

LEARNING THROUGH PRACTICE

Integrating HIV/AIDS into
NGO Programmes:
a guide

This booklet is aimed at the following people and organisations:

- ⑥ funders,
- ⑥ non-governmental organisations (NGOs),
- ⑥ people involved with capacity building within organisations,
- ⑥ training organisations, and
- ⑥ HIV/AIDS organisations.

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OPENING LETTER

The impact of HIV/AIDS on South Africa is impossible to ignore. It's becoming increasingly clear that HIV/AIDS is not just a health issue. Instead, it affects every aspect of community life and is having a significant impact on the development of the country.

Because non-governmental organisations (NGOs) play such an important role in shaping our communities, the National Department of Health, Chief Directorate: HIV/AIDS, STIs and TB, in conjunction with the USAID-funded POLICY Project, undertook a project aimed at developing organisations that didn't have HIV/AIDS work as their focus. We also wanted to reach NGOs that would benefit from capacity building.

The rationale behind this approach is simple. The more NGOs involved in tackling every aspect of the AIDS epidemic, the better. And, the more efficient the organisations involved in fighting the disease are, the greater the chance for them to make a difference.

The POLICY Project In-Country Small Grant Programme (usually simply referred to as the Small Grant Programme or SGP) was very successful and has provided us with valuable lessons and insights into some of the difficulties small organisations face when applying for funding or meeting funding criteria.

With this in mind, we decided to record our experiences – and those of the organisations involved – and share what we have learnt with you. Not surprisingly, there were some teething problems, but then few projects exist without having to face the occasional challenge! The highlights, however, were innumerable and we trust that this booklet will give you a sense of what we have achieved – and will help you if you want to undertake a similar project.

Lastly, we would like to thank all the NGOs with whom we have worked. We admire your continued energy and passion in combating HIV/AIDS in your communities.



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Acronyms that you'll find in this book

NGOs	Non-governmental organisations
USAID	United States Agency for International Development
HIV	Human Immunodeficiency Virus
AIDS	Acquired Immune Deficiency Syndrome
STIs	Sexually Transmitted Infections
SGP	Small Grant Programme
PLWHAs	People Living With HIV/AIDS
MTCT	Mother-to-Child-Transmission
ARV	Antiretrovirals
TB	Tuberculosis
DOTS	Directly Observed Treatment, Short-course
CBOs	Community Based Organisations
WC-NACOSA	Western Cape Networking AIDS Community of South Africa

“The vision which fuelled our struggle for freedom, the deployment of energies and resources, the unity and commitment to common goals – all these are needed if we are to bring AIDS under control. Future generations will judge us on the adequacy of our response.” – Nelson Mandela, former South African State President.

FOREWORD

Why was the booklet developed?

This booklet was written for a number of reasons.

For starters, there are thousands of NGOs which have been established to address various social problems, and there’s no doubt that HIV/AIDS is top of the list. But, as pressing as the epidemic may be, you don’t want new organisations to be launched in response to the crisis. Instead, it’s far more cost-effective and efficient for existing organisations to integrate HIV/AIDS work into their programmes and use their well-established networks to help tackle the disease.

But, shifting focus can be difficult for NGOs and this booklet provides them with a sound body of knowledge about HIV/AIDS and describes how to go about the process of incorporating it into their work.

Secondly, we would like the booklet to serve as a resource tool. Funding for NGOs does exist, but organisations are often at a loss as to how to go about applying for it. We set out to explain to NGOs how to apply for funding and provide the tools to ensure that their organisations have the necessary infrastructure to run effectively and be sustainable once they’ve received donor money.

Thirdly, we wanted to share the POLICY Project’s experience of the Small Grant Programme and record what we have achieved over the last couple of years. We’ve spent time reflecting on the strengths and weaknesses of this programme and hope that other organisations, planning to implement something similar, will be able to learn from our experiences.

Who is it aimed at?

We hope to reach a number of different target groups with this booklet. These include:

- ① funders,
- ① non-governmental organisations (NGOs),
- ① people involved with capacity building within organisations,
- ① training organisations, and
- ① HIV/AIDS organisations.

Finding your way around

We've divided this booklet into two parts to make it easier for you to find your way around.

Part I describes our thinking behind the project – what we were hoping to achieve with the SGP and how we went about achieving our goals and objectives.

Part II deals with the more practical aspects of running such a project and includes examples of the invitations we sent out, the application forms we used and some of our checklists for monitoring the NGOs that participated in the Small Grant Programme. We hope that you'll be able to use these templates in your work and that you won't have to spend time (and money) designing a set of your own.

Parts I and II have been further divided into sections to make it easier for you to find your way around the booklet. Here's an outline of the contents so that you know what to expect:



"We must not forget that every person who is infected is a fellow [human being], with human rights and human needs. Nobody must deceive themselves by thinking that they can protect themselves by erecting barriers between us and infected people. In the brutal world of AIDS there is no 'we' and no 'other'. In order to reach out, we must change our thinking – if not for ourselves, then for our children." – Kofi A. Annan, United Nations Secretary-General.

PART 1 - THEORY

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We've included some basic HIV/AIDS facts to put this work into a context.

SECTION 2: The Capacity Building Programme 17

This section describes the aims and objectives of the Small Grant Programme and includes information on how we selected the participants. We've included tips on how to draw up a comprehensive invitation to ensure the targeted participants come to your workshop. We've also included a planning checklist to help ensure you've covered all the bases when you organise a workshop.

SECTION 3: Capacity Building Workshops 21

Here we describe the content of each workshop and the resources we used. There's also a description of the tools you can make use of for effective workshop facilitation. We've also added something on trouble-shooting and have provided you with insight into how our facilitators handle some of the common problems that arise in workshops.

SECTION 4: The Small Grant Funding Process 31

This section concentrates on the funding process. In it we outline the application and selection process and include a description of the organisations that were selected for the SGP. We describe some of the problems we encountered and the lessons we learnt.

SECTION 5: Site Visits 37

This section of the booklet is devoted to site visits – a very important part of any project that aims to develop the capacity of NGOs. The focus of these visits was to monitor NGO administration, establish how well HIV/AIDS had been integrated into the NGO's work and get a clear picture of the organisation's capacity, together with its strengths and weaknesses. We've included comments from people who went on the site visits and outline the importance of such visits. We've also included feedback from the organisations about how they regard site visits and outline the challenges they face.

SECTION 6: Case Histories - Stories from the Frontline 41

Organisations tell their stories and report on how they spent their grant money.

SECTION 7: Mentoring 45

Mentoring plays a crucial role in ensuring organisations get the best out of this type of project. In this section we examine the need for mentoring and give readers a good understanding of what mentoring involves. We've included an interview with the person responsible for establishing the mentoring programme which includes her insights after working in this field for a number of years.

SECTION 8: Useful References 49

A who's who of valuable contacts we make use of on a regular basis.

SECTION 9: Conclusion 53

PART II - PRACTICE

Background In Folder at Back

It was important to have a workshop manual or teaching tool at every workshop. For each session we developed a workbook which included a table of contents, a background document, the objectives of the workshop, the workshop programme, a list of the facilitators and their contact details, as well as a copy of all the slides used in the workshop. Additional relevant reading material was also provided.

Forms In Folder at Back

We are hoping you'll be able to learn from our experience and use the prototype forms that we have developed. You'll find a range of forms that we used during the SGP. These include an invitation, seed grant application, site visit form, checklists used by mentors to help them evaluate each organisation and a final report.

"I think schools really know more about AIDS now. Gail says if it wasn't for me, no AIDS child would be allowed in the schools. I think children with HIV also need to learn and look after themselves." – NKosi Johnson, child activist.

PART 1 - THEORY

SECTION 1

SETTING THE SCENE - WHAT YOU NEED TO KNOW ABOUT HIV/AIDS



1.1 HIV/AIDS and the Immune System

What is HIV/AIDS?

HIV stands for Human Immunodeficiency Virus.

AIDS stands for Acquired Immune Deficiency Syndrome.

There are two types of HIV:

- ① HIV-1, the most common type.
- ① HIV-2, found mostly in West Africa.

HIV affects the body by attacking the immune system. The immune system is the body's defence against infection by micro-organisms (bacteria and viruses) that cause disease.

Amongst the cells that make up the immune system is one called a CD4 lymphocyte. HIV is able, by attaching to the surface of the CD4 lymphocyte, to enter, infect and eventually destroy the cell. Over time this leads to a progressive and finally a profound impairment of the immune system, resulting in the infected person becoming susceptible to infections and diseases such as cancer, TB and pneumonia.

In adults, the typical course from HIV infection to AIDS is as follows:

- ① About six weeks to three months after becoming infected a person will develop antibodies to HIV. At this time some people will experience a flu-like or glandular fever-like illness.
- ① There is usually, thereafter, a long 'silent' period – up to eight years – during which the person may have no symptoms.
- ① Following that, almost all (if not all) infected persons progress to HIV-related disease and AIDS. They may develop skin conditions, chronic diarrhoea or weight loss, or they might develop one or more opportunistic infections such as tuberculosis, pneumonia, fungal infections, meningitis and certain cancers.

In children the typical course from HIV infection to AIDS is as follows:

- ① The majority of HIV-infected infants develop disease during the first year of life and there is a high mortality rate.
- ② The common symptoms are an increased frequency of common childhood infections, fever, diarrhoea and dermatitis which tend to be more persistent and severe and do not respond well to treatment, and enlarged liver and lymph nodes.



Key points

- ① HIV is a retrovirus. Retroviruses not only invade living cells, but take over and pervert their reproductive equipment.
- ② HIV infection is ultimately fatal in adults following a long asymptomatic period.
- ③ A person does not die of AIDS, but of one or more opportunistic infections that occur as a result of damage to the person's immune system.

1.2 Related Diseases - TB and STIs

Tuberculosis

Tuberculosis (TB) is a serious public health problem. TB kills more people every year than any other infectious disease – yet it is curable. Correct TB treatment not only cures TB and saves lives, but also prevents the spread of infection and the development of drug-resistant TB.

TB is the most common opportunistic infection and the most frequent cause of death in people living with HIV in Africa. In 1997, there were an estimated 2,2 billion people infected with *Mycobacterium tuberculosis* (the bacteria that causes TB) and millions of people infected with HIV.

How do HIV and TB interact?

In people with healthy immune systems, only 10% of those who are infected with TB ever become sick from TB. By destroying the immune system, HIV increases the risk of progression from TB infection to TB disease from 10% per lifetime to 10% per year. This means that over 50% of people who are co-infected with TB and HIV will become ill with TB before they die. TB also accelerates HIV. It's important to realise that although HIV increases the risk of developing TB, not all HIV-positive people have TB and not all people with TB are HIV-positive.

People with TB or HIV face similar problems of stigmatisation, fear and discrimination and have shared needs for counselling, care and support. HIV/AIDS is common in socio-economically stressed communities, and these same communities are vulnerable to TB.

The symptoms of TB are the same in HIV-positive and HIV-negative people: coughing for more than three weeks, loss of appetite and weight loss, night sweats, tiredness, chest pain and coughing blood.

TB is spread through coughing. A person who has TB, and is not on appropriate treatment, coughs TB germs into the air and another person breathes them into their lungs. TB patients who are on appropriate treatment are not infectious and therefore it is safe to work, socialise and live with them.

The good news is that TB can be cured as effectively in HIV-positive people as in HIV-negative people using the same drugs for same amount of time.

The DOTS (Directly Observed Treatment, Short-course) strategy works. As part of DOTS, it is important that a treatment supporter encourages the patient to complete their TB treatment. Treatment supporters can be health workers, employers, co-workers, shopkeepers, traditional healers, teachers and community or family members.

The risk of getting sick with TB can be decreased in people living with HIV/AIDS by taking TB preventive therapy using a TB drug called Isoniazid.

Sexually Transmitted Infections (STIs)

STIs are very common. In Africa, as many as one in every 10 people will get an STI every year. Untreated STIs can cause serious health problems in both men and women. Fortunately, most STIs can be cured.

The same behaviour that places people at risk of STI infection also puts them at risk of HIV infection. Both are transmitted during unprotected sex.

STIs such as gonorrhoea, syphilis, chlamydia, chancroid and genital herpes cause blisters, ulcers, discharge and inflammation. In all these cases, immune system cells are present in large numbers, thus providing an immediate entry point for HIV. It is therefore five to 10 times more likely for HIV to be transmitted from one person to another, particularly when there are ulcers present. The situation is exacerbated even further because STIs in women are often asymptomatic or 'hidden'.

The presence of HIV infection in a person with an STI may result in the STI condition being more severe and treatment being less effective.

The best way of treating STIs is known as the 'syndromic approach'. It recognises that groups of STIs produce similar symptoms and that people commonly have multiple infections. Therefore treatment is given for a group of STIs, rather than trying to isolate and treat the exact STI.

Key points

- ① HIV infection is the most powerful factor known to increase the risk of developing TB.
- ① In sub-Saharan Africa, anyone with TB is in a high-risk group for HIV.
- ① The treatment of STIs has become one of the most important strategies for containing the HIV/AIDS epidemic.



"Ideally, children would live in a world without AIDS. But our world is not like that. HIV exists in every corner of the planet, and children and young people are its prime targets." – Peter Piot, Executive Director, UNAIDS.

1.3 Transmission and Prevention

Transmission

- ① HIV is a weak virus that cannot survive outside the human body. Although present in all body fluids, HIV is only present in sufficient concentrations to cause infection in:
 - blood,
 - sexual fluids (semen and vaginal secretions), and
 - breast milk.
- ① HIV can only be transmitted from an infected person by the following routes:
 - Sexual intercourse (vaginal, anal or oral). This is the most frequent mode of transmission.
 - Contact with infected blood, semen, cervical or vaginal fluids in situations where the infected body fluid is able to enter a person's body.
 - From an infected mother to her child – during pregnancy or birth, or from breast-feeding.
- ① In children and youths, sexual abuse and child prostitution are known causes of HIV transmission.
- ① Anybody who has unprotected sex is at risk, regardless of race, religion or sexual orientation.
- ① There is no risk of HIV transmission from everyday contact with an infected person either at work or socially.

