

Case study on the  
Phelang Community Centre:  
facilitating Multi-sectoral  
collaboration in Limpopo,  
South Africa.

Kate Roper and Priscilla Mandiveyi  
Edited by Philippa Cameron



"If there is no community ownership, you will not succeed.  
One needs to implement a community participatory approach."

PCC Program Manager

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The opinions of authors or participants in this document do not necessarily reflect those of Oxfam Australia, Oxfam Affiliates, JOHAP or its staff.

The various case studies presented in this series were written by different people. As much as possible we have tried to maintain their style of writing to preserve authenticity and accuracy.

This document is one of a number of publications highlighting learning during the third phase of JOHAP (July 2006-June 2008). If you wish to view these visit: [http://www.oxfam.org.au/world/africa/south\\_africa/articles.html](http://www.oxfam.org.au/world/africa/south_africa/articles.html)

One of the strategies employed by JOHAP to strengthen the quality of the civil society response to HIV and AIDS is to strengthen partner organisation's capacity to document and share their work with other. This case study and others in the series are a result of some of this work.

### Photos

*Front cover: Annah Mzimba, member of the Ba-Phalaborwa HIV and AIDS Support Group.  
Photo: Gcina Ndwalane/OxfamAus.*

*Right: Traditional health practitioner Mmamatole Mashilane pays attention as the announcement for the next educational meeting is being made on issues regarding HIV and AIDS.  
Photo: Gcina Ndwalane/OxfamAus.*

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# Abbreviations

## Note on the spelling of “Palabora” and “Phalaborwa”:

Around 2000 million years ago, a gigantic volcanic eruption took place that created a volcanic pipe some 10 kilometres in diameter, richly loaded with minerals and metals such as phosphate, copper, zirconium, vermiculite, iron, mica and gold. Today Phalaborwa supports a vast mining industry, including one of the world’s largest open-cast mines supplying vital minerals to the country.

In the early 1900s prior to the establishment of the Palabora Copper Mine, explorers — such as the geologist Karl Mauch — spelt the name “Palabora” when referring to the name of the Igneous or body complex (rock formation) in the area. In the 1950s, a staff member of Foskor Ltd (one of the early mines in the area) applied to the Place Names Commission in South Africa to register the name of the small settlement town as “Phalaborwa”. However, this was after the registration of the copper mining venture as “Palabora Mining Company”. Consequently, the spelling of the name differs according to referral to the community or the mine.

“Phalaborwa” is a Sotho phrase meaning “Better than the South” and refers to the early migratory movements of local tribes who moved south from the area but later returned home after finding living conditions in the south less favourable.

## Abbreviations

AIDS	Acquired Immune Deficiency Syndrome
ARV	antiretrovirals
CBO	community-based organisation
CSI	corporate social investment
DoH	Department of Health
DSD	Department of Social Development
DWAF	Department of Water and Affairs and Forestry
FBO	faith-based organisation
HBC	Home-based care
HIV	Human Immunodeficiency Virus
JOHAP	Joint Oxfam HIV and AIDS Program
LAC	local AIDS council
NDA	National Development Agency
NGO	non-governmental organisation
NMCF	Nelson Mandela Children’s Fund
OVC	orphans and vulnerable children
PCC	Phelang Community Centre
PF	Palabora Foundation
PLWH	people living with HIV
SANDF	South African National Defence Force
SAPS	South African Police Service
SASOL	Sasol Nitro Mine
STI	Sexually transmitted infections
TB	tuberculosis
VCT	voluntary counselling and testing
SHE	Sewela Hellen Elizabeth – PCC Program Manager

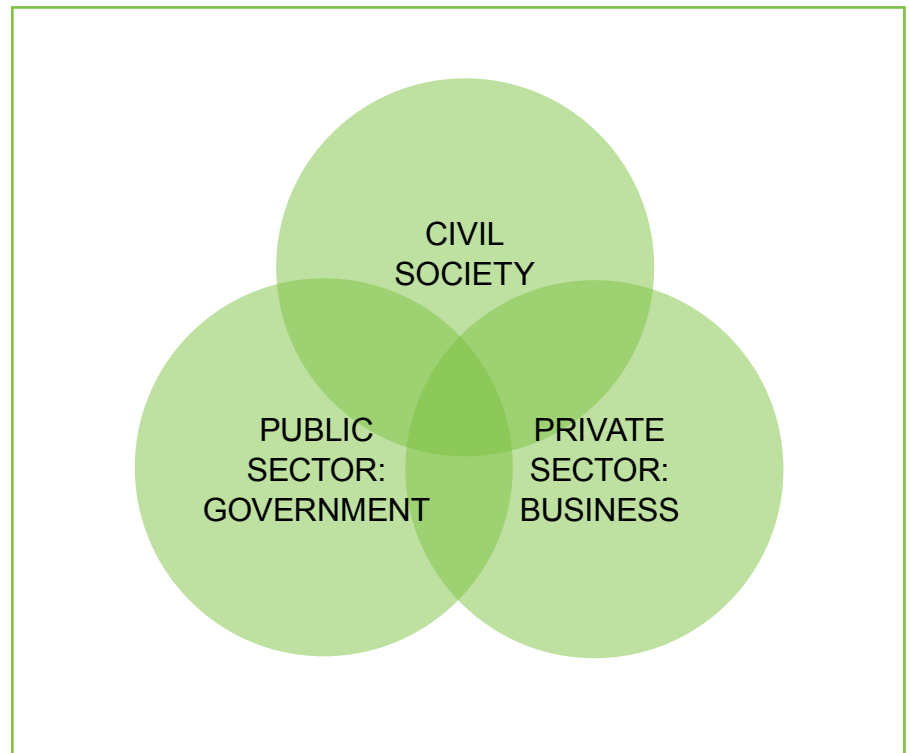
## 1. Introduction

A participatory approach to development work aims to involve and empower people in communities to take control of their lives and participate actively in addressing and responding to issues affecting them. The success of many development programs relates to the way in which partners engage and work with communities, all levels of government, civil service providers and corporate organisations.

Profound changes are needed in the way organisations respond to the scale of the social challenges and opportunities they face, as the varying nature of the challenges make it difficult for one organisation, whether public or private, to address all factors on its own. Societal learning and change is about changing relationships, finding innovative solutions to address chronic problems, and developing new opportunities for all sectors to become involved in community development. These are not only interpersonal relationships, but relationships between large sections of society.

