

SAT Southern African
AIDS Trust

Supporting community responses
to HIV and AIDS in southern Africa



SAT SHARE SERIES

20

years of
strengthening community
HIV and AIDS competence:
Lessons for the future

**Reflections on South-South
learning over the past 20 years**



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SAT and the SHARE series

The Southern African AIDS Trust (SAT)

SAT is a regional initiative that supports community responses to HIV and AIDS through in-depth partnerships with community groups in southern Africa.

SAT also supports wider networking, skills exchange and lesson sharing throughout the region and internationally. The organisation's overall goal is to build the competence of communities to develop and manage effective, appropriate and sustainable responses to HIV and AIDS.

SAT has supported community responses to HIV and AIDS in the region since inception in 1990 and continues to support and strengthen community HIV and AIDS competence. SAT recognises that the full participation and strong involvement of communities is an integral part of achieving sustainable impact in prevention, treatment and care of HIV and related diseases.

SAT's work (through methodologies such as the School Without Walls (SWW) initiative) revolves around a network of SAT partners that learn from and teach one another the practical know-how of community-level HIV and AIDS work.

The SWW partners are community-level or national-networking organisations that regularly attend SAT's skills-training workshops or organisations with the skills or experience to facilitate training, host study visits or mentor SAT's implementing partners.

The SAT SHARE series

SHARE stands for **Sharing HIV and AIDS Responses**. This series aims to document practical experiences, identify lessons learnt, and advocate effective strategies and policies. It seeks to inspire, inform and improve the evolving community response to HIV and AIDS in southern Africa. These lessons learnt are then disseminated and shared with a wider audience.



Delegates at 20th Anniversary Conference

Acronyms

AIDS	Acquired Immunodeficiency Syndrome
ALP	AIDS Law Project
ANERELA+	African Network for Religious Leaders Living with/or affected by HIV/AIDS
ART	Anti-Retroviral Treatment / Therapy
CBO	Community-Based Organisation
CHEP	Copperbelt Health Education Project
CIDA	Canadian International Development Agency
COIHEP	Community Integrated Health Education Programme
CPHA	Canadian Public Health Association
CSO	Civil Society Organisation
FBO	Faith-based Organisation
GTZ	Deutsche Gesellschaft für Technische Zusammenarbeit
HIV	Human Immunodeficiency Virus
IGS	Inter-generational Sex
INERELA+	International Network for Religious Leaders Living with/or affected by AIDS
JFA	Joint Financing Arrangement
LGBTIs	Lesbian, Gay, Bisexual and Transgendered Individuals
MC	Male Circumcision
MCP	Multiple Concurrent Partners
MONASO	Mozambican Network of AIDS Service Organisations
NAP+SAR	Network of African People Living with HIV and AIDS Southern African Region
NASO	Nkhotakota AIDS Support Organisation
NGO	Non-governmental Organisation
OVCs	Orphans and Vulnerable Children
PLHIVs	People Living with HIV
RAANGO	Regional African HIV and AIDS NGOs
RNE	Royal Netherlands Embassy
SADC	Southern Africa Development Community
SAT	Southern African AIDS Trust
SATCOMP	SAT Community Competence Tool
Sida	Swedish International Development Agency
SOCAT	SAT Organisation Capacity Assessment Tool
SWW	School Without Walls
TAC	Treatment Action Campaign
VCT	Voluntary Counselling and Testing
YONECO	Youth Net and Counselling

Contents

Foreword	2
Glossary	3
The workshop: 20 years of strengthening community competence on HIV and AIDS	4
Key events (1990–2010)	5
Executive summary	6
Background and context	8
A snapshot of SAT's work (1990–2010).....	8
SAT's work in the region.....	12
Lessons for the future.....	23
Appendix: list of workshop participants	30
References	31

Foreword

The Southern African AIDS Trust (SAT) celebrating 20 years is a significant milestone in the history of HIV and AIDS programme development and funding.

Twenty years ago, SAT existed as a single-donor initiative funded exclusively by the Canadian International Development Agency (CIDA). It operated within a context of small-scale initiatives, with community engagement and partnerships for sustainable development.

Today SAT is, by all accounts, a fully-fledged southern African NGO, with increased regional coordination, streamlined programmes, decentralised country strategic plans within a regional framework. It has with increasing success at mobilising resources at country level as well as global recognition for strengthening community efforts. SAT is now an autonomous, regional organisation, which adopts a multi-donor approach, promotes greater financial sustainability, and brings countries together to share lessons learnt.

The Canadian Public Health Association (CPHA) has accompanied SAT throughout its journey, and provided a great deal of mentoring on public health and organisational development. In the process, SAT and its partners have (amongst others):

- learnt to balance between country and regional levels;
- grown to recognise that it takes effort to deal with social and political obstacles;
- impressed the importance of time and effort in developing a regional identity and in evolving stakeholder roles and responsibilities;
- come to adopt a governance structure that best augments the fulfillment of SAT's vision and goals; and
- promoted leadership training, partnerships and mentoring between organisations.

In prioritising community strengthening systems and building the competence of communities, SAT's vision was and remains innovative. Accordingly, it has received international recognition, not least of which includes SAT's work as a model for Community Systems Strengthening.

The experiences and lessons learnt over the past 20 years have not only resulted in SAT being strategically positioned to influence regional policy, with increased opportunities for collaboration and partnerships, but has also situated SAT partners as leading HIV and AIDS NGOs in the region and, most significantly, has facilitated the increased number of people living openly with HIV and AIDS.

Ellen Hagerman, CIDA Regional Programme (Remarks on CIDA/SAT partnership over 20 years, made at the 20th Anniversary Workshop)

Glossary

Community competence: SAT's main goal is to increase the HIV and AIDS competence of communities. This refers to all social, demographic and economic conditions that determine how communities experience and respond to HIV and AIDS. The most effective response is generated from within – by the community members themselves. This understanding underpins all of SAT's activities.

Graduated partners: SAT invests in partners for five to ten years. Once SAT has evidence that the partner has strengthened organisational systems and programmatic capacity (forward looking with strategic frameworks in place) and SAT funding is no longer critical to the organisation, the partners are 'graduated'.

This means that they no longer receive any financial support from SAT but remain partners of SAT. They recognise the important role these 'graduated' partners can play in mentoring new SAT partners and in collaborating in strategic ways, so the partnership continues in other ways.

SAT partners: SAT has different types of partners at community, national, regional and international levels.

