tracking of audiences after the screenings is generally difficult. This could possibly be improved through redesigning its programme to include working more with NGOs who have ready constituencies that are easier to reach. IVF has plans to improve its monitoring of projects through introducing and strengthening the research aspect of their work.

4.3 Recommendations

The following are key recommendations for programme planning and implementation:

1. It is highly recommended that STEPS consider engaging good Organisational Development Consultants, to help the organisation develop a long-term strategic framework. This is a key upstream planning tool that can help the organisation to have a better vision and strategy for growth of its programme.
2. It is also highly recommended that STEPS expose her staff to monitoring and evaluation courses, which can enhance better M&E within the organisation. As the organisation grows, there may be need to engage either a part time or full time M&E officer.
3. The evaluation recommends that the STEPS departments develop well-thought-out annual and quarterly work plans, which should be accompanied by clear budgets.
4. It is recommended that IVF consider redesigning its strategy for the screenings to include working with NGOs who already have easy to reach audiences. It is hoped that this could improve IVF assessment of the impact of her screenings.

5. Partnership Relations

Maintaining a functional and good relationship with partners is an important part of development organisations. This is in part due to the fact that organisations work with other partners to help them to contribute towards achievement of their set programme goals and objectives. In this evaluation report, four groups of partners are identified that STEPS was working with. The first relationship is that with IVF, which was a critical key partner for the STEPS programme given the background of funding to these two partners by Sida. The second level of partners are groups to be called Lead implementing partners, whose role was to ensure that the STEPS outreach programme was implemented in different countries and would carry the work forward. The third levels of partners are those to be called strategic partners. These are partners working within countries with Lead implementing partners to implement STEPS programmes. Lastly the relations between Sida and STEPS is also looked at.

5.1 STEPS-IVF Relations

Interviews with both STEPS and IVF revealed similar results with regard to the relationships of the two organisations, which were observed as relative strained. Both organisations had reasons for the strained relationship.

STEPS View: Interviews with STEPS management and staff indicated that the strained relationship between the two organisations was centred around three key issues. The differences in methodological approach for screening the films was a major area of concern for STEPS. In particular STEPS was not too happy with screening for large groups as in their view, this would not allow for effective discussions after screening. In the same vein, STEPS was concerned about use of advertisements during screening which would divert focus on HIV and AIDS films. However STEPS noted that IVF had reduced on adverts during screening. One of the STEPS management had this to say:

We had different methods of operation and right from the beginning, I knew that it would be a contentious issue, but something we would need to discuss quite thoroughly. Their way of operating was generally to get as large an audience as possible to screen a film and not concentrate so much on the discussion that followed. In other words, it was more the exhibition than the use of the film..... In all our discussions, we have been trying to focus on the quality of time spent with people rather than the quantity of people that are reached. Senior Management STEPS

The second area of controversy was the use of facilitators. This issue was reflected across the Board (in the region) but was particularly noticeable with IVF. STEPS was not comfortable with the use of facilitators who are coming from an organisation that sold commercial products and who had very little understanding of HIV and AIDS. STEPS pointed out that they had to spend more time discussing factual and content issues on HIV and AIDS rather than focus on facilitation skills. However STEPS notes that IVF screening in Mozambique and KwaZulu Natal had made improvements in terms of quality of facilitators. The third area of concern was the fatigue and stress on the part of facilitators who had very busy schedules. This was likely to compromise on the quality of health for the facilitators living with HIV and AIDS.

Despite the strained relationship, STEPS is of the view that they have had good interactions in terms of management and reporting. STEPS has enhanced financial management skills for IVF and reports that the current financial reports submitted to STEPS have significantly improved. They are also in formats, which are compatible with STEPS financial reporting. However STEPS is still concerned about the quality of narrative reports from IVF, which they concede could do with more analysis.

IVF Views: On the whole IVF also acknowledges differences in methodologies as a point of departure for the two organisations. In addition IVF views the strained relationship as emerging from the arrangement where IVF directly gets funding from Sida and where STEPS have to oversee their programme. A second area of difference according to IVF was when IVF used other HIV and AIDS films from other sources for screening. According to IVF, STEPS was concerned about the quality videos from other sources other than STEPS. This according to IVF was an issue, which also involved Sida.

Consultants View: An analysis of the two positions shows that both sides have valid points, which may need attention from the funding partner and from the two organisations themselves. The methodological approach for IVF is indeed very different for that of STEPS. It has both advantages and disadvantages, which IVF can look at closely to address. The advantage of their approach is that it is unique in reaching the most disadvantaged groups in society and also it has the potential for raising awareness on HIV AIDS issues. However given the large numbers the facilitated discussion may not be as effective compared to that with a smaller group. An area, which may need looking at closely is the design of the programme, which does not provide adequate room for close monitoring of the programme. These are areas, which IVF can work on to improve. The consultants are also of the view that there is need for improvement on the quality of reports, which are generated by consultants. They tend to be too shallow and could do with more content and analysis. Another area requiring attention from Sida is the supervisory role of STEPS of IVF. There is room for Sida to consider independent supervision of IVF by Sida.

5.2 Relations with Lead Implementing Partners

The following are emerging issues with regard to the relationship between STEPS and lead implementing organisations.

In the case of Namibia and Lesotho, where STEPS has had mature relationships, there are MOUs, which spell out the role of the partners. STEPS relationships with the lead implementing partners are generally strong in Namibia (IBIS) and Lesotho (Sesotho Media). However it was not clear from the evaluation exercise what relationships STEPS had with other lead partners in other countries. Indeed the relationship between STEPS and MONASO was generally poor due to communication problems and the reported culture in Mozambique for organisations to only commit themselves informally as opposed to formal commitments.

We have learnt through working with Mozambican organisations that they are not always ready to put things in writing. All responses and permission given are oral or verbal. This creates challenges for implementing the programme. IVF Senior Management

5.3 Relations with Strategic Partners

Overall, the evaluation exercise has shown relatively weak relationships between STEPS and strategic partners from where most of the facilitators are drawn. As discussed earlier, most the strategic partners wanted more visibility of STEPS in-country through forums or supervision visits to monitor how these organisations were implementing the STEPS outreach programme. They pointed out that their contact with STEPS was only through training workshops. Interviews with STEPS management and staff also indicated this weak link between STEPS and implementing partners. As a way of getting strategic partners involved, STEPS recently initiated a newsletter where it hopes the country partners can share experiences of the programme with other countries. More encouraging, STEPS has plans to bring country partner together in a workshop where they can share experiences and make contributions in the direction the programme should take as it grows.

