

CAPTURING GOOD PRACTICE

Enabling linking and learning from Cordaid partners in South Africa through documenting good practices, tools, lessons and experiences



together, we're striving for
Life Competence

The Constellation

Cordaid



Acknowledgements

The Constellation is indebted to Cordaid for the opportunity to connect into the South African civil society landscape, and learn from the wealth of experience within the human rights sector so ably championed by the Cordaid partners based in Cape Town, Johannesburg and Pretoria.

This document is a testament to the inspirational work of those partners who consistently go above and beyond the call of duty to uphold the values embodied by the new South Africa - dignity, equity, participation, justice, access.

Thank-you for your gracious welcome and warm reception into your places of work; for so fully embracing the process of learning and sharing. We value the professional relationships and friendships that have formed as a result, and hope for continued connection in years to come.

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Coaches: The Constellation (www.communitylifecompetence.org)

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"We are used to looking for what doesn't work well for us. That's how many people want to look at things. It's not a good starting point. This approach has reminded us again of our strengths. We are integrating appreciative enquiry into our pastoral care work with learners in schools. When you start from their strengths, they open up to issues of sex and sexuality and abuse ...and they feel valued and respected."

Nothobeko Sithole (CIE)

"For us to move away from that syndrome where we feel we do not have this and that, we need to connect our self-sustaining dioceses to those struggling with the old dependency syndrome. It's a pathway to transformation and we will see more champion communities emerge."

Sister Anne (Siyabhabha Trust)

"This visit was a unique process for me, especially when I listened to the story of Sarah. It reminded me of other experiences closer to my own family. The lesson I got is that when couples open up to one another about their HIV positive status, they offer support to one another. It even strengthens family support and care for the affected. It's amazing to see how these couples have influenced their family members to test for HIV."

Robert (St. Joseph Care and Support Trust)

"The story methodology is powerful. We all listen for it; we reflect on learning from those stories together. When they are captured on paper, you truly see the quality of care happening in the communities we work with and realize that some are doing better than others. My concern then is how do we facilitate knowledge and skills exchange among these communities to encourage inspiration and transfer?"

Johan (SACBC AIDS Office)

"We are proud of the strong partnerships that are emerging locally. This is taken from the experience of international money drying up. We began to work with the corporate world and our communities to strengthen our funding base for sustainability.

We value partnerships and we are reaching out to others to counteract the challenge of duplication, especially with our work among homeless people."

Leona (MES)

"This was really such a gift to us: time and a contained space to reflect on our good practice. However, it was so much more than just that. We grasped the opportunity to write reflectively and succinctly about the elements of our good practice. We got an opportunity to see our work and our partners through another's lenses. Any reservations we had about setting aside such a significant chunk of time were totally unfounded. Much appreciated was the move away from traditional models of evaluation to a methodology and process that allowed for the "investigated" to set the tone."

Bernice Roeland (AIDS Response)

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Executive Summary

On the 12th January 2010, Cordaid and The Constellation for AIDS Competence signed a consultancy agreement to capture best practices from fourteen Cordaid partners in South Africa, concluding with an inter-organisational *Knowledge Fair* in October 2010. Cordaid had officially announced its full-scale withdrawal from South Africa, and this process was to take the place of a traditional end-of-programme evaluation, focusing on partner capacities as opposed to technical assessment of project performance.

This report captures the process, main activities, outcomes and challenges of the project and proposes key lessons and recommendations for the future.

Activities

Cordaid Partners in Cape Town, Johannesburg and Pretoria were each visited by a Constellation Coach over a period of 1-3 days, depending on time availability of the respective partners. These visits, a combination of in-house workshop and field visits to project sites and beneficiaries, were geared around learning, giving space for partners to reflect on their practice, analyze their processes and identify those practices they most wished to share with others.

Experiences were captured through the telling of stories – recorded in either written form, or on video – and published on both www.aidscompetence.ning.com and www.cordaidpartners.com. Constellation Coaches also collected tools produced by partners during the period of their support by Cordaid.

The Constellation facilitated a Knowledge Fair at the end of the process, bringing together the 14 invited partners to share and learn from each others varied strengths.

Outcomes

The main outcomes resulting from these activities were:

- a. Twelve out of the total fourteen partners were visited and consulted. A strengths-based methodology was employed for reflection, analysis and identification of strengths to share with others (also areas to strengthen through learning from others). Subsequently, twelve Partner Profiles have been generated, complete with references to real-life experiences and identification of tools.
- b. Areas of common interest or high-potential for joint learning were identified from the “What we want to learn” analysis amongst Cordaid Partners. Five of these areas were selected by Cordaid Partners during the Knowledge Fair to begin the development of *Knowledge Assets* – a resource ‘bank’ of learning and experience in order to distil transferable principles.
- c. Partners were supported in the process of story-capture through text and video, from identifying what to share, listening for it and transcribing the stories. Subsequently, a collection of well over one hundred stories (in either format) has been compiled from amongst the Cordaid partners.
- d. A virtual platform has been established for sharing between partners, and with other people around the world, interested to learn from the South African experience. This virtual exchange is beginning to take shape, connecting people beyond borders and creating opportunities for sharing, inspiration and global learning.
- e. The collaboration between Cordaid and The Constellation stimulated the interest of several South African Cordaid partners in the strengths-based approach for learning and sharing, and in integrating that process into their routine approach and activity. (eg. since the partner-visits, several partners are presently at various stages of integrating strengths-based strategies in their work with communities to reverse the dominant culture of dependency amongst communities in South Africa, and organizational provisionist mindsets.)

Challenges

Despite the major progress achieved, the process faced several constraints:

- a. Only twelve of the fourteen Cordaid partners were available to participate in the organizational visits. Partners were already occupied with planned activities for the year, and found it difficult to allocate time appropriately. For the most part, the process adapted sufficiently to accommodate these challenges, but it was not possible in two cases – one in Cape Town, and one in Johannesburg.
- b. As a result of the scale and reach of the work of many partners, many of the locations for on-site visits (for instance, to beneficiaries) were a significant distance away (occasionally hundreds of kilometers) from the orientation workshop venues

(most often at the head-office). Travel days infringed on the time available for workshop days, or spilled over to more than the three days planned initially.

- c. Partner-interest in The Constellation's approach to knowledge-exchange and strengths-based community engagement was a pleasantly unexpected outcome, an output not specified at the outset of the collaboration. For partners interested in deepening their application of this approach, the timeframe was not sufficient to adequately transfer processes, tools and methodology.

Recommendations

- a. The South African civil society organizations supported to-date by Cordaid are incredibly experienced in a diverse range of programme areas relating to human rights, health and development, and have immense reach in both coverage (number of people served and represented) and influence (effect on policy and legislation); but they will be significantly challenged by the loss of Cordaid support for the niched nature of their work (particularly as this relates to matters of human-rights defense and advocacy, and civil society participation in public policy), in an increasingly conservative global funding environment. It is recommended that, even though Cordaid withdraws from direct funding support to South Africa, that it continues to play a role around linking former South African partners to possible international funding opportunities, and offering support around application for and access to those resources.
- b. It is recommended that Partner Profiles generated through this process be intentionally and actively used as tools to inform and resource Cordaid's Communities of Change process, showcasing the wealth of experience and technical expertise available through South African partners to other parts of the world where Cordaid intends to transfer learning and capacity.
- c. It is recommended that ongoing support be encouraged for joint-learning initiatives between now-former Cordaid partners in South Africa, possibly using the 20 common thematic areas and 5 existing Knowledge Assets as a foundation for some form of partner-collaborative, focused around generating new knowledge.
- d. Several partners expressed interest in the process and methodology represented by The Constellation, and a related need for local accompaniment by Constellation coaches to strengthen that approach within their own organizations.

A. Process Description

1. Project partners

1.1 Cordaid (www.cordaid.nl)

Cordaid combines more than 90 years' experience and expertise in emergency aid and structural poverty eradication. It is one of the biggest international development organisations with a network of almost a thousand partner organisations in 36 countries in Africa, Asia and Latin America. These counterpart organisations work on various themes, including participation, emergency aid and reconstruction, health and well-being and entrepreneurship. Each year around 170 million Euros is spent on initiatives in the South, of which over 30 million Euros is available for emergency aid. A small part is spent in the Netherlands on lobby, public support and consciousness-raising.

Cordaid has a strong support base in the Dutch community. This is proved not only by some 370,000 contributors who support Cordaid financially, but also by the commitment of volunteers who collect clothing, organise meetings in their towns or parishes and assist in organising festivals.

Cordaid has been supporting 14 partners in South Africa under its HIV/AIDS program. Some of these partnerships originate far back into South Africa's pre-democratic history. Owing to shifting international donor circumstances and priorities, Cordaid is withdrawing its financial support to South Africa while still seeking to maintain a strategic relationship with the current partners in terms of knowledge exchange.

1.2 The Constellation (www.communitylifecompetence.org)

The Constellation stimulates and connects local responses to HIV and other life issues around the world. Founding members launched the Constellation in December 2004. Increasingly restless with the notion that programs providing a mix of technology and money would suffice to solve the issue of HIV, they believe in the capacity of people themselves to respond to threats such as HIV. The 12 founding members come from the UN, the private sector, academic institutions, international NGOs and faith based organisations. The diversity of their backgrounds and experience is an added asset and the 'Competence approach' combines innovative Knowledge Management techniques and tools with bottom-up and participatory values from the development sector.

The Constellation has 67 coaches based in more than 20 countries. Coaches are skilled in facilitating and transferring the Community Life Competence Process and commit to serve in learning teams from local responses and to share lessons with other coaches. The Constellation extensively developed its experience in spreading AIDS Competence over the last four years, stimulating and connecting local responses in more than 20 countries. Its partners are, amongst others, the Asian Development Bank, UNFPA, UNAIDS, WHO, World Bank/GLIA and the Red Cross.

2. Purpose

Cordaid has historically supported 14 Southern Africa Partners under their Health and Wellbeing Department, but has officially announced its full-scale withdrawal from South Africa, and the subsequent conclusion of a financing relationship with South African civil society organizations. This process, a partnership between Cordaid and The Constellation, was to take the place of a traditional end-of-programme evaluation, focusing on partner capacities as opposed to technical assessment of project performance.

The objective was to identify the lessons that can be learned and transferred from South African partners, and to document the assets represented by each partner in terms of tools, human resources, skills, experience, expertise and approach. The process and products should enable linking and learning between partners in South Africa in order to enhance effectiveness through documentation, publishing of good practice, and shared methods and tools.

The partners include:

ACCESS
Africa Unite
AIDS Response
Black Sash
Catholic Institute of Education
Fair Share
Fikelela

Indlu Yegazi
M.E.S.
Nazareth House
SACBC HIV/AIDS Office
SCAT
Siyabhabha Trust
St. Joseph's Care and Support Trust

3. Activities

3.1. Partner-visits to analyse strengths, lessons learnt, ways of working and issues for learning

Prior to the visits, Cordaid issued an introductory letter to the 14 participating South African partners to establish linkage between Cordaid, partners and Constellation. Constellation coaches contacted the partners by email and telephone to share the intention and purpose of the process, and make arrangements to receive a visit, based on a set of Guidelines (see Appendix). Each partner was invited to identify the key strengths, lessons learned from experiences, methodologies they may wish to share, and related tools.

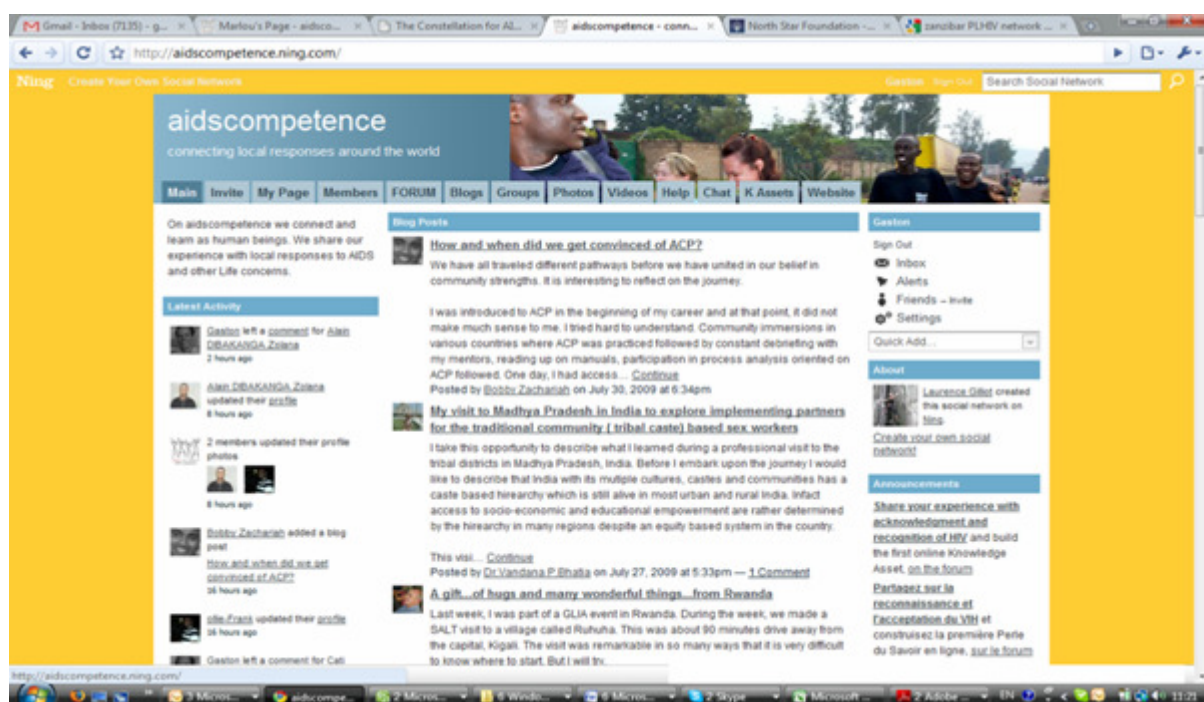
The partner visits provided an opportunity for organizations to reflect on their own experience – practice, philosophy, approach and tools – and learn from that experience. Using the Guidelines, each partner organized a 1-3 day gathering with staff-members, local communities, and partner organizations with whom they work. A Constellation Coach facilitated the interactions. During an ideal process, days progressed as follows:

- **Day One:** Organisations reflected together on their purpose, their core activities, their ways of working, reasons for pride, results, tools, experience to share, and experience to learn.
- **Day Two:** A team from the organization joins the Constellation Coach in a field-visit to various programme sites and beneficiaries, to share experience and capture learning from local experience. Story-telling is used as an effective technique to facilitate exchange. Experiences from field-settings were captured, especially through video testimonials.
- **Day Three:** Team members gather together in a workshop to reflect on what they've heard, and how they've listened to identify significant stories of change and impact. Participants find that exploring and narrating the story to each other is not simply an act of documentation, but is a creative process that inevitably illuminates our personal understanding of that experience. This approach for narrative documentation stimulates learning from our experiences. Additional stories are captured in text form.

The participants reflected together on what makes a good story. Using a story template, organizations highlighted key elements of each story, including a turning point and a key message. The experiences were then written down in 200 word stories and/ or captured in video format. Partners provided tools and other documentations to support the experiences in soft copy.

3.2. Partners interactive page (Ning and Cordaid)

An interactive virtual platform was launched at <http://aidscompetence.ning.com/group/cordaidpartnerssouthafrica>, and proved useful to share project-related information, progress and outcomes. Partner profiles, stories and videos were posted after each partner visit, receiving positive feedback from YouTube users and other Constellation affiliates inspired by the outcomes of the process. For example, <http://aidscompetence.ning.com/profiles/blogs/more-than-just-medicine>. Content has similarly been migrated to the Cordaid Partners Platform. <http://www.cordaidpartners.com/address/south-africa-hiv-aids/home>



3.3. South African Knowledge Fair (KF) to link partners for sharing and learning.

Knowledge Fairs provide an open space for sharing of human experiences and allow participants to analyse those diverse experiences in order to derive common principles about responses to HIV, health, social development and human rights.

During the Cordaid one-day Knowledge Fair in October 2010, participants shared and learned in a manner that was both supportive and appreciative of the wide diversity of experience in the room, engaging in discussion, analysis and synthesis so that knowledge could be constructed in the form of Knowledge Assets.

** For results and outcomes of the overall process, see the Executive Summary above.*

B. Partner profiles

Each partner was to go through a facilitated process of analysing their own unique experience to identify at least areas of strength for sharing with others, and to capture stories on video and in text during the days allocated per partner. Of the 14 partners, 12 partners completed the process, with profiles documented and at least 100 videos and stories captured.

For more stories and experiences from the field, see <http://aidscompetence.ning.com/group/cordaidpartnerssouthafrica> and the Cordaid Partner Platform at <http://www.cordaidpartners.com/address/south-africa-hiv-aids/home>



ACCESS is an alliance of more than 1,500 diverse organisations ('alliance members') working independently – on a range of varied issues and approaches - in the children's sector across all nine provinces, but aligned towards a common vision of a comprehensive social security package that "gives practical substance to children's rights" in South Africa.

ACCESS was established in March 2001 at a workshop attended by NGOs, CBOs, faith-based organisations, service providers, members of Parliament, and representatives of government. It was decided that an alliance structure representing the children's sector would be an effective way to promote a comprehensive social security system. ACCESS was mandated to undertake advocacy and capacity-building activities to achieve the Alliance's objectives.

Our Purpose: What does ACCESS exist to do?

Broadly speaking, ACCESS aims to "open doors for children" through contributing towards the development of a comprehensive social security system in South Africa. ACCESS aims to:

- Establish children's rights as a core value in society, so that the rights of children are normalized and mainstreamed, rather than treated as a specialized, marginalized sector.
- Make people aware (from local household level to high-level policy) of the rights of children as an integral part of the human rights agenda.
- Hear the voices of children and local communities, and to promote that those "small voices" be heard at the highest levels of decision-making.
- Advocate strongly for better quality of life for children through social protection mechanisms, making options available to the poor.
- Empower people with knowledge, skills, intent and opportunities to advocate for themselves, and to defend their own rights.
- Help the "man on the street" participate in the process of democracy so that he can actively inform and shape policy and practice. ACCESS aims to bring policy to the grassroots level, affirming that each person is capable of interacting with government, and that ordinary people are capable of – and responsible for – advocacy.

Activities

ACCESS works to achieve these aims through a comprehensive set of activities and interventions:

1. **Advocacy** is a foundational activity, effecting change for children. Advocacy takes place through several processes, including:
 - a. **Lobbying:** preparing and delivering submissions to high-level authorities, engaging with policy through participation in roundtable forums. <http://www.access.org.za/index.php/resources-a-publications/advocacy-publications>
 - b. **Research** into topical issues pertaining to children, policy, practice and governance. <http://www.access.org.za/index.php/resources-a-publications/research-publications>
 - c. **Consultation** with stakeholder organizations and communities in order to demystify the democratic process and collect information and evidence. This promotes a sense inclusion and promotes participation, encouraging greater **social mobilization**.
 - d. **Facilitating linkage** between government and Alliance member organizations. ACCESS is a liaison body – a point of connection – to close the gap between policy-makers and practitioners.

- e. **Litigation** sometimes becomes necessary to address particularly serious infractions on children's rights or to prompt action or influence legislation.
- f. **Monitoring** the implementation of laws, policies and service delivery on behalf of The Alliance.

2. **Training and Capacity Development**, equipping alliance members to be able to advance positions and engage with issues through their own structures and initiatives.

<http://www.aces.org.za/index.php/resources-a-publications/literacy-&-training>

3. **Material and Tools Development** by ACCESS to resource, amongst others, Alliance member organizations and their respective beneficiaries, is prolific. Materials are context-appropriate depending on the intended audience (varying from local communities to organizations to high-level policy) and accessible to a broad cross-section of society (translated into multiple languages, with illustrations, so that they can be easily understood).
4. **Communications** through publications, update newsletters, media, fact sheets, and routine invitations to training opportunities and special events.
5. **Special Events coordination** linked to raising awareness and social mobilization (eg. campaigns) or piloting models of coordinated service delivery (eg. jamborees and paralegal outreach networks).
[STORY: ACCESS' first Jamboree event was the first in the country, laying down a blueprint for similar events that was adopted and replicated by government]
6. **Strengthening the Alliance.** ACCESS is fundamentally an alliance of organizations, served and coordinated through a secretariat. This alliance framework is a core value, and the secretariat exists to maximize the collective expertise of the member organizations in that network.



What we're most proud of		Story/Illustration
1	Quality ACCESS is well known for coordinating and hosting events (eg. jamborees, celebrations, conferences) that are "5-star quality". This often creates the impression of expense and extravagance, but really reflects exceptionally hard work by the ACCESS staff to procure donations, negotiate good deals with suppliers and service-providers, and encourage volunteerism.	Athlone June 16 th Event
2	Personal relationships ACCESS project staff have invested time to cultivate quality personal relationships with government staff, and are able to access and influence political leadership in a more effective way than many other organizations and structures.	
3	Embedding language Adoption of ACCESS-coined language and terminology by government shows the extent of influence and the effectiveness of advocacy and lobbying efforts.	"Enabling documents" becomes commonly used in government-issue documents.
4	Policy input As a result of its activities and advocacy focus, ACCESS is a recognized contributor to national policy on children's issues, often invited to review draft policies and make submissions and contributions.	Oral submissions to Parliament on the Children's Bill.
5	Child Support Grant extension ACCESS achieved its original vision to have legislation passed extending the Child Support Grant (CSG) from 14 years to 18 years old	Auntie Rose and the Child Support Grant
6	Social responsibility ACCESS demonstrates social responsibility in action, and the whole team (not only programme staff, but administrative staff and management) feels a joint commitment (and contribution) to making a difference.	
7	Team ACCESS enjoys a solid team setup. Staff are encouraged in a learning environment, where people are respected. There is an authentic sense of "family" even amongst alliance member organizations.	Siya develops personally and professionally through learning from other staff. Kevin is greeted with a hug at a members meeting.
8	Materials & Publications ACCESS produces a wide range of tools, publications and documents that are attractive, innovative, widely distributed and easily understood.	Development of Advocacy Toolkit and Board Game
9	Crossing boundaries The work of ACCESS and the way of working with people straddles the world of professionals and technicians, with actual real-life experience, at the same time confronting issues of race and gender. This can be a significant position from which to promote understanding, and influence reconciliation.	Nongoma (Caryn Alan) Meeting with the Education MEC Imbizos Grassroots people are brought into meetings with high-level policy makers.

Our Approach

Ways of Working	Illustration/Story	Tools/Resources
<p>Work as “real people”, being authentic and personal in our dealings with alliance members and government, not aloof or professionally distant. People are people – even politicians are fathers and husbands and mothers. ACCESS’ 1500 members represent real people, not just numbers or issues.</p> <p>The same principle applies inside the office. Value people. Be real.</p>	ACCESS staff wellness practices	
<p>Even in difficult environments, work by relationship (not intimidation, demand, control) in order to build genuine partnership and trust. Deal with people as people, and not as functions or programmes.</p>	ACCESS’ personal campaign model contrasts with Treatment Action Campaign (TAC) more militant campaign style.	
<p>Find people who are like-minded and work with them.</p>		
<p>Appreciate strength/capacity/intuition of all people, at every level. Working from this position, there is no need to over-manage or condescend.</p>		
<p>ACCESS seeks to serve the alliance, without imposing an external agenda. Respond to stimulus/invitation from membership organizations. The members are the conscience of the alliance.</p>	The ACCESS Hotline	
<p>Act apolitically – don’t play politics</p>		
<p>Practise integrity throughout, balancing vision and resources. Respect commitment to donors: work from an agreed plan and sensitively negotiate adjustments with donors; but be willing to turn down funding opportunities that don’t fit the vision, or don’t match conviction.</p>		
<p>Programming follows a human-rights approach</p>		
<p>Always encourage ownership and offer support to empower members to take responsibility for their own action.</p>	Experience from Messina	
<p>ACCESS values participation in the response, standing alongside the work of member organizations and communities.</p>		
<p>Strive for Impact/Real Change. ACCESS has a built-in measurement mechanism to constantly review and revise programmes and initiatives in order to improve effectiveness and impact. ACCESS is intentionally reflective so as adapt appropriately, renegotiating priorities, and reprioritizing activities to ensure sustained impact over time.</p>		Built-in M + E Tool
<p>Internal operations (eg financial management) aim for transparency, setting goals to be efficient, effective, and electronic (automated, easily accessible).</p>		

Our results			
Results/Outcomes	Indicators	Illustration/Story	Tools
Progress made on Home Affairs Campaign	Language used in press releases showed clearly the input and influence of ACESS.		Research report
High level of logistical capacity during the Child Support Grant campaign led to success.	Events are a success because they are well coordinated, and logistical operations are detailed and well prepared.	10 Days of Activism event (ability to work under pressure; to respond to issues; to operationalise a concept)	
Events are more than talk-shops. Participants leave with firm resolutions, and civil society commitments.	Influence on Minister's office and policy-language	Pledge around the Charter of Rights: a precedent – no commitment or agreement previously.	
		Foster-care grant workshop	
Relationships of trust have been developed with policy-makers and decision-makers, such that ACESS is often privy to advance information in order to secure its contribution and participation.	Government departments or individuals initiate a relationship with ACESS, often volunteering information that is not shared with or available to other organizations.	Government dept so familiar with ACESS that we were accidentally copied in on private correspondence.	Built-in M+E Plan/process
Training material and delivery is recognized as being of high quality.	Apart from other civil society users, government initiates a training process with ACESS, and then goes on to use those materials in other settings.	Training Material made available to The Gates Foundation.	Training manuals Publications and fact-sheets
General increase in Child support beneficiary statistics	Increase in number of CSG recipients	Umlazi + Medical Research Council (MRC)	Training of Trainers (ToT) material
		Health Systems Trust (HST) request support for training in CSG (100% coverage)	
Jamborees have been very successful events, and have been taken up by others.		ACESS designed and implemented the first ever Jamboree in the country.	
Increased demand for ACESS' work has resulted in increased capacity to meet demand, and increasing interest from funders.	Numerical growth in staff in order to match capacity with demand.	The work done on "enabling documents" is a niche area	
		Relationship with Home Affairs	
Society's changing values regarding the treatment of children.	Decrease in corporal punishment Increase in quality of parenting		Norms and Standards process and draft document
Effectively linking grassroots action to high-level government.	Grassroots people brought into meetings with policy-makers	Sifihiso Mahlanga and mother as spokespeople	

What are we learning? What can we share?

Lesson learned	Story/Illustration
<p>1</p> <p>The absolute priority of “staff wellness”. People cannot be productive or creative or motivated if they are running on empty. ACESS has implemented a policy to carefully monitor and manage the amount of time staff members spend traveling away from home (and has effectively reduced that time). Staff members who have been traveling are required to take time out of the office to rest.</p>	<p>Reducing travel time, and providing mobile internet access to staff so that people have a chance to work from home, especially after traveling.</p>
<p>2</p> <p>Entering into partnerships on a good-faith basis often leads to misunderstandings and confused expectation. Tighter agreements (MOU’s) are needed when entering into partnerships so that roles, responsibilities, accountability and deliverables are clear to all parties before joint-implementation begins.</p>	
<p>3</p> <p>Transparency and openness in the office environment are essential ways of working in order to keep the professional team motivated. Procedures need to be clear. Goals need to be well communicated.</p> <p>Transparency doesn’t always have to equal consistency. Sometimes decisions are made at a management level, but these are acceptable as long as these changing decisions are clearly shared and understood.</p> <p>The value of regular, routine staff meetings cannot be overstated. They are a priority – for the purpose of communication and shared staff understanding – not an option or a luxury.</p>	
<p>4</p> <p>Relationship-building is essential with the personal assistants of influential people and political leadership. In the parliamentary realm, secretaries are the determinants for whether a verbal submission can be made to Members of Parliament.</p>	<p>Home Affairs negotiation</p>
	<p>Strategy and review workshops</p>
<p>5</p> <p>A specific set of personal qualities should characterize the approach for working with government: humble; human; not arrogant; personal; respectful. Avoid becoming demanding or insistent. Practise patience and learn how to not become easily frustrated.</p>	
<p>6</p> <p>Presence with people builds confidence and reassurance</p>	<p>Jamboree, Hlabisa Sports Ground, KZN</p>
<p>7</p> <p>Accreditation of training has added value, both within the organization and its credibility, but also for those trained by the organization.</p>	<p>-</p>

What are our challenges? What can we learn from others?