Prevention

The major route of HIV transmission is unprotected sex. The safest form of prevention is abstinence. However, in many instances, this is neither realistic nor desirable. Options such as limiting the number of sexual partners and/or using barrier methods can reduce the risk. Barrier methods commonly used include the male or female condom.



Key points

- ① Transmission of HIV can only occur where there is an 'exit point' from an infected person and an 'entry point' into an uninfected person.
- ① Prevention options include an ABC of health: **A**bstinence, **B**eing faithful to your partner and **C**ondom use.

1.4 Treatment and Care

HIV/AIDS treatment and care may be defined within the following framework:

- ④ For those uninfected but at risk.
- ④ For asymptomatic HIV-positive individuals.
- ④ For those with early HIV disease.
- ④ For those with late disease or AIDS.
- ④ For those with terminal illness.

Treatment, care and support needs are very different at different stages and are not restricted to the infected person. The primary objectives therefore are:

- ④ For the infected person:
 - To reduce suffering and improve quality of life.
 - To provide appropriate treatment of acute infections.

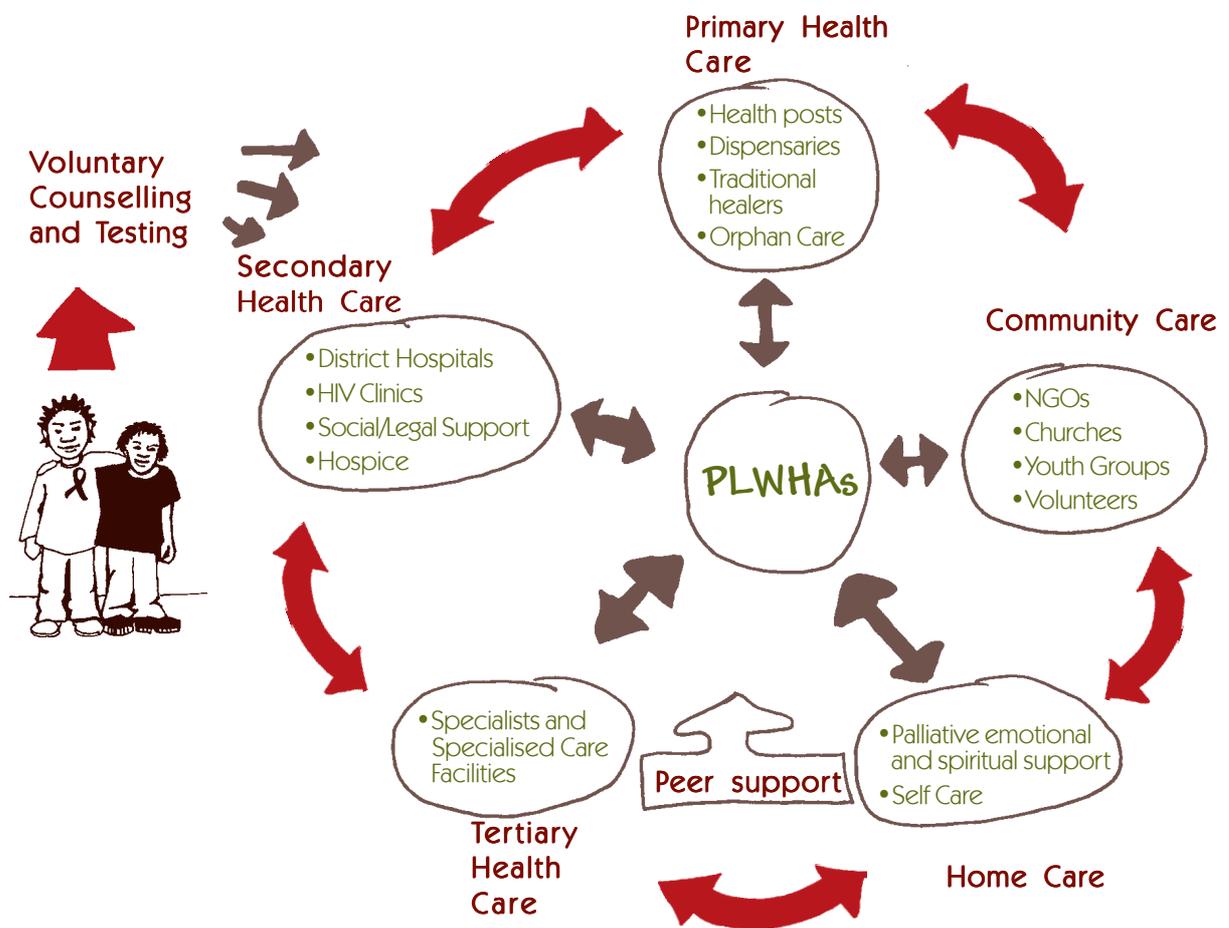
- ④ For families:
 - To render practical support.
 - To lend bereavement support.

The points at which a person who is HIV-infected will require treatment and care are numerous and may include:

- ④ Treatment for STIs and TB.
- ④ Treatment of opportunistic infections.
- ④ Palliative care.
- ④ Antiretroviral therapy.

The following diagram provides a framework for a comprehensive approach through illustrating the Continuum of Care for People Living with HIV/AIDS.

The HIV/AIDS Continuum of Care



Positive Living

This means taking control of aspects of your life such as:

- ① Eating a good diet whenever possible.
- ① Staying as active as possible.
- ① Getting sufficient rest and sleep.
- ① Reducing stress as far as possible.
- ① Staying occupied with meaningful activities.
- ① Meeting and talking to friends and family.
- ① Seeking medical attention for any health problems.

Antiretroviral Therapy

Antiretroviral drugs are used to treat HIV disease and in some instances to prevent HIV infection. There are different classes of drugs, but all act to prevent replication or reduce the rate of replication of the virus and so slow the progression of the disease and prolong the survival of infected persons.

Vaccines

A vaccine is a substance that teaches the immune system to recognise and protect against a disease caused by an infectious organism or virus. Some experimental AIDS vaccines are in development, but the widespread availability of an effective vaccine is still many years away.

Key points

It is a well-established fact that living positively can delay the onset of symptoms and extend the period of wellness in a person who is infected.

Options such as antiretroviral therapy which are widely used in the developed world to treat people living with HIV/AIDS are not routinely available in developing countries.



1.5 Impact

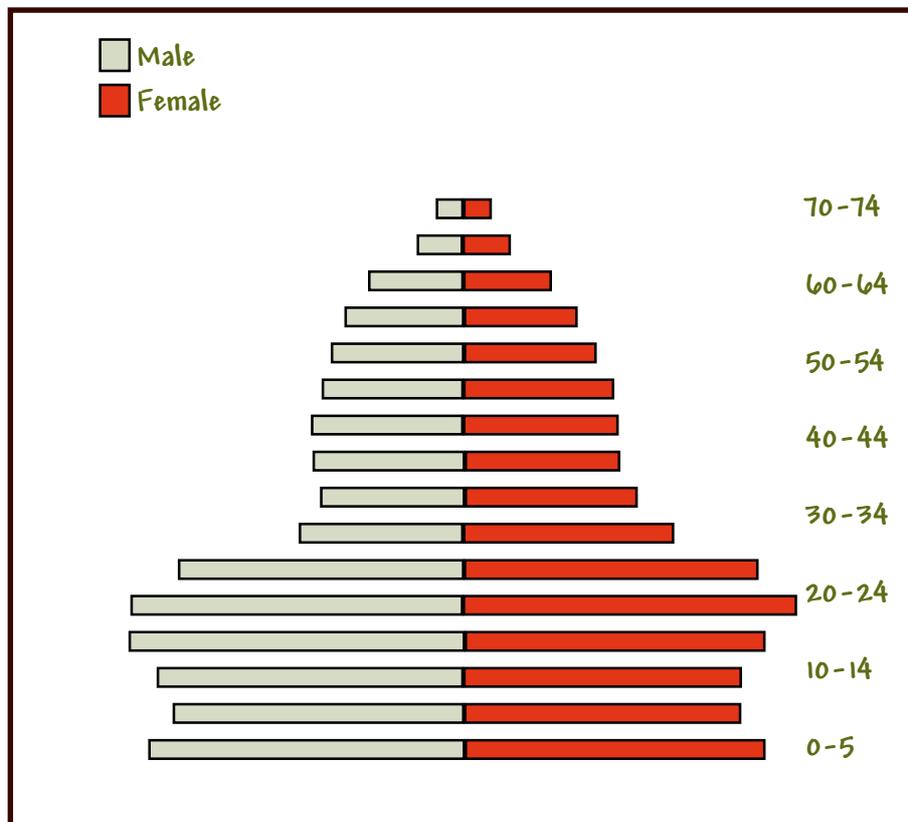
Unlike many infectious diseases, which affect either the very young or elderly, HIV/AIDS has a different impact. While infants account for approximately 10% of cases, young people and adults aged between 15 and 45 make up the majority of the remaining infections. This results in the massive loss of economically active people in the prime of their lives. In many developing countries there is also a significant difference between when women and men are infected. Women tend to be infected several years earlier than men.

HIV/AIDS threatens human development and social and economic security. In developing countries, where 95% of all HIV infections occur, AIDS is already reversing decades of hard-won development gains in improving the quality of people's lives and reducing poverty.

In a typical community affected by HIV/AIDS:

- ① Economically productive adults leave work due to illness or to attend funerals or to care for sick family members – the local school loses teachers, health-care workers become sick, husbands and fathers are no longer employed.
- ① Life expectancy decreases, infant mortality increases.
- ① Existing under-resourced health services become overwhelmed.
- ① Family and community life is disrupted.
- ① Children are kept away from school to care for adults.
- ① There are increasing numbers of orphans, most of whom have less access to education and to adult role models.
- ① Limited family resources are spent on care and funerals.
- ① Food production declines – malnutrition increases.
- ① Poverty, inequality and crime increase.
- ① People with HIV become stigmatised and face harm and discrimination.

The impact is well illustrated by the following population pyramid which is typical of an African country 20 years into the epidemic.



Key points

- ⑥ HIV/AIDS is best understood as an inter-sectoral and development issue, because the epidemic poses a significant and complex threat to society as a whole.
- ⑥ It is critically important to understand the social and economic determinants of the disease – factors such as the migration of workers, the rural-urban drift and the role and status of women fuel the spread of HIV.
- ⑥ Individuals and communities need self-confidence to develop and HIV/AIDS erodes the development process through exacerbating poverty, promoting despair and destroying community spirit.



Taken from Planning in the New Millennium: A Primary HIV/AIDS Capacity Development Course for Government Planners published by The National Population Unit, Department of Social Development.

Trends

HIV/AIDS threatens to undermine development targets for health, child rights and poverty eradication. HIV/AIDS is destroying our families and communities and the social and economic fabric of our nations. Here are some pointers to be aware of:

- ⑥ Women and children are most vulnerable to HIV/AIDS. A woman's lack of power in her relationships and in society places her at greater risk of contracting the disease.
- ⑥ One-third of African babies born to HIV-infected mothers are likely to be infected (unintentionally) via prenatal transmission or breast-feeding.
- ⑥ Every five minutes a young African person between the ages of 15 and 24 is infected with HIV/AIDS.
- ⑥ A total of 90% of the world's children-orphaned-by-AIDS are African.
- ⑥ More than 13 million children have lost their mother or both parents to the epidemic. Some estimate that that number will increase to 40 million children in Africa alone.
- ⑥ Close to a million children have already lost their teachers to the disease.

SECTION 2 THE CAPACITY BUILDING PROGRAMME



The ramifications of HIV/AIDS are far-reaching, and for many years it's been acknowledged that HIV/AIDS is not only a health issue. Its impact is increasingly being felt within the social, economic and development fabric of our society.

While non-governmental AIDS organisations play an important role in preventive work, home-based care, counselling and support services, there are many other non-governmental organisations (NGOs) not involved with HIV/AIDS that are ideally placed to include HIV/AIDS in their existing work.

With this in mind, the National Department of Health, Chief Directorate: HIV/AIDS, STIs and TB, working in collaboration with the POLICY Project, funded by USAID, ran a series of HIV/AIDS capacity building workshops for NGOs throughout the country. The POLICY Project set out specifically to draw in organisations that may otherwise not incorporate HIV/AIDS into their existing work. The rationale behind this was simple: instead of spending money on establishing new organisations to tackle HIV/AIDS, it would be far more cost-effective to make use of existing community organisations and encourage them to regard HIV/AIDS as an integral aspect of their development work. Another objective was to target those organisations that would benefit from development and capacity building.

2.1 The Four Objectives of the Capacity Building Programme

1. To encourage NGOs that don't have HIV/AIDS as their core business to consider how they might incorporate HIV/AIDS into their existing programmes.
2. To provide NGOs with basic project-planning and evaluation skills.
3. To make seed funding of \$5 000 available to selected NGOs to help them build strong, sustainable HIV/AIDS programmes.
4. To provide mentoring support to organisations that receive a small grant.

In Grant Year One, 10 organisations were selected, while in Grant Year Two, seven received funding. The NGOs that participated included youth groups, religious organisations and clubs devoted to community upliftment. Despite the specified aim of recruiting only those NGOs requiring development, the organisations that received funding had a wide range of capabilities and differing levels of expertise. Some were well established, while others were just starting out. A couple of the NGOs were also already tackling HIV/AIDS. Although this could potentially have been problematic, the workshops were structured in such a way that all the organisations benefited from input from the POLICY Project.