5.4 Relations with Sida

The evaluation did not directly ask questions on relationships of STEPS and IVF with Sida during the data collection exercise. However this was seen as important at the report writing stage. As such the findings are mainly drawn from review of reports and inferences from the discussions with the two organisations. STEPS has a relatively good relationship with Sida. There is communication between the two organisations even on topics, which are very controversial such as the STEPS and IVF relationship and the STEPS and Day Zero relationship. Most of the communications besides the regular project update reports have been through emails.

5.5 Recommendations for Future Programmes

1. Running a regional programme operating in many countries generally presents challenges in terms of communication, between the regional organisations and the partners, clear definition of partnership and modalities of operations, networking and travel costs. Against these challenges which appear common to STEPS, it is recommended that STEPS develops a clear strategy of bringing together key stakeholders for its outreach programme. This could be in the form of regional sharing workshops, which can be held less frequently like once a year. This should be properly budgeted for in the project design. Such gathering could serve multiple functions, which include sharing of best practices, documenting experiences, and programme planning.
2. Informed by the Namibia experience, one key recommendation that the consultants make is for STEPS to identify very strong lead partners in regional countries. Partners who have rich networks with other strategic partners. This is a major challenge but one way STEPS can have greater impact in the region. This recommendation includes revisiting those countries where increased outreach is limited by weak choices of lead partner organisations or lack of them.

6. Key Lessons Learnt

The following are some of the outstanding key lessons learnt, which can inform future programming:

Correct Identification of Lead Implementing Partners: Namibia presented a best practice where a strong lead implementing (IBIS) played a critical role in the programme implementation. The organisation shared a common vision with STEPS and was able to work closely with a wide range of relevant NGOs for the outreach programme. The organisation organized a lot of training workshops for facilitators sometime going beyond the call of duty for STEPS work. As the programme moves on, it is learning experience to identify the right kind of lead organisations. This will apply for those countries such as Mozambique, Tanzania, Angola and others where STEPS still has to make a choice for the lead implementing organisation. There may be need for STEPS to consider identifying a lead implementing organisation in Zimbabwe, given the difference in methodological approach between IVF and STEPS.

Uniqueness of Methodology: The facilitated video screening particularly to small audiences has proved to be a unique methodology, which has contributed to positive outcomes of the programme. It is hoped that as the programme grows, and new dimensions of the programme emerge, the methodological approach is maintained.

Building A Critical Mass of Facilitators at Country Level: The experience in both Namibia and Lesotho has demonstrated the importance and growing demand for facilitators. The large pool of facilitators ensures continuation of the methodological approach. Lessons drawn from Namibia in particular, show

the importance of correct identification of HIV and AIDS organisations from which facilitators are drawn. The organisations also have to see value in the films and relevance to their work in their constituent areas will further increase the demand for facilitated video screening. The demand for facilitated video screening in Namibia has resulted in more facilitators being trained and thus a creation of a wide pool of facilitators. This is stark contrast to Mozambique and Zimbabwe where there are very few facilitators who are used by IVF. Mozambique utilizes only one facilitator for the IVF shows. To date IVF also uses one facilitator a young youth for its work. The other facilitators trained particularly in Zimbabwe, have no audiences to take the STEPS outreach programme to the next higher level.

Care and Support of Facilitators: The evaluation also noted the need for IVF and Sesotho Media in particular to take caution and care in the workload of the facilitators. The facilitators who go on road shows, have tight schedules. For example in Mozambique the crew would have three shows per day: a clinic in the morning, a school in the afternoon, and a community screening at night. The same was true for Sesotho Media where the crew may be out for up to 5 days in a row when they particularly go out to remote areas using the Flying Doctors. One of the consultants observed the tough conditions that the dedicated PLWHA facilitators go through. As said above, if there was a large pool of facilitators, screenings could draw upon them and reduce the stress levels of tight schedules. In Zambia for example, consultants were unable to reach the screening crew because they had gone out for a long time. It is important to ensure good health and good nutrition for the facilitators for sustainability of the programme.

Box 3: Too Much for One

Victoria looks extremely tired, she says that this work is “very emotionally taxing”, My mind is tired. Disclosing and facilitating on an average of three times a day, while being on a road trip is very tiring. Theresa, (a facilitator’s trainer) from STEPS had advised her not to take on two roles at the same time. *Extract from IVF/STEPS Monitoring of screenings in Mozambique and SA. By Venessa Dantasa. 2005*

One of the consultants in Lesotho captures an ethnographic observation of a facilitator in action.

I look deep into the facilitator’s eyes and was overcome with mixed emotions. ...In the four and half hour drive from Maseru the Capital of Lesotho to the district of Phamong where the screening had taken place, I had watched him take his ARVs. I had seen him buckle under the strain of fatigue.

HIV/AIDS NGOs as an Entry Point for Video Facilitation: The experience in Namibia has shown that working through NGOS and more so HIV/AIDS NGOs, which have a ready constituency, has the advantage of ensuring wider use of the videos for outreach activities. This strategy has created a high demand for facilitators from various development organisations. This is not to say the private sector and other sectors should be ignored as they too play an important role. In countries where engagement of NGOs was not there, (Lesotho, Mozambique, Zimbabwe and other), it is highly recommend that the STEPS programme engages involvement of the NGO sector for this outreach programme. The other advantage for use of NGOs as entry point is the easy for monitoring and evaluation as it is possible to track audiences exposed to the programme.

GIPA: Greater Involvement of People Living With HIV and AIDS (GIPA) in the Steps programme has been a practical way of breaking the chain of stigma and discrimination giving PLWHA a sense of purpose, an opportunity to regain their self-esteem and change public perception about HIV and AIDS. GIPA as a poverty reduction strategy is commendable, with the establishment of a Speakers Bureau as a viable spin-off being a case in point.

Focus on Children: The evaluation has indicated that the facilitated video screening tended to target adults more than youths. On one hand IVF has managed to reach large audiences of children (Mozambique), the nature of discussions involving very large groups, does not allow for the quality obtained from engaging adults in smaller groups. On the other hand an initiate in Namibia by IBIS, (Children Voices),

where young children use videos to share their views of the epidemic with the adults, is an intervention in the right direction for involvement of children. It has also been noted that Namibia's use of videos in the education sector has been poorly designed. It does not allow for use of the STEPS methodological approach.⁷ The evaluation has thus noted the need for design of programmes that target children. It is pleasing that the current proposal by STEPS submitted to HIVOS has included a component on focus on children, who are a important target.