1	<p>Intellectual property</p> <p>ACCESS produces a wide range of resources – materials, tools, documents, etc. – with the primary aim to equip people. What is the best way to find a balance between “open-source” access where these materials are available to all at no cost, and some form of “control”/coordination of content to ensure quality implementation?</p>
2	<p>Measurement</p> <p>What is the best way to measure impact of ACCESS’ advocacy work, when there are so many actors involved in the sector? Is there a way to trace a clear causal link to progress that may have taken place as a direct result of ACCESS’ work only alone? (refer to ACCESS’ <i>Impact M + E tool</i>)</p>
3	<p>Partnerships</p> <p>What is the most meaningful way to reconcile diverse agendas/conflict amongst partner-organisations engaged in a collaborative effort, particularly when those partners are working with different funders? This can too often become disruptive and limiting of progress.</p> <p>Are there transferable principles about the strategic inclusion or exclusion of partners at a certain stage in a project’s life (for instance, if a partner wants to join an existing project but wasn’t involved from the very beginning, at what stage is it no longer feasible to consider that interest)?</p> <p>In a consortium of partners, what is the best way to effectively manage the hierarchy that is created amongst partners (eg. a lead agency; a sub-grantee), when in their own rights the organizations making up the consortium are used to being autonomous? Is there a way to work with donors who encourage these consortiums to negotiate a better way that could reduce competition?</p>
4	<p>Child participation</p> <p>What strategies could be applied to substantially increase direct engagement from children or with children? Where are the actual children’s voices in the consultation and policy processes, as opposed to organizations speaking on their behalf?. (eg. Child Support Grant Breyani Party)</p>
5	<p>International solidarity</p> <p>Who else in the world is doing similar work to ACCESS, so that we could cross-share and learn?</p>
6	<p>Managing resources</p> <p>How do civil society organizations continue to do unfunded work based on invitation and demand (important work, but not allocated any designated funding) without jeopardising core work that is being funded?</p>

Africa Unite

Africa Unite's project in Nyanga township in Cape Town, South Africa works with orphaned and vulnerable children from the peri-urban areas of Gugulethu, Phillippi, Nyanga and Crossroads.

Aims and Objectives

In the words of the project staff, Africa Unite exists to *'build and develop young people through increased self-esteem. Developing their confidence and their ability to hope – to dream – gives them a future and empowers them in life. We want to build resilience and coping skills in our children so that they can face a wide range of social problems such as domestic violence, alcohol abuse, poverty and unemployment.'*

Activities

Operating in Nyanga since 2006, Africa Unite works to achieve these aims through a comprehensive set of activities and interventions:

1. **Lifeskills Education:** Psychologists Pelisa and Vusi support children through a variety of psychosocial approaches to cultivate healthy relationships, learn communication and conflict resolution.
2. **Sexual and Reproductive Health:** Youth Educator, Vuyo, follows an established SRH-curriculum to work with 11-18 year old children around HIV and AIDS education, sexuality and gender.
3. **Homework support:** After-school homework support is facilitated amongst the 7-10 year old children, by Lolwake.
4. **Counselling** services are available to individual children, along with family counseling support. A referral system with the Department of Social Development is established, with access to a social worker who is able to offer guidance and assistance.
5. **Peer Education** is operating in 2 High Schools. 59 learners are active Peer Educators, being trained in Grade 10, and accredited for implementation in Grade 11. Peer Education is accompanied by a manual, focused on lifeskills and sexual/reproductive health. These peer educators are intended to serve as ambassadors to other youth in the school and general community.
6. **Parenting Skills** workshops are arranged periodically, initially aimed at teenage mothers, but later evolving to include adult parents and grandmothers who are often the primary caregivers of children. A parenting skills manual has been developed for this purpose.
7. **Sports and Recreation** is being developed as an added dimension in the Africa Unite programme, using sport, movies, guest speakers and games to help children relax, play, and develop socially.
8. **Staff Development** occurs through specific training and exposure opportunities. Further, the multi-disciplinary team meets regularly for a 'case conference', collaborating on the assessment and support recommendations for each individual child.

Approach

Interested parents register their children in the programme. Presently, Africa Unite operates Monday-Thursday (soon to be expanded to Friday), with over 100 registered children. Africa Unite focuses on the holistic development of children, offering support and stimulus to children at a physical, mental, emotional, psychological and social level, through a well-developed, comprehensive programme. The Project Coordinator – a professional social worker – leads a multi-disciplinary team, including two psychologists, two part-time social work students, two caregivers, a youth educator, a homework support coordinator, and several additional facilitators for a variety of activities (eg. sports; drama; etc.). There is a strong focus amongst the adult staff on building strong interpersonal relationships with the children (particularly by the "caregivers"), and on linking activities at the Africa Unite centre with the other dimensions of the children's lives (including school visits, home visits, family counseling).

Tools:

Several manuals have been produced, including: the Africa Unite Assessment/Research paper; the Parenting Skills Manual; the SRH Peer Education Manual; the Annual Report 2008 and a compilation of psychosocial support session approaches.

What we're most proud of	Story/Illustration
<p>The Priority of Human Rights Human Rights are central to the programme and are incorporated into every activity. The awareness of human rights has contributed to our agenda of empowerment and development as human beings.</p> <p>Children have learnt respect for one another, even those who seem different (eg. refugees, physically or mentally disabled, different genders or sexuality), and the values of community and dignity.</p> <p>Children who have been bullied or discriminated against – even in their own families – have discovered what it means to find acceptance and belonging, and this has greatly impacted their self-esteem.</p> <p>We believe that the values of human rights, and human dignity, can be carried by the children into their families and communities.</p>	<p>Children's dramas reveal attitudes, prejudices and behaviours, providing steady evidence over time of better judgement, deeper empathy and improved response to others.</p> <p>Themba*, a young boy with effeminate characteristics was often ridiculed; he became self-conscious and withdrawn. After the Human-Rights workshops, the children began to include him, and treat him kindly.</p>
<p>A Comprehensive Holistic Approach While many other projects offer a single, specialized service (eg. education, school fees, feeding scheme, etc.) Africa Unite is concerned with the whole child, and the programme has been designed to cater for the moral, mental, psychological, academic, social and physical dimensions of each child.</p>	
<p>Community-contexted Africa Unite is aware that it is situated within a dynamic community, and works both to utilize the strengths of the community, and to complement local community efforts.</p> <p>There is a close working relationship with several schools. Parents register their children in the programme and are actively involved. Transport services are accessed locally.</p>	<p>Neighbourhood-based ("sector") Crime Stop secretaries express their appreciation for the Africa Unite programme. They see it making a contribution to the community in providing alternatives for young boys who would otherwise turn to gangsterism and crime.</p>
<p>Child-focussed counselling While providing for the material needs of children, Africa Unite gives special attention to the deeper psychological support of vulnerable children, a dimension often overlooked in these peri-urban communities. Child counseling takes place through group approaches, through individual sessions, and with families. Recognizing that children are not independent beings, counseling is holistic, not centre-based, with deliberate follow-up at home, with family, and at school.</p> <p>Genuine listening relationships with the children are a priority, as counseling is an important feedback mechanism on the programme's effectiveness. The programme is deliberately designed with the children, valuing their input and encouraging their leadership and initiative.</p>	<p>Children take initiative to write a letter of concern and recommendation to Africa Unite Management, signed by all the children.</p> <p>Children negotiate their own transport with local taxi driver so that they can continue to come to the Centre.</p>

Our results

Result/Outcomes	Indicators	Illustration/Story
Children are increasing in self-confidence and trust, in one another, and in the adult staff. There is a growing capacity for resilience in the children. All children seem to find a place of belonging	Children are no longer ashamed or embarrassed to disclose or talk about their problems. There is a greater interest in the wellbeing and welfare of other children. The fear of ridicule – and the experience of ridicule – by the group is decreasing. The children see each other as a big family. They feel valued, equal to others and are treated equally by other children.	In December 2009, in the Truth Circle activity, children shared their greatest fear with the psychologist and each other: not getting Christmas clothes or food. These anxieties would not have been shared as publicly before.
Parents feel relieved that children have something to do after school, and feel more secure about their safety. Community trust in Africa Unite is increasing.	Parents were afraid of what would happen to children after school (70% unemployment in Nyanga, so many adults are around). But there are now many testimonies of parents and families who are grateful for Africa Unite. And there is greater openness from parents to counseling support from the Africa Unite team because of the relationships with the children.	Before coming to the Centre, the mother of a 13 yr. old girl reported her to be disobedient and rebellious; she blamed her mom for the loss of her father, and was very vulnerable to community-influences when unsupervised after school. Participation in Africa Unite gave her access to counselling and through a reconciliation process, she gained experience of building relationship with her mother.
Children's horizons are expanded, and their self-esteem developed.	Many children experience their first trip out of the township (eg. to the beach), or their first birthday celebration.	Queen's family, like many others, is very poor, and so never made a fuss of her birthday – no presents, no cake, no party. Queen had her first birthday party ever at Africa Unite, surrounded by loving adults and many, many friends.
Peer education in schools	Peer educators show maturity and leadership. They are young, active role models and ambassadors	A school principal in Gugulethu was shot and killed. The Peer Educators showed leadership in debriefing their fellow pupils and participating actively in the funeral service.
Children are gaining confidence as they discover their talents, and are becoming more capable of healthy social relationships.	Recreational activities at Africa Unite result in children forming teams and making friendships.	Zizipho and Zethu are twins who participated at the Community Cultural Day and won the award for best Traditional dance group.
Behavior of the children is improving.	Children are demonstrating increased discipline, peer leadership, initiative. Older children in the group are capable of higher levels of self-organisation. The responsiveness of special-needs children to communication is increasing.	Bianca is a young girl with a mental disability. When she first joined Africa Unite, she was commonly unresponsive and withdrawn. After some months she has developed a form of friendship with some other children and is more alert, responsive and communicative.
Love is modelled by facilitators; children learn to love	Other children are now patient; inclusive; helpful; don't laugh at each other and can express affection and friendship.	Children who were reluctant to express affection are lining up to receive a hug.

What are we learning? What can we share?

1	We need to gain a real relationship with the children. Don't shout at them when they do wrong. Talk with them in a calm, quiet voice; explain what they did wrong and why it's wrong; discuss the consequences with them. This way you will gain their respect, because you show them respect, and they will respond better in future.
2	Children respond readily and positively to "love" because it is often not normal in this social context. Children are more used to physical control and punishment and vocal intimidation. They expect to be hit and shouted at. Love is often a surprise, and can change their lives.
3	Facilitators themselves have come from these same backgrounds, and often need to be decoded themselves in the way they interact with the children. Our facilitators are learning and progressing, themselves, as they make changes in their approach to the children.
4	We cannot expect to empower the children if we only work with the children. Real empowerment of children requires that we engage with their parents and families, so that families understand when children are more aware of their rights. This was the reason we started our parenting workshops.
5	There are so many resources in the community – parents, community members, family, etc. These could all be used better to contribute to the programme. Africa Unite needs to better engage with these resources so that an effective exit strategy can be developed and the community can sustain itself.



What are our challenges? What can we learn from others?

1	<p>Funding: International funding is drying up and it becomes difficult to access money to fund our work. We are learning, though, that there are many resources/strengths in our community that we are not accessing. Parents and family need to be engaged to help identify strength by working together. How are other partners (a) identifying new sources of funding, internationally and locally; and (b) how are partners working to make the best use of community resources?</p> <p>What's the best way to function on a minimal budget? What low-cost activities (with high impact) are other partners implementing? How do you keep staff and volunteers if there is no money?</p>
2	<p>HIV/AIDS Stigma: Our children are gaining confidence and trust to talk about many issues – poverty, abuse, etc. – but even though many of them are living with HIV, they never talk about HIV. The other issues, perhaps, are more obvious, and so become easier to talk about. HIV is still “covered up”.</p>
3	<p>Gender: Of the 100+ children registered in our programme, only 30% are boys. And that number gets less as the age-group increases. Yet, boys are the group most vulnerable to gangsterism and criminal influence. Older boys are dropping out of the programme – how do we reach them or retain them so that they do not get involved in criminal activity?</p>
4	<p>Target Age: Africa Unite works with children from 7-18. Are any other partners working with so wide an age group, and what is their approach? How do they do it?</p>
5	<p>Peer Education: Africa Unite's (non-school) Peer Education programme is in its conception phase and is not taking off as well as we hoped due to new children regularly joining the centre. How do we see this through? How long does it take to prepare children for this?</p>
6	<p>Sustainability: How are other partners working with communities to build capacity to sustain the programmes and services, and function on their own once the project ends?</p>
7	<p>Capacity Development: How are other partners training and developing their staff? We have a very small multi-disciplinary team, and if anyone leaves for training, we have no one available to supervise the work.</p>
8	<p>Measurement: We need to improve our capturing and measuring impact. Our reports show activities, but they do not show the difference that the project is making in the lives of children, families and the community.</p>

Research estimates that 90% of AIDS care in South Africa takes place in the home, provided by about 90 000 unpaid community carers.

AIDS Response, based in Cape Town, South Africa works to improve service delivery in the HIV and AIDS Sector by providing wellness support and capacity building programmes to health workers, caregivers and their organizations, primarily through (1) a self-care and wellness programme and (2) a learning, linking and lobbying agenda. Neighbourhoods, groups of people and organizations are supported to become nurturing communities through practicing the values of diversity, spirituality, respect, compassion, empathy and self-knowledge.

Aims and Objectives

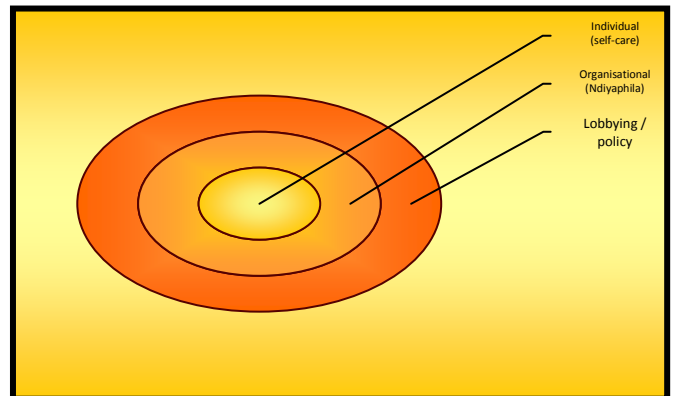
AIDS Response has a vision for “a caring, compassionate and stigma-free society that acts in solidarity to ensure that the wellness of all people infected and affected by HIV and AIDS is valued and promoted.” Working towards this vision, the organization focuses on the following aims:

- To assist community HIV/AIDS caregivers to work in more sustainable ways, central to which is raising awareness of the need for self-care.
- To assist care-based organizations to initiate, develop and strengthen psychosocial support programmes, particularly for staff and volunteers.
- To improve carers’ working conditions through advocacy, mobilization, research and policy development.
- To ensure that the voices of carers are heard, amplified and have direct impact on agendas affecting them

Activities

Operating independently since 2008, AIDS Response works to achieve these aims through a comprehensive set of core activities, fitting largely into either (1) Care for Carers or (2) Linking, Learning and Lobbying.

- 1. Self-Care Workshops:** The Care-for Caregivers (CFC) workshops promote self-care techniques and education for caregivers in HIV and AIDS-related organizations, offering a residential “time-out” experience for groups of men and women. Through a four-phase programme over two years, caregivers are offered a space to reflect and share experience, and find healthy, sustainable ways of coping with trauma and stress. CFC workshops typically run between 2-5 days each, depending on content. AIDS Response offers at least 24 CFC workshops annually to an average of 22 participants per workshop. These participants are drawn from a pool of care-providing service organizations.
- 2. Support groups:** AIDS Response operates a number of support groups specifically for groups of carers who need space and support to reflect, debrief and be refreshed. More recently, AIDS Response has responded to requests for capacity building support to other organizations who want to set up similar support groups for carers.
- 3. Ndiyaphila Project:** *Ndiyaphila* (“I’m well; I’m alive”) is an Organisational Leadership Development stream, building capacity in those organizations whose carers attend CFC workshops to mainstream self-care and wellness principles in the organization itself. This includes regular site visits by AIDS Response to participating organizations for accompaniment and support, along with individual coaching and mentoring.
- 4. Counseling:** Naturally, with its strong focus on psychosocial support and wellness, counseling is a core component of the AIDS Response process. Requests are increasingly received for 1-on-1 counselling, linked to supervision and



referral. At the same time, AIDS Response applies an internal wellness programme for its staff, making a small budget provision for different opportunities to promote staff wellbeing (eg. yoga, nutrition education). Counselling at all levels is aimed to influence integral living and sustainable care, careful to always use language that is enabling and empowering while still challenging individuals to take bold steps to do foundational, formative work within themselves.

5. **Research:** Alongside the CFC process, the Linking, Learning and Lobbying (LLL) process focuses on capturing experience and generating evidence that could strengthen a platform for lobby and advocacy around carer recognition and human rights, mobilize caring communities to express themselves and participate in policy reform, and engage in policy development at every level.
6. **Consultations with Care Workers** (linked to LLL)
7. **Resource Mobilisation:** This pertains to donor relations and the procurement of funds, as well as to the effective development of human resources in staff and beneficiaries.
8. **Governance:** Good governance is essential for the integrity, operation and sustainability of an organization. AIDS Response has its origins in The Grail, delinking and becoming a separate legal entity in 2008. Its Trustees include carers and others who are representative of experience from the field, reflecting the values placed on inclusion, participation and legitimate 'voice' of the care community within the organization.



Our Approach		
Ways of Working	Illustration/Story	Tools/Resources
<p>Work from strengths, from what is already there; help others to recognize their strengths and build on them.</p> <p>This way of working is drawn from Popular Education Theory, and adult-learning approaches, to validate lived experience within people.</p>	<p>a) Illiterate workshop participant who asked a fellow participant to write her story on her behalf (her inability to read and write did not stop her from “owning” her voice and her experience).</p> <p>b) creating symbols to express learning – pestle and mortar, grinding of corn</p>	<p>Ice-breakers that affirm diversity</p> <p>Meditation to help with anxiety</p> <p>Contracting with participants at the start of a workshop</p> <p>Option of mother-tongue expression and communication.</p> <p>Emphasis on body work + creative exercises, e.g. collage-making, hand-art so that not everything is conceptual/intellectual/academic.</p> <p>Using visual aids to support explanations</p>
<p>Dynamic integration of 6 key AIDS Response values: spirituality, self-knowledge, compassion, respect, empathy, valuing diversity</p>	<p>a) Creating enabling spaces - where participants have freedom to choose, and can confidently say and safely say NO! - by embodying the values as facilitators and staff.</p> <p>b) Religious vs Spiritual: some participants are initially uncomfortable with the methodology if it draws on techniques from other spiritual traditions (eg. NC workshop)</p>	<p>Contracting</p> <p>Window of the world</p>
<p>Training events or learning experiences are not presented activities-sake alone; instead each activity is a conscious exercise for Transformation of the individual, of the group, of the global community.</p> <p>Like the ripple effect of a pebble dropped in a well, so AIDS Response holds the vision of influencing and expanding a healing community.</p>	<p>a) Damaris’ story</p> <p>b) Nicky Booysen</p>	<p>Consultation</p>
<p>Think-well share-shops are experiential and respectful sharing and learning processes where everyone is regarded as the expert of their own experience.</p>	<p>Nobantu’s input and experiences as shared at the Thinkwell</p>	<p>Documentation of Thinkwell process</p> <p>Audio recordings of all inputs</p> <p>‘way forward’ + strategy developed together by different stakeholders</p>

What we're most proud of

1	<p>The Foundational philosophies:</p> <p>Applying the 6 AIDS Response values in every area of life and work creates an environment of mutual respect, where genuine accountability is possible, and true mentoring can take place. People feel free to practice respect for self and others. This opens possibilities for all participants in the process – staff and beneficiaries – to grow from a sense of insignificance to a very real sense of significance and capacity. It builds confidence that ‘if others believe in me, I can believe in myself.’</p>
2	<p>Pushing boundaries:</p> <ol style="list-style-type: none"> The AIDS Response process for promoting self-care challenges personal conventions and traditions – the environment is safe, but the process is not always comfortable – and participants need to stretch into the unfamiliar in order to progress and grow. Contrary to many interventions, the process is as important – if not more so – than the destination. The CFC-process is less concerned with the external programme activities and interventions offered by community care workers. Instead, it has a niche focus on cultivating the “internal landscape” of carers. Advocacy is addressed from a different angle to other organizations. AIDS Response does not see itself as a voice for the “voiceless”, believing that no one is without a voice. Instead, the CFC and LLL programmes aim to build confidence, particularly in carers, to speak for themselves. AIDS Response practices informed risk-taking; not every next step is immediately clear, but based in conviction about what is important, the organization moves forward in faith and resolve.
3	<p>Care for others means caring for yourself:</p> <p>The quality of care provided by people, especially community carers, is directly linked to the wellness of the carers themselves. CFC offers participants opportunities for ongoing transformation and personal growth, to develop the capacity to grow and change, to flourish and thrive, to be better able to “hold life”, not simply react to it.</p>
4	<p>Attitude of mindfulness:</p> <p>AIDS Response demonstrates (in its staff) and cultivates (amongst its participants) an attitude of awareness in life. People can be conscious and present in each moment, not shut off from themselves by the weight of issues and responsibilities, even when coping with intense struggle. This is evident in the transformed faces of carers who arrive at CFC workshops tense and strained and burdened, and leave having discovered their own power and internal vision and personal agency.</p>
5	<p>Honouring our values:</p> <p>Values matter to AIDS Response. Staff members are not just “doing jobs” or “performing duties”. They are modeling ways to live. As an organization, AIDS Response places high priority on integrity – staying true to core values – in professional life, in office culture, in the interactions with people, in decision-making. Values determine that AIDS Response always works from conviction, and with others where there is a sense of resonance around common values.</p>
6	<p>Listening to carers:</p> <p>The AIDS Response process provides a safe space for carers to express themselves, and to oppose the silence and suppression that is often around them, both from themselves and from others. The platform is, at the same time, safe and challenging, stimulating carers to take responsibility for themselves, for their leadership in their own lives (agency) and contribute to collective action together (advocacy).</p>

What we're most proud of

7	<p>The Operational Team for AIDS Response:</p> <p>The success of AIDS Response is not in the programmes. The organization is aware that success lies with people. The AIDS Response operational team consists of high-quality, capable, competent people, with strong character. Every person in the team can be trusted to do the best possible job, and then to do more than just the job.</p> <p>Team-life facilitates personal wellness and growth for every individual. AIDS Response takes job satisfaction seriously: team members routinely offer affirmation and positive feedback to each other, job satisfaction is budgeted for under an internal staff wellness programme, and indicators have been developed within the overall strategic plan for AIDS Response.</p>
8	<p>Making visible the substance of the work of community care workers:</p> <p>The Linking, Learning and Lobbying programme, complemented by the CFC-platform, is able to raise recognition of care work as an essential service through showcasing stories of carers, facilitating that they share their own stories in a range of settings, and conducting research. This generates both evidence and shared conviction to strengthen advocacy around the value of care work, and appropriate support for care workers.</p>
9	<p>Collaborative Ways of Working:</p> <p>No single organization has the complete solution. There is no single way. AIDS Response appreciates that organizations working in the same sector are interconnected, and can work as part of a bigger entity. Choices about collaboration and partnership, however, are important, and are based in a shared value system and common philosophy about ways of working. In this environment, AIDS Response focuses on creating space and opportunity for each partner to focus on being the best they can be in their particular area of expertise.</p>
10	<p>Social Transformation and Healing:</p> <p>The work of AIDS Response towards social transformation, including education, is connected to healing. Methodologies drawn from Transactional Analysis and CAPACITAR reinforce the belief that 'by healing ourselves, we are healing the world.'</p> <p>AIDS Response sees that part of its work is to gently sensitise partners to this intangible quality – the deliberate integration of spirituality into care work, that goes beyond traditional psychosocial support services.</p>
11	<p>Facilitation process:</p> <p>AIDS Response works through a facilitation process, in line with popular education methodology, the capacity for which and quality of which are high. This process allows participants to participate in assessing, analyzing, designing, forming and reflecting on their own life experience, and to act from their own internal resources to move forward in life.</p>

Our results			
Result/Outcomes	Indicators	Tools/Resources	Illustration/ Story
The Linking, Learning and Lobbying Programme	LLL Task Team Care worker consultations and Think Wells Increase in strategic partnerships Case studies Policy submission	Case study booklet Base of grounded expertise and information Politics of Care Work	Impact Resource Allocation with SCAT Opportunities <ul style="list-style-type: none"> - network - space Erna
Establishing transferable, sustainable Models of Care that can be applied to individuals, groups or organizations.	CFC self care workshops, and capacity building for support groups. Organisational capacity development for self-care Ndiyaphila awards	CFC Manual Newsletter Brochure Website Images/photos	Karen's story about award receipt
Growth in new personnel, leading to increased opportunities to expand programme scope, to increased capacity for strategy development and to deeper organizational change.	Increased number of staff, including programme and admin. Coordinators and research. Increase in range of skills and knowledge available. More advisors linked to the team, offering a broader range of expertise and improving institutional knowledge, strategy	staff policy work plans process documentation contextual information CCW Conditions Gender/HR for health	Damaris's story
Requests from more organizations around South Africa for access to CFC and support to develop workplace care programmes.	Contracts e.g. SARCS, SCAT, TAC, NACOSA		SARCS
Carers finding their voice			AAA – Budget Day Picket
Organisational Development and Learning through deliberate Action and Reflection			Manual + Ndiyaphila 5 day

What are we learning? What can we share?		Illustration
1	Even though our focus is on care for the carers, we can't only work with carers themselves. It is important and necessary to work with all workers in an organization so that the whole organization understands the philosophy of self-care. Otherwise, care workers can become even more isolated and frustrated by organizations that don't support them after a CFC workshop.	Coordinator who broke her ankle
2	In a process like that of AIDS Response, which depends so much on facilitation, the qualities of a facilitator – rather than their “hard skills” and the content of the programme – are a priority. <i>(eg. a commitment to lifelong learning, facilitative skills – listening, redirecting, questioning, not focused only on training and teaching)</i>	National Department of Health visit to CFC workshop
3	Sometimes it is necessary to “stray from the script”. Things seldom work out exactly according to our plans. We need to learn to trust our intuition.	Flexibility in working with process
4	The “internal process” for participants at a CFC workshop is what matters most. The disciplines of reflection and sharing, and the practice of various tools and techniques need to be simple enough that participants easily internalize and integrate these elements in order to take them home, and even pass on to others.	Meditation Finger Holds
5	Facilitators are not separate from the participants. They are co-participants. It is important for the integrity of the process that facilitators (eg. staff) practise what they preach.	Disclosure + status testing
6	We are not – as is often taught to us – separate parts, disconnected. Body, mind and soul are powerfully interconnected. A focus on spirituality can help to restore this sense of connection. Not everyone is immediately comfortable with this philosophy, particularly if they come from a strong faith tradition. People can be restless and awkward and resistant at first, and so the process needs to be handled sensitively.	Participants experience restlessness + stigma at first
7	Carers have often stigmatized or compartmentalized themselves in order to cope with the stress of care, and to not fully feel the burden of responsibility. They may have had experiences they are not prepared to think about themselves, or share with others. Body work techniques (dance, craft, yoga, tai chi, painting, etc.) are very helpful tools to activate the body to express and release stress, and help move individuals to a place of deeper acceptance.	
8	Goodwill is increasing (anecdotes from the field and donations from individuals) + champions are emerging and developing to promote the work of self-care.	Trudi Newton; Joanna Beasley Richards; Pregs Govender; Ann Hope Staff + facilitators, trustee and board members; SARCS interviews to the interventions
9	It is the right time now to address carer's rights – it has been a process of evolution, a seed is now germinating, rooted in self-care (Tools available: Membership of SACAC working group; Policies; Foundational work on self-care and assertiveness)	AR recognised by policy makers, e.g. CCWMFP Caregivers articulating their issues more strongly, e.g. Niki Booysen's

What are our challenges and emerging issues?

