



**BIENNIAL REVIEW**

**March 2008 - Feb 2010**



**CADRE**

Centre for Aids Development,  
Research and Evaluation

## **Mission Statement**

The Centre for AIDS Development, Research and Evaluation (CADRE) is a South African non-government organisation working in the area of HIV/AIDS social research, programme development and communication. CADRE was established in 2000. We are oriented towards fast-tracking appropriate and effective responses to HIV/AIDS through developing coherent strategic models and contributing to policies for intervention and evaluation.

## Guiding principles

CADRE is committed to:

- a concept of society based on democratic principles of consultation, maximising of participation, and accountability to broader society;
- mobilising a clear understanding of, and rapid response to, emerging issues in HIV/AIDS;
- fast-tracking social response to the epidemic through prioritising key areas and through making research findings, models and tools readily available;
- fostering the development of a clear understanding of the continuum in HIV/AIDS that exists from prevention through to treatment, care, support and rights;
- responding to the need for a multifaceted response to HIV/AIDS based on an understanding of the disease as a complex and layered social phenomenon.

## Organisational approach

CADRE has a national orientation, but also conducts work in other countries, mainly in southern Africa. We seek to provide a critical, analytic and independent voice in the context of a complex HIV/AIDS epidemic. We place an emphasis on the development of policy and strategy based on sound research and epidemiology and are involved in developing theoretical frameworks, conceptual models, best practice frameworks, research tools, and training approaches.

CADRE is a leading organisation in the conceptualisation and development of evaluation frameworks for HIV/AIDS programmes, and is used extensively as a consultant to governments, non-governmental organisations (NGOs), and funders.

CADRE focuses on promoting the needs of communities directly experiencing the impacts of HIV/AIDS.

We are committed to developing people and to developing collegial and collaborative partnerships in all spheres of our work.



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# 1. Director's report

This is the 10th year since CADRE's founding in 2000.

We launched as a two-person operation in a seminar room at Rhodes University in July 2001.

We planned to be a small and mobile organisation that would contribute to building the knowledge base for a more informed and effective response to HIV/AIDS.

We never anticipated that within ten years we would have worked in more than 15 countries in sub-Saharan Africa, participated as primary partners in large national research projects, been responsible for launching and managing a credible AIDS journal, produced a national television drama series, or that we would have ongoing working relationships with leading national and international organisations in the fields of HIV/AIDS epidemiology and programming.

In many respects CADRE's journey has been challenging. We have gained and lost some very talented staff, and notably in March 2009 one of our co-founders and directors, Dr. Warren Parker, left the organisation. This raised questions about CADRE's well-being as an organisation. CADRE has a good reputation, but the organisation itself has not been strong. In many respects the needs of the organisation have been neglected, with our attention directed externally.

We are a small organisation. Currently we have three full-time administration personnel, two part-time administration and finance staff, and eight researchers. The research staff have not been sufficiently cognisant of the challenges of managing the organisation and the internal coherence of CADRE has been weak.

This has been exacerbated by the nature of the work we undertake. Our identity has been created externally through the work we are contracted to do, and in relationships with our partners.

From its inception CADRE has strived to be a responsive organisation and we have taken some pride in the fact that our work is largely funded from the programme budgets of those we work with and for. The advantage of this is that we have mostly not been challenged by the need to translate our work into policy and practice, as we usually work for clients who require our research outputs for programme development needs. The problem with this is that the organisation has not developed its own clear research agendas. We seldom look for funds to pursue particular research projects that we deem important.

CADRE has identified these two weaknesses - neglect of internal management and predominantly serving the research needs of our partners - and we are addressing them. We have taken significant steps to improve the management of the organisation, and we strongly encourage our research staff to pursue work around a number of core issues.

We present our work in this report under a number of thematic areas which CADRE has identified as central interests, and we are pleased to see that there are some strong themes and concerns that weave through our diverse and seemingly disconnected research efforts.

**Kevin Kelly**  
**CADRE Director**



## 2. CADRE management

Over the past two years CADRE management has made a concerted effort to develop the internal functioning and well-being of the organisation. Prior to this our external commitments in many respects kept us away from developing management systems and processes needed in an organisation with multiple commitments. The directors of the organisation have somewhat belatedly turned their attention to improving the management of the organisation and we are pleased to report that this has borne fruit at the level of efficiency, staff satisfaction and the quality of our work

### Management systems

Over the past few years we have gradually developed systems for improving the management of the organisation. We have reviewed our employee guidelines and with the participation of the entire staff agreed to and finalised principles and procedures for all aspects of our corporate culture and governance.

We have improved our project management systems, and are progressively integrating all processes, from leave management to timesheet analysis and project accounting, in a central electronic management system.

We have re-designated our senior administrator as the Administration Manager, and assigned this a more senior general management role in the organisation.

Introduction of regular research and administration teleconference meetings across the organisation have helped to create an organisation where staff are much more aware of and responsive to the management needs of the organisation.

CADRE has also initiated a performance management system. The performance appraisal of CADRE staff against organisational expectations and own-goals is conducted at six-monthly intervals. This is a long overdue initiative and since its introduction it has shown its value in terms of identification of performance problems and introduction of corrective goals and measures.

### Standards of practice and research ethics initiative

CADRE has commenced the development of a manual of research ethics and standards of practice.

The first section of the manual presents ethics and research guidelines to inform the design and conduct of high quality and ethically sound research. We have developed guiding principles of research, ethics review, research staff roles and responsibilities, as well as guidelines on ethical research implementation, report writing and publishing.

The second section of the manual is an outline of CADRE standards of research practice. This is a work in progress and the aim is to set parameters for research management and conduct. This includes, for example, guidelines on data management and storage, transcription, maintenance of research records, and research management templates.



The standards of practice and ethics initiative serves to highlight that CADRE's research practices must be infused by principles of good ethical practice and guided by appropriate protocols and procedure.



From left to right CADRE office management staff: Fezeka Kunene - Receptionist; Suzette Williams - Administration Manager; Maria Sekhantsa - Office Assistant



Dr Warren Parker - left CADRE in March 2009

## 3. HIV/AIDS policy, strategy and epidemiology

### HEAIDS

This research project was commissioned by the Higher Education HIV/AIDS Programme (HEAIDS) funded by the European Union. CADRE was part of a consortium that undertook this work, led by the Futures Group with CADRE, the Medical Research Council and Epicentre as implementing partners.

The work represents the first comprehensive attempt to survey the scope and impact of HIV and AIDS in the higher education sector in South Africa, and it was intended that the study would enable the higher education sector to understand the threat posed by the epidemic to its core mandate.

The study involved determining, at the institutional and sector level, the prevalence and distribution of HIV and associated risk factors among the staff and students at 21 out of 23 public higher education institutions (HEIs) in South Africa.

Each HEI population was stratified by campus and faculty/class and then clusters of students and staff were selected for the study using standard randomisation techniques. An overall sample of 25,000 respondents was targeted. Self-administered questionnaires were used to obtain demographic, socioeconomic, behavioural and HEI-related data, and bloodspots were obtained by finger prick. The HIV status of participants was determined by laboratory testing of dry blood spots.

Field work for the study was conducted between August 2008 and February 2009.

Out of a total of 29,856 eligible participants available at testing venues, complete data were obtained for 23,375 individuals made up of 17 062 students, 1,880 academic staff and 4,433 administrative and service staff.