Growing Demand for Technology for Screening: In countries where there is greater involvement of NGOs in facilitated video screening, there is a growing demand for the video equipment for screening. This demand is also likely to grow once there is greater involvement of NGOs in those countries where the NGOs are not as active at the moment. The lessons drawn are that as the programme develops, there is urgent need to think through how the issues of screening equipment can be addressed. Interviews with STEPS directors, indicated the possibility of developing an equipment fund from which partners can apply. These were ideas, which still need to be bounced back to key stakeholders in the region.

Strengthening Monitoring and Evaluations Systems: Overall, both STEPS and IVF have systems for monitoring their programme. STEPS monitored IVF screenings in Zambia, Mozambique and KwaZulu Natal in South Africa. The Skills Building/Development Workshops (SBWs) were designed as a key tool for monitoring and evaluation. Despite these positive efforts, the evaluation revealed the need by partner organisations in the various countries to get more regular contact with STEPS in order for STEPS to appreciate the degree to which the partners use the STEPS methodology. As already indicated above, IVF monitoring systems are mainly through the pre and post screenings and the studies it commissions. There is room for improving assessment of impact of the screenings especially well after the screenings. Impact studies have been conducted for both STEPS and IVF. Impact Studies for STEPS were generally fair. However the quality of impact studies for IVF could do with more depth and analysis. Against this background, it is therefore recommended that both STEPS and IVF think through the M&E component of their project designs.

Involvement of Regional Players: Lessons learnt are that the STEPS programme has grown in some areas but not in all. There is need for STEPS to engage key stakeholders in the region. As the programme moves forward, there is need for STEPS to think through effective involvement of Lead Implementing Partners, Strategic and Funding partners as well as other strategic players in the region. STEPS could explore forging new relationships with leading regional HIV and AIDS organisations such as the Southern Africa AIDS Training Programme (SAT), Southern Africa Information Dissemination Services (SAFAIDS), International Federation of the Red Cross, Regional AIDS Initiative of Southern Africa (VSO-RAISA), Regional Psychosocial Support Initiative (REPSI), Regional RAISA, SAHARA, AIDS and Rights Alliance for Southern Africa (ARASA) Southern Africa National AIDS Service Organisations (SANASO) and others. Involvement of such regional organisations has the potential for scaling up outreach activities for STEPS. Most such regional organisations have a wide range of Non Governmental Organisations (NGOs), Community Based Organisations (CBOs) and Faith Based Organisations (FBOs) that could see value in utilising the STEPS methodology of using facilitated video screenings. In the same vein, STEPS should consider opening dialogue with strategic regional bodies such as the Southern Africa Development Community (SADC) and the African Union (AU) just to mention a few. Such regional bodies already have HIV and AIDS strategies which could benefit from use of STEPS project products. Equally so, STEPS could lobby for some form of support of her regional project from such bodies.

Development and Effective Implementation of Workplace Policies: The issue of effective workplace policies was not originally outlined in the Terms of Reference for this evaluation but emerged during the meeting in Lusaka (draft sharing meeting) out of the observation for the need to provide adequate care and support

⁷ Casper Study on Use of the Videos in the education sector in Namibia.

for the facilitators, the majority of whom are positively living with HIV and AIDS. During the discussion, STEPS pointed out that informally the organisations tries to cater for the health and HIV issues of its staff, groups and partners it works with. STEPS however pointed out that they did not have a written HIV and AIDS workplace policy that was being effectively implemented and monitored. IVF has a brief HIV Workplace policy (see annexe 5). A review of the policy indicates the need for depth in terms of modalities of operationalising the policy as well as monitoring and costing of the policy. IVF should be encouraged to improve on this noble initiative. This discussion on workplace policies culminated in the recommendation for both STEPS and IVF to have clearly written HIV/AIDS policies which are *effectively implemented, monitored and evaluated*. The two organisations should lead by example. Such policies would also spell out the relations with partners in this area.

Recommendations:

Informed by the emerging lessons from STEPS and IVF programming experiences, the following recommendations are proposed.

1. Both STEPS consider coming up with clear criteria and minimum standards for care and support of positive facilitators who work on their programmes. The standard guidelines should also consider the observed busy schedules for current facilitators (especially in Lesotho, Zimbabwe and Mozambique).
2. STEPS should consider developing and implementing effective workplace policies that are characterised by good monitoring and evaluation of such policies.
3. IVF should consider reviewing and improving on its current HIV/AIDS workplace policy to incorporate implementation, monitoring and costing issues.
4. STEPS should consider forging new partnerships with strategic regional HIV and AIDS organisations. In the same vein it should also consider opening dialogue with regional bodies for scaling up of its outreach activities.
5. STEPS should consider developing a project activity that focuses on children. It is pleasing to note that STEPS has already included in her future funding proposal the component on children.
6. Informed by the good practice in Namibia, where a critical mass of facilitators has been built, it is recommended that STEPS consider strengthening country level facilitators. Current efforts to on TOT and Training of facilitators are acknowledged.

7. Institutional Arrangements and Capacities

In this section of the report, organisational development issues are looked at. They cover governance, board composition and competencies, board responsibilities, monitoring and supervision of the executive directors, organisational structure and human resource capacities.

7.1 Governance

The governance issues for the board are dealt in greater detail in the finance section of the report. However it is important to note that major areas of conflict of interest is where a significant proportion of the board members are also gainfully employed within the organisation. In these situations, the board members are answerable to the executive director above them, thus making it very difficult for them to be critical of the executive director. This scenario applied to both STEPS and IVF.

7.2 Board Composition and Competency

In terms of skills composition, STEPS is very well represented by media, film, finance and social development experts. In terms of cultural diversity the board has at least two Board members from the minority group. Unfortunately they lost one in a car accident. There is room for STEPS to consider a board member with organisational/programming skills. STEPS' main challenge is that it lacks regional representation as all the board members are from South Africa. There is a need to at least incorporate a member or two from the southern Africa region. With regards to IVF, the composition of the Board in terms of skills is rich with people who have a passion for film and media, and has a good mix of finance experts. Like STEPS, there is a gap in skill on programming and organisational development. IVF has tried to incorporate regional board members from countries where they operate, albeit with no clear strategy of how they involve such board members actively. However the evaluation noted that such regional board members are used more as programme staff as opposed to the function of being board members. For both organisations, it is highly recommended that they rethink composition of the board especially inclusion of regional board members. Despite the identified challenges, it must be noted that both organisations have active and functional boards.