The POLICY Project capacity building workshops were designed around the following themes:

- ④ Exploring the connection between NGOs' development work and HIV/AIDS, the impact of HIV/AIDS and the organisations' priorities.
- ④ Strategic planning and proposal-writing skills.
- ④ Monitoring and evaluation.

Participants who attended all three workshops were eligible to apply for the small grant. Those organisations that didn't receive funding but did attend all the workshops received a certificate of attendance.

2.2 Choosing the Participants

The NGO capacity building programme has been implemented twice.

The aim of this project was to develop the coordinators of NGOs that:

- ④ did not have HIV/AIDS as their core area of focus, or
- ④ had just started to initiate an HIV/AIDS-related project, but did not have sufficient working experience to apply to the Department of Health for funding.

Grant Year One

The first phase is referred to as Grant Year One and was initiated in 1999. Organisations from the Western Cape, Northern Cape, Free State, Gauteng, KwaZulu-Natal and Limpopo were involved. Those NGOs that received small grants have done so over two funding cycles. They received their first grant in May 2000 and the second grant in July 2001.

Grant Year Two

The second phase is referred to as Grant Year Two and was initiated in August 2001. Organisations from the Eastern Cape, North West Province and Mpumalanga were incorporated into this phase. Grant Year Two NGOs received their first grant towards the end of 2001.

So what lessons
have we learnt?



LESSONS LEARNT

Selecting the participants for our workshops

As trainers, the POLICY Project didn't participate actively in the selection of the workshop participants. Instead, participants were selected by the National Department of Health, Chief Directorate: HIV/AIDS, STIs and TB. As a result, we ended up with a wide range of organisations with differing levels of capacity. Some participants met our objectives (i.e. NGOs not involved with HIV/AIDS and requiring capacity building) while others did not.

To ensure you get the participants you want to target, here are five steps we recommend you follow:

1. As trainers, you need to be very clear about what type of participant (managers, coordinators or fieldworkers) you want in the workshop and the type of organisation you are targeting.
2. A clear decision should be made from the beginning about how the selection of participants will be made. It's essential that the trainer/s be involved in this process and that there is agreement between all parties about the ideal participants.
3. Think carefully about the best way to identify potential workshop participants. There are a number of possibilities. Should you go through the Department of Health, national or local NGO networks, or work in collaboration with one of these so that the training is offered in partnership with an agency that represents the target group?
4. Be clear about what your expectations of participants during the workshop are and set these out on the letter of invitation so they, like you, are clear about what you expect from them.
5. Ask potential participants to send a letter of motivation with their manager's signature.



Note to funders and facilitators!

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Drawing Up a Letter of Invitation

The invitation should:

- ① include the workshop objectives, the date and time of the workshop and whether transport and accommodation will be provided for participants;
- ① clearly outline what is required from participants. For example, if you want somebody to attend a series of workshops, this needs to be clearly stated in bold print;
- ① stipulate the ideal candidate (for example, what responsibilities they hold in their organisation and that they have been nominated by their manager to attend the workshop);
- ① outline the skills which the participants will gain by attending the workshop;
- ① include a reply form containing all the information that you require from participants in order to plan their journey to the workshop. A return date for this form should be clearly stated.

Form 1
Invitation

LESSONS LEARNT

Planning checklist

To ensure that your workshops run without a hitch, make sure you have thought about the following:

- ④ Is the venue suitable for disabled people?
- ④ Will participants be reimbursed for their travel costs to and from the workshop? If so, be sure to tell them which receipts they need to keep and how long it will take for them to get their money back.
- ④ Travel arrangements: tell participants where they can get their flight tickets and how they will be collected from the airport and taken to the venue. Be sure to give the conference organiser's name and telephone number to participants before they leave. You never know what may happen *en route* and, if they encounter a problem, they'll need to be able to call somebody for help.
- ④ Establish upfront which expenses will be covered while participants are staying at a hotel. Do you have the budget to pay for telephone calls, laundry, drinks or clothes if a participant has forgotten to pack something? If not, make this clear from the beginning.
- ④ Stipulate how many nights participants will be able to spend at the venue. Having five participants staying an extra night at a hotel could blow your budget.
- ④ Inform delegates about the dates and venues for all the training workshops at the very start of the workshop.



"I really got inspired by NKosi Johnson because there you have a little boy and his mother who decided to put on the school form that he was HIV-positive. By being open, they were making themselves vulnerable to a very backward community. Backwards is not a sign of race, class, gender, or any other of the funny classifications we have. It's only a symptom of wilful ignorance." - Zackie Achmat, Chairperson, Treatment Action Campaign.

SECTION 3 CAPACITY BUILDING WORKSHOPS

The POLICY Project ran a series of three workshops for organisations identified by the National Department of Health, Chief Directorate: HIV/AIDS, STIs and TB. The workshops were held across South Africa and were attended by 104 organisations. The workshops were aimed at developing an awareness of HIV/AIDS and exploring ways that organisations could include it in their work. We also spent time building some of the skills NGOs need in order to run efficiently. Here is an outline of what we tackled at each workshop.



Workshop 1

HIV/AIDS and You - Exploring the Connection, the Impact and Your Priorities

This two-day workshop introduced participants to the basic facts about HIV/AIDS and encouraged them to explore the relevance of the disease in their lives, their organisations and future planning.

The workshop provided participants with the following information:

- ① HIV/AIDS update including the latest trends and statistics both nationally and globally.
- ① Basic facts about HIV/AIDS, transmission and prevention.
- ① The impact of HIV/AIDS with particular reference to health, welfare, education, families and the economy.
- ① Stigma and discrimination by examining the case studies of South African HIV/AIDS activists.
- ① The AIDS Memorial Quilt which highlights the impact of the HIV/AIDS epidemic in communities. It also introduced participants to projects they can initiate in their own communities.

Workshop 2

HIV/AIDS and Development NGOs – Strategic Planning and Proposal-Writing Skills

This workshop focused on the skills NGOs need in order to develop and strengthen their organisational strategy and business plans. It also provided participants with the opportunity to discuss where their organisations are in addressing HIV/AIDS.

The methodology of this workshop included plenary sessions, buzz groups, group work and presentations.

Materials distributed included:

- 1 A workbook with an introduction to strategic planning and proposal writing.
- 2 The **seed grant application form** for the USAID Small Grant Programme.



The workbook was designed to help participants with the theory around strategic planning and proposal writing with sections devoted to:

- 1 Developing an organisational profile.
- 2 Understanding the community you come from.
- 3 Developing a project outline.
- 4 Considering partnerships.
- 5 Implementing plans.
- 6 Identifying constraints.
- 7 Monitoring and evaluation.
- 8 Developing budgets.

Participants were taken through this step-by-step process and had to apply each of the steps to their own organisation. This information was then transferred onto the seed grant application form.

The workshop was extremely intense as participants were expected to learn about strategic planning and proposal writing. It also demanded that they apply the knowledge to a real-life situation – their NGO and a funding opportunity. This workshop was beneficial to many participants because it was their first experience of completing a funding proposal and it assisted them in their project planning.

Workshop 3

Are we on the Right Road? Enhancing Monitoring and Evaluation Skills for Development NGOs

This workshop set out to introduce participants to monitoring and evaluation so they could use these skills to monitor and evaluate their own projects.

These skills will enable NGOs to:

- ① Assess whether their HIV/AIDS programmes are having the effect they had planned.
- ① Report on their results so that funders can see the impact their money has made.

The workshop was based on a variety of methodologies and used a step-by-step approach to developing a comprehensive monitoring and evaluation plan. The participants applied these steps to their own NGOs and to the seed grant application form, which they began working on in Workshop 2.

The workshop provided participants with information on:

- ① Monitoring and evaluation.
- ① Understanding evaluation jargon.
- ① An introduction to the five steps of monitoring and evaluation:
 - Setting goals and objectives;
 - Selecting indicators;
 - Selecting means of verification;
 - Putting evaluation into action;
 - Using the results.

3.1 Additional Capacity Building Workshops

Apart from the three workshops which formed the core of our capacity building, two additional workshops were developed based on the needs of the NGOs that were participating in the Small Grant Programme. The titles of these two workshops were:

- ① **Reaching the Crossroads - HIV/AIDS and Non-Governmental Organisations. Focusing on our Past Experiences, Acquiring New Skills and Planning for the Future.**

and

- ① **HIV/AIDS Capacity Building Workshop for Non-Governmental Organisations. Together We Can Make it Happen.**

Additional Capacity Building Workshops

Grant Year One participants

In 2001, after having facilitated three capacity building workshops for 66 NGOs and provided 10 of those with small grants, the POLICY Project conducted an assessment of what further training was required by these NGOs and how the POLICY Project ought best to support them.

It was decided that each of the NGOs would benefit from one more year of support from the POLICY Project and they were invited to reapply for further funding. To ensure that the second phase of support was introduced to NGOs in the most constructive way, the POLICY Project invited them to a follow-up workshop called *Reaching the Crossroads – HIV/AIDS and Non-Governmental Organisations. Focusing on our Past Experiences, Acquiring New Skills and Planning for the Future.*

The workshop updated participants on the application requirements for small grants, and addressed the needs the NGOs had identified during the site visits in 2000. These included:

- ① Developing management skills – planning, coordination, supervision, working with volunteers.
- ① Financial management skills.
- ① Examining the NGO legal framework.
- ① Feedback and evaluation of the USAID Small Grant Programme.
- ① Developing “train-the-trainer” skills with information on planning a workshop, managing the logistics and looking at effective styles of communication.
- ① Examining our attitudes and values around HIV/AIDS.

Grant Year One and Two participants

In late 2001, it was decided that NGOs receiving funds should be provided with the necessary guidance to be able to report effectively on their work.

A workshop called *Capacity Building Workshops for NGOs. Together We Can Make it Happen* was conducted in May 2002 during which participants were provided with training on:

- ① **Report writing:** The POLICY Project familiarised NGOs with the format of the final report to ensure that the report reflects the quality of their work.
- ① **Monitoring and evaluation:** This component ensured that, through evaluation, NGOs are able to record the results and the impact of their work.
- ① **Memory box and AIDS quilt:** NGOs were taken through the process of how to make a memory box and an AIDS quilt. They then take this information back to their organisation and make a panel for somebody who has died of HIV/AIDS. The panel will then be sent to the POLICY Project, which will sew the panels together.
- ① **Fund-raising:** In-depth information was given on how to secure funding in order to make organisations sustainable.
- ① **Partnerships:** The participants examined the role of partnerships in their community and the benefits they could enjoy through working with other role-players.
- ① **Government policy and guidelines:** Guest speakers from the National Department of Health provided information with regards to the current government strategy on Voluntary Counselling and Testing, Home-Based Care and NGO funding.

3.2 HIV/AIDS Resources

At each workshop, emphasis was placed on skills building, but material focusing on current issues was also provided in the workbook. Examples of the information provided included:

- ⑥ Strategies to reduce Mother-to-Child-Transmission (MTCT).
- ⑥ The report from the 13th International AIDS Conference held in Durban in July 2000.
- ⑥ Care and support for people with HIV/AIDS in resource-poor settings.
- ⑥ The multi-sectoral response – the role of the religious sector in HIV/AIDS.
- ⑥ The impact of HIV/AIDS on the social and informal sectors.
- ⑥ HIV/AIDS update – including current statistics.
- ⑥ HIV vaccine.
- ⑥ AIDS antiretroviral treatment.

3.3 Workshop Resources

At each workshop, participants received:

1. A workbook that was developed by the POLICY Project. The workbooks included:
 - A background document.
 - Objectives of the workshop.
 - The workshop programme.
 - A summary of the notes used based on the overheads.
 - Additional reading material relevant to HIV/AIDS.
2. The POLICY Project seed grant application form.

Background documents

3.4 Workshop Methods

A variety of methodologies were used in all the workshops. These included:

- ⑥ Group work.
- ⑥ Games and ice-breakers.
- ⑥ Buzz groups.
- ⑥ Round robin.
- ⑥ Case studies.
- ⑥ Guest speakers.
- ⑥ Videos.

Group work

We use group work a lot because we find it allows participants to make a contribution to the workshop, and it gives facilitators a sense of whether or not they understand the topic. This methodology also allows the groups to contribute their knowledge and skills.

Games and ice-breakers

We make use of a “fun” committee in all our workshops. This is a group of people elected by the larger group to provide them with body breaks, which offer an opportunity for participants and facilitators to relax and laugh.

Buzz groups

This methodology is helpful as it's quick and serves as a brainstorm session. It's useful if you are under time pressure.

Round robin

This is a useful feedback technique where people are given an opportunity to move from group to group and listen to other groups' input.

First, the groups complete the relevant task. Once they have all finished, they elect a rapporteur who then stays at the table while the rest of the group moves to another table in a clockwise direction and listens to the input of another group as told by their rapporteur. Once all the groups have given their feedback, the groups move to the next table and get the next set of feedback. This continues until they have visited all the groups.

This technique is helpful because participants can get up and move around.

A word of warning! The facilitator needs to control the time very strictly. A disadvantage is that the rapporteurs do not get to circulate among the groups.

Case studies

We made use of case studies of people living with HIV/AIDS to put a face to the epidemic. The case studies highlighted particular cases of discrimination against people living with HIV/AIDS such as the violent death of Gugu Dlamini.

Guest speakers

We made use of guest speakers in those content areas where we felt an outside speaker could make a relevant and enriching contribution. These speakers could be someone living with HIV, where they discuss their life and experiences, or it could be an expert on a particular topic who discusses financial management, for instance.

Videos

Videos used in workshops need to be relevant and provide value. They shouldn't exceed 30 minutes and should be used in conjunction with a questionnaire and feedback.