- *Implementing partners* are community level organisations that receive SAT capacity-development grants.
- *Strategic partners* focus on capacity building, skills training, scaling-up responses, research, advocacy and resource mobilisation.

“The impact and dynamics of gender issues and gender inequalities are critical to an understanding of HIV and AIDS in southern Africa and SAT's approach. In our work with partners and other stakeholders, as well as in-house through our policies and procedures and daily working arrangements, we are committed to promoting greater awareness about gender, reduction of gender inequality and achieving appropriate gender balance in roles and responsibilities.”

SAT Statement of Commitment: Gender Equality (revised February 2009)

The workshop: 20 years of strengthening community competence on HIV and AIDS

This contribution to the Southern African AIDS Trust's **SHARE** series includes experiences shared at a regional workshop held in South Africa on 25 and 26 November 2010.

The workshop, entitled '20 Years of Building Community Competence on HIV and AIDS', sought to share experiences and provide SAT, its partners and allies with examples of good practices within and amongst communities and community-based organisations.

In addition, the workshop sought to provide recommendations for scaling up community responses to HIV and AIDS, for inclusion in SAT's new strategic framework.

Participants at the workshop included:

- CBOs and NGOs from the six countries in which SAT operates (Botswana, Malawi, Mozambique, Tanzania, Zambia and Zimbabwe);
- six Country Advisory Committees;
- regional strategic partners, such as the International HIV/AIDS Alliance, Southern African Development Community (SADC) AIDS Forum;
- donors and other stakeholders, such as
 - the Canadian International Development Agency (CIDA),
 - the Swedish International Development Agency (Sida), and
 - the World Aids Forum;
- SAT Board members;
- researchers (from both country and regional level); and
- SAT staff members (see Appendix on page 30 for the list of participants).



Delegates included representatives from CIDA and others

Key events (1990–2010)

1990

- 'Southern African AIDS Training Programme' established in Zimbabwe – Project of CIDA, implemented by CPHA
- School Without Walls
- South-South Learning prioritised
- Support to CBOs
- Introduction of ARVs
- SAT establishes country offices in Zambia, Malawi, Mozambique and Tanzania

2000–2009

- The Southern African AIDS Trust (SAT) becomes an independent regional organisation (2003)
- SAT moves the Regional Secretariat from Zimbabwe to South Africa
- SAT strengthens a human rights approach to work
- Maseru Think Tank Meeting (2006)
- Evidence on modes of transmission in the region (MCPs, low condom use and lack of male circumcision)
- Know your Epidemic
- SAT provides grant support to more than 125 partners operating in the broad thematic areas: prevention, care, treatment, impact mitigation and mainstreaming
- SAT (with assistance of UNAIDS) facilitates the formation of the informal network, Regional African HIV and AIDS NGOs (RAANGO) (2007)
- SAT publishes 13 new titles (2007)
- Translations into local languages of selected SAT publications: Chichewa, Kiswahili, Ibibemba, Nyanja, Ndebele and Shona – responding directly to needs and lesson-testing activities (2008)
- Know your Responses (refocus on prevention) (2009)

2010

- SAT continues working in partnership with more than 125 community-based organisations and national advocacy and networking partners, per annum, in five SADC countries
- Botswana joins the SAT family as the new country office

Executive summary

Towards the end of 2010, SAT hosted a workshop to commemorate 20 years (1990–2010) of strengthening community HIV and AIDS competence. The workshop was designed to reflect upon the past 20 years of SAT’s work in developing, supporting and strengthening community HIV and AIDS competence in the southern Africa region.

Taking place over two days, the programme included presentations from SAT, its graduated and current partners, as well as from donors and other stakeholders in the region. The outcomes were suggested modes of engaging the eight thematic areas of SAT’s future work:

SAT’s eight thematic areas	Suggested mode of engaging each thematic area
Facilitate and improve the graduation process	SAT should have a measured approach to graduation
Sustainability of community responses – mobilising community resources	SAT should develop activities that focus on localisation and which seek to demonstrate benefits to communities
HIV as a part of the community health agenda	SAT funding should cover more than just HIV-specific programmes in recognition of the cross-cutting nature of health-related issues with other development challenges
Strengthening advocacy, voice and vertical linkages	SAT should explore social marketing as an advocacy-based strategy and should translate much of its campaign(s) into local and colloquial languages
‘50 by 15’ – improved leadership for evidence-based prevention	SAT should conduct a mapping exercise to guide scale-up and pay particular attention to producing evidence from local communities specifically
Leadership development for CSOs	SAT’s ‘School Without Walls’ (SWW) initiative should facilitate leadership development, and SAT needs to include ‘leadership’ as a key criterion in its assessment tools
Adolescents and youth	SAT should use evidence that exists to mobilise for funds to support existing partners who are working with adolescents and youth, as well as partner with youth structures, have youth forums, and identify youth champions
Scaling-up community systems strengthening	SAT should target communications at family level, as well as promote peer education and look at ways of mentoring leadership

Overall the workshop proceedings illuminated the following assessment of SAT and its approach to strengthening the competencies of communities to adequately respond to HIV and AIDS:

SAT was seen to promote an integrated, sustainable approach to development in prioritising local contexts and experiences, engaging the related constraints of poverty and inequalities, promoting collaboration between and across partners and essentially playing an incubator role to new and emerging partners.

Going forward it is anticipated that information-sharing between partner organisations will be encouraged and that a model of financial independence, which prioritises the use of local resources, will be promoted across contexts.



Alick Nyirenda – CHEP

Background and context

SAT was established in 1990 as 'The Southern African AIDS Training Programme', a project of the Canadian International Development Agency (CIDA), implemented by the Canadian Public Health Association (CPHA).

Almost a decade ago, SAT became an independent regional organisation funded through a joint financing arrangement (JFA) from CIDA, the Royal Netherlands Embassy (RNE) and the Swedish International Development Agency (Sida).

Its implementing partners are community-based organisations (CBOs), non-governmental organisations (NGOs), support groups and networks that receive SAT capacity development grants.

These grants support community-level HIV and AIDS activities or national networking and advocacy activities, organisational development and core support to partners.

SAT's strategic partners include international NGOs, regional initiatives, regional and global networking organisations and research institutions.

A SNAPSHOT OF SAT'S WORK (1990–2010)

From humble beginnings to a regional model of capacity building

SAT started as a regional programme, which aimed to build partnerships with diverse local communities who were trying to find ways of dealing with HIV and AIDS, at a time when communities were only just beginning to take cognisance of HIV and AIDS and its impacts.