7.3 Board Responsibilities

Review of interviews for STEPS has indicated that the board is aware of its responsibilities, that of providing policy direction. In the case of STEPS the board has gone beyond its duties to developing the funding proposals. The consultants were very impressed by the board members' knowledge of the STEPS regional programme. Thorough analysis of STEPS and IVF on knowledge of responsibilities, shows that they are not very conversant with their role for development of organisational policies, their adoption and monitoring of such policies. In some cases, the relevant policies were not even available (more details in the finance section of the report). The board was not clear on the role of the managing director. The situation at steps was even more complex because it was operating more like a private organisation. The board did not see the role of supervising the executive director because of the complex nature of the relationship between Day Zero and STEPS. The situation at IVF is that the director takes a more leading role for the board than should be expected. Having a scenario where other board members work under the executive director, and being objective in their capacity as board members in supervising the ED, becomes compromised. For both organisations there is a need to build capacity of board members and have a clear strategy on how to supervise the ED.

7.4 Organisational Structure

A review of organisational structures, of both STRPS and IVF, revealed a need to revisit organisational structures in the correct context of operation of NGOs. For STEPS, the organisational structure is embedded within the Day Zero structure. As the programme grows, matures, stands on its own from Day Zero and proper strategic planning done, there is need to revisit the organisational structure so that it is reflective of its regional outreach programme. There is need for more coordinators to supervise the regional programmes and the organisational structure needs to go beyond training coordinators and reflect other functions of the organisation. In a nutshell, the strategic framework, which provides vision, mission and key programme strategies should reflect the organisational structure of the organisation. The same is also true of IVF.

7.5 Human Resource Capacities

Interviews with both STEPS and IVF revealed a need for reviewing staff requirements as the programme develops. For STEPS, it was clear that there is need to have an additional training coordinator. The organisation may also consider a regional position for partnerships and communication.

These same position can also have a second function of looking at the M&E component of the programme. For IVF, as it expands into other regional countries, there is need for considering engaging an experienced regional coordinator. As already discussed above, IVF should consider hiring a social science programme officer who can bring about a difference to programme design, development of richer content and better analysis of programme interventions. There is urgent need to improve the quality of reports.

8. Financial and Administrative Management

8.1 Social Transformation and Empowerment Projects (STEPS)

8.1.1 STEPS/Day Zero Relationship.

STEPS is a public company not having a share capital registered under Section 21 of the Republic of South Africa Companies Act, 1973. *It was registered in 2001.* The company has articles and memorandum of association that govern the operations of the company. Section 55 of the Articles and Memorandum of Association clearly states that “No dividends shall be paid to the members of the company”. Day Zero Film and Video Productions CC. (Day Zero) is a private company whose two directors are also directors of STEPS. STEPS is a recipient of Sida Funds whilst Day Zero is the producer or implementing partner for STEPS. There is an agreement/legal document, which clearly outlines the relationship between STEPS and Day Zero. Section 6.1 states that “The Producer shall be obliged to keep separate, complete and accurate books of accounts in respect of allocated funding.”

Positive Aspects of the Relationship STEPS approached Sida, the donor and requested amendments to Article 8 of the Agreement between STEPS and Sida on Procurement of Goods and Services to allow STEPS to enter into an agreement with Day Zero without tender procedures. This was duly amended reference Sida Contribution No. 26003014-14.02, Amendments to the Agreement reference UIIYA 22.3/6. The relationship has allowed for operational efficiency with a quicker and effective decision-making process on project implementation and issues relating to the project.

Key Challenges

The following are the key challenges that STEPS is currently facing:

Corporate Governance Issues and Conflict of Interest: The directors of Day Zero are also directors of STEPS. The Treasurer a STEPS director is involved in the financial management operations of Day Zero and STEPS and receives remuneration for services rendered although Section 23.3 of the Memorandum and Articles of Association clearly allows directors to be paid remuneration in return for any services actually rendered to the company from time to time. It is therefore very difficult to separate the two entities although their roles are clearly defined on paper. The current structure or composition of the two boards does not allow for transparency and accountability as there is conflict of interest.

Independent Auditor Compromised: The independent auditors for STEPS, Douglas & Velcich are also auditors for Day Zero and also do some assignments for Day Zero as could be seen from payment vouchers.

Internal Controls: Instances where board members are involved in operational issues, controls become ineffective because segregation of duties and supervisory controls become very difficult. A good example is the signing arrangement on cheques for Day Zero, only one signature of any of the two directors is required. Although Day Zero being a private company and this is perfectly legitimate, however

questions arise because donor funds have been transferred into Day Zero and how are these safeguarded and what controls are in place?

Recommendations:

1. There is need to clearly separate STEPS and Day Zero as they are independent entities governed by different sections of the companies act and the need to enhance transparency and accountability. However key consideration for the continued success of the Project is to ensure a binding agreement/contract which ensures Day Zero continues implementing projects on behalf of STEPS to retain uniqueness and innovativeness, key skills and competences and the varied experiences of the staff.
2. Address governance issues by ensuring that the Executive Directors of Day Zero step down from the STEPS Board of Directors. The Treasurer for STEPS remains with the Board and becomes divorced from operational issues.
3. An administrator be recruited for STEPS to coordinate STEPS activities, disbursements and other operational functions.
4. Disbursements to Day Zero by STEPS be done periodically for example quarterly based on projections relating to the approved STEPS budget or on the basis of a quarterly expenditure report in arrears.
5. Clear separation of the two entities will also require different auditors to be appointed for each entity and this must clearly be stated in the agreement between STEPS and Day Zero.

8.1.2 The Financial and Administration Procedures Manual

The Financial and Administration Procedures Manual: The manual is document, which provides a simplified form of the organisations' accounting system and internal controls. It provides guidance on financial management procedures and treatment of accounting transactions. STEPS has financial and administrative management systems although not documented (no Financial and Administration Policies and Procedures Manual in place) that govern the use of financial resources in the organisation. This is evident from review of accounting documents, computerised Pastel Accounting System and the financial reports. Clear and up-to-date financial systems and procedures applied consistently at all times and levels within the organisation ensure the transparency and accountability of the organisation.

Board of Directors Review and Approval: Participation of the Board of Directors in the development of a Financial and Administration Procedures Manual will ensure inclusion of key policies and procedures and enhance their supervisory over the organisation.

Recommendations

1. STEPS should ensure clear, comprehensive financial and administration procedures are developed.
2. STEPS should ensure active participation of the board in the review, adoption and approval of written financial management policies and procedures.
3. STEPS should seek external assistance with policy and procedure development to ensure a more comprehensive manual is developed.