What would we like to learn from others?

1	Monitoring and Evaluation <ul style="list-style-type: none"> What are the most effective ways to assess the capacity and quality of facilitators in this work? At what point in a process with people and organizations, does a support-organisation “let go”? How do we measure clearly enough the impact of our work in terms of evidence of transfer to others and whether genuine capacity that has been developed? How do we track and link the micro-work with the macro-work [progress and success at the local community level linked with big picture responses, eg. policy and advocacy; collective care work of many local communities] How do we measure, not only the results/impact, but monitor the effects (sometimes negative) of the work we do?
2	Recruiting/Retaining <ul style="list-style-type: none"> How are other organizations working to attract, develop and retain appropriate staff and volunteers? How are other others developing and negotiating genuine partnerships, which are based in resonance around shared values?
3	Grief & Loss <ul style="list-style-type: none"> As organizations, have we adequately moved beyond having workplace policies in place, towards practicing genuine support and care within our organizations, particularly around those who have suffered personal loss? Are we applying care, not just “out there” but “in here.”? In terms of the AIDS Response programme, the Grief and Loss component of the CFC workshops may be too limited, especially when grief and loss form such a high portion of the care work. Are we adequately acknowledging accumulating grief and loss that is not only death and dying, but issues of injustice; displacement, disenfranchisement; loss of optimism and hope?
4	Celebration <ul style="list-style-type: none"> How do we make known exactly what we do in language that people – partners, donors, community members, etc. - understand? How do we shift so that we don’t focus on HIV only, but shift to focus on healthy people; healthy communities; wellness? How do other organisations mark (ritualise) their successes? Are we accurately and adequately naming our victories, and describing how we achieved that victory, for our own inspiration, and in order to learn and share with others?
5	Donor Relations <ul style="list-style-type: none"> What is the impact of retreating/withdrawing donors on responses by NGO’s and grassroots community groups? What possible alternative/innovative ways of working are around? Is there a better way for the sector to move forward together in the absence of international donor aid?
6	Principles for participation and inclusion <ul style="list-style-type: none"> How do we ensure that, in practice, we are really not speaking for/representing people; instead, we are genuinely letting them share their own stories? It is often difficult to “get caregivers” to opportunities to participate (eg. timing of participation in workshops or policy meetings may conflict with care/counselling responsibilities. This may result in loss of income or guilt/torn between two commitments).

What are our challenges and emerging issues? What would we like to learn from others?

- What is the experience around financial incentives to carers to participate in activities (eg. workshops?). Is this helpful, or is it simply bribery? Does it build a sense of agency and ownership, or does it weaken it?

How are other partners prioritising/making provision for CFC?

- In the workplace/amongst staff
- In programme integration/design
- In policy and advocacy
- In budgets?



Black Sash

www.blacksash.org.za

Black Sash is a 55-year old human rights organisation, operating nationally in South Africa from its base in Cape Town.

“The Sash” has an illustrious history in the political landscape of South Africa where the then-women’s movement actively engaged in shaping the road that led to democracy. Former President Nelson Mandela famously described the women of The Black Sash as “the conscience of white South Africa” during the Apartheid era.

Our Purpose: What does Black Sash exist to do?

Black Sash believes in “making human rights real”, working to empower marginalized communities and individuals to speak for themselves in order to effect change in their social and economic circumstances. The organization works from two perspectives: (1) policy-engagement to analyse and confront the implications of legislation and (2) monitoring the practical effects of policy and service-delivery on the lives of, particularly, the poor.

Core Activities

Black SASH has its most recent focus around the areas of social protection (social security and social insurance), basic service-delivery at local level and ethical business practices. These themes, in particular, hold government to account, and the business sector to account. The work is imaged through an interesting 4x4 matrix. 4 strategies cross-cut 4 thematic areas, each theme coordinated by an Advocacy Programme Manager (APM).

	SOCIAL PROTECTION			
	THEME I Social Security	THEME II Social Service	THEME III Consumer Protection	THEME IV Livelihoods
STRATEGY 1: Rights Education				
STRATEGY 2: Advocacy				
STRATEGY 3: Advice				
STRATEGY 4: Monitoring				

1. **Rights Education** Black Sash provides knowledge and training to enable vulnerable people to access their social and economic rights.
 - a. Media – radio, print (eg. fact sheets, publications), video, web – is used extensively to complement and support rights education activities.
 - b. Black Sash operates a free Helpline, extending their advice services to all provinces in South Africa.
 - c. Campaigns, aimed at building awareness of rights, lead to requests for advice, in turn identifying issues for advocacy
 - d. Training is provided for paralegals, along with a published manual, for work through the advice offices.
 - e. Rights-awareness and literacy are increased by paralegals through queue education, working with people in waiting rooms, particularly at advice offices.
 - f. Workshops are facilitated for leaders of community-based organizations to familiarize them with social and economic rights, and the role of civil society in protecting and defending those rights.

2. **Advocacy** The Sash advocates for legislation and policy that promotes social and consumer protection for vulnerable people.
 - a. Watching for issues and opening dialogue with stakeholders.
 - b. Identifying advocacy points through careful case review and analysis of progress-blockages.
 - c. Research and information-gathering
 - d. Strategic partnership for advocacy (eg. partnership with department Soc. Dev.)
 - e. Litigation
 - f. Submissions to parliament and commentary on legislation (either in written or verbal form)

3. **Advice** Free paralegal advice is provided from 7 advice offices across the country, allowing individuals and groups to exercise their socio-economic rights as prescribed by South African law.
 - a. The Helpline is another resource for accessing advice, extending the Black Sash advice service across the country.
 - b. Maintaining a detailed database of advice-issues in order to do trends-analyses and identify advocacy points.
 - c. Building capacity of advice offices and advocating to funders to not abandon advice offices.

4. **Monitoring** Black Sash plays an active role in physically monitoring state-provided service delivery to ensure that rights are protected in practice. Trained monitors observe service-delivery and assess conditions in terms of access, affordability, relevance, effectiveness and dignity.
 - a. C-MAP is the Community Monitoring and Advocacy Programme. Black Sash piloted the project in the Western Cape province in late 2009, placing 27 monitors from community-based organizations at 30 South African Social Service Agency service points in 14 districts. Black Sash is partnership with SCAT in the implementation of C-MAP. <http://www.blacksash.org.za/images/docs/cmapinanutshell.pdf>
 - b. Providing training through Civil Society organizations for community members to monitor and report on service delivery
 - c. Gathering information and evidence for advocacy.
 - d. Collaborating in partnerships with Civil Society organizations

The interface and interaction between the thematic areas are an important institutional strength for Black Sash, ensuring that there is synergy between the themes, and that the strategies (rights, advocacy, advice, monitoring) are mainstreamed throughout, integrated smoothly across the themes.

Monitoring and Advice are seen as windows to inform rights education and to identify advocacy points.

Our Approach

Ways of Working	Illustration/Story
<p>Independence</p> <p>Black Sash retains its independence, free from obligation. Opinions and critiques formulated by the Black Sash are open to rebuttal and disagreement from government, organizations, groups or individuals, but Black Sash has not compromised its independence such that its views are unduly influenced by an external party.</p>	
<p>Women as a priority</p> <p>Black Sash started as a movement of women with political-conscience, and a sensitivity about social activism in the pursuit of human rights. Today that tradition remains reflected in the Black Sash, where the majority of staff members and volunteers are women, not only out of respect for the past, but in recognition of the importance of promoting women in leadership in the South African gender-environment.</p>	
<p>Multiplier effect</p> <p>Black Sash has no interest in remaining the sole activist organization, working on behalf of people who, given the opportunity and support, are capable of taking their own initiative to claim and defend their rights. Black Sash works to multiply its influence and capacity and expertise through people, who participate and learn and then, themselves, take leadership in their local space.</p>	
<p>Free materials</p> <p>Black Sash has developed a vast library of resource materials – publications, submissions, research, articles, presentations, manuals, etc. These are freely downloadable by interested parties from the Black Sash Resource Centre at the organisation’s website.</p>	http://www.blacksash.org.za/index.php?option=com_content&view=article&id=10&Itemid=57
<p>Quality of materials</p> <p>A media liaison works closely with the available information technology to develop and communicate materials that are, at the same time, accessible (in terms of availability, and language, etc.) and legally accurate and rigorous. Tools are not slipshod, but are well integrated, comprehensive and specific.</p>	
<p>Partnerships</p> <p>Black Sash recognizes that it cannot be everywhere at once, being all things to all people. Consequently, it values participation in partnership and collaboration with others, deferring to the strongest expertise in the group to lead. Partnerships need to be mutually beneficial and reciprocal.</p>	

	What we're most proud of	Story/Illustration	Resource/Tools
1	The information provided by Black Sash – available through publications, communiqués, fact sheets and website – is constantly updated so as to be current and relevant. Information is made as accessible to people as possible, in terms of concepts, content and language.		www.blacksash.org
2	Black Sash has played a consistent role in challenging, influencing and changing legislation through advocacy.	Old-age pension for men now available from 60 years instead of 65.	
3	Black Sash has made very effective use of media for advocacy, with a recognized rapid response-time to significant events, and a wide distribution. People seek out the Black Sash reaction and opinion.	Black Sash was the first organization to comment on the South African Budget speech, achieving #4 status on Google Search.	
4	The work of Black Sash is not theoretical or hypothetical. Real cases and evidence dictate advocacy points and strategies.		
5	Black Sash is a recognized opinion-former. <i>"What we pull together has enormous influence; people can trust us."</i>		
6	There is a fluid, organic, synergistic relationship between the 4 thematic areas, and the Advocacy Programme Managers (APM) in charge of each. Everyone gets to know everything – even if that is outside of their specific programme area – to build trust, transparency, inclusion and creative integration.		

Our results			
Result/Outcomes	Indicators	Tools/Resources	Illustration/ Story
People feel proud to be identified with The Black Sash.	Volunteers from communities and other civil society organizations want to wear Black Sash vests while monitoring crisis events.		
Escalation of media profile and presence over the last three years through an effective media strategy has reawakened public awareness about Black Sash.			
Advocacy: Consistent participation and engagement with issues of public policy.	Submissions made Litigation Protest action and demonstration		Black Sash presents submission to Gauteng Committee on Service Delivery Black Sash launches court application over grant appeals delays Black Sash joins food price protest at Parliament
Monitoring: Increased trained community volunteers participating in monitoring and holding service-providers accountable.	Trainings Monitoring activities Increased no. of sites for service-delivery being monitored.		Community Monitoring and Advocacy Project Black Sash monitors safety site for displaced Zimbabweans.
Rights Education: People are becoming more informed about their rights, and are being supported to gather confidence to claim and benefit from those rights.	Trainings Campaigns		Black Sash provides training to 47 affiliates of the National Welfare Forum in Limpopo Province. Black Sash launches State Pension Equality Campaign Black Sash launches Back to School Rights Education Campaign
Advice: Ordinary citizens who were being exploited and shortchanged are being vindicated.	Advice office cases Helpline calls One-on-one client advice by paralegals.	Black Sash helpline	Sash helps security guard claim his social insurance benefits. Sash helps HIV+ woman access disability grant.

What are we learning? What can we share?		Illustration	Tools
1	South African advocacy needs to be given a diverse “face” in order to be fully effective in every setting, to build credibility and to decrease the risk of being invalidated.	Historically, Black Sash was a movement of white women. Today, the public faces of Black Sash – in media, in civil society, in parliament – are much more diverse.	
2	Partnership is complex and must be capable, at all times, of equal parts participation, cooperation and challenge. Sign MoUs with everybody – don’t work without them. This is for mutual protection of the partners. Think in advance about what is needed in the partnership, whether there is capacity to do the work, and how to get out in a dignified way.		
3	Long-term progress (as characterizes the work of a human rights advocacy organization) must be recognized and validated. It is often more meaningful, albeit less satisfying, than short-term success.		
4	It is not necessary – nor is it helpful – to say something about everything. It is much more strategic and effective to choose advocacy points carefully in order to have one’s voice count when it matters most.		
5	In order to make real progress, activities need to be strategically targeted at specific sector groups.	Eg. radio aimed at mass population; workshops aimed at organizational leaders.	
6	Programme staff copy each other on practically everything, within reason: correspondence, reports, information, etc. This increases the burden of reading, but it builds synergy and levels “power”.		
7	Working in teams allows for efficiency, producing maximum results from minimum work. There is no status attached within the team around team-leadership for a specific piece of work. Leadership is assigned based on best-fit: expertise, experience, capacity, availability.		
8	Prospective candidates are “screened” when interviewed for a position to identify whether they have capacity to work in fluid, organic, synergistic ways within the organization. Black Sash is prepared to ‘take the risk with good people’, and customize a job around them.		

What are our challenges and emerging issues? What would we like to learn from others?

1	<p>Sustainability of civil society organizations needs to be analysed, in terms of:</p> <ol style="list-style-type: none"> 1. Financial Sustainability: how do CSOs diversify in order to be viable beyond the present models of foundations and foreign aid? What are the complementary/alternative strategies not yet fully explored (eg. individual givers, investments, endowments)? 2. Actions and activities: do, for instance, Human Rights organizations simply continue to do the same things forever, or do they conclude their programme life, and take on a different focus under a new identity, and in response to a different set of issues? 3. Relevance <p>Black Sash is part of the Atlantic Philanthropic Group, working to explore and develop an Atlantic Human Rights Sustainability Plan. http://www.atlanticphilanthropies.org/learning/case-study-holding-government-account-advocacy-emerging-democracy-story-black-stash</p> <p>What are the things we need as NGOs/CSOs to be both:</p> <ol style="list-style-type: none"> (a) adaptive in the present? (b) resilient in the future?
2	<p>Despite years of engagement, governments and business are still not authentically interested in the Human Rights agenda. This is best expressed as an inequality agenda.</p>
3	<p>Is it time to rethink the role of civil society – what are the new challenges, etc? Business seems to be pushing that discussion, but actual civil society organizations are not well enough poised to participate – to enter in; to unpack – that discussion.</p>
4	<p>Attempts by international and national funding partners to control disorderly organizations with poor governance impacts unfairly on well-organised organizations. Overregulation leads to the suffocation of new initiatives – a straight-jacketing of organizations like Black Sash. How do responsible CSOs fight for creative free space for activists?</p>
5	<p>In a still-new democracy, do people understand their individual ability and responsibility (as opposed to mass/corporate) to hold elected leaders and public servants accountable? How do we increase the sense of individual responsibility for activism, and individual connectivity to the bigger picture?</p>
6	<p>How are our stories told? How do we measure our ‘wins’? How does one measure advocacy, when success accumulates over long periods of time (10-15 years) until an eventual “payoff event”?</p> <p>NGO’s have adopted a business model of reporting results every quarter and succumbing to the pressure to perform. Are there alternatives for measuring and recording success? How does the NGO-sector work with donors who are interested in short-term project results?</p> <p>As a result of this short-term performance pressure, does Civil Society exchange potential long-term development wins in favour of short-term project gains? What counts as success, and who measures it – the donors, or the local actors?</p>

Catholic Institute of Education (CIE)

The Catholic Institute of Education is an NGO that delivers programmes to Catholic schools. The CIE Investment Company and Education Services were developed with a long term vision of ensuring sustainability for the NGO.

The CIE is an associate body of the Southern African Catholic Bishops' Conference (SACBC) and has provided services to the network of Catholic schools since 1985 serving 352 schools, located throughout South Africa. CIE has always focused its work largely in rural and peri-urban schools, situated in the poorer, less developed parts of Southern Africa. 72% of Catholic schools in South Africa are public schools and there are over 6,000 teachers and 160,000 learners in these schools, who represent diverse cultures and religions, with Catholics forming the minority.

The mission of the organisation is to serve and strengthen the Catholic education network so as to enable Catholic schools to offer values-based, quality education to learners in an environment that is conducive to their physical, emotional, moral, intellectual and spiritual development as national and global citizens.

What CIE exists to do?

Our Vision

Catholic educational institutions working together to offer quality education that meets the physical, intellectual, moral, spiritual and social needs of learners and inspires them to live the values taught by Jesus.

Our Mission

The Catholic Institute of Education promotes and supports quality education for the common good through the spiritual, intellectual and professional formation of leaders and teachers in Catholic schools. We are committed to justice and compassion and offer a Catholic perspective in our engagement with society as we work in solidarity with people most in need.

Core Values

a. Integrity

We are forthright, honest and trustworthy in all of our activities and use time, money and resources wisely.

b. Responsive

We are vigilant, embrace change, are responsive to those we serve and strive to meet their needs where possible. We work collaboratively, asking for and giving support when required and sharing our successes with others across the organisation and the broader network.

c. Justice

We treat each other and those we serve with respect and are committed to truth and human rights and respond in practical ways. We value everyone's contribution, irrespective of difference; we provide equal access to opportunities and challenge unfair discrimination.

d. Care

We create an environment where care flourishes and where our relationships enable us to respond to the needs of others. We listen to others and show consideration and empathy for their emotional and physical well-being.

e. Learning

We recognise that we operate in an ever changing world and strive to build the knowledge and skills base of our organisation and those we serve.

Activities of the CIE include:

- Religious Education;
- Policy;
- HIV/AIDS;
- Pastoral Care;
- Education Access Project

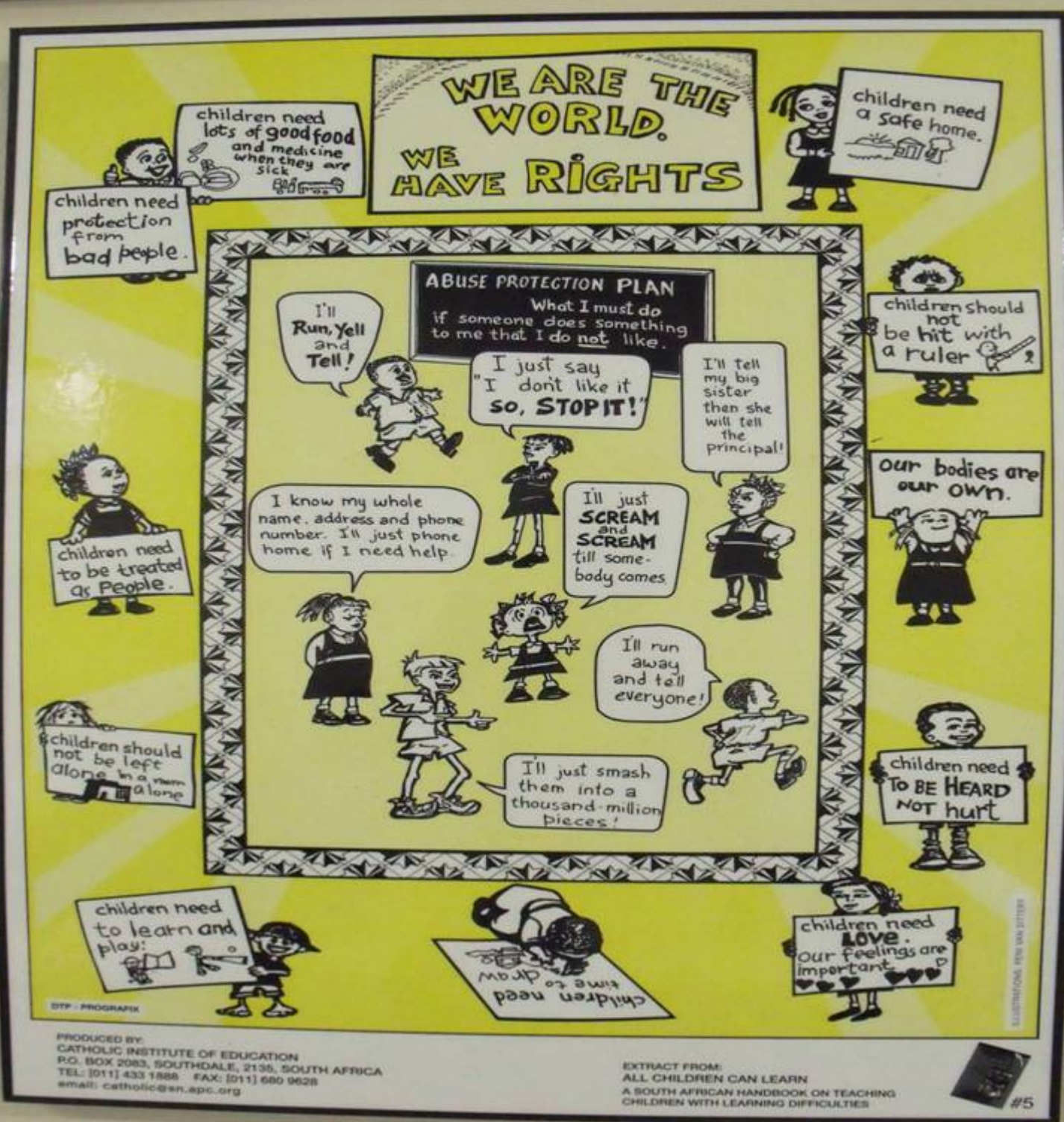
CIE - Cordaid funded programme on HIV/AIDS and pastoral care were initiated in 1999.

Activity		What happens? Who is involved in its facilitation?
HIV/AIDS UNIT – Ann French Coordinates the rest of the team in making that happen.		
1.	HIV/AIDS policy/Action plans and Training, seminars and workshops	Training of SMT, staff, learners, non teaching staff at school level
2.	Life skills teaching and mentoring through Demonstrations	One on one session using demonstration lessons are done with teachers in a class room context.
3.	Information transfer to Teachers	Informing around issue like sexual harassment, violence prevention- child, domestic violence,sexual harassment) sexuality education and masculinity through group training(Teachers) and Demonstration lessons(Teachers and learners)
4.	Peer education	Learner's weekend workshops, peer education facilitated in lessons and teachers observe and support.
5.	Sex education guidelines for schools	Drafted for approval by SACBC and to circulate to schools then facilitate discussions around it.
6.	M&E	It includes lessons observation, baselines and research. We observe lessons, mentor teachers and conduct research to inform our policies for organizational learning and change.
Pastoral Care Unit- Nontobeko Sithole(Coordinator)		
1.	Pastoral care policy development	Training of pastoral care/ethos committees to develop Pastoral care policy by CIE staff.
2.	PC plans / progs in schools	Drawing up of plans by the school based PC committees where CIE facilitates
3.	Ethos devt	Activities in relation to regional CIE managers and schools e.g. workshops on conflict management, ethos
4.	Research (NOC)	Compiling of learning's from the field e.g. community members, schools, community structures government depts., CIE involved- Booklet produced
5.	Career guidance	Training of L/O teachers grade 7-12 in career guidance for learners using interactive teaching methodology
6.	Health screening	Screening of grade 12 +1 learners on eye, ear and general health Community plus school staff involved Facilitated by CIE PC unit.
7.	OVC focus	This Include Support Through Access Project, Children's Grants, I.D And Support Of In School And At Community Level. SBF Workshops To Support Work. Support Children To Access And Stay In School Through Grant Administered Through PC Committees. Develop Children Groups To Encourage Child Participation To Care And Support. Facilitate Link Between School And Community Through SBF training Whole school community involvement
8	M&E	Reporting on each school to OVC care and support, link to community and financial accountability.

Tools/Resources.

CIE has produced several tools and resources that include Posters ;Circle of care poster, HIV research poster; emergency students bearer cards; manuals for conducting parent involvement and meaningful child participation speak out; H series(a-Stop it child abuse- Cool it ,c- Face it !)

	What we're most proud of	Story/Illustration
1	Our commitment to social justice- We are in solidarity with the poor people we serve and respond to their needs effectively.	Lukau Village Story of Children with special needs.
2	Our staffs are so passionate and dedicated towards the cause and always responding to their call.	
3	We embrace diversity to increase impact through working with the Churches network and beyond.	Working with Non Catholic Schools in Limpopo.
4	Teachers in schools openness to learn life skills and teach sexuality in schools.	



Our Approach	
Ways of Working	Illustration/Story
Consultative We engage, involve and encourage our beneficiaries to fully participate in our needs assessment. This happens through observation, listening and referring to both national and international research finding that helps make a joint informed decision from the choices.	
Interwoven with a reflective practice We systematically reflect on our action and adapt our learning. This has been strengthened through the use of Appreciative enquiry to complement the needs based assessment. The AI focuses on 3Ds (Discover, Dream, Design and Deliver)	
Participatory We involve and engage with teachers, learners and the community at all levels of our project (Right from Planning, Design through to implementation, review and evaluation)	Lukau School based Facilitators in schools support teachers and learners to address own issues of concern.
In touch with grassroots Work with schools at the local level for they are accessible, approachable and locally contexted to understand their needs on the ground.	
Development driven We seek to empower the community through transfer of skills and knowledge to address key challenges that our target groups face in their daily lives.	

Our results		
Results/Outcomes	Indicators	Illustration/Story
HIV/AIDS Unit. 1. School communities have developed HIV/AIDS strategies, integrated them into their School development plans and are implementing it.	<ul style="list-style-type: none"> ○ HIV/AIDS plans strategies are being implemented. ○ More speakers are being invited to the schools ○ Learners are using drama to pass on the messages on HIV/AIDS, abuse.... 	1. Assisi primary school has formed a children committee to implement HIV/AIDS prevention strategies.
	2.1 All life orientation Teachers excited about teaching the life skills. 2.2 Many use the “Auntie Stella” interactive resource to supplement life skills. 2.3 Learners are opening up to ask their teachers issues about HIV/AIDS.	2.1 Teachers at St Scholastica use the Auntie Stella resource to teach sexuality education. 2.2 A grade 7 learner approached the CIE facilitator with a Concern that she had missed her monthly period. The facilitator linked her to the Clinic for support.
Pastoral care Unit. 1. Schools are able to meet the physical, emotional, spiritual, and mental needs of the learners.	1.1 Schools have pastoral care policies in place responsible for OVC programmes through access to food, transport, uniform, fees, and psychosocial support.	1.1 The pastoral care committee of Ikhwezi Lokusa School supported 2 young girls (aged 9& 11) to access schooling as their mother was ill and in hospital. 1.2 Every week, *Mark, a child in a Primary Education school is given food parcel to take home wrapped as a gift. She is HIV positive.
	2.1 Schools have made links with surrounding community services – most of the caring schools have helped OVC to access government services e.g. birth certificates, I.Ds and access social grants.	2.2 St Benedict School in Free State have made links with the local hospice. OVCs from the schools visit the centre for life skills training and support. 2.3 A farmer school in Kokstad identified a child who was being sexually abused. The police were called in to address the matter.

What are we learning? What can we share?