In addition to co-facilitating the design and implementation of the behavioural and contextual risk assessment involved in the survey study, CADRE was responsible for a large-scale qualitative study across the 21 participating institutions. The aim of the latter was to provide a better understanding of the contextual factors that drive HIV risk and insight into the efforts of very different institutions in mitigating these risks, preventing new infections and providing care and support to students and staff members living with HIV. CADRE was responsible for the design of the qualitative study protocol and research questions, recruitment, facilitation of focus groups and interviews, transcription oversight, data analysis and reporting. In total, 67 focus groups and 60 interviews were convened at 21 institutions across 33 different campuses. Over 600 students and staff participated in the qualitative study, of which 107 were known to be HIV positive. There were also eight interviews and eleven focus groups conducted exclusively for HIV-positive students and staff at campuses which had active HIV support programmes in order to probe into their experiences of being HIV positive at higher education institutions. A further eight focus groups explored issues relevant to specific risk populations: men who have sex with men, hard drug users, and alcohol and 'party loving' students.

The results of the study were presented as a Sector report -'HIV prevalence and related factors: Higher education sector study, South Africa, 2008-2009' - covering higher education as a whole, as well as 21 confidential reports to each institution.





From left to right: CADRE researcher Laura Myers with Kenny Chew, University of Pretoria Health Promoter.



Health centre, University of Limpopo (Turfloop)

The research was presented at a higher education summit. We hope that the results will guide universities in improving their response, taking measures to make campus life more protective, enhancing student support and wellness programmes, challenging HIV-related stigma, enacting HIV/AIDS policies, and providing quality care, support and treatment opportunities to students and staff living with HIV.

The study stretched CADRE to its limits. It absorbed most of CADRE's resources for over a year and the logistical demands of gathering and capturing the data alone was very taxing. The analysis and report writing was equally demanding. However, the end product has been well-received and there are good indications that at least some institutions are taking the interesting and sometimes surprising results seriously, and using these to inform their HIV and AIDS response strategies.

CADRE looks forward to making further contributions in the higher education sector in South Africa and sub-Saharan Africa.



Boxes containing some 23,000 HEAIDS surveys

## Third national South African HIV/AIDS survey

CADRE contributed at design and authorship levels to the third (2008) round of the Human Science Research Council's national HIV prevalence and socio-behavioural survey. This survey has become an important and much cited source of HIV and AIDS information.

We are again proud to have played a key role in this national study and it is gratifying to see our logo on the front page of these reports alongside the HSRC and MRC; which is all the more notable given our relatively small size as an organisation. This has been a meaningful way of fulfilling our vision of contributing to HIV and AIDS epidemiological and social science research that makes a difference.

CADRE is also involved in the fourth round of this work, currently under development and due to go to field in 2011.

## Child sexual abuse - SIDA

Following a related review in 2003, CADRE was funded by SIDA through the AIDS Foundation of South Africa (AFSA) to undertake a study of child sexual abuse (CSA) in South Africa in 2008-2009. The broad goals were to develop a coherent understanding of the contexts of risk of HIV infection in children as a product of sexual abuse, to review experiences of organisations working with children, to explore the dimensions of HIV risk and the resources required for managing and supporting children who have been exposed to HIV risk or who have become HIV positive, and to contribute to strategic thinking in relation to the management of HIV risk for children who have been sexually abused.





Specially trained counsellors in dealing with child sexual abuse cases at an Mpumalanga hospital

There is a great deal of evidence that child sexual abuse is a significant problem affecting children in South Africa, though it is difficult to obtain a reliable estimate of the scale of the problem. Although the links between child sexual abuse and HIV transmission are not well established, it is known that child sexual abuse impacts on the individual in many ways, including physical injury, the risk of sexually transmitted infections including HIV, and significant psychological harm. Research into child sexual abuse is made difficult by the hidden nature of the phenomenon and ethical issues related to working directly with victims of abuse.

In this study, CADRE worked with a range of organisations that provide services to victims of child sexual abuse, vulnerable children or communities more broadly, in order to better understand the broad context of HIV vulnerability and risk as it pertains to child sexual abuse. Gathering qualitative data through managers, counsellors and other service providers provided the opportunity to bypass the ethical dilemmas of working with victims directly.

The first phase of the project included seven components:

- A *literature review* which compiled findings from emerging international and South African research on CSA. The literature review covered research related to definitions; incidence and prevalence of CSA; CSA and HIV transmission; social contexts of CSA vulnerability within South Africa; psychological and psychopathological effects; poverty and shifts in household care; service provision; and prevention of CSA.
- A *legal review* examined the changing international and domestic legal frameworks related to children's rights and sexual assault in particular. Relevant South African legislation and policy (and their implications for children) were reviewed and a number of specialists working in this area within civil society were interviewed about their experience with these policies, which have only been recently implemented. There was further discussion of the types of CSA cases which are being reported and prosecuted.
- A *review of the contexts of CSA risk in South Africa*. A number of parallels arose in the course of the different research components, as participants described similar situations where CSA occurs. It was deemed worthwhile to pull together these findings to present a general picture

of the contextual factors which affect the likelihood of risk of CSA. This component explored informants' perceptions about the general levels of CSA in the researched communities, and noted effects of abuse. Situational factors found conducive to CSA included: household structure, living conditions, degree of supervision, poverty, transactional sex, inter-generational sex, substance abuse, sexual abuse by other young people, school environments, legal barriers, and the quality of service delivery in preventing and responding to cases of CSA.

- An *organisational review* was conducted of Childline and Grip, two organisations that provide services to victims of CSA, including therapy and counselling, referral services, support groups, camps for victims, school education programmes, and a programme to help youth perpetrators. The research, which was conducted in four provinces, reviewed experiences of helpline staff, social workers, counsellors and programme managers related to service provision (including HIV-related services), challenges in serving this population, and programme needs.
- Three *communities were researched as case studies*, to highlight how different communities perceive and regard CSA. The areas included a community in the rural Transkei, Eastern Cape, and two semi-urban communities in Cape Town, Western Cape (one largely 'coloured' and the other 'African'). The perspectives that emerged illustrated the diversity of contexts of risk and how some cultural practices and communal values and norms perpetuate CSA.
- An *organisational review* of sexual abuse risk faced by orphans and other vulnerable children was conducted to strengthen understanding of the various contexts of risk affecting vulnerable children, including different living and care environments. The review explored issues related to the regulatory environment around such children, supervision, household and institutional care settings and other factors that affect vulnerability to abuse. Factors specific to children who have been orphaned, live on the streets, have disabilities, are juvenile offenders, who are HIV positive or who have parents who are HIV positive were discussed.
- Lastly, a paper on the *impact of statutory foster care on the social welfare system* was presented in collaboration with the National Welfare and Social Services Forum. This piece highlighted several key service delivery problems, including how child protection services are overwhelmed by the recent influx of statutory care caseloads, an acute shortage of social workers, that members of this profession currently are not being utilised effectively, and the increasingly large role that non-profit organisations play in providing social welfare services that were formerly the responsibility of government.

The findings from each of these review components will form chapters in a comprehensive report on child sexual abuse in South Africa, which will then be discussed at workshops with experts, stakeholders and SIDA in 2010 and 2011. CADRE will develop these findings into a range of strategic outputs designed to mitigate the impacts of such abuse (including HIV infection) and strengthen the capacities of organisations working with children in this area. Planned outputs include the development of guidelines and support resources, communication strategies and materials about risks and rights, dissemination workshops and journal articles.

## Prevention strategy - UNFPA

CADRE was enlisted to assist in an initiative of the UNFPA Africa Regional Office to review evidence about the drivers of HIV infection in sub-Saharan Africa and the effectiveness of past HIV-prevention efforts in the region.



This involved an extensive literature review as well as a review of current HIV-prevention efforts by the UNFPA in sub-Saharan African countries. The document produced mainly draws on recent reviews of the status of HIV epidemics in sub-Saharan Africa and systematic reviews of evidence related to HIV-prevention programme effectiveness. Other sources were UNFPA Country Office annual reports, UNFPA documents, and limited interviews with UNFPA staff in four countries as well as in the two sub-regional offices.