8.1.3 Reporting, Budgeting and Budgetary Control

Budgeting Process: Annual budgets for the organisation are based on the annual planned activities of the organisation and anticipated funding from donor organisations. The Board is expected on a quarterly basis to review management accounts that contain a variance analysis. This is the means by which Board can monitor progress of program activities and financial control.

Positive Aspects of Budgeting Process: STEPS has an annual budget incorporating planned activities for the organisation and all sources of funding from donors including its own income generating activities. Reporting to donors is done as per the agreed period (once per annum by April 30) and financial audit reports are also produced timeously and management letters attended to. Pastel Accounting Software is used for data input and the production of financial reports and programme clearly segregates expenditure per funding partner.

Monthly Management Accounts: The 2005 Management Letter requested for production of monthly financial statement that are signed off by management. STEPS should be commended for already implementing this recommendation from the 2005 audit recommendations. This will assist in monitoring and ensuring timely addressing of budget variances. The monthly management accounts however should include budget variance analysis.

Recommendations

1. STEPS incorporate the production of monthly accounts into the Financial Management Policies and Procedures Manual.
2. STEPS monthly management reports to include budget variance analysis derived from month on month budget and actual figures.

8.1.4 Internal Control System

The Internal Control System: The financial management systems and procedures in place provide some measure of comfort that should allow the organisation to manage financial resources at its disposal, to allow for adequate programme delivery. The organisation has also in place checks and balances to ensure expenditure is correctly recorded and accounted for.

Key Challenges

Challenges to the internal control system are as a direct result of governance issues as stated in 5.1.1

8.1.5 Income Trends

Income Trends: The organisation is entirely dependent on donor funds and for the funding period will receive from Sida 16,650,000 SEK. Funds have been received from other funding partners such as the Finnish Government.

Recommendations

1. There is need for STEPS to widen its donor base whilst at the same time increasing its own revenue generation capacity. Separation of STEPS and Day Zero will ensure Day Zero can also go into more private productions and generate additional revenue rather than being entirely depended on donor funds. (See 5.1.1)

8.1.6 Compliance with Grant Agreement Terms

Compliance with Grant Agreement: A review of management reports prepared by auditors and discussions with staff generally indicated that STEPS follows the terms in the agreements and always engages the donor in issues, which are pertinent.

8.1.7 Human Resource Management and Administration

STEPS does not have in place manuals that deal with Human Resources Management and Administrative issues.

Staff Contracts: All contracts were reviewed except those of the co-Executive Directors who do not have contracts with Day Zero. It has been pointed out previously that it is difficult to distinguish between STEPS and Day Zero due to the way they operate. It is therefore important for Executive Directors to

have contracts, which are approved by the Board of Directors and be made available for inspection at all reasonable times. Issues of this nature are considered very sensitive by funding partners as they help in determination of the transparency of an organisation.

Recommendations:

1. All employees including the Executive Directors should have employment contracts on file.

8.2 International Video Fair Trust (IVF)

IVF has financial and administrative management systems that govern the use of financial resources in the organisation. Adequate internal control systems ensure the success of the organisation and that transactions can be independently verified. The financial management systems details the organisation's accounting systems and internal controls that relate to acquisition or procurement, management and deployment as well as general stewardship of financial resources, human and program materials within the organisation.

8.2.1 Financial Management and Procedures Manual

Financial Management and Procedures Manual: The manual documents the organisation's accounting system and internal controls. It provides guidance on financial management procedures and treatment of accounting transactions. The organisation should be commended for having a working document that includes some areas in financial management of the organisation.

Key Challenges

Lack of Comprehensive Policies and Procedures: The IVF financial and administration manual is too summarised and lacks detail. The review of employee contracts revealed the contracts have more detail than the manual and issues are covered comprehensively. These contracts should actually form the basis of a human resources policies and procedure manual.

Lack of Board Review and Approval: The major challenge of the manual is that it was developed without input from the organisation's Board of Trustees. Participation of the Board of Trustees ensures inclusion of all relevant key policies and procedures.

Recommendations:

1. A new financial and administration manual be developed for the organisation.
2. All vital aspects of financial management should be incorporated with detailed information to enhance transparency and accountability of the organisation particularly key policies on assets and investments.
3. IVF should ensure active participation of the board in the review, adoption and approval of written accounting policies and procedures.
4. IVF should seek external assistance with policy and procedure development to ensure a more comprehensive manual is developed.

8.2.2 Reporting and Computerised Accounts

Pastel Accounting Software: The organisation is currently using pastel accounting software for its accounting operations and all donors are set up as sub accounts, using a coding system, the system is able to segregate income and expenditure transactions to the relevant funding partner. Data collected from payment vouchers is first posted to an analysis book where it is analysed. The payment voucher does not show codes, which are then only shown in the analyses book.

Positive Developments: The Pastel Accounting System is currently being utilised to produce financial reports and bank reconciliation.

Key Challenges

One person familiar with the accounting package: Although the organisation now receives substantial amounts of funds from donors to implement projects, the growth has not been accompanied by the expansion of the finance and administration department. The Finance and Administration Manager currently does all financial work without anybody to check her work. Segregation of duties is therefore lacking and errors can go unnoticed for long periods.

Recommendations

1. There is need to recruit an additional person in the finance department such as bookkeeper or accounts clerk who is able to make all data entry and reconciliation in pastel whilst the Finance and Administration Manager's role becomes supervisory in nature. This will enable checking of postings, reconciliation and other.

8.2.3 Internal Control System

The Internal Control System: The financial management systems and procedures in place provide some measure of comfort that should allow the organisation to manage financial resources at its disposal to allow for adequate programme delivery. The organisation has also in place checks and balances to ensure expenditure is correctly recorded and accounted for.

Positive Developments: The organisation has a finance and administration manual although not detailed or comprehensive.

Key Challenges

Governance Issues and Conflict of Interest: The Board of Trustees for IVF has seven trustees and three of the members are executive. The Executive Trustees (3) also make up the management committee for IVF. The quorum for the Board of Trustee Meetings is five members. It is clear that this situation compromises internal controls of IVF and weakens the checks and balances that need to be in place in an organisation. A good example is the change over made with salaries from cost of living adjustment system to pegging against the US Dollar; this was done by the management committee without seeking board approval.

