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learned by other organisations guide your work and will help you avoid pitfalls.

The next stage was the practical application of what we had learned through the survey and our networking. At this stage it is important to build critical skills with the people who are going to be service providers.

Our field covers primary health care and integrated home based care

### **Lessons learned:**

- ☉ Meaningful and continuous consultation for sustainability
- ☉ Transparency
- ☉ Don't promise what you can't afford
- ☉ Ignorance
- ☉ Decision making
- ☉ Conflict resolution
- ☉ Power of community leaders
- ☉ Ownership and partnershil
- ☉ Networking

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## Working with specific communities

**Presenter:** *Sibongile Hlophe, Swaziland Baphalali Red Cross Society*

“He is sixteen years of age, doing form three, but has problems that he believes cannot be solved. He eventually opens up to his blood donor club patron; a step cousin had abused him. The teenage boy was forced by circumstances to leave his home and stay with his aunt following the death of his father, because the mother could not afford to support him and his 5 brothers and sisters. His schoolmates are making fun of him with no idea of the underlying problems affecting the young men. They think he is losing it; of course the problem is driving him crazy and is beginning to show signs of mental illness. Luckily the formation of the Red Cross blood donor clubs in the school came to his rescue.”

The goal of the Baphalali project is to ensure a pool of safe blood donors. HIV/AIDS and Hepatitis B syphilis are the main transfusible transmittable Infections (TTI's) in the blood if screening is not done properly. The two-year project is aimed at encouraging school going children to prevent at all cost contracting transfusible, transmissible infections, especially HIV & AIDS and Hepatitis B. In this way create a safe pool of regular blood donors thus adequate blood supply in the country. It also opens up opportunities to the members in terms of access to information on health issues and other benefits.

### Objective

To establish 40-blood donor clubs in forty schools with fifty members each and the training of 2 patrons per school, So far seventeen (17) schools have the blood donor clubs with a total of almost 800 members, in Hhohho and Lubombo regions., The Society has managed to train two (2) patrons per school who are working with the peer educators and liaise with school administration for carrying out the club activities.

### Required inputs to build capacity of the clubs

- ☞ Patrons including other interested teachers and club members in that school must be well informed about issues of blood donation as well information on HIV/AIDS and other related health issues.

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- ④ Income generating projects & fundraising events are a must to assist children from poverty-stricken families and orphaned children as result of HIV & AIDS and also as an exit strategy when funding comes to an end.
  - ④ Exchange visits and further training for the blood donor recruitment and collection personnel to keep updated on the latest technology concerning blood donation.
  - ④ Strengthening of School feeding schemes in the schools is essential, especially in the drought stricken areas of Lubombo and Hhohho, because good nutrition is one recommendation to blood donation.
  - ④ A vaccine to curb down Hepatitis B (2001 figures: Hepatitis B, 9.64% HIV pos.4, 49%)

### **Reasons for target population**

The national HIV Statistics reflect low HIV infection between the ages 15-19. Coupled to this, the National Blood Bank donor statistics reflect low TTI's in blood collected from schools than in other institutions.

Unlike the adults, the youth is not averse to donate blood and are mostly available & ready to take up the challenges and new experiences of blood donation

### **Capacity building key elements**

- ④ Knowledge on the subject of blood donation,
- ④ Parental consent and buy in,
- ④ Teacher's cooperation and acceptance.

### **Incentives & motivation (club members)**

The clubs imbued a sense of belonging (part of being a Blood Donor Club) and the with other CBO's by the young people. Serving refreshments after donating also attracted a number of people.

### **Ethical consideration**

- ④ Intensified blood donor screening
- ④ Pre & Post blood donation counseling
- ④ General counseling and information on prevention of TTIs, Abuse etc.
- ④ Referrals to SWAAGA, TASK, SASO, CBO's and Community

## The ethos of developing people: non-negotiable factors

**Chairperson:** *Hafeni Katamba, Lifeline/Childline Namibia*

Developing the experience of Lifeline/Childline of Namibia, as a counselling organisation has been invaluable in describing and articulating the development of people. As a counselling organisation, there are non-negotiable factors.