At the time, despite the lack of precedence, a critical component of SAT's approach was the coupling of financial support with technical assistance. Financial support from CIDA enabled SAT to realise its vision and offer lasting partnerships through long-term, guaranteed funding.

While initially technical assistance came largely from the (global) North, SAT and its partners soon recognised the need for learning from South-South perspectives.

A consultative meeting led to the establishment of SAT's School Without Walls (SWW) initiative, which emphasised learning within countries and resulted in the initial collaboration at regional level.

By the mid-90s some evidence of the impact of HIV and AIDS was visible. As SAT became aware of the complexity of the causes and impact of the epidemic, it became clear that a focus on prevention only was insufficient and that a comprehensive approach was needed. This included home-based care supporting networks of people living with HIV and support groups.

Alongside these activities, SAT also realised that the underlying factors of gender, human rights, children's rights and sexual and reproductive health and rights needed to be addressed.

Additionally, while there was a high level of awareness of the linkages, in practice many organisations were working in silos and there was no facility for inter-connecting or for sharing with or learning from each other, which could maximise impact.

This led to SAT organising networking meetings at a country and regional level which in turn led to the development of a regional platform and the development of regional resources (for example a manual was developed on Gender and HIV mainstreaming as a result of collaboration with organisations in Zimbabwe and Tanzania).

This regional approach also led SAT to start working with sensitive and controversial issues like homosexuality and other issues affecting lesbian, gay, bisexual and transgendered individuals (LGBTIs).

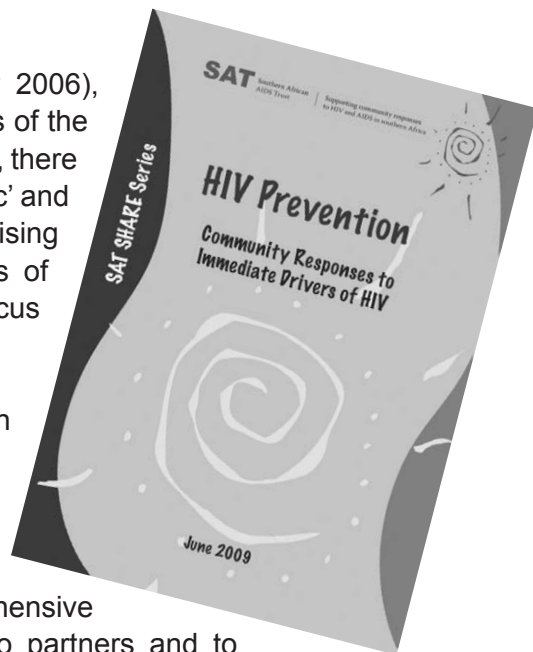
The introduction of anti-retroviral therapy (ART) gave added impetus to SAT's advocacy work. SAT increased its advocacy for access to ART and increased its support to advocacy organisations. SAT partnered with the AIDS Law Project (ALP) and the Treatment Action Campaign (TAC), both leading advocacy organisations, to mentor organisations in the regions. SAT also began to develop regional networks with groups like ANERELA+ (African Network for Religious Leaders Living with or Affected by HIV/AIDS), now INERELA+.



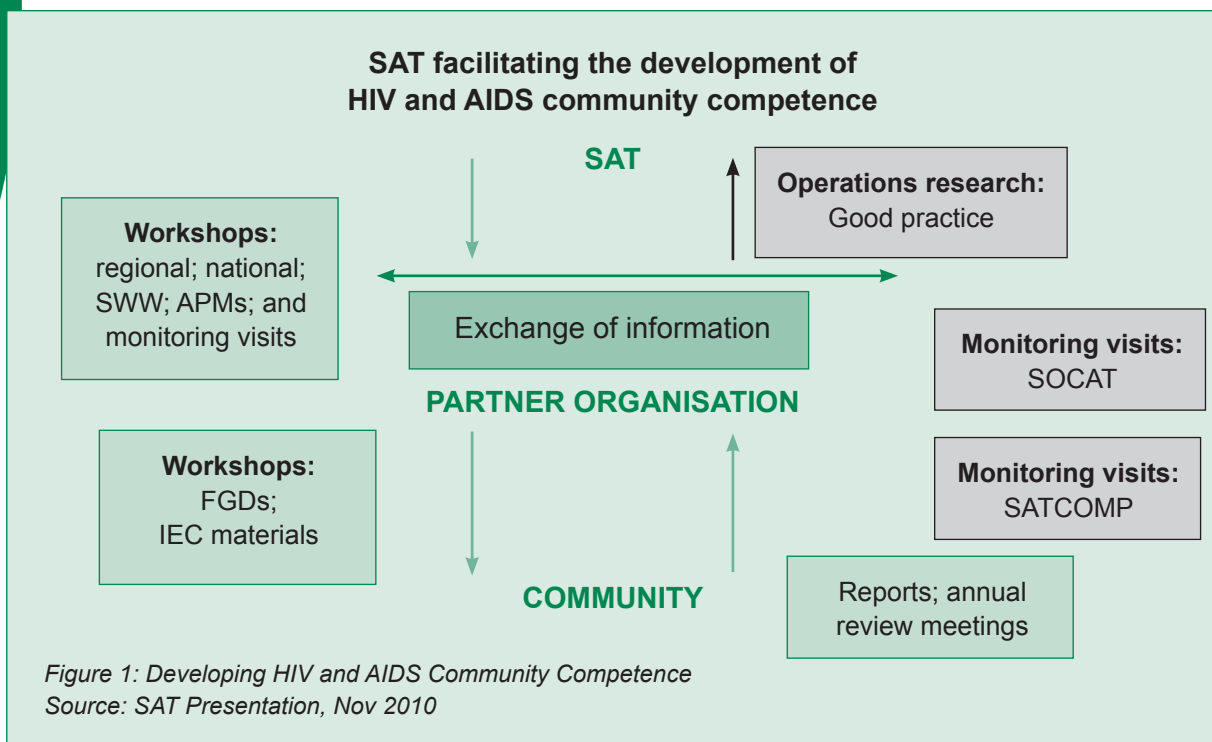
“It became clear that a comprehensive approach was needed, including home-based care supporting networks of people living with HIV and support groups.”