Societal learning and change builds on the idea that there are three different types of individuals and organisations in the world, and these form three different types of organisational sectors and societal

subsystems. The political subsystem comprises government and its agencies, which focus on setting the rules of the game and enforcing them. The economic subsystem is made up of businesses focusing on wealth creation. The social system comprises civil society and its organisations, which focus on promotion of their sense of justice and community well-being.<sup>1</sup>



<sup>1</sup>A Global Societal Learning and Change Perspective, Presentation to: United Nations Department of Economic and Social Affairs Expert Group Meeting on Dialogue in the Social Integration Process: Building peaceful social relations by, for and with people, New York, 21 – 23 November 2005. Steve Waddell, Executive Director – GAN-NET. <http://www.gan-net.net>

Multi-sectoral collaboration is an effective strategy to achieve societal learning and change, through addressing large development issues including economic, social or infrastructure development. The strategy requires collaboration (as illustrated in the diagram) between government (the public sector or the state), businesses (the private sector) and civil society organisations. Collaboration is defined as working relationships between independent and interdependent organisations towards a common goal.<sup>2</sup>

Although the three sectors may collaborate, they are significantly different in their strengths, limitations and outputs, and in how they operate.<sup>3</sup> These differences are outlined in the table below:



Grade 9 students of Maphokwane High School participating in an educational class on disclosure and discrimination regarding HIV and AIDS by Merriam Shai at Ba-Phalaborwa HIV and AIDS Support Group (Program Officer). Photo: Gcina Ndwane/OxfamAus

	<b>CIVIL SOCIETY/ COMMUNITIES</b>	<b>PUBLIC SECTOR/ GOVERNMENT</b>	<b>PRIVATE SECTOR/ BUSINESS</b>
<b>Who controls the process?</b>	Communities and members of community-based or non-government organisations	Voters and rulers (such as ward councillors)	Owners and shareholders of the business
<b>Strengths</b>	Process of building consensus and mobilising people	Developing and implementing rules (such as policy and laws)	Production of resources
<b>Outputs</b>	Group and community good	Public good and order	Private goods
<b>Limitations</b>	Fragmentation of communities and organisations	Rigidity and inflexibility to change	Monopoly of resources

<sup>2</sup> Societal Learning and Change: How Governments, Business and Civil Society are Creating Solutions to Complex Multi-Stakeholder Problems, Steve Waddell; May 2005

<sup>3</sup> A summary from the presentation by Steve Waddell to the Mvula Trust in 1998

Government, or the State, is responsible for rule-making (laws and policies) and therefore defines the rules and authority. For example, the state defines the rules for disclosure of HIV status, the provision of generic medicines, and who has authority over social grants and HIV treatment. The private sector or business is responsible for the production of resources, using technical knowledge and administrative organisation. For example, the market defines what drugs are available, at what cost, and where they are available from. Civil society is responsible for participative process — for example, building consensus and mobilising village people to participate in home-based care to address health issues that affect them.

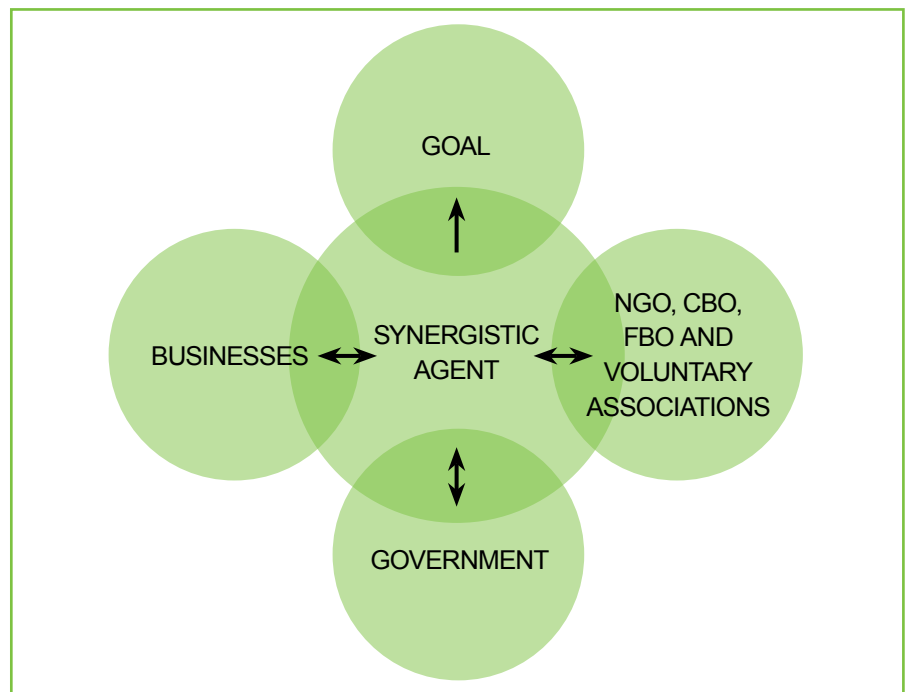
Multi-sectoral collaboration to address and respond to a particular issue (a development goal) that affects all three sectors of society usually relies on a “synergistic agent”<sup>4</sup> to negotiate and facilitate the engagement between the three sectors, to coordinate multi-sectoral production, organise and train the sectors in specific fields, build team spirit and provide particular technical knowledge. The synergistic agent can be found within any of the three sectors — from civil society in the form of a non-government or community-based organisation (NGO or CBO), a government agent or from the private sector. The synergistic agent plays an important role in facilitating the development and involvement of members in all three sectors towards achieving an agreed development goal.

NGOs are well equipped to act as synergistic agents as they usually demonstrate flexibility in responding to needs and processes and are relatively cost-effective, able to create peer relationships and build trust, mobilise community resources, and create a safe environment to challenge traditional practices.

This case study aims to explore and understand multi-sectoral collaboration in the Phalaborwa municipal area in the Limpopo Province of South Africa. The case study involves documenting and sharing the ways in which one organisation, the Phelang Community Centre, acts as a synergistic

agent by engaging in extensive multi-sectoral cooperation to prevent, manage and respond effectively to HIV and AIDS in the Phalaborwa municipal area.

This case study documents the rationale, development and process of working at a multi-sectoral level in responding to HIV and AIDS. In particular, the case study explores the process of engaging role players in each of the sectors; related challenges and successes from practice; the value of multi-sectoral engagement; and key lessons emerging from the community-based process.



<sup>4</sup> op cit



## 2. The Phelang Community Centre, Palabora

The Palabora Foundation was established by three of the large mining companies in the Phalaborwa area to address the needs of disadvantaged communities. The foundation, founded in 1986 as a civil society organisation, works in partnership with a range of community structures within a 50-kilometre radius of Phalaborwa. The purpose of the foundation is to assist communities to become self-reliant through managing and implementing partnership programs. The focus of its work is on education and whole-school development; skills development training; small business development; community health particularly around HIV and AIDS; local economic development and tourism; and small-scale economic development projects. Over the years, the foundation has partnered with provincial and local government, local companies, NGOs and communities in its efforts to improve the education and skills base, fight the high unemployment and reduce the impact of HIV and AIDS.