One of these is the relevant training that meets the needs of the trainees and equips them for the job at hand i.e. counselling and the provision of ongoing support to counsellors.

The experience has shown that one needs to combine the ethos of person centred counselling with the community development model. This is proposed as an appropriate combination when providing community based counselling services.

Although as an approach this is time consuming, intensive and requires a lot of resources, facilitating local ownership ensures that the services provided are culturally relevant to the needs of local people.

As an organisation Lifeline/Childline Namibia has undergone massive change in the last few years, which has moved the organisation from being a telephone based counselling service to one that provides four community outreach projects. The main reasons for this is the realisation that counselling is required more as a response to the HIV/AIDS pandemic in Southern Africa.

Another significant motivating factor is that a local response to a local need is often the most effective form of support. Developing the skills of local counsellors in a community setting also adds to sustainable community development, in addition to the service provided to local community members.

As an organisation, we have changed so dramatically we hope that some of the lessons we have learned can be replicated in other organisations.



# Round table discussions

Co-ordinator: Beryl Canham

*Views expressed in this section do not reflect those of BMSF or CMMB or a specific conference delegate and their organisations. They are a result of collective assessment of these issues.*

## Sustainability

**Facilitator:** *Vunda Demula, Save The Children, UK in Lesotho*

The group defined what sustainability was and agreed that it meant long term, planned solutions which bring about local responses with full participation and full plans of exit.

Sustainability is determined by a number of factors which include:

- ☉ **Continuity:** that is delivery of services and continued skills sharing and transfer;
- ☉ Marketing the programmes to get in new funders to come and negotiate common grounds, and also getting people to participate;
- ☉ **Realistic goals:** There must be realistic goals and a realistic vision, and recognition of the organisation. It is imperative to push for more recognition and to work with strong partnerships that would ensure more sustainability. The partnerships with government or neighbours are based on trust for delivery to be effective;
- ☉ **Willingness to learn** from past experiences and documentation of those experiences;
- ☉ Creation of better and more effective approaches to service delivery which requires organisational change;
- ☉ **Provision of care to the needy:** The constant and long term provision of care. An organisation that has committed itself to care can only be sustainable if it continues providing that care and meeting the needs;
- ☉ **Participation of stakeholders at different levels:** Internal participation, community participation, organisational and inter-organisational participation;
- ☉ **Integration of other issues:** There are a lot of organisational differences or competition out there, but the integration of services can make programmes sustainable.

- ⑥ **Scaling up:** Constant change. For instance, if the organisation asked for 20,000 last year and continues asking for that 20,000 every year, it needs to ask itself: "Where are we going? Are we growing? And if we are not growing, we are dying". That's not a sustainable programme. So scaling up is very essential as a determining factor – what are our plans of scaling up?
- ⑥ **Political will:** Political will is important because NGOs are not policy makers. They can only service a certain number of people, but need to join hands with either government, donors, and other relevant stakeholders. One man's success in a community programme is everyone's benefit. Political will and commitment can only be gained when a number of factors are addressed, particularly transparency;
- ⑥ **A solid model of service:** These models help in fundraising and mobilising resources. Donors would like to see long-term plans to sustain those models;
- ⑥ **The effectiveness of infrastructure:** Questions that need to be answered to effect this revolve around staff turnover. What's our infrastructure and how can it be developed? Some people are stagnant, have been there for a long time, vision is not changing and probably died years ago.
- ⑥ **Avoiding duplication,** which also can affect a lot of our own strategic intent as an organisation. What is the strategic intention? Was it to build the capacity of the community in certain areas of our work, or was it to remain there forever and hold ground and say, "This is our little plot and we are not moving, no matter what"? So all those strategic intents actually affect sustainability;
- ⑥ **Supportive policies:** Which policies govern the organisation which cause it to be sustainable? Are there policies in place because those also would determine how accountable you are.
- ⑥ **Ownership:** Kept on touching on the list that has been mentioned above;