The findings of the review, and strategy suggestions arising from these, were intended to be used as a resource in planning processes for intensifying the commitment to HIV prevention of the UNFPA's Africa Regional Office. The ultimate goal was a clear strategy and programme of action aimed at strengthening the UNFPA Africa Regional Office's role in HIV prevention at country, sub-regional and regional levels.

The review was presented at a high-level meeting of researchers and partners at UNFPA headquarters in New York. The task of the meeting was to consider ways for the Africa Regional Office to work more effectively with partners to develop capacity for supporting more evidence-informed, results-oriented, and nationally led HIV-prevention responses.

Building on these foundations, in late 2009 and early 2010 CADRE was tasked with facilitating a two day workshop aimed at developing a 'UNFPA Africa Region HIV Prevention Strategy 2009-2013'.

Working with the head of the Africa Region UNFPA HIV programme, we facilitated the two day meeting involving a series of presentations, exercises and discussions aimed at fleshing out what should be included in the prevention strategy. We developed a report on the meeting and set about drafting the strategy. This built on our 2008 review and involved further original analysis of UNFPA's internal data on HIV prevention activities.

The strategy development process went through multiple iterations and it was a challenging task getting to grips with the character of the organisation and its variations at sub-regional and country levels. Ultimately a draft strategy was developed and accepted to undergo further internal work.

The entire process has provided us with much better insights into the workings of the UN family of organisations and also developed our understanding of the complexities involved in managing HIV/AIDS responses across the Africa Region. It has also brought us up to date with new evidence about HIV transmission and prevention. It has led us to a deeper understanding of the international drive to reinvigorate and focus HIV prevention efforts and the challenges faced in orienting on this.

## Religious sector HIV/AIDS strategy

In November 2008, the Eastern Cape AIDS council, in partnership with CADRE and the Eastern Cape Provincial Council of Churches (ECPCC), convened a Religious Sector Consultation with stakeholders from across the province. The intended outcome was a Religious Sector Plan as part of the Provincial Strategic Plan.

This was designed to bring together three pieces of work: an ECPCC draft plan; resolutions of a previously convened 'Religious Parliament' in the province; and work which CADRE had previously conducted with



UCT's African Religious Health Asset Programme (ARHAP) and the MRC. The latter work involved three sessions of two-day consultations with 12 Eastern Cape Government, NGO and faith-based organisation leaders.

CADRE was charged with facilitating the Religious Sector consultation, which it did through the able assistance of Theresa Edelman, a consultant facilitator. We were tasked with capturing the resolutions of the meeting and facilitating a process leading to development of a Religious Sector strategy and plan. The work was supported by the Eastern Cape AIDS Council and the Eastern Cape Socio Economic Consultative Council.

The work was conducted and a carefully drafted strategy and plan was presented. Unfortunately, however, the plan has not been implemented, apparently due to lack of funding. It has been a sobering insight for CADRE to witness how the value of a sound set of development processes and social investments may be lost due to institutional weakness and inadequate management.

## 4. Monitoring & Evaluation

In 2009 Dr Asta Rau joined CADRE. She adds further strength to our work in monitoring and evaluation, which to this point has been led by Kevin Kelly.

Our portfolio of evaluation experience continues to grow and we appreciate the immediate practical value of this form of research.

The field is in a strong growth phase in South Africa and CADRE is among the leaders in evaluation in the HIV/AIDS field.

### Monitoring and evaluation training

#### CCMS

During the past two years we have conducted a number of lectures focusing on evaluation, including those to the JHHESA-supported honours level course on 'Communication for Participatory Development' at the Centre for Communication, Media and Society at the University of KwaZulu-Natal.

#### Accredited M&E training

CADRE has undertaken to continue to address the demand for accredited M&E training through annual and on-demand training programmes, which combine teaching and practical assignments.

In partnership with Rhodes University's Centre for Social Research and Action (CASRA), CADRE conducted two (2008 and 2009) five-day training programmes which were formally accredited at level 7 of the National Qualifications Framework. These very successful courses included a total of 80 participants. The teaching component was followed by a mentored project assignment and, for successful participants, to a Rhodes University performance-based certification. The feedback from participants was very positive and



the orientation of the course to a practical assignment proved to be a very useful learning opportunity for participants.

Participants were from a wide range of government and non-government organisations, many of which were not HIV/AIDS oriented.

There is a high demand for training in this area and it provides income-generating opportunities for CADRE.

## Rockefeller Brothers Fund

During the period under review CADRE was successful in winning a contract to conduct an impact evaluation for Rockefeller Brothers Fund (RBF) of their AIDS in Society Research Grant programme. This covered a cluster of research grants focused on the long-term 'impact of HIV/AIDS on society' in South Africa. The aim of the grant programme was to stimulate research leading to more evidence-informed policy and practice in four programme areas: sustainable livelihoods; democracy and governance; peace and security; basic education and vulnerable children.

The evaluation covered the work of 24 grantees which included NGOs, university research units and statutory research organisations through 45 grants.

This was a conceptually challenging assignment which required tracking the impacts of the research produced over more than five years on the policy and practice environment. It required development of a conceptual model for understanding the impact of research on policy and practice.

It provided a strong learning experience and led to a few methodological innovations which will stand CADRE in good stead. The evaluation of research impact and the optimisation of research influence on policy and practice is important, but there has not been much development of this area of evaluation; beyond the well-known and not particularly helpful methods of bibliometric and citation analysis. We look for further opportunities to extend our experience in this field.

## Support for the development of the disciplines of monitoring and evaluation

CADRE assisted the development of monitoring and evaluation in South Africa through Dr Kelly's active participation as a founding board member of the South African Monitoring and Evaluation Association (SAMEA) until his three year term of office ended in late 2009. He led the scientific programme of the first and second SAMEA conferences (2007 and 2009) and an initiative to support the African Evaluation Association in founding a peer-reviewed journal. This initiative is coming to fruition with a planned first issue of the journal to be produced in 2011. Dr Kelly will be the interim managing editor of the first issue, but will not act as a permanent editor.

## 5. Local Level Responses

### Story of an African community responding to AIDS

During 2007-2008, with support from the East Africa office of the Ford Foundation, CADRE conducted a study of the AIDS funding for Tanzanian civil society organisations.

Following this we conducted a detailed case study of a well-established Tanzanian NGO, Faraja Trust Fund (Faraja), which is renowned for its innovative, community-driven approach to AIDS programming.