In response to the Maseru Think Tank meeting (May 2006), which highlighted improved understanding on the drivers of the epidemic, SAT mobilised regional partners. More recently, there has been an increased emphasis on 'know your epidemic' and SAT has taken this new information forward by mobilising support from regional partners and beginning a series of meetings at regional level and later country level to refocus attention on prevention.

This has also helped SAT take 'regionality' forward through increased cooperation and coordination with regional partners. In June 2009, SAT released its *HIV Prevention* booklet – a direct result of refocusing on prevention.



A key component of SAT's approach was the comprehensive vertical and horizontal flow of information from SAT to partners and to communities and from communities to partners and to SAT. This flow is represented diagrammatically in Figure 1 below.



Note the vertical and horizontal flow of information from SAT to partner organisations and down to communities; and from communities to partner organisations, to SAT (and of course to and from the regional and global level).
This is in line with SAT's organisational vision to be a centre of excellence in facilitating the development of technical and organisational HIV and AIDS community competence in the region.

In summary

The evolution of community competence over the past 20 years is evident in (amongst others):

- increased awareness of HIV and AIDS;
- more evidence-based and contextualised responses;
- the development of community models of care and support;
- increased demand for access to treatment resulting in the need for treatment scale-up; and
- the changing face of home-based care impacting the nature of cooperation with support groups, leading to the provision of more support to communities for livelihood and income-generating activities.

Throughout the 20-year period, SAT has continuously learnt:

- the value and importance of community ownership (in other words, that communities need to identify their own needs and solutions);
- the need for flexibility when dealing with an epidemic that keeps changing;
- the importance of involving various groups (for example, youth, marginalised groups; PLHIV, LGBTIs, women's and men's groups);
- the critical importance of long-term partnerships; and
- the need for a careful mix of funding, strengthening systems and technical assistance.

SAT has worked with more than 370 partners over its 20-year existence. SAT is currently working with over 125 partners annually in the five core countries.

SAT's work in the region

The 20th Anniversary Workshop brought to the fore the following key insights, which illuminate the strengths identified by partners and donors, as well as areas requiring attention by SAT as it considers a future trajectory:

- Engagement with local experiences and contexts
- Prioritising sustainability
- Advancing gender equality as a prerequisite in community responses to HIV and AIDS
- Promoting collaboration and partnerships
- Playing an incubator role
- Prioritising reflection and monitoring and evaluation

Engagement with local experiences and contexts

As all the case studies profiled below attest, SAT has consistently promoted engagement with local experiences and contexts. This is further evident in the shift from top-down to a principally bottom-up engagement, with horizontal linkages. This new engagement is both participatory and conducive to sustainable development (see Figure 1 on page 10).

SAT advances a development paradigm that promotes localisation and risk-taking for sustainable development. This means investing in some partners that other donors would not support as they were considered too risky, such as at inception with the **Copperbelt Health Education Project (CHEP)** profiled opposite).

Moreover, SAT's focus on strengthening community HIV competencies demonstrates that SAT recognises the value of community engagement and community involvement. It is thus best placed to respond to calls made at the workshop for organisations, governments and stakeholders to 'Know Your Epidemic and Local Responses'.

“ SAT has positioned itself strategically with civil society and other key partners in countries, in the region and globally, and is increasingly acknowledged at all these levels as an important and strategic contributor to the AIDS response. ”

Helen Jackson, ex-Chair of SAT Board of Directors (2003–2010)



The Copperbelt Health Education Project (CHEP) – Zambia

Started working with SAT: 1996

Graduated: 2003

The Copperbelt Health Education Project (CHEP) was initiated in 1998 and exists as one of the earliest integrated development projects in the region targeting health. This project focuses on HIV, TB and malaria in particular. It is one of the largest NGOs on the Copperbelt province, and is one of the foremost well-documented HIV interventions in Zambia (Kitwe) and the sub-region.

CHEP's target is mainly orphans and vulnerable children (OVCs), youth and young women aged 15–25 years, and people living with HIV, with a geographical focus on Zambia, and the Copperbelt region specifically. Its focus includes assisting people to contextualise their work through:

- field support to partners;
- on-site training;
- apprenticeships;
- mentoring;
- observation of implementation; and
- follow-up of trained partners.

CHEP is one of SAT's oldest partners and a leading member of the School Without Walls (SWW) programme. This mutually beneficial relationship has seen CHEP play a significant role in the development of SWW. SWW is a major factor in CHEP's organisational development both in the types of programmes it implements, and in the way it works at local, national and international levels.

Over the years, through ongoing engagement with SAT and SWW (amongst others), CHEP has learnt to transform its approach, to better respond to the incidents of HIV and AIDS. CHEP has also developed the required skills, competence, training and support needed to evolve to match the needs of communities and local ownership of responses. Today, CHEP's success is most evident by the individual success stories of the partner organisations that have benefited from CHEP's technical assistance. These include sub-grants to CBOs, capacity building and mentoring processes and the fact that already CHEP (itself a graduated partner) has weaned at least eight partner organisations.

(Continued on following page)

CHEP on the SAT partnership:

Throughout this process of transformation of the epidemic, CHEP's programmatic responses, as well as the organisation's metamorphosis, CHEP considered SAT as a strategic partner. CHEP adopted the innovative packaging of SAT programmes, drawing on its resources as and when required, as well as sharing experiences and refining approaches through the SWW programme specifically. For CHEP, the skills and knowledge gained through the partnership with SAT have been applied in other work. For example, CHEP has used SWW in Sierra Leone where it built the capacity of five partners.

In CHEP's own words, '*as an intermediary, CHEP learnt a lot from SAT and its way of thinking and support – it saw SAT as "an anchor to help us weather the storm".*'

Alick Nyirenda, speaking at the SAT 20th Anniversary Workshop

“Today, CHEP's success is most evident by the individual success stories of the partner organisations that have benefited from CHEP's technical assistance.”

Prioritising sustainability

During the 20th Anniversary workshop, several graduated partners detailed the support and guidance of SAT and their current ability to now provide similar support to other community organisations.

Workshop participants explained this was evident through the project funding, technical, governance and systems development support provided by SAT to partners.

SAT supports partners for 5–10 years and only graduates partners upon evidence of strengthened systems and programmatic capacity.

The **Mozambican Network of AIDS Services Organisations (MONASO)**, as well as the **Batsirai Group** of Zimbabwe are examples of partners that profile sustainability.