Recommendations:

1. There is need to address governance issues within IVF by ensuring Executive Trustees step down from the Board of Trustees for the Board to be able to supervise management effectively and strengthen the internal controls
2. The members of the Board of Trustees to be trained on their roles and responsibilities
3. Key issues should always be referred to the Board of Trustees

8.2.4 Income Trends

Income Trends: The organisation is entirely dependent on donor funds, although it generates some income from the advertisements. The current partners who are funding IVF are Sida, Hivos, German Development Service, and Ms Zimbabwe. Real income is not growing and IVF is operating in a shrinking donor base environment and needs to come up with strategies to increase revenues. Targeting external funding organisations and trying to boost income generation are two options, which should be looked into.

8.2.5 Compliance with Grant Agreement Terms

Compliance with Grant Agreement Terms: The review of management reports sent to donors and those prepared by auditors as well as discussions with some funding partners indicates that although in general IVF follows agreed guidelines there are some concerns raised:

1. Loan provided by one of the Trustees (Executive Director), which earned interest in 2004 and 2003, of Z\$117,840,979 and Z\$26,454,630 respectively. The rate charged was well above market rate (based on inflation rate) in 2003, then market related rate based on Treasury bill rate supplied by Standard Chartered Bank in 2004 and then on 1 December 2004 the interest was frozen. This led to the rejection of the audit reports on two occasions and subsequent withholding of funding to IVF by the funding partner. This was a serious issue which did not go down well with funding partner. However it must be noted that funding was subsequently released after IVF clarified issues with the donor. The balance of the loan was Z\$25,653,148 at 31 December 2005 and this has subsequently been cleared, payment being made in 2006 from advertising income. This is also reflected in the 2005 Audit Report by the external auditors Ernest & Young. Although decisions on the interest were sanctioned by the Board of Trustees, it can be clearly seen that the issue of governance alluded to above (Refer to 8.2.3) affects the transparency and accountability of the organisation particularly on this transaction.

Other Issues raised by funding partners:

- Communication has greatly improved.
- Lack of adequate policies and procedures.

9. Conclusion and Recommendations

9.1 Conclusion

Undoubtedly, Steps for the Future has broken new ground as a unique HIV and AIDS education and awareness intervention and has proved to be a methodology worth sustaining and replicating, with some modification. Against the originally set objectives, STEPS achieved and even surpassed her set programme goals. Broadening the reach of the project to cover the entire southern African region is an admirable vision. However, unless the countries in the region are involved in programme conceptualisation and planning, managing it effectively and getting the best results from the intervention would be plagued with difficulties.

Many lessons can be drawn from the three years of implementation of the STEPS programme that can inform future programme development. Correct identification of a lead implementing partner in each country is a recipe for success for the STEPS outreach programme. The facilitated video screening methodology is indeed a unique one that has advantages of contributing to achievement of positive programme outcomes. Building a critical mass and strong cadre of facilitators is key to the success of STEPS' regional programme. The care and support of facilitators, a majority of whom are living positively with HIV and AIDS, should be a priority if the programme is to be sustainable. Using NGOs as an entry point for the STEPS outreach programme is a preferred approach. The STEPS programme has significantly contributed to the operationalisation of the GIPA programme. On the whole, the facilitated video screening has tended to focus on adults. As the programme grows, there is need for a deliberate effort to target children.

Despite the undoubted overall success of the programme, the evaluation has also identified areas requiring address and improvement. Ensuring the building of a critical mass of facilitators who can employ the methodology religiously in each of the regional countries is important. As the demand for the facilitated video screening increases, so does the demand for technology for screening. Relations with key stakeholders in the region remain an area needing more attention. While the STEPS pro-

gramme area has done well, the organisational development component of the organisation needs a thorough redress. Absence of a long-term strategic plan for the organisation is a glaring programming gap. The weak monitoring and evaluation component of the Steps programme can be strengthened once the relationship between Steps for the Future and its country partners are made official through memorandum of understanding and localised. This would give country partners a sense of ownership and commitment and ensure its sustainability in the long term.

9.2 Key Recommendations

Programme Component

1. Much as non-broadcast screening has its distinct advantages, the STEPS initiative could benefit from the use of the mass media, particularly television and radio and evolve to another level of engagement. STEPS can engage key stakeholders in the region to find ways of extending the facilitated video screening methodology to a wider audience.
2. It is recommended that STEPS find innovative ways of addressing the growing demand for video screening equipment. Engagement of key stakeholders in arriving at the appropriate method can contribute to sustainability of the programme
3. There is need for STEPS to increase the cadres of facilitators in each country to ensure greater outreach to its target groups.
4. There is need to think through strategies for strengthening partner relations in the region and finding ways of improved sharing of interventions and better networking among the partners in-country and in the region.
5. STEPS will need to increase the number of local language versions, given the linguistic diversity of countries in the region; the versioning could be developed around those languages that are official.
6. There is urgent need for STEPS and IVF to engage themselves in a series of activities aimed at developing long-term strategic plans for the organisations. The process should as much as possible involve key stakeholders.

Organisational Development

1. Both STEPS and IVF need to address the conflict of interest that characterise the operations of their boards.
2. There is need to build capacity of the Board members in order for them to fully comprehend their roles and responsibilities
3. Both STEPS and IVF should develop organisational structures that are informed by the long term strategic framework and also reflective of the regional nature of the their work.

Financial and Administrative Management:

1. There is need to clearly separate STEPS and Day Zero as they are independent entities governed by different sections of the companies act and the need to enhance transparency and accountability. However, key consideration for the continued success of the project is to ensure a binding agreement/contract which ensures Day Zero continues implementing projects on behalf of STEPS to retain uniqueness and innovativeness, key skills and competences and the varied experiences of the staff.
2. There is need to ensure all staff (STEPS/Day Zero) have employment contracts including Executive Directors.

3. There is need to address governance issues within IVF by ensuring Executive Trustees step down from the Board of Trustees for the Board to be able to supervise management effectively.
4. There is need to address gaps in the organisational (both STEPS and IVF) development which include: conflict of interest in the Boards and organisations, clarity on the role of the board and ensuring development of documented organisational policies and procedures.
5. There is need to address gaps in the current financial management to include; capacity training on the board's financial management function, involvement of the Board in policy development and approval (both STEPS and IVF).

Annex 1: Terms of Reference

Steps for the Future – Outreach Evaluation: TORS

Context

Steps for the Future is project of the NGO, Social Transformation and Empowerment Projects (STEPS) that has developed a series of 37 films of varying length about different aspects of HIV and AIDS in southern Africa. The series aimed to project a fresh and provocative look at the way HIV and AIDS impacts on the lives of people throughout southern Africa. In particular, it sought to portray the lived reality of those directly affected by the epidemic by actively involving people living with HIV and AIDS in the production and subsequently also in the distribution and screening process.