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- ⑥ **Documentation:** Is documentation being done? Is it relevant and what lessons are learnt? Is it possible for someone to come to our organisations and say, "Wow, this is a module I'd like to use"? When one pulls out, can people continue working using the the set module? If nothing is documented, they may not be able to continue where one left off and no lessons would have been learnt.
  - ⑥ **Benefiting the population:** How does the population benefit from services provided by the organisation? That also determines how sustainable the programme is. If the only people who are benefiting are staff members and the programme director, then that's not a sustainable programme. This is why probably donors come back and say, "Your salaries are too high. We can't pay running costs". The original intent should be determined and the strategy to get there. This further enhances sustainability.
  - ⑥ **Poor exit strategies:** There are a number of open-ended projects in communities that falter when donors leave. Some people even say: "Oh, there were taps put up here, but we don't draw water from there because the water doesn't come out anymore". What was the intention of putting up that project if it was not sustainable, because then the problem is not solved. So those exit strategies also determine the sustainability not only in financial aspects, but also in planning;
  - ⑥ **Shift of interest and skills:** Shift of skills refers to when people go for training but then go on to other things. The capacity building and the transfer of skills is in vain. A new project manager will have to start all over again to train people. Donors want to see continuity;
  - ⑥ **Shift of interest of donors:** That is one of the biggest challenges faced by NGOs;
  - ⑥ **Pace-setting on activities:** At times organisations bombard communities with activities that are non-stop. One wonders how sustainable these activities are, because people go through them as a marathon and the sustainability is questionable.

- ⑥ **Network and collaboration:** Organisations cannot do it alone. They have to work with others, so donors usually look at that. When they look at sustainability they are not only looking at one's accountability; they're also looking at how well the networks work? Who provides support when things don't go right? Who provides support when skills in an organisation are disappearing as people move on?

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**Facilitator:** *Ms K T Masethe, Botswana Institute for Development Policy Analysis*

## **CBO/NGO and HIV policy**

Three main issues were under spotlight here: The development of policy, government response and what this means for home based care

The group looked at policy development in a profit-making organisation, the intention and steps of making a policy. The group also looked at government responses to the AIDS crisis in different countries and finally at pushing the boundaries in terms of home-based care.

Some colleagues pointed out that in some countries there is no constitutional basis on which to focus the policy, but that it is a constraint that can be dealt with in specific countries that are facing that challenge.

### **Why do we need a policy in organisations?**

Policies are necessary because they keep organisations on track and keep them focused on the activities they seek to undertake. Policies assist in avoiding litigation against the organisation. They regulate relationships between the different stakeholders of the organisation and they also protect the rights and privileges of infected and affected people.

### **Steps in policy formulation**

1. First of all you should clearly identify the problem that your organisation tries to address, or the gap that they're trying to fill.
2. You also have to review international instruments that are related to your policy as well as relevant existing policy within the countries. For example, if you are dealing with home-based care you have to look at what the Minister of Health or the national practice is and build your policy based on that umbrella policy.
3. One of the important steps in formulating policy was said to be that of brainstorming of all the stakeholders before finalising policy and this is important for creating stakeholder buy-in so that they can own the policy once it is finalised.

4. Then you continue to draw up the policy, present it again to your stakeholders and then go on to finalise it. The participants stressed that it is important to prepare the policy in a language that is best understood by your target group, and this will also relate to marketing the policy and also to create ownership that I has already been mentioned.

5. Then you implement your policy with a view to evaluating it and to ensure that you are constantly on track.

The discussion also centred on political commitment, not just at a national level but also at regional level. Questions were asked, about what are bodies like SADC and the African Union doing in terms of putting AIDS on the agenda? The feeling was that not much is being done and in some cases, absolutely no mention of HIV was made to a level that we would deem adequate. Also a global body like NEPAD was questioned in terms of its commitment to the fight against HIV.