We chose videos that highlighted people living with HIV/AIDS as well as those that showed the impact of HIV/AIDS in South Africa. These videos provided current information about HIV/AIDS.

The videos we chose were:

Mashayabhuqe – AIDS hits everyone, Teaching Screens Productions (1997)

This video is set in South Africa and gives an overview of the HIV/AIDS epidemic, highlighting the impact it's having – and will continue to have – on South Africa.

Positive, South African Broadcasting Corporation (2000)

This video focuses on Musa Njoko, a young South African woman living with HIV. The video tells her life story, the support she's received from family and friends, as well as examples of the discrimination she's faced.

LESSONS LEARNT

Co-facilitation

Co-facilitation is a great tool in any workshop and one which the POLICY Project uses regularly.

“A co-facilitator can be very useful to aid facilitation. Responsibility is shared, there is somebody to take over when needed, and energy can be conserved. In addition, the co-facilitator can be instrumental in maintaining the group, or in becoming aware of and dealing with individual needs while the facilitator is busy with the workshop proceedings. A co-facilitator can go around making sure instructions are understood and time is effectively managed. Co-facilitators can also help with planning, evaluating and consolidating the workshop. The co-facilitators should be attuned to one another's needs and methods and must be supportive.”

Rooth, E. 1995. *Lifeskills: A Resource Book for Facilitators*. MacMillan: Swaziland.

“I say to the community: take your power – and use it in this great struggle to turn back AIDS.” – Peter Piot, Executive Director, UNAIDS.

LESSONS LEARNT

Crisis control

In a tight spot? Over the years the facilitators at the POLICY Project have learnt how to manage difficult situations. Here are some of their suggestions which may help you.



Handling difficult people/groups

- ① “Give the person who is difficult a job to do at the workshop.” – Sylvia Abrahams.
- ① “Deal with particularly difficult individuals outside of the workshop environment.” – Melanie Judge.
- ① “Stay cool and calm.” – Bareng Rasego.
- ① “Sometimes difficult people are bored or out of their depth. Make use of the fun committee and, where appropriate, allow them to share their difficulties.” – Busi Makhanye.
- ① “If you have group rules/norms, embrace and honour them.” – Sylvia.
- ① “If a group is particularly difficult, keep them task-focused.” – Melanie.

Working with groups where the participants have differing levels of knowledge

- ① “Try to assess the level of the individuals during the introductory session, and then split the participants into groups, spreading the participants across the groups to ensure you don’t have one really strong group and one weak group.” – Melanie.

Dealing with difficult questions

- ① “Don’t pretend to know the answer to a question when you don’t.” – Sylvia.
- ① “Throw the difficult question back to the group to answer.” – Caroline Wills.
- ① “Make a commitment to finding out the answer or to directing the group to the appropriate resource.” – Melanie.
- ① “Brainstorm these questions with the group.” – Busi.

Coping with language diversity

- ① “Assess the participants early in the workshop and if there is language diversity allow people to express themselves in their own language, but ensure that adequate translation is available.” – Bareng.

Dealing with criticism

- ① “Build time for criticism and feedback into your programme as this allows participants to air their views and opinions.” – Melanie.
- ① “Make criticism constructive. As a facilitator, try and look sensitively at the input and see how you can work with it.” – Caroline.
- ① “Go back to the contract and ensure that any criticism is valid and constructive.” – Busi.

Tackling gender/race discrimination

- ① “Always be sensitive to issues of race and gender – and ensure that it doesn’t impact on the participation of the individuals in the workshop.” – Melanie.
- ① “If language is used which is in any way discriminatory, raise this as an issue with the group – and link it to the overall contract and norms of the group.” – Caroline.
- ① “The introductory session is the key to building trust in a group.” – Sylvia.
- ① “When you have a group where there is racial and gender diversity, and there is an issue of discrimination, allow participants to role-play the group of people whom they have discriminated against.” – Busi.

LESSONS LEARNT

Capacity building for NGOs and community based organisations



Capacity building includes:

- ⑥ Skills development.
- ⑥ Knowledge development.
- ⑥ Action or information.

When it comes to capacity building, there are two areas that stand out as being important to the success and sustainability of an organisation – no matter what its size or scope.

Strategic planning

An analysis of an organisation's target groups, partners, programmes and who they are as an organisation is an important step in promoting strategic thinking.

Sorting through what you do and why can steer an organisation away from being all things to all people and from trying to cover all issues.

Monitoring, evaluation and research

Enhancing the ability of community organisations to monitor and evaluate HIV prevention interventions and participate in research will serve to improve the quality of programmes in the community.

Collecting the evidence on which to base interventions will work to ensure that the interventions are responsive to the specific needs of the community.

Programmes that are critically evaluated are more easily promoted, sustained and scaled up.

Martin, J. Implementation and capacity building for HIV prevention. Proceedings of the 3rd International HIV Prevention Works Symposium, 8 and 9 July 2000, Durban, South Africa.

"May each of us have the courage to let a child take us by the hand and lead us to the future: where fears are confronted, shame is banished, and hope kept alive. HIV is terrible, but we cannot let it claim victory. For the sake of children, we will not." – Peter Piot, Executive Director, UNAIDS.

"Uncertainty fills the life and the families of humans affected by HIV/AIDS. But AIDS also shakes the security of whole societies, communities and economic systems. The epidemic is one of the largest obstacles to development. It impairs regional and global stability and threatens to slow down democratic development. In this sense, AIDS robs not only the present, but also the future. All this is lost through AIDS." - Kofi A. Annan, United Nations Secretary-General.

Notes (use this space for your own notes)

SECTION 4

THE SMALL GRANT FUNDING PROCESS



4.1 Background

Internationally, the POLICY Project has established a mechanism for providing a small proportion of its funds to local NGOs. This seed money is used to:

- ① encourage involvement in policy development and change on issues related to HIV/AIDS and reproductive health programmes;
- ① develop partnerships with local affiliates and constituencies and to encourage the cross-fertilisation of ideas between southern and northern hemisphere NGO policy programmes; and
- ① carry out activities proposed by local organisations which complement and/or support the activities that the POLICY Project has been contracted by USAID to accomplish.

This initiative is called the In-Country Small Grant Programme, but is usually referred to as the Small Grant Programme or SGP. In South Africa this programme was used to achieve a number of objectives.

The first was to provide a group of NGOs, all of which had participated in the three NGO capacity building workshops facilitated by the POLICY Project, with the opportunity to put their skills to the test. This required putting into practice the ideas they had generated during the three training sessions.

By providing the NGOs with an opportunity to develop and submit an HIV/AIDS-related funding proposal and then manage a small project, the POLICY Project believed the NGOs would be in a stronger position in the future to access funds from the National Department of Health, Chief Directorate: HIV/AIDS, STIs and TB. This was considered an important component of the entire capacity building initiative since many of the NGOs that took part in the training had never been able to access funding for their HIV/AIDS projects.

Secondly, by providing seed money and mentoring support to a select group of NGOs, the POLICY Project believed it was demonstrating an important approach to funding. This approach is something the National Department of Health, Chief Directorate: HIV/AIDS, STIs and TB and some of the Provincial Health Departments in South Africa are increasingly considering as a way of supporting local HIV/AIDS interventions.

Underlying this approach is the belief that, rather than calling for the establishment of separate HIV/AIDS projects, HIV/AIDS capacity building organisations and funders can achieve **more** by nurturing and strengthening the existing activities of development organisations.

By encouraging them to consider the issue of HIV/AIDS as a component of their core business, established networks and relationships with local communities can be used for HIV/AIDS prevention and care – with more resources being placed on providing care, support and education than would otherwise have been spent on establishing a supportive community network.

The POLICY Project also wanted to highlight the important role mentoring can play in project implementation and how critical it is to ensure, as a capacity building agency or funder, that the support a grantee requires be taken into consideration from the beginning of any initiative. The idea of using local and more established organisations to mentor smaller or less developed organisations was used as a model that could be easily transferred and put to good use in related advocacy and capacity building programmes.

4.2 Calls for Funding Proposals

Since this capacity building initiative was facilitated on behalf of the National Department of Health, Chief Directorate: HIV/AIDS, STIs and TB, the participating NGOs were all identified by the Directorate. Each organisation was invited to send one or two participants to the three training sessions facilitated by the POLICY Project.

During the training, organisations were informed about the Small Grant Programme and invited to submit an application for funding.

4.3 The Application Procedure

Organisations that were eligible for funding were those that:

- ① Attended all three capacity building workshops.
- ① Had been in operation for a minimum of two years.
- ① Were committed to incorporating HIV/AIDS into their day-to-day work.

In order to be considered for funding, each NGO had to provide the following information on the **seed grant application form**:

- ① The organisation's contact details.
- ① A description of the organisation, providing details about the kind of work it does.
- ① A description of the problem or issue the organisation wanted to address and for which funding support was being requested.
- ① The goal the project hoped to achieve.
- ① A list of project objectives and the related activities.
- ① An outline of how results should be monitored, measured and evaluated.
- ① A budget for the project.
- ① A timeline illustrating how these activities would be implemented over the project cycle.

Form 2 Seed
Grant
Application
Form

4.4 The Selection Process

The criteria used by the POLICY Project in selecting the NGOs that would receive funding was straightforward. These criteria were developed into a checklist that was completed by a reviewer for each proposal, and then discussed together with the full selection committee.

Questions on the checklist included:

- ⓪ Did the applicants follow the requirements that were specified in the funding application form and did they provide all the necessary information?
- ⓪ Did representatives from the organisation attend all three capacity building workshops?
- ⓪ Was there an appropriate connection between the objectives and activities of the proposed project?
- ⓪ Was there some indication that the organisation was able to put its ideas into action?
- ⓪ Was the organisation willing to incorporate HIV/AIDS into its existing project in an integrated way, as opposed to starting up a separate project?
- ⓪ Was the proposal realistic? Because the grant is small the POLICY Project did not want to give funding to elaborate schemes that would require thousands of rands to get off the ground.
- ⓪ Was there some indication that the proposed project could be sustained over a given time period?
- ⓪ Did the organisation have the necessary personnel to effect its plans?

Ten organisations were chosen from the first series of workshops, and seven from the second phase of the project.

Grant Year One organisations included:

Matatiele Advice Centre	(Eastern Cape)
Hope Town AIDS Programme	(Northern Cape)
Elgin Community Development Association	(Western Cape)
George Christian Support Group for HIV/AIDS	(Western Cape)
Makotse Women's Club	(Limpopo)
Choice Comprehensive Health Care	(Limpopo)
Youth for Christ (Siyithemba Project)	(Gauteng)
Centocow Leadership Group	(KwaZulu-Natal)
Boitelo Youth Network	(Free State)
Religious Partnership Against AIDS	(Free State)

Grant Year Two organisations included:

Albany Child to Child Health Project	(Eastern Cape)
Mpumalanga Community Development Project	(Mpumalanga)
Masibambisane Care Givers	(Mpumalanga)
Hospice Potchefstroom	(North West Province)
Ponong Training and Development	(North West Province)
Itereleng Community Advice Centre	(North West Province)
Border-Kei Education & Development Trust	(Eastern Cape)

Here's a map to give you an idea of where the NGOs are in South Africa

4.5 The Nature of the Small Grant

Organisations received approximately 85% of their total grant money at the start of the programme and were given the balance only once they had completed a final report on their achievements and produced a complete financial report. The grants were based on the principle of cost reimbursement, which meant that organisations were only reimbursed for the money they spent.

Because the Small Grant Programme, through the POLICY Project, is associated with USAID funding, and was seen only as seed funding, there were clear guidelines about what the funds could be used for. This included:

- ④ Activities such as organising and/or attending local and regional HIV/AIDS workshops and forums, with funds being used to pay for travel, accommodation, supplies and other direct costs.
- ④ Participation in regional forums and conferences.
- ④ The purchase of equipment such as computers, fax machines and e-mail facilities.
- ④ Subscriptions to popular materials and publications related to reproductive health.

USAID funding policy stipulated that funds **could not be** used for:

- ④ Salaries.
- ④ Honoraria or indirect costs such as rent, telephone accounts or building.
- ④ Activities aimed at altering abortion laws or policies.

Organisations were encouraged by the POLICY Project to find a balance in how they proposed to allocate their funds. Instead of only spending their money on attending workshops, or buying office equipment to the exclusion of everything else, they were urged to spread their funds between activities and equipment.



HEADACHES

- ④ The POLICY Project encountered a number of difficulties administering the small grants. Because we were working with the administration procedures for the first time, we didn't realise just how much time it would take to review all the proposals or how often a proposal would be received without all the necessary information. What's more, trying to reach the representatives of a community based organisation during office hours when they are out in the field, proved to be a real challenge!

- ④ Many of the organisations had never received funding from a foreign agency before and getting the bank information needed for a foreign transfer proved difficult. Many of the organisations used their local banks – the majority of which didn't have a foreign exchange department. This often meant that the POLICY Project team had to find out this information on behalf of an NGO by calling a number of banks in the surrounding areas to locate the closest foreign exchange bureau.

- ④ The Small Grant Programme is based on the principle of cost reimbursement. Organisations receive 85% of their total grant money at the start of the programme and are only given the balance once they have handed in a final report on their outcomes and achievements and provided the POLICY Project with a complete financial report.

Because many of the organisations were small and community based they did not have any savings or capital, so they were unable to come up with 15% of the grant. As a result, many of the NGOs forfeited this 15%. We need to re-evaluate whether a cost-reimbursable grant is feasible when working with small NGOs.

LESSONS LEARNT

Stumbling blocks to funding

A number of lessons were learnt by the POLICY Project. These have informed our current practice.

