



CAPACITY BUILDING IN NETWORK ORGANISATIONS

EXPERIENCES FROM AND PRACTICAL
GUIDELINES FOR HIV AND OTHER NETWORKS



Sharing skills
Changing lives

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PREFACE

The analysis of HIV Network Organisations that VSO presents in this document is highly recognisable to those involved in networks. Many of the same dilemmas were raised by the participants of the learning trajectory on Networks, which PSO organised during the first semester of 2009. A common notion was that when facilitating networks one has to deal with complex dynamics and cannot be in command of everything that is happening. At best, one can create the conditions for the network to flourish, for network members to interact, build relationships, and feel ownership.

These processes are hard to grasp and there is a need for some practical guidelines on how to manage networks. This publication provides a valuable analysis of the many aspects that determine the successful functioning of HIV networks, and is presented in such a way that the insights are useful for any network. I particularly like the very helpful overview of lessons learned at the end of every chapter.

The document shows that capacity development of networks requires that special attention be paid to issues like communication, the provision of clarity on roles and responsibilities, and the establishment of ground rules. I like the example of the KwaZulu-Natal Network on Violence Against Women that shows that leadership and communication matter and in this instance resulted in a strong feeling of involvement "despite the absence of formalised policies." Effective communication and the sharing of knowledge and issues were also identified as the strength of the Zambia AIDS Agenda Alliance.

Linking goals, mission, and vision as well as having a clear focus are mentioned as other essential points for networks. The author warns that members will disengage if they cannot identify with the network's activities. In the PSO learning trajectory we discussed how the goals have to be checked constantly against the members' expectations.

The intricacy of working with networks should not scare us away, but it helps to be aware of and prepared for it. Organisations are increasingly working in networks because these are considered an effective means to achieve development goals, and are sometimes disappointed when it takes time to produce results. I hope that more development organisations that support networks will document their experiences and investigate the complexity of networks. In this way we can increase our understanding of how and when networks can be effective. I congratulate VSO on their work, and applaud their wish to share their lessons learned with other practitioners. Read it!

Koen Faber
Senior Programme Officer
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EXECUTIVE SUMMARY

This publication looks at how PLWH and other HIV network organisations have strengthened their organisational capacity, which challenges they faced, and what lessons can be learned. The key question is whether network organisations have a capacity greater than the sum of their parts.

Well-functioning networks may show this to be true but there is certainly no guarantee. This publication will demonstrate that more successful networks have active members who learn from each other and display a feeling of ownership of and commitment to the network. Adaptive capacity is an important feature of network organisations. The overall capacity of networks very much depends on a range of organisational capacities which will be discussed in detail.

INTRODUCTION

VSO's Right to Life (R2L) programme helps organisations working on issues related to HIV to strengthen their capacity. More specifically, it provides assistance to networks of People Living with HIV (PLWH), other network organisations, and umbrella organisations in most of its nine target countries in Asia and Africa. It supports capacity building through VSO Development Workers (VDW), workshops and training sessions, small grants, and exchange visits. As part of the programme, experiences, good practices, and lessons learned are documented. Thus, R2L aims to contribute to the discussion regarding capacity building of network organisations.

This report documents the experiences and findings from Kuyakana, a network of women living with HIV in Mozambique, the KwaZulu-Natal Network on Violence against Women (KZNNVAW) in South Africa, the African Union of the Blind (based in Kenya) and the Zambia AIDS Agenda Alliance, which focuses on advocacy.¹ Additional findings from R2L partners in Bangladesh, Nepal, and India are included as are examples from secondary research. Secondary research also provides the theoretical basis of this publication.

SETTING THE SCENE – NETWORK ORGANISATIONS AND THE HIV CONTEXT

A network can be defined as “an association of independent individuals or institutions with a shared purpose or goal, whose members contribute resources and participation in two-way exchanges or communications.”² Networks are unique in a number of ways. Well-functioning networks are generally run by and for their members; they exhibit reciprocal accountability between the members and the network rather than top-down accountability. Networks are considered to be more dynamic, flexible, and informal than non-member organisations, which are more often formal and institutionalised. Networks themselves can range from very informal, social networks to more formalised, inter-organisational partnerships.

Networks are not static, but rather vibrant and dynamic. They might dissolve when a specific task, such as a policy change, has been achieved, or can change focus and shape over time with newly emerging priorities. Network dynamics are likely to function best when the network is able to reflect on, review, and adapt its goals to accommodate changes in its internal or external environment. Regular, critical reviews will benefit the network and assess its longer-term appropriateness.

Members join a network to share knowledge and experiences, to achieve critical mass for advocacy and social change, to access a safe space for discussion, or to reduce isolation. Networks also function as a “meeting place” for those with resources and those in need of them. Policy change, advocacy, sharing of knowledge, service delivery, and capacity building are key focus areas for networks.

The context in which networks function strongly influences network focus and functioning. In the HIV context, access to treatment in developing countries has improved, but is still far from universal. Prevalence rates have dropped in some countries but new types of epidemics have emerged elsewhere. The legal environment has become less repressive in most countries; however, in others Men having Sex with Men (MSM) and Injecting Drug Users (IDU) continue to engage in illegal practices. Stigma and discrimination still exist. There is an increasing recognition of the importance of the role of women but more work is needed. Finally, the growing number of orphans and vulnerable children requires an appropriate response to mitigate its impact on individuals, families, communities, and the wider society. These developments illustrate only some of the dynamics and complexity of the epidemic in which networks exist.

¹ See Appendix 1 for more details.

² Plucknett (1990) in Taschereau et al. (2006:2).

NETWORK CAPACITIES IN PRACTICE

The publication looks at seven key capacities through which network organisations can be assessed:

1 INVOLVEMENT AND ACCOUNTABILITY

The **involvement** of members in network organisations is critical to its strength, longevity and success. Empowerment of those with the willingness to participate is an important capacity building strategy: it allows for opinions to be voiced and facilitates action. Networks apply the principle of reciprocal **accountability**, between the network and its members. Strong network organisations have strategic plans which represent the view of their beneficiaries. In addition to this internal accountability, the network is accountable to its external funders. **Monitoring and evaluation** could offer opportunities for learning, evidence on the basis of which to improve advocacy and service delivery, and information that helps ensure accountability.

2 PARTNERSHIP AND ALLIANCES

Forming partnerships and alliances with additional stakeholders through the application of **networking principles** and the promotion of **institutional development** can strengthen a network's capacities. Partnerships with donors and international development agencies need particular attention as they can strongly influence a network's functioning.

3 LEADERSHIP

The network leadership is responsible for ensuring the success of the network. "Informal" leaders from member organisations are equally important to strengthen network capacities. Strong leadership can be more important for a network's capacity than significant amounts of funding.

4 KNOWLEDGE AND SKILLS

The network needs members and staff with different skills to fulfil various roles and responsibilities. It needs to make sure it uses the skills and knowledge available in its membership to make the overall network capacity stronger. The knowledge base of network members representing PLWH is unique and should be used to provide strong evidence for purposes of advocacy and policy influencing.

5 INTERNAL COMMUNICATION

A well-functioning network needs good communication between its members in order to build its members' strengths, share knowledge, communicate needs, and create a capacity to react quickly. When a network has a large geographical spread, language and the costs of translation could become an issue. Poor access to postal services, telephones, computers, and e-mail are challenges cited regularly in the course of discussions about internal communication.

6 IMPACT, OUTPUTS AND EXTERNAL COMMUNICATION

HIV network organisations engage in a variety of functions related to a broad range of topics. As a result of its impact, a network can "earn" legitimacy and the respect of external stakeholders. This will have a positive impact on the network's ability to advocate, establish new partnerships, and leverage new opportunities, including funding. Professional external communication of a network's achievements strengthens this legitimacy and the network's advocacy messages.

7 MANAGEMENT AND FINANCE

Strengthening management systems, internal systems, and processes such as linking missions, goals, and objectives with available resources can be categorised as organisational development. In informal networks these systems might barely exist. In more formalised networks these functions are crucial to ensure the efficiency and effectiveness of the network.

A well-functioning network will find it easier to facilitate changes in its planning and programming. This can be defined as **adaptive capacity**: "the capacity to strategically adjust thinking and actions in response to changing circumstances based on improved knowledge and understanding."³ Donor flexibility will facilitate the adaptation process. A network's capacity is impacted at all levels by the HIV epidemic, due to the increased incidence of staff illness and death, drops in staff morale, and so on.

CONCLUSIONS AND RECOMMENDATIONS

Capacity-building work with network (or umbrella) organisations does often have a multiplier effect, making it more cost effective, particularly when it involves a range of smaller organisations. However, a comparative cost-benefit analysis is not easily available.

Overall, there are no blueprint solutions to capacity building. The principle of "good practice" must be put into the context of the findings of organisational and environmental assessments in order to create a "best fit" for each individual organisation. The following 14 findings and recommendations must be judged accordingly. Moreover, the findings and recommendations are based on the research done within HIV network organisations, but similar capacity characteristics might be found also in non-member organisations. Not all findings are therefore unique to network organisations.

3 Sorgenfrei and Wrigley (2005) in Taschereau et al. (2006:20).

1 MEMBERS ARE THE HEART AND SOUL OF NETWORK ORGANISATIONS

Successful networks have active members who learn from each other and display a feeling of ownership of and commitment to the network. The combined input from members forms the core strength of the network. Leadership must create the spaces for member involvement and facilitate genuine participation of the members in order to capitalise on the skills and knowledge available from them and in order to identify capacity-building needs.