Mozambican Network of AIDS Services Organisations (MONASO) – Mozambique

Started working with SAT: 1995

Graduated: 2006

The Mozambican Network of AIDS Services Organisations (MONASO), founded in 1993, is a network with almost two decades of experience mobilising and building capacity of civil society organisations (CSOs) to address the challenges of HIV and AIDS.

MONASO has six strategic areas of work:

- lobbying and advocacy;
- networking and monitoring and evaluation;
- capacity building and research;
- organisational development;
- institutional capacity development; and
- sub-grants for HIV and AIDS interventions.

By 2010, MONASO was working in 11 provinces in Mozambique and in 90 of the 128 districts and had over 1 200 members at national level, which include mainly CBOs but also bigger organisations.

MONASO's growth has brought with it increased responsibility. It now also provides much-needed financial support to CBOs while still maintaining its main role of coordinating national civil society responses. MONASO is considering working with 60 civil society organisations from 30 districts in six provinces to help build their organisational and institutional capacity. CSOs apply for funds and are selected on the basis of the quality of projects that are submitted to MONASO.

MONASO on the SAT partnership:

For MONASO, a key component of the partnership with SAT was SAT's guidance and support in helping MONASO draw up its first strategic plan. According to MONASO, the fact that the organisation is now implementing its third strategic plan and will soon be receiving Global Fund money to give sub-grants points to *'the huge growth in the organisation and the value of the partnership with SAT.'*

Gaspar Sitefane, speaking at the SAT 20th Anniversary Workshop

*Started working with SAT: 1993
Graduated: 1998*

Batsirai Group is a Zimbabwean NGO dedicated to strengthening community responses to HIV and AIDS. At the beginning of the partnership, Batsirai was a new and emerging Zimbabwean organisation with two staff members and working mainly with volunteers.

Today, Batsirai Group has 110 staff members and is working with 8 000 volunteers, with a beneficiary reach of over 500 000 people. It continues to provide mentoring support to SAT partners, works with seven sub-grantees and has a strong financial base (an annual budget of \$3 million) with 18 funding partners and contracts up to five years.

Batsirai Group implements national HIV and AIDS programmes in Zimbabwe including national behaviour change and OVC programmes. Its capacity to do so was harnessed through the SWW programmes, in which the organisation participated at all levels (Board, management, staff and volunteers).

Batsirai Group on the SAT partnership:

Batsirai Group believes that graduating has provided them with confidence and a belief that it can be done. The SAT partnership is valued because it changed Batsirai Group's approach to work – not business as usual – and they saw the benefits of sharing knowledge and information with others.

SAT was Batsirai's first donor and 'took the organisation to where it is today. Batsirai benefited from SAT capacity development and training.'

Daniel Gapare, speaking at the SAT 20th Anniversary Workshop

Advancing gender equality as a prerequisite in community responses to HIV and AIDS

SAT has consistently prioritised gender mainstreaming in responses to HIV and AIDS. The SAT Gender Equality Statement of Commitment is one such example, so too is SAT's programmatic work on gender and HIV and AIDS mainstreaming, and the support it provides to partners and other organisations in this regard.

SAT's pioneering efforts conform with the general recognition that gender equality is fundamental to poverty reduction. They therefore respond to calls (made by participants to the 20th Anniversary workshop) for cross-cutting efforts and responses in addressing HIV and AIDS. **The Nkhotakota AIDS Support Organisation's (NASO) Padooko Project** is one such example of an innovative approach to engaging gender equality and HIV and AIDS.

Started working with SAT: 2001

Graduated: 2008

The Nkhotakota AIDS Support Organisation (NASO) started in 1992 following the findings of a study that showed high rates of infection along the shores of Lake Malawi. The Linga AIDS Support Group thus decided to take action to provide information about HIV and AIDS to communities. NASO has since transformed into an organisation reaching over 60 000 people, while working in three main areas:

- prevention for commercial sex workers and youth;
- orphan care and home care; and
- support for people living with HIV.

Although graduated in 2008, NASO received further support from SAT towards a gender transformative project, 'The Padooko Project'.

The Padooko Project is an innovative programme of NASO (a graduated partner) that targets a fishing community along Lake Malawi. The research project is particularly interested in promoting economic self-reliance of women and to reduce HIV risks. It is an operational research project, which is only six months old.

The project (funded by GTZ) aims to promote improved openness and communication among 'fishermen and their wives' to promote faithful partnerships and reduce vulnerability among women. Empirical data collection was first done with separate groups of men, then with women, before merging groups of women with men.

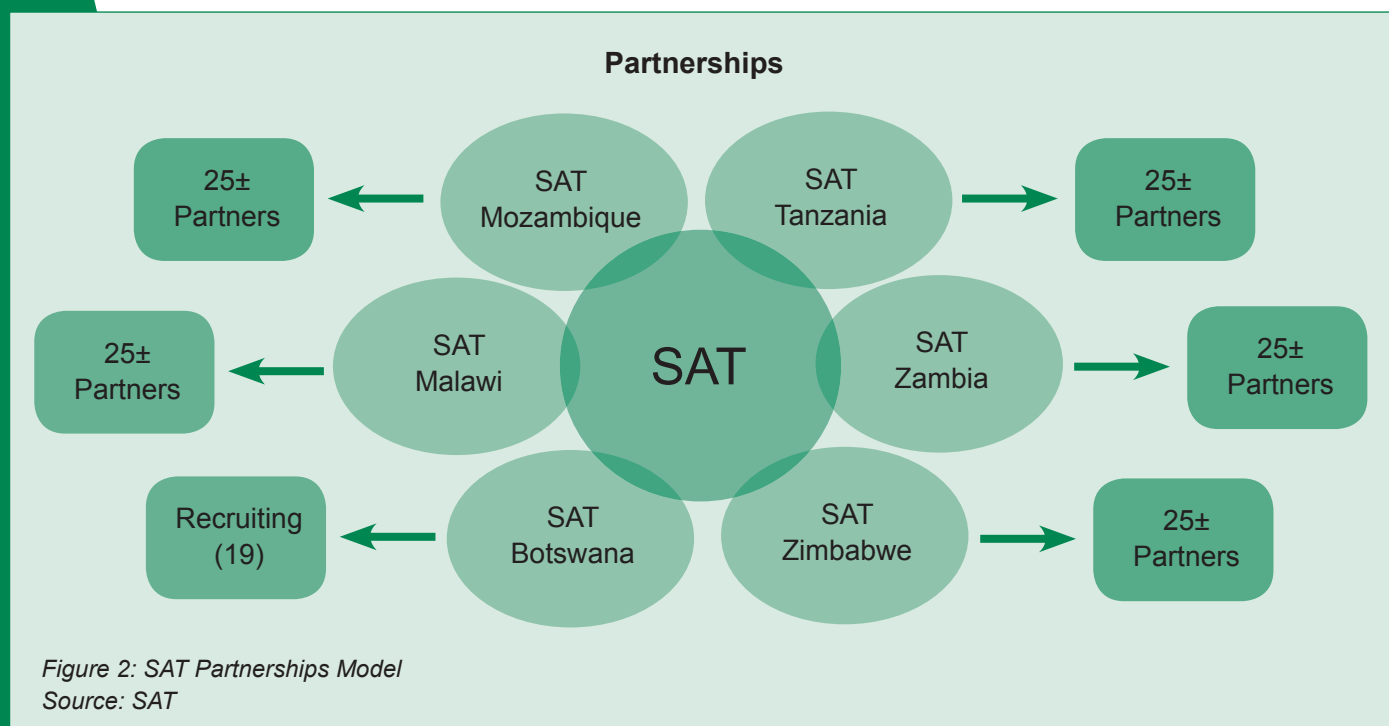
The project involves training peer educators from the target areas; conducting couple-awareness sessions to facilitate dialogue between couples, using fisherman social activities like Bawo as a venue for discussions around sex and for women, using the Chihane Forums.