The application process

Since the majority of participants were unable to adhere to the application form guidelines, the incorrectly completed forms had to be returned to them for completion, which then caused delays in funding. Based on this experience, in the second phase of this initiative, the POLICY Project used the seed grant application form as an example in some of the workshop exercises so that participants could become more familiar with what was required of them when they finally put in an application.

A POLICY Project staff member also made themselves available at the end of the training sessions to sit with those organisations that were interested in applying for funding and mentor them through filling out the application form. In many instances organisational representatives had travelled considerable distances to attend the training so it often meant accommodating them for another day while they filled out their forms sitting in front of the POLICY Project laptop!

We feel that the difficulties NGOs experienced in filling in the forms might be a common experience for many of the smaller NGOs which, despite having good ideas and excellent projects, are often unable to access funds because they can't negotiate the application forms. Consideration needs to be given to how accessible such a process is for smaller agencies and organisations.



Final report

At the end of the funding period, NGOs were asked to write up a final narrative report illustrating what they had achieved over the period. Since little direction was given by the POLICY Project, many of the NGOs were uncertain about what to report on and found it difficult to describe how their activities had contributed to change in the community.

In addition, changes they had seen within their communities as a result of their interventions – and those that a funder might find significant – were often under-reported while events that organisations thought were worthy – and that a funder found insignificant – were over-reported.

As a result, the POLICY Project decided to run a follow-up workshop with the same group of NGOs to help them write up their work. The workshop set out to provide participants with guidance on how to report on their work, and how to record the changes that they see as a result of their interventions in a thorough and consistent manner.

Form 4
Final Report

SECTION 5

SITE VISITS

In the first phase of the NGO capacity building initiative, the POLICY Project conducted site visits to all of the NGOs. These were done in conjunction with representatives from USAID in Pretoria and the National Department of Health, Chief Directorate: HIV/AIDS, STIs and TB in each province. Including funders in these visits was beneficial as it put them in touch with the projects they were funding and made them aware of some of the difficulties faced by the NGOs.

The purpose of the site visits was to provide assistance and support to the NGOs and to ensure that the funds were being spent appropriately.



Nellie Gqwaru - HIV/AIDS Project Manager, USAID

Unfortunately I was only able to visit one NGO - the George Christian Support Group for HIV/AIDS. The site visit was interesting. I learnt a lot about the organisation, and visiting a place is much better than just reading the report. The site visits are very important because you are able to see whether the grantees are doing what they set out to do and you can also provide technical assistance where needed. The Small Grant Programme is much needed because it reaches grassroots organisations which are often unreachable. Also the programme is a way of building capacity among grassroots people. To some people R30 000 might be nothing, but to these organisations it's really essential. In most cases workers in these organisations are volunteers and they never get any funding, so they appreciate the little they get which comes together with capacity building so they will be able to apply for more funding from other companies.

Marian Burley – NGO Funding Coordinator, Chief Directorate: HIV/AIDS, STIs and TB

I feel that site visits can give a real perspective of the conditions in which an NGO is functioning and this is vital to being able to assess whether the intervention is appropriate. It can also help to build the relationship between donor and NGO if the donor is able to spend more than a brief time with the agency. The NGOs valued feedback from people who had actually visited the site and so had a context for the opinions and advice they offered. NGOs felt that by visiting a project, donors were acknowledging the work that was being done.

I think that problems have arisen in some instances when donors have made unannounced visits to projects and this has been interpreted by the NGO as the donor trying to “catch them out”. I think the only responsible way for donors to undertake site visits is to give the NGO notice of an intention to visit, even if one cannot be specific as to the date and time and then to offer feedback and a copy of any report generated. After all, this would be only a matter of courtesy were it any other organisation we were going to visit. Our valued partners deserve at least as much consideration.

Ria Schoeman – Deputy Director, Partnership Support: Chief Directorate: HIV/AIDS, STIs and TB

I visited two sites – the Boitelo Youth Network and the Religious Partnership Against AIDS. These visits were very interesting and quite humbling. It's amazing to see what people can achieve with such a small amount of money and I was particularly impressed with what the Religious Partnership Against AIDS had achieved. I know that a number of organisations that benefited from the Small Grant Programme struggled to manage their finances and site visits can help provide on-site training. But, while site visits are very helpful, they can also put NGOs under a lot of pressure and many of them find visits from the Department of Health or funders quite stressful. It's a valuable exercise for us at the Department of Health because we are able to assess whether or not the right NGOs are being targeted.

5.1 Focus Points of the Site Visits

Monitoring administration

It was necessary to check that the administration was being properly coordinated. It was also important to look at the organisation's proposed budget to make sure they were adhering to it and to monitor how much they had spent to date. Some organisations experienced difficulties due to delays and interruptions such as school holidays. It was also important to check that organisations had receipts for all their expenditure and to ensure that they were only spending money on the things that were outlined in their project budget.

HIV/AIDS integration

The site visits also allowed the POLICY Project to assess how HIV/AIDS was being integrated into the NGOs' day-to-day business. The POLICY Project was very interested to find out if the organisations had managed to incorporate HIV/AIDS awareness into their existing work, or if they needed to develop a separate infrastructure.

Establishing capacity

The site visits also allowed the POLICY Project to assess which additional skills participants needed to make their projects sustainable.

In order to make evaluating each organisation simple, a **site visit form** was drawn up and filled in by facilitators.

Form 5 Site Visit Form

Importance of site visits

Although the site visits were limited to one day, they were very valuable.

- ① They allowed the POLICY Project facilitators to do some on-the-spot training, such as showing participants how to keep effective records and how to manage their filing systems on an ongoing basis.
- ① They were also able to sort out any budgeting problems organisations were faced with, and answer questions about the funding process.
- ① They gave NGOs the chance to showcase their work. Many organisations work in isolated rural areas and rarely get visited by other agencies, so it was an excellent opportunity for them to explain what they do and for funders to get a clear idea of how grants were being spent.
- ① The visits provided the POLICY Project with insights into additional training that would be good to include in future capacity building programmes.

Feedback from site visits

An important aspect of the site visits was the feedback and suggestions that came out of them. The following feedback was given to the POLICY Project:

- ① The Small Grant Programme is geared towards short-term seed funding only. This makes it difficult for NGOs not to continually worry about what will happen in the longer term – when the seed money is finished and they have to seek other funding which will allow some form of sustainability and growth.
- ① Grant money needs to be released on time so that the timelines in their proposals can be translated into action on time.
- ① The reporting format needs to be stipulated so that grantees know what to report on.
- ① Plans don't always work out and the POLICY Project needs to be more flexible. Currently, organisations are expected to stick rigidly to their proposals, but there should be some openness to a change of focus if circumstances alter considerably.
- ① Budgeting remains a stumbling block.
- ① More feedback and guidance from the POLICY Project would be helpful.
- ① Regular site visits would be very beneficial.

Additional training needed

During the site visits participants requested more information and training in:

- ① Financial management skills.
- ① Networking and partnership building.
- ① Thorough knowledge of HIV/AIDS policies.

Organisations' challenges

Every organisation faced hurdles and obstacles. Here are some of the issues the NGOs mentioned that they had to tackle:

- ① Difficulty reaching outlying rural areas.
- ① Lack of HIV/AIDS material for the religious community.
- ① Limited resources for people living with HIV/AIDS.
- ① Resistance from traditional leaders and chiefs.
- ① Lack of resources and understaffing.
- ① Breakdown in communication between adults and children.
- ① Difficulty in maintaining a committed and sustainable volunteer base.
- ① Silence around HIV/AIDS and a policy of non-disclosure.
- ① Lack of funds.
- ① Low morale amongst staff and volunteers.

As a result of the feedback received from the NGOs during this first phase of the capacity building initiative, it became clear that a number of organisations would have benefited from a far more sustained mentoring process as opposed to a single site visit by the POLICY Project. In late 2001 the POLICY Project developed such a system, to be ready for implementation in early 2002.

SECTION 6

CASE HISTORIES - STORIES FROM THE FRONTLINE



“In South Africa the role of the POLICY Project – working directly under the guidance of the National Department of Health, Chief Directorate: HIV/AIDS, STIs and TB – is to build and strengthen the capacity of organisations and institutions across all sectors to design, implement and evaluate comprehensive HIV/AIDS prevention, care and support programmes and policies,” explains Nikki Schaay, the POLICY Project Country Manager/South Africa.

“In 2000 the National Department of Health, Chief Directorate: HIV/AIDS, STIs and TB – together with the POLICY Project – initiated this capacity building project to ensure that many of the smaller NGOs working in local communities could be helped to incorporate aspects of HIV/AIDS prevention and care into their existing developmental programmes and interventions. We thought that the SGP would be a perfect way to provide a select group of NGOs – all of whom had participated in the capacity building workshops – with an opportunity to put their workshop skills into practice. By giving them this opportunity (i.e. to show us how they had been able to incorporate HIV/AIDS interventions into their day-to-day business) we also felt they would be more able to apply to the National Department of Health for HIV/AIDS-specific funding in the future,” comments Schaay.

Read what the organisations had to say about the Small Grant Programme:

Granny Legodi from Makotse Women’s Club in Lebowakgomo



Makotse Women’s Club promotes HIV/AIDS education and awareness in schools and conducts life-skills workshops. The club also distributes condoms and provides support for people with TB and HIV/AIDS. Makotse Women’s Club was established in 1995 with 20 members and the club targets the youth, as well as the broader community.

HIV/AIDS is a very serious problem in Limpopo Province as well as in Makotse village, which is just a couple of kilometres from a large platinum mine. The mining industry has a high rate of HIV transmission due to the migrant labour force and, as a result, this makes Makotse very vulnerable. There is also a high teen pregnancy rate and the young girls, and their babies, run the risk of HIV infection. TB is another serious problem in our community, as patients don’t adhere to their treatment regime.

Makotse Women's Club received R30 000 from the POLICY Project. We used this grant to fund HIV/AIDS workshops and a life-skills programme that runs in the local school. During these life-skills programmes we look at issues such as HIV/AIDS, teenage pregnancy, child sexual abuse, drugs, alcohol and sexually transmitted infections.

Funds were also used for our TB support programme. A fieldworker visits TB and AIDS patients three times a week to make sure they take their medication and that their environment is clean and healthy. She also distributes food parcels so patients have a balanced diet. We have also planted a large vegetable garden that produces fresh vegetables so we can supplement the patients' diets.

In addition to this, we bought office supplies, a fax machine and HIV/AIDS promotional material. We also pay for the distribution of 5 000 condoms to the mine on a weekly basis. Field workers also make sure there are condoms at the busy bars, shebeens and taverns in Makotse.

Although we are happy with how we allocated this funding, we struggled to spend it all in just three months. We reapplied for funding in 2001 and received R35 000 in August 2001. Once again we will use this money for our life-skills programme, HIV/AIDS workshops, condom distribution and office supplies. We also plan to buy a photocopy machine and a camera. Some of this money will also be used to pay for an external evaluator to visit our project on a quarterly basis to assess our progress.

The POLICY Project workshops were good, especially the financial training. For me, the most valuable sessions were on budgeting, proposal writing, monitoring, evaluation and financial management. These have all helped our club a great deal, but I would still like to learn more about advocacy and lobbying.

The POLICY Project site visit was very useful because the facilitators evaluated our finances and helped us with some of the administration that we weren't clear about. For instance, I wasn't sure how to prepare financial reports properly, but they showed me exactly what to do. Makotse would like them to come and evaluate our work more regularly.

Fiona MacDonald from Choice Comprehensive Health Care based in Tzaneen



Amongst other things, Choice Comprehensive Health Care focuses on training community based care givers, providing training and support, facilitating voluntary counselling and developing HIV/AIDS workplace policies.

We found the POLICY Project workshops really professional and worthwhile. They were well run, there was very little wasted time and it's always good to see how other people facilitate workshops. Although our organisation is fairly well organised and already had systems in place, we definitely benefited from their input. It was also great getting together with other NGOs to find out what they were doing. Unfortunately, when you're so busy it's easy to become isolated and these workshops helped us look outwards. It was also very valuable getting feedback from other people.

We used the grant money to assist with our home-based care programme. We ran four courses aimed at volunteers, held trainer workshops and went into the communities to meet the leaders. Because our volunteers don't receive any form of payment, we use incentives as a way of recognising the valuable contribution they make and some of the grant money went towards buying plastic first-aid boxes which are equipped with gloves and other basic equipment. We also bought volunteer T-shirts, ID badges and certificates which are awarded once volunteers have completed certain courses.

We also started food gardens and currently have about 400 underway. However, this is a difficult project with a number of problems. Chickens eat the seeds, goats eat the vegetables,

cattle trample the gardens and water for irrigation has to be collected from far away! For community gardens to be really successful we need to have proper fencing and they should be linked with clinics where the psychiatric patients can tend the plants. Despite our setbacks, however, we will continue with this project because we really believe in it.

Was the money well spent? Yes and no. Yes, because we got a great deal done, but in retrospect I think we tried to do too much with a small amount of money. This ended up costing us in terms of human resources because we tried to spread the money – and ourselves – too thin.

We were invited to reapply for a second grant, which we did, and were given another R35 000 earlier this year. This time round we decided to limit the number of projects and set out to work with the sex workers in Tzaneen. This, however, has been harder than we anticipated because it's a difficult section of the community to break into and building up a good relationship based on trust takes time.

Nicky Hartzenberg from Elgin Community Development Association

Interview

This organisation provides counselling, training and home and community care training.

Our organisation is busy with a number of projects aimed at addressing community needs.

HIV/AIDS Project (Health Care) and Health Promoting School (HPS) is our main focus and this is a project we've implemented in most of the local schools. This project trains teachers in counselling skills and enables them to identify, support and refer problems where necessary. A school that is part of HPS aims to create a situation that promotes the physical, mental and social well-being of the entire school community. Each school has implemented a different project because the teachers, parents and children did a needs analysis and decided which area they wanted to tackle.