2 MEANINGFUL INVOLVEMENT OF BENEFICIARIES IS CRUCIAL

Beneficiary involvement should never be up for negotiation. This is a key principle which needs to be applied with any capacity-building activity or process in order to best identify real needs, to implement programmes, and to monitor and evaluate service delivery and impact. Involving PLWH by applying the GIPA⁴ principle also gives the epidemic a "human face." The involvement of women, people from rural areas, MSM, and other marginalised groups remains a challenge.

3 KNOW YOUR NETWORK AND EPIDEMIC - DESIGN A TAILOR-MADE APPROACH TO CAPACITY BUILDING

Capacity building with (network) organisations demands a tailored rather than a blueprint approach. The internal and external dynamics of each organisation, its country, region, and community are unique. In this respect, network member assessments and mapping exercises which are regularly updated are important. Knowing your network and knowing your epidemic will provide a sound base for the development, implementation, and evaluation of capacity-building interventions.

4 CAPACITY BUILDING IS A PROCESS – INVEST FOR THE LONGER TERM

In general, longer-term support for the capacity building of networks and members is needed. Not only the capacity-building intervention itself works better if it is "accompanied" over a longer period of time, but organisational capacity with regards to strategic planning and the development of a longer-term vision will benefit as well.

5 DONORS AND DEVELOPMENT PROFESSIONALS MUST LEARN ABOUT THE UNIQUENESS OF HIV NETWORK ORGANISATIONS

Donors and development professionals engaging with HIV networks must be willing to invest time and money to understand network dynamics and their specific characteristics, challenges, and needs. Support must be tailored accordingly. Donors must accommodate and facilitate the capacity-

building process of networks, not dictate and take over. They should accept more flexibility in planning and in monitoring and evaluation.

6 CLEAR ROLES AND RESPONSIBILITIES WILL FACILITATE INCREASED RESULTS FOR NETWORK ORGANISATIONS

There is a need for clarity regarding network purposes and goals to make the networks more efficient and effective. A network needs to define its role clearly and point out how it is distinct from the roles of its member organisations. Leadership plays a key part in clarifying roles and responsibilities.

7 BIGGER IS NOT ALWAYS BETTER

The research brought to light that capacity building is often considered to be synonymous with additional funding, more structures, and increased staffing. However, improved network capacities are not necessarily a reflection of the establishment of a more formal network structure. A risk analysis, assessing the advantages and disadvantages of potential capacity-building strategies, is important during the design stage of an organisational development strategy aimed at improving the network's capacity. Specifically, growing into a bigger, more structured organisation bears the risk of less involvement of the members.

8 NETWORKING SKILLS AT ALL LEVELS ARE CRUCIAL- DON'T FORGET TO LOOK FOR LOCAL PARTNERSHIPS

Without internal (intra) networking between the members a network would not exist. External (inter) networking, or the formation of partnerships and alliances with the intention to gain something for the organisation, can provide additional entry points into advocacy or provide additional resources. Networking is more sustainable if it is institutional rather than personal. Local networking, linkages, and exchanges can result in increased capacity as well, and are also likely to be more cost effective and context appropriate.

9 COMMUNITY-BASED RESPONSES BENEFIT FROM BEING PART OF NETWORK/UMBRELLA ORGANISATIONS

Network organisations are in a unique position and play a vital role in capacitating and mobilising communities which play a role in the HIV response. It is therefore recommended that donors and other development organisations emphasize the

⁴ Greater Involvement of People living with HIV. See also section 3.1.1 Involvement.

capacity building of HIV network and umbrella organisations so that community responses can be scaled up further. Where possible and relevant, network organisations must encourage linkage and exchange visits with local organisations and businesses.

10 EXCHANGE VISITS ARE COST EFFECTIVE AND BUILD ON THE PRINCIPLE OF SHARING KNOWLEDGE

Most organisations researched cited exchange visits as effective and welcome forms of capacity building. Local exchanges can overcome issues of language and are more likely to draw on and produce locally appropriate forms of learning and capacity building. Exchange visits between members should be part and parcel of any network organisation, in order to facilitate the sharing of learning.

11 SMALL GRANTS CAN HELP BRIDGE THE GAP BETWEEN FUNDERS AND CBOS

Through small grants CBOs are able to access resources and fill in the gap at the community level, where big and well-funded NGOs rarely work. Small grants can also provide a much-needed resource for the financing of unforeseen needs, which could help make the capacity building being undertaken much more efficient. Examples of such needs are the need for printing a training manual, the need for translating key information, and the need for providing infrastructure for improved communications.

12 MONITORING AND EVALUATION SYSTEMS AND INSTRUMENTS FOR NETWORKS NEED SPECIFIC ATTENTION

Due to its flexible and dynamic nature, monitoring and evaluation for networks is even more challenging than usual. Weak M&E systems undermine the organisations' demonstrated core work in advocacy and policy influencing and limit the impact they could have on service delivery. The use of more qualitative tools is recommended.

13 MONITORING AND EVALUATION, ADVOCACY, AND EXTERNAL COMMUNICATION ARE STRONGLY CONNECTED

When embarking on advocacy work in order to change existing policies or practices, organisations must prepare well in order to appear professional, convincing, and experienced. Evidence-based findings produced through monitoring and evaluation are critical to support the advocacy work. External communication can reinforce advocacy messages and stimulate (external) networking opportunities.

14 NETWORK ORGANISATIONS AND UMBRELLA ORGANISATIONS PERFORM SOME SIMILAR FUNCTIONS AND FACE SOME SIMILAR CHALLENGES

Network organisations appear in many different forms and shapes. In some cases, formalised, institutionalised networks might function more as umbrella organisations than as networks. This is especially true if the structure means members are less involved and so do not necessarily form the heart of the network. It is crucial to understand the nature of the organisation in order to design appropriate capacity-building strategies.





CHAPTER 1

INTRODUCTION AND

METHODOLOGY

1.1 BACKGROUND AND OBJECTIVES OF THE STUDY

VSO'S RIGHT TO LIFE PROGRAMME

In 2006 VSO started the Right to Life (R2L) programme, a five-year programme that is being funded by the Development Cooperation Department of the Netherlands Ministry of Foreign Affairs (TMF). The programme is currently being implemented in 9 countries: 6 in Africa (Cameroon, Tanzania, Kenya, Zambia, Mozambique, and South Africa) and 3 in Asia (India, Nepal, and Bangladesh).⁵

One of the main purposes of R2L is to strengthen the capacity of different organisations (CBOs, NGOs, government institutions, and network organisations) working with HIV to develop sustainable approaches to minimising the spread and mitigating the impact of HIV.

The R2L programme objectives are

- 1 strengthened capacity of partner organisations to deliver effective, qualitative, and appropriate HIV and AIDS programmes in order to improve the quality of life, to reduce infection rates, and to assert and protect the rights of the target group
- 2 the mainstreaming of HIV and AIDS in policies and activities of partner organisations
- 3 increased and consolidated public and private interest in and support for the VSO Netherlands response to HIV and AIDS.

R2L classifies capacity on three levels:

- *human resource development*: staff of partner organisations is able to deliver effective, qualitative, and appropriate HIV and AIDS programmes.
- *organisational development*: strengthened capacity of organisations in management and internal systems and processes.
- *institutional development*: strengthened capacity of organisations to network, coordinate, advocate, and share learning and good practice with other stakeholders.

The tools that are being used to strengthen capacity are workshops and training sessions, small grants, exchange visits, and VSO Development Workers (VDW).

OBJECTIVES OF THE RESEARCH

In most R2L countries, the programme supports network organisations, especially PLWH networks, but also umbrella organisations. Therefore, the R2L programme can contribute to the debate on capacity building in network organisations by carrying out a review and documenting good practices and lessons learned.

Network organisations are regarded as important partners for donors, because there is an assumption "that the capacity of a network is greater than the sum of its parts."⁶ An initial search for toolkits or further documentation regarding networks and their efforts at capacity building revealed that it is a theme that can be much further explored. The purpose of this research is **to document experiences, results, and overall effectiveness of the capacity building efforts that have taken place in HIV network**

organisations. It looks at the ways capacity has been built – at the individual, organisational, and institutional levels – as well as at the ways the network members and members' beneficiaries have benefited from this. As capacity building in organisations is never an isolated attempt by one partner, the decision was made not to focus on R2L capacity-building input specifically. Instead, the research seeks **to identify more general lessons learned and recommendations to strengthen the capacity-building interventions of network organisations.** Therefore, examples from secondary (non-R2L) research have also been included in the document.

The document should also add to the already existing literature on capacity building and network organisations.

1.2 METHODOLOGY

In order to determine how to best to approach the primary research, an analysis was conducted of international best-practice documents on capacity building of (HIV) network organisations. Relevant publications were found mainly on the Internet and the references they listed were then used to find additional resources. This resulted in a combination of toolkits, academic articles, and organisation-specific (bibliographic) materials.

The search brought some valuable resources to the fore. A comprehensive list of resources can be found in Chapter Five but the following relate to capacity building of HIV networks specifically:

- The *International HIV/AIDS Alliance* produced three excellent toolkits which aim to build the skills required by civil society networks and other intermediary organisations to develop and strengthen their capacity.
- In 2002, the *International Council of AIDS Service Organisations* (ICASO) produced an HIV/AIDS networking guide to help organisations or individuals build, strengthen, or sustain a network.
- The *United Nations Development Programme* (UNDP) and *UNAIDS* developed a publication in 2000, which disseminates key lessons learned from a decade of experience in supporting the establishment and development of networks related to the legal, ethical, and human-rights dimensions of HIV and AIDS.
- In 2008, the *Network of African People living with HIV and AIDS for Southern Africa Region* (NAP+SAR) commissioned researchers to conduct a Capacity/Needs Skills Assessment of networks of PLWH at the regional and national levels to improve capacity development strategies.