The Palabora Foundation identified the need for an HIV and AIDS program when a large number of miners migrated to the Limpopo province from Free State province to work in a new underground mine, leaving their families behind. Statistics

at the time indicated high levels of HIV infection and increasing numbers of miners and community members living with HIV.

"The mines started working in the partnership because the problems employees experienced at home affected their performance in the workplace. In addition, the immediate family can be helped, for example, the wife will be counselled and referred to the support group."

Social worker, Foskor Ltd.

The foundation acknowledged that the situation could escalate because of men living in single hostels in the township and liaising with commercial sex workers, and the migratory nature of labour.

The foundation, and the individual mining companies, indicated that assistance could be provided to the Department of Health (DoH) in its community work, and that the services would also be accessible to the mining community.

As a result, the Palabora Foundation launched a community health and HIV centre in early 2001. The Phelang Community Centre (PCC), also known as the Ba-Phalaborwa HIV and AIDS Support Group, aims to serve the community in the Phalaborwa municipal area.

The purpose of PCC is to implement an effective HIV collaborative management approach to minimise the impact of HIV and AIDS in the community. The PCC works towards achieving this by educating communities to change social behaviour, increasing access to health services and improving sexual health practices.

To achieve these aims, the PCC works towards three main objectives:

**Objective 1: to promote higher levels of awareness and access to HIV-related social services and treatment.**

Related activities include:

1. Ongoing one-on-one screening of clients in preparation for ARV roll-out, including educational discussions to identify family support.
2. Establishment of a comprehensive support program for ARV therapy services that includes monitoring of the adherence of clients on ARV.
3. Ongoing promotion of treatment literacy in communities.
4. Ongoing referral of clients to government departments of social development and primary health and hospital facilities.
5. Ongoing education (raising awareness) on HIV-related issues of traditional health practitioners and at farms, villages, prisons, private sector companies, high schools and churches.
6. Establishment and ongoing monitoring of communal and household vegetable gardens.

**Objective 2: to provide education about prevention and support to communities on the following: HIV, TB and STI prevention, reproductive health and human rights including VCT services.**

Related activities include:

1. Ongoing promotion to encourage and educate communities about importance of VCT and knowing one's status.
2. Ongoing one-to-one pre-test and post-test counselling and couple counselling.
3. Workshops to update knowledge of support group members on risks and behaviour assessment.
4. Exploring individual risk behaviour of support group members during counselling sessions and developing ways the group methodology can address patterns that emerge and providing processes to respond to findings.
5. Ongoing demonstration and distribution of female and male condoms.
6. Training workshops to update and increase knowledge of support-group members on treatment literacy and prevention of mother-to-child transmission.

**Objective 3: to reduce stigma and discrimination against people infected and affected by HIV and AIDS through the provision of services that target the reduction of this stigma and discrimination, and the promotion of advocacy initiatives to respond to these issues where needed.**

Related activities include:

1. Fortnightly training of support group members on how to manage and maintain support groups and respond to common issues.
2. Monthly education meetings on how to live positively and disclose strategies that minimise fear of being stigmatised.
3. Ongoing home visits to increase the level of family support in order to reduce the stigma.
4. Planning and organising educational stigma-reduction events.
5. Developing strategies from the above interactions and processes that will feed into an advocacy plan.

One of PCC's first activities was a baseline study to identify organisations involved in the HIV and AIDS sector in the Phalaborwa municipality, and to determine people's attitudes and perceptions about HIV and AIDS in all the villages in Phalaborwa. The Nelson Mandela Children's Fund (NMCF) funded the research and the University of Limpopo Behavioural Science Unit conducted the research. A number of organisations in the community were identified to assist in gathering data. This approach further provided an opportunity to build local capacity to conduct baseline studies. As a result of this study, the strategic objectives of the PCC were determined (as outlined on page 10).

While the baseline was being conducted, the program manager conducted consultative meetings with stakeholders whose involvement was viewed by the foundation and the manager as being critical to the ultimate success of the project. Obtaining buy-in from the potential partners was not difficult, as the program manager had been working in the community and had established relationships with key individuals and organisations.

The work of the centre initially focused

*Renky Mabaso of the Ba-Phalaborwa Foundation HIV and AIDS Support Group with client Yvonne Sekhula signing the register after an ARV monitoring session.*  
Photo: Gcina Ndwane/OxfamAus.



on establishing partnerships between government, civil society and the business sector. Partner roles and responsibilities were clearly defined, and work plans and activities were agreed upon in advance.

Progress on work plans and activities continues to be discussed at monthly meetings between the various partners.

During the past two years, the PCC has focused on developing support groups, reaching out to communities through door-to-door campaigns, and engaging people working in the mines and the military (the two largest employers in the area) in HIV-related work. The PCC has successfully established support groups for community members, miners and the military. Approximately 104 volunteers are involved in the program and community support structures have been established in 16 municipal wards and on approximately 20 farms.

In general, disclosure is still considered by many community members to be “dangerous”, as is association with people who are known to be HIV positive. In many of the communities where the PCC operates, community members continue to believe that HIV infection is a result of “witchcraft”. Recently, the PCC has established a non-medical VCT site because community members are afraid to be tested at clinics because of potential stigmatisation and discrimination.

Many children in the area are orphaned and vulnerable and lack basic support. Consequently, the project works at ensuring the engagement of the Department of Social Development (DSD) to respond to the needs of these children.

The costs of the PCC are shared by government and the three large mining companies. The provincial government was approached by a representative of the three mines with the support of the Maphutha Malatjie Hospital for a Chief Professional Nurse to be seconded to the Centre as the project manager. This was agreed to and Sewela Hellen Elizabeth (known in the community as “SHE”) was appointed as the project manager in January 2001.

The PCC is jointly funded by the Palabora Mining Company (PMC), Foskor Ltd and Sasol Nitro as part of their corporate social investment (CSI) programs. Further support is provided by the Department of Health (DoH), the Department of Social Development (DSD) and the Joint Oxfam HIV and AIDS Program (JOHAP), and short-term support is provided by a range of funders such as the National Development Agency (NDA).

*Annah Mzimba counting her ARV's during an ARV monitoring home visit by the members of the Ba-Phalaborwa HIV and AIDS Support Group.  
Photo: Gcina Ndwalane/OxfamAus.*



### 3. Understanding multi-sectoral collaboration for effective community change in Phalaborwa

Multi-sectoral collaboration and partnerships can be a successful strategy to address large complex issues requiring changes in the three spheres of society: political, economic and social. There are three main advantages of multi-sectoral partnerships include:

- **participation by the political, economic and social systems enhances success of the projects;**
- **agreeing and defining a mutual vision enhances commitment, as partners must negotiate and define what all participants do and receive.**
- **sustainability of vision builds broad support as partners must negotiate and define what the participants contribute.**

The multi-sectoral collaboration provides opportunities for business to use its leadership to critically analyse the problems and provide needed expertise toward solutions. There are opportunities for the non-profit sector to be the information and brokering arm of the community (joining needs with resources), and there are opportunities for local governments to take the lead in bringing the problem-solvers together on a regular basis in order to make the community more aware of the issues facing them and their impact on daily life.