We also train people from the village and the surrounding farms in home care which teaches them how to care for the terminally ill. The farmers pay the home-care workers for the work they do on the farms. We were fortunate to get funding from the National Department of Health, Chief Directorate: HIV/AIDS, STIs and TB to give the group in the village a small contribution for the valuable work they are doing in the community.

With the money we received for Grant Year Two we are going to train more people in home-based care. We were very fortunate to have enough money to take the Groenland AIDS Action Group on a strategic planning workshop where we had planning and counselling sessions. The group really appreciated this. They were able to get to know each other better which we believe is important. Taking care of yourself when you are looking after other people is essential.

I think we spent the grant money wisely. We used some of the money to form partnerships with other organisations doing related work. Some of the partners included St John's Ambulance, the Community Health Centre and Huis Silwerjare, an old-age home. Establishing these links has been very important because they assist with the training. We would not have been able to do it without the money from the SGP.

I found the POLICY Project workshops very helpful, especially the areas that focused on drawing up proposals and coordination skills. I'm now the coordinator of this project and the workshops provided me with good, basic training. Before the workshops I was not clear about how to identify the organisation's objectives, but now I'm able to do this and draw up a funding proposal as well. Personally, I feel very enriched.

Interview

Mosia Lovemore from the Religious Partnership Against AIDS in Witsieshoek

This NGO works to raise HIV/AIDS awareness and promotes education amongst religious communities. It also provides support and care to People Living With HIV/AIDS (PLWHAs).

The Religious Partnership Against AIDS is fairly new and was only started in 1999. Because we were just starting out, we found the POLICY Project workshops very beneficial as they encouraged us to see things differently and broadened our vision. Working with the religious community has not been easy but, after the workshops, we were better able to tackle some of the challenges we faced. We gained the skills we needed to plan thoroughly and are now able to evaluate the impact of our organisation more accurately. After all, there is no point in carrying on with a project if it is not having any impact. It was also good to get feedback from other workshop participants. We were certainly able to learn from one another.

In 2000 we used our grant to help set up our office and bought office equipment, including our computer. The rest of the money was spent on programmes aimed at raising awareness and mobilising the religious communities. We also established the Beacon of Hope Support Group for PLWHAs. The support group offers counselling, but is also involved in food gardens, talk shows and fund-raising.

The other programme we have launched focuses on domestic violence and child abuse. This was started by members of the Beacon of Hope Support Group after they became aware of the high rate of child abuse. Unfortunately, the widely held myth that having sex with a virgin will cure AIDS has resulted in a sharp increase in child abuse. We have a programme to raise awareness in primary schools and have joined forces with the Child Protection Unit and the Department of Education and Social Welfare to tackle this problem.

In retrospect, we are very happy with the way we spent our money and it has been put to good use. We applied for funding for Grant Year Two and received the first payment of R28 000 in August 2001. We have bought an overhead projector and some educational videos, but the bulk of the money will be used to raise HIV/AIDS awareness. The only funding we received comes from the POLICY Project. We don't have any income-generating projects yet, and we rely on donations from the community and volunteers who are willing to help with the various programmes we run.

Thokozile Dlamini from Centocow Leadership Group

This organisation is involved with training, workshops, running a crèche, block-making, small-scale farming and sewing.

I thought the POLICY Project workshops were very helpful and I learnt a lot of new skills including report writing and how to draw up – and stick to – a budget. We receive funding from Oxfam, Eskom and the Servite Sisters in England but the Small Grant Programme allowed us to take our HIV/AIDS awareness work even further.

We received R22 500 from the POLICY Project in 1998 and used it to pay for a telephone and fax, office expenses, workshops, training, transport and equipment.

In August 2001 we received R28 000 as part of the second grant. We used a portion of these funds to buy a photocopy machine and to train AIDS volunteers. This money will also be used to fund a door-to-door awareness campaign. We also organised workshops and training to coincide with important national days such as Human Rights Day, Youth Day and Reconciliation Day – to mention just a few.

I think we spent our grant money well, and I'm happy with the inroads that our organisation has made.

Interview

SECTION 7

MENTORING

The success of the Small Grant Programme – like any grant programme – depends on how well grantees are able to implement their projects in line with the original objectives and budget, monitor the results of their activities and then record some of the more significant outcomes of their work. For many new organisations this proves difficult as they lack the necessary experience. In the first phase of this initiative, the POLICY Project discovered that the areas that seem to cause the most difficulty include:

- ① identifying and meeting objectives;
- ① drawing up and keeping to a budget; and
- ① writing reports.

Failure to complete these tasks obviously has an impact on the success of a seed grant programme such as this one. It soon became clear to the POLICY Project that a formal mentoring programme needed to be put in place to help the 'less developed' organisations successfully implement the projects for which they had received funding.

7.1 Aim of Mentoring

The aim of the mentoring programme is to assist grantees to plan strategically, solve problems, handle their finances and establish appropriate systems for managing their organisation effectively. Although the support will be available throughout the grant period, it is hoped that eventually the organisations will be stable enough and sufficiently established to manage their own development and receive and handle funding on their own.

To ensure that each grantee/NGO was provided with a mentor who could provide immediate support, the POLICY Project identified a local mentor for each NGO – someone who lived and worked in the same geographical area as the NGO. These were either individual consultants or representatives from other capacity building organisations, all of whom have past experience in mentoring.



A **letter of agreement** was signed between the POLICY Project and each mentoring organisation or person.

Form 6
Letter of
Agreement

Form 7
Scope
of Work

A **scope of work** was developed for the mentor, which served to outline what their responsibilities were and how they ought to interact with the organisation. Mentors were also given a **mentoring and reporting schedule** so they were clear about what they were expected to achieve within a certain time frame. In addition mentors were provided with a **mentor report form** to enable them to record their observations about the NGO.

Form 8
Mentoring
and Reporting
Schedule

Form 9
Mentor
Report Form

Form 10
Mileage Log
Sheet

Each mentor was also given a 'mentoring pack'. This contained a copy of the NGO proposal and its budget; USAID guidelines that needed to be considered when overseeing the project; copies of reporting requirements and forms to claim reimbursement for any travel, accommodation and telephone costs associated with their work. They were also given an instant camera to record their relationship with the NGO!

Form 11
Telephone
Record

Form 4
Final Report

Finally, NGOs were provided with a **final report** form to complete. Where necessary their mentors helped them complete it.

Learning from Experience

Luann Hatane from Western Cape Networking AIDS Community of South Africa (WC-NACOSA) has valuable insight into how carefully structured mentoring can help build strong organisations. At the beginning on 2000, WC-NACOSA was asked by the National Department of Health, Chief Directorate: HIV/AIDS, STIs and TB to run capacity building workshops with regional NGOs they were funding. It soon became apparent, however, that the occasional workshop didn't provide organisations with the skills they needed and WC-NACOSA was contracted to provide NGOs with on-site mentoring support.

"NGOs often work in very difficult environments," explains Hatane from Cape Town, "and they have very little time to sit back and reflect on the work they are doing and how they can improve the services they provide.

"Big corporations realise the value of team-building weekends and staff development, but NGOs often get so caught up in just surviving that they don't have the resources or capacity to reflect on how they could improve and develop. Mentoring is not a luxury and I think more and more people are realising this. For organisations to function effectively, funders need to be aware that mentoring will empower NGOs to be more efficient and will allow them to make the most of any money they receive."

When NGOs were asked to highlight those areas that they thought needed improvement, they came up with the following:

- ⑥ Organisational development and management.
- ⑥ Securing funding and resources.
- ⑥ Meeting funding criteria – including writing a final report.
- ⑥ Building partnerships.
- ⑥ Getting more people involved.
- ⑥ Technical information relating to counselling, support groups and home-based care.
- ⑥ Programme development.
- ⑥ Workplace policy issues, HIV/AIDS and the law, human rights issues, HIV/AIDS and gender.
- ⑥ Developing an advocacy campaign to get local government and communities involved.

By implementing a mentoring programme, the National Department of Health, Chief Directorate: HIV/AIDS, STIs and TB had three aims:

- ⑥ A commitment to building stronger organisations.
- ⑥ The need to reduce NGOs' dependence on the DOH for funding.
- ⑥ The need to standardise monitoring and reporting frameworks.

Fund-raising is one of the main stumbling blocks faced by small organisations, which often find the red tape overwhelming and battle to navigate a path through the extensive paperwork. And, although their projects may be worthwhile, many organisations get passed over because they aren't able to meet funding criteria.

With this in mind, Hatane devised a series of toolkits to help NGOs. These toolkits were designed to simplify the funding process as outlined by the DOH and contained information on:

- ⑥ The criteria organisations need to meet to be eligible for funding.
- ⑥ Examples of all the documentation they will need to complete and examples of how they need to be filled out.

“The aim of the toolkits is to take away any confusion organisations face when applying for funding,” explains Hatane.

But there is more to mentoring than just empowering organisations to fund-raise. According to Hatane, the main aim of mentoring is to enable organisations to manage themselves effectively.

HELPFUL HINT

Be sure to state your objectives upfront at the beginning of any workshop and in the workshop materials. This will help keep you and the workshop participants focused on the areas that need to be covered.

7.2 Successful Mentoring

Successful mentoring depends on a number of factors. The most important is the choice of mentor. When identifying a mentor, it's important to keep the following in mind:

- ① The mentor's experience in working with NGOs.
- ① The mentor's ability to link a plan to the available budget.
- ① Identifying a mentor in the province who understands local politics, culture and the context of the project.
- ① Finding a mentor who has a clear understanding of what is happening in the field and a broad vision of the task at hand.
- ① Being able to think strategically and measure the impact of projects.
- ① The mentor's ability to provide advice and assistance in an empowering way.
- ① The provision of a continuum of services.

To ensure that the NGOs chosen for the Small Grant Programme used their funding to their best advantage, the POLICY Project contracted Hatane to identify mentors in all the provinces. WC-NACOSA has been contracted to provide mentoring services in the Western Cape.

"The mentoring support we offer is more than most consultants who just move in and out of an organisation fairly swiftly," comments Hatane. "WC-NACOSA offers a wide continuum of services and provides NGOs with the opportunity to connect to the broader NGO community. NGOs have access to our database, receive newsletters, are able to attend quarterly consultative forum meetings and training workshops, and are only a phonecall away should they need any assistance."

Mentoring Made Easy

WC-NACOSA, as part of its mentoring and capacity building programme, has developed standardised formats for the writing of business plans, compiling of progress reports and financial reports. These are available both electronically and in hardcopy. A toolkit made up of templates with a full explanation, examples and DOH criteria is available from WC-NACOSA for R100. If you would like a copy, contact them on (021) 452 4308.

SECTION 8 USEFUL REFERENCES

Websites, Books and Organisations

These are some of the resources we have found most valuable in our training work.



Books

- ④ Barrett-Grant et al (Ed.) (2001) HIV/AIDS and the Law: A Resource Manual. The AIDS Law Project and AIDS Legal Network: South Africa
- ④ Randall, M. (2001) Planning for Implementation OLIVE: Durban
- ④ Rooth, E. (1995) Lifeskills: A Resource Book for Facilitators MacMillan: Swaziland
- ④ Shapiro, J. (1996) Evaluation: Judgement Day or Management Tool? OLIVE: Durban
- ④ Shapiro, J. (1996) Financial Management for Self Reliance OLIVE: Durban
- ④ Thaw and Petersen (1999) Ideas for a Change. Part 1: Strategic Processes OLIVE: Durban
- ④ Thaw and Randal (1988) Project Planning for Development OLIVE: Durban
- ④ Whiteside, A. & Sunter, C. (2000) AIDS: The Challenge for South Africa Human & Rousseau and Tafelberg: Cape Town
- ④ World Bank (1999) Confronting AIDS: Public Priorities in a Global Epidemic Oxford University Press: Oxford
- ④ Young, F. (1999) Tool Box for Building Strong and Healthy Community Organisations Working in HIV/AIDS and Sexual Health (Part One and Two) HIV/AIDS and STD Directorate, Department of Health: Pretoria

Websites

General

- Department of Health
www.gov.za/dept/health or
<http://196.36.153.56/doh/>
- Beyond Awareness Campaign
www.aidsinfo.co.za
- The World Health Organisation
www.who.int
- I-clinic's AIDS page
www.iclinic.co.za
- Southern African AIDS Information
Dissemination Services
www.saf aids.org

AIDS facts and figures

- AIDS Education Global Information
System (AEGIS)
www.aegis.org
- Red Ribbon
www.redribbon.co.za

Gender and HIV/AIDS

- Panos Institute
www.panos.org.uk

Children and HIV/AIDS

- Children in Distress (CINDI)
www.togan.co.za/cindi

The impact of HIV/AIDS

- Joint United Nations Programme of
HIV/AIDS
www.unaids.org
- Health Economics and HIV/AIDS
Research Division (HEARD)
www.und.ac.za/und/heard

Patient rights

- Aids Law Project
www.hri.ca/partners/alp

Treatment and counselling

- Department of Health
www.gov.za/dept/health
- Médecins Sans Frontières (MSF)
www.msf.org
- Treatment Action Campaign
www.tac.org.za
- African Counselling Network
www.geocities.com/kim1122a/

Vaccines

- SA HIV Vaccine Action Campaign
www.sahealthinfo.org

Media links

- Health-e News Agency
www.health-e.org.za

Organisations

Here are the names and numbers of some useful contacts and speakers we have used in our workshops.