### **Pushing the boundaries of home based care**

This point was trying to define ways of creating an efficient, effective and high quality home-based care – because the feeling was that home-based care is viewed, especially by our government bodies, as something that is the domain of NGOs, something that is cheap and in some cases, as a dumping ground of patients once they are released from government facilities.

Volunteerism was discussed in detail. There were divergent views and also controversial viewpoints. Some delegates felt volunteerism was being stretched to the limit and most volunteers were taken advantage of as they come from very disadvantaged environments themselves. They don't have enough to feed their families with, and yet we expect them to extend this helping hand.

It was felt that maybe the reason volunteerism appears to be under a lot of strain is the magnitude of HIV/AIDS and the fact that there are many people who need assistance.

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It was acknowledged that volunteers have to be assisted in order to be able to continue with their work. Retention strategies must be developed to ensure that volunteers remain with the programme for a considerable time. Funding is one of the critical problems in volunteerism. For example in Botswana, retired nurses are engaged at a salary of about R2 000 or more per month whilst the community volunteers are only given a stipend of R300 or R500 at most.

Other problems include the poor level of sharing information between the home-based care stakeholders and this has to be improved in order to create uniformity in terms of the quality of care and also to replicate best practices.

Exclusion of men from the home-based care activities was also identified as problematic. Sometimes the men are not eager to release the women, in which case permission has to be sought to go on home-based care activities, and on the other hand, and most unfortunate, is that they perpetrate crimes against home-based care givers when they come from duty at night. The way we could deal with this was to involve men. They must be part of the programme and this has to start at the family, community and up to the national levels.

There is also a need for dialogue amongst funders so that they at least have a similar or uniform system of giving stipends.

## Community mobilisation and participation

**Facilitator:** *Theo Handura, !Nara Training Centre, Namibia*

The group defined the terms. A community was defined as a group that shares the same values, norms, quite often the location where they are and language.

The group also defined participation and the outcome – the definition that was adopted by the group is that participation is basically the interaction at all levels in terms of decision making. So communities should be involved at all levels of decision-making.

Then the group defined mobilisation and there was a lot of debate around the issue of mobilisation, because some of the group members felt that it is a vehicle towards participation, therefore it is a tool towards participation and it's trying to make people aware: of problems that are underlying because quite often communities have got their own problems that they prioritise and we as an NGO have got an agenda, and it's not meant negatively but it's just not on their list of priorities. So how do we get them to identify that as a problem? The group decided to define mobilisation as a tool to get participation.

It looked at how to get people involved because there's a lot of duplication amongst the NGOs, Government institutions, and also the NGIs (Non-Governmental Individuals). The group agreed that an integrated approach, where all NGOs/CBOs come together and have one vision and also share activities, e.g. if one NGO is doing home-based care, the other one does something else, rather than all of us doing the same thing.

The issue of having a sectoral approach was broached. It was felt that this integrated approach created a number of problems as NGOs wanted to retain their identities. They want to be identified as individual institutions. There will be a lot of conflict and politics and this will have a detrimental effect on the communities who are beneficiaries.

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It was felt that the process will confuse communities and it would be a challenge to correct that later.

There were issues of power struggles as well. No one wants to relinquish power so it is very difficult to get people, or NGOs, or organisations integrated in terms of their approach, that will lead to lack of trust at community level and also amongst ourselves. There is no culture of sharing between NGOs and other like-minded organisations.

## Recommendations

- ☉ Organisations should become transparent in their approach
- ☉ Get institutions to plan together for an integrated response
- ☉ Mobilise and educate NGOs at all levels and this should include the governments as well at the highest level
- ☉ There should be continuous skills building within the sector and also create forums for feedback and evaluation for accountability purposes.

The group felt that quite often NGO employees feel that collaboration with others threaten their jobs. So how do we deal with issues of insecurity? Also recognising the strengths and taking advantage of those strengths to minimise weaknesses.