Relationships work over the longer term because each sector feels that it has an important niche to fill. In general, the Phalaborwa multi-sectoral collaboration suggests that the three sectors have distinct roles to play:

- **business leaders (the private sector) are able to deliver venues, volunteers, money, expertise, goods, leadership, and their business approach to problem solving.**
- **non-profit organisations and individuals bring valuable assets in their desire to improve their communities — their volunteers, communication, coordination and planning skills.**
- **local government leaders (state) can contribute services, financial support and political will through their ward representatives, coordination and planning skills, their interest in community improvement, and their leadership skills.**

"The partnership has helped us realise certain objectives that we would not have met on our own."

PCC clinic manager

In practice, the PCC support groups take full responsibility for their activities and have the authority to plan, implement, monitor and evaluate these activities. The project plans are presented to the program manager, who guides the support group members and makes suggestions for improvements where necessary. The support groups report to the PCC program manager. Major areas of support by the PCC to support groups include financial management, budgeting, designing monitoring systems, and creating and maintaining relationships with other partners.

"The Phelang Community Centre has been instrumental in guiding people on how to establish support groups and make them successful. Nurses are also invited to support groups to address various topics."

PCC Clinic Nurse

There are a number of key partners involved in the project. According to the PCC, those most involved include support groups on the farms, lay counsellors, clients, home-based care providers, community peer educators, traditional leaders and chiefs, church groups, drop-in centres and ward representatives. Groups that are fairly well involved are parents of vulnerable children, child-headed households and farm owners. Other partners who are involved in the program but participate as required include the business sector, traditional health practitioners, private medical practitioners, the public sector (hospital, clinic and government departments), the municipality, ward councillors, the police, schools and colleges, and the military.

*Girly Kobe (27, on left) smiling after testing negative during a VCT session.  
Photo: Gcina Ndwane/OxfamAus*

The PCC cites the main reasons for low levels of participation in the collaboration.

- **government has its own strategies and programs and often has difficulty in liaising with civil society and the business sector.**
- **individuals may not wish to participate in the PCC or the multi-sector collaboration due to fear of stigmatisation or intimidation from community**

**members and other organisations working with the PCC. Personal denial of HIV and AIDS as a health or social problem can also affect them.**

- **civil society agencies in the municipality express difficulty in participating because they have their own programs and do not see how the multi-sectoral collaboration can support or complement their approach.**



For an effective community-based collaboration to work in practice, partners need to be committed to the collaborative partnership at each stage of the initiative and to common objectives.

The main multi-sectoral partners of the PCC individually ranked the level of commitment from each stakeholder to the collaborative intervention in the community. The levels of commitment are directly related to the perceived need of their services and resources to the agreed objectives or common goals. The scale shown below was used to rank the levels of commitment of the key partners.

Interestingly, each individual partner's rating of the other partners' levels of commitment concurred. The most committed participants (scoring between a 3 and 5) included the support group (5), businesses involved in providing resources and the donors (5), the mayor (5) and health-desk councillors and district health officials (5). Schools, colleges and the military were seen to be enthusiastic and keen to be involved in the interventions through wider resources provision (4). Tavern owners were viewed as being positive and willing to contribute limited resources to the partnership (3). Those least committed to the collaboration (scoring between 0 and 2) included taxi associations (0), burial societies (2), pastors (2), sex workers (2) and ward councillors (not on the health desk) (2).

This suggests that defining roles and responsibilities assists partners in identifying and sharing their strengths at opportunistic points in the partnership and also assists in the attaining goals. This is achieved without the partners' roles becoming burdensome, causing fatigue or a sense of being taken advantage of. It also allows for large differences to be bridged and for the focus to remain on the common problem by combining unusual resources within each of the distinct systems in innovative ways.

For example, within the stages of building and maintaining cross-sector collaboration, the partners undertake core activities and provide a range of services to meet the identified purpose of the partnership. The PCC's identified several key roles and deliverables each partner has brought to the collaboration at different phases of the intervention or specific stages of community events. A typical example of these roles in various phases of activities is provided in the table opposite.

0	No perceived need
1	Coerced but disinterested
2	Sees value but not keen to contribute resources (time and money)
3	Positive and willing to contribute limited resources
4	Enthusiastic and keen to be involved through wider resource provision
5	Promotes and champions idea and seeks to bring other partners on board

INTERVENTION PHASE	PRACTICE
<b>Identify problem:</b>	<ul style="list-style-type: none"> <li>• The Palabora Foundation provided accommodation for the support group.</li> <li>• The DoH assisted with medication and seconded a staff member to lead the intervention and collaboration.</li> <li>• The mines provided financial assistance.</li> <li>• The DSD provided grants and food parcels.</li> <li>• The Department of Water and Affairs and Forestry (DWAFF) provided water for events.</li> <li>• JOHAP provided funds for capacity-building based on the needs Palabora Foundation has identified at the start of the program.</li> </ul>
<b>Planning phase:</b>	<ul style="list-style-type: none"> <li>• The municipality continuously funded catering for educational events, attended planning meetings and was involved in discussions.</li> <li>• Ward councillors attended meetings, assisted in reaching people such as traditional health practitioners, and provided a link between organisations for awareness.</li> <li>• The support groups initiated activities approved by the PCC program manager.</li> <li>• The DoH attended meetings and influenced decision- making processes.</li> <li>• Traditional health practitioners attended meetings and expressed opinions that related to their work.</li> </ul>
<b>Design phase:</b>	<ul style="list-style-type: none"> <li>• The support group designed the interventions, with guidance from the PCC and the program manager.</li> </ul>
<b>Implementation phase:</b>	<ul style="list-style-type: none"> <li>• The support group was responsible for invitations and logistics.</li> <li>• The community radio station hosted a two-hour health program every weekday. The support group was involved in the show on HIV and AIDS every Tuesday.</li> <li>• The plans were discussed with the communities, and they participated in this phase.</li> </ul>
<b>Management phase:</b>	<ul style="list-style-type: none"> <li>• The support group was responsible for management and held weekly management meetings.</li> </ul>
<b>Financial processes:</b>	<ul style="list-style-type: none"> <li>• The Palabora Foundation maintained financial control and auditing. The support group was involved in decision-making on the overall annual budget; preparing purchase orders for approval by the program manager; keeping quotes, invoices and supporting documentation; receiving a monthly report on expenditure; and being in charge of a vehicle used for educational purposes.</li> </ul>
<b>Monitoring:</b>	<ul style="list-style-type: none"> <li>• Performance targets were set at the beginning of the year to meet donor needs.</li> <li>• Ten executive members of the support group monitored activities in the field.</li> <li>• Condom distribution numbers were monitored and reported on every month.</li> <li>• Information was collected for donor reports.</li> </ul>
<b>Evaluation:</b>	<ul style="list-style-type: none"> <li>• The support group reviewed strategies at monthly meetings and decided on changes. Changes were approved by the program manager.</li> </ul>

This example of key partner's typical roles and processes of establishing the collaborative approach, further supports the identified principal stages<sup>5</sup> within cross-sector collaboration. These include the importance of recognising common needs and convening potential partners, mutual planning for performance, agreement on operational design, operation implementation and management, performance monitoring, communicating, learning, and improving and modification of the collaboration and system of responding to HIV as a social and health issue.