The project is still ongoing but already it is clear that both men and women have concerns around sexual issues that lead to extra-marital sexual relations. These issues can be addressed through open dialogue between couples.

“The project aims to promote faithful partnerships and reduce vulnerability among women.”

Promoting collaboration and partnerships

It is generally accepted that many organisations still work in silos, limiting traction, which in turn is critical to addressing the challenge of HIV and AIDS. SAT itself partners with community organisations and promotes collaboration and lesson-sharing across graduated and current partners (for example, SAT regional thinking platforms and forums were seen as a welcome response).



SAT partners with several organisations that are working with specific constituencies, such as women and youth for example, and with faith-based organisations. Over the past few years SAT has facilitated the establishment and strengthened the operations of regional organisations, including the Network of African People Living with HIV and AIDS Southern African Region (NAP+SAR).

“The workshop was an opportunity to celebrate SAT’s twentieth anniversary; to step back and reflect on achievements, challenges and lessons learnt. It presented an opportunity to look at strategic activities and goals for the future based on lessons learnt over the past twenty years.”

Anita Sandström Holmgren, SAT Executive Director (2007–2010)



Network of African People Living with HIV and AIDS Southern African Region (NAP+SAR)

Started working with SAT: 2007

Graduation status: current partner

The Network of African People Living with HIV and AIDS Southern African Region (NAP+SAR) is a regional body of networks and associations of people living with HIV and AIDS. It was established in 2007 through a regional conference of people living with AIDS (PLHIV) networks. As an apex organisation, NAP+SAR is a federal system with each country network having its own rules and programmes (NAP+SAR works in 10 countries).

When NAP+SAR was established, it had one part-time staff member doing everything. SAT supported the person and provided mentoring and coaching as well as assisted in managing NAP+SAR funding. It also supported a well-documented mentorship plan, which details experiences and provides for monitoring of the organisation's development.

NAP+SAR on the SAT partnership:

The first NAP+SAR offices were in the SAT offices through a unique arrangement, with NAP+SAR as an 'adopted child' of SAT. In 2010, NAP+SAR celebrated three years of existence with SAT having provided assistance, mentoring and guidance with NAP+SAR's approach. '

While initially, SAT carried us in its arms, now NAP+SAR can walk alone.'

Jeffer Mxothswa, Speaking at the SAT 20th Anniversary Workshop

Playing an incubator role

In assessing SAT's support to around 125 organisations annually (new and existing), it is evident that SAT plays an incubator role. The Malawian NGO, **Youth Net and Counselling (YONECO)** and the Tanzanian **Kimara Peers** are two such examples.

This role is evident in the ongoing support that SAT provides to new partners. SAT provides strategic and operational support, leadership development, technical, as well as governance support to partners in general. It also promotes shared learning between current and graduated partners.

Started working with SAT: 1999

Graduated: 2006

Youth Net and Counselling (YONECO), a Malawian NGO focusing on community development, human rights and HIV and AIDS, was founded in 1997 with the goal of advancing the health and rights of youth, women and children.

When the partnership with SAT started, YONECO was very small – a small group of individuals for which an entertainment hall backstage was an initial home. Today YONECO has its own premises; a budget of \$1.4 million, over 80 staff members working in 14 of the 28 districts in Malawi and has received various accolades for its work. YONECO will be developing a youth development centre in two years time.

YONECO on the SAT partnership:

For YONECO, SAT's willingness to invest in an uncertain situation and through difficult times proved invaluable. According to YONECO, SAT's partnership approach and SWW provided the organisation with exposure to external systems, and to linkages and networking, mentorship and coaching experiences.

The SWW programme provided an opportunity for mutual learning. Through SAT's belief in the organisation and its willingness to invest in an uncertain situation, YONECO found a strategic partner.

As YONECO explains: '*SAT's funding was like a "mustard seed placed on fertile ground".*'

McBain Mkandawire, Speaking at the SAT 20th Anniversary Workshop

“SAT emerged when HIV was only beginning to be recognised in southern Africa – a time when there was a lot of denial at all levels in several of our countries [...] SAT recognised the complexity of causes and impacts and supported a comprehensive response.”



Felicitas (Flanny) Chiganze, SAT Deputy Executive Director – Policy

Started working with SAT: 1996

Graduated: 2006

The Kimara Peer Educators and Health Promoters Trust (Kimara Peers) was founded in 1992 as a CBO and registered in 1996 in Dar es Salaam, Tanzania. Drawing on social diffusion theory, Kimara Peers prioritises innovative ways to allow for open discussions and action-taking around deeply-rooted cultural practices like male circumcision and ‘widow cleansing’.

Peer education is the core area of activity – as the cornerstone for prevention initiative – providing the skills and language to break existing sex taboos and facilitate up-take of new information and facts.

Multiple concurrent partners (MCP), inter-generational sex (IGS) and male circumcision (MC) are the key drivers of the epidemic and peer educators play a crucial role in communicating these facts. Peer education is also important in dealing with myths that exist around HIV and AIDS.

Kimara Peers ensures peer education does not adhere to a single formula to be used in all communities and with all groups. Instead it designs programmes that respond to diverse needs of the different communities.