Other resources drawn upon extensively are Taschereau and Bolger's 2006 *Networks and Capacity: A Theme Paper Prepared for the Study "Capacity, Change and Performance"* and Liebler and Ferri's 2004 *NGO Networks: Building Capacity in a Changing World*. The INTRAC website has also been an invaluable source of references. Most geographically-focused resources were from Africa; unfortunately, only some included research conducted in South

⁵ In 2009 Pakistan dropped out for security reasons.

⁶ PSO (2008:2)

America⁷ or Asia.⁸ Lessons learned from VSO's RAISA (Regional AIDS Initiative of Southern Africa) have also been included.

An organisational assessment tool developed by the International HIV/AIDS Alliance formed the basis for case study guidelines, which were used to assess the selected case-study organisations.⁹ Some minor adaptations were based on the input from other resources. Data collection took place through interviews, focus group discussions, stakeholder meetings, and e-mails. The collected findings were subsequently used as primary data.

The following seven key areas of capacity were studied:

1. Involvement and accountability
2. Leadership
3. Knowledge and skills
4. Internal communication
5. Impact, outputs and external communication¹⁰
6. Management and finance
7. Adaptive capacity¹¹

Network structure and membership, partnerships and alliances, and monitoring and evaluation were also included in the research as key focus areas. In-country consultants were free to adapt the case study guidelines if deemed more appropriate for their research setting or to find alternative ways to collect the requested data. The case study guidelines were used with two objectives in mind. In the first place, they were to be used to gather qualitative data for the research and, secondly, the network organisations involved were to use them as an organisational assessment baseline on which further to establish a capacity building strategy.

Case-study organisations were self-selected. Details of these organisations can be found in Appendix 1. Details of the selection process are included in Appendix 2.

Not all respondents or organisations who participated in this research wanted to be identified and references to them have adapted accordingly. Key informants' statements have been quoted verbatim.

1.3 LIMITATIONS OF THE RESEARCH METHODOLOGY

The research has been as participative as possible but even so the overall involvement of rural people was limited due to time and resource constraints. Both the secondary resources and the case studies are quantitatively biased in favour of sub-Saharan Africa. Despite efforts to have the case-study samples present an even distribution in terms of geography, size, and structures, the self-selection process prevented this outcome.

The research is qualitative. Findings have not been compiled into quantitative graphs due to the small sample size. Where the case study guidelines have been used to conduct organisational assessments, individual network members or organisations can use the information as a capacity assessment of their organis-

ation and as a baseline for future monitoring and evaluation purposes.

This research was not designed to "finger-point," but to identify good practices and consolidate lessons learned on capacity building in HIV network organisations in an attempt to support their work in advocacy, lobbying, the sharing of learning, and the improvement of service delivery. Recommendations must be described as a "best fit" rather than as "good" or "best practice." Whenever "good practice" is replicated, both the internal and the external dynamics of an organisation must be taken into account in order to find this "tailored fit" for capacity building.

This publication does not produce a list of capacity-building needs for each of the organisations researched, but rather highlights certain issues and capacities. The individual country reports contain organisation- and country-specific recommendations. The report also does not offer general recommendations regarding the contributions needed to achieve the universal access goals in the areas, or regarding prevention, treatment, care, and impact mitigation. It hopes to contribute through improving the capacity-building process of HIV network organisations.¹²

1.4 REPORT OUTLINE

Chapter Two provides a theoretical background of network organisations, capacity building, the context of HIV, and the influence of HIV on capacity building in HIV network organisations. Chapter Three looks at capacities of network organisations based on the key areas discussed in the case study guidelines. Findings from the primary and secondary research are quoted in the relevant sections, rather than per case study, in order to focus on the capacities rather than the organisations. VSO R2L uses a variety of tools to help strengthen the capacity of HIV network organisations. Examples of these tools can be found throughout the text.

Chapter Four summarises the key findings and gives recommendations related to capacity building of HIV network organisations. As the findings are often not exclusively relevant to one capacity but often cut across several areas of capacity, recommendations are not organised per capacity. Finally, Chapter Five provides a list of resources specific to network capacity building and network evaluation as well as general resources used for this publication.

⁷ Ranaboldo et al. (2003).

⁸ Prasad et al. (2007).

⁹ International HIV/AIDS Alliance (2007). *Network Capacity Analysis: A Toolkit for Assessing and Building Capacities for High-Quality Responses to HIV: Rapid assessment Guide*. This document includes a copy of the toolkit on which the case study guidelines are based. A copy of the case study guidelines can be requested from VSO Netherlands.

¹⁰ This was adapted from the Rapid assessment Guide. Its key area was "Advocacy, policy & external communication" because network objectives encompass more than advocacy and policy.

¹¹ This key area was added based on key areas of capacity listed in Taschereau et al. (2006). ECDPM (2008) also discusses this capacity as the capability to adapt and self-renew.

¹² Disch et al. (2005).





CHAPTER 2

SETTING THE SCENE

2.1 NETWORK ORGANISATIONS

A network can be defined as “an association of independent individuals or institutions with a shared purpose or goal, whose members contribute resources and participation in two-way exchanges or communications”¹³. Networks come in many different shapes and forms, ranging from informal social contracts to structured and formalised institutions. “Alliance”, “consortium”, “coalition,” or “task force” are terms used to indicate networks. The growing interest in network organisations likely originates in a variety of trends. One such trend is the increased focus in development on participatory approaches, supposedly represented by the involvement of members in network organisations. Furthermore, network organisations are considered important for donors as there is an assumption that “the capacity of a network is greater than the sum of its parts.”¹⁴

Networks and umbrella organisations are often seen as one and the same. Even the literature is not always very clear about the differences or overlaps. It is however important to understand that *not all umbrella organisations are networks* and that informal networks in particular do not necessarily form an umbrella organisation per se. Within networks there are always members, be they individuals or organisations. The members are the heart and soul and network capacity is dependent on the combined inputs (capacities) of its members. Umbrella organisations do not necessarily have members. They often act as intermediary organisations, providing financial and/or technical support to grassroots (HIV) organisations, thus functioning more as “parent” organisations.¹⁵

The ability of umbrella organisations, including certain network organisations, “to increase absorptive capacity has significantly contributed to securing funds for community-based responses,” as the example in the text box also highlights.¹⁶ Poor capacity on the part of governments to plan and to coordinate with multiple stakeholders as well as an unwillingness of donors to engage directly with a wide range of local organisations provide umbrella organisations, including network organisations, with a specific role. They can become “contract holders” for a group of less formal agencies, allowing non-registered, or smaller, or weaker organisations to access funds and implement activities.¹⁷

The Malawi Network of AIDS Service Organisations (MANASO) facilitates increased access to (Global Fund) funds by community-based organisations. “This model of networking and mobilisation among civil society organisations was identified as fulfilling an important function in providing a [...] structure and building strategic partnerships that [...] that could result in increased access to funding and financial sustainability.”
International HIV/AIDS Alliance et al. (2008a of b:3)

Despite the increase in information about and growing interest in working with network organisations, they are often imperfectly understood by donors and development organisations alike. Indeed, membership organisations themselves may not be very clear on the network’s unique features and on how they could strengthen and benefit them if well managed and facili-

Table1: Summary of the differences between networks versus non-network organisations¹⁸

Networks	Organisations
<ul style="list-style-type: none"> • Voluntary Associations • Membership = value added • Membership ownership is its key feature and strength • Social contract • Cost effective because of pooling of resources 	<ul style="list-style-type: none"> • Mandated • Aim to achieve organisational goals & objectives • Contractual relationship legally and/or financially based
<ul style="list-style-type: none"> • Negotiated order & reciprocal accountability • Fluid and organic • Trajectories & results not predictable • Flexible and able to respond quickly 	<ul style="list-style-type: none"> • Hierarchical order and accountability • Codified functions, roles, & practices • Predictable delivery of services & products
<ul style="list-style-type: none"> • Informal structuring of relationships • Self-organising but secretariat does help • Evolve in response to complex realities • Facilitate innovation through diversity and exchange of information 	<ul style="list-style-type: none"> • Formal organisational structure

13 Plucknett (1990) in Taschereau et al. (2006:2).
 14 PSO (2008:2).
 15 International HIV/AIDS Alliance (2008a).
 16 International HIV/AIDS Alliance (2008a:5).
 17 VSO/PSO (2005:35), International HIV/AIDS Alliance et al. (2008a:4).
 18 Adapted from Taschereau et al. (2006:4), UDNP (2000).



African Union of the Blind,
Kenya

tated. Admittedly, some kinds of capacity building, particularly in the more institutionalised networks, resemble capacity-building work in non-network organisations. However, there are distinctive features which must be understood in order better to facilitate networks' capacity-building efforts.

The table on page 20 simplifies but provides a summary of the differences between networks versus non-network organisations.

2.1.1 MEMBERSHIP

Membership¹⁹ is the key unique feature of network organisations. In this lies their main difference from umbrella organisations, which do not have members and therefore have less of a reciprocal relationship. Umbrella organisations merely support smaller or weaker NGOs or CBOs with financial or technical resources. If umbrella organisations apply strong principles of participation they might function to some extent as a network; however, the NGOs or CBOs are not members of the umbrella organisations. For networks the situation is the following: "[the] members participate in them but remain autonomous. They are [providers] of services to other network members and stakeholders of the network. At the same time they are also users of services offered by the network. This [culture] of [giving and receiving] is at the core of every network."²⁰ Members can be individuals, (parts of) organisations, or networks themselves.