From February 2003 STEPS embarked on an extensive three-year outreach programme to use the films across southern Africa as a tool for HIV/AIDS education, advocacy and awareness raising. In particular it was envisaged that the films should be used for facilitated screenings and discussions, by trained facilitators, as a means of opening up discussion about HIV and AIDS, and enabling, individuals, organisations and groups to explore questions about the disease and how it affects them.

Programme Objectives: The primary objectives of the Steps for the Future outreach programme is to work with organisations across Southern Africa to use the STEPS films as part of a media advocacy campaign intended to educate and promote discussion around HIV and AIDS related topics. The emphasis is on facilitated screenings whereby facilitators trained by STEPS would use the films at a grassroots and community level. The screenings should confront fears with stories of hope, challenge discrimination and ignorance through cultivating tolerance, promote voluntary testing and disclosure, empower individuals and communities through education and information.

Process: In order to achieve this at country level a process was initiated beginning with a needs assessment through to the development of training materials, facilitator training workshops, language versioning, facilitated screenings, skills development workshops and finally a Training of Trainers

Initiative. At the end of this three-year outreach cycle an evaluation is to be undertaken to assess the effectiveness of the approach and methodology employed by STEPS and to assess whether the films are reaching their target audience and being used as intended.

Objective of evaluation: The objective of the evaluation is to determine whether the process undertaken by STEPS, to implement an ongoing and sustainable programme of facilitated screenings, using the Steps for the Future films, has been achieved and is being implemented at a country level. It will look at the organisational structures and mechanism STEPS put in place to achieve this and whether this was suitable and effective. It will analyse how the programme has contributed toward poverty reduction in general. It will offer suggestions for improvement in taking the programme forward into a new three-year cycle.

Scope: While the STEPS outreach project has been initiated and conducted in 11 Southern African countries a selection of three countries will be used for the purpose of this evaluation. Sida will in consultation with STEPS select the 3 countries in which STEPS/IVF has been operating. The evaluation in each of these countries will focus on the step by step process undertaken in each of these countries to effectively introduce the films as an educational and advocacy tool in the fight against HIV and AIDS.

The areas to be evaluated will include –

- National Needs Assessment
- Selection of partner organisations
- Networking with partner organisations
- Local Language Versioning
- Materials Development
- Facilitators Training Workshops
- Skills development workshops
- Implementation of skills
- Methodology, effectiveness and impact of facilitated screenings
- Training of trainers course
- In-country training of new facilitators
- STEPS/IVF organisational structure
- Rules for procurements

STEPS will make available to the evaluators all written reports from -

- Country Needs Assessments
- Facilitators Training Workshops
- Skills Development Workshops
- Participant Feedback Questionnaires
- Screening Reports
- Training of Trainers Pilot Workshop Report
- Annual and interim Sida Reports
- Draft of book covering entire project

Methodology

The methodologies employed by the evaluators will consist of a combination of –

- Existing documentation review and analysis (from the written reports as listed above)
- *Interviews with* – STEPS (including Director and Regional Training Officer), Regional and local consultants, Directors or contact person in partner organisations, workshop participants, screening facilitators, IVF personnel
- Field/country visits

Time Frame:

The evaluating team will be expected to complete the report within 45 person-days from commencement of evaluation.

Deliverables:

A 1st draft report within 40-person days from commencement of evaluation for submission and comment to Sida.

A full written report with findings and recommendations within 5 person-days after input from Sida.

Annex 2: List of People Interviewed

Zimbabwe		
Name	Organisation	Position
Braveman Makaza	Experiential Marketing	Facilitator and Partner
Sara Page	SAFAIDS	Deputy Director
Enoch Chinyenze	Media for Development	Distribution Manager
Nakai Matema	Zim Inter-I Film Festival	Producer
Namibia		
David Lush	IBIS	Project Manager
Friedel Dausab	Regional HIV/AIDS Program	Project Assistant
Casper Erichsen	Private Consultant Namibia	
Liz Frank	Sister Namibia	Director
Rianne Selle	Ministry of Information	Director
Miss Linda Baumann	The Rainbow Project	Information officer
Vicky Bam-Kamule	Mother to Mother	Manager
Jeremiah Shau Sheedunyenga	Yelula HIV/AIDS Project	Planning Officer
Ebben Gariseb	Lilonga Eparu	Positive Bureau Coordinator
Namutenya Shau-Shhwelango	School Board Project	Senior Project Officer
Mariona Gaoses	Sister Namibia	Volunteer
Zambia		
Charity Mwape	Kara Counselling	Outreach Educator
Chris Mumba	Kara Counselling	Outreach Educator
Francis Mangani	Kara Counselling	Training Centre Manager
Dora Chisambi	International AIDS Alliance	Communication Officer
Dr. Simon Mphuka	Churches Health Association of Zambia	Programme Director
Peter Chilambwe	Churches Health Association of Zambia	Communications Officer
Ms. Zarina Geloo		Consultant
Chris Akafuna	Mindolo Ecumenical	Communication Officer
Patricia Litiya	Society for Family Health	Communication Officer
Sam Kapembwa	Zambia National AIDS Network	Communication Officer
Lucia Mvula	Afya Mzuri	Resource Centre Manager
Days Mhone	Family Health Trust	Facilitator
Jumbe Kasongo	Youth Alive	Administration Manager
Lesotho		
Malibuseng Matsaso	Sesotho Media	Co-ordinator
Mamolefe Petlane	Sesotho Media	Resource Centre Manager
Moalosi Thabane	Sesotho Media	Facilitator
Thabiso Mutsusi	Sesotho Media	Facilitator
Thabo Nkuebe	Sesotho Media	Film Operator
Malehoa Kalati	Sesotho Media	Facilitator
Motlatsi Bolofo	BBCDC ⁸	Principal
Puseletso Tshola	BBCDC	Lecturer
Nyalleng Kotelo	BBCDC	Student

⁸ BBCDC: Bethel Business Community Development Centre.