1	Teachers can feel overwhelmed by new programmes being introduced to them because of their high workload in school. If we can show them how it fits in their curriculum and teaching load/requirements from the dept of education they are more likely to embrace it.
2	Children respond better to interactive teaching methodologies. They learn and respond quicker and become more animated /involved in classroom lessons. Teachers need resources to support training they receive.
3	Meaningful child participation involves children and adults in care and support services, and helps programmes succeed. Children are often more willing to make progress/ take initiative.
4	Children are often more free to speak to outsiders about sexuality than within the classrooms context.
5	Life skills programmes implemented in schools take long time to show change. Perseverance is needed.
6	A champion for children is essential at school level for programme success and sustainability
7	Children belong to the community. The message at school and in their communities must be the same. A partnership is needed within open communication and support.
8	Private/public sector partnerships are essential for support and care of Vulnerable children. Buy in by various governments depts. To NGO work in communities needs to happen so services can be linked, supported and NOT duplicated.
9	Parents/care givers for OVCs needs to be supported in caring for vulnerable children. It should not be taken for granted that they have the necessary skills/ support to offer care and love and success services.
10	Capacitating of programme staff is essential. It should not be assumed that everyone is a natural facilitator/have people skill. Project stuff needs support when travelling (to isolated areas, debriefs...)
11	Local community members are the best resources to use when addressing community needs as they as they understand their community and its needs better.
12	Working with individuals schools is the most effective but expensive model.

What are our challenges? What can we learn from others?

1	Measurement: a) How to measure behaviour change with our life skills education programme (including sexuality education) taking into account we cannot change other people's behaviour. b) How do we get beneficiaries to name and develop their own indicators to show progress or change.
2	Sustainability of continued OVC support and the challenges of getting communities to access available resources.
3	Donor funding to maintain and continue running programmes.
4	Workshop fatigue (Teachers tired of this methodology)
5	Teachers reluctance to teach sexuality education
6	Inability to fund certain programmes world long in enough as even the essentials are not being covered e.g. school based facilitators.
7	Staff burn out due to stressful work environment(emotional strain, working in a dysfunctional environment, remote and long travel distances)
8	Developing meaningful public and private partnerships
9	Language barriers(Learners cannot communicate well in English according to appropriate levels)



Fair Share

www.fairshare.uwc.ac.za

Fair Share is a unit of the School of Government, at the University of the Western Cape.

The UWC School of Government's broad vision is to nurture effective governance within a true culture of democracy and a human rights framework. Fair Share contributes to this agenda by reaching out to communities to strengthen the capacity and participation of citizens and civil society organizations in governance at the municipal level, specifically in relation to planning, budgeting and monitoring.

Fair Share has worked with communities across all 9 provinces of South Africa, but maintains a strong focus on North West, Eastern Cape, Kwazulu-Natal and Western Cape provinces.

Our Purpose: What does Fair Share exist to do?

Fair Share exists to empower local communities to participate effectively in democratic governance. As part of the UWC School of Government, the organization strives to contribute to the capacity-development of local community leadership such that potentially marginalized citizens feel capable and confident to hold elected representatives accountable.

Fair Share aims to:

- Build local leadership capacity through access to higher education (*Certificate in Economic Development; Advanced Diploma in Public Administration; Local Government and Economic Development programme*)
- Capacitate community structures through the Budget Advocacy and Monitoring Resources Project to better participate in municipal governance.
- Empower people to analyse, understand, input into resource-allocation in municipal budgets and monitor service-delivery and benefit to the community.
- Partner with organizations and local development agencies at the grassroots level, often working at the community level with direct beneficiaries. (eg. SCAT local development agencies; TAC branch members at municipal level)

Core Activities

Fair Share has undertaken many capacity building interventions for communities, community organisations, ward committees, municipal councillors, municipal officials and broad range of non-governmental organizations. Fair Share works to achieve its vision through a set of core activities:

1. Higher Education Opportunities

- a. The *Certificate in Economic Development (CED)* is an accredited programme, designed to meet the demand for street economists who are able to assist their organisations and communities to participate in economic development processes of their communities. 9 modules are offered over a one year period, facilitated by lecturers from within Fair Share, and others commissioned from beyond Fair Share. The CED is offered through both an on-site learning programme as well as distance education model utilizing adult education principles. Participants are required to apply their learning in their own communities and organizational contexts. Since 2003, over 280 students have attended the course.
- b. The *Local Government and Economic Development programme (LED)* was designed to strengthen the capacity of various stakeholders in local government and communities in the theory and practice of local economic development. The programme consists of six courses, including Organisational Leadership; Managing Information and Communication; Local Economic Development; Local Government, Municipal Finance and Budgeting and Research Project in Local Economic Development.
- c. The *Advanced Diploma in Public Administration*, delivered by the UWC School of Government.

- 2. Local Government Partnership Programme** The LGPP is focused on developing the capacity of elected representatives, public service officials and civil society to effectively work together, specifically around policy-formation and execution that is relevant, appropriate and responsive to the needs of local communities.

The LGPP operates through:

- a. **Training** In most cases, Fair Share initiates training with a local community organization, extending over a period of 9-12 days. Sessions are usually 3 days each, focusing on (1) general municipal governance and theories of community participation and (2) budget advocacy and monitoring, with an introduction to municipal finances, instruction on budget analysis at policy level and implementation level, and on monitoring. This is intended to build capacity of community members to go beyond token participation, towards serious engagement and advocacy.
 - b. **Mentoring and Support** Accompaniment and coaching is available to 18-20 core partner organizations, either Fair Share initiated, or requested by communities. Fair Share acts as a point of reference for feedback from communities and municipalities if blockages or misunderstandings occur, or to offer support to local agencies to make an official submission into a municipal policy process. Fair Share also identifies – pre and post training – trends and opportunities for community participation in each municipality and communicates those opportunities with citizens.
 - c. **Research** Fair Share is committed to ongoing analysis and review, and adaptation of material and training processes. Data collected is developed into specific research publications, which become important tools for advocacy. Research capacity at Fair Share is strengthening once again, after funding constraints resulted in drastic staff reduction between 2005 and 2010 (going from 19 staff members, with a dedicated research unit, to 4).
- 3. Direct Advocacy** From time to time, Fair Share has become involved in direct advocacy efforts around specific issues affecting particular communities (*eg. water services and roads; working with the Treatment Action Campaign [TAC] on HIV/AIDS issues*).

Our Approach

Ways of Working	Illustration/Story	Tools/Resources
Respect for beneficiaries of our work. People are at the core of what we do. In our trainings and workshops, in our work with communities, we are entering their space, and so need to be guided by them in their own space.		
The democratic process has to be entrenched in every aspect of programming, and held out as a standard in our work with others. The gains of South Africa's political struggle can only be enjoyed within an effective democratic framework.		
Participation is key: public engagement by the people themselves. This is linked to advocacy work and accountability. Even within the Fair Share organization, the direction of work and the forming of strategy is collaborative and consultative. We work to reach agreement as best as possible – our direction is not determined by “the boss” alone. Staff have a sense of ownership in the creation of this Fair Share vision.		
Partnerships with groups of people or organizations needs to happen by invitation or request, and need to be based in shared values and vision (resonance).		

What we're most proud of

	Story/Illustration
1 Academic Affiliation Fair Share started as a non-governmental organization outside the university, but gradually moved into the University of the Western Cape, becoming more and more entrenched within an academic setting within the School of Government. Fair Share's education programmes are academically sound, and its community outreach work offers an important opportunity for the academic community to be engaged in the real lived experience of communities.	
2 Catalysts Fair Share stimulates and excites NGOs and individuals to see public participation and accountability of elected officials as a necessity and a responsibility, not an option or luxury.	
3 Grassroots connection Fair Share aims to work with people at the most local level, not at an elitist level. Content and approach are adapted based on learning from the local experience.	-
4 Staff Development Fair Share works deliberately to empower its staff, both formally through courses and training, and informally through mentoring relationships. Staff members feel supported by peers, empowered and stimulated even through ordinary conversations. Growth is possible on a personal and professional level.	Oatile's development from a Fair Share course participant to being national coordinator for the Local Government Partnership Programme

Our results			
Result/Outcomes	Indicators	Tools/Resources	Illustration/ Story
Clear contribution to the development of women in leadership.	290 women attended CED course		Training NEHAWU women shop-stewards and gender coordinators
Fair Share has worked directly with more than one-third of the local municipalities across the country.			
Developing and accrediting trainers to transfer training back into the municipal government offices (effective June/July 2010). This takes Fair Share's vision and contribution to the very coalface of service delivery in the country.			
Fair Share's reach and influence is expanding. The organization is being seen as a resource in the continent.	Invitations received from organizations beyond the borders of South Africa		Norwegian Church Aid supports Fair Share training and facilitation in Zambia, Malawi and Mozambique
Increasing numbers of CED graduates are now working in local government, and find themselves placed in municipalities where they can implement principles and practices taught by Fair Share.			

What are we learning? What can we share?		Illustration
1	Fair Share intentionally works with very local communities, building capacity at grassroots level. But the content of training (governance, budgets, etc.) makes assumptions – eg. that all people have literacy and numeracy skills. Course content and delivery needs to be constantly reviewed and adapted to be appropriate for the audience.	
2	Even at the local level, all community members are not the same. In any one workshop, there could be an old man who has never been to school. In the same workshop, there could be a young man, who is a university graduate. Content and delivery have to be flexible enough to be pitched at the level of both participants, without overwhelming one or boring the other.	
3	When course subsidies were reduced owing to funding constraints and the need for Fair Share to develop a sustainable income stream, paying students increased in number. Interestingly, the average age of these students decreased. It followed that paying students were not CBO-practitioners and activists looking to strengthen their local action; instead these were young people enrolling in a course for their own academic interest or professional advancement. (It also follows that CBO-activists were the target beneficiary of the subsidy scheme, since they could not otherwise afford to study).	Ma Jane, daughter of Albert Luthuli, a CED student at 60 years old.
4	Now that students enrolling for CED courses are required to pay, the course is attracting more people already in government roles (eg. municipal counselors, etc.) who are themselves in a position to implement policies and improve practices. Previously, when the course was heavily subsidized for community-activists, individuals from the government sector did not enroll.	
5	The majority of municipalities still give a cold reception to public participation. There seems to be a real challenge with low political will to allow citizens access to the democratic process. Over the years Fair Share has mobilized champions within each municipality to support and lobby for better municipal responses to public participation.	
6	Fair Share courses are lectured by a combination of Fair Share staff and commissioned lecturers, many of the latter drawn from the University of the Western Cape. It seems the most effective lectures are those who can combine academic instruction with “activist-stimulation” to really energise students to apply what they are learning.	

What are our challenges and emerging issues? What would we like to learn from others?

1

How does Fair Share strike a balance between accepting paying students (for the purpose of generating an income), and continuing to make higher education available to community-based activists who could otherwise not afford to study? How does an organization navigate the tension between realism and pragmatism on one hand, and vision and conviction on the other?

2

Fair Share programmes effectively stimulate community members, who then feel empowered to participate and implement the lessons they've learned. Communities are activated towards advocacy for themselves in their local municipality. But, municipalities are cold to receive and respond to public participation, and reluctant to allow the public access to information.



Fikelela, a Xhosa word meaning “reach out”, is the HIV and AIDS outreach programme of the Anglican Church in Cape Town, South Africa. Founded in 2000, Fikelela was formed with the vision to provide an active Christian response to the HIV and AIDS pandemic in South Africa.

Our Purpose: What does Fikelela exist to do?

According to Fikelela Coordinator, Rev. Rachel Mash, Fikelela’s purpose is clear and simple. It exists to do two things: (1) to get HIV into the Church and, (2) to get the Church into HIV.

Fikelela’s mission is to mobilize the Anglican community to make a sustained positive contribution to the reduction of new HIV infections, and to drive HIV/AIDS education and care in partnership with others.

Core Activities

Fikelela works to achieve its vision through a set of core activities:

- 1. Care for orphaned and vulnerable children** Fikelela operates the *Fikelela Children’s Centre* in Khayelitsha, a Cape Town township. Established in 2001, the centre offers short-term emergency residential care to children who arrive malnourished, abandoned, neglected and often abused. Social workers refer children to the Centre, where they receive psychosocial and emotional care and support, healthy nutrition, and treatment (for HIV and TB, amongst other treatment options) from a resident nurse and trained care workers. When children are assessed to be well enough, the Centre facilitates their placement in a suitable foster care family.

Heaven’s Nest is another children’s centre operated independently by a parish task-team, and operating since 2004.
- 2. Parish Task-teams** Fikelela encourages and supports local Anglican congregations to mobilize their churches in response to HIV and AIDS. Interested congregations form task-teams that involve themselves in HIV-work of their choice, depending on what is appropriate to their community. This could include hospital visits, pastoral care, education and information-sharing within the church, fundraising, work with children, or a food parcel project (one congregation prepares over 800 food parcels a month for orphans or people living with HIV). Presently, there are 32 task-teams operating in the Cape Town diocese. Task-teams are tasked with getting HIV/AIDS onto the church agenda: in prayer, liturgy and preaching, and service.
- 3. Support Groups** are coordinated centrally through the Fikelela office and, increasingly, independently through local congregations and task-teams. Churches partner with local health facilities that refer people living with HIV who may benefit from the support group environment. All support groups are church-based, but are not restricted to members of any congregation or faith group. Presently, 11 support groups are in operation in the Cape Town diocese.
- 4. Youth prevention programme** Prevention of HIV is a major priority for Fikelela, particularly with a focus on youth. *“Agents of Change”* is a Lifeskills and Education programme run in select parishes by young people themselves who are trained as peer educators and facilitators. Over 20 sessions, the programme provides information and awareness on HIV, stimulates interactive discussion on risks, builds leadership in young participants, and promotes voluntary testing.

“Survivor Africa” is a 7-week Bible-based sexuality and choices programme offered to confirmation candidates. Confirmation class teachers are trained to run this programme, and completing a sexuality course is a prerequisite to being confirmed.
- 5. Resource development** Fikelela has developed a range of resources to complement their activities. Manuals and Resource books accompany training for programmes like *Agents of Change* and *Survivor Africa*. Publications have been written (eg. *“Worship and Liturgy”*; *“Our Church has AIDS”*, *“Mobilizing your congregation”*) to make HIV and AIDS accessible to congregations, and to resource clergy with skills, information and outlines of how to incorporate HIV into the life of the Church.

6. **Events** Fikelela makes good use of significant dates to raise awareness and profile of HIV. Annually, World AIDS Day is commemorated in memorial services. Other special events (Candlelight memorial; Walk for Witness; etc.) are promoted to raise interest and commitment in care and support, outreach, testing, prevention, etc.

Our Approach

Ways of Working	Illustration/Story
<p>Fikelela tries to work as closely as possible with clergy – to build relationship, to influence, etc. Clergy are often role models, or gatekeepers or enablers.</p> <p>But, if the clergy are not on board with the process, lay people in local parishes often take the initiative and lead, while still keeping clergy informed.</p>	<p>At one Parish Council, parishioners said to their priest: <i>“When will we start a task team like all the other churches?”</i></p> <p>Father P: <i>“I’ve got one of ‘your’ people here with me.”</i></p> <p>Fikelela’s Walk for Witness: Nobody wanted to test until the Bishops tested.</p>
Care for children is short-term emergency care only until the child is well enough to be placed with a family. Being part of a family is the goal; Fikelela’s conviction is to not institutionalize the child.	
Programmes are not “owned” by Fikelela’s central coordinating office, but need to belong to the parishes. Activities must be seen as local church programmes (eg. <i>“St. Mary’s Support Group”</i> , not <i>“Fikelela Support Group at St. Mary’s”</i>).	T-shirts with the name of the local parish, printed by that parish, are very popular.
Youth Lifeskills programmes employ a participatory approach that is fun and engaging, with full information. Proposing the discussion topic and allowing for discussion helps young people to share their own stories. Icebreakers along the way help them to relax.	
The Vision and Mission for Fikelela are what drive us: to get HIV into the Church, and to get the Church into HIV.	
People living and working with HIV are all too familiar with stigma, exclusion, and marginalization. Fikelela aims to work by building real relationships and maintaining them. Keeping in touch is important.	A support group member welcomes Bev’s visit: <i>“I like how you make me feel.”</i>
There is high value placed on teamwork: working together, especially in partnership between clergy and lay people in the parishes.	Organising special events and services (eg. World AIDS Day Memorial Service)
Regular staff training, capacity-building and professional development opportunities.	

	What we're most proud of	Story/Illustration	Resource/Tools
1	<p>Children become healthy Children who were very, very sick are now alive and happy and living in homes with families.</p> <p>Children are placed with Fikelela by a social worker. They are often malnourished, neglected and abused. At the Children's Centre they receive lots of love, nutrition, medication (including ARVs). This is a place of short-term residential care until they are well enough and can be placed with foster parents.</p>	Simpiwe and Sive	Fikelela DVD
2	<p>Fikelela logo The Fikelela logo is rich with meaning, showing a variety of people: some are old, some are young, some are fat, others are thin. But together, they can make a difference, if they act from a deep sense of compassion and love.</p>		
3	<p>Christian Community caring together Fikelela promotes the value of holding hands and standing together within the community of faith – caring together to fight the disease. Care is extended to those who are infected and living with HIV, and to those who have been affected by HIV, particularly people who have lost loved ones to AIDS.</p> <p>Prayers and liturgies have been published and distributed to resource the faith community to participate in World AIDS Day services and other significant events.</p>	<p>Annual World AIDS Day memorial services: seeing a shift in ownership by parishes over the years (eg. printing their own T-shirts).</p> <p>Walk for Witness event at Athlone/Turfhall stadium draws over 3000 people.</p> <p>Powerful experiences of Candle Memorials with support group members.</p> <p>Cornerstone Christian College principal: <i>"I can tell the difference between the Anglicans and the other churches..."</i></p>	<p>Publication: <i>"Worship and Liturgy"</i></p> <p>Publication: <i>"Our Church has AIDS" aimed at seminaries.</i></p>
4	<p>"Agents of Change" and "Survivor Africa" Fikelela's prevention programme for teenagers within the Anglican church aims to stimulate vision so that young people can discover a dream for their future. Thinking ahead, and becoming more self-aware enables them to make responsible decisions about their behaviour. Training offered to these young people makes a difference in the way they think about themselves, and encourages hope.</p>	<p>Peer Education has an impact on Thumeka's vision for herself, her vocation and her community.</p> <p>Ceres Youth Team shows leadership in their community.</p>	<p>YouTube: Fikelela</p> <p><i>Survivor Africa</i> Manual and Workbook</p> <p><i>Agents of Change</i> Lifeskills Programme Manual and Guideline</p>

Our results

Result/Outcomes	Indicators	Tools/Resources	Illustration/ Story
The Church is getting into HIV. Parishioners are becoming involved, and more committed to the cause. This is not limited to a specific age, as both old and young participate.	Food Parcel project; Task-teams visiting hospitals and children's centres; Agents of Change running youth services.		
HIV-response is taking the Church out of the building and into the community.	Fikelela is implementing <i>Agents of Change</i> programmes in schools.		
Growth and development of Task-teams and support groups through struggle and perseverance.			Holy Redeemer Sea Point. St. Dominic's Hanover Park St. Andrew's Steenberg.
Young people are getting an opportunity to learn and make a difference in their church and community. Young people are taking responsibility and demonstrating leadership.	Integration of sexuality programme into confirmation class. Young people taking the programmes into their communities.		Ceres Youth Group takes programme to the farms.
Numbers of children who are becoming well through the Children's Centres and successfully supported into foster care.			Esther goes to Tanzania.
Fikelela has received multiple recognitions as a Best Practise model, particularly in the faith-sector.	Cordaid Award Impumelelo Award		Social Development Dept. names Fikelela as a Best Practise model.
Support groups demonstrate how HIV can help to break down barriers.	Support group members comprise refugees, transvestites, all colours, some from churches, others not.		Sharing what we have in common: "We like shoes".
Seeing Christ in HIV+ people.		Partnership with the Phillipi Trust. Support Group Training Material.	Support group member offers a bed for Masixole and her baby.

What are we learning? What can we share?		Illustration	Tools
1	There is a strong link between the work with young people and the work with infected adults. Young people are more open-minded and aware of what is happening in the world. It's easier to explain risk and consequence to young people, and they are often more accepting of HIV+ adults than other adults.		
2	Young people are able to share their knowledge and disclose information, if the correct environment is created, and if the relationships are authentic.	In Lifeskills sessions, there is seldom a teacher-pupil relationship. Everyone feels free to share their own information about a specific topic.	Lifeskills Manual
3	Change can happen if you want it. Teenagers who have been sexually active can abstain from sex.	Teens who are in the Lifeskills programme were sexually active, but now report abstaining from sex.	<i>Agents of Change</i> publication
4	The flow of information is important. Clergy are gatekeepers to congregational action, so information has to be shared with them. But it's helpful to share information with the task-team coordinator as well, to ensure that communication is not held up or obstructed at the clergy-level.	Info sits on Father's desk	
5	The occasional gathering of task teams in a Forum has been a very important factor. It makes those who are struggling feel hopeful and inspired.	The Church that gave 1 food parcel	
6	Gender issues within the church cannot be separated from HIV. In programming, this link is essential.	Gender desk partnership	
7	It is important to meet people and parishes where they are at, at their own level of awareness, and threshold for participation. Progress cannot be forced.	At the AGM, a Task-Team shared about a woman in the support group who could hardly talk, but found her voice after some time and with support.	
8	Not all parishes want to be involved in the same way, and may resist participation in some areas. Fikelelela's success comes from creating realistic opportunities for parishes to be involved in a way that is comfortable for them		
9	Service leads to church growth	<i>Agents of Change</i> churches experience growth in numbers of youth attending. Task team experience: "we used to fight over hymns versus choruses. But now we see there are more important issues."	
11	Progress is achievable and measurable if the organization and parishes set realistic goals (eg. 5 new support groups; linking with community; etc.)		

What are our challenges and emerging issues? What would we like to learn from others?

1	<p>Our experience is that many support group members default on treatment and turn, instead, to alcohol and drugs.</p> <ul style="list-style-type: none"> • In what ways is this linked to levels of education and literacy? If people were more empowered with education, would they be more responsible to care for themselves? • How do we sustain psychosocial care and support, and extend it into community life, after support group meetings, so that coping skills and lifeskills are strengthened in the home context?
2	<p>The Fikelela Prevention programme is aimed at young people aged 14-21 years, but the sexual life for most children (in some form or another) reportedly starts around 10 years of age.</p> <ul style="list-style-type: none"> • Is the existing programme appropriate to reach a younger age group, and relevant to them? • How do we overcome parish/parent resistance to working with this age group around this subject matter? • What is the best way to develop capacity for this process with children's workers in churches (eg. Sunday School)
3	<p>Fikelela is keen to strengthen gender-work linked to prevention, particularly with the teen programme and support groups.</p> <ul style="list-style-type: none"> • How do we get more men to participate in the support groups? • How do we make progress on addressing issues of sexuality and sexual orientation within this framework?
4	<p>Young people seem to have lost their fear of HIV. They are more afraid of pregnancy.</p>



Metro Evangelical Services (MES)

MES started as a feeding programme in 1986. The organization handed out food parcels to the homeless and unemployed community of Hill brow. In 1989 the project achieved Section 21 status with a Board of Directors. The organisation then continued to address the pressing needs of the poor in the inner city of Johannesburg. Especially addressing the physical, emotional, mental and spiritual needs of the homeless and unemployed, as well as challenging individuals to take responsibility for their lives and become sustainable.

Vision:

To change the heart of communities - by empowering people holistically, to live independent, sustainable and meaningful lives.

Mission:

MES is a Christian social development organisation that facilitates professional services to vulnerable or at risk individuals, families and communities empowering them through a holistic service model to become independent and sustainable citizens.

Objectives:

1. To break the cycle of pervasive poverty by providing holistic, high quality developmental services that are implemented through the MES service model.
2. To ensure that the organisation is professionally and sufficiently resourced
3. To uphold good corporate governance in all aspects of its business
4. To have a content and motivated staff.
5. To develop innovative and sustainable services based on identified community needs, research and networking.

Our Approach:

MES does outreach activities with their youths and key staff members to the communities to look for people in need including the sick. The people identified are referred to the assessment Centre. Their needs are assessed and a needs development plan is developed. For instance someone could be in need of housing or has multiple needs. He or she is included in the relevant intervention to support their needs. Over the period, a sustainable exit strategy is integrated in the Needs support intervention to help meet the needs of the people in their future life.

Tools and resources:

Several resources have been produced that include; the Human resources manual, General policies, Blueprint and blueprint ART and other documents that outline strategic directions.

Core Business:

- a) **Professional health and social work Services:** Petro is leads the process and several areas are given focus. They include; Home based care, Health awareness and education, HIV Wellness, Hospice and palliative care, assessment centre, child care and protection including family care and support.
- b) **Poverty alleviation and community enrichment:** Nicodemus over sees the implementation of 4 focus areas under the component: Spiritual enrichment; youth enrichment including the Joshua's project and youth work; social relief; community outreaches, shelter and empowerment.
- c) **Education and skills development services:** Michelle takes leadership on early child development, youth skills development and residential care and bridging accommodation processes of MES.

What we're most proud of	Story/Illustration
<p>1</p> <p>Establishment of Infrastructure and Capacity.</p> <ul style="list-style-type: none"> ○ Service of Excellence – not everything to everyone ○ Change Management processes ○ Documenting of processes and procedures and lessons learned ○ Blueprint Success Formula in place and inspiring the staff. ○ Importance of communication on different levels ○ Consultations with staff ○ Transparency of processes ○ The importance of clear roles and responsibilities ○ The importance of support services ○ The importance to “look in the mirror” – to monitor and evaluate. 	<p>Blue print</p>
<p>2</p> <p>Development of holistic integrated service model</p> <ul style="list-style-type: none"> ○ The danger of working in silo's versus integrated approach – We acknowledge that it is more costly and the some staff are underutilised and unproductive ○ Good referral systems important are important. ○ The importance of proper assessments – Individual Development Plans that continue to support and meet their needs beyond MES engagement. ○ Adapting to the ongoing changing environment of inner city communities ○ Greater understanding of “caring for the carer” ○ Importance of multi-disciplinary teams ○ To follow the model: Prevention, Intervention and Sustainable Exit ○ Documented procedures, roles and communication systems. 	
<p>3</p> <p>Key stakeholders, relationships and partnerships.</p> <p>There are different levels of stakeholders in our programmes:</p> <ul style="list-style-type: none"> ○ Community – house committees, community carnival, needs assessments and beneficiary assessments teams ○ Donor – Diverse income base crucial, donor appreciation, standard operational procedures documented ○ Fellow service providers – Service Level Agreements – not doing everything ourselves ○ Public – Opportunities to expose people to get involved with the needs of others. Monthly Open Days, Corporate Service Days, Weekly outreaches ○ Staff – The Blueprint evaluation process and the Employees Communication Committee ○ Media – Media tours and the utilisation of the patron for advocacy and social marketing ○ Friends of MES – professionals offering time and expertise at no cost 	<p>Partnership with private and public sector.</p>

Our Results and Outcomes:

Results	How do we know?	Illustrations/ Stories
<p>Child and youth Leadership Development.</p> <p>Behaviour of the children and youth is improving.</p>	<p>Children and youth are demonstrating increased discipline, leadership capacity, and becoming role models.</p> <p>Older children are keen to see everyone participates in the after school processes.</p> <p>Children and youth are reaching out to others (homeless and destitute) as they learn how to care for themselves and others.</p> <p>Increased participation of youths</p> <p>Added capacity in</p>	<p>Kevin, a young man in the Joshua's Programme, has been part of the team helping the Homeless and destitute community in the inner city of Johannesburg. Helping children in their after school Through his involvement, he has too learned leadership in his own life and has a dream for bigger things in the future to come. He is now doing his internship at MES.</p>
<p>Community trust is growing. Parents feel relieved.</p>	<p>Children and youth have something to do after school. Parents feel more secure for their children are off the influence of marauding and organised groups involved in sex, crime and drugs.</p> <p>Some parents work until late in the day, the after school programme gives a sense of security to their children.</p> <p>Some parent literacy level is low; they appreciate the Joshua's Youth helping their children do their home work.</p>	<p>A parent for the children in the after school programme, recalls the difficult she has had to help her children do their home work for she didn't know how to read and write. Youths from the Joshua's programme have helped the children from this family do their home work. The parent fears less now.</p>
<p>Health campaigns</p> <p>TB & HIV Screening</p>	<p>There is increased knowledge in the community regarding health issue.</p> <p>Most People are openly going for TB, HIV... screening.</p> <p>Those who test for HIV are encouraging others to test too.</p> <p>There is increased knowledge sharing between the infected, their friends and families.</p>	<p>Kate was identified from the street by the MES home based care team and taken to the hospice. She was too sick and her parents didn't where she was. When she visited her family over the Easter Holiday. She was welcomed by the family. She too disclosed to them that she was living with HIV. Her family and friends were keen to know more about HIV/AIDs from her. Some became interested to test for HIV after their discussion with Kate.</p>
<p>24 hour Palliative hospice care</p>	<ul style="list-style-type: none"> Patients are receiving quality of care, are recovering from their death bead to a point of discharge and being reintegrated back in the society. Those that test positive for HIV are no longer anxious of their HIV status and health anymore. Families have accepted their status and are helping out them as well. 	<ul style="list-style-type: none"> Philani is staying within the wellness centre. He is now fully recovered and assisting the centre staff by offer Counselling to other patients within the Clinic. Oziah was working for a construction company in Zimbambwe, he moved to South Africa to look for a better paying job. On arrival in Johannesburg, He ended up in the refugee camp. He became sick and was admitted at Siziwe and treated. He will soon be leaving the centre to continue with his Job. He vows to encourage other to test for HIV and get treated for AIDS.