The PCC example in Phalaborwa demonstrates how partners initiate collaboration to achieve their own objectives with successful collaborative interventions. Research suggest that the range of objectives demonstrates a progression from concern with core internal organisational activities of a short-term nature to deeper and more external social investment over the medium-term and, finally, to wider engagement in strong and committed societal connections of a long-term nature.<sup>6</sup>

In Phalaborwa, the short-term focus has been on engaging partners, clarifying the roles of the partners in specific activities (as illustrated in the previous table) and the successful establishment of the collaboration such as the secondment of the program manager and putting in place sound financial and accountability procedures. The medium-term focus has been on mobilising and sustaining greater participation and collaboration to effectively respond to HIV and healthy living through individuals investing in the multi-sectoral collaboration and the higher level attainment of coordination particularly through the establishment of the local AIDS council. The Centre and the multi-sectoral collaboration are further engaging in the long-term focus of establishing strong and committed societal connections with partners within the municipality, province and country towards the attainment of the core goal of the collaboration.

The focus of the multi-sectoral collaboration in Phalaborwa is on mobilising an effective partner response to HIV and AIDS. The aim is for individuals to take control of their own lives and actively participate in addressing and responding to issues that affect them.

"This partnership has assisted the clinic in becoming accredited. The process of accreditation was not difficult as there was already a structure in place — doctor, nurse and counsellor. People do not have to travel long distances any longer to receive treatment. The clinic has learned to utilise a multi-disciplinary approach. There is a dietician who deals with nutrition, an ARV-trained pharmacist, primary healthcare VCT services, a social worker for social assistance and the ARV clinic and Phelang Community Centre that deal with health. The use of partners provides patients with holistic assistance."

ARV Clinic Nurse

<sup>5</sup> Working Better Together: How Government, Business, and Nonprofit Organisations Can Achieve Public Purposes Through Cross-Sector Collaboration, Alliances, and Partnerships; The Three Sector Initiative; R. Scott Fosler; 2002

<sup>6</sup> Tools for Exploring Community Engagement in Partnerships, Draft Paper, Leda Stott and Tracey Keatman

"Some of the employees at local workplaces visit the hospital, even though there is a clinic on their work premises. They do not want to be seen at the clinic at work due to the impact it will have on their colleagues' perceptions of them. These employees have been asked to use the same regime as the government hospital, so that when they leave work, their treatment does not have to be changed. The mines have also developed a low-cost medical scheme for their employees, which obviously terminates when people resign. This means that the employees will not be able to afford the treatment if they use the medication being provided at the workplace clinic."

Clinical manager, Maputha Malatjie Hospital



"The hospital and medical professionals are more aware of what traditional health practitioners do. More than 80% of the population in Phalaborwa visit traditional health practitioners before going to a medical doctor. SHE initiated these meetings, as many people within the community visit traditional health practitioners for treatment. The relationship between traditional health practitioners and medical practitioners has developed as traditional health practitioners are sending people to the hospital for testing."

Clinical manager, Maputha Malatjie Hospital

"People want to start on treatment quickly and come from all over the province. This is a challenge as the centre cannot monitor them closely. The patient is given a referral letter and asked to attend the nearest clinic to their home. There are still some people who want to come to the Phelang Community Centre, and are not denied services. Four clients travel 150 kilometres to access ARV treatment at the clinic and support group meetings."

Program manager, Phelang Community Centre

The PCC health development program has been successful in engaging partners, such as levels of government, civil society providers and business in addressing and responding to the effects of HIV and AIDS. This required a change in the way individual partners in each of the three sectors traditionally responded to each other and responded to health challenges, as no single partner can address all the challenges on its own. Furthermore, an effective multi-sectoral response to the challenge of HIV requires that the causes of both HIV and the community's response to HIV need to be continuously addressed, as do any issues that emerge from the multi-sectoral relationship.

# Multi-sectoral

## 4. Multi-sectoral achievements and challenges in Phalaborwa

Research suggests that, if successful, multi-sectoral partnerships can operate as a forum to negotiate core foundations (strengths) on which social change can be effected.<sup>7</sup> These include resource sharing to enable partners to share strengths and alleviate weaknesses; encourage operational innovation to enable partners to complement, rather than compete with one another and create possibilities; and the coordination of activities to reduce duplication and build social capital.

Staff, volunteers and PCC partners agreed that the three key strengths of the multi-sectoral collaboration are coordination, building mutual respect and the sharing of resources and expertise to reduce duplication and build social capital. In practice, this is achieved through effective communication strategies and engagement techniques.

*Photo right: Tezney Sekhula 1 year old with her elder sister Yvonne.  
Photo: Gcina Ndwalane/OxfamAus*

Communication is essential in a partnership of this nature and the PCC has succeeded in ensuring that all members of the consortium are well informed. Regular meetings are held with all consortium partners in order to coordinate, plan and report on all activities and allocate roles and responsibilities. Within the consortium, there is an acceptance that some people have more knowledge or experience than others. The partners within the consortium agree that they are not in competition with each other and that they do not need to prove that they have more knowledge or experience than other consortium members.

"The advantage of SHE being from the DoH is that there is no competition between the hospital and the Phelang Community Centre, no restrictions around working together and assistance is being given to the hospital in order to service the community."

Clinical manager,  
Maputha Malatjie Hospital



<sup>7</sup> Working Better Together: How Government, Business, and Non-profit Organisations Can Achieve Public Purposes Through Cross-Sector Collaboration, Alliances, and Partnerships; The Three Sector Initiative; R. Scott Fosler; 2002

All members of the consortium are open to learning and sharing. Increased mutual respect has been displayed by the manner in which traditional health practitioners are also able to liaise with the DoH about the way in which they are treated at medical facilities. The open and free environment at the PCC has contributed to this process.

**"CBOs meet on a bi-monthly basis to discuss activities and challenges.**

**This is reported at the LAC meetings."**

PCC Program manager

The PCC has earned a sound reputation in the community for assisting people living with HIV in accepting their status, for the formation of a support group which has become successful in providing emotional support, and the ability to deliver on the needs of the community, and collaborate with both the private and public sector.