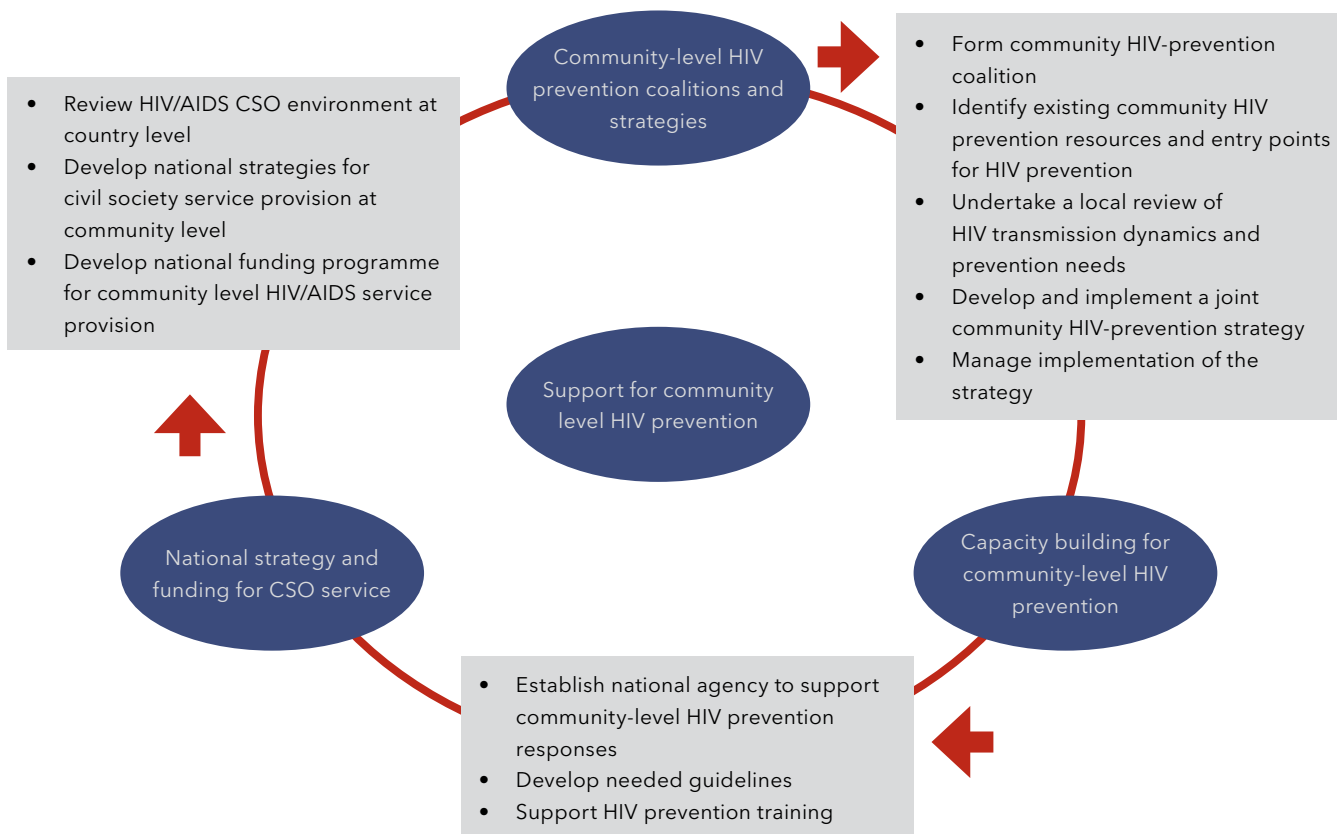
While the national-level inquiry looked more broadly at the way in which current AIDS funding trends are affecting Tanzanian CSOs, the case study highlighted the challenging experiences of one particular organisation in trying to resource its own locally grown model of AIDS response.

Faraja is a remarkable community organisation with 18 years of experience from which we can learn. Its story centres on the relationships and commitments of people bound together by the destiny of living in a common place and facing a common set of challenges brought on by the advent of HIV and AIDS.

At a national level, Tanzania and the international donor community have applied many approaches to help slow the spread of HIV infections and minimise the epidemic's impact on individuals, families and society in general. Throughout, the important role of civil society organisations has been proclaimed, and various mechanisms for supporting civil society responses have been launched and activated by international



### Support for community-level HIV prevention



development partners and government. However, the success of mobilisation around local responses to the epidemic has not been documented, nor has there even been much reflection on the effectiveness of the support offered to local responses.

This case study exemplifies the changing nature of HIV/AIDS responses in Tanzania and the successful contribution of Faraja to the town of Morogoro and its surrounding areas. It raises questions about what constitutes viable and sustainable community HIV/AIDS responses and how these can be best supported.

The narrative also points to the need to reshape funding mechanisms, such that they can be more supportive of community initiatives. It not only draws attention to the important work of Faraja, but more broadly shows the tensions between what civil society can contribute to HIV/AIDS responses, on the one hand, and the existing models for civil society funding, which are not conducive to supporting comprehensive, developmental responses, on the other.

The story of Faraja is not over. It continues to evolve, tied as it is to the destiny of many people and communities and to the evolving machinations of national and international aid strategies.

The result is that the requirements for promoting and supporting effective community responses to HIV and AIDS remain to a large extent poorly understood and superficially strategised. The stories that could

inform us about how to proceed – and how to succeed – are largely untold. There has been too little done to understand the kinds of institutions that show promise for the future of viable and sustainable African responses to HIV/AIDS. We expect that the story of Faraja is very rich in lessons.

## Global Fund research on support for community-level HIV prevention

The Centre for AIDS Development Research and Evaluation (CADRE) was contracted by the Global Fund to fight AIDS, TB and Malaria to conduct research into the local level systems effects of large scale funding in three South African communities through two contracts in 2005-2006 and 2008. The results of these contracts have been used to inform Global Fund reporting.

The first round identified community-level needs for financing in the three study sites, identifying responses to antiretroviral treatment (ART), and changes in community-level responses to HIV including stigma and discrimination at the community level. The findings suggested more than ever that the 'reality of AIDS' is permeating throughout communities and people have moved beyond denying knowing people with HIV/AIDS or questioning the severity of the epidemic.

The follow up to this work involved documenting models of funding and coordinating community-level responses to HIV/AIDS through a review of eight community-based organisations. Three areas of support to strengthen community-based organisations were identified: predictable financing, training and capacity building, and coordination, alignment and advocacy.

The next round of work in 2008 identified specific organisational needs and appropriate actions to lead to more efficient community organisations. The actions to support these needs included strategic planning, management capacity development, staff retention, community networking, and financial planning and resource mobilisation. It also identified organisational efficiencies gained from bridging these gaps.

In 2009 and early 2010 we were again provided the opportunity to conduct research for the Global Fund. In this work we sought to expand on the previous studies. The title of the study produced is 'Community entry points: Opportunities and strategies for engaging community supported HIV/AIDS prevention responses'.

The study commenced with a literature review focussing on community and local level responses to HIV prevention and civil society engagement in HIV prevention.

Other sources of information included: 1) data collected in CADRE's ongoing community-level engagements and HIV prevention communication training in east and southern Africa; 2) secondary data from research previously conducted by CADRE; and 3) primary data collected in the Eastern Cape Province of South Africa.

The study describes: factors influencing the birth and growth of community organisations; the motivations of community HIV/AIDS workers and volunteers; the roles and modes of engagement of CSOs in HIV prevention; cultural, religious and symbolic approaches to HIV prevention capacity building and training efforts aimed at this sector; limited vision and understanding of prevention at community implementation level; problems in funding and support for community-level responses; and the strategic management needs of this vast, informal economy of AIDS response.



The recommendations of the study were distilled into a three part strategy to support community-level HIV prevention.

## Publications and meetings

CADRE has a strong portfolio of research on community level HIV responses, and the opportunity is ripe to bring what we have learned to bear on policy dialogues concerned with how best to support responses to HIV/AIDS at community level. It is abundantly clear that HIV is not evenly spread across countries or within communities. Many of the drivers of HIV infection and certainly the burden of AIDS must be understood and responded to at community level. In as much as there is national and international emphasis on 'know your epidemic, know your response' this type of thinking needs to be applied at the local level. Moreover it needs to be embedded at the most local level, in the context of individual lives. Communities and individuals need opportunities to appraise their HIV risk and to identify particular approaches or combinations of approaches to reducing it.

Towards this end we must turn our attention to understanding how to support community level responses. CADRE is developing partnerships for further and more expansive work on understanding the scale and scope of the CSO sector and what needs to be done to support HIV responses through it.

We have presented our work at a number of national and international meetings and are encouraged by the interest being shown in it. We have a number of publications in this area in preparation and in press, and have recognised that we need to publish our work in scholarly journals in order for it to be more broadly recognised.