Results	How do we know?	Illustrations/ Stories
HIV management services to HIV positive clients	<ul style="list-style-type: none"> • Clients' adherence to ART treatment has gone up. • Opportunistic infections have gone down. • Patients' bed occupancy has reduced from 70 to 80 % • Reduced HIV/AIDS related deaths. 	<ul style="list-style-type: none"> • Oziah was weighing 40Kg when he was admitted in the Wellness centre. In less than 3 months, his weight was recording 80Kgs. He says, he has been in the warmer hands of the care Team at Zaziwe. • Lindiwe, now proudly assists the nursing staff and other patients like she once was by taking them tea and helping with Lunch. Lindiwe is a true testament helping change the heart of the city.
Empowering Beneficiaries to Care for themselves.	<ul style="list-style-type: none"> • Clients are learning coping and life skills, are working through their emotions regarding their life threatening illnesses including depression. • Clients are being assisted to access government grants to support themselves and their children. • Most clients are into income generation and are becoming self reliant. • Patients are being linked to service provider for job placement. • Families are taking responsibilities to care for their patients. • Sharing experiences among clients is preparing them for reintegration within Society. • Default of medication due to lack of food is decreasing. 	<ul style="list-style-type: none"> • Kate, when she was treated and stabilised identified a friend within the wellness Centre who she reaches out to whenever she has a concern in life. She sees her as her best friend.
Establishing networks and partnerships	<ul style="list-style-type: none"> • A culture of working together is emerging. • Duplication of services is becoming limited. • Gaps being identified and addressed. 	<ul style="list-style-type: none"> • Working with Local Media (SACBC)



What are we learning? What can we share?		
Lesson learned		Story/Illustration
1	Establishment of infrastructure and capacity strengthening is paramount for a fast growing organization. Core businesses need to be redefined and realigned to structure. Streamline communication lines within structures and document policies and procedures.	MES blueprint.
2	Development of a Holistic integrated service Model is key to continuum of sustainable service delivery; to meet the needs of the whole person -interwoven with a clear and sustainable exit strategy that seeks to empower clients beyond the intervention phase.	Joshua's Youth Development project.
3	Organization needs to foster an environment of working together- not in silos. You learn from others and understand how to meet the needs of the communities better without duplication.	MES blueprint MES strong partnership with both private and public sector.
4	When families are involved in the patients care, they become responsible and client reintegration to family happens without much shear.	Cate of MES impilo story.
5	Children and youths are true ambassadors of change in their own lives and society. They strongly express peer leadership if mentored and accompanied.	Joshua's Youth Development.

What are our challenges? What can we learn from others?	
1	Environment of working with migrant community; How do we monitor and evaluate migrant fast changing environment?
2	There is a lot of misuse of resources among the migrant community. How do we minimise duplication through networking and referral systems?
3	How do we strengthen Home based care work, in a homeless community while still not compromising the quality of service?
4	Scaling up; How do we become national without compromising the service excellence?
5	Limited sources for funding diversifying services.
6	How to turn wellness centres into Government sites for sustained service delivery to the community?
7	Literacy level among our Homeless community is problematic and particularly when it comes to preparing them for exit.
8	World class events really affect our connection with our Communities. They would really relocate to other parts of the City, which leaves us with the challenges of where to follow them up.
9	Most of the Homeless community have no identity documents while others have several I.D s for one Nationality.
10	How to build unity in a growing organization, where some people are working in different shift over the 24 hours span.

SACBC AIDS Office

In 2000, the Southern African Catholic Bishops' Conference (SACBC) AIDS Office was founded as part of an initiative by the health, development and education agencies of the SACBC, including the Catholic Health Care Association of South Africa (CATHCA), the Development and Welfare Agency (DWA) and the Catholic Institute on Education (CIE).

The AIDS Office funds and supports over 152 projects in support of AIDS work (provides HIV and AIDS prevention and care services, antiretroviral treatment (ART), and care for children affected by HIV and AIDS within their communities) in South Africa, Swaziland, and Botswana and was formerly involved in parts of Namibia and Lesotho.

The AIDS Office is headquartered in Pretoria, South Africa and has 29 dioceses. Currently, AIDS Office is an umbrella office coordinating the Church's response to HIV and AIDS within the dioceses. This work is done at the local level using the existing diocese and parish infrastructure to set up and operate moderate to small local projects.

The programmes reach out to **more than 70 000 people**, with 14 000 receiving medication for AIDS.

Our Purpose: What does SACBC AIDS Office exist to do?

SACBC focuses not only on providing AIDS care, but also serving individuals in their local communities and fostering local support networks around care so that the work will be sustainable and relevant. Their work also addresses underlying issues allowing proliferation of the disease, enabling the communities to fight the HIV/AIDS pandemic holistically though;

- Focus on prevention, ultimately the key to turning the epidemic round.
- Taking a large measure and a response to those who are sick
- Making and increasing provision for orphans and vulnerable children
- Continuum lobby for access to treatment.
- Deepening and nurturing spiritual and pastoral care of all people.

Approach

South Africa has one of the highest rates of infection with almost 6 million people living with the virus and only 920,000 receive medical attention through government institutions, and churches and NGOs.

AIDS Office focuses not only on providing AIDS care, but also serving individuals in their local communities and fostering local support networks around care so that the work will be sustainable and relevant. Their work also addresses underlying issues allowing proliferation of the disease, enabling the communities to fight the HIV/AIDS pandemic holistically. It also includes partnerships with local, regional, national and international partners and funders.

Tools and resources

The AIDS office relies on outsourcing resource persons and materials in aid of facilitating their programmes. They use government accredited resource persons and materials (Manuals and other publication) to strengthen their work.

An external qualitative evaluation was carried out through the assistance of Georgetown University. The university offered to assist in conducting a qualitative evaluation of the Office and develop a case study that allowed further evaluation of the qualities and methods for organizational development and expansion of Catholic faith-based health care networks in the world.

With the help of funding agencies, AIDS office has been able to develop the patient data system. The child data system is in the making.

Core Business:

It has three primary initiatives that include

1. Prevention and care,
2. Antiretroviral treatment (ART) and
3. Care for orphans and vulnerable children (OVC).

This work is done at the local level using the existing diocese and parish infrastructure to set up and operate moderate to small local projects.

Activities

SACBC AIDS Office works to achieve its aims through the church and church infrastructure through a set of activities:

7. **Co-operation and training** The AIDS office is working closely with various bodies which are dealing with the disease. Responding to the epidemic through partnerships with the Government health depts. – at national, provincial and local levels – with other churches, with business sector and NGOs, driven by the spirit of alleviating the appalling suffering of so many people. Training of personnel is a never-ending need, as more professionalism is demanded', emphasizes Sr Alison. AIDS office seeks to equip the personnel at project sites with proper training, and helping them to get services up and running - a key aspect in the Church's ministry to AIDS patients.
8. **Antiretroviral programme** - Johan Vilojoen, project manager of the treatment programme of the AIDS office has been instrumental and has constantly been providing insight in to what led the AIDS office step up its fight against the epidemic. CORDAID funding, In July 2003, helped to support site selection, establishment of Laboratory and drugs supply networks. ARVs are provided in the Catholic facilities. The treatment Centres reaches out to people through their satellite clinics, home based care teams and hospice programmes.
9. **Laboratory services and Drug distribution** initially the Church sites had no laboratory services to do CD4 count and other blood tests. A central laboratory in Johannesburg was identified which provides most of the services to the Treatment sites. Blood samples are send by courier and results emailed or faxed back to the centres. Drugs procurement and storage is done by two pharmaceutical companies which dispense the drugs to all the sites.
10. **Healing ministry** Bishop of Francistown Diocese in Botswana has been facilitating Liaison between AIDS office and the Bishops' Conference in Southern Africa, he sees the Church as suffering body of Christ – for the church has AIDS and is in need of forgiveness and healing, care and support. The services rendered are deeply rooted in spirituality for effectiveness.
11. **Administering grants, for** instance, AIDS office is directly administering the US grant for treating HIV patients, the single largest contribution the church receives to run its activities related to the pandemic.
12. **Income Generating Activities** - to be successful, medication needs to be accompanied by an adequate diet. And that is a problem for most of the patients are unemployed. To respond to the problem, for instance, our partner Nazareth house has started an income generating project. It belongs to a group of 74 women who call themselves the support group. They come together regularly to do bead work and sewing. Some of them are trained in Entrepreneurial skills. Their products are promoted by an NGO called Stop AIDS now in the Netherlands where their handcrafts are marketed and sold, enabling the patients to have some sort of income to support themselves and their families.
13. **Prevention in the sites - facilitated by Surprise** through Education for Life workshops to sites, young people are helped to develop life skills, are assisted in managing their sexuality responsibly and learn how to handle peer pressure that can otherwise lead them into drugs, alcohol abuse and premature sexual relationships. Counselling sessions in various sites and AIDS projects are offering the people on ARV treatment the necessary information that helps them to protect themselves and avoid being re-infected.
14. **Orphans and Vulnerable Children (OVC)**, Nandi Sithole - OVC programme Manager oversees the OVC initiatives. The programme began in 2003 and the strategy for identifying children in need of services is primarily through home-based care and schools. To ensure sustainable care for these children and to comply with the Church's priority to raise children in a family environment, SACBC projects work toward community-based care through home visits, foster care and adoption, support for child-headed households and keeping children in school versus institutional care. However, some orphanages and care centres still operate in some areas. In 2006, the SACBC AIDS Office began to place emphasis on incorporating psychosocial support in OVC programs. The SACBC AIDS Office realized that it is not enough simply to provide food, even though this is often the entry point for many projects. The priority is to create a family for OVCs as the church recognizes the importance of family in raising children, particularly in the area of social development and sexual education. The needs of the whole child are met holistically through;
 - Nutritional support – feeding
 - Educational support – schooling
 - Palliative care – care for the seriously and terminally ill
 - Psychosocial support – counselling and positive encouragement
 - Child protection – obtaining birth certificates
 - Legal aid – Child Protection Services, assisting in social grants and benefits
 - Health care services – health and medical care
 - Economic support – income-generating work
 - Prevention education – sexual education
 - After school care
 - Antiretroviral support
 - Shelter – shelter is provided for those who do not have a place to stay.

	What we're most proud of	Story/Illustration
1	More standardized and systematic tracking and monitoring of (data collection) on patients in ARV.	Patient Data systems.
2	Quality Self care Many of the workforce, both paid and volunteer have HIV and AIDS. The leadership in the Office has been particularly concerned about stigma and discrimination and has written about the importance of hiring and caring for the workforce without discrimination or judgment because of their HIV status. In addition, the work itself carries risks, particularly psychologically when co-workers, patients and children become very ill or die. Self care efforts have been a focus of the Office for the workforce to tend to their spiritual, psychological and health needs.	
3	The quality of the care and dedication of the staff and volunteers in the projects.	Oupa kekana, care giver in Lufuno-orange farm is a young man, 22 years who after completion of his Metric in Limpopo move to Johannesburg to look for Tertiary education sponsorship, which he was unsuccessful... Oupa recalls, how he was seeing people with TB suffer in his community. With his Metric level knowledge, he had learnt something about TB disease. He was motivated to volunteer in Orange farm and help the neighbourhood communities where he was staying. He is also the caregiver for Molly family.
4	Structure The SACBC AIDS office was set up by the Southern African Bishops' Conference to provide a coordinated response to HIV and AIDS in Southern Africa. The AIDS Office uses the existing Church infrastructure of the dioceses and parishes to set up projects relevant to local needs and recruit a workforce. This focus of using this already existing structure is to facilitate and support the work at the grass-roots level. The dioceses and parishes provide the office with information on local needs and the SACBC AIDS Office provides financial support, oversight and technical assistance for local projects in coordination with the dioceses and parishes.	SACBC Organizational Structure
5	Child Support Grant access Grassroots partnerships are helping shape the dependency by communities to projects. The care givers are linking the Grannies to legal support services that facilitate them to access government grants to meet their domestic's needs.	Inkayenzi OVC programme- Orange farm
6	Caring beyond boundaries The church does not discriminate, and offers its assistance to all. For we are children of one God. Our services are rooted in spirituality not boundaries, colour, language, race or tribe.	In Botswana, where there are several hundreds of immigrants from Zimbabwe and other troubled countries in Africa. The government is providing ARV treatment to its citizens, but not to foreigners.

Our results

Results/Outcomes	Indicators	Illustration/Story
Working closely with other Bodies	A profound belief and spirit of working together is being witnessed - for indeed, its alleviating the appalling suffering of so many people.	Partnerships have been created with the government health depts. – at national, provincial and local level –with churches, with the business sector and NGOs. UNISA offers a Diploma in Youth Development, which assists youth workers with the knowledge of how to deal with the challenges facing youth in the community. The course touches many topics, including gender, OVC, counselling, policy implementation, and health. Project personnel are supported to pursue studies through UNISA.
Site transfer to Government health depts.	The church is offering treatment in places where there is nobody else doing it and readily withdraws from the sites where government health facilities have taken over in assisting AIDS suffering.	Sinosizo refers patients to Stanger Hospital for treatment of opportunistic infections and paediatric cases and pregnant women. The Groutville centre is next to an independent VCT centre. The Groutville clinic act as sources of referral to Sinosizo. Site is now closed as the government has successfully taken over treatment.
More outreach satellite Services Closer to the people	Services have been decentralised and patients do not need to travel long distances to fetch drugs and consult health professionals.	Inkanyezi of the Catholic church in Orange farm, a vast informal settlement south of Johannesburg, is providing ARV treatment to over 667 patients. (Michael and his wife, both on ARV treatment walks a stone throw distance to get to the Clinic)
Home based care – Backbone of Church Response to AIDS.	There are 80 Home based care projects in 29 Dioceses of South Africa, Botswana and Swaziland. There are scores of volunteers, most of them women who receive small stipend , look after people infected with HIV virus, accompany them to the sites for Medical care, ensure that treatment is backed by adequate diet and offer moral and spiritual assistance.	Benedicta, from Lufuno care team is living with the HIV Virus. Her conviction to help, reach out to others and encourage them to test for HIV has been instrumental in the settlement scheme. She is admired by the community for she gives hope where it's fading out. Links patients and families to the health facilities.
Children feeding schemes offering more than just food.	<ul style="list-style-type: none"> Started as Parishes and dioceses initiatives. Families are adopting food gardens for sustained incomes generation and nutritional support to themselves. Children attendance and performance in schools is improving. Grade 11 and 12 learners are seeking career choice help – amazingly young people are finding employment, are being granted bursaries and making their in Society. 	Lufuno care team reaches out to families affected by AIDs. They provide food parcels and in addition offer psychosocial support to both the clients and their children. They link both the children's parents and grannies to legal advisors who help them access government grants. Sick children are referred to the clinic for treatment.

What are we learning? What can we share?

Lesson learned

1	<p>Funding: Diversifying of funding sources increases both amount of donations, but ensure some measure of sustainability to site programme support. Encouraging projects to establish local relationships for monetary and in kind donations makes the projects more self reliant, embedded within the community structures and sustainable.</p>
2	<p>Partnerships: Increasing the capacity of projects to partner with government agencies increases access for adults and children to receive social grants and services.</p>
3	<p>The Church and church infrastructure relation with AIDS Office Services: Strong management structure that flows from the local parishes through the dioceses to the AIDS Office. Between each level there are project managers and diocesan coordinators in place as liaisons of information back and forth with the Office. This maximizes the limited human resources the AIDS Office has and gives more support to the local efforts reducing isolation.</p> <p>ART can be successfully provided to large numbers of patients in resource poor settings, using church infrastructure.</p>
4	<p>Satellite services: The services are closer to where the people live. Decentralization of services is of enormous importance to patients who do not need to travel long distances to fetch for drugs and consult health care professionals. It's seen as way of cutting domestic spending by patients who would have sold out chicken, goat, bicycle or any other assets to cover for transport, accommodation... during their visit to the Clinic.</p>
5	<p>Care, for hope and change: People infected and affected by HIV/AIDS can truly be transformed and influence change in others. Some of the care givers bed ridden and perhaps were presumably in their death bed due to AIDS related opportunistic infections - Once started on antiretroviral treatment and later discharged ready to go back to their normal work and With the involvement of families into care provokes for action by those in the environment of care. They too acknowledge their vulnerabilities to HIV/AIDS infections and open up to others for learning and inspiration on how to care for themselves and others.</p>
6	<p>Priest and Bishops taking charge: Priests are key and are essential for parish based interventions since they can be either gate-keepers or catalysts in parish activities. Priests do need help to understand HIV/AIDS and how to deal with it as a pastoral matter.</p>

What are our challenges? What can we learn from others?

1	Recruitment and retention of skilled workers in the Organization. Shortages, turnover and the need to recruit new staff and volunteers as the projects scale up have historically been and continue to be a challenge for the Office. Some of the workforce is siphoned off once trained by the SACBC AIDS Office to government or other agency programs.
2	How to facilitate learning and sharing among churches, parishes and Dioceses – to Efficiently translate successful or best practices from one project to another.
3	Continuation of Comprehensive training – for Scale up and training, for using technologies to track data. Office and project leadership need training and support to make it work. Technology and need for training also present financial and technical barriers to monitoring and evaluation efforts.
4	Growing number of children and adults with HIV AND AIDS.
5	Managing number of projects, Supervision and monitoring of staff gets strained when workload increases.
6	Inconsistency in the level of activity within the diocese. Some dioceses are more active than others. This is partially due to the resources in the area and the remoteness of the locality.
7	Many different requirements and formats by funding entities (PEPFAR, etc) that are not all the same, resulting in the difficulty of establishing standard monitoring and evaluation strategies

Operating for more than 20 years, SCAT is an intermediary grant-making and capacity-building organization, based in Cape Town but working in partnership to support local development agencies in rural communities of the Northern, Eastern Cape, Western Cape and North West provinces.

Our Purpose: What does SCAT exist to do?

SCAT's vision is to contribute to *'vibrant and sustainable communities in rural South Africa'* through grant-making and programmatic support. Its mission is to partner with rural community-owned agencies (Local Development Agencies – LDAs) by providing capacity building and financial assistance in order that they, in turn, can make human resources available to improve the quality of life in their own communities.

SCAT staff-members dream of seeing:

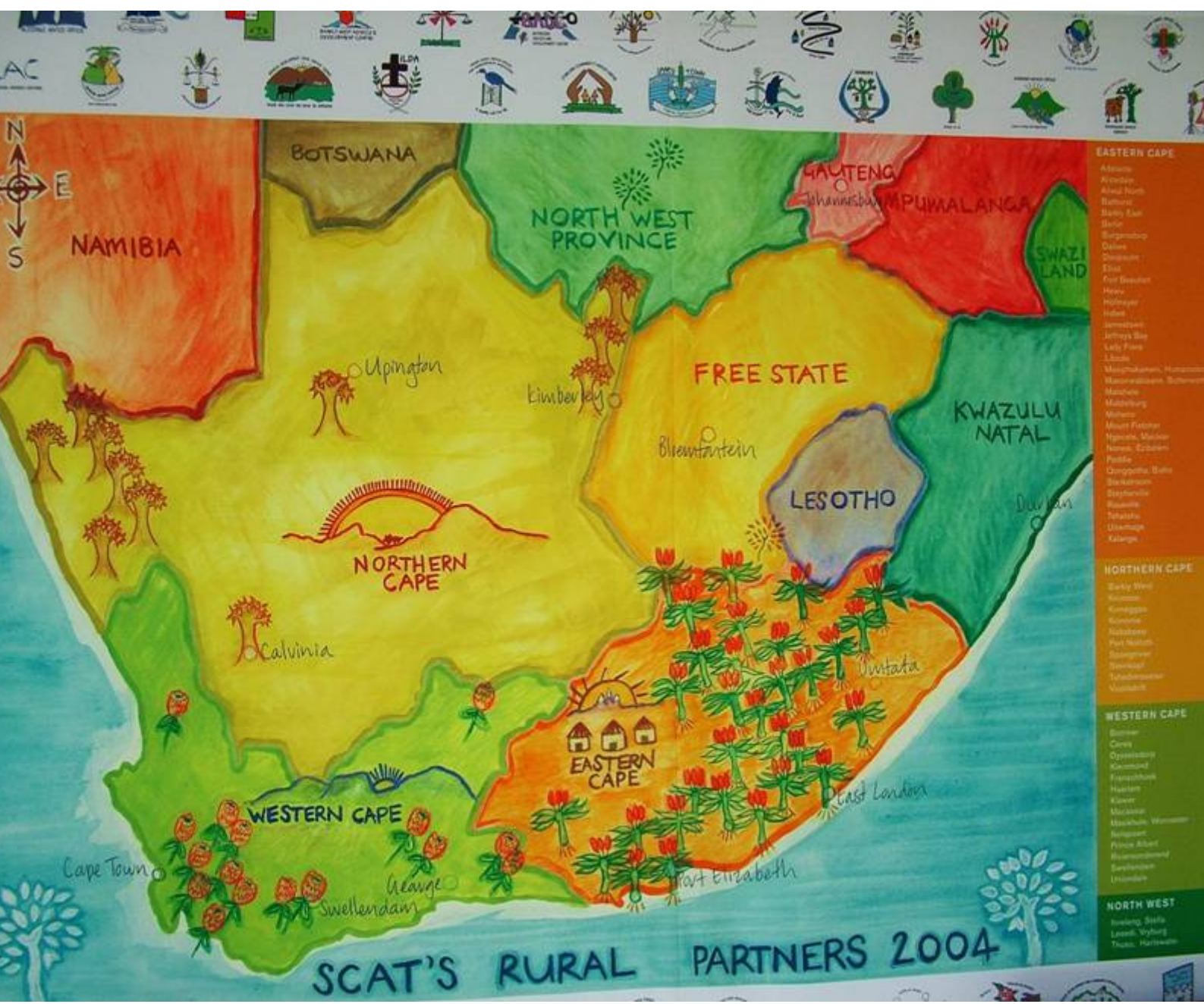
- LDAs and community members taking ownership of development in their community and accessing their rights, through LDA services and community initiatives.
- LDAs and community members questioning issues of development and moving beyond the obvious; that community members will have a deepened understanding of how they could contribute and impact change, and take the lead in facilitating that process.
- Well-run local government (e.g. schools, clinic, roads, elections) in rural communities with healthy people living in healthy communities.

Activities

In most instances, SCAT's partners – Local Development Agencies (LDAs) are Advice Offices which, in addition to offering paralegal advice to members of the community, deal with issues of local government service delivery, accessibility of social security, land tenure and redistribution, income generation, job creation, protection of employment rights, women's empowerment and the protection of minority groups in their communities. The focus is on human rights, gender equity, HIV, AIDS and local economic development. SCAT works to promote these results through a comprehensive set of activities and interventions:

1. **Grant-making** SCAT is primarily a funding organization, supplemented by field-based support and capacity building. Partners are recipients of:
 - a. Core Funding, of approximately R4000 per month. These core grants are made to 36 LDAs across 4 provinces, most of these incorporating some component of HIV programming.
 - b. HIV/AIDS grant. 9 of these 36 LDAs receive additional external funding as 'HIV Activator Sites' where there has been some existing capacity/programme related to HIV/AIDS.
2. **Institutional Capacity Building** SCAT specifically works with rural community-based organizations that, by nature, may lack the experience, systems and capacity to access funding through conventional donor-sources. Grant-making is matched by mentoring and support of these organizations by fieldworkers through field visits, and through training made possible by a Development Fund for Training (DFT).
3. **Mobilizing Resources** Partners are encouraged to move from exclusive dependence on SCAT towards increasing self-sufficiency. FRIS – the Fundraising Incentive Scheme – is a system applied to maturing partner organizations where SCAT gradually decreases Core Funding, contributing instead R5 for every R1 raised locally, up to a certain target ceiling (per annum). FRIS is not only about providing money; it is a strategy for mobilising participation and ownership by local communities.
4. **Monitoring and Support**

5. **Facilitative/Reference Role** SCAT is a liaison between LDAs and strategic partners. SCAT takes on a role for linking and brokering on behalf of LDAs in order to stimulate and support collaborative partnerships – again, often with more established development organizations or public sector departments that may not otherwise have shown interest in a rural LDA.
6. **HIV/AIDS and Gender Programme** As a response to a request from project partners, SCAT initiated an HIV and AIDS Activator Programme some years ago. This ongoing programme focuses on intensifying the development of local responses to HIV and AIDS in a rural development context, and according to the specific needs of each participating community. SCAT provides an additional grant to the qualifying LDAs for the implementation of the programme and facilitates skills development. The work with HIV and AIDS includes:
 - a. baseline studies
 - b. mainstreaming gender into HIV programming (Gender Forum)
 - c. capacity building through training workshops and technical support
 - d. facilitating collaborative partnerships
7. **Local Economic Development (LED)** to address issues such as food security.
8. **Access to Justice** through the paralegal support of the Advice Offices coordinated by the LDAs, and through the higher level advocacy work of the central SCAT office and staff to ensure rural equity in development.