The levels of involvement from members can be expected to vary. There is likely to be a core of members, highly active, critical, and with high levels of involvement, acting as leaders and thus influencing longer-term strategies and setting agendas. Then there is the periphery where members are more likely to be users-only of the network, benefiting from its information and capacity-building efforts or other services offered by the network (core or secretariat). This situation is not static. Over time members can take on different roles depending on capacity or interest. Networks need to make sure they are responsive to the needs of the members to ensure continued participation, without which

"The members of networks participate in them but remain autonomous. They are also providers of services to other network members and stakeholders of the network. At the same time they are also users of services offered by the network. This culture of giving and receiving is at the core of every network."

GTZ (2006:16)

¹⁹ Prasad et al. (2007:7), International HIV/AIDS Alliance (2008a), Deventer, F. van (2004).

²⁰ GTZ (2006:16).

the network could cease to exist. The link between individual members' performance and the network's legitimacy, perceived professionalism, and the ultimately desired results needs to be given more recognition. Members' capacity needs to be built, as much as the network's overall capacity. Network members should communicate with and share amongst each other to facilitate learning and should not expect the network leadership to take on the role of information disseminator. Strong networks could essentially self-manage the linking.

MEMBERSHIP FEES

Membership fees can strengthen members' feeling of ownership. It also helps network organisations to have a source of funding which could generate some sustainability. Fees must be set at a level affordable to all members, or could be incremental depending on income. In-kind contributions from members could be an alternative to financial fees.

Not all networks interviewed ask members for payment. KZNNVAW does not ask its members to pay in order for more members to be able to join. *"Many small CBOs and NPOs can't afford to pay a membership fee, so we eventually decided against it."*²¹ ZAAA also does not charge membership fees.

The Western Cape Network on Violence against Women (WCNVAW), which is part of the new USAID/PEPFAR-funded partnership with KZNNVAW, finds that *"[when] people contribute, they feel like they own the process and are more committed to it" [...]* *"even with the training, they want to get the most out of it because they have paid to be part of the organisation and want value, so there is more commitment and participation."*²²

Kuyakana (Mozambique) also charges members a fee. 500 Meticais (19USD) is a flat fee for all and can be paid in instalments to make it more affordable. In return, members receive free training and have the right to vote (General Assembly). Those who have paid have first priority in terms of choosing people to attend conferences (local, national or international) or to participate in exchange visits programs. AFUB members pay 100USD a year, which the organisation keeps in a reserve fund.

There is no one right answer regarding membership fees. Whether a network asks for contributions or not depends on many factors and advantages and disadvantages have to be assessed for each network.

2.1.2 BENEFITS OF A NETWORK

There is a range of reasons why members join a network, such as²³

- increased access to information and expertise
- increased efficiency limiting duplication of work

- a multiplier effect, increasing the reach and impact available to member organisations
- linking between otherwise unlinked areas
- focus on topics as a result of identifying common problems
- creation of critical mass to achieve larger interventions
- increased visibility of issues, best practices, and underrepresented groups
- solidarity and support for solving critical problems
- meeting of resource providers & those who need resources
- development of identity, belonging, and legitimacy
- reduced isolation.

There are risks related to network membership as well. Members must consider whether they would be willing to give up a certain level of autonomy. Badly-run networks could also increase the amount of work rather than reduce it. Members could lose part of their identity and could be crowded out by strong voices in the network or in the leadership, thus failing to achieve the desired level of participation and involvement. Organisations considering joining a network should carry out a cost-benefit analysis to decide if network participation will meet the organisations' needs.²⁴

2.1.3 CATEGORIES OF NETWORKS

The ultimate goal for most networks will be to make a difference to the quality of life of the people, communities, and countries the network and their members serve and to contribute to the thinking and practice in their field. Networks can do this through²⁵

- exchanging information and analysis
- research and generating knowledge
- lobbying and advocacy
- policy development
- social change
- building solidarity
- service delivery (operational, implementation)
- building skills and capacity
- being exploratory and catalytic.

This diversity of functions highlights the need for a careful analysis of required network structures, membership, resources, capacities, and the impact of the external environment. The following section explores in more detail the different forms network structures can take, as well as the different capacities that network organisations might need in order to achieve their goals.

21 KZNNVAW Network Director (VSO South Africa, 2009).

22 WCNVAW Network Director (VSO South Africa, 2009).

23 Starkey (1998), Liebler et al. (2004:5), Prasad et al. (2007).

24 Liebler et al. (2004).

25 PSO (2008), Ranaboldo et al. (2003), Bernard (1998).

Table 2: Diversity of network forms ²⁹

	“NETWORKING”	INFORMAL NETWORKS	NETWORKS WITH SOME “FORMAL” ELEMENTS (wide range of forms)	INSTITUTIONALIZED NETWORKS	INTER-ORGANISATIONAL PARTNERSHIPS
Form of organizing	Web of relationships – loose ties of information exchange and reciprocity, fuelled by trust.	Self-governing and self-regulating. Members develop ways to arrive at some agreements. Highly dependent on informal leadership to achieve purpose.	Network with a name and collective identity. Guiding principles & norms for decision making and emerging, or even relatively well-established governance structures. Small secretariat facilitates functioning of the network and is primarily accountable to network members.	Legally recognized entities with institutional legitimacy that can attract large project funding from the state, private sector, donors. Structures and systems to manage and account for complex funded projects, and to rapidly disseminate information and innovation.	Contractual relationships, agreements and accountabilities where funded projects & delivering on results are the main drivers.
Capacity / added value	Connections/ Relationships. Access to information & experience.	Space to exchange information, develop knowledge and practices, and/or mobilize as an alliance/ coalition to advocate for change.	Collective identity and external legitimacy. Capability to synthesize learning, to do research, to move things forward between meetings, to mobilize the network for joint action, and to manage relationships.	Capacity to scale up and to take on complex, externally funded projects as a network with greater impact.	Capacity to address complex local, regional, or global policy issues or integrated service delivery - requiring collaboration among different stakeholder groups and organisations.
Potential challenges and limitations	Benefits accrue mostly to individuals, with limited impact on organisations or institutionalization.	Limited external legitimacy. Risk of dissention around purpose.	Due to limitations of resources and challenges of complexity, risks that the secretariat <ul style="list-style-type: none"> • is viewed by others as capable of taking on more than it can. • can begin to substitute for the network. 	<ul style="list-style-type: none"> • The secretariat can become driven by contracts and funding imperatives. • Competition for access to resources can arise within the network. This may lead to loss of trust & less willingness to share information freely. • Routinization can reduce the free flow of information and limit dynamism and innovation. 	<p>Fostering and maintaining trust, joint ownership, and collaboration.</p> <p>Possible competition & conflict over who holds power and has access to resources can lead to disengagement of key actors and loss of key capabilities and legitimacy.</p>

member involvement.

2.2 CAPACITY BUILDING

Capacity-building interventions “aim to strengthen the ability of an organisation to improve its performance.” This could be advocacy to influence policy or practice, improved services to members or other beneficiaries, or the generation of knowledge.³⁰ The focus is on improving the capacity of the organisations as a whole, not just the individual capabilities of staff. “In its simplest form, capacity is understood as an ‘ability to do or be.’” However, this does not take into account the dimension of power: “the capacity of an organisation to be able to achieve its goals is dependent both on the organisation’s ability and its power.”³¹

One of R2L’s main purposes is to strengthen the capacity of different organisations working on HIV to develop sustainable approaches to minimising the spread and mitigating the impact of HIV.

VSO’s R2L programme classifies capacity on three levels:

- *human resource development*: staff of partner organisations is able to deliver effective, qualitative, and appropriate HIV and AIDS programmes
- *organisational development*: strengthened capacity of organisations in management and internal systems and processes
- *institutional development*: strengthened capacity of organisations to network, coordinate, advocate, and share learning and good practice with other stakeholders.

The tools that are being used to strengthen capacity are workshops and training sessions, grants, exchange visits, and volunteers.

As this publication focuses specifically on lessons learned about capacity building in (HIV) network organisations, an exhaustive overview of capacity-building models available is not included. The list of resources and references in Chapter Five provides a choice of general publications on capacity building.

Some of the challenges of building capacity in network organisations are similar to those of building capacity of non-member organisations. For example, building capacity will lead to changes in existing power relations. Also, organisational development is sometimes largely perceived as an additional responsibility, separate from the day day-to-day work of delivering programmes and service.³² Finally, general issues regarding the roles of donors and their inflexibility as well as the adaptation of identified needs or reporting guidelines are a challenge faced by network and non-network organisations alike.

An important part of working with network organisations is to identify all stakeholders who benefit from capacity building. There are the network, as an organisation, and the member organisa-

tions; as an intermediary “step” there might be implementers (for example Community Health workers); and finally, there are the beneficiaries, people infected with and affected by HIV. Even though the supposed multiplier effect of network organisations could result in increased impact or sustainability of the capacity building process, it also means an extra “layer” of risk or capacity to deal with. For example, when trying to work with smaller, informal partners through a network organisation, VSO India reported “*challenges in working with networks due to a lack of time, resources, and staff health constraints, which hinder their professionalism and implementation capacity.*”³³ Working through networks to improve services and build capacity of member organisations will not always offer the magic solution when the network structure does not have some basic capacities itself.

2.3 THE CONTEXT OF HIV

The global context of HIV has changed significantly over the last two decades. The development of HIV as an issue in developing countries evolved from a purely medical approach to a multi-sectoral approach, through recognition of the fact that HIV impacts all sectors and is influenced by social, cultural, economic, and political contexts. The vicious circle of HIV and poverty is also

[Networks] grow out of a specific context or environment. They are profoundly affected by this context.