The group also felt that there should be a booklet of ethos in the NGO sector, an ethos that will govern the sector. Organisations should constantly revisit their mission and vision and should also look into trying to get the media involved to market their activities. The church is another powerful institution that can be involved in mobilisation.

Networking was identified as one of the strongest interventions. Community leaders should be involved as they are the gatekeepers and once they buy-in, the job becomes much easier.

NGOs should be dynamic by responding to changes rather than just being static. And also create referral systems. This responsibility has to be divided amongst the participating organisations, seek political commitment from government through mobilisation and there must be a united voice.

The role of the organisations is to act as catalysts and maintain the process rather than implementing programmes for the people.

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**Facilitator:** *Dabea Gaboutlolo, Interfund, South Africa*

## Donor Relations

This group firstly outlined the challenging relationship between donors and recipients and then made recommendations on overcoming these problems.

### Key Issues

Convincing donors of real needs and perceived needs. This was about the agenda that is being addressed. Are organisations looking at the donor's agenda or looking at communities' needs? Is there always an agenda? Sometimes the agenda is hidden. Either the donor does not know the whole agenda or the recipient and that, in a way, strained the relationships. These issues are interrelated. The group specifically looked at donor and recipient relations. We also looked at the issue of working with funders. How can the relationship be improved? The group also looked at funding proposals and also the funders' criteria, which tied with the issue of the agenda, which may differ from the funders or not in line with the communities' needs?

Many people shared their experiences in terms of dealing with funders and one of the things that was mentioned was the fact that usually there is lack of transparency. Organisations sometimes do not know what's happening until they have already received funding and then realise that there are so many requirements and demands from donors that were not anticipated. Sometimes donors are subjective and also biased in terms of deciding whom they fund or not. It also happens that organisations just receive funds and they never hear anything from the donor until it's reporting time. This reflected that there was no commitment from the donor's side to ensure that the activities are actually carried out and there is support provided to the organisation. Another mention was that the forms are very difficult to process and do not allow organisations to express properly what they are engaged in.

When government is a donor, there are usually no proper systems to ensure that funds are managed properly. It was also mentioned that most donors are interested in

paperwork only, and they are not interested in the actual work. During site visits you find that their focus is only on financial reports, on paperwork, basically, and they don't even want to go to the field to see what is happening. Sometimes they don't necessarily understand the issue – they are saying they are addressing HIV/AIDS and they don't know the first thing about HIV/AIDS, which creates a problem in terms of why in the first place they chose the projects.

On the positive side, it was acknowledged that gradually donors are transforming in terms of how they are issue grants and that there is more commitment and interest in terms of what the issues are.

It was also pointed out that donors operate differently and they need to look at the best practices because there are donors who are actually more interested in the work of people they are funding and who are very engaged and very supportive.

## **Recommendations**

There needs to be capacity building efforts. Donors should ensure that there is capacity within their organisation to deliver what they said they are going to deliver and that is the kind of support that is needed.

The application and reporting forms and proposals need to be user-friendly. The forms should also probe about what people have done in terms of their activities.

There is also a problem of communication. Communication lines should remain open, both from the recipient and from the donor, and it is important that organisations engage donors in all their processes from strategic planning to organisational development. If they are not engaged, at reporting time organisations find that there is a contention in terms of what is being reported and what the organisation said they were going to do.

Organisations sometimes use consultants to draft their proposals and then during that process lose the essence of what they would like to do and in the end, the organisation

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cannot relate to the proposal. It's very important that when a consultant is used, organisations work with them throughout the process so that the proposal addresses community needs, not something else that someone thinks is going to secure funding.

There was also an issue around institutions like NGO coordinating associations/organisations, whereby NGOs can come together and form a coalition so that they have a stronger voice. They can advocate for issues and lobby government on several issues, which is what civil society needs to do. Organisations need to lobby government because there are resources within government but there are no proper systems to disburse that and organisations need to explain how they would like to see these funds being disbursed.

## Conclusion

Relationships between organisations and their funders should reflect partnership. Relationships should be transparent and they must be nurtured continuously by all parties so that the objective is attained.

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