The PCC's reputation was initiated by the program manager's previous work in the community and continues to be enhanced through mutual respect emerging from the collaborative approach. The mutual respect for the multi-sector collaboration is bringing more businesses into the partnership as

they have seen the value of the initiative and consequently over time have become more prepared to get involved in working with the centre.

Sharing resources and expertise is important within the consortium, which is apparent in the involvement of traditional health practitioners. Traditional health and medical practitioners have shared their knowledge and responses towards HIV and other illnesses, which has resulted in greater coordination of medical services, complementary medication and mutual respect for one another. PCC facilitated collaboration at the beginning of the partnership, and founded on with both partners being willing to get involved and support it.

**"Through this partnership, traditional health practitioners have learnt about safety issues around treating a patient, for example not using one blade on two patients.<sup>8</sup> This has improved the services they provide to their patients."**

Traditional health practitioner

The multi-sectoral collaboration has been successful in bringing partners together, improving the reach and depth of services and in facilitating changes in knowledge, attitudes and practices in the Phalaborwa community. The collaboration in Phalaborwa highlights the following successes in improving the community's response to HIV and AIDS:

- **increased support for orphans and vulnerable children (OVC) and sick children as a result of community members and school staff working together to ensure that illnesses in children are under control. The Bana Pele Project was established by the multi-sectoral collaboration to assist children in accessing documents and social grants.**
- **support for people living with HIV has improved as a result of the establishment of support groups in all villages and on many farms. Group members meet once a month at the PCC and support other members to live healthily. The centre distributes male and female condoms through various channels within the community. People living with HIV receive vitamins from the centre and food gardens have also been established to provide people with nutritious food. Many more people are disclosing their status and taking**

<sup>8</sup> During the circumcision process, the same blade is often used on boys being circumcised without the blade being cleaned.

- ARV treatment that they received from the Maphutha Malatjie Hospital.
- more people have been reached in the community through the establishment of a home based care service in the communities;
- PCC has eased the burden on the hospital by responding to the increased demand for prevention and health services.
- the PCC undertakes preventative awareness campaigns and reaches a large number of people. These include speaking to schools about HIV and AIDS, disseminating information to communities and speaking on a community radio station once a week. This has assisted in reducing teenage pregnancy in schools and obtaining support from politicians, few of whom have openly disclosed their status but are on ARV treatment.

"A large number of people can be reached through a partnership."

PCC Clinic nurse

- traditional health practitioners have started working with the PCC and the relationship with medical practitioners has improved. Monthly meetings are held to share knowledge of both approaches to healing.
- the establishment of the LAC has been an important step in coordinating services and activities, and monitoring progress towards responding to the impact of HIV and AIDS in the municipality. All structures working within the HIV and AIDS sector attend monthly meetings under this body.
- the PCC has established a good relationship with sex workers who, although have low participation in the collaboration have started using condoms that they collect from shebeens and taverns.
- mine workers use the PCC services as they feel more comfortable at the centre. Many mine workers' wives attend the support group meetings at the centre.
- through coordination with the military at events, many soldiers have disclosed their status.

"Home problems can affect job performance in the workplace. We would rather assist the person in the employee assistance program than terminate him."

Social worker, Foskor Ltd.

These successes demonstrate how the community is taking ownership of the challenges they face and over time have become empowered to actively participate in controlling their own lives.

One of the main challenges that the hospital is facing, which is common throughout the South African health service, is the shortage of medical resources and staff at the hospital. An effective response is further challenged by prevailing community attitudes that impact on individual behaviour, such as, an unwillingness to change behaviour and customary differences between medical and traditional health practitioners. One of the successes of this collaboration has been facilitating and strengthening a working relationship between these two types of practitioners.



"Traditional health practitioners are now able to liaise with the DoH about problems around disrespect or ill-treatment. This is due to the partnership with the Phelang Community Centre."

Traditional health practitioner

The success of the multi-sectoral collaboration requires the constant building, establishing and maintaining of relationships with various sectors of the community. This further requires strengthening of individual relationships in the community volunteers and professionals in order to sustain the project.

"A good relationship has recently been established with businesses like KFC and Sefapane Lodge. Businesses are now coming on board although some do not see HIV and AIDS as part of their responsibility. The Palabora Foundation director is involved in the chamber of business and is continuously raising this issue in meetings in order to get HIV and AIDS on the agenda."

PCC Program manager

Over time, the PCC has had to manage these relationships and proactively deal with challenges as they emerge. These challenges have included dealing with expectations as the project grows and is successful, for example, when dealing with volunteers who expect payment at a later stage, and dealing with community-based organisations that secure their own funding but do not have the expertise to manage these funds and consequently close down. As politicians' terms of office change, so the PCC has had to draw new politicians into the collaboration, and to work with junior politicians who are not always open to a collaborative approach.

*Above: Aleck Tivani riding his bike – a common means of transport for the people of Phalaborwa.  
Photo: Gcina Ndwane/OxfamAus.*



Part-time medical doctors are not paid for overtime and consequently work fewer hours and assist fewer patients. Currently, the PCC requires an additional chief professional nurse in order to manage and respond to the need for VCT as the workload is too much for one nurse. In addition, the involvement of committed and competent people to monitor and evaluate the program is required.

The PCC staff experiencing difficulty in achieving behaviour change with various groups in the community. Men, for example, are generally not willing to disclose their status. Therefore, VCT needs to be scaled up in order to provide more information and support to men.

Women who are involved in long-term relationships or marriages do not make use of condoms, even if they are aware that their partners are not faithful. Substance abuse is high among youth, which often leads to unsafe sexual practices, which needs to be addressed through the multi-sectoral collaboration. In addition, each health worker must make a personal decision to change their attitude towards HIV and AIDS in order to improve the services they provide.

Increased awareness and prevention is therefore critical to begin to engage individuals in changing their behaviour in order to prevent infection or improve treatment.

In particular, HIV-positive women and men need to be educated about the best times to conceive, as pregnant women need to take different ARVs and to start treatment early in the pregnancy. The PCC is encouraging individuals to disclose their status, as the correct treatment is not possible if they do not know this information. The lack of disclosure is associated with the high levels of stigmatisation around HIV and AIDS and the prevailing belief that the disease does not exist.

*Above: Merriam Shai of the Ba-Phalaborwa HIV and AIDS Support Group giving an educational class on the importance of voluntary counseling and testing (VCT) to staff members of a local tourist lodge. Photo: Gcina Ndwane/OxfamAus.*

## 5. Lessons for multi-sectoral collaboration in South Africa

As illustrated by the multi-sectoral practice in Phalaborwa, the response to HIV and AIDS, and ultimately to changes in improved and sustained health practice, is based on successful action by all three societal sectors — civil society, government and business. In addition, the success depends on individuals interacting between these systems to generate deep and broad changes. This requires a participatory approach towards community development that involves and empowers people in communities to take control of their own lives and actively participate in addressing and responding to HIV issues that affect them.