What we're most proud of	Story/Illustration
<p>SCAT works exclusively in support of rural development: In order to qualify for support from SCAT, organisations must meet the criteria of being rural, community-governed, accountable and transparent, with women participating at all levels in the organisation and membership open to all in the community.</p> <p>SCAT deliberately works in places where other organisations “fear” to go, and with people who have limitations (eg. most people in rural settings are often illiterate). The SCAT team is prepared to work hard to resource/support people who have technical challenges in terms of capacity, in order that they might meet traditionally strict requirements.</p> <p>SCAT prides itself on funding organisations that no one else will take a chance on, reaching into deep, dark places to bring light, places where people did not even know they had any rights to claim or defend.</p>	<p>Anthea stuck in Buffelsrivier at 7-months pregnant.</p>
<p>SCAT stays true to the “character of the community” SCAT tries to relate to partners in a non-directive, non-imposing way, allowing communities to work in their own way. This freedom is balanced, however, with the rigour of adherence to certain funding requirements within the local/rural context; and with support to build organizational capacity to meet those requirements for funding.</p>	<p>Gerald: The Spoegrivier Tape Recorder event.</p>
<p>Inclusivity SCAT’s interest is in stimulating/supporting people to participate in their own economy (e.g. LED) or address to address gender (eg. gender forum).</p>	
<p>SCAT says “yes” to local communities SCAT believes that ‘together, we can achieve more’, and that the organization needs to move people, as well as be moved by them. Participation is a core value, engaging with local communities in partnership for sustaining livelihoods.</p>	
<p>Partnerships SCAT values long-term accompaniment of rural communities, and individuals. Personal relationships with people are the ultimate investment, making partnership about more than money. SCAT travels the journey with people, aiming for quality and impact.</p>	<p>Partnerships extend over 15 years (eg. Botriver Advice office)</p>
<p>Transformation SCAT works for sustainable social change: transformation of the individual, the community, and the local development agency.</p>	

Our Approach

Ways of Working	Illustration/Story	Tools/Resources
We value long-term partnerships as essential to our development practice.	SCAT supported Prince Albert Advice and Development Centre for over 10 years and through this relationship the LDA is able to find alternative funders to ensure their sustainability. Prince Albert LDA now has 11 projects and created employment for 83 people and is now a section 21 Company.	Developmental Plan for LDA's
We encourage participatory and consultative processes in the work we do with local development agencies (LDAs)	The Nonesi LDA HIV Activator accompanied SCAT trustee and SCAT director to a Department of Health meeting to pitch an HIV/AIDS proposal.	Participatory Rural Appraisal methodology
SCAT works to ensure that women access leadership roles in our partnerships.	Gladys McKenna started as an office coordinator. Through SCAT she went on an exchange visit to Norway. This contributed to her leadership role within the organisation and later, within her community when she became the Mayor.	A requirement for funding is the inclusion of women Mentoring and support, and capacity building encourage the development of women
SCAT exclusively supports the rurally marginalized to become aware of, and then participate in defending, their human rights.	Kommagas utilized the Development Fund for training (DFT), which allows an LDA to determine their own capacity building needs, to advocate and lobby against the erection of a nuclear power station in the vicinity of their community.	Development Fund for Training (DFT)
We strive to build meaningful and reciprocal relationships with our partners; partnerships that encourage.		
LDA's are able to network with each other through cluster workshops		
SCAT's network initiatives and seminars create a platform where funders share funding criteria with LDAs.	LDA's have opportunity to link with Government Departments, private donors etc. Richard and the farm worker wages campaign.	
SCAT workshops follow an adult-learning methodology that is inclusive and participatory. The focus is on sharing, rather than teaching; on facilitation instead of lecturing and instructing.		SCAT Training Material

Our results			
Results/Outcomes	Indicators	Illustration/Story	Tools
Local Development Agencies gain confidence to access other funding, and become more independent and sustainable.	<p>LDAs reach their FRIS targets.</p> <p>LDAs expand their operations with locally generated funds.</p> <p>LDAs are self-funding; don't need SCAT funding anymore.</p> <p>LDA HIV-programmes are attracting external funding interest</p>	<p>Molteno Advice Office used local fundraising to buy a farm and a building.</p> <p>Prince Albert Advice Office accesses funding through lotteries and the EU. It is now funded independently of SCAT.</p> <p>Nelspoort demonstrated good practice in HIV/OVC programming, enabled by SCAT funding. Because of their work, the US Embassy found them attractive, and awarded them funding for the OVC-programme.</p>	<p>Capacity-building</p> <p>FRIS</p> <p>DFT</p> <p>Mentoring</p>
SCAT processes lead to professional development and career advancement	<p>Within the organization, part-time admin. staff who advance to become field workers, then managers.</p> <p>LDA staff and SCAT staff occupying civic leadership positions.</p>	<p>Gladys becomes Mayor in North West province.</p> <p>Nomoundia becomes Mayor.</p> <p>Maureen becomes Mayor in Botrivier.</p>	<p>External: DFT, Skills Development</p> <p>Internal: Internship; North-South exchange</p>
Paralegals become mobile to reach the communities	Paralegals obtain Drivers' Licences.	LDA staff use the Development Training Fund (DFT) to get their Drivers' Licence in order to better serve the farming communities.	DFT
LDAs demonstrate Innovation/Creativity in programming related to HIV and AIDS.	Decrease in deaths from male circumcision	In Nonesi, the LDA was an Activator site for HIV and AIDS, and felt the need to respond to the issue of traditional male circumcision. LDA staff brought together traditional healers, nurses, surgeons and community members in a collective campaign to decrease no. of deaths to 0%	<p>DFT</p> <p>HIV/AIDS Core funding</p> <p>HIV/AIDS Coordination and support through the fieldwork model</p>
Qualified Paralegals	2 paralegals are in the process of attaining qualifications	In Citrusdal and Indwe, LDA members are registered at accredited learning institutions to obtain a paralegal qualification. They are working towards meeting the requirements for the Legal Practise Bill.	DFT
Partnerships are strategic and effective to bring capacity and resources to rural community responses.	Collaboration with NGO's to provide skills and knowledge to LDA	SCAT is working with AIDS Response to implement the Care for Caregivers and Wellness Programme for HIV and AIDS activator sites in Eastern Cape and Northern Cape.	

What are we learning? What can we share?

Lesson learned		Story/Illustration	Tools/Resources
1	FRIS is a powerful tool to (a) promote the financial sustainability of LDAs, (b) stimulate the involvement of the local community and (c) market the work of LDAs.	Barkley East: FRIS made it possible to sustain the LDA office and buy a house	FRIS Evaluation
2	Capacity building enables/contributes to the transfer of skills to agencies and individuals. These skills are then applied even outside the SCAT programme.	Berlin: Start-up of own construction company by 3 HIV+ women Elsabe in Port Nolloth	
3	In SCAT’s field work model, mentoring and ongoing support to the LDAs (through personal connection and relationship) are vital for success.	25-year celebration testimonies	
4	Development is not an event; it is a process over time.	Prince Albert advice office had its ups and downs, so much so that SCAT almost ended funding. Today the Advice Office is running successfully independent of SCAT.	SCAT mentoring and capacity building
5	Building relationships with people in communities is of utmost importance. Networking/Linking are strong factors in success.	Masiphakameni has strong ties to the CCMA, Department of Labour, Black Sash, Rhodes Legal Clinic, etc. This makes their work shine.	
6	Continuity of people (eg. board members) is a good governance practice, and leads to better run organizations.	Nelspoort and Prince Albert Advice Offices have had strong continuity of leadership. They have been more successful than others at fundraising, operating, etc.	Capacity building SCAT Requirements for Funding

What are our emerging issues and challenges? What can we learn from others?

1	<p>Advocacy</p> <p>How do we strengthen our advocacy work, as an alternative approach to social change, complementing the work of grant-making and capacity building? What are the interventions that are possible at policy-level, and how do we better use writing and research to stimulate policy-work and advocacy?</p>
2	<p>Learning from the field</p> <p>How do we continue to deepen our learning as staff at a head-office, or retain experience, in ways that remain true to the field experience, where we do not live, and are not based? Are there ways to immerse better in the local reality in order to learn more effectively?</p>
3	<p>Learning and changing</p> <p>How do we keep our organization flexible enough to shift and adapt to changing trends and experiences in health and development, and in the social, economic and political dynamics of our country?</p> <p>Are there means available for joint-learning with like-minded people and organizations, and how do we maximize those opportunities when they become available?</p>
4	<p>Networking</p> <p>We need to build stronger networks, not only with people involved in similar work, but with people and organizations who are working towards a common dream (even though activities may vary). How do we go beyond networking towards shared purpose and shared vision amongst civil society organizations?</p>
5	<p>Measurement</p> <p>We can get stronger at measuring the impact of our work, and noting the changes that happen at a community level and individual level. What are the simple, uncomplicated, effective tools that can be used for monitoring, analysis and measurement of impact?</p>
6	<p>Strengths-based perspective</p> <p>How do we affirm development from an asset-based (strength) perspective, rather than needs-based perspectives that assume gaps and weakness in people and communities? In what way might we be contributing to a “poverty/handout” mindset by not working first from strengths within people?</p>

Siyabhabha Trust

Also Caritas South Africa.

Siyabhabha Trust is the Development and Welfare Agency of the Southern African Catholic Bishops Conference and operates in South Africa, Botswana and Swaziland (Works with 29 Dioceses)

Our Purpose: What does Siyabhabha Trust exist to do?

Siyabhabha Trust strives to empower the Most Marginalised Citizens to unlock their own potential and become self reliant as individuals and communities, through facilitating knowledge and skills transfer which enable them to access and mobilize resources, using methodologies underpinned by the Social Teachings of the Church.

Siyabhabha Trust is also a service provider and funding conduit for poverty alleviation programmes.

Siyabhabha Trust's objectives include:

- Building on the capacity of people to engage in sustainable livelihoods;
- Enabling viable community based approaches, able to care for orphans and children left vulnerable by HIV/AIDS and other causes;
- Mitigating against the impact of poverty on HIV/AIDS;
- Providing technical, infrastructural and information support to Diocese programmes and projects;
- Reaching the unreachable and most marginalised groups i.e. rural, refugees etc;
- Facilitating access to entitlements, financial resources and markets;
- Supporting emergency interventions, rehabilitation and sustainable development as Caritas South Africa;
- Establishing networks for cooperation at all levels.

Core business/Activities

Siyabhabha Trust works to achieve these aims through being a catalyst for change and a comprehensive set of activities and interventions:

1. Capacity Building Programme

Aim: To empower households and communities to access knowledge and resources enabling them to determine their own solutions to development and providing support to engage in a sustainable livelihood approach.

Objectives:

- Developing and implementing relevant capacity building interventions and programmes.
- Implementing enabling, developmental training, reflecting the social teachings of the church.
- Develop relevant training materials and tools.
- Piloting identified programmes/interventions at community level.
- Ensure national and international exposure/learning.
- Ensure resources can be accessed by the Most Marginalised Citizens.
- Ensure continuous support to projects.
- Strengthen organisational infrastructure of regional and diocesan structures.
- Effective horizontal and vertical co-ordination, monitoring and evaluation.

Activities:

- Development training focusing on creating an enabling environment for community based responses.
- Strengthening the local level institution.
- Organic Farming training.
- Accessing Social Grants training.
- Emotional Development and Trauma Management training.

- Lay counsellor training.

2.Economic Strengthening

Aim: To expand the income and resource base of the most marginalized citizens.

Objectives:

- Support income generating activities through the provision of financial grants.
- Provision of logistical support to access Social Grants.
- Accessing affordable savings and credit.
- Providing assistance to the unemployed in order to empower them to find or create employment.

3.Service Delivery Programme

Aim: To expand access to and improve quality of community based service delivery.

Objectives:

- Provision of support for community based models of basic service delivery around land, water, housing, fuel.
- Provision of support to Orphans and Vulnerable Children and the youth.
- Provision of Support to the Aged.
- Supporting community based models of boosting the immune system.
- Providing support, including sporting and other recreational activities to rural youth, as a means of facilitating their personal growth and their assimilation into society.
- Combating the incidence and effects of domestic violence.
- Forming alliances and partnerships with like-minded secular and faith-based organisations with aims and objects which are the same as or similar to the objectives of the Trust.

4.Lobbying / Advocacy Programme

Aim: Eradicating the root causes of poverty through creating linkages and brokering partnerships with duty bearers and creating opportunities for public policy engagement.

Objectives:

- Creating a voice of the most marginalized citizens within the Siyabhabha Network.
- Creating linkages with like minded social movements.
- Demystifying the planning and budgeting process at local level and building capacity of FBO's to engage in Integrated Development Planning at local level.
- Documenting good practice stories.
- Lobbying and Advocacy.

5. Caritas Programme

Aim: The aim of the Caritas programme is to support communities affected by natural and man made disasters.

Objectives:

- To respond effectively to Orphans and Vulnerable Children.
- Establish viable committees able to respond to community needs in times of crisis.
- Provide an efficient mechanism for the distribution of aid in time of crisis.

Addressing HIV/AIDS

Siyabhabha Trust believes that a comprehensive approach to HIV and AIDS, seeks to ensure that all the necessary activities that a community require are in place.

These include

- Awareness raising.
- Prevention through comprehensive behaviour change.
- Voluntary testing and counselling.
- Care and treatment.
- Fighting stigma.
- Advocacy.
- Mitigating against the impact of poverty.

These cannot be undertaken by a single agency but require an integrated response.

Siyabhabha Trust believes in its role in mobilising the resources of the Church to fight the pandemic. Our approach is a human development one, orientated towards vulnerable households affected by HIV/AIDS, which emphasises that both individual and social factors are at work, both in the causes of the infection and its solutions.

Complementary Issues

Siyabhabha Trust focuses on complementary sectors such as community development, Food security, Water, Sanitation.

Our work focuses on both the physical and psychological sectors. The physical sector ensures good nutrition (e.g. through homestead gardens), access to alternative indigenous medicinal plants that boost the immune system, good hygiene, adequate safe water provision and good sanitation facilities.

The psychological aspect focuses on supporting community based counselling, support groups and spiritual support.

Siyabhabha Trust does not supply or distribute condoms.



	What we're most proud of	Story/Illustration
1	Aim/Mandate Siyabhabha trust seeks to accompany projects and communities on a journey of change without prescribing what that change should or will be. our aim is to see that the needs of the poorest of the poor are met; and the way to achieve that is to support people to do what they want to do. We help the helpless and hopeless to regain confidence and dignity in themselves.	Staff highlighted that there is a very specific vision of and contribution to development which is not shared by the other SACBC agencies.
2	Flexible and open ended ST is distinctive in that ,it is more flexible and open ended both in terms of the projects it can support and the type of support it will provide; and it is more concerned with the quality of the development process i.e levels of participation and building skills for engagement that create possibilities versus specific outcomes.	QwaQwa Youth project supported by Catholic community services through ST.
3	ST decentralised support structure The General committee meeting (GCM) was designed to ensure that diocesan community interests are represented within ST and to provide a forum for the diocese to exchange information and share best practice. It truly ensures there is a structured voice of the most marginalised and community development issues are addressed.	"Bethlehem Diocese is emerging as one of the Champion communities for hosting learning visits and is moving towards self reliance"
4	Livelihoods and rights based approach (LRA) In 2005 ST took the decision to mainstream the LRA approach via a programme of staff and diocesan training in order to ensure a unified approach and methodology; <i>'The integration of the livelihoods rights based approach at all levels became critical in ensuring that corrective action is taken. This process of sensitising local people to be involved in their own development is not an end but a means to achieving our common vision.'</i>	
5	Capacity building towards self reliance The primary objective of ST's programmes is to build capacity which leads to self-reliance. ST believes that capacity building takes place at three levels; at the diocesan level; at community based parish /project level; and at individual level. For example individuals have been trained to access grants; and to grow household food gardens; CBOs and dioceses have been trained in a range of organization and management training including how to register as an NPO; Projects and diocesan structures are strongly encouraged to register as non profit organisations so as to be able to access local funding. Also acquiring NPO status encourages organizations to develop transparent and accountable management processes.	<u>Winburg OVC group:</u> <i>'The Winburg group is a model of initiative and self-reliance at parish level; they network now; they started to realise the need to be self sufficient and self reliant</i>

Our Approach

Ways of Working

Illustration/Story

Tools/Resources

Engage people so they can participate in their own development and own the process of meeting their own needs rather than just giving things out. The church often gives out money to meet subsistence needs but they do not meet other kinds of poverty and projects collapse once the priest or bishop who supported them leaves.

The same principle applies both inside the office and field visits.

ST staff Values and practise

ST model of working is in essence a centralised model which reaches out to communities via a series of structures at national – diocesan – parish level; this model is at the heart of ST programmes and therefore the efficacy of these structures is critical to its long term success. The model is based on the premise that ST ‘cannot reach every level of the community by themselves nor they wish to do so. this can only be accomplished down from central office to other levels’

Key aspects of the ST model:

- *ST’s role*; is to provide support by responding to the issues and requests through capacity building, exchange programmes, funding, engaging in lobbying and advocacy processes. The process followed is to engage the Bishops with key stakeholders (representatives from the parishes and deaneries), do a resource audit using the LRA processes; identify areas of support and respond where possible and create linkages.
- *Capacity Building*: Central office provides ongoing mentoring support to the committees in order to follow up on the processes eg gaps on capacity building, reporting
- *LRA Approach*: In all programmes and activities, ST subscribes to the Livelihoods and Rights Based Approach (LRA). The approach acknowledges local capabilities and assets; it builds on what people have and are already doing and identifies gaps for possible support. Programmes are implemented through a strategy of strengthening local level institutions such as FBO’s and CBO’s.
- *Policy Development*: ST will at all times involve the communities that do the work on the ground re. Inputs into policies; through the relevant regional/diocesan committees.
- *Funding*: When funding is available, communication is sent to the diocesan committees. Everything is approved as per recommendation from committees

ST cascade model of working

Our results

Results/Outcomes	Indicators	Illustration/Story	Tools
Progress made in capacity building towards self reliance among dioceses, parishes, communities, families and individual	<ul style="list-style-type: none"> • People are seeing themselves as duty bearers. • They support others in community through gardens they started. • They are transferring their skills to others. • A shift in mind set is happening with people seeing things in a different way. • Community groups are acquiring their own NPO status. 	<ul style="list-style-type: none"> • Elderly Women in queens town • Bethlehem Diocese 	
Strong working relationships with some dioceses and partners	<ul style="list-style-type: none"> • A number of dioceses are now regarded as self reliant in terms of their development activities. • Committee Self assessment to determine skills, knowledge and resource level has enhanced diocese demand for ST support. • Churches are reaching out to local municipalities for support. • Increased spirit of volunteerism 	Bethlehem Diocese	Autonomy rating tool
LRA as a method of engaging communities add many pluses. It engages directly with the issue of dependency and the problem of raising unrealistic expectation by involving communities in identifying their resources and their priorities for development.	<ul style="list-style-type: none"> • There is change of mindset and broadened thinking; • it has created an understanding that development is not exclusively material and/or physical; • Space is being created for people to learn how to do things. 	General Committee meeting(GCM)	LRA approach
Training workshops and resources/manuals is recognized as being of high quality.	Our skills building training are adding value to meet other gaps that Dioceses are facing in their activity implementation with other support partners at the local level.		Training manuals Publications and fact-sheets
OVC care centres	<ul style="list-style-type: none"> • Women and youth are volunteering to care for OVC through making lunch boxes and helping children do their assignments after school. • Volunteer have initiated 	Qwa Qwa Drop in Centre- women are making chips and selling it out to the neighbourhood community for income generation.	

	<p>income generating activities to complement external support that comes from the Dioceses. The initiative also serves a part of income to support themselves.</p> <ul style="list-style-type: none"> • Increase in quality of parenting • Increased activism and lobbying in communities for care to orphans. • Children good performance is being evident and drop out in schools has reduced 		
Vegetable gardens and poultry farming have been very successful projects.	<ul style="list-style-type: none"> • They have helped jobless youth build their self worth; • Young ladies and single mothers are proud of being self reliant and have regained confidence and dignity in themselves; • It has encouraged young people participation in decision making; • household and community food gardens are being established with families sharing skills and knowledge around their establishment and care. • ST work has resulted in increased capacity to meet demand. • Increasing interest at local level from funders to support. 	Qwa Qwa Youth project – Bethlehem Dioces.	
Structure	<ul style="list-style-type: none"> • Restructuring in response to consultation and identified needs on the ground. It has shifted from provincial focus to Diocesan focus; • Attempted to mainstream LRA approach. • Has set up new structures to facilitate wide spread participation in ST decision making and policy development. ST moving towards a strategy of people centred development. 		

What are we learning? What can we share?

	Lesson learned	Story/Illustration
1	However poor people are, they know their needs and they can plan and sometimes they need support to pick themselves up; poverty can create a feeling or a sense that they can't do. ST has helped families and individuals through dioceses and parishes, to shift their mindsets - from being 'mere recipients' of commodities and services to 'actors of own change'. They have build confidence and dignity in themselves through that realisation.	Winburg OVC group.
2	Working with and entering into partnerships on a good-faith basis often leads to misunderstandings and confused expectation. We have to carry out needs and process analysis and have a clear understanding of the situation at both the dioceses and community level; this call for ongoing engagement with the Dioceses and communities.	
3	Working in Partnering with others is mutual for success. There is a tendency with many agencies to be centralist, making decision at central office rather than engaging and including all actors for a unity of purpose and shared vision.	General committee meeting.
4	The adhoc approach to capacity building has resulted both from a lack of organizational capacity and from insufficient analysis and the absence of a coherent model which identifies key dimensions of capacity building. The capacity building process is open ended and requires a flexible approach but that flexibility must be within a clearly defined framework; with corresponding timescales and milestones and explicit assumptions which can be tested; roles and responsibilities must be defined; expectations must be clarified; there must be a shared understanding of the fundamental nature of the relationships.	An evaluation and strategic review of Siyabhabha trust – 2009 July by Dr Ann McCollum



What are our challenges? What can we learn from others?

1	<p>Self reliance</p> <p>The biggest need is education as one way for understanding ways out of poverty; people have to develop themselves, it's not just about strategies but the need to change mindset of the people and of the church. How do we facilitate and deepen that shift in thinking and realisation?</p>
2	<p>Differing approaches to Development</p> <p>Siyabhabha Trust believe that the church and other agencies often operate in ways which create a culture of dependency which is at odds with the long term development; i.e whilst they may address short term aims of alleviating hunger e.g , they undermine peoples capacity to develop themselves in the long term.</p>
3	<p>Collaboration</p> <p>What is the most meaningful way to reconcile diverse agendas/conflict amongst agencies-partner-organisations engaged in a collaborative effort, particularly when those partners are working with different funders? This can too often become disruptive and limiting of progress.</p> <p>People want to hold onto their power base; the ideal of collaboration is that everyone benefits; that agencies identify a mutual benefit of collaboration; it's about expertise and skills sharing but people need to cede on certain points; how do we carry out an analysis of collaboration and the basic principles of operation?</p>
4	<p>Staff Turnover</p> <p>At the diocesan level, there is increased volunteerism yet under resourced and coupled with massive brain drain. The youthful, energetic and skilled volunteers come get trained and go, leaving behind the old and less skilled. How are other organisations coping with the challenge of staff turnover with intent of professionalising the sector?</p>
5	<p>Being effective agents of change</p> <p>How do we become professional deliverers and continue being effective agents of change?</p>
6	<p>Horizontal sharing and Learning</p> <p>How do we promote and enhance sharing of good practices among the dioceses and parishes to enhance self reliance?</p>

St Joseph Care and support Trust

Sizanani Village.

Background.

Introduction

St. Joseph's Care and Support Trust at Sizanani Village is a non-governmental, non-profit organization. Operating in the Metsweding District, east of Pretoria. Based in the Kungwini Local Municipality of Bronkhorstspuit in Gauteng, and bordering with Mpumalanga, our organisation renders services in both provinces.

St Joseph's Care and Support Trust operates in eleven communities, namely: Zithobeni, Onverwacht, Refilwe, Sizanani, Rethabiseng, Dark City, Sokhulum, Ekangala, Bronkhorstspuit, Verena, Wolvenkop and Kanana

St Joseph Timeline.

Sizanani Village came into being when Father Charles Küppelwieser started a Catholic Mission on the Roodepoort Farm just five kilometres outside Bronkhorstspuit in 1989. This Mission was under the Vincent de Paul Society, later to become the Sizanani Village Trust. The large Mission included a home for children with mental disabilities, a School for children with special learning needs, ceramic and weaving workshop, conference centre, shelter home for abused women and the farm. A large and beautiful church in traditional African style was erected and partially funded through the intervention of Father Joseph Manser.

Sizanani Village became the base from which St Joseph's would operate and expand. In February 1994, Sister Elisabeth Schilling was appointed as Director of the Sizanani Home, a position she held for ten years. She founded St Joseph's Care Centre in 1999 and for almost five years, until 2004, ran both institutions simultaneously.

St Joseph's became independent in July 2003, as St Joseph's Care and Support Trust and on 27 October 2009, celebrated ten years of service to the community, to mitigate the effects of HIV and AIDS.

Our Purpose: What does St Joseph exist to do?

Broadly speaking, St Joseph Through a holistic approach of care and support, improve the quality of life of patients and their families. Mitigate the effects of life threatening illnesses by providing Palliative Care Social Services for Patients, Orphans, Vulnerable Children; Community Development; Education and Training.

St Joseph Aim/Objectives/Activities:

It is the aim of St. Joseph's Care and Support Trust to improve the quality of life of persons infected and affected by HIV and AIDS, and other life threatening illnesses. We strive to achieve this objective through a holistic and caring approach to our work, by sharing our talents, resources and time, striving for professionalism in all aspects of our services. In order to realise this aim, St. Joseph's offers the following services with focused objectives:

1. Health services

- Voluntary counselling and testing.
- Antiretroviral Therapy and HIV care program
- Palliative Home based care program
- Palliative care at St Josephs in patient unit/hospice

2. Social services

- Nutritional, Health, physiological support.
- Child protection
- Psychosocial and spiritual support
- Awareness, prevention and child participation.
- Educational support
- Community based organisation support.

3. Community development

- Income generating projects and skills development

4. Training and Education.

- Courses offered
- Staff training

5. Facilitation and Support Services in the Organisation: Finance, MIS, Social, Marketing & Fundraising, Human Resources and Administration.