Kimara Peers on the SAT partnership:

According to Kimara Peers, SAT adopted a measured approach to graduation: ‘SAT prepares partners for graduation and recognises your strength. You do not get “thrown away” – you are appreciated and continue to be involved.’

Pfiriuel Kiwia, speaking at the 20th Anniversary Workshop

Prioritising reflection and monitoring and evaluation

In assessing all SAT’s project work and partnerships (and as evident in SAT’s own organisational review processes) it is clear that SAT prioritises ongoing monitoring and evaluation – with a view to ultimately better responding to critical challenges and designing relevant responses. SAT’s commitment to this end situates SAT as a ‘learning organisation’.

In addition, as in the case of the **Community Integrated Health Education Programme (COIHEP)**, monitoring and evaluation is also prioritised by partners. Moreover, as some partners observed at the workshop, ‘the SAT way is learning by doing’, which itself is apparent in the evidence-based research and evaluations that SAT undertakes.

Community Integrated Health Education Programme (COIHEP) – Zambia

Started working with SAT: 1999
Graduation status: current partner

The Community Integrated Health Education Programme (COIHEP) was initiated in 1996. It was established as a community-based HIV and AIDS project in 2000 with the initial aim of reaching the Luanshya (Zambia) mining community with information on prevention, care and support, knowledge and skills. It was motivated by the critical knowledge and skills gaps within the mining community.

From the onset, the project was community driven. Later on, the project expanded beyond the confines of mines to include the Luanshya district community. In 2000, the focus broadened to include members of the Luanshya district community (176 000 people), to Masaiti (130 000 people) and recently Kapiri Mposhi (233 482 people). Luanshya became a model for other mining towns due to the unique aspects of the project.

SAT support to COIHEP included funding towards core administrative and programmatic activities, technical support through SWW, the use of SAT publications and one-on-one technical support.

The outcomes from the partnership with SAT included (amongst others):

- increased visibility for COIHEP;
- strengthened management systems;
- procedures and structures;
- enhanced resource mobilisation;
- increased uptake of voluntary counselling and testing services (VCT);
- increased knowledge on the key drivers of the epidemic; and
- improved youth and child-focused activities (including HIV prevention information, psychological and recreational support).

COIHEP on the SAT partnership:

According to COIHEP, 'the partnership with SAT has resulted in several improved outcomes at an organisational and community level, including improved programme design, implementation and monitoring and evaluation.'

Payne Mano, speaking at the SAT 20th Anniversary Workshop

Consequently, COIHEP now provides psychosocial support to orphans and vulnerable children, and mentoring services to local CBOs/FBOs and target support groups.

Lessons for the future

One of the main observations following the profiling of different projects is of SAT as a *relevant and responsive organisation*. It is evident from the case studies profiled that SAT and partners are responsive in the design of programmes best suited to pressing challenges specific to local contexts. SAT's *HIV Prevention* booklet (June 2009) was also a direct result of 'refocusing on prevention'.

Similarly, the current strategic focus on adolescence and youth corresponds with research over the past few years confirming the high infection rate amongst this age group and the need to respond accordingly.

Moreover, as a relevant organisation, SAT facilitates ongoing interaction amongst various stakeholders, such as SAT being engaged in regional policy efforts such as the 'Maseru Think Tank ' (May 2006) for example.

During the 20th Anniversary workshop, participants were asked to consider innovative approaches and possible roles for SAT in their discussions around eight thematic areas identified by SAT (see page 6). What follows is an overview of the participants' responses, articulated through a purposively designed interactive session.



Unpacking SAT's thematic areas through a purposively designed strategic session

HIV as a part of the community health agenda

- Participants felt a holistic approach to health and healthcare was needed. While SAT's funding is HIV-specific, the emerging health issues necessitate a crosscutting, multi-sectoral approach to health and HIV responses.
- Similarly, it was argued the role and influence of traditional healers should be considered in this process or in the re-design of activities.
- In addition, participants supported the idea of building sustainable livelihoods and promoting self-reliance for the whole community. In this regard it was felt SAT's role could be facilitating, promoting and creating opportunities with respect to local income-generating activities (for example, the production of nutritious, indigenous crops, and community banking).
- In the main, the call was for SAT funding not to be HIV-specific but public health-oriented and for SAT to help facilitate, plan and support the integration of crosscutting issues in partner or community projects.
- In addition, participants suggested increased collaboration with other organisations at community level and with community leaders.
- Lastly, participants felt SAT's research findings ought to be disseminated more widely through mass media.



SAT partners draw on local experiences in response to SAT's thematic areas

Sustainability of community responses – mobilising community resources

Participants felt community ownership of project(s) and the use of existing community structures (physical and administrative) is critical to sustainability. Similarly, participants felt communities and community members should be encouraged to use local resources and companies.

In addition, partners should identify and use local champions and special attention should be paid to training and educating women. Additionally, participants noted the community interest and continued support is dependent on feedback and showing benefits to the community (in other words, communities should be able to see the changes or 'value add'). Moreover, accountability, good governance and enhanced organisational capacity were highlighted as fundamental to overall sustainability.

With respect to SAT's possible roles, participants felt SAT should develop activities that focus on localisation and which seek to demonstrate benefits to communities.

Leadership development for CSOs

Participants in this group identified the need to groom, coach and mentor leaders, and to test leadership's use of power, money, responsibility of people and crises. In addition, they felt there was a need for clear succession plans.

There was general agreement that the Schools Without Walls initiative was a key facilitating mechanism. They agreed that SAT needed to strengthen its organisational assessment tool through the inclusion of leadership as a key criterion.

Correspondingly, SAT was encouraged to consider a focus on leadership development and certification, as well as support for the development of a governing board charter for CSOs.



Jo Vearey from Heard reflecting on SAT's focus area: Adolescents

Scaling up community-systems strengthening

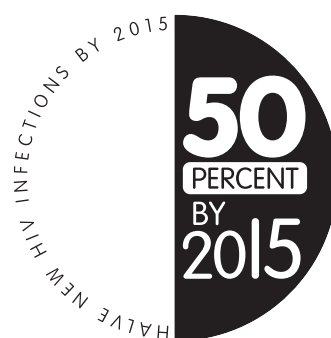
With respect to mentoring for intermediary organisations, participants observed that many who have been working in partnership with SAT already operated as mini SATs, although there had not been sufficient recognition of the support SAT had provided to these organisations.