A number of emerging lessons can be drawn from the PCC example in Phalaborwa on how multi-sectoral collaborations can work effectively and effect the desired changes in how organisations can respond to the scale of the HIV pandemic in the municipality.

### Lesson 1: involve all sectors in the collaboration

The PCC has successfully built a multi-sectoral, community-based collaboration by involving as many sectors as possible. Initially, the religious sector was not involved however pastors and ministers have been invited to preach on a monthly basis. Due to interactions with people

living with HIV, pastors and ministers have incorporated HIV and AIDS education into their sermons in church.

Experience indicates that an important step in the collaborative process is to acknowledge and include traditional health practitioners in the partnership, as community members consult with them and make use of their medication. This suggests the importance of including stakeholders who may be marginalised by government or formal structures of development.

Partnerships with the private sector have been built to gain their support and participation in the collaborative process. This requires continuous mobilisation and identifying opportunities for the sharing of their resources and expertise to achieve the overall goal of the collaborative process.

This partnership further illustrates that the burden of responding to HIV is shared between all organisations involved, and this has the added benefit of facilitating greater reach of interventions and services, especially in rural communities.

**"Working together makes your work easier. You don't have to do it on your own."**

Social worker, Foskor Ltd

### Lesson 2: use a holistic approach

The multi-sectoral collaboration in Phalaborwa takes a holistic approach to addressing the impact of HIV. This operates at the society level in terms of gaining media support, delivering services within the continuity of care, and providing an expanded response beyond HIV and AIDS into sexually transmitted infections, orphans and vulnerable children and tuberculosis. Participation by the district government. Facilitating access to their services is critical to achieve the level of response as illustrated in this case study.

At a community level, vulnerable populations are a priority of the collaboration, and community actions are focused on strengthening care and support to address and manage the impact of HIV and AIDS.

From the organisational level, the PCC has facilitated workplace support, workplace actions and is addressing the mainstreaming of HIV and AIDS into all its own activities and partners, and is encouraging existing programs to participate.

At an interpersonal level there is positive peer pressure to change behaviours and shift traditional relationships between levels of society, organisations and individuals.

### **Lesson 3: continuous communication is needed to build mutual understanding and collaboration**

Multi-sectoral collaboration can be complicated and confusing, particularly when communication systems do not foster a common understanding or provide opportunities for individuals to share their knowledge, challenges and successes. Through open communication channels based on trust, individuals and organisations are able to develop a common culture and develop meaningful relationships that facilitate effective interactions in practice.

In addition, individual professional service providers have developed their knowledge on the virus through interactions with people living with HIV. Traditional health practitioners expressed that they learnt more about the symptoms of HIV and AIDS through talking to people living with HIV and, more importantly, about safety issues to consider when treating a patient, e.g., not using the same blade on two different patients.

### **Lesson 4: establish and promote a common goal with clearly defined roles**

Experience indicates that it is important for organisations to have a common goal and clear roles defined in the collaborative approach. This creates opportunities for all sectors to become involved in the collaborative process and, as demonstrated in this case study, all sectors can add value by helping the common vision become a reality. This lesson further suggests that unhealthy competition and lack of monitoring can compromise the quality of service delivery and needs to be addressed by partners in a multi-sectoral collaboration.

The experience of the PCC suggests that it is important to have political will and to include local governing authorities in actively driving the long-term focus of strategic relationships. Consequently, it is necessary to ensure that politicians understand the vision, objectives and work of the multi-sector collaboration. This requires continuous communication with politicians, particularly during election times.

The common public purpose of the multi-sectoral collaboration is well articulated by the PCC. All the partners are committed to and participate in driving the collaboration forward to accomplish the purpose. The example of how the partners collaborate in responding to HIV through prevention, home based care, voluntary counselling and testing and the LAC suggests that the collaboration responds on personal, human, environmental and organisational levels.

### **Lesson 5: continuously build relationships**

Relationship-building is constantly required for service delivery to be effective. The PCC has not experienced great difficulty in obtaining funding and resources, as relationships have been developed and nurtured over time and clear roles have been defined. The mining companies indicated that they have confidence funding the PCC, as they are involved in the work and are able to see what their investment is achieving in practice.

In establishing relationships, it is important for there to be mutual trust, good work, transparency, regular feedback and the sharing of ideas in order to develop and nurture the relationship. Continuous consultation with organisations who have previously been or are currently involved in the work is essential to maintain communication channels, build the shared vision and to create opportunities for partners to be actively involved in line with their expertise. The continuous relationship-building further provides opportunities to strengthen existing structures within the community.

## **Lesson 6: acknowledge the effective role of the synergistic agent**

Research cited in this case study suggests that effective collaboration relies on a synergistic agent. It illustrates the PCC's role as a synergistic agent in the multi-sectoral collaboration in Phalaborwa. The PCC effectively negotiates exchanges between the three societal sectors coordinating the activities, outputs and outcomes of the work of the partners whilst ensuring that all partners remain independent and accountable for their own services building a collaborative spirit; facilitating effective communication and knowledge sharing and maintains its own quality service.

The PCC provides insights into how, as an NGO, it remains flexible to respond to challenges and developments; builds trust between all partners; mobilises community resources and, at the same time, is product and process-focused; develops networks rather than hierarchies; and creates an environment whereby all partners can negotiate new ways of interacting and providing services thereby challenging traditional responses.

To act as a synergistic agent and achieve the expected outcomes, the PCC illustrates the need to operate within a context that contributes towards the successes. The case study suggests that the PCC achieves this through:

1. Strong personal links with a wide range of public, private and civil society people and organisations. The role of the synergistic agent is to build a team and network of people and organisations keen to address a common social problem. The synergistic agent keeps the focus on the common goal and promotes win win solutions to overcome tensions between partners by scheduling monthly experience sharing meetings that include the various organisations. Generally, the synergistic agent starts with, and maintains links in one or two sectors, and continues to build new links in all three sectors.
2. Creating and establishing an enabling environment in which the synergistic agent can operate. This includes contractual arrangements that overcome competition such as the secondment of the manager by a public institution to the synergistic agent; long time-frame long-term, consistent funding by the private donors; access to resources such as office space, transport, administrative support, and good governance with well-defined roles and responsibilities and support from a multi-sectoral board.
3. The ability to hear and respond to challenges identified by the different role players. In the Phalaborwa municipality, with its high levels of poverty, transport was a major challenge. The PCC, with its access to privately sponsored transport, has been able to get support group members to the meetings, to get practitioners to the monthly meetings and to get patients to the ARV site.
4. The ability to put the patient first. The PCC has, in the past, provided a wellness clinic, VCT and transport to the ARV site to meet short-term needs while they also help to establish long-term solutions with wellness clinics and by making VCT and ARVs available at other local facilities.
5. Well facilitated, regular communication between partners to build relationships of trust. Meetings are scheduled a year in advance and the schedule is distributed in good time. Partners are encouraged to speak at support group meetings and at the practitioners' meeting. This has improved the relationship between traditional health practitioners and medical practitioners.

