

## Key findings of evaluation

Adoption of the 'communicating through partnership' model resulted in increased debate and enhanced the capacity of partners.

Working in partnership represents a shift from service delivery provision and is important in establishing partnerships on an equal footing.

There is a need for clear baseline indicators and a period for their identification, and clear indicators to monitor improvements in capacity.

Communication work should be rooted in the localised cultural and political realities.

Funding for project activities or structures needs to be flexible to allow suitable responses to a changing political or economic environment.

Keeping funders informed of changes to work plans creates dialogue and facilitates learning processes.

Partnership agreements should be based on assessment of needs, expectations and roles, and mechanisms for managing the partnership, including regular reviews.

A more strategic approach to capacity building is required including inclusion of objectives, indicators and evaluation in workplans.

Project design should address sustainability and the development of the skills base of partners for communication activities, project management and monitoring and evaluation.

There should be greater active involvement of 'beneficiaries' and 'target audiences' in the design, implementation and monitoring of communication initiatives.

During project implementation, exit plans should be developed to ensure a realistic phasing out and mechanisms for sustained learning.

## Activities sustained since completion of the project

Sustained learning was an important factor in the project and examples of how this is being achieved include:

- \* Participatory monitoring and evaluation system for communication activities developed as part of Monitoring and Evaluation for Communicating Research network convened by UK's Department for International Development.
- \* Partnership agreements regularly reviewed and updated in consultation with relevant organisations.
- \* Continued capacity building and networking with partners as part of project exit strategies to create horizontal and sustainable relationships once a project has finished.
- \* Development and refinement of Healthlink's Quest training module and manual, a guide to project managing participatory health communication.

## Examples of community-based HIV and AIDS communication research and practice

Communication Initiative: [www.commint.com](http://www.commint.com)

Community Conversations: [http://www.unmeeonline.org/index.php?option=com\\_content&task=view&id=1242&Itemid=56](http://www.unmeeonline.org/index.php?option=com_content&task=view&id=1242&Itemid=56)

Consortium for Communication for Social Change: [www.cfsc.org](http://www.cfsc.org)

Panos: [www.panos.org.uk](http://www.panos.org.uk)

Quest manual: your guide to developing effective health communications, Healthlink Worldwide (2003)

UNAIDS: [www.unaids.org](http://www.unaids.org)

\* Proving our worth: developing capacity for the monitoring and evaluation of communicating research in development. Healthlink Worldwide Programme Summary Report edited by Nicholas Perkins et al. Available at [www.healthlink.org.uk](http://www.healthlink.org.uk)



# Fostering Synergy: enriching HIV and AIDS communication through partnership

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Learning Paper

This learning paper outlines the findings from a project on community-based HIV and AIDS communication in sub-Saharan Africa. Communication was at the time a misunderstood and often neglected area within HIV programming. Together partner organisations learned the value of partnership, participatory approaches, networking and linkages, and how a focus on capacity building and partnership translates from rhetoric into reality.

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## Introduction

The 'Enhancing HIV and AIDS Communication in sub-Saharan Africa' project, funded by Bischöfliches Hilfswerk MISEREOR e. V.<sup>1</sup>, Hivos<sup>2</sup> and ICCO<sup>3</sup>, aimed to support the capacity of African based organisations already active in HIV and AIDS communication work. From 2002-06, Healthlink worked with KANCO in Kenya, FACT in Zimbabwe and nine other partners in Mozambique, Malawi, Ethiopia, Uganda and Nigeria to better understand what capacity African organisations need in order to use information and communication strategically in their community-based responses to HIV & AIDS. A variety of strategies and approaches were used, including thematic workshops, technical training, support and exchange visits, funding for local activities, joint international advocacy, and ongoing partnership development.

Through these experiences, Healthlink and participating partners have gained important learning around the types of skills, strategies and relationships which underpin effective communication within African responses to HIV and AIDS. Through an evaluation of the work, which involved partners, valuable insights were gained into how such capacity needs can be assessed, understood and met in a long-term, sustainable way. Some of these insights are shared in this learning paper.

## Developing strong partnerships for effective communication

Feedback from partners in the project reflected positive perceptions of the partnership with Healthlink Worldwide. The adoption of Healthlink Worldwide's 'communicating through partnership' model resulted in increased debate and movements towards creating a clear framework for HIV and AIDS communication.

**“What I have learnt in 3 weeks in another course I was not able to put into practice. What I have learnt at this workshop, however, I cannot wait to go back and put into practice.”**

## Participant at Communicating for Advocacy workshop, East Africa 2005

Among the key findings were the need for partnership agreements to include mechanisms for regular review, systematic responsiveness to changing organisational roles and the value of monitoring the changing political and economic environment; and that mid-term reviews of projects should be linked to baseline data and take stock of external changes, such as the political environment in Zimbabwe.

## Building flexibility in the project cycle

This means that project funding needs to take account of a potentially changing environment and initial workplans or proposals need to be fluid. Securing funding for long term, integrated and participatory processes requires some negotiation with donors. International partners like Healthlink Worldwide are valued for their ability to provide space for innovation and flexibility in the work of southern partners, while working to sensitise and influence donors. This project demonstrated the value of keeping donors as informed and involved as possible. If donors are not alienated from the process and understand changes in workplans, it can allow donors to play a more active role as participants. In particular, the more active role of donors can be beneficial through their facilitating networking and disseminating learning among other recipients of their funding.