The facts and the effects

- ⑥ National Department of Health
The toll-free AIDS Help Line: 0800 012 322
- ⑥ Joint United Nations Programme on HIV/AIDS
Tel: (012) 338 5294
Website: www.unaids.org
- ⑥ The Medical Research Council, South Africa
Dr Debbie Bradshaw
Tel: (021) 938 0427
Website: www.mrc.ac.za
- ⑥ Centre for the Study of AIDS, University of Pretoria
Ms Mary Crewe
Tel: (012) 420 4410
- ⑥ The Health Economics and AIDS Research Division (HEARD), University of Natal
Ms Samantha Willan
Tel: (031) 260 2592
Website: www.und.ac.za/und/heard
- ⑥ World Health Organisation
Dr Welile Shasha
Tel: (012) 338 5204
Website: www.who.int

Legal information

- ⑥ AIDS Law Project
Mr Mark Heywood
Tel: (011) 717 8600
E-mail: Heywood@law.wits.ac.za

Capacity building organisations

- ⑥ OLIVE
Organisational Development and Training
Mr Warren Banks
Tel: (031) 206 1534
Website: www.oliveodt.co.za

Care and support

- ① National Association of People Living with HIV/AIDS
Mr Thanduxolo Doro
Tel: (011) 872 0975
Email: napnat@sn.apc.org
- ① Hospice Association of the Witwatersrand
Sister Sibongile Mafata
Tel: (011) 982 5332
- ① SA Red Cross Society
Mr Mike Tainton
Tel: (021) 418 6640
- ① The AIDS Memorial Quilt – The Names Project
Mr Brett Anderson
Tel: 083 628 4206
E-mail: match@iafrica.com
Website: www.aidsquilt.org/

Mother-to-child-transmission

- ① Chief Directorate:
HIV/AIDS, STIs and TB
National Department of Health
Dr Nono Simelela
Tel: (012) 312 0121
- ① Médecins Sans Frontières
Mr Toby Kasper
Tel: (021) 364 5490
E-mail: msf.sa@mweb.co.za
Website: www.msf.org
- ① Treatment Action Campaign
Mr Nathan Geffen
Tel: (021) 364 5489
E-mail: info@tac.org.za
Website: www.tac.org.za

Gender and HIV/AIDS

- ① Soul City
Dr Shereen Usdin
Tel: (011) 643 5852
Website: www.soulcity.co.za
- ① Women's Health Project
Tel: (011) 489 9915
- ① Project Empower
Ms Vicci Tallis
Tel: (031) 463 3349
E-mail:
vicci@projectempower.co.za

SECTION 9

Conclusion

The Small Grant Programme provided NGOs with new skills and experiences. It did the same for the POLICY Project. Here's a summary of the key learnings we took away with us.



At the beginning of a capacity building programme, facilitators need to be clear about what they want to achieve, what their indicators for success will be, and when their job as facilitator is over.

In the workshops we kept telling NGOs to be rigorous about knowing what their indicators of success would be, and yet we were less disciplined about setting these for ourselves. This made it difficult for us to know when our work was complete and when it was appropriate to hand over our capacity building role to other organisations.

When identifying NGOs you want to support, make use of local networks to guide your own understanding of the needs of that community.

As a capacity building agency it's important to make use of local expertise to inform you of what the HIV/AIDS and development needs of the region are. This will ensure that you offer appropriate support to the community.

NGOs need more time and opportunity to transfer the theory they have learnt in workshops into practice in their organisations.

This can be done through:

Workshops: Sufficient time needs to be allocated in the workshops to allow participants to explore how they could use the information provided in their day-to-day work in their community. A good balance between time for theory and time for practice ought to be considered in the workshop programme.

Site visits: Frequent site visits can be extremely beneficial as they provide an opportunity for hands-on support. Site visits are especially valuable if the NGOs are in isolated rural areas. But, be aware that site visits can be costly!

Mentoring: Mentoring has proven to be a valuable resource. It links strong NGOs with emerging organisations, it builds partnerships in local communities and provides on-site capacity building – especially if the NGO is far away from a facilitator and there are other strong NGOs close by.

The SGP requires NGOs to write proposals and reports, but initially many NGOs battled to produce documents of a reasonable quality.

The more opportunities NGOs are given to document their work and reflect on their practice, the better they become at producing high-quality documents that help them in illustrating their interventions both to their community as well as to potential funders.

Measuring impact on the ground is an essential element of the capacity building process.

Many NGOs battle to identify the impact that their particular intervention has made on HIV/AIDS at a local level. Monitoring these interventions and measuring the difference ought to be an integral part of building the capacity of NGOs. This will provide them with the necessary tools to critically assess the effectiveness of their own programmes and practice.

PART II - PRACTICE

BACKGROUND DOCUMENT TO WORKSHOP MANUALS

Each workshop was accompanied by a manual or workbook. Each manual began with an introductory document which put the workshops in context and let participants know what they could expect over the coming months.

This is the background document that we included:

The HIV/AIDS epidemic in South Africa started later than in most other African countries, but is now growing at a rapid pace. Currently over 23% of women attending public antenatal clinics are infected with HIV. The National Department of Health, Chief Directorate: HIV/AIDS, STIs and TB estimates that over four million South Africans are infected with HIV, the highest number of people living with HIV in the world. It is estimated that there are approximately 1 800 new infections every day. Given the current situation in South Africa, HIV prevalence is expected to increase to 30% of adults within the next decade.

Such high infection levels indicate a future of increased personal suffering and delays or reversal in social, economic and democratic development. Since the demise of apartheid, the increased burden of HIV/AIDS care is providing South Africa with one of its greatest challenges.

"In the face of the grave threat posed by HIV/AIDS, we have to rise above our differences and combine our efforts to save people. History will judge us harshly if we fail to do so now, and right now." – Nelson Mandela, XIII International AIDS Conference, Durban 2000.

HELPFUL HINT

Remember that the statistics you include in the text should be current and relevant. Good sources of up-to-date statistics are: <http://hivinsite.ucsf.edu> and www.unaids.org.

For many years now, it has been acknowledged that HIV/AIDS is not only a health issue. Its impact is increasingly being felt within the social, economic and development fabric of our society.

Non-governmental AIDS organisations can – and do – play an important role in preventive work, home-based care, counselling and support services. Non-governmental organisations that do not have HIV/AIDS as their core function are also ideally placed to include HIV/AIDS in their existing work. The Small Grant Programme aims to serve as a catalyst for strengthening the responses by, and in communities to proactively respond to the challenges offered by this epidemic.

Through a series of three two-day capacity building workshops the management and strategic-planning skills of developmental non-governmental organisations will be strengthened.

Approximately 10 selected non-governmental organisations will receive a small grant (\$5 000) to support their AIDS involvement and inclusion activities. Possible thematic areas of work that will be considered for funding will include:

- ④ Prevention (e.g. life skills, condom promotion, peer group training).
- ④ PLWHA care (e.g. home-based care, mobilisation, support groups, counselling).
- ④ Social mobilisation (e.g. campaigns, advocacy, media, multi-sectoral approaches).
- ④ Development links (e.g. local response initiatives, income generation, agriculture).

This capacity building cycle will focus on the following content areas:

1. **"HIV/AIDS and You": Exploring the Connection, the Impact and your Priorities**

- ④ Introduce participants to the basic facts about HIV/AIDS and explore and interpret the relevance of the epidemic in their lives, their organisations and their future planning.
- ④ Familiarise participants with the impact of HIV/AIDS, the priorities and the current status of the epidemic.
- ④ Support participants in the development of their organisational activity plans as they incorporate HIV/AIDS into these plans.

2. **"Actioning HIV/AIDS": Strategic Planning and Proposal-Writing Skills**

- ④ To explore NGOs' skills to develop and strengthen their own strategic/business plans.
- ④ To provide NGO representatives with an opportunity to assess where their organisations are in addressing HIV/AIDS issues.
- ④ To increase their commitment to include HIV/AIDS in their planning and programmes.

3. "Measuring our Journey": Monitoring and Evaluation

- ① Increase the skills of participants to monitor and evaluate their HIV/AIDS work by providing participants with a thorough understanding of the key steps, including developing goals and objectives, analysis of inputs and outputs, selecting indicators and establishing means of verification.

On completion of this capacity building cycle, non-governmental organisations will be invited to submit applications for seed grant funding. Site visits will be conducted to those non-governmental organisations that successfully receive funding.

This initial workshop – hosted by the National Department of Health, Chief Directorate: HIV/AIDS, STIs and TB, funded by USAID and facilitated by the POLICY Project – has been initiated with the following objectives:

- ① To introduce participants to the basic facts about HIV/AIDS.
- ① To explore and interpret the relevance of HIV/AIDS in their lives, their organisations and their future planning.
- ① To familiarise participants with the impact of HIV/AIDS, the priorities and the current status of the epidemic.
- ① To support participants in the development of their organisational activity plans as they incorporate HIV/AIDS issues into these plans.

"As leaders in your communities – and as parents – you must publicly speak out against the discrimination that HIV-positive people confront. And you must actively counter the stigma that plagues children who have lost parents to the disease. Many children who are affected have basic needs for food, shelter and schooling. They also need moral support, guidance and love." – Graça Michel, wife of former State President Nelson Mandela.

Invitation

The Committed Community Centre
PO Box 5555
Commitment City
South Africa
10 January 2002

Dear Ms Lebeloe

RE: Invitation to Workshop

The Department of Health would like to invite you to attend a three-day capacity building workshop called *HIV/AIDS and You: Exploring the Connection, the Impact and Your Priorities* to be held at the Birchwood Hotel in Johannesburg from 7-9 March 2002.

The workshop will be facilitated by the USAID-funded the POLICY Project.

The objectives of the workshop are to familiarise participants with:

- An update on HIV/AIDS including the latest trends and statistics both nationally and globally.
- Basic facts about HIV/AIDS, transmission and prevention.
- The impact of HIV/AIDS with particular reference to health, welfare, education, families and the economy.
- HIV/AIDS-related stigma and discrimination by examining the case studies of South African HIV/AIDS activists.
- The AIDS Memorial Quilt which highlights the impact of the HIV/AIDS epidemic in communities. It also introduces participants to projects they can initiate in their own communities.

Criteria for Attending:

People nominated to attend the training should be those who:

1. Are committed to attending a further two capacity building workshops.
2. Are active members of the organisation and are integral to the future management of the organisation.
3. Have an understanding of development issues and an interest in HIV/AIDS.
4. Have leadership qualities and good interpersonal and communication skills.

Example

The letter of invitation begins like most business letters, so be sure to include the date and the address of the person you're writing to.

Start off your invitation by describing who is holding the workshop, what the theme of the workshop is, where it will be held and when. That way, people will be able to see right from the start if this workshop is relevant to them - and if they are available on those dates.

State the workshop objectives clearly. Not only will this make you think carefully about what you're hoping to achieve by holding the workshop, it will also allow participants to decide whether or not they should attend.

Who are you hoping to target? Think carefully about what you want from workshop participants and spell this out.

How many people do you want to invite from each organisation?

Two persons per organisation may attend and those nominated must be committed to attend all three days of the workshop. Those people nominated to attend the workshop should complete the REPLY FORM attached and fax this to The Travel Company (see contact details below)

State what language the workshop will be conducted in.

The workshop will be conducted in English but participants may communicate in a language in which they feel comfortable conversing.

Logistical Arrangements:

Dates:

6 March 2002

7, 8, 9 March 2002

10 March 2002

Arrival at Birchwood Hotel

Workshop

Departure

This is the practical part of the letter, which includes the dates, place and time.

Venue:

The workshop will be held at the Birchwood Hotel, Gauteng. Accommodation, meals and conference costs will be covered by the Department of Health. Participants will be responsible for all incidental costs such as their laundry, telephone and alcohol.

State clearly what expenses participants will be responsible for. You don't want to be left with a hefty telephone and bar bill because you didn't make this clear right from the beginning!

Travel Arrangements:

If it is necessary to fly, your flight arrangements will be coordinated by The Travel Company. A travel form is attached and needs to be completed and faxed to The Travel Company.

Mary Smith

The Travel Company

PO Box 999, Sunvalley, 3333, Cape Town

Tel: (021) 788 9999

Fax: (021) 788 7777

E-mail: travelcompany@mweb.co.za

Who do participants need to contact regarding their travel arrangements? Don't forget to remind participants to fill in the travel form and fax it to the travel agency.

Should you travel to the workshop by road or rail (own car, taxi, bus or train), a travel claim form will be provided at the workshop in order for you to be reimbursed for your travel.

Important: Please keep proof of your transport payments.

Remember to ask participants to fill in the reply forms and send them back to your organisation.

Reply Form (Please print clearly)

To be completed by the nominated person and faxed to the POLICY Project

Don't forget to include the title of your workshop at the top of this form.

"HIV/AIDS and You: Exploring the Connection The Impact and Your Priorities"

7-9 March 2002

Name of Organisation:

Name of Nominee:

Present Position:

Key Performance Areas (describe your key functions in your organisation/sector):

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Explain briefly why you wish to attend this workshop:

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Describe what you expect to do after the training course to guide an HIV/AIDS response in your organisation/sector:

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This form is NB as it will help you select the most suitable participants for the workshop. You can ask for information about a wide variety of things, but it's good to know:

- what their job entails,
- why they want to attend the workshop, and
- what their expectations are.

Participant Selection

I, the undersigned, understand that nominees wishing to attend this training workshop will be screened by a selection committee which will select 20 participants. Should I be selected I undertake to attend the entire course and to participate fully in all aspects of the training.

Nominee's Signature: Date:

PO Box 3580, Cape Town, 8000, South Africa
Tel: (+27 21) 462 0380 - Fax: (+27 21) 462 5313
E-mail: polproj@mweb.co.za

Don't forget to include your organisation's address and contact numbers!

Seed Grant Application Form

Use this form to complete the small grant application. Please type or print neatly. If necessary, attach additional sheets. This form should be completed in English.