Maliehi Mokhosi	BBCDC	Student
Motlatsi Mashea	BBCDC	Student
Ramone Ramone	Lesotho Mounted Police	Senior Inspector
Mamonyane Matsaba	Radio Lesotho	Senior Producer
Teboho Hloete	Lesotho Planned Parenthood Association	HIV/AIDS Counsellor
Ms. Thetsane	Lesotho Flying Doctors Service	Nursing Officer

STEPS for the Future – Cape Town, South Africa

Name	Organisation	Position
Mr. D. Edkins	STEPS/Day Zero	Director
Mr. L. Dworkin	STEPS/Day Zero	Director
Mr. M. Hands	STEPS	Director
Mr. E. Bangona	Day Zero	Accountant
Mr. A. Velcich	Douglas & Velcich	Independent Auditor
Lizo Kalipa	Steps for the Future	Board Member
Lindsay Wilson	Steps for the Future	Vice Chairperson

International Video Fair (IVF) and Funding Partners

Name	Organisation	Position
Gerlinde Astleithmer	IVF	Project Coordinator
Belinda Ngwadzai	IVF	Facilitator
Debra Mugobogobo	IVF	Project Coordinator
Gellie Sibanda	IVF	Board Member
Mr. R. Chamboko	IVF	Board Trustee
Charity Maruta	IVF	Director
Ms. G. Sibanda	IVF	Finance & Admin Manager
Mr. E. Ndebele	HIVOS	Financial Controller
Mr S. Matinenga	HIVOS	Programme Staff
Ms. B. Sperner	German Dev. Service (DED)	Project Officer
Ms. G. Ndoro	MS Zimbabwe	Projects Accountant

Annex 3: Selected References

- Dantas Sa Vanessa, (2005), *Monitoring of Screenings of the STEPS for the Future Films by IVF in Mozambique (Manica Province) and South Africa (Kwazulu Natal)*
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- Levine S (2003) "Documentary Film and HIV/AIDS New Directions for Applied Visual Anthropology in Southern Africa" in *Visual Anthropology Review, volume 19, Numbers 1 and 2*
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- STEPS for Future, *CD of STEPS Training Workshops*
- Urgoiti G and Mwanjasi J (2005), *Report of the Tanzania Needs Assessment Study for STEPS for the Future Films*
- Urgoiti G and Namburete D (2004) *Report of the Needs Assessment Study for STEPS for the Future Films Maputo, Mozambique*
- Vehkalathi L et al, (2006) *STEPS for the Future Proposal*

Annex 4: List of FGD Participants for Zambia

Hope House, Lusaka on 17th March 2007

1. Gift Kaputula
2. Maureen Banda
3. Rahab Phiri
4. Lazarous Nkhata
5. Mirriam Chigwedere
6. Grace Namwanza
7. Robertimba
8. Sylvia Mwanza
9. Alex Chinama
10. Hannah Kalenga
11. George Phiri
12. Bernard Chushi
13. Cecilia Chishimba
14. Davis Mooya
15. Juliet Mweemba
16. Dorothy Kampengele
17. Eunice Bunda
18. Florine Sililo
19. Hilda Kanyinji
20. Beatrice Nawale

Umoyo Skills Training Centre, Lusaka on 21st March 2007

1. Ester Nonde
2. Linda Zulu
3. Dorica Banda
4. Mwansa Chama
5. Karen Mayiza
6. Rhodah Phiri
7. Kutukuta Mavu
8. Mary Mvula
9. Priscovia Chanda
10. Peggy Muunga
11. Adra Tembo
12. Esprin Phiri
13. Sara Tembo
14. Helen Musonda
15. Hilda Siabumbweni
16. Margaret Phiri

Annex 5: IVF HIV/AIDS Workplace Policy

HIV & AIDS Workplace Policy for International Video Fair Trust

1. Background on International Video Fair (IVF)

- IVF is a non-profit trust founded and based in Zimbabwe. It uses film as a tool to disseminate information to the under privileged communities in rural, urban-poor (high density) areas of Zimbabwe, Zambia and Malawi, South Africa and Mozambique. Plans are underway to start operations in Swaziland, Namibia and Botswana.
- IVF is comprised of five permanent members of staff and facilitators who are sub-contracted during the running of the project in each country that IVF conducts its project.

2. Impact of HIV & AIDS on IVF

- As IVF disseminates HIV & AIDS information to its audience through the use of film / video, this policy is for its management and staff as everyone is at risk of infection as well as being affected. This modern epidemic is real and IVF staff and everyone is at risk.
- As IVF employs mostly women, this affects the organization, as women are the ones who are likely to care for the sick and attend funerals more than men.
- IVF's implementing partner is Exp Agency in all the countries that IVF has carried its projects to. The crew from Exp Agency is at high risk of contracting HIV as they travel for a whole month or two sometimes.

3. Recruitment, Training and Confidentiality

- IVF shall not terminate employment on the basis of real or perceived or suspected HIV status of an employee. IVF works with HIV positive facilitators in the three year STEPS for the Future Information Dissemination Campaign held in the Southern Africa.
- Every employee has the right to travel as any other member of staff despite their HIV status.
- No employee shall go for compulsory HIV testing (Statutory 202 of 1998: Labour Relations HIV and AIDS Regulations).

4. Care and Support

- IVF will accept those infected and affected and offer moral support. The organisation shall take disciplinary measures on those who discriminate against the infected and affected.
- IVF has HIV & AIDS posters, in each and every office as well as the toilet. Male and female condoms are for free, and are usually placed in the reception area and toilet.
- HIV & AIDS literature is found at the reception and most offices. These include brochures, newsletters to educate every employee and the community in which IVF is situated in, about HIV & AIDS.

5. Medical Care and Sick Leave

- Every member of staff is covered by CIMAS Medical Aid scheme for which IVF pays 100% of the contributions. CIMAS has a HIV & AIDS package which IVF will offer to any of its staff if need arises.
- Compassionate leave and sick leave can be taken when one is really sick or is caring for close relatives who will be suffering from home. The length of compassionate leave and terms therefore will be at the discretion of management.
- Compassionate leave is given to the affected members of staff who will be attending funerals, taking care of the sick at home.

6. Education and Awareness

- Exp Agency will hold quarterly meetings with the crew to educate and create awareness and where to get tested.
- A meeting with staff will be held on nutrition guidelines, how to handle stigma and discrimination.
- Printed material and videos on HIV and AIDS as well as the HIV positive facilitators are readily available for the office staff in the IVF library.

7. Confidentiality & Disclosure

- No employee shall disclose a fellow employee's status without his or her consent.
- An HIV & AIDS test result should be confidential unless one chooses otherwise.
- Should one disclose their HIV status, IVF will encourage counselling for the individual concerned.
- IVF encourages employees to disclose their HIV & AIDS status to enable IVF to provide appropriate support.

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SWEDISH INTERNATIONAL DEVELOPMENT COOPERATION AGENCY
SE-105 25 Stockholm, Sweden
Tel: +46 (0)8-698 50 00. Fax: +46 (0)8-20 88 64
E-mail: sida@sida.se. Homepage: <http://www.sida.se>