## 6. HIV/AIDS Communication

### 1) Johns Hopkins Health and Education in South Africa

CADRE has enjoyed a long relationship with Johns Hopkins Health and Education in South Africa (JHHESA), and with Johns Hopkins University Bloomberg School of Public Health Centre for Communication Programs, Baltimore. CADRE first received funding from Johns Hopkins University – via PEPFAR and USAID – in 2003. Key areas of work have included communications research and interventions, monitoring and evaluation, and research towards understanding local level responses to HIV and AIDS. During the current reporting period, communications work funded by JHHESA through USAID included: input towards the development of the second national communication survey; technical support and strategic input to three national communication campaigns: Scrutinize, Brothers for Life, and the PMTCT Social Mobilisation campaign; community radio programming with ABC Ulwazi; the expanded dissemination of Tsha Tsha; and support to HIV prevention activities of a community based project, Siyathemba.

#### *Expanded dissemination of Tsha Tsha*

Between 2003 and 2007, in partnership with Curious Pictures and SABC Education, CADRE co-produced 78 episodes of Tsha Tsha, a television drama series that was broadcast on SABC 1. It is a youth-oriented

television series that focuses on young people living in a world of HIV/AIDS. Despite its target audience being young people, the production attracted viewers of all ages and from all walks of life. The television drama series used an entertainment education format to communicate lessons about HIV and AIDS. The formative research conducted by CADRE, the grounded theory used to develop a sound methodological approach to its development, and the extensive pre-testing of scripts proved to be critical elements of the series' success.

Following the successful expanded dissemination of Tsha Tsha for educational purposes to non-broadcast environments in South Africa and across Africa (through videos, DVDs and a facilitator's guide to season one), a thematically-based DVD compilation and discussion guide was developed in 2008 using the last 26 episodes of the series. Entitled Tsha Tsha DVD Discussion Guide: Strategies towards the effective management of HIV, this educational resource focused on four key areas: HIV risk and multiple and concurrent partners; orphans and vulnerable children; prevention of mother-to-child transmission of HIV; and antiretroviral treatment. The guide is freely downloadable from the CADRE website and hard copies are available in limited quantities from JHHESA.

### **Scrutinize campaign**

The Scrutinize campaign is a joint effort between JHHESA, the famous youth brand Levis, Matchboxology, Mediology, CADRE and other partners. CADRE's role has primarily focused on providing strategic input towards the development of the campaign and technical support in terms of ongoing research and evaluation.

In 2008, CADRE trained members of the Orange Farm Anti AIDS Club (OFAAC) in Orange Farm, an informal settlement south of Johannesburg in research methods who then conducted informal discussions with various sectors of the community. Key findings highlighted a range of factors that increase risk of HIV infection among young people. Along with other evidence-based research, this formative research, rich in colloquial language and content, formed the basis for the development of the Scrutinize communication campaign aimed at young people aged 18 to 35 years, with the objective of increasing their perception and 'personalisation' of HIV risk.

The campaign concept and slogan were extensively pre-tested by CADRE and insights and suggestions from the field testing contributed to the ongoing refinement of the animerts (animated advertisements). Eight 'animerts' were developed and broadcast on the public broadcaster and e-TV, and were shown in over 300 clinics nationwide. The animerts focus on the risks of multiple and concurrent sexual partners; sugar daddies, sugar mommies and transactional sex; the role of alcohol in HIV risk; understanding sexual networks; early sexual debut; and incorrect or inconsistent condom use. Other mass media materials that were developed with the technical support of CADRE included posters that were distributed in major newspapers and magazines during the FIFA Confederation Cup in South Africa in June 2009.

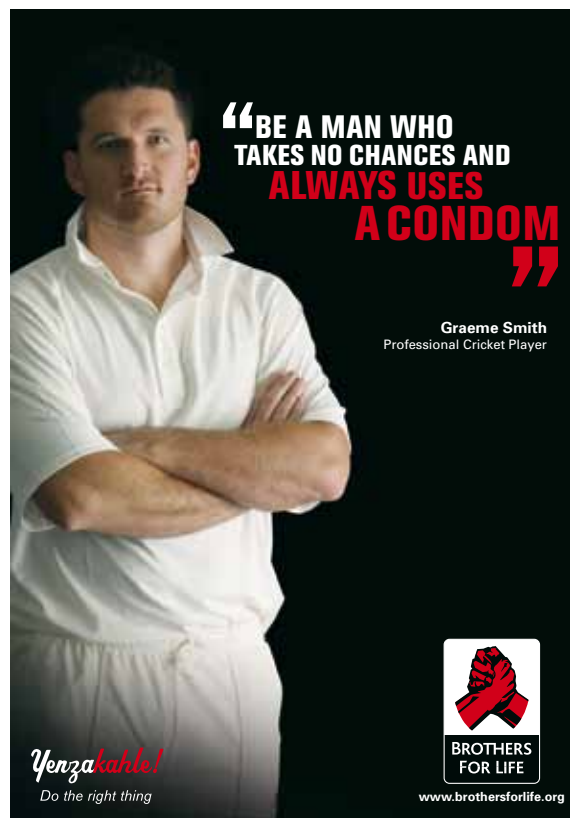
Pre-and post-broadcast audience reception analyses of the animerts were conducted by CADRE at various points in time. Findings indicate that the term 'Scrutinize' has developed into a well-established brand over time, entering into the daily lives and language of young South Africans and has become synonymous with HIV prevention.

CADRE formed part of a team that developed a discussion guide based on the Scrutinize animerts to be used in interpersonal contexts, such as on higher education campuses, in schools and in a range of in-and-out of school youth groups. The Scrutinize Facilitator's Guide has been extensively used by JHHESA partners, including DramAidE, One Voice, Mothusimphilo, the Valley Trust and others.









CADRE has been involved with Brothers for Life since its inception through the provision of strategic input and technical assistance. Mass media materials developed for television, radio, billboards and posters, were extensively pre-tested by CADRE among target audiences in urban, rural and peri-urban sites in 2009. The insights and feedback from the pre-testing informed recommendations for changes and refinements to the mass media materials prior to their broadcast or release in August 2009. Field testing included testing for: educational messages; unintended messaging; authenticity and realism; cultural, social and gender sensitivity; and responses to the campaign logos, slogans and 'look'.

CADRE also conducted the pre-testing of mass media materials that are to be broadcast during the 2010 Soccer World Cup. One of the most important recommendations to come from this process was the recommendation by numerous focus group participants to extend the Brothers for Life Ambassadors beyond soccer players to include other popular sportsmen in South Africa, as this would add to the campaign's reach and longevity. Brothers for Life has since incorporated rugby and cricket players as ambassadors for the campaign.

Future activities include a national evaluation of the mass media Brothers for Life materials and creating a partnership with Brothers for Life where CADRE findings from a SIDA-funded project focusing on the intersection between child sexual abuse and HIV and AIDS will be incorporated into the 'Stop violence against women and children' component of the campaign that will be launched late in 2010. Joining an existing and well established communication campaign will provide opportunities and value that CADRE alone is not in a position to undertake.



## **ABC Ulwazi**

As part of the provision of technical assistance to JHHESA partner organisations, CADRE provided support to ABC Ulwazi towards the development of HIV materials for community-based radio stations across South Africa. Support included strategic input and the provision of relevant research material to inform the development of educational products; script reviews to check for HIV content and accuracy; input into script pre-testing processes, and support towards the development of evaluation methodology for the project activities.

A 14-episode radio drama series, *iLife*, was developed, targeting women ages 24-35 years living in informal settlements. The radio drama series was broadcast on 40 community radio stations in four languages. Educational messages focused on five key areas of HIV prevention relevant to this group and included storylines that highlighted behaviours that increase HIV infection risk and actions that can be taken to minimise such risk. Content themes included multiple and concurrent sexual partners; transactional and intergenerational sex; correct and consistent condom use; alcohol and risky sexual behaviour; the prevention of mother-to-child transmission of HIV; and regular HIV counselling and testing. One of the unique contributions of the drama series to HIV communication initiatives in South Africa was the way in which it explored important issues that are traditionally not addressed in HIV communication programmes, such as sexual relationships between sero-discordant couples and the often unspoken anxieties and fears they experience.