Name of organisation:

Name of network (if applicable):

Name and title of contact person:

Address:

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..... Postal code:

Tel: Fax:

E-mail:

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Name & title of person completing application
(if different from contact person)

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Date of application

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Signature of person completing application

Description of Organisation or Network:

(A brief statement about how long it has been established, the geographic area and target population served, number of members of the organisation or network and organisational structure.)

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Policy Issue:

(A brief description of what the policy issue is and why the organisation or network should be funded.)

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Advocacy Goal:

(A short statement about what the organisation or network wants to accomplish with this grant. The goal statement should be a positive statement of the policy issue.)

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Advocacy Objectives:

(Objectives are the results of the project. There should be only two or three objectives.)

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Description of Activities (to accomplish the objectives):

(A detailed but brief description of the major activities. When, where and how the activity will take place; how long the activity will take; and who will be responsible for implementing each activity.)

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Evaluation Plan:

(Describe what should happen if the activity is to be considered successful – what will be measured and how it will be measured.)

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Budget

Category	Unit Cost	Number of Units	Total
I. Travel			
A. Local Transport			
B. Meals (specify)			
C. Other (specify)			
II. Other Direct Costs			
A. Room Rental			
B. Photocopying			
C. Communication			
D. Office Supplies			
III. Equipment			
A. Computer			
B. Fax Machine			
IV. Subscriptions			
TOTAL			

The budget should be as detailed as possible and include quantity, prices, days or other relevant particulars. It must be in local currency. The total amount needed for each particular category should be clearly indicated by detailing all the elements that affect that cost. Categories may be added as necessary according to the activity, just as not all the categories listed above would apply to every activity.

Checklist for Selection

Date: Checked by:

Organisation Details

Name of organisation

Province

Please make a tick in the appropriate block.

	Yes	No	Comments
Address			
Telephone			
Fax			
E-mail			
Contact person			
Banking details			
Auditors			
Other funders			

Project Outline (as contained in the proposal)

	Yes	No	Comments
Project name			
Description of organisation			
Goal			
Objectives			
Activities			
Evaluation plan			
Budget (including the requested amount)			
Implementation plan/time frame			

Project Capacity (reviewer's analysis)

Attended all training sessions	1. <input type="checkbox"/>	2. <input type="checkbox"/>	3. <input type="checkbox"/>
	Yes	No	Comments
Links to organisational developmental issues			
Organisational capacity			
Constraints			
Partnerships			

Which area does this proposal fall into?

- Prevention/promotion programmes
- Home-based care programmes
- Human rights initiatives
- Sexuality and life skills courses
- Targeted intervention (e.g. VCT)

Target group:

Checklist for Selection

Additional Comments:

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Final Recommendation:

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Signature:

Date:

Final Report

Use this form to complete your final report. Please type or print neatly. If necessary, attach additional sheets. This form should be completed in English.

Name of organisation:

Name of network (if applicable):

Grant number (can be found on your contract):

Date project started:

Date project completed:

Name and title of contact person:

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Address:

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Tel: Fax:

E-mail:

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Name and title of person completing final report

(if different from contact person)

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Signature of person completing final report

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Date of submission

Goal of the project:

(A short statement about what the organisation or network wanted to accomplish with this grant. The goal can be taken from the original project proposal you submitted.)

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Objectives of the project:

(Objectives are the results of what the project aimed to achieve. There should be only two or three objectives. The objectives can be taken from the original project proposal you submitted.)

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Highlights of the project:

(Think about the project you have implemented and provide an overall picture of the success of the project.)

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Project Implementation *(use a separate sheet for each objective)*

Objective:

Planned activities	Activities implemented	Results achieved <i>(What was measured? Was it successful?)</i>

Project Implementation *(use a separate sheet for each objective)*

Objective:

Planned activities	Activities implemented	Results achieved <i>(What was measured? Was it successful?)</i>

Final Report

Overall impact of project

(explain what the result of your project interventions were)

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Line Item Expenditure Form

Organisation:	
Grant number:	
Total amount approved:	
Prepared by (name/ title):	

Amount of funds received: On what date:

Exchange rate:

Please provide copies of bank statements covering the period of this report

I, (print name) certify that all the information provided in this financial report is correct and in accordance with the funding agreement to the best of my knowledge.

.....
 Signature of person completing this report Title Date

Final Report

A	B	C
Item	Total approved budget	Funds spent (local currency)
Total		
	Funds previously advanced (local currency)	-
	Final grant payment due (local currency)	=

Site Visit Form

To be completed by the person conducting the site visit

1.1 Dates:

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1.2 Country/Location:

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2. Visit Carried Out:

First Mid-term Follow-up Final visit

3. Contact Details of the Organisation:

Name:

Address:

Contact person:

Telephone:

Fax:

E-mail:

4. Project Site Visit - Comments:

4.1 Office Facilities/Administration Set-Up:

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4.2 Staff Compliment Working on this Project:

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4.3 Financial Record-keeping:

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4.4 Financial Income and Expenditure Statements Received:

- Mid-term
- Final statement

5 General Information:

5.1 Achievements/Success Stories:

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5.2 Constraints/Barriers to Success:

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6 Project Report Highlights:

Objectives	Activities	Outcome Indicators

Example

Letter of Agreement

20 October 2000

5 Mandela Drive
Buffelsfontein
5029

The letter of agreement begins like most business letters, so be sure to include the date and the address of the person you're writing to.

It's important to have a letter of agreement or contract with each mentor – that way you will both be clear about what you expect from the mentor and what you've agreed to pay for their services.

Subject: Letter of Agreement – LA-5907-451-PEO

Reference: South Africa Field Support 59000.07.451

Don't worry about these long and complicated numbers. All you need to do is include the subject of the letter and your reference number to make your office administration easier.

Dear Felicia

1. Scope of Work: Under this agreement with The Futures Group International, Inc. (FUTURES), the POLICY Project, Project Amandla shall:

Scope of Work (also referred to as SOW) describes the job in more detail and lays out the roles and responsibilities of the person performing the job.

Provide assistance to organisations to help them in the administration of their small grant plan, on behalf of the POLICY Project.

Here you can describe briefly what you want from the mentor. It's a good idea to use bullets to list the tasks – this way it's easier for everybody to see what you want them to do.

You will be expected to oversee and provide guidance and support to the organisation in the following areas:

1. Assist the NGO to keep records of its activities.
2. Assist the NGO to compile regular reports of its activities.
3. Assist the NGO to keep financial records.
4. Identify areas that require further administrative development within the organisation.

State clearly how long the project will run for – and how many days the mentor needs to work for.

Time period:

The programme runs over a 10-month period, from the date the first small grant payment was made. During this period you will be required to plan 10 to 15 days of mentoring time engaging with the NGO as specified in Scope of Work.

How often do you want to hear from the mentor? Once a month? Every two months?

How many written reports do you expect from them?

Do you want to hear from the mentor in the case of an emergency? If so, let them know in this letter.

Reporting requirements:

- Furnish the POLICY Project with a bi-monthly (every two months) report recording activities and a description of your assistance to the organisation and how this has impacted on and assisted the work of the organisation.
- Maintain contact with the POLICY Project and notify the POLICY Project of concerns that are of a serious nature and cannot be left until the following report.

II. Period of Performance: A 10-month period from the date the first small grant payment was received by the NGO.

Be sure to include how much you'll pay the mentor per day.

III. Method of Payment: A sum of RXX.XX will be paid per day in South African rand for this service.

In addition, you may be reimbursed for other official costs incurred under this letter of agreement. In order to be reimbursed, you will need to keep an accurate record of the following costs:

Are you going to pay the mentor's expenses? You need to make sure that your budget is able to cover these costs in addition to the salary you're paying.

1. Mileage will be paid only for the costs of travelling to and returning from the NGO. The POLICY Project will reimburse you RXX.XX (phone the AA and find out what the rate per km is) per km and will reimburse you on receipt of the Mileage Log Sheet.

Remember that mileage costs change and tend to go up each year. To ensure that you're paying a reasonable rate, phone the AA (Automobile Association) for updated prices.

We've provided you with a telephone record to ensure that each mentor keeps accurate records of who they have phoned and when.

2. Telephone calls: The cost of telephone calls to the NGO and to the POLICY Project will be reimbursed, and payment will be made on receipt of the Telephone Record.

3. Accommodation may be paid for by the POLICY Project; however, it must be pre-approved and can only be paid for following the completion and approval of the Request for Accommodation Form.

It's important to put a ceiling on the amount of expenses you are willing to pay.

A maximum of RXX.XX (not to exceed the equivalent of US\$XX.XX) will be paid for the services and all reimbursable items under this agreement.

Payment shall be made on a bi-monthly basis, upon receipt of the required bi-monthly reports.

Write down how often mentors will be paid.

Please submit an invoice to the POLICY Project/South Africa office for payment.

IV. Technical Directions: Performance of the work hereunder shall be subject to technical directions by Ms Joyce Nhlapo, the POLICY Project/South Africa staff member.

This is the person who will help you with any administration queries.

If you have any questions, please do not hesitate to contact Ms Joyce Nhlapo at (021) 462 0380.

The POLICY Project

Project Amandla

By: Accepted:

Name: Joyce Nhlapo

Name: Felicia Gasas

Title: Project Manager
South Africa

Title: Director

Date:

It's very important to get all official documents signed by everyone involved. In this case, it would be somebody from the POLICY Project, the mentor and perhaps even the funder. Remember to include the date when the document was signed.

Scope of Work

Purpose

To provide mentoring services to organisations on behalf of the POLICY Project. To oversee and provide guidance and support to the organisation in the administration and implementation of its small grant plan, as funded by the POLICY Project.

Key activity areas

Monitoring:

- Implementation of activities in relation to the plan.
- Record-keeping and correct reporting of activities.
- Financial reporting and reconciliation according to funded activities.
- Matching outcome of activities in relation to the desired results as set out in the plan.

Guidance, support and, where appropriate, direct assistance in:

- Implementing of the programme and programme-related matters.
- Fulfilling reporting requirements as provided by the POLICY Project.
- Organisational matters and strategic development of the organisation.
- Planning and measuring the impact of activities according to the goal and objectives.
- Organisational matters in relation to management, staff issues, reporting to the executive structure and organisational development and growth.

Evaluation:

- Provide evaluative feedback to the POLICY Project and accompany the POLICY Project during its site visit to the organisation.
- Identify areas that require further capacity and skills development within the organisation.
- Identify problem areas.

This will be done through:

- On-site visits.
- Participation in and observation of some of the planned activities.
- Telephonic support and assistance.

Time period:

The programme runs over a 10-month period.

During this period you will be required to plan 10 to 15 days of mentoring time engaging in Scope of Work as set out.

Reporting requirements:

- Furnish the POLICY Project with a bi-monthly report (every two months) recording the activities and a description of your work with the organisation and how this has impacted on and assisted the organisation.
- Maintain contact with the POLICY Project and notify the POLICY Project of concerns that are of a serious nature and cannot be left until the following report.

Mentoring & Reporting Schedule

Over the 10-month period for which the organisation is funded, you will be required to develop a schedule with a maximum of 15 days of mentoring time.

How your schedule is drawn up must be negotiated between yourself and the contact person at the NGO in such a manner that the mentoring runs concurrently with the implementation of the programme.

This schedule should include:

Preparatory work:

- Read documentation in your pack and become familiar with its content.
- Make telephone contact with the NGO to introduce yourself and arrange the first visit.

Initial contact visit:

This should take place within the first four weeks of being contracted as a mentor and will help you:

- establish a working relationship with the NGO's contact person;
- clarify the mentoring programme, its aims and objectives;
- familiarise yourself with the NGO's programmes, management and administration;
- reflect on the small grant activity plan; establish what activities have already been implemented, how these have been measured and what activities have been planned for the future;
- identify areas that require support and assistance; and
- draw up a schedule for visits to the NGO in accordance with the small grant plan and its time frame.

Operational schedule:

Draw up a schedule for ongoing mentoring in conjunction with the contact person at the organisation.

This schedule must be appropriate and accommodate the following within your given time allocation:

- regular site visits and meetings with the contact person;
- regular telephone support and communication with the contact person; and
- administration.

Reports:

Complete and submit five reports during this period (format provided):

- Initial (introductory visit);
- First (2nd month);
- Mid-term (done in conjunction with the POLICY Project staff member);
- Follow-up (8th month); and
- Final (10th month).

Accompany the POLICY Project on site visit:

- Assist the POLICY Project in its evaluation and assessment of the NGO's performance in meeting the goals and objectives as set out in the small grant activity plan.

Termination or renegotiation of contract:

- If further financial support to the NGO is suspended or the POLICY Project no longer needs your services, an exit visit must be undertaken.

Mentor Report Form

Details of the organisation:

Name of organisation being mentored:

Contact person at the organisation :

Tel: Fax:

E-mail:

Details of mentor submitting report:

Name of the mentor:

Tel: Fax:

E-mail:

Time period covered by report:

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Site visit during this period (indicate with a X):

- Initial (introductory)
- First (2nd month)
- Mid-term (4/5th month)
- Follow-up (8th month)
- Final (10th month)

Number of days worked during this period:

1. Nature of contact over this period:

Date	Nature of Contact (Site visit, telephone or direct contact)	Content (Broad description of the content of the interaction and the support provided)

2. Checklist to be completed:

In relation to the implementation and reporting of the project plan.

Activities	Comments	Recommendations and/or support provided
Are the activities set out in the plan being implemented?		
Are the time frames set out being maintained in the implementation of activities?		
On the whole, are the outcomes linked to activities as stated in the plan being reached?		
Is the organisation fulfilling its reporting requirements?		
Is there adequate record-keeping and maintenance of financial responsibility in application of the small grant?		
Is the management structure and management of the programme operational and effective?		

3. Specific capacity and development needs that can not be met within the mentoring relationship:

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