James (2002:11)

recognised as a key issue.

Access to **treatment** continues to be a real issue in developing countries. It improved significantly after WHO’s 3x5 initiative, launched in 2003, and more recently through the targets set for universal access to treatment, care, and prevention. Intense advocacy efforts hugely contributed to the change in policies and practice regarding access to treatment. Inequity between countries continues to exist, however, influenced by political will and the state of existing health systems, among many other factors. A look at the R2L countries included in this research shows that by 2007 antiretroviral therapy coverage ranged from an estimated 46% in Zambia (up from 7% in 2004) to 24% in Mozambique (up from 3% in 2004) in sub-Saharan Africa. In Asia these rates are much lower, with both Bangladesh and Nepal at 7% (up from <1%) (and India not reported).³⁴

30 VSO/PSO (2005:13).

31 Lipson et al. (2008:9-10).

32 VSO Netherlands (2008).

33 VSO Netherlands (2008:21).

34 www.unaids.org. UNAIDS/WHO/UNICEF Epidemiological Factsheets Update 2008.



KwaZulu-Natal Network of Violence against Women, South Africa

Within the HIV “sector” **prevention** is a key strategy which recently has received new emphasis. Knowing your epidemic through identification of the key drivers of the epidemic and developing tailored prevention responses are crucial. Different strategies, rather than a “one-size-fits-all” approach, need to be applied for different levels of the epidemic. “Knowing your epidemic” (and your response) and knowing the context in which a (network) organisation and its members function will facilitate a better identification of key organisational objectives and a more correct capacity assessment.³⁵

With regards to **care, support, and impact mitigation**, the increasing number of orphans due to the epidemic is a significant development requiring appropriate action and capacity building. Attempts to improve policy and practice with regard to care strategies must also consider the burden of care on women and girls, who look after ill relatives and orphans both. Among the many consequences of this burden is its negative impact on the time women have available to get involved and participate in programme planning, needs identification, and capacity-building initiatives. Female and Child-Headed Households have specific needs, such as income generation requirements, which deserve additional attention. Without gender equality, defined as “the right of both sexes to equal rights and opportunities and to be free from discrimination through gender norms,” the Universal Access goals will not be achieved.³⁶

An overall issue affecting responses to the HIV epidemic is stigma and discrimination. HIV-positive people, their relatives, Men having Sex with Men (MSM), Injecting Drug Users (IDUs), and Sex Workers (SW) often face stigma and discrimination due to their

status or the behaviour they engage in. Because this makes genuine participation difficult, identification of existing issues becomes much harder.

A final contextual issue is the availability of resources, financial and other, with which to fight the HIV epidemic. Whereas external funding has increased over the years – indeed, has been significantly boosted through the Global Fund – funding by national governments often remains a small portion of the financial resources available. The current economic crisis might impact the overall funding levels available to combat the HIV epidemic, as well as funding for other international development goals.

The above contexts are but a few of those influencing the work of HIV (network) organisations. This publication cannot provide a comprehensive context for each individual network researched and each context influencing network capacity-building strategies. The key points are to “know your epidemic” and to realise that contextual changes will most likely result in the adaptation of network objectives and action. This in turn will influence related capacity-building strategies.

2.4 THE IMPACT OF HIV ON ORGANISATIONAL CAPACITY

HIV itself impacts the capacity building of HIV network organisations, particularly in the countries where HIV prevalence is high and particularly in organisations that have embraced the GIPA (Greater Involvement of People Living with HIV or AIDS) principle or that are run by and for PLWH. Due to the depletion of human resources in high-prevalence countries, individual staff members, as well as organisational and institutional capacity, are constantly being challenged. When staff fall ill or die of AIDS, staff morale is likely to drop. Staff looking after ill family members will be absent more often than other workers, resulting in increased time pressure for colleagues and temporary loss of skills. Funeral costs and attendance further deplete financial and human resources. Additionally, “*stigma and discrimination [...] continue to undermine attempts to increase the capacity of the networks and their members.*”³⁷ As knowledge and skills are increasingly challenged, organisational learning becomes ever more important. “Organisational learning can no longer be viewed as a luxury, but as a precondition for future organisational sustainability.”³⁸

Despite all this, the organisational response often referred

³⁵ See Glossary and UNAIDS (2008b).

³⁶ ActionAid, VSO (2007:3).

³⁷ VSO Netherlands (2008:22).

³⁸ James (2005:8).

Working with organisations that operate in a high prevalence environment on a day-to-day basis will reveal how organisational life is struggling to include the many realities of HIV and AIDS.

VSO/PSO (2005:3)

to as HIV mainstreaming is still not considered a priority for many organisations, including those focussing their services on people affected by the disease. Internal mainstreaming however is crucial to mitigating the impact of HIV on people and on organisational capacity. Mainstreaming is often seen as extra or add-on work. As a result, it does not get the attention it deserves.³⁹

“There are specific challenges around building the capacity of PLWH organisations [...]. These organisations have specific strengths and qualities, such as openly living a positive life, that are invaluable for meaningful work in [...] prevention, care and mitigation. The potential of utilising the specific qualities of such [...] organisations is definitely under-utilised. The challenge, however, is to also acknowledge the inherent limitations and specific requirements of such [PLWH] organisations and safeguard them from having to perform against the norms of healthy people.”⁴⁰ Differences between low- and high-prevalence countries, and between Asia and Africa, must be recognised. Some argue that in Asia PLWH often come from marginalised groups, such as Injecting Drug Users, who are less likely to hold jobs in formal organisations and that therefore their impact on organisational development is likely to be minimal. In the Philippines, however, HIV is more mainstream as the majority of infections take place through heterosexual sex. The primary research from Bangladesh also highlights staff turnover to be an issue with regards to the sustainability of capacity-building efforts. Overall there is little empirical evidence from (South East) Asia regarding the impact of HIV on organisations.⁴¹

The design of capacity-building interventions has to take into account the special needs of people living with HIV. During training sessions, adjustments to the programme might have to be made to allow enough time for breaks for rest, nourishment, or drug administration. There could be higher levels of non-attendance or participants might not be fit enough to attend full time. Networks and umbrella organisations can play an important role in facilitating HIV mainstreaming efforts in networks through the multiplier effect they can create.⁴²

³⁹ VSO Netherlands (2008:22).

⁴⁰ VSO/PSO (2005:30).

⁴¹ Shepherd et al. (2006).

⁴² Sources used for this chapter include Taschereau et al. (2006), Prasad et al. (2007), Liebler et al. (2004) and GTZ (2007).





CHAPTER 3

NETWORK CAPACITIES

IN PRACTICE

3.1 INVOLVEMENT AND ACCOUNTABILITY

3.1.1 INVOLVEMENT

The involvement of members in network organisations is critical to their longevity and success. Without the participation of members at all levels of network action, network capacities will be considered weak. Networks function to pull in smaller or less well-positioned organisations or individuals and allow them increased access to information and other resources. Empowerment of those with the willingness to participate is an important capacity-building strategy: it allows opinions to be voiced and facilitates action. *"I have learnt that we need to be part of the solution. Don't just wait for others to come and bring the solutions."*⁴³

Discussions about involvement must take into account the different forms participation can take. The least sought-after form of participation is *nominal participation*, which merely legitimises actions, although it does make participants feel included. *Instrumental participation* actually contributes something and makes interventions more efficient, but is assessed by local people as a(n) (opportunity) cost. Next, *representative participation* gives people a voice, contributes to sustainability, and ensures leverage. Finally, *transformative participation* empowers people and facilitates something more profound, as empowerment is both a means and an end.⁴⁴

Involvement is not a vertical concept. The strengths of networks lie in knowledge sharing and the creation of synergy between members *"The culture of giving and receiving is at the core of every network."*⁴⁵ In Zambia *"[ZAAA] provided a platform for alliance members to share experiences regularly. In this way there was a lot of cross pollination of ideas which yielded positive results."*⁴⁶ When members feel they own and benefit from the network they are more likely to contribute to it over the long term; therefore *"ownership is both a condition and an outcome of a successful network."*⁴⁷ Members are working within a network, not for it. If members take responsibility for the network's outcomes and are committed to it, it is more likely that the organisation sustains itself.⁴⁸ This capability to commit and engage will energise the network and fuel its overall capacity.⁴⁹

Leadership plays a crucial role in facilitating member involvement and the creation of "spaces for dialogue, for exchange of experience and for joint activity," and thus for strengthening the network's capacity.⁵⁰ At KZNNVAW members feel very much involved in and part of the network due largely to the leadership skills of the director. Despite the absence of formalised policies, *"in practice the network and its members involve marginalised groups and constantly empower those without a voice."*⁵¹ VSO Nepal points out that besides empowering central leadership, capaci-

tating regional offices, or second-line leadership, to reach out to member CBOs can be an effective strategy to improve participation.

Methods of increasing members' active involvement in the network need to be considered and discussed. Such involvement would decrease dependency on the central network office and would build the unique strength of member synergy. *"We can do more as members but we need to know what and how so that we don't tramp on anyone's toes and we don't want to duplicate effort."*⁵² If the members are not involved, networks will function as non-member organisations and will lose their uniqueness and strength. This could become a particular challenge when networks formalise their existence and acquire a "centre-heavy" structure.

AFUB members contribute through the AFUB committee meetings, which has representation from all six regions. Members are also allowed to communicate directly to the secretariat and regional offices. In addition, they share their needs during a biennial general assembly and through teleconferences, questionnaires, and newsletters.