The drama series was complemented by a series of radio talk shows that focused on specific topics taken from *iLife*. Listeners were invited to call in to the stations to share their thoughts or put questions to the experts in studio. CADRE contributed to the development of training material for presenters at the community radio stations. *iLife* was also broadcast on Ukhozi FM, a commercial radio station, which popularised the series further, becoming a favourite among male and female audiences.

Other activities with ABC Ulwazi have included strategic input to the development of content for Brothers for Life community radio talk shows about men's health which took place during 2009, and the facilitation of a workshop for the review of *iLife* series one and the identification of relevant content for the development of *iLife* series two.

## **Siyathemba Community Project**

During the course of 2009, the Orange Farm Anti AIDS Club (OFAAC) HIV prevention, treatment and care activities evolved into a formal programme funded by JHHESA: the Siyathemba Community Project. CADRE provided strategic support, supervision, training and management to the project. This was an achievement and an example of how well established organisations and funders can work closely with community-level responses to the HIV epidemic. Funding was secured for a six-month period and two coordinators and an administrator were appointed to oversee activities at Orange Farm and liaise with CADRE. The activities of Siyathemba Community Project relied almost exclusively on the work of 25 volunteers from the Orange Farm Community.

The focus of the Siyathemba Community Project communication activities was to highlight the risks of HIV infection through multiple and concurrent sexual partnerships and to promote partner reduction messages and other prevention messages. Project activities included outreach, community events, condom distribution, formative research and door-to-door HIV prevention communication.



The Siyathemba Community Project was a new initiative and required extensive managerial and technical support which was provided by CADRE. Training and mentoring provided for members of the Siyathemba Community Project included a three-day training in HIV and AIDS, monthly workshops on specific topics, such as the ethics of being a volunteer, dealing with HIV and AIDS in the context of poverty, crime and violence, referral skills, debriefing of the Siyathemba team, monitoring and evaluation, a one-day training in basic counselling skills, and a 5-day training in first aid which was conducted by St John's Ambulance.



Though efforts were made for members of the Siyathemba Community Project to be mentored and to increase their array of skills, the funding allocated for activities for the project did not necessarily align well with the developmental needs of the project. Challenges included the need to have factored ongoing training for the Siyathemba Community Project team in a range of HIV prevention themes and methodologies and a well thought-out strategy about how to deal with the concerns raised by community members during the course of door-to-door visits.

Though there were many challenges faced during the six-month period, the Siyathemba team overcame many of these and managed not only to meet their targets but in some cases to meet targets thrice and four times over. For example, during this period, close to 55 000 male condoms were distributed through 28 condom service outlets that were managed by the project (strategically placed in shebeens, taverns, spaza shops, major stores, and in easily accessible condom bins), through door-to-door distribution and through distribution at community events.

There are important lessons to learn from the Siyathemba Project, including the need to follow through with processes and activities within a community, that it is difficult for a project to come to an end without an adequate notice period during which alternate arrangements can be made for the follow-up of people living with HIV/AIDS and people who required some form of support or home-based care that relied on the Siyathemba Community Project. In retrospect, the emphasis of the project for the first six months should have been a primary focus on building management and human resource capacity, organisational infrastructure etc, with a lesser focus on number-driven outputs. It is fortunate that certain dedicated members of the Siyathemba Community Project continue with their core activities, despite lack of remuneration.

We have learned that involvement with local level responses to HIV/AIDS is fulfilling and inspiring and enriches our other projects. CADRE will remain involved with the Siyathemba Community Project.

## 2) UNICEF - PMTCT communication and social mobilisation research

The PMTCT (prevention of mother-to-child transmission) communication and social mobilisation project is an ongoing project supported by JHHESA and its partners, notably the Department of Health, the Community Media Trust and CADRE. It is endorsed by the South African National AIDS Council (SANAC) Communication Technical Task Team.

With funding from Johns Hopkins Health and Education in South Africa, CADRE conducted formative research among women to begin to identify key areas that would inform the shaping of interventions and social mobilisation activities undertaken by JHHESA partner organisations.

### *Literature review*

Following this, during 2009, with funding from UNICEF South Africa, CADRE conducted a literature review that focused on strengthening PMTCT, with an emphasis on communication and social mobilisation.

The review examined 135 documents including a wide range of quantitative and qualitative peer-reviewed journal articles, research reports, policy documents, guidelines and book chapters. While the focus was on PMTCT in South Africa, to offer a broader view of intervention possibilities we also drew on research from several developing countries. The review begins with an historical overview of political and operational factors that have shaped South Africa's PMTCT response. Then a variety of communication theories and approaches are explored. The social ecology model of communication emerged as the best approach to



PMTCT research site, Nongoma, Kwa-Zulu-Natal

social and behaviour change communication. Accordingly the review is structured using the model's four categories or levels of address: individual, social network, community and societal. Following an overview of communication strategies and description of key barriers to PMTCT, the review goes on to discuss who should be targeted by communication strategies, and which key themes and messages need to be promoted. Finally recommendations are made for further research and for strengthening PMTCT through communication.

### ***Formative research***

The literature review was followed by formative research that informed the development of a social mobilisation campaign. The research was conducted in partnership with JHHESA, the National Department of Health (NDoH) and SANAC. Funding and technical support was provided by UNICEF South Africa.

The aims of the research were to identify challenges and opportunities regarding PMTCT uptake documented in the literature that could be addressed through a social mobilisation and communication campaign, to provide the evidence-base for informing the development of communication and social mobilisation strategies in support of PMTCT at community level, and to provide policy and strategy guidance for the development of communication campaigns aimed at improving PMTCT uptake and effectiveness.

Research took place from September to October 2009 in five sub districts: Maluti-a-Phofung in Thabo Mofutsanyane district; Moretele in Bojanala district; Senqu in Ukhahlamba district; Maphumulo in iLembe district and Nongoma in Zululand. Sites were selected on the basis of the deprivation index as reported in 2007 national community survey and HIV prevalence in the annual HIV seroprevalence survey.

The findings and recommendations from this study emphasise a need for an ecological model to be implemented in order to improve communication of PMTCT services. Specific recommendations are made at each of four levels: individual; social network; community; and societal/systemic. The six areas covered are: prevention of PMTCT through prevention of HIV infection in women of childbearing age; family planning





CADRE researcher Sakhumzi Mfecane with in-country facilitator in Uganda, Emmanuel Kayongo, conducting research for the Discovery Channel docudrama

as a PMTCT intervention; enrolment in PMTCT programmes; support for people in PMTCT programmes; infant feeding options and support; and the involvement of men.

The findings and recommendations were presented to partners including the National Department of Health, JHHESA and Community Media Trust; and a process is ongoing to develop communication and social mobilisation interventions in these areas, together with JHHESA and its affiliated programmes.

### 3) Discovery Channel Global Education Partnership

In 2005, CADRE partnered with the Discovery Channel Global Education Partnership (DCGEP), a non-profit organisation that provides tools and training to extend the power of technology and information to under-resourced communities worldwide on a media-based education initiative designed to engage the sub-Saharan African public on the science of HIV and AIDS. Produced by DCGEP, the centrepiece of the initiative is a feature-length film titled 'Inside Story': The Science of AIDS, which uses an innovative approach that combines an exciting, fictional dramatic story with a fact-based, animated journey inside the human body. Developed in collaboration with HIV experts and activists worldwide, this visually stimulating film will offer audiences a glimpse into the human body and the workings of the immune system, HIV transmission and antiretroviral (ARV) therapies.