What we're most proud of		Story/Illustration
1	Distinctive, relevant and credible in the District. St Joseph's Care and Support Trust is the only organisation offering a comprehensive and holistic HIV and AIDS programme in the Metsweding District. Health Services are rendered by a team of highly committed, fully trained and experienced caregivers, all of whom have successfully completed an intensive home-based care training programme which meets the specifications of the Gauteng Department of Health curriculum.	
2	Relationships Cultivated through fund raising. Fund raising staff has invested time to cultivate quality personal relationships with government depts., corporate world and other NGOs and are able to woe support and access funding for various intervention.	
3	Accreditation: In March 2007, St Joseph's Care and Support Trust received accreditation from the Health and Welfare Sector Education Training Authority (HWSETA). This means that the organisation is now able to offer certain training courses and so generate income for its own sustainability.	
4	St. Joseph's Care Centre was recognised as an antiretroviral rollout pilot site in the Southern African Development Community (SADC) by the Southern African Catholic Bishop's Conference (SACBC) and by March 2006, 484 patients were on this treatment programme. That number had risen to 856 by the end of March 2009. This came at a time when there were increased AIDS related deaths.	SACBC AIDS Offices, a principal PEPFAR Fund recipient in Southern Africa acknowledges St Joseph for ART pilot programme.
5	Mentor organization, The Gauteng Provincial Department of Social Development recommends St. Joseph's as a mentor organization, sending other organisations to learn from our experiences and transfer learning to own organizations. Particularly to our palliative Home based care and ART programmes	

Our Approach

Ways of Working	Illustration/Story	Tools/Resources
<p>Our services are open to all people regardless of race, creed, sex or age. We value human life as expressed in the individual and in the community as a whole. As St. Joseph's we are entirely committed to:</p> <ul style="list-style-type: none"> • Treating all people equally, with respect and compassion • Fairness and honesty • Confidentiality • A dedication to learning, and developing staff, volunteers, children and members of the community infected and affected by HIV and AIDS • Integrity and accountability • Striving for excellence in all that we do. 	<p>St Joseph Staff Core Values and practice.</p>	
<p>Even in difficult environments, work by relationship (not intimidation, demand, and control) in order to build genuine partnership and trust with communities and partners. Encourage teamwork spirit for motivation. Always being mentors for others.</p>	<p>HBC givers visit one another to learn from each other.</p>	
<p>Always encourage ownership and offer support to empower families to take responsibility for their own action.</p>	<p>Experience from Miriam HBC coordinator and Kgomotso of social services</p>	



Our results

Results/Outcomes	Indicators	Illustration/Story	Tools
ARV Therapy taken to the local communities.	<ul style="list-style-type: none"> Staff is able to communicate with patients and help dispels myths and stigma. ARVs have become highly accessible to those who need them. Gradual increase in the number of patients on ARV treatment. Patient transferred out of the program and now accessing ARV closer to their homes. PLWHAs are effectively functioning as healthy members of the society. Reduced deaths. 	Enkangala community care centre.	Government National strategic plan 2007-2011
Strengthened care for self and others leading to change.	<ul style="list-style-type: none"> Adherence to treatment HIV/AIDS Conversations are happening in families involved in caring for their infected. Healthy decisions are being taken with families encouraging each other to test for HIV. Invitations are being extended to care givers to support families through HIV education etc Couples are opening their HIV status to their partners for encouragement. Patients dying with dignity in their comfort zones. Relationship of trust has been developed 	Sarah and Moses(Couples living with HIV in Enkangala township)	
Relationships of trust have been developed with policy-makers and decision-makers, partner NGOs and communities	<ul style="list-style-type: none"> Patients in communities feel of 'being in the warmer hands' of St Joseph. They link patients to us and call the Ambulance when one of their own becomes too ill. Funders from both private and public sector inviting for proposals. 	Japanese Embassy donated an Ambulance	
Quality training from an accredited organization	<ul style="list-style-type: none"> Staff and volunteers confidence and competence has improved. 	Home based carers ,equipped as Community health workers level 3 selected by the dept of health to be trained as assistant auxiliary workers	Training manuals. Accreditation reports Publications and fact-sheets
General increase in Child support and protection beneficiary statistics	<ul style="list-style-type: none"> Increase in number of CSG recipients Increased support to child grandparents and foster parents. Children no longer ignorant of crime Children understand their rights and know who to turn to if their rights are violated. 	Child protection week 2008 Wolenkop Women – Bakery project	

	<ul style="list-style-type: none"> • Children have become aware of their immediate resources and source of help. • Granny's and Foster parents running income generating projects to support the OVCs. • Reduced drop outs from school. • Child performance has improved. 		
Society's changing values regarding the treatment of children.	<ul style="list-style-type: none"> • Increase in quality of parenting 		
Increased demand for Service uptake through St Josephs work has resulted in increased capacity to meet demand, and increasing interest from funders.	Numerical growth in staff in order to match capacity with demand.	Relationship with SACBC AIDS office.	
Prevention and education through life skills training.	<ul style="list-style-type: none"> • Reduced HIV incidence rates. 	Tamboerskloof youth centre, a catholic training centre on behaviour change.	
Child participation	<ul style="list-style-type: none"> • Involved in structures, meetings, planning and decision making. 	St Joseph coordinating, Hlungunani child care centre (HCCN) that capacitates children with knowledge on child participation and how to use that for their benefits.	
Empowering the community	<ul style="list-style-type: none"> • There is increased self sufficiency among PLWHAs and their families through income generating projects that boost income levels. • Improved Quality of life among PLWHAs and their families • Improved productivity • Build confidence. 	Dark City Care Centre	

What are we learning? What can we share?

	Lesson learned	Story/Illustration
1	<p>Through our home based care programme, we have noted regular follow up by the home care team to the clients and the family involved in caring for the sick encourages both the infected and affected to open up and take charge of their situation. It lowers the stigma, fear and anxiety and people become more open to the disease.</p> <p>The infected and affected, if accompanied and supported can stand out on their feet to offer care to others. Their testimonies are a witness to others stuck in the cocoons of denial. The infected, in several communities serve as point of reference for communities hurting of AIDs. Most Families are visiting the infected to seek advice on HIV/AIDS issues ranging from information, testing and treatment.</p>	<p>Johan living positively with HIV; a care giver of St Joseph in the Dark City lives out her full potential and has become a beacon of hope and an inspiration to her friends and neighbours.</p>
2	<p>Care in the comfort zones of the patients, is a key strategy for greater family involvement. Families are reminded of their responsibilities and the realisation helps them to meaningfully support those in need. For instance, covering cost for transport to the clinic, become foster parents for the children who their parents have died of AIDs, initiate incomes generating activities to support themselves and the children.</p>	<p>Amos and Sarah of Zithobeni .</p>
3	<p>Education is a priority, to teach the public that HIV and AIDS can be managed and that this is the reason why it is imperative that patients be tested as early as possible. Those who test positive can look forward to a prolonged healthy life if they discover their status accept Antiretroviral treatment and adhere to it.</p>	<p>Amos and Sarah of Zithobeni .</p>
4	<p>Patient's independence is critical and needs to be facilitated over the 6 months period when they are directly accessing food parcel support from St Joseph. Conversation around self reliance –stimulated by the Community development team opens up a window to help patient restore their dignity and self respect. They begin to work and earn income to meet their daily basics, both for themselves and their families.</p>	<p>Johan</p>
5	<p>Accreditation of training has added value, both within St Josephs and its credibility, but also for those trained by the organization.</p>	<p>COHSASA accreditation 2008.</p>
6	<p>Authentic Presence with people builds confidence and reassures them to keep going.</p>	<p>Foster parent's bakery project – Wolwenkop. Concerned of the OVCs in their community and began to act small. Have been encouraged by those who visit to learn from their experience.</p>

What are our challenges? What can we learn from others?

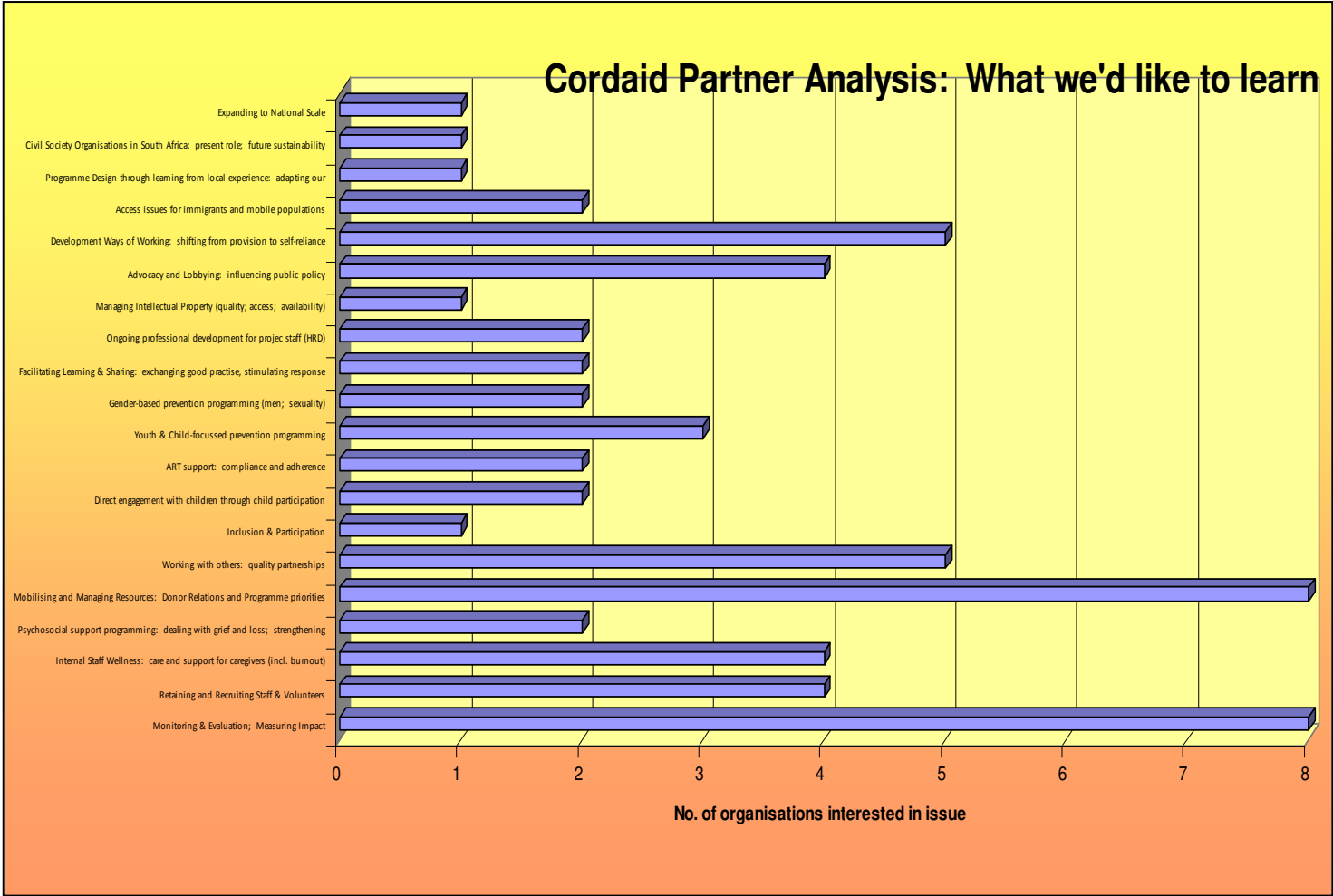
1	<p>HIV/AIDS Stigma and discrimination:</p> <p>In the town ships and other communities where we work, people are struggling a lot to open up and get tested for HIV. They are then identified or visit our care centre when they are just too sick and the disease has progressed. Once the patients are put on ARV treatment, they hide the drugs from their families or fail to take them as prescribed – and end up being defaulters. How can we then strengthen disclosure among the infected to build confidence in the clients and families?</p>
2	<p>Measurement</p> <p>What is the best way to measure impact when part of the beneficiaries are immigrants and others relocate to other parts of the Country without the knowledge of the Care givers and/or Health care team at St Joseph?</p>
3	<p>Staff retention:</p> <p>Our facilitators (both volunteers and employed) are walking out every new day to join other organisations. This leaves a set back to the organisational programming and effective service delivery capacity.</p>
4	<p>Child participation</p> <p>What strategies could be applied to substantially increase direct engagement from children or with children in our work with children?</p>
5	<p>Funding:</p> <p>Many patients that we have identified in the communities needs to be followed up consistently to monitor compliance of Treatment and feedback to the Health Team. We have limited cars in the pool to fetch the Home based care support team to the various destination of our clients. Usually the cars are shared among 2 or 3 departments.</p>
6	<p>Government Grant access:</p> <p>National identity cards and births certificates are key documents for one to access government grants. For instance, Some of the clients are migrants from other countries and makes it more difficult to access local support from the government to supplement support from St Joseph.</p>

C. Analysis and Results

An analysis of the partner profiles – particularly when comparing what partners most wish to learn from others – reveals 20 dominant themes. These themes were identified, and the issues/questions raised by partners in relation to each theme compiled. (see Appendix for issues/questions summarized by theme)

1	M&E; measuring impact	11	Retaining staff and volunteers
2	Staff Wellness, and Care for the Carer	12	PSS-programming
3	Mobilising and Managing Resources	13	Partnerships
4	Inclusion	14	Child Participation
5	ART support	15	Prevention: Youth and Children
6	Prevention: Gender	16	Exchanging good practise
7	Staff capacity-development	17	Managing Intellectual property
8	Advocacy and Lobbying	18	Shifting from provision to self-reliance
9	Immigrant and Mobile populations	19	Adapting our response
10	Role and sustainability of CSOs in South Africa	20	Going to scale

These 20 issues were further weighted according to popularity, or the frequency with which they were expressed by various partners during the profile-development.



Following a presentation of this analysis at the October 2010 Knowledge Fair, partners selected to work together on developing Knowledge Assets around 5 of the themes. Knowledge Assets provide a framework to capture similar experiences of a common subject, and extract common principles that could be transferred to other situations in other contexts.

Once participants had agreed on the 5 themes to develop, they self-selected into the issue they were most interested to either share or learn around. Guidelines for the development of Knowledge Assets were provided (see Appendix).

The issues selected were:

1. Monitoring and Evaluation: Measuring our Impact
2. Working with Immigrant and Mobile Populations
3. Civil Society Dialogue and participation in public policy debate
4. Mobilising and Managing Resources
5. Working in Partnership: multi-stakeholder processes

Working with immigrant and mobile populations			KNOWLEDGE ASSET
	Principles	Experiences	Reference
1	If we genuinely engage and communicate with migrants, then we will be able to monitor and evaluate the impact of our work with that population.	Refugees sheltered at Methodist Church in Johannesburg during outbreak of xenophobic violence were isolated, and created a health risk.	MES: Francine Francine@mes.org.za
		Clients on ARV or TB treatment struggle with adherence and fail to report for follow-up.	SACBC: Carl Kherschmann@sacbc.org.za
2	If NGOs and CBOs working with migrants properly understand the South African Constitution and Human Rights, then we will be able to better support migrants to integrate into the communities.	Group of disabled foreigners in Cape Town, and their interaction with Home Affairs and Social Development.	Africa Unite: Zoe zoe@africaunite.org.za
		Migrant Human Rights Group Train-the-trainers exercise	
		Accessing Social Grants	
3	If NGOs and CBOs fully understand the socio-economic rights laid out in the Constitution, then we will be able to better facilitate access to grants for mobile populations.	Applying for Identity Documents on behalf of refugees – easily traced and live sustainable lives.	Africa Unite: Zoe zoe@africaunite.org.za
4	If NGOs educate the public – citizens, foreigners, and government officials – about the rights of migrants and refugees, then we will be able to avoid xenophobic acts and discrimination.	Application for Identity Documents	St. Joseph's Care: Andrew Andrew@stjosephcare.org.za
5	If NGOs promote social cohesion between foreigners and locals, we would better increase understanding, and improve service delivery.	Provision of accommodation; housing in communities	St. Joseph's Care: Andrew Andrew@stjosephcare.org.za
		World Cup Relocation: refugee camps not allowed	MES: Francine Francine@mes.org.za
		Xenophobia: easy targets in refugee camps	Africa Unite: Zoe zoe@africaunite.org.za

Monitoring & Evaluation: Measuring our IMPACT

	Principles	Experiences	Reference
1	If the M+E strategy is set up through an inclusive process within the organisation (buy-in from staff), data collected will have a direct, positive impact on effective service delivery.	MES went national and asked the questions “What is the DNA of our organisation? What can we not afford to do? What do we have to do?” We developed an algorithm with 12 top-line icons over 12 bottom-line icons, and the staff created the artwork for those icons. This is now our M&E tool. An outside company comes and scores the organisation based on those icons. They feed back to management who can then act on a set of recommendations.	MES: Leona Pienaar Leona@mes.org.za
2	If outcomes were set without considering context and environmental factors, then measurement of those outcomes will be compromised.	AIDS Response faces the regular challenge of how to measure impact of self-care when carers arrive exhausted and burnt-out at a 2-day workshop, trying to cope with the extent of their own life-challenges.	AIDS RESPONSE: Lorna Houston cfc@aidresponse.org.za
3	If organisations set up an M+E strategy up-front, then it can be used to meet donor requirements instead of having M+E be donor-driven.	<u>Alternatives to 3-Quarter Reports</u> MES uses reports to capture essential data for the organisation based on the key objectives of our work. Monthly reports are focussed on sharing joy, with emphasis on quality rather than quantity. We analyse our statistics which helps to monitor the success of the organisation. It requires that there is someone to drive the process of M&E.	MES: Leona Pienaar Leona@mes.org.za
4	If you involve beneficiaries in deciding on joint outcomes then you can set up a monitoring system that feeds back into your reporting system.	ACCESS has responded to communities that have expressed a need for better access to grants and services for children. Training takes place, and trainers leave a questionnaire that they return to collect 6 weeks later. This makes it possible to monitor state service delivery. ACCESS produces a newsletter with stories of the community and the impact of the project.	ACCESS: Denise Damon Denise@access.org.za
		Fikelela’s Peer Educators are trained and then go on to run their own programmes. They meet from time to time for report back and evaluation of successes and challenges. The peer education system – working with people of the same age and experience – makes change easier to measure. Young people are influencing each other through example, by random visits and through communication via the various congregation networks.	FIKELELA: Tshepo Tshepomj@gmail.com www.fikelela.org.za
5	If you involve beneficiaries in deciding on joint outcomes, then the credibility of your data is enhanced.	We work with rural schools in the community, involving those stakeholders in setting up their own indicators for success. Beneficiaries are asked to draw a picture of what they want to achieve and then continue through dialogue and reporting to be accountable for observing change.	IEC: Janice Seland janices@mail.ngo.za
6	If you have a variety of services, then you need to customize the M+E strategy and use different tools appropriate for each service.	St. Joseph’s Care has various health-based programmes including home-based care and antiretroviral treatment support. Data capturers in our M&E Department have installed systems and databases on our computers that will access information quickly, since there are different funders for different components of the programme. One challenge is the aligning of that information with multiple donors. Monthly newsletters are seen as part of the M&E system.	St. Joseph Care Trust: Everlisto Rufu Everlisto@stjosephcare.org.za

Civil Society: Participation and Influence, Advocacy and Lobby			KNOWLEDGE ASSET
	Principles	Experiences	Reference
1	If we want to ensure the protection of human rights in South Africa, then we have to be prepared to litigate when necessary.	Swartbooi class action suit to demand backpay of old-age pension to the value of R2bn. Point made that government cannot use administrative delays as an excuse to not pay people money they are entitled to.	BLACK SASH: Marcella Naidoo Sonya@blacksash.org.za
		Many children in South Africa were prevented from accessing grants without an identity document. Through work to make alternative documents available to children, 4 million children were successfully enabled to access these social grants, even though they did not yet have identity documents.	ACCESS: Kevin Rousell Kevin@access.org.za
		Extension of Child Support Grant (CSG) to 18 years.	Prof. Vivienne Taylor, UCT Dept. of Social Work
		Monsanto case: litigation against Business.	Miriam Mayett, African Centre for BioSafety
2	If we start early with policy work, and work to form coalitions to share research and speak with a collective voice, then our advocacy work gains legitimacy.	<u>The Law Reform Commission and the Children's Act</u> Civil Society engaged early on in the Children's Act, organising themselves into groups. This resulted in a New Act, with significant victories 10 years later.	UCT Children's Institute.
3	If our involvement in an issue stems from connection to a practise base/constituency/people on the ground (as opposed to simple theory and opinion), then we can legitimately take initiative to engage with that issue.	The idea of a National Health Insurance (NHI) plan came up in South Africa at an ANC National Conference in Polekwane, and then again appeared in a reference during the President's Speech. There was no specific invitation for Civil Society to participate, but the issue had significance for a large proportion of those people we seek to serve. Black Sash sought out a funder and took up the NHI as an issue with which to engage.	BLACK SASH: Marcella Naidoo Sonya@blacksash.org.za
		SCAT's work on research around the operations of the National Lottery.	SCAT: Joanne Harding Joanne@scat.org.za
4	If you have an issue of general application which affects a sizeable sector and is an issue for the public good, then you can approach relevant government representatives to put that issue on an agenda, alongside other interested parties.	<ol style="list-style-type: none"> 1. TAC ARV rollout 2. BIG Coalition 3. Child-support grant extended to 18 years. 4. NCR (Credit Act) 5. Immigration/Xenophobia 6. Litigation by TAC with pharmaceutical companies 7. Socio-economic clause in the Constitution 	BLACK SASH: Marcella Naidoo Sonya@blacksash.org.za ACCESS: Kevin Rousell Kevin@access.org.za
5	If we believe in public participation, then we need institutionalised mechanisms to ensure civil society participation.	The 2008 Social Security Conference in 2008, paid for in large part by Department of Social Development.	BLACK SASH: Marcella Naidoo Sonya@blacksash.org.za
		Conference held in Durban in 2007 for NGOs working with children to inform and interrogate the National Strategic Plan	ACCESS: Kevin Rousell

Civil Society: Participation and Influence, Advocacy and Lobby			KNOWLEDGE ASSET
	Principles	Experiences	Reference
		on HIV and AIDS.	Kevin@access.org.za
6	If civil society feels there is not adequate opportunity to influence decisions, then they should create spaces for participation.	In KZN, task teams work with local government representatives to put issues on the agenda.	FAIR SHARE: Oatile Letebele oletebele@uwc.ac.za
		ACCESS has used the enabling documents platform to create space for public participation in social development dialogue.	ACCESS: Kevin Rousell Kevin@access.org.za
7	If we understand government constraints – what is feasible, checking our assumptions – then we can be strategic and tactical in our advocacy work.	MSF's strategy of rolling out ARV-treatment coverage through primary health care professionals was successfully adopted by government several years later.	ACCESS: Kevin Rousell Kevin@access.org.za
		SACBC handed over its ARV provisions programme to government in Kwazulu-Natal province. It didn't provide information on costs, only around targets.	SACBC, Surprise Phetla
8	If we are flexible about making adjustments in our projects (cheaper, lighter, etc.), then handover to government becomes more successful.	ACCESS developed the concept of a Jamboree as a one-stop government shop, and implemented it successfully before the strategy was adopted by government.	ACCESS: Kevin Rousell Kevin@access.org.za
		MIET developed the "Caring Schools Model", then modified it so that a 'lighter version' could be handed over to the Kwazulu-Natal Department of Education	MIET: Lynn van Els ACCESS: Kevin Rousell Kevin@access.org.za

Mobilising & Managing Resources: Process, tools and donor relations			KNOWLEDGE ASSET
	Principles	Experiences	Reference
1	If we become too preoccupied with resource-mobilisation activities, then we risk losing the focus of our core work.	A National NGO established an investment company to benefit from BEE-deals. It was envisaged that the investment would fund the organisation, but there have been very limited returns received over the period of ten years.	CIE: Mark
2	If we want to generate income through investment companies and consultancies, then we need to access the appropriate skills set that may be different to those used in our core work.	CIE established an income-generating arm as a separate entity to carry out consultancy assignments and bid for government tenders, but income generated has been significantly limited because of scale of operations.	CIE: Mark
3	If we consider the return on investment from various fundraising efforts, then we can reduce the risk of wasting time and energy on activities that yield low responses and are costly over the long-term.	<u>Cape Town NGO and Direct Mail</u> Our organisation did a mail appeal to existing donors, attempting direct mail for the first time. The response to the mail-appeal was only 0.5% of donors who would normally make ad-hoc donations. It was decided that future mailings would be stopped as the cost exceeded the income.	AIDS RESPONSE: Harry Granger
4	If we diversify our funding base, then we can be less dependent on individual donors and negatively influenced by their decisions.	When funding from one donor was cut to our OVC programmes, our organisation was forced to use reserves in order to honour our commitments. This subsequently necessitated additional, ongoing fundraising in order to compensate for the shortfall, and rebuild our reserves.	St. JOSEPH CARE: Julien
		SCAT is committed to funding local community-based organisations and projects in South Africa. When funding was cut, SCAT was forced to use reserves to meet commitments. This also meant that our grant-making needed to be scaled down accordingly.	SCAT: Hishamm
5	If we spend money that we don't have, then we risk losing our reserves should funding proposals be declined.	An NGO in Cape Town developed an annual budget based on plans for the financial year. Two of the applications for funding that annual budget were declined. In order to better adapt to the reality, the organisation needed to readjust the budget to accommodate actual cash on hand, even though that meant re-imagining plans and objectives.	AIDS RESPONSE: Harry Granger
6	If we work together to share competencies through innovative collaborative initiatives, then NGOs can increase their success at accessing international funding.	<u>Working Together, Sharing Competencies</u> Two Cape Town-based NGOs – SCAT and The Black Sash – partnered and successfully raised funds from the European Union for a 2-year programme to cultivate national community monitoring and advocacy of government service delivery. <u>Local is 'lekka'!</u> Through enhancing and strengthening rural community-based organisations' institutional and fundraising capacity, 60% of SCAT partners have managed to mobilise resources from donors other than SCAT, between 2008 and 2010, contributing towards their own sustainability.	SCAT: Anthea Davids-Thomas www.scat.org.za info@scat.org.za

Additional theories on improving resource mobilisation strategies:

- Move from a scattered, impersonal approach to a more intensive, focussed personal approach that cultivates relationships with donors.
- Cultivate a fundraising approach that is aimed at mutual benefit, and is clear on what the NGO offers the donor (ie. Become a seller of opportunities, as opposed to a beggar).
- Develop a multi-dimensional donor-base: not only international NGOs, but aimed at individual donors and the corporate market.

- Adapt the funding approach according the donor audience; tailor-make funding pitches to suit the audience (either more or less “polished”, more or less formal).
- Focus on quality in the preparation of proposals – be certain that information on services and needs are better “packaged”.
- Be honest about what is expected, and what can be expected, from both parties so that the services offered are a match for what is expected.
- Re-assess the “value” of non-monetary assets: services-in-kind, skills, capacity support.
- Be more proactive in terms of risk-assessment, and take into account the worst-case scenario during financial and programme planning.
- Test the validity of your “product” through regular self-assessment.

Multi-stakeholder approaches: working in partnership			Knowledge Asset
	Principles	Experiences	Reference
1	If figures of authority are involved, then more partners will be motivated and called to action.	Mayor of Cullinan approached to mobilise local business partners (eg. Diskom, SPAR, etc.) with great success.	SACBC: Glenda Macheke www.sacbc.org.za
2	If the organisation sets the foundation (eg. the infrastructure and rollout plan), the government as a partner will be more willing to build on this foundation and fewer opportunities will be lost through proper M&E and formal structure.	ARV allocation from government made easier when shown that formal systems and infrastructure are available to support expanded roll-out.	SACBC: Glenda Macheke www.sacbc.org.za
3	If partners are feeling that they are really providing true and measurable value, then the partnership tends to last longer, and often opens up doors to other funders.	Standard Bank Group IT became personally involved in Lufononi Home for wayward moms. The Standard Bank staff participated in building and renovating the home, discovering there was more value from relationship than money. Discovery/PWC Skills Partnership: Annuals, Copywriting, Training. Valuable as both parties are committed. Provide true, measurable value. Leads to unintended opportunities through networking.	MES: Nicholas de Villiers www.mes.org.za
4	If there is a shared vision and passion, partnerships tend to work better (compared to obligatory involvement and separate agendas).	Woodgreen Learnerships and exchanges in Canada	MES: Nicholas de Villiers www.mes.org.za
		10 Partners selected by Donors 10 Partners were engaged together in a collaboration, with one partner taking the lead. The collaboration experienced lots of challenges until just recently. It was difficult to set the lead partnership in place at the beginning, before the planning phase could get started. Organisations did not know each other very well. Eventually, the organisations began to work in themes which helped the process. Since that time, organisations have collaborate in the areas where they have most synergy.	CIE: Janice
		SCAT and The Black Sash had an opportunity to work together, funded through the European Union. Long discussions took place before trying to collaborate to identify common values and vision for the partnership. An MoU was put in place outlining exactly what the partners were putting their name to, and a common financial system was agreed to for use during the collaboration.	SCAT: Anthea Davids-Thomas www.scat.org.za info@scat.org.za
5	If efficient structures and management are in place to avoid silos and promote integration, then partners with shared vision can produce collaborative results.	A project in Sierra Leone engaged several development partners in an effort to reduce maternal mortality. But the structures were not clear from the beginning, and there were many partners to coordinate, leading to confusion and poor coordination of the project.	CORDAID: Julia Schipper www.cordaid.com
6	If there are clear structures, equity and systems at the beginning of a partnership, then it is more likely to succeed		

Multi-stakeholder approaches: working in partnership

Principles		Experiences	Reference
	without difficulty.		
7	If the partnership is based on NGO-survival, then it is less likely to be successful.		
8	If partnerships are built on the strengths of partners and are innovative, then success is more likely.	<p>The Joint Learning Initiative on Children and AIDS (JLICA) was an international partnership between several organisations working around the world in the area of HIV and/or vulnerable children to analyse the impact of HIV on children, the effectiveness of NGO and government interventions and the implications for future policy and programme. The project was co-financed by several donors, and different partner organisations took the lead of particular thematic working groups, depending on their particular area of expertise. From the design-phase, the project was clear in purpose (learning) and product (study document) and audience (policy makers), and was time-specific (2 years).</p>	<p>THE CONSTELLATION: Ricardo Walters outofphase@mweb.co.za</p>
9	If partners have shared values and work from respect for those values, then the partnership is more likely to succeed.		
10	If partnerships have a specific lifespan, they can be effectively monitored and evaluated, and redefined. If they continue without awareness, they can become destructive.		