GREATER INVOLVEMENT OF PEOPLE LIVING WITH OR AFFECTED BY HIV – GIPA ⁵³

At the 1994 Paris AIDS Summit, participation of the PLWH in the fight against HIV and AIDS was formally adopted as the GIPA (Greater Involvement of People living with HIV or AIDS) principle. The governments who signed the declaration committed themselves to support the full involvement of PLWH. In reality, in the context of HIV, "social, cultural and political environments, often characterized by high levels of denial, fear and stigmatisation, are not conducive to the involvement of [PLWHs]."⁵⁴

Stigma and discrimination can push the epidemic underground. It prevents people from getting tested, disclosing their status, and accessing care. As a result, HIV-positive people are not being identified, which makes it impossible to facilitate involvement and consequently to identify key drivers of the epidemic and allocate resources where they are needed most. The DLLG network in Bangladesh, a network of young and energetic advo-

43 A female leader of Kuvumbana Association, Mozambique.

44 White (1996) in Sluijs-Doyle (2003:9).

45 GTZ (2006:16).

46 VSO Zambia (2009a:7).

47 Prasad et al. (2007:8).

48 Bernard (1998).

49 ECDPM (2008:27).

50 Taschereau et al. (2006:23).

51 VSO South Africa (2009:11).

52 KZNNVAW member (large international NPO).

53 More recently the concept has been adapted by some to MIPA, the meaningful involvement of PLWH.

54 UNAIDS (1999:1).



African Union of the Blind, Kenya

cates, provides support and protection and raises its voice on behalf of MSM and hijra (transgender) communities to advocate for policy and legal change.⁵⁵ BSWs, an NGO supported through R2L, supported the establishment of DLLG and found it was hard to find lawyers willing to become members due to the stigma surrounding MSM and hijras. To reduce stigma and discrimination, it is important that the epidemic be given a human face, so to dispel myths and preconceptions. Members of AAS and MAB, two network organisations of PLWH in Bangladesh, reported that skills training (provided by HASAB) helped them to speak up in public.⁵⁶

INVOLVEMENT AND GENDER EQUALITY

Another significant challenge is that of gender equality and the involvement of women and girls. Although not unique to HIV network organisations, it possibly is a bigger challenge for them due to the uneven impact the HIV epidemic has on women and men. VSO Nepal reported the lack of meaningful participation of female groups in the NAP+N as a challenge. Cultural beliefs with respect to their traditional role and their lower status in patriarchal societies limit women's levels of participation.

In South Africa the impact of culture and religion on member involvement, particularly in rural areas, is a huge challenge. *"I attended a session in the community of Ndwedwe. Women and men were present in good numbers. The Amakhosis and Inkosis⁵⁷ were also present. I noticed that only men, and largely the chiefs were talking during the discussion time. I wondered why women were not speaking as this was the issue affecting their lives."*⁵⁸ The Network ensures cultural leaders are involved but needs also to ensure this does not limit the involvement of other stakeholders present at the meeting.

INVOLVEMENT AND RURAL AREAS

The involvement of rural organisations is often difficult to achieve due to constraints on resources (time and money). The cost of the administration and logistics involved in accessing rural communities is high and donors are not always willing to fund it. Language barriers can add to this challenge. There is often no money available for the translation of information into local languages. According to the Zambia Demographic Health Survey (2002), urban women and men are more knowledgeable about the ways to avoid HIV infection than their rural counterparts and knowledge of HIV prevention methods is closely related to education levels. More information needs to be made available, particularly to low-level literacy groups and in local languages, to enable rural people make informed choices.⁵⁹ In order to have a greater impact member involvement and capacity must be built at all levels of the network.

"I would have loved for the small rural NGOs to attend but they do not have the means and we don't have the funding to assist them with transport costs. My organisation has not received funding at all this year."

KZNNVAW member and regional contact person

3.1.2 ACCOUNTABILITY

"Accountability means understanding who the network aims to support and being committed to serving their needs first, and in an honest and open way."⁶⁰ Strong network organisations clearly identify the network's primary beneficiaries and have a strategic plan which represents the view of these beneficiaries. The goals of the network have to be checked constantly against the members' expectations as the network is first and foremost accountable to its members. Where external funding has been received the network will also be held accountable by the donor or international development organisation for those resources. Networks apply the principle of reciprocal accountability. The network (leadership) needs to understand whom the network aims to support and be committed to serving members' needs first. Members need to ensure they participate and contribute wherever possible to contribute to the network's functioning.

55 In Bangladesh any sexual act deemed to be "unnatural," i.e. for non-reproductive purposes, is illegal and punishable by up to ten years in prison and/or heavy fines.

56 VSO Bangladesh (2009), VSO Bangladesh (2008).

57 Amakhosi and Nkosi are traditional leaders/chiefs in the Zulu culture, which is the prevalent culture in KwaZulu-Natal.

58 VDW assisting the KZNNVAW in VSO South Africa (2009).

59 VSO Zambia (2009c). Meeting Notes ZAAA Meeting with Executive Directors.

60 International HIV/AIDS Alliance (2007:12).

KZNNVAW and Kuyakana include members in the development of their respective strategic plans. KZNNVAW members are involved in determining the network's strategic direction via strategy sessions/task team meetings and through the regional contact persons. Needs are further identified through personal communication of the network director with the regional contact persons. Recently a new board has been set up. Members include senior government officials and members from the private sector, who will assist the network with much-needed long-term and strategic planning. Identifying the needs of the members and giving feedback also occur at the general assembly.

"The leadership is accountable to the members and to other beneficiaries in a way that it presents to them the reports on the general spending it carries out. This has recently been done in the General Assembly."⁶¹

However, long-term planning is a significant challenge when short-term financial and technical support is offered. As this is often the case, donors must understand that accountability benefits from longer-term funding.

3.1.2.1 Monitoring and evaluation

Despite its importance, monitoring and evaluation (M&E) continues to be undervalued in many organisations. First, it has the crucial function of gathering information in order to learn from and give insight into work in progress. This will improve the organisation's capacity and performance (and so improve lives, be more cost effective, provide value for money – do what it is supposed to do). Secondly, particularly for those organisations trying to influence policy decisions, gathering evidence makes it possible to make evidence-based points. It will help them establish legitimacy. Finally, M&E is used for reporting. Unfortunately, M&E often continues to be seen as a time-consuming (donor-imposed) necessary evil, which is under-resourced from the start.

In light of the HIV epidemic, impact must be seen with different eyes. Interventions must be considered successful even if they only slow down the effects of the disease. Funding agencies are unlikely to sign up for this modest goal and a slowdown is not necessarily a measurable outcome, as it will remain unknown what would have happened without interventions.⁶² Two types of indicators should be developed: first, external indicators to measure the impact of the network (improved services, achieved policy change etc.) and, second, internal indicators measuring the improved capacity of the network and its members to achieve the ultimately desired results. When the functioning of networks is evaluated, key indicators could be how a network adds value to the work of its participants, how members' joint forces have mobilised forces for change, and how this has changed over time.

Examples of other possible indicators measuring a network's increased capacity include determining how external communication and liaison have improved so that evidence can be channelled more effectively; ascertaining how consensus is being achieved amongst members and which opportunities for access to powerful decision-makers have been created through the network; and establishing how much clarity exists on membership issues and on the scope of action for members as opposed to for the network (secretariat). As networks are greatly diverse and dynamic, the across-the-board "checklist" should be abandoned for the development of network-specific capacity and impact indicators.⁶³ Due to the dynamics involved, monitoring and evaluation is not always straightforward. A more qualitative approach is likely to be more appropriate. Action learning or outcome mapping are possible methods. However, the process must be taken seriously in order to improve services and achieve other desired outcomes. M&E must be part of the capacity-building process itself and therefore participative and continuous. The completion of "happy sheets" at the end of the training session is not sufficient.⁶⁴

"M and E must include more than 'Happy sheets' which provide little insight into impact except highlight whether a participant enjoyed a training session"

VSO South Africa (2009: 25)

Even though it has at times been stated otherwise, from the case-study evidence supplied it is clear that the capacity of network organisations to monitor and evaluate is often not sufficient. This is due to a number of issues:

- Organisations have a weak capacity for and understanding of monitoring and evaluation.
- The attribution of specific activities to certain outcomes is challenging.
- The monitoring and evaluation of processes take time and measuring is hard, particularly in the short or medium term.
- Participative monitoring and evaluation take time and resources which might not be available.

But even at the most basic level M&E is sometimes lacking. At Kuyakana, for example, despite reported high levels of capacity training, the researcher failed to find a systematic register of these events.

61 Vontade Association – member Kuyakana (VSO Mozambique (2009b)).

62 VSO/PSO (2005:39).

63 Church et al. (2003:2-3), Lipson et al. (2008:25-26).

64 "Happy sheets" are completed at the end of a training session. Through the use of smiley or sad faces participants indicate their view on the quality of the training, facilities etc.

The absence of longer-term funding can also negatively affect monitoring and evaluation systems. At KZNNVAW *“[the] lack of capacity and funding has severely impacted the ability of the network to support [the development of] effective M and E systems. This has hampered the ability to gather adequate data on changes in stigma/discrimination in response to project interventions as well as the impact of HIV and AIDS on network/member organisational capacity and project delivery.”*⁶⁵

Finally, it would save resources if monitoring and evaluation for different stakeholders could be coordinated into one system. Currently, it is often the case that each donor and interested party is provided with a separate report.