CADRE led a multi-stage research and technical support process, providing technical support and expert review towards the development of the docudrama, a background literature review to inform the docudrama's script and treatment, and testing of a script treatment in South Africa, Nigeria, Ethiopia and Uganda in 2006. Key findings informed changes to the script treatment and a revised script was developed and pre-tested in four sub-Saharan African countries (South Africa, Nigeria, Uganda, Ethiopia) during October and November 2009.

The focus group discussion data from the latest phase of pre-testing provided rich insights into existing commonalities and differences among people in relation to understandings about HIV and AIDS and in identifying questions and misunderstandings which the docudrama can potentially clarify. While good levels of knowledge were found about basic concepts related to HIV prevention, numerous questions emerged about the possibility of HIV transmission in different contexts, HIV prevention and treatment, the science of AIDS, the origin of HIV and AIDS, and the concept of immunity – all highlighting specific uncertainties that education campaigns tend to gloss over. It was found that the infectivity of the virus was not a well understood concept; given the centrality of infectiousness in the spread of new infections, this is a critical concept to convey in the docudrama.

Filming of the docudrama was been delayed due to the need for DCGEP to secure further funding. Currently close to three quarters of the estimated funding has been secured and filming is expected in near future.

The docudrama is expected to be produced in English and subsequently distributed in an additional four languages through DCGEP's extensive network of government, non-governmental organisations (NGOs) and private partners. Large scale plans for the expanded dissemination of the docudrama exist, aiming to include 300 million broadcast television viewers across sub-Saharan Africa and about 640 000 people are expected to be reached through DCGEP Learning Centres and a growing coalition of NGOs and government partners – including Johns Hopkins University Bloomberg School of Public Health and PEPFAR.

The multi-year rollout and distribution plan for the film is designed to take advantage of vast potential audiences, including communities without televisions, to achieve broad reach and impact throughout the African continent. In addition to television and film screenings, theatrical screenings, internet viewings, and grassroots distribution will be activated through NGOs, schools and government partners. Plans are also underway to reinforce the docudrama's messages by developing a facilitator's guide, DVD extras and facilitation training.

## 4) Prevention Communication Training Programme - SIDA

### *Background*

In Southern and Eastern Africa, for every 2 people put on treatment, there are 5 new infections. We have to stop new infections.

Following the call to urgently scale up HIV prevention, CADRE secured funding from SIDA to work with the UNAIDS's regional support team for Eastern and Southern Africa (UNAIDS RST ESA) in reviewing the needs and possible entry points for strategic HIV prevention communication support. Following an initial agreed plan of action, from June 2008 CADRE provided prevention communication support through the offices of national AIDS commissions in Zanzibar and Tanzania, on two separate missions.

The first mission involved developing communication strategies in Zanzibar in the context of concentrated HIV epidemics in populations of men who have sex with men, intravenous drug users (IDU) and commercial sex workers (CSW). The communication strategy focused on linking the needs of these groups with the national programme for HIV prevention.



The second mission involved advisory support to develop communication strategies for the Tanzania AIDS Council to communicate and disseminate its National HIV Multi-sectoral Strategic Framework 2008 -2012.

Both missions encountered significant challenges in working on communication strategies at country level. Opportunities were limited either to working at a macro level with a focus on broad communication strategies or working on particular issues more characteristic of concentrated epidemics – as opposed to generalised epidemic dynamics which characterise the sub-region. Whereas both of the missions were successful in their own right, and the outputs and likely outcomes of CADRE's technical support were of value to the country partners, in CADRE's view these efforts were not what could be termed 'key' strategic interventions in the area of HIV prevention.

Realising this CADRE sought permission from SIDA to reorient the grant to a new set of objectives and more focused, meaningful set of activities. The request was granted, and after consultation with members of the community of prevention practice called together by UNAIDS RST ESA, it was decided that CADRE should develop training materials and processes to support the intensification of HIV prevention in the region. Since June 2009, this has been an ongoing project at CADRE's Grahamstown office.

### *Target group and objectives*

The programme targets prevention managers and practitioners, including government and civil society leaders. Its key objectives are:

- To ensure that participants understand and are aligned with evidence-informed prevention needs and approaches.
- To enhance participants' ability to plan interventions that will address the modes and dynamics of transmission in their particular contexts. This follows the global rallying call: 'Know your epidemic. Know your response'.
- To develop participants' ability to understand and use combination and multi-level programming.
- To improve participants' understanding of the place of information and communication in social and behavioural change.
- To improve or refresh participants' capacity to understand basic statistics, charts and figures, and to think critically about evidence.
- To improve or refresh participants' understanding of the basic science of HIV/AIDS – with an emphasis on how the science relates to HIV prevention.

### *Designing, piloting and redeveloping the programme*

Design began with a comprehensive review of journal articles, reports, presentations, best-practice collections, key websites, and available materials of other HIV education programmes. It also involved exploring guides to good presentation design, and importantly, reading and reflecting on theories of learning and communication.

All these activities resulted in a 4-5 day modularised training curriculum comprising 10 half-day modules, all with practical activities. Each module has visually appealing PowerPoint presentations (PPT) that are updateable and partly generic, with some slides containing country-specific information, which can be amended depending on the focus country of the training. The modules are supported by a facilitation guide and several other texts and templates.





Once the initial version of the programme was developed, CADRE partnered with local HIV/AIDS organisations to select, recruit participants for, and arrange three pilot training workshops. At all sites HIV-positive people/networks were included and participants were recruited from cities, towns and rural areas.

- Grahamstown, South Africa – in partnership with the Eastern Cape AIDS Council and Ikhala Trust – held in November 2009 and attended by 27 people.
- Morogoro, Tanzania – in partnership with the Tanzania AIDS Forum (TAF) – held in January 2010 and attended by 17 people.
- Harare, Zimbabwe – in partnership with the Zimbabwe AIDS Network (ZAN) – held in February 2010 and attended by 21 people.

Taken together the pilot phase involved a total of 12 days of intensive discussion of HIV prevention challenges and opportunities at community level. A total of 65 individuals trained as representatives of 48 civil society organisations involved in HIV/AIDS prevention, representing CBOs, NGOs and national civil society. Three international NGOs also participated in the training, as well as five representatives of government departments involved in supporting HIV/AIDS responses at community level.

### ***What we found / outcomes***

During all three training pilots participants used standardised evaluation forms to rate, comment on and offer suggestions for improving each module and the overall programme. The training was well rated by participants in all three sites, with even the most experienced managers commenting that they had encountered new ideas that they could use in their work. Clearly there is a real hunger among HIV managers and practitioners for this kind of training.

Participants also offered some very constructive criticisms, in response to which aspects of the materials were changed. In addition the programme went through several other redevelopments following the reflections of the developer-facilitators.

### ***New developments and the way forward***

An interesting development that emerged from the Grahamstown pilot is that participants from local participating NGOs decided to form a Prevention Coalition. The idea is that NGOs operating largely in isolation would come together to pool information, align their services and avoid duplication – as well as synergise



and strategically target their prevention efforts. Renamed the 'LAC Prevention Coalition' after recently been incorporated with the local Makana Municipality's AIDS Council, member organisations have been meeting regularly and new members are joining, albeit slowly. The NGO/CBOs involved thus far have had difficulty conceptualising exactly how they will combine their skills and resources to best advantage. CADRE has been active in supporting the coalition, and at this stage is concentrating its efforts on assisting the coalition to devise a formal strategy to guide its establishment and functioning. This includes a strategy to recruit a more inclusive range of members to the coalition, find synergies for sharing expertise and resources, and ensuring that key prevention issues are addressed.

## 7. African Journal of AIDS Research (AJAR)

AJAR is now into its 9th year of production and its 26th issue. Since 2008 we have published four issues a year with an average of 12 articles per issue.

AJAR submissions continue to grow with an average of over twelve submissions a month. The content remains varied and interesting with a good combination of experienced and less experienced authors.