D. Lessons Learned and Recommendations

Lessons Learned

- A focus on appreciating strengths creates a non-hierarchical environment that promotes reflection and learning During the organizational visits and Knowledge Fair, facilitators and participants practiced the discipline of listening, reflecting and learning from experience – their own, and that of others. There was a priority placed on appreciating the experience of others, creating a rich environment for learning and sharing, without competition.
- Stories stimulate people to learn and share from experience, not from opinion. The Story-telling approach continues to interest both those telling the stories and those listening for it. This is evidenced by an increase in the number of people offering to share their stories for inspiration to others. Narrative approaches of this nature help to focus knowledge-capture as they ground principles in reality and practice, and not in empty theory.
- Participatory approaches build solidarity and transformation at multiple levels. The strengths-based approach for generating knowledge and developing profiles – stimulating and appreciating the strengths of communities, individuals and organizations - brought the program managers, community volunteers, and beneficiaries together as a unit, and leveled the ground typically created between providers and recipients. They worked together as a team and they appreciated each others' strengths. *"We learned a lot from people living with HIV when we visited them, particularly on how to overcome stigma and discrimination within families and neighborhoods,"* said Carol Masilela (Home based care supervisor St Josephs Care and Support Trust)
- Partnerships at local level are critical to the success and sustainability of the interventions initiated jointly by communities and partner organizations. There is a self realization by communities to tap local resources to strengthen own responses. In Qwa Qwa, a group of 8 young people were trained for an organic garden project for growing vegetables by Siyabhabha Trust. This was in response to the concern of joblessness amongst young people. After the training, they approached the local municipality which leased out land to them for 3 years. The youth have started a poultry and food gardening project that earns them a net income of R16 000 per month. Almost all the Siyabhabha drop-in centres for OVCs have initiated partnerships with both private and the public sector.
- Several Cordaid partner organizations noted that the stimulus and support from an external facilitator was a crucial co-factor in promoting successful Inter-partner exchanges. This is valuable not only for the exchange of good practice, but also to accelerate going to scale by partners in-country, and to link local partner action with the vision for global communities of change through the facilitation of mutual learning.

Recommendations

1. The South African civil society organizations supported to-date by Cordaid are incredibly experienced in a diverse range of programme areas relating to human rights, health and development, and have immense reach in both coverage (number of people served and represented) and influence (effect on policy and legislation); but they will be significantly challenged by the loss of Cordaid support for the niched nature of their work (particularly as this relates to matters of human-rights defense and advocacy, and civil society participation in public policy), in an increasingly conservative global funding environment. It is recommended that, even though Cordaid withdraws from direct funding support to South Africa, that it continues to play a role around linking former South African partners to possible international funding opportunities, and offering support around application for and access to those resources.
2. It is recommended that Partner Profiles generated through this process be intentionally and actively used as tools to inform and resource Cordaid's Communities of Change process, showcasing the wealth of experience and technical expertise available through South African partners to other parts of the world where Cordaid intends to transfer learning and capacity.
3. It is recommended that ongoing support be encouraged for joint-learning initiatives between now-former Cordaid partners in South Africa, possibly using the 20 common thematic areas and 5 existing Knowledge Assets as a foundation for some form of partner-collaborative, focused around generating new knowledge.

- a. Cordaid and other donors may wish to make resources available to facilitate the connection between partners for sharing and learning, for mutual strengthening and support, to analyse and build a shared dream.
 - b. Some preliminary work has been done on constructing basic Knowledge Assets around the 20 most prominent themes raised by Cordaid Partners. This work needs to be deepened and populated (possibly in the form of a publication) in order to share the rich principles that are being identified by partners
- 4. Several partners expressed interest in the process and methodology represented by The Constellation, and a related need for local accompaniment by Constellation coaches to strengthen that approach within their own organizations. The Constellation would be interested in continuing to connect - and offer support to - both to the ongoing Knowledge Development of South African partners, and to the global Cordaid Communities of Change process, and offer linkages for connection to other learning and sharing platforms worldwide.

E. Appendices

Appendix A: Guidelines for Preparation for Organisational Visits

Appendix B: Guidelines for Developing a Knowledge Asset

Appendix C: Summary of Cordaid Partner Top-20 themes

APPENDIX A: Guidelines for Preparation

Guidelines for preparation

Capturing good practices amongst CORDAID partners in South Africa

CORDAID desires to identify the lessons that can be learned and transferred from its South African partners, and to document the assets represented by each partner in terms of tools, human resources, skills, experience, expertise and approach.

A 3-day process with each partner is proposed, as follows:

DAY ONE: Analyzing our experience

Partners select suitable participants from amongst their management and programme teams, possibly including representatives of their beneficiary/client groups who are considered “champions”. This group meets in a workshop environment.

During Day One, participants will:

- Describe the core business and activities of their organization.
- Describe the CORDAID project – its objectives, anticipated results, target group, programme history, highs and lows.
- Articulate the project’s approach – ways of thinking; ways of working; guiding principles, values and practice.
- Discuss outcomes, impact and indicators linked to the project.
- Synthesise lessons learned.
- Share stories and experiences.
- Identify the experiences they are most proud of, and the areas of response they feel most confident to share with others.
- Develop a working group for Day Two

DAY TWO: Capturing our experience A

Partners visit select project sites (1-3) that highlight the stories, experiences and successes shared on Day One.

During Day Two, participants will:

- Meet with community members/beneficiaries/clients
- Gather personal stories and experiences through interviews, video and still image.

DAY THREE: Capturing our experience B

Partners reconvene in a workshop environment to transcribe their experiences.

During Day Three, participants will:

- Work in small-groups to refine experiences and develop Good Practise summaries.
- Prepare for the Knowledge Fair where all CORDAID partners will gather to exchange good practice, and explore opportunities to link for sharing and learning.

Before the 3-day visit, partners should:

1. Identify participants for Day One/Day Three workshops. Consider an appropriate mix of experience and perspective, and whether it would add richness to include some local field-staff, or community members/beneficiaries/clients.
2. Have available any tools produced as part of the project, any project reference documents, reports, human interest stories, photos, etc.
3. Plan Day Two site visit(s):
 - a. Number of locations
 - b. Participants in each place – partner staff along with local community members from that location (ideally, “champions” of your response whose story will complement the successes shared on Day One). Who will be available to meet with the team?
4. Give some thought to at least one area of strength/success – a practice or experience or capacity – you would like to share with others that could add value to their work.
5. Consider 5-10 key practices you are interested in learning about with other partners, or directly from other partners. This may be an area you are presently struggling to work on, or it may be an area that is already part of your work that you’re interested in strengthening.
6. Think through what lessons have been learnt through the project thus far.
7. Have some stationery available: flipchart pads, coloured markers, prestik or masking tape.

Guidelines

for developing a **Knowledge Asset**

1. Work from the list of questions provided with your topic. As a group, read through the questions to familiarise yourself with the issues.
2. Think individually about whether you have a specific experience to share that pertains to any one of the questions. Does any particular question resonate with some experience you may have had, or are presently going through?
 - a. Share that story with the group. Allow each person in the group to share his or her experience (even if this is related to different questions).
 - b. While a group member is sharing a story, have someone else write down the story on a small sheet of paper: a short 4-5 sentence summary of the experience. Try and give the story a short title, and be sure that the main point of the story is included in the writing.
 - c. Record who shared each story – name and organisation - and indicate which question that story relates to.
 - d. After one experience has been shared and captured, allow another member of the group to share an experience that comes to mind. Someone else in the group may wish to take a turn to write this story. Try not to get distracted – let the stories speak to the questions, not to new issues.
3. After sharing a number of experiences, relating to several questions, reflect on the stories together. Identify any common themes between those experiences. Group the stories accordingly.
4. Develop each theme into a principle – some lesson that could be applied by others who are dealing with this particular issue.
 - a. Each principle should be supported by at least 2 stories.
 - b. Phrase the principle using “if....then” format.
 - eg. *“If we include people who may otherwise feel excluded, then they themselves become agents of change and, when people who feel excluded act as agents of change, they begin to feel included.”*
 - eg. *“If we worked with the strengths in people, and not always from their needs, then they gain confidence to act for change themselves.”*
5. Format your Knowledge Asset according to the template provided, showing categories for “Principle”, “Experience/Illustration (story)” and “Reference (who told the story)”.
6. Nominate someone in your group who will present your Knowledge Asset – and especially the principles – in plenary feedback.

Monitoring & Evaluation; Measuring Impact

1. How do we monitor and evaluate our activities and impact when working in the fast-changing environment of mobile populations? (MES)
2. How to measure behaviour change with our lifeskills education programme (including sexuality education) taking into account we cannot change other people's behaviour? (CIE)
3. How do we get beneficiaries to name and develop their own indicators to show progress or change? (CIE)
4. We can get stronger at measuring the impact of our work, and noting the changes that happen at a community level and individual level. What are the simple, uncomplicated, effective tools that can be used for monitoring, analysis and measurement of impact? (SCAT)
5. What are the most effective ways to assess the capacity and quality of facilitators in the work, particularly of facilitating psychosocial and counselling work? (AIDS Response)
6. At what point in a process with people and organisations does a support-organisation "let go"? How do we measure clearly enough the impact of our work in terms of evidence of transfer to others, and whether genuine capacity has been developed? (AIDS Response)
7. How do we track and link the micro-work with the macro-work (eg. progress and success at the local community level, linked with the big picture – eg. policy and advocacy, or the collective care work of many local communities together)? (AIDS Response)
8. How do we measure not only the results/impact, but monitor the effects (sometimes negative) of the work we do? (AIDS Response)
9. How do we make known exactly what we do in the language that people – partners, donors, community members, etc. – understand? (AIDS Response)
10. How do other organisations mark (ritualise) their successes? (AIDS Response)
11. Are we accurately and adequately naming our victories, and describing how we achieved that victory, for our own inspiration, and in order to learn and share with others? (AIDS Response)
12. What is the best way to measure impact of our advocacy work, when there are so many other actors involved in the same sector? Is there a way to trace a causal link to progress that may have taken place as a direct result of our work alone? (ACCESS)

13. There are many different requirements and formats by funding entities (PEPFAR, etc.) that are not all the same, resulting in the difficulty of establishing standard monitoring and evaluation strategies. (SACBC)
14. How are our stories told? How do we measure our “wins”? How does one measure advocacy, when success accumulates over long periods of time (10-15 years) until an eventual payoff event? (Black Sash)
15. NGOs have adopted a business model of reporting results every quarter and succumbing to the pressure to perform. Are there alternatives to measuring and recording successes? How does the NGO-sector work with donors who are interested in short-term project results? (Black Sash)
16. As a result of this short-term performance pressure, does Civil Society exchange potential long-term development wins in favour of short-term project gains? What counts as success, and who measures it – the donors or the local actors? (Black Sash)
17. What is the best way to measure impact when part of the beneficiaries are immigrants and others relocate to other parts of the country without the knowledge of caregivers or healthcare team? (St. Josephs Care)
18. We need to improve our capturing and measuring impact. Our reports show activities, but they do not show the difference that the project is making in the lives of children, families and the community. (Africa Unite)

Organisations with some experience to SHARE	
SACBC	St. Josephs Care Trust
Black Sash	

Recruiting and retaining staff and volunteers

1. At the diocesan level, there is increased volunteerism, but it is under-resourced, and suffering from massive brain-drain. Youthful, energetic and skilled volunteers come, get trained and go, leaving behind the old and less skilled. How are other organisations coping with the challenge of staff turnover with intent of professionalizing the sector? (Siyabhabha Trust)
2. How are other organisations working to attract, develop and retain appropriate staff and volunteers? (AIDS Response)
3. Shortages, turnover and the need to recruit new staff and volunteers as the projects scale up have historically been and continue to be a challenge. Some of the workforce is siphoned off once trained – to government or other agencies. (SACBC)
4. Our facilitators – both volunteers and employed – are walking out every new day to join other organisations. This leaves a setback to the organisational programming and effective service delivery capacity. (St. Josephs Care)
5. How do you keep staff and volunteers if there is no money? (Africa Unite)

Organisations with some experience to SHARE	
Siyabhabha Trust	

Staff wellness: care and support for caregivers; dealing with stress and burnout

1. How do we build unity in a growing organisation, where some people are working in different shifts over a 24-hour timeframe? (MES)
2. Staff burn out due to stressful work environments – emotional strain, working in a dysfunctional system, remote settings, and long travel distances. (CIE)
3. As organisations, have we adequately moved beyond having workplace policies in place, towards practising genuine support and care within our organisations, particularly around those who have suffered personal loss? Are we applying care, not just “out there”, but also “in here”? (AIDS Response)
4. How are other partners prioritising or making provision for Care for the Caregivers, in some form: in the workplace amongst staff; in programme design; in policy and advocacy and in budgets? (AIDS Response)
5. As scale-up happens, one project becomes many and supervision and monitoring of staff gets strained when workload increases. (SACBC)

Organisations with some experience to SHARE	
SACBC	St. Josephs Care Trust
MES	ACCESS
AIDS Response	

Psychosocial support programming: dealing with grief and loss; strengthening coping mechanisms

1. In terms of the AIDS Response Programme, the Grief and Loss component of the Care for Caregivers (CFC) workshops may be too limited, especially when grief and loss form such a strong portion of the care work. Are we adequately acknowledging accumulating grief and loss that is not only death and dying, but involves issues of injustice, displacement, disenfranchisement, loss of optimism and hope? (AIDS Response)
2. How do we shift so that we don't focus on HIV only, but focus on healthy people, healthy communities, wellness? (AIDS Response)
3. Our experience is that many support group members default on treatment and turn, instead, to alcohol and drugs. How do we sustain psychosocial care and support, and extend it into community life after support group meetings, so that coping skills and lifeskills are strengthened in the home context? (Fikelela)

Organisations with some experience to SHARE	
Siyabhabha Trust	St. Josephs Care Trust
Fikelela	AIDS Response
Africa Unite	

Mobilising and Managing Resources: Donor Relations and Programme Priorities

1. Inability to fund certain programmes long enough to fully mature, when even the essentials are not being covered, eg. school-based facilitators. (CIE)
2. Challenges around the sustainability of continued OVC-support and the challenges of getting communities to access available resources. (CIE)
3. Decreasing donor funding to maintain and expand existing programmes, despite growing pressure to diversify services even further. (CIE)
4. What is the impact of retreating/withdrawing donors on responses by NGOs and grassroots community initiatives? (AIDS Response)
5. What possible alternative/innovative ways of working are around? Is there a better way for the sector to move forward together in the absence of international donor aid? (AIDS Response)
6. How do civil society organisations continue to do unfunded work based on invitation and demand – important work, but not allocated any designated funding in proposal budget lines – without jeopardising core work that is being funded by donors? (ACESS)
7. How does FAIRSHARE strike a balance between accepting paying students (for the purposes of generating income) and continuing to make higher education available to community-based activists who could otherwise not afford to study? How does an organisation navigate the tension between realism and pragmatism on one hand, and vision and conviction on the other? (FairShare)
8. Attempts by international and national funding partners to control disorderly organisations with poor governance impacts unfairly on well-organised organisations. Overregulation leads to the suffocation of new initiatives – a straight-jacketing of organisations. How do responsible CSOs fight for creative free space for activists? (Black Sash)
9. Many patients in the communities need to be followed up consistently to monitor compliance of treatment and feedback to the Health Team. We have limited vehicles in the pool to fetch the home-based care support team or transport them to the various destinations of our clients. (St. Josephs Care)
10. What's the best way to function on a minimal budget? What low-cost activities (with high impact) are other partners implementing? (Africa Unite)

Organisations with some experience to SHARE	
SACBC	St. Josephs Care Trust
Africa Unite	MES
Siyabhabha Trust	SCAT

Working with others: partnerships of integrity

1. What is the most meaningful way to reconcile diverse agendas or conflict amongst agencies engaged through a collaborative initiative, particularly when those partners are working with different funders? This can too often be disruptive and limiting of progress. (Siyabhabha Trust)
2. People want to hold onto their power base; the ideal of collaboration is that everyone benefits. It's about sharing skills and expertise, but people need to be prepared to concede certain points. How do we carry out an analysis of collaboration, and define the basic principles of operation? (Siyabhabha Trust)
3. How do we develop meaningful public-private partnerships? (CIE)
4. Are there means available for joint-learning with like-minded people and organisations, and how do we maximise those opportunities when they become available? (SCAT)
5. We need to build stronger networks, not only with people involved in similar work, but with people and organisations who are working towards a common dream (even though their activities may vary). How do we go beyond networking towards shared purpose and shared vision amongst civil society organisations? (SCAT)
6. How are others developing and negotiating genuine partnerships, based in resonance around shared values? (AIDS Response)
7. Are there transferable principles about the strategic inclusion or exclusion of partners by a certain stage in a project's life (for instance, if a partner wants to join an existing project, but wasn't involved from the very beginning, at what stage is it no longer feasible to consider that interest)? (ACCESS)
8. In a consortium of partners, what is the best way to effectively manage the hierarchy that is created amongst partners (eg. a lead-agency) when in their own rights, the organisations making up that consortium are used to being autonomous? Is there a way to work with donors who encourage these consortiums to negotiate a better way that could reduce competition or inappropriate control? (ACCESS)

Organisations with some experience to SHARE	
SACBC	St. Josephs Care Trust
Black Sash	Siyabhabha Trust
MES	CIE
ACCESS	SCAT
Fikelela	AIDS Response
FairShare	Africa Unite

Inclusion and Participation

1. How do we ensure that, in practise, we are really not speaking for/representing people; instead, we are genuinely letting them share their own stories? (AIDS Response)
2. It is often difficult to get caregivers to opportunities in order to participate (eg. timing of workshops or policy meetings may conflict with care/counselling responsibilities. This may result in loss of income or guilt from being torn between two commitments). (AIDS Response)
3. What is the experience around financial incentives to carers to participate in activities (eg. workshops)? Is this helpful, or is it simply bribery? Does it build a sense of agency and ownership, or does it weaken it? (AIDS Response)

Organisations with some experience to SHARE	
SACBC	St. Josephs Care Trust
Black Sash	Siyabhabha Trust
MES	SCAT
Fikelela	AIDS Response
FairShare	Africa Unite

Direct engagement with children through child participation

1. What strategies could be applied to substantially increase direct engagement from children or with children? Where are the actual children's voices in the consultation and policy processes, as opposed to organizations speaking on their behalf? (ACCESS; St. Joseph Trust)

Organisations with some experience to SHARE	
CIE	St. Josephs Care Trust
ACCESS	Fikelela
Africa Unite	

Antiretroviral treatment support: compliance and adherence

1. Our experience is that many support group members default on treatment and turn, instead, to alcohol and drugs. In what ways is this linked to levels of education and literacy? If people were more empowered with education, would they be more responsible to care for themselves? (Fikelela)
2. In the townships and other communities where we work, people are struggling to open up and get tested for HIV. They are then identified or visit our care centre when they are just too sick, and the disease has progressed. Once the patients are put on ARV treatment, they hide the drugs from their families, or fail to take them as prescribed – and end up being defaulters. How can we strengthen disclosure among the infected to build confidence in the clients and families? (St. Joseph Care)

Organisations with some experience to SHARE	
SACBC	St. Josephs Care Trust
MES	Fikelela

Youth and child-focussed prevention programming

1. Teachers are reluctant to teach sexuality education, and are tired of the methodologies prescribed for teaching about sex. They suffer from workshop fatigue. (CIE)
2. Young learners struggle to participate fully in these programmes because they cannot communicate well in English. (CIE)
3. The Fikelela Prevention Programme is aimed at young people aged 14-21 years, but the sexual life for most children (in some form or another) reportedly starts around 10 years of age. Is the existing programme appropriate to reach a younger age group, and relevant to them? How do we overcome parish/parent resistance to working with this age group around this subject matter? What is the best way to develop capacity for this process with children's workers in churches (eg. Sunday School). (Fikelela)
4. Our children are gaining confidence and trust to talk about many issues – poverty, abuse, etc. – but even though many of them are living with HIV, they never talk about HIV. The other issues, perhaps, are more obvious, and so become easier to talk about. HIV is still “covered up”. (Africa Unite)
5. Africa Unite works with children from 7-18. Are any other partners working with so wide an age group, and what is their approach? How do they do it? (Africa Unite)
6. Africa Unite's (non-school based) Peer Education programme is in its conception phase and is not taking off as well as we hoped due to new children regularly joining the centre. How do we see this through? How long does it take to prepare children for this? (Africa Unite)

Organisations with some experience to SHARE	
Fikelela	St. Josephs Care Trust
Africa Unite	CIE

Gender-based prevention programming

1. Fikelela is keen to strengthen gender-work linked to prevention, particularly with the teen programme and support groups. How do we get more men to participate in the support groups? How do we make progress on addressing issues of sexuality and sexual orientation within this framework? (Fikelela)
2. Of the 100+ children registered in our programme, only 30% are boys. And that number gets less as the age-group increases. Yet, boys are the group most vulnerable to gangsterism and criminal influence. Older boys are dropping out of the programme – how do we reach them or retain them so that they do not get involved in criminal activity? (Africa Unite)

Organisations with some experience to SHARE	
Fikelela	St. Josephs Care Trust

Facilitating Learning and Sharing: exchanging good practise, stimulating responses

1. How do we promote and enhance sharing of good practices among the dioceses and parishes to enhance self reliance? (Siyabhabha Trust)
2. There is an inconsistency in the level of activity between the dioceses. Some dioceses are more active than others. This is partially due to the resources in the area and the remoteness of the locality. How do we facilitate learning and sharing among churches, parishes and dioceses to efficiently translate successful work or best practices from one project to another? (SACBC)

Organisations with some experience to SHARE	
Fair Share	AIDS Response

Ongoing Professional Development and Capacity-building for project staff

1. What are the approaches for continuing comprehensive training within a project, so that office and project leadership have the necessary skills to support the work? This is needed for scale-up, and in the area of using technology. This presents both financial and technical challenges, including impact on monitoring and evaluation efforts. (SACBC)
2. How are other partners training and developing their staff? We have a very small multi-disciplinary team, and if anyone leaves for training, we have no one available to supervise the work. (Africa Unite)

Organisations with some experience to SHARE	
St. Josephs Care Trust	Siyabhabha Trust
MES	SCAT
AIDS Response	FairShare

Managing Intellectual Property (quality; access; availability; revenue)

1. We produce a wide range of resources with the primary aim to equip people. What is the best way to find a balance between “open-source” access where these materials are available to all at no cost, and some form of “control”/coordination of content to ensure quality implementation? (ACCESS)

Organisations with some experience to SHARE	
ACCESS	
Black Sash	

Advocacy and Lobbying: influencing public policy

1. How do we turn our Wellness Centres over to government so that they can be sustained long-term? (MES)
2. How do we strengthen our advocacy work as an alternative approach to social change, using research to stimulate policy-work and advocacy? (SCAT)
3. Despite years of engagement, governments and business are still not authentically interested in the Human Rights agenda. This is best expresses as an inequality agenda. (Black Sash)

Organisations with some experience to SHARE	
ACCESS	MES
Black Sash	Siyabhabha
SCAT	AIDS Response
FairShare	

Development Ways of Working: shifting from provision to self-reliance (*ownership; activism; responsibility; accountability*)

1. The biggest need is education as one way for understanding ways out of poverty; people have to develop themselves – it's not just about strategies but the need to change mindset of the people and of the church. Both the Church and other agencies often operate in a way that creates a culture of dependency which is at odds with long term development. For example, whilst they may address short-term needs – such as alleviating hunger – they undermine people's capacity to develop themselves in the long term. How do we facilitate and deepen that shift in thinking? (Siyabhabha Trust)
2. How do we affirm development from an asset-based (strength) perspective, rather than a needs-based perspective that assumes gaps and weaknesses in people and communities? In what way might we be contributing to a poverty-handout mindset by not working first from strengths within people? (SCAT)
3. FairShare programmes effectively stimulate community members, who then feel empowered to participate and implement the lessons they've learned. Communities are activated towards advocacy for themselves in their local municipality. But, municipalities are cold to receive and respond to public participation, and reluctant to allow the public access to information. (FairShare)
4. In a still-new democracy, do people understand their individual ability and responsibility (as opposed to mass action) to hold elected leaders and public servants accountable? How do we increase the sense of individual responsibility for activism, and individual connectivity to the bigger picture? (Black Sash)
5. International funding is drying up and it becomes difficult to access money to fund our work. We are learning, though, that there are many resources/strengths in our community that we are not accessing. Parents and family need to be engaged to help identify strength by working together. How are other partners (a) identifying new sources of funding, internationally and locally; and (b) how are partners working to make the best use of community resources? (Africa Unite)
6. How are other partners working with communities to build capacity to sustain the programmes and services, and function on their own once the project ends? (Africa Unite)

Organisations with some experience to SHARE	
St. Josephs Care Trust	MES
Siyabhabha Trust	CIE
ACCESS	SCAT
Fikelela	AIDS Response
Black Sash	FairShare
Africa Unite	

Issues affecting immigrants and mobile populations

1. How do we monitor and evaluate our impact with immigrants and mobile populations in such a fast-changing environment? (MES)
2. How do we make home-based care work in a homeless community without compromising the quality of service? (MES)
3. Most of our homeless community have no identity documents while others have several IDs for one nationality. (MES)
4. World-class events affect our connection with these homeless communities. They commonly relocate to other parts of the city, presenting a challenge for follow-up. (MES)
5. National Identity Cards and birth certificates are key documents for one to access government grants. For instance, some of the clients are migrants from other countries and makes it more difficult to access local support from the government to supplement support from St. Josephs Care. (St. Josephs Care)

Organisations with some experience to SHARE	
MES	St. Josephs Care Trust

Adapting our response: learning from local experiences in order to design our programmes

1. How do we continue to deepen our learning as staff at a head-office, or retain experience, in ways that remain true to the realities in the field, where we do not live, and are not based? Are there ways to immerse better in the local reality in order to learn more effectively? (SCAT)
2. How do we keep our organisation flexible enough to shift and adapt to changing trends and experiences in health and development, and in the social, economic and political dynamics of our country? (SCAT)

Organisations with some experience to SHARE	
Siyabhabha Trust	ACCESS
AIDS Response	

Civil Society Organisations in South Africa: present role and future sustainability

1. Sustainability of civil society organisations needs to be analysed, in terms of:
 - a. Financial sustainability: how do CSOs diversify in order to be viable beyond the present models of foundations and foreign aid? What are the complementary/alternative strategies, not yet fully explored? (eg. individual givers, investments, endowments)?
 - b. Actions and activities: do, for instance, Human Rights organisations simply continue to do the same things forever, or do they conclude their programme life, and take on a different focus under a new identity, and in response to a different set of issues?
 - c. Relevance

What are the things we need as NGOs/CSOs to be both adaptive to the present, and resilient in the future? (Black Sash)

2. Is it time to rethink the role of civil society – what are the new challenges, etc? Business seems to be pushing that discussion, but actual civil society organisations are not well enough poised to participate in that discussion. (Black Sash)

Organisations with some experience to SHARE	

Expanding to National Scale

1. How do we become national without compromising the service excellence? (MES)

Organisations with some experience to SHARE	
MES	AIDS Response
Siyabhabha Trust	