3.1.3 LESSONS LEARNED ON INVOLVEMENT AND ACCOUNTABILITY

- Participation by rural members is difficult due to a lack of resources to attend central meetings or to be visited regularly.
- Participation of PLWH and women is a challenge due to cultural perceptions and stigma and discrimination.
- Network leadership must facilitate and stimulate inclusion of all members.
- Not only the network leadership but the leadership of member organisations needs to be capable of involving key beneficiaries.
- A lack of funding results in limited translation of information and resources into local or non-main languages (French, Portuguese, Arabic, and Braille).
- The importance of monitoring and evaluation is not well understood and is undervalued.
- Monitoring and evaluation systems are weak and need recognition, additional resources, and capacity building in order to improve.
- A single M&E system would facilitate reporting to all stakeholders.

3.2 PARTNERSHIPS AND ALLIANCES

A network's strength is determined by the joint contributions and skills of its members. However, it can be even more influential if it forms partnerships and alliances with additional stakeholders in the relevant sector, if it applies **networking** principles to strengthen its external environment as well as its internal capacities. Network organisations that network well can strengthen their influence if they form strong partnerships with government agencies or others in position of power. However, partnerships work best if they are mutually beneficial and are not overly influenced by power relations. It is crucial to balance partnerships with government with government accountability.⁶⁶

In terms of capacity, partnerships and alliances are very much part and parcel of **institutional development**, the strengthening

Networking is the voluntary interaction between two or more people, in which all participants intend to gain something.

Deventer, van. (2006:2)

of the capacity of organisations to network, coordinate, advocate, and share learning and good practice with other stakeholders. Partnerships and alliances are therefore very much linked to external communication (see section 3.6.4) but due to their importance they are dealt with here as a separate capacity. It is important that leadership and members are clear on how to represent the network and with whom, in order to build and sustain partnerships.

Effective partnerships are characterised by mutual trust and respect, by the motivation to achieve shared mission objectives, and by a clear outline of responsibilities for each partner involved. Outlining responsibilities in, for example, partnership agreements likely produces more sustainability, particularly when staff changes occur. It is also likely to be more time efficient.⁶⁷ Some partnerships are more organic and build on personal relationships. Even though these partnerships too are extremely valuable, the danger is that they cease to exist once staff moves on (either from the network or member organisation or from the partner organisation). Partnerships based on personal relationships with government staff are especially vulnerable to this kind of collapse.

VSO-RAISA⁶⁸ experienced lack of trust as a key challenge when it sought to establish a partnership with a national PLWH network in Malawi. VSO Malawi placed a volunteer with a small network for PLWH and it became stronger than Malawi's national network. Consequently VSO was seen as undermining the national network. This was before a more strategic alliance was formed between NAP+SAR and VSO-RAISA. Through this regional (Southern African) partnership, a long-term strategy of capacity development of PLWH organisations at a national and regional level has now been developed. Capacity development plans were created for each country. It was agreed that VDWs would be recruited to address the issue both with NAP+SAR as well as with its members. At NAP+SAR a VDW has helped write the strategic plan and put organisational and financial systems in place. A

⁶⁵ VSO South Africa (2009:6).

⁶⁶ International HIV/AIDS Alliance et al. (2008).

⁶⁷ Edwards (2008).

⁶⁸ VSO Regional AIDS Initiative for Southern Africa supports organisational capacity building in Mozambique, South Africa, Zambia, Malawi, Namibia, and Zimbabwe.

Memorandum of Understanding was agreed upon between VSO-RAISA and NAP+SAR.⁶⁹

Partnerships can be established not only with government, but also with donors or international development agencies and they can be established on a cross-sector, multi-disciplinary, and/or geographical (local, regional, national) basis. Where network members are community-based organisations, they will benefit from exploring local partnerships as a way to access local support and resources. *“Communities must use their resources more effectively. We cannot keep on complaining and waiting for government or donors to give us money. Bring in the local lawyer, nurse, teacher, you do not always have to target the department of justice or health or education; that can come later.”*⁷⁰

KZNNVAW has developed a longstanding partnership with the Kwazulu-Natal Department of Justice (DoJ) in South Africa. The DoJ has joined KZNNVAW in awareness-raising campaigns and has partnered with KZNNVAW and others in a study on female homicide. With regards to policy development they collaborated with the national Department of Justice and Constitutional Development to contribute to the Service Charter for Victims of Crime. This partnership has now been formalised within the context of the (USAID/PEPFAR-funded) social mobilisation project. *“The DoJ cemented the partnership via a support letter to the donors declaring the DoJ as the main government partner for the KZN network in the social mobilisation project as well as highlighting many other joint projects.”*⁷¹

3.2.1 PARTNERSHIPS WITH DONORS AND INTERNATIONAL DEVELOPMENT AGENCIES

Networks often function as an interface between network members, particularly smaller and less formalised members, such as CBOs and donors. Donors are interested in funding networks as they believe the network will enable them to work with smaller organisations and allow for more sustainable and cost-efficient capacity building.

But do donors understand networks? Funding is certainly not always adapted to network needs. Capacity building regularly focuses on strengthening the network secretariat rather than the member organisations or those who implement services.

*“While the establishment of support groups has had an impact on access to services – they are very much dependant on the central secretariat capacity. There is a need for strengthening the capacity of these support groups to have independence and sustain themselves.”*⁷² Thus, the ability of the support groups to support themselves in the longer run is compromised.

The research done in Mozambique raised the issue of the lack of harmonisation of donors. This is a problem especially for weaker network organisations which do not have the capacity to hold donors to account in this respect. (Donor) partners should take an interest in the other key stakeholders of the network they are planning to support in order to avoid duplication of work and double funding. The research done in both Mozambique and South Africa showed that competition in terms of securing funds from the same donor was a factor limiting communication among (and within) networks. When the three main HIV networks in Mozambique were asked to share their ideas regarding future advocacy campaigns they refused to reveal their plans as they felt this would jeopardize their chance of getting funding over the other organisations.

When donors or external stakeholders work towards building the capacity of a network it is important that they accompany rather than take over a network. The latter is highly likely to cause member disengagement. This in turn could mean that willing change agents, those members ready for change and willing to take the lead, also disengage from the exercise. Supporters of capacity development in networks are often keen to formalise the network management structure and its components. However, each network's capacity development plan must include a risk assessment of challenges attendant upon the progression from an informal to a formal structure, some of which are mentioned in table 2 above (page 24). Donors must try to understand the issues of the network in order to facilitate the process more effectively. *“[Capacity] development must [...] be a two-way approach with recipients developing the capacity and knowledge of donors in grassroots issues, internal capacity constraints, and the like.”*⁷³

Due to the dynamic nature of network organisations, donors should be willing to accommodate changes when it comes to planning, reporting, and following set work plans. They must allow for changes when the context changes and when new

“[In] their enthusiasm to tap into and strengthen capabilities of networks, external intervenors too often push them into formalizing. This can end up stifling or killing the ‘sparks and energy’ that come from the exchange of ideas and knowledge in a more informal community of shared interest”

Taschereau et al. (2006:20)

69 Personal communication with Bongai Mundeta, RAISA Regional Director, June 25, 2009.

70 KZNNVAW member - Government Department in a rural area.

71 VSO South Africa (2009:12).

72 VSO Nepal (2009).

73 VSO South Africa (2009:4).

issues arise. When applying the principles of stakeholder involvement, donors must be willing to be flexible to fit in with the network needs, rather than insist that the network fits in with the donor needs. According to the NAP+SAR research, donors often have their own agenda and bring projects to the network which are not aligned with the network's priorities. This puts networks in a difficult position as they feel they cannot reject the funding in order to safeguard relationships with the donor as well as with their members. This is an example of an ineffective partnership, as there are obvious inequalities of power in the relationship.

"In most cases the donors influence the activities by pre-determining the areas that the networks should concentrate or focus on. But although generally the donors facilitate the actions implemented by the network, they sometimes also interfere [in] our actions. Sometimes the reporting models presented by the donors or stakeholders are very difficult to use and this makes reporting difficult."

Vontade Association - member of Kuyakana

Donors can play a positive role in capacity development of HIV network organisations by listening, by applying the principles of transformative participation, and by being responsive to network needs. They can also take the lead in providing support to (network) organisations in an effort to strengthen internal policies on HIV mainstreaming.

There appears to be a growing interest in working with network organisations. PSO, a Dutch Association consisting of 50 Dutch development organisations, recently hosted a learning trajectory for Capacity Development and Networks. Donor organisations like working with PLWH network organisations "because of their uniqueness in terms of composition [for and by [PLWH]]."⁷⁴ PLWH network organisations should attempt to capitalise on this interest, without alienating well-established partnerships with smaller development organisations, and without having to align their objectives to those of the donor, rather than vice versa.⁷⁵

3.2.2 LESSONS LEARNED ON PARTNERSHIPS AND ALLIANCES

- Partnerships must be based on mutual trust and respect. This is likely to be developed over the long term.
- A clear outline of responsibilities and desired outcomes should be formalised in a partnership agreement.
- Partnerships are stronger and more sustainable when they are institutional rather than personal.
- Donors and international development agencies must increase their knowledge and learn about the challenges and advan-



HIV and AIDS demonstration, Malawi

tages of working through HIV network organisations.

- Donors must accompany the network in its development, not "take over" at the risk of alienating the members.
- Donors must be more flexible when funding networks and offer long-term support, both to the network as well as to its members and beneficiaries at all levels (national to local).
- Donors must apply the GIPA principle and encourage participation in general in order to learn from and about the network and discover the ways in which they can best support it.
- Local partnerships must be encouraged as a way to create sustainability and mobilise local resources to build capacity.