As illustrated, the PCC faces a number of challenges in undertaking this role as a synergistic agent. The challenges include those highlighted in the case study, as well as the need to maintain support for all three societal sectors, and building their internal skills and capacity to be solution-driven whilst retaining administrative processes and service delivery and being financially viable.

# Conclusion



## 6. Conclusion

This case study illustrates how a multi-sectoral collaborative approach in Phalaborwa has brought about changes in traditional societal relationships through finding and focusing on innovative community responses to addressing HIV. As a result, society has learnt to interact differently. In the past, the traditional divide between government, civil society and the private sector (business) prevented an effective response to the challenge and impact of HIV.

Through this collaborative approach, the social, economic and political subsystems have effectively joined together to prevent and manage the HIV pandemic in Phalaborwa. This innovative approach is further challenging the traditional norm of civil society as the advocate and lobbyist.

The case study illustrates how the PCC has acted as a synergistic agent in this collaborative process through negotiating the engagement, relationships and defining roles between these three sectors.

The successful change brought about engaged key partners who defined the changes required, were part of the change process. Consequently, the foundations of long-term and sustainable relationships have been formed.

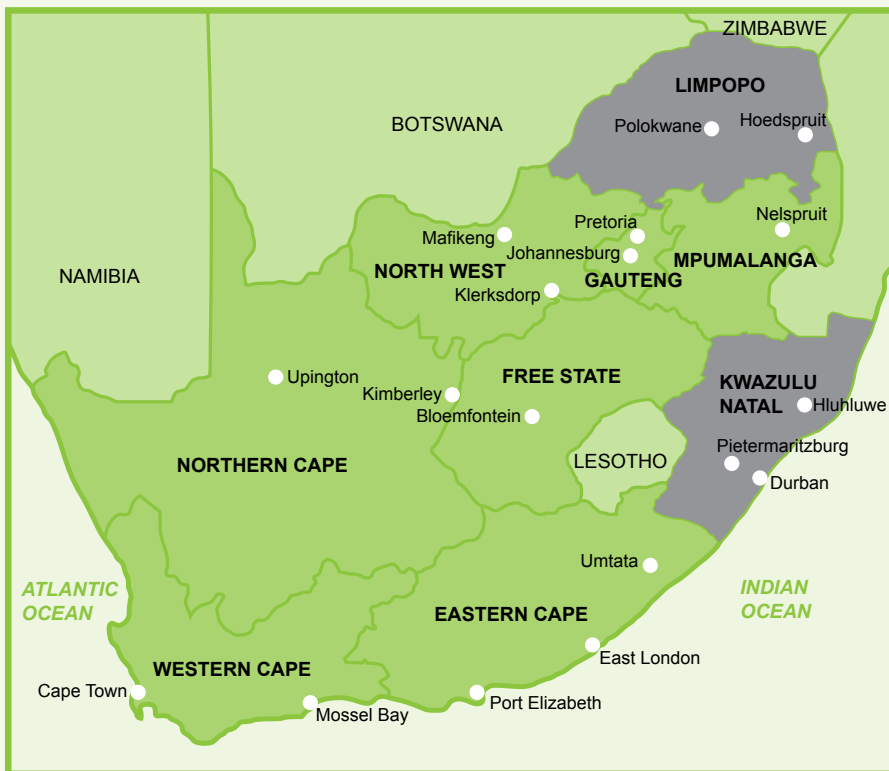
*Ba-Phalaborwa Foundation HIV and AIDS Support Group. Photo: Gcina Ndwane/OxfamAus.*

## 7. References

1. *Societal Learning and Change: How Governments, Business and Civil Society are Creating Solutions to Complex Multi-Stakeholder Problems*; Steve Waddell; May 2005; ISBN 1 874719 93 4
2. *Strategy To involve Rural Workers in the fight against HIV/AIDS through Community Mobilisation Programs*; Dick Schapink, Rob van Poelje, Ietje H. Reerink, Jean Delion, Damber Gurung; Royal Tropical Institute (KIT) Amsterdam, The Netherlands; Tanzania Netherlands Support Program to Control AIDS (TANESA); World Bank Africa Region Rural Development and Environment; <http://www.worldbank.org/aids-econ/papers/rural.pdf>
3. *Tools for Exploring Community Engagement in Partnerships*, Draft Paper, Leda Stott and Tracey Keatman
4. New South Wales (NSW) Department of Planning in Sydney, Australia, 2003, <http://www.iplan.nsw.gov.au/engagement/intro/print.jsp>
5. *Working Better Together: How Government, Business, and Nonprofit Organisations Can Achieve Public Purposes Through Cross-Sector Collaboration, Alliances, and Partnerships*; The Three Sector Initiative; R. Scott Fosler; 2002
6. *The case study toolbox: partnership case studies as tools for change*; The Partnership Initiative; 2005
7. *The Tamarack community; an institute for community engagement*; <http://tamarackcommunity.ca/g3s21.html>
8. *In it for the long haul: Community Partnerships Making a Difference*; Pew Partnership for Civic Change; [www.pew-partnership.org](http://www.pew-partnership.org)
9. *Global polio eradication initiative: An example of cross-sectoral partnership in the health sector*; Prepared by: Bérangeère Ruchat, Project Officer, United Nations Staff College; Benedikte Dal, Intern United Nations Staff College; August 2000
10. *Documenting the Community Engagement Strategies of the Seven Australia Partnership with African Communities (APAC) Partners in Southern Africa*; Oxfam Australia; M Roper and K Roper; Editor C Goodenough. April 2006.

# Contact details

**The JOHAP program currently operates in two provinces; Limpopo and KwaZulu-Natal.**



## Photos

*Right: Counselling and support is provided to a child headed household by the Ba- Phalaborwa HIV and AIDS Support Group.*

*Photo: Gcina Ndwalane/OxfamAus.*

*Back cover: Merriam Shai of the Ba-Phalaborwa Foundation HIV and AIDS Support Group is seen sharing information about HIV, AIDS and STIs to local women outside a local shop.*

*Photo: Gcina Ndwalane/OxfamAus.*

Oxfam Australia  
132 Leicester Street,  
Carlton, Victoria, Australia 3053  
Telephone +61 3 9289 9444  
[www.oxfam.org.au](http://www.oxfam.org.au)  
ABN 18 055 208 636





JOHAP The Joint Oxfam HIV and AIDS Program in South Africa seeks to strengthen the civil society response to HIV and AIDS through supporting integrated community-based services for HIV prevention and care, including a focus on gender and sexuality and the rights of people living with, and affected by, HIV and AIDS.