SAT was advised to look at ways of mentoring leadership when looking at potential intermediary organisations. It was felt that SAT should identify and strengthen community systems and leadership therein by tracking these and developing a pool of future leaders.

Finally, with respect to scaling up community-systems strengthening, participants felt SAT should perhaps target communications at family level as well as peer education.

'50 by 15' – improved leadership for evidence-based prevention

Participants felt the 50% by 2015 movement was a significant goal, but there were some potential operational problems. A substantial amount was already being done and leadership needed to be motivated for traction. There was a feeling that leadership should be looked at from the bottom-up (for example, advocacy from grassroots and small movements at community level).



The groups felt SAT should conduct a mapping exercise to look at partners with comparative advantage to scale up. Moreover, participants felt SAT should produce evidence from communities to which leadership would respond accordingly.

Adolescents and youth

Participants noted a resounding need to engage with young people through the project cycle (including in the proposal development phase) and to identify champions amongst young people (in other words, role models living with HIV and not).

It was suggested that partner organisations should:

- utilise public and recreational spaces;
- incorporate edutainment messaging;
- encourage income-generating opportunities; and
- engage with churches when developing programmes for young people.

SAT was advised to use existing evidence to mobilise for funds for existing partner organisations dealing with adolescents and youth, as well as to partner with youth structures, have youth forums and identify youth champions.

Strengthening advocacy, voice and vertical linkages

- One of the innovative approaches considered was the use of comparative linkages or images to illuminate HIV statistics or research results (for example, comparing road accident statistics with HIV statistics).
- Participants also highlighted the need to appreciate the inter-connectivity of layered links of interventions (in other words, policy analysis and linkages on the ground).
- They agreed there was a need for increased strategic partnerships with social movements.
- The use of new technologies, communication and social media-based advocacy strategies was essential (for example, using the Internet, Twitter, and mobile phones).

Participants felt SAT could draw on advocacy research and activities that have already been done by Médecins Sans Frontières for example, and it should explore social marketing as an advocacy-based strategy. Following on from the findings presented at the workshop, especially as it relates to the (street) language of youth and adolescents, participants felt SAT should translate much of its campaign(s) into local and colloquial languages.



Partners discussing SAT's thematic areas and local responses



Partnerships are key to SAT's work

Facilitate and improve the graduation process

Outcomes from the discussions on the said theme pointed to:

- a need for organisations to consolidate their own culture (as community-based organisations);
- the need to manage growth of, and within, organisations and to make difficult choices as part of that process of organisational development; and finally
- the effective use of SAT graduates.

Participants felt SAT should have a measured approach to graduation. In the interests of sustainability, SAT should consider a clearly defined pathway or graduation which:

- includes sufficient financial support in early years;
- is supported by periodic independent evaluations;
- is reinforced by the subsequent tapering off of funds against realistic milestones; and
- simultaneously provided support for alternative resource mobilisation by the partner organisation.

It was felt all of the above would offset the 'graduation fear syndrome'.



Partners debated the need to prioritise social marketing and advocacy

“ [HIV and] AIDS has given a new impetus to work on health and human rights.”

Renée Sabatier, Founding SAT Director, speaking in 1996 (SAT Video: 'Breaking the silence')



Appendix: list of workshop participants

SAT STAFF MEMBERS	BOARD MEMBERS	ZIMBABWE
Muriel Tshivhenga	Miriam Banda	Timothy Stamps
Tiwonge Loga	Antonica Hembe	Raymond Yekeye
Barabona Mubondo	Helen Jackson	Beatrice Dupwa
Rajab Kondo	Brenda Kahari	C.M Mudimu
Lucrecia Wamba	Shaun Mellors	G Maphosa
Hermina Xerinda	Connie Mutunhu	M Matshiya
Zoonadi Ngwenya	Daniel Mullins	MOZAMBIQUE
Julius Kampampa	TANZANIA	Lucas Amosse
Roselyn Dete	Mary Msemwa	Custodio Duma
Max Mugabe	Pansiens Mapunda	Rafa Machava
Chris Molomo	Janet Zebedayo Mbene	Antonnio Madureira
Kitso Mosieman	Godfrey Evert Gomile	PARTNERS
Anita Sandstrom	Dr Alex Nguluma	McBain Mkandawire, YONECO
Felicitas Chiganze	MALAWI	Gaspar Sitefani, MONASO
Hester Musandu	Amela J. Muyco	Pfirieael Kiwia, Kimara Peers
Mphathi Nhlapo	Yohane nyasulu	Daniel Gapare, Batsirai Group
Bright Phiri	Sam Phiri	Payne Mano, COIHOP
Zviko Murahwi	Humphreys Shumba	Simon Panga, CHISWEA
Malebo Sesane	Marshall Chilenga	Rui Meque, Vicodemo
Lydia Nyangoni	Chantinkha Nkhoma	Khumbo Chinemba, NASO
Allan Mushonga	Fabian Cataldo	Alick Nyirenda, CHEP Zambia
Lindiwe Dladla	ZAMBIA	Rebecca Gumbo, Bethany Project
Taungana Dzikati	Mary Ncube	DONORS
Lucas Mafokaduba	Estella Mbewe	Ellen Hagerman
Jared Oriwa	Mwape Lubilo	Nomfundo Mbuli
BonganiSibanyoni	Rodgers Chibuye	Ria Schoeman
Dudu Mazibuko	Justin Mwiinga	WORLD AIDS CAMPAIGN
Gareth Coats	Kasonde Bowa	Daniel Molokele
Dennis Mulenga	RAANGO MEMBERS	Keletlogetswe Montshiwa
Thembi Khumalo	Jape Mokgethi-Heath	Carrie Brooke
RabelaniDaswa	Michelle Evans	RESEARCHERS
Rudzani Moeti	Jonathan Gunthorp	Jo Vearey
Jabulile Mahlaba	Jeffer Mxothswa	Gift Hara
Christer Holmgren	Kelvin Stovey	Sunga Mzeche
CS PARTNERS	Noreen Huni	Poulo Lopeza
Bactrin Killingo	Mary Njuguna	Diana Chimbungule
Allan Whiteside	Caroline Sande	Sapientia Donatian
OTHERS	Guest speaker Prof. Hans Rosling, Karolinska Institute and Director of Gapminder; Mark Turpin & Andrea van der Merwe (Kessels&Smit); Jayshree Pather & Rene Smith (Rapporteurs)	

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Notes