## A shared understanding of effective HIV and AIDS communication

Healthlink Worldwide and partners found that in order to support and enhance each others' work, it was essential to reach a common understanding of what it means to communicate HIV and AIDS information effectively. It was an important and enriching experience to foster a shared vision among a mix of people and organisations with different approaches, methods, relationships and values. International frameworks for information and communication, from organisations like UNAIDS or Communication for Social Change, recognise that communication work needs to be designed for and rooted in the local cultural and political context.

**“More communication is needed which means involving people in meaningful participatory approaches based on dialogue, listening, responding to expressed needs and collective planning and action.”**

## Denise Gray-Felder, Communication for Social Change

These can be useful reference points, and simplified versions of these frameworks or a critical analysis exercise of them among partner organisations, can help stimulate discussion and shape a shared framework that allows provision for localisation.

## Fostering peer support and exchange

The project identified early the need for improved sharing of activities, successes, challenges and issues between practitioners. Workshops, trainings and technical support were important aspects of the project in helping build the communication and advocacy skills of partners. Healthlink Worldwide had an active role in balancing skills and processes, which aimed to strengthen peer relationships and develop

collaborative working, with the realities and resources available on the ground.

Key activities included:

- Capacity building for documentation workshop
- Learning exchanges including shared learning of monitoring and evaluation skills
- Joint lobbying at Bangkok International AIDS conference (July, 2004) and International Conference on AIDS and STIs in Africa (Nairobi, September 2003)

Feedback from partners noted the value of peer exchange and the use of participatory methods in workshops which enabled stronger networking and consensus building.

**“I learned more than expected, and mostly from the discussions based on the experiences of participants.”**

## Quote from a Nigerian participant of workshop

## Involving people living with HIV and AIDS

Many of the organisations involved in this project work directly with communities affected by HIV and AIDS. It was recognised that the needs of people living with HIV, whether beneficiaries or stakeholders, should be taken into account. The materials developed with the involvement of counsellors and those living with HIV included a manual and booklets on counselling in Zimbabwe, which was particularly successful. The perspectives of these primary stakeholders, or ultimate beneficiaries, need to be integrated into planning processes, from partnership development to needs assessments and development of monitoring systems, as well as the development of activities and products.

Partners valued the use of participatory methods in different project activities, which enabled them to bring the needs, expectations and voices of their stakeholders more directly into the capacity building and planning processes, as well as monitoring and understanding change. But more capacity is needed to integrate such participation into institutional and partnership structures. Activities such as high level policy analysis should be driven by the perspectives of people living with HIV, even though they might not be direct participants in global advocacy.

Integration in project design can also help tackle HIV and AIDS related stigma and discrimination in the community through encouraging disclosure, if that is their choice, by those living with HIV and encourage participation in local and global advocacy.

## Understanding change and our role in it

Attributing changes in people's lives, attitudes and behaviours, through communication and information channels is difficult to prove. Organisations working on HIV and AIDS communication need to understand what works, and the impact of their interventions; sharing this information would help improve the response to the AIDS pandemic and persuade donors and policy makers to support their work. Monitoring and evaluation frameworks, like log frames, are a useful analysis for information, impact and difficulties. However, there was a capacity gap in accessing and adapting monitoring frameworks, choosing methods and developing indicators relevant to partners' contexts and activities.

In response, Healthlink Worldwide and KANCO held a learning forum on comparing a number of different participatory methods for evaluating change and in engaging beneficiaries to tell their stories of change. Twenty-two participants from Kenya, Uganda and Zimbabwe attended the workshop in Nairobi. Discussion and debate on several case-studies, especially in using and adapting tools and documentation of experiences, helped establish that evaluations are an opportunity for mutual learning from experience, and not only a feedback mechanism. Through such approaches, monitoring and reporting become opportunities for learning, debate and action.

## Consolidating capacity building

Learning and capacity building needs to be more strategic and long-term. There was significant learning which led to a review of Healthlink Worldwide's approach to HIV and AIDS communication in 2004. The project also led to a sustained and systematic overview of what capacity building means when working in partnership and how to evaluate impact through gathering strong baseline data at project conception.

## Partners involved in the project:

- Family AIDS Caring Trust (FACT), Zimbabwe
- The Kenya AIDS NGOs consortium (KANCO), Kenya
- Southern Africa HIV/AIDS Information Dissemination Service (SAfAIDS), Zimbabwe
- Women and AIDS Support Network (WASN), Zimbabwe
- Youth Net and Counselling (YONECO), Malawi
- HIV/AIDS Prevention Care & Support Organisation (HIWOT/HAPCSO), Ethiopia
- National Community of Women Living with HIV/AIDS (NACWOLA), Uganda
- AIDS Care, Education and Training (ACET), Uganda
- Child to Child, Uganda
- AfriAfya, Kenya
- Mothers' Welfare Group, Nigeria

1 [www.misereor.org](http://www.misereor.org)

2 [www.hivos.nl](http://www.hivos.nl)

3 [www.icco.nl](http://www.icco.nl)