Since AJAR obtained Thomson Reuters accreditation (ISI rated) our visibility as a journal has increased substantially as evidenced by downloads. The journal currently has an annualised 25,000 abstract downloads and 2,500 full-text downloads, which has risen steadily over the years.

The accreditation qualifies AJAR to be included in many of the medically oriented search engines and databases. It has also increased our appeal to authors as many university based authors are strongly inclined to publish in ISI accredited journals only.

We recently obtained our first rating (impact factor of 0.59) which we were satisfied with, but which we certainly hope to improve in the years ahead. Our publisher NISC has recently entered into a partnership agreement with Routledge (Taylor and Francis) and this adds a stronger marketing reach.

Our most notable challenge is our ability to cope with the volume of submissions. We continue to struggle with the load of work and it has become increasingly evident that we must move to an online system of manuscript submission and editorial management.

Taylor and Francis have provided us with the opportunity of using their online submission and review management system. We are in the process of migrating the journal to this system which is likely to ease the burden of managing the journal. We are aware of some risk that we may compromise two of our strongest assets: our personalised communication with authors and the capacity to work with and support new and inexperienced authors which is a strong part of our brand.

Our SIDA funding is coming to an end. We are pursuing possibilities of partnership with other institutions and this may partly ease the burden of managing AJAR, but the funding situation remains a concern. The new online management system will ease some of the costs, and we can recoup some of our costs through special issues, but CADRE needs to develop a long term strategy for supporting the journal. It serves a valuable function in publishing social science research on AIDS in Africa and we are strongly committed to its continuation.

## 8. Research outputs

### Research and evaluation reports

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- Hajjiannis, H., Phalane, T. & Mfecane, S. (2009). Post-broadcast perceptions of the Brothers for Life campaign at twelve weeks and pre-testing mass media materials for the Soccer World Cup. Johannesburg: CADRE / JHHESA.
- Kelly, K. & Birdsall, K. (2008). Funding for civil society responses to HIV/AIDS in Tanzania: Status, problems, possibilities. Johannesburg: CADRE / Ford Foundation East Africa Office.



- Kelly, K. & Mfecane, S. (2010). Community level responses to the impacts of HIV/AIDS in South Africa: Evaluation of a five year programme of support funded by Comic Relief. Bishop Simeon Trust, UK.
- Kelly, K. (2008). Faraja Trust Fund: Portrait of an African community responding to AIDS. Johannesburg: CADRE / Ford Foundation East Africa Office.
- Kelly, K. (2009). Impact assessment of the Rockefeller Brothers Fund research grantmaking: South Africa 2002-2009. Rockefeller Brothers Fund / CADRE; New York / Grahamstown, South Africa.
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- Shisana, O., Rehle, T., Simbayi, L.C., Zuma, K., Jooste, S., Pillay-van Wyk, V., Mbelle, N., Van Zyl, J., Parker, W., Zungu, N.P., Pezi, S. & the SABSSM III Implementation Team (2009). South African national HIV prevalence, incidence, behaviour and communication survey 2008: A turning tide among teenagers? Cape Town: HSRC Press.
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- Rau, A. (2008). Anarchic educational leadership. *Indo-Pacific Journal of Phenomenology (IPJP)*, Special Edition: Phenomenology and Education. [Online] Available: <http://www.ipjp.org>
- Rau, A., Milne, C., du Toit, P. & Mdlongwa, F. (2008). Positioning independent community media: Findings from a case study of six small South African newspapers. *Communication, South African Journal for Communication Theory and Research*, 34 (1), 95-112.

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- Coetzee, J.K. & Rau, A. (2008). The role of the university in shaping students' perceptions of risk. 4th Mid-term Conference of the Research Network for Qualitative Methodology of the European Sociological Association, Poland: Lodz, 15-17 September.
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- Parker, W. (2008). Knowledge, risk perceptions, behaviour. Glenburn Lodge, Gauteng, June 18-19.
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- Rau, A. & Coetzee, J.K. (2008). Curriculum as a space for shaping student attitudes to and perceptions of HIV/AIDS. Higher Education as Social Space, Rhodes University, Grahamstown, 30 November-3 December.
- Rau, A. (2008). Infusing HIV/AIDS into higher education curricula: Theory and reason - Activism and passion. Higher Education Close Up 4 (HECU4), Cape Town, 26 June.
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## Books

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## Training

- Kelly, K. Monitoring and evaluation for programme managers. Rhodes University, November 2009.
- Phalane, T. Siyathemba Community Project needs assessment. Orange Farm, August 2009.
- Phalane, T. General counselling skills and HIV/AIDS counselling skills. Orange Farm, 25 September 2009.

## Radio Programming

- Hajjiannis, H. & ABC Ulwazi. (2008). Scrutinize Radio Spots for use by campus radio stations at Higher Education Institutions. PSAs, 6 radio spots, 40 seconds each. Available in English.
- Hajjiannis, H. & ABC Ulwazi. (2009). iLife Series One. Community radio drama series, 14 episodes, average 20 minutes each. Available in English, Sotho, Zulu and Afrikaans.
- Hajjiannis, H. & ABC Ulwazi. (2009). Brothers for Life. Talk show on Men's Health, 13 episodes, 20 minutes each. Broadcast on community radio stations and Ukhozi FM.

## Staff and Board of Directors

### Staff

Staff who worked at CADRE during this period included:

**Asta Rau** - Senior Researcher  
**Benjamin Makhubele** - Senior Researcher  
**Fatima Seedat** - Finance Consultant  
**Fezeka Kunene** - Receptionist  
**Helen Hajiannis** - Deputy Director  
**Karen Birdsall** - Researcher Manager  
**Kevin Kelly** - Director  
**Laura Myers** - Senior Researcher  
**Maria Sekhantsa** - Office Assistant  
**Nomvo Dwadwa-Henda** - Senior Researcher  
**Sakhumzi Mfecane** - Senior Researcher  
**Sue Cooling** - Editorial Assistant, AJAR  
**Suzette Williams** - Administration Manager  
**Tshego Phalane** - Researcher  
**Warren Parker** - Director

### Board of Directors

**Mr Patrick Coleman**  
**Mr Pooven Moodley**  
**Professor Lynn Dalrymple**  
**Professor John Duncan**  
**Dr Kevin Kelly**  
**Dr Warren Parker**



## Partnerships

Over the period, CADRE has worked in partnership with the following organisations and institutions:

### Southern Africa

ABC Ulwazi; AIDS Foundation of South Africa; African Religious Health Assets Programme (ARHAP); Centre for Communication, Media and Society at the University of KwaZulu-Natal; Centre for Social Research and Action, Rhodes University; Constella Futures; DramAidE; Eastern Cape AIDS Council; Eastern Cape Provincial Council of Churches; Eastern Cape Socio Economic Consultative Council; ECI Africa Consulting; Epicentre; Ford Foundation; Health Economics and HIV/AIDS Research Division (HEARD); Curious Pictures; Higher Education South Africa (HESA); Human Sciences Research Council (HSRC); Johns Hopkins Health and Education in South Africa (JHHESA); Joe Public; Maromi Health Research; Matchboxology; Medical Research Council; NAWA Life Trust; Open Society Initiative for Southern Africa (OSISA); Rhodes University; UNICEF South Africa; Faraja Trust Fund; Zanzibar AIDS Commission.

### International

Discovery Channel Global Education Partnership (DCGEP); Ford Foundation; Department for International Development (DFID); European Union; Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM); Johns Hopkins University Bloomberg School of Public Health Centre for Communication Programs (JHUCCP); Rockefeller Brothers Fund (RBF); Swedish International Development Cooperation Agency (SIDA); US President's Emergency Plan for AIDS Relief (PEPFAR); United Nations Population Fund (UNFPA); Joint United Nations Programme on HIV/AIDS (UNAIDS); United States Agency for International Development (USAID).



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