3.3 LEADERSHIP

The network leadership is responsible for ensuring the success of the network in line with its purpose. "Formal" leadership can be a network leader, senior staff, board members, or a combination thereof. It will vary from network to network. The (combined) skills of the leadership should include strategising and action planning, coordinating, communicating (listening, speaking, writing, and sharing information), facilitating and mediating, advocacy, decision making, preventing and solving disputes, motivating, and fundraising (including the interpretation of network needs for donors).⁷⁶ More "informal" network leaders can also come from within the member organisations or from within specific (technical) areas of the network. It is important to capitalise on the strengths of leaders in member organisations. Leadership and network capacities are closely related.⁷⁷

⁷⁴ Africa Communications Consult (2009:45).

⁷⁵ Africa Communications Consult (2009).

⁷⁶ International HIV/AIDS Alliance (2008a); Prasad et al. (2007).

⁷⁷ Deventer, F. van (2006:3).

The leadership needs to be able to facilitate the diversity of a network. It should engage weaker members and facilitate their participation as much as capitalise on the skills and energy of the stronger members. Rather than serve only to pass on information, it should facilitate the sharing of learning and knowledge between the members in order to benefit most from the network's strengths. It must create spaces for interaction between members so that the network can thrive.

Feedback collected for research purposes highlights the fact that the quality of leadership can be more important than funding. In South Africa the KZNNVAW members interviewed all hailed the qualities of its leadership. The network has had, to date, a very informal structure but *"[the] network has survived through the efforts of the KZN Network Director and the commitment of the regional contact persons. A high level of trust and goodwill has been established and ingrained in the network over the years with the KZN Director seen as the 'guiding light' of the organisation."*⁷⁸

With regards to leadership, significant challenges remain. Leadership is not always focussed on its members: it can become more focussed on internal priorities.⁷⁹ VSO Nepal reports that decision making is generally in the hands of a few people. Badly designed funding programmes contribute to limited accountability when they focus on building the capacity of the network (leadership) only, without recognising the need for member involvement and capacity. Building the capacity of second-line leadership in, for example, regional offices or member organisations will strengthen the overall leadership qualities of the organisation. Leadership also suffers when the roles of the board, the secretariat, and the members are not clearly defined.

Capacity building of the Kuyakana leadership was undertaken with the help of a VDW. *"It's through VSO, especially the help of the VSO Volunteer, that our organisation is turning out to be a real network organisation. Now we are more of a coordinator than an implementer of activities."*⁸⁰

The NAP+SAR study found that in some of its 10 member organisations leadership has stayed too long. This means that leadership is no longer open to new ideas to help grow the organisation. This "founding-members syndrome" (in the board and secretariat) is a major constraint in some networks, frustrating some members and partners who are of the opinion "that networks should appoint leadership by merit not by sero status."⁸¹ Other weaknesses identified in some of the member organisations' leadership are that mission, vision, and goals do not always reflect the actual programmes and activities of the network (which compromises accountability); that leadership and management may run their network with passion but lack expertise; and that the power to lead is concentrated in one person only. Despite these (and a few other) identified challenges, criticism of the leadership will often

be contested by the membership to protect the interests of the organisation. This is due to trust of leadership. It is important to distinguish between loyalty to PLWH leadership and actual skills. An objective review of leadership skills must be encouraged.

The AFUB leadership has taken action with regards to HIV mainstreaming in its organisation. It is encouraging members across Africa to look at development of an HIV policy as well.

3.3.1 LESSONS LEARNED ON LEADERSHIP

- Confusion of the responsibilities of the board, secretariat, and members weakens leadership abilities.
- Leadership characteristics and skills can be more important than funding.
- An objective rather than passionate evaluation of leadership capacities will help identify capacity-building needs.
- Second-line leadership must be developed, within the secretariat as well as within member organisations, in order to create stronger networks and improve the sustainability of network organisations (decentralisation of leadership).
- Leadership must have strong facilitator skills to encourage involvement of weaker or more marginalised members across the organisation.
- Leadership should create spaces for members in order for the network to thrive.
- Leadership should lead on strategic issues such as HIV mainstreaming.

3.4 KNOWLEDGE AND SKILLS

The network needs both members and staff with different skills to fulfil a variety of roles and responsibilities. The network needs to make sure it uses the skills and knowledge available in its membership. The more these skills are being used the more committed the members will likely be. As a result, the network's overall capacity will increase. Members need to network to create a dynamic learning and sharing environment. Where this is not already happening, network leadership needs to encourage the linking of members to capitalise on members' strengths.

The uniqueness of networks supporting people living with HIV lies in their hands-on experience of dealing with the challenges faced by people affected by the disease. As such, HIV+ networks are likely to have a large amount of HIV-specific knowledge. They must use it in such a way as to share learning and practice as regards working with and involving PLWH.

78. VSO South Africa (2009:5).

79. VSO Mozambique (2009a).

80. Kuyakana staff member, Head Office (VSO Mozambique (2009a)).

81. Africa Communications Consult (2009:29).

“What we can contribute to the network is the knowledge, skills and experience we have of working with women living with HIV and AIDS which is not the case with other associations or organisations.”⁸²

Documentation and sharing of first-hand experiences provide a core element of evidence-based advocacy work and policy influencing. Advocacy is the process of influencing people in positions of power. Advocacy and influencing skills must be learned in order to capitalise on the existing knowledge base of PLWH and HIV networks. The networks can work as a funnel for those with few other avenues to access powerful decision makers.⁸³

“[The network director] has facilitated many meetings with magistrates and the justice system. It seems the justice system now recognises the abuse to women in cases which has meant a reduced sentencing for women who attack partners.”⁸⁴

3.4.1 IDENTIFYING KNOWLEDGE AND SKILLS, AND CAPACITY-BUILDING NEEDS

One way to register member skills is through a mapping exercise which lists members' skills, knowledge, and needs, as well as records other useful information, such as their location (to encourage direct linking). Currently, none of the network organisations researched systematically performs this exercise. This more formal way of mapping might not be necessary for all networks (depending on size, levels of communication, geographical scope etc.). It is, however, important to find a way to capitalise on member strengths and identify areas for capacity building.

ZAAA identifies its members' needs for capacity building through their quarterly meetings, where common capacity gaps are agreed on. The organisations first identify their needs themselves, through organisational self-assessment. Kuyakana maps the geographical location of its members but does not map knowledge and skills. Capacity needs are identified through direct communication with the members on an ad-hoc basis.

The NAP+SAR findings used in this publication come from its capacity, needs, and skills assessment. It was conducted in order to find the best way forward in facilitating the development and strengthening the capacities of Networks of People Living with HIV and AIDS in the Southern Africa Region.

To identify needs, KZNNVAW communicates with its members, but it does not do so in a structured manner. KZNNVAW is currently commissioning the development of a database which will facilitate an understanding of *“who is who, who does what and allow the network members to interact more proactively without much facilitation.”⁸⁵*

Besides the identification of the capacities existing in the member organisations, an organisational assessment of the network is needed to identify capacity gaps. KZNNVAW received technical-assistance support to build capacity in organisational development. In hindsight the support would have been more beneficial if additional funding had been available to allow for more effective use of the assistance and for the creation of the appropriate infrastructure to increase the impact of the network. A more thorough organisational assessment and better two-way communication between the donor and KZNNVAW would likely have produced an environment better suited for the transfer of knowledge and skills.⁸⁶

KZNNVAW has identified a capacity gap involving the management of the volunteers in the network. Many of their member organisations are staffed by volunteers and are plagued by high volunteer turnover. Kuyakana mentioned similar challenges. The high turnover requires constant training, capacity building, and mentoring of new volunteers, a costly and intensive process. In the course of the discussion about capacity building and HIV, this issue has been raised regularly, particularly in relation to Home-Based Care.⁸⁷ Skills training of volunteers can be used as an incentive and as a form of recognition, besides being crucial to improving the overall impact of the network.

It is important to recognise that organisational assessments will provide only a snapshot of needs at a specific time. Through internal communication systems, an on-going assessment should take place so as to accommodate changing needs and adapt capacity-building and learning efforts.

3.4.2 LINKING AND EXCHANGE VISITS

Networks should capitalise on the existing knowledge and skills within its member organisations. When members communicate with and learn directly from each other network capacity will improve without the need to involve the network leadership. Where this does not happen sufficiently network leadership should encourage these dynamics.

Within Kuyakana this way of local linking was encouraged through an exchange visit (with, in this case, a non-member

⁸² Vontade Association – member Kuyakana (VSO Mozambique (2009b)).

⁸³ Church et al. (2003:3), International HIV/AIDS Alliance et al. (2008:20).

⁸⁴ KZNNVAW member - Female prison warden (VSO South Africa (2009)).

⁸⁵ KZNNVAW member (large international NPO).

⁸⁶ VSO South Africa (2009:16).

⁸⁷ VSO-RAISA (2007).

organisation). The objective of the visit was to learn more about home-based care.

“Since we had that exchange visit, we have learnt new ways for caring for people especially [PLWH]. We also learnt the difference between Home Visit and Home-Based Care. For example, we used to go and take things to the sick people and after giving them the things we would leave immediately but now we know the importance of sitting with the patients and talking with them and most times of helping them with house work.”⁸⁸

Linking with local organisations will also help overcome language barriers and decrease the need for financial resources. It can also promote the establishment of longer-term partnerships, as personal and local relationships are more easily sustained.

“Though language and cultural differences have sometimes been a problem, the promotion of exchange visits is a very positive aspect and has not only helped me, but also organisations to improve on their activities.”⁸⁹

In India, an exchange visit organized, with R2L support, by a network of people living with HIV resulted in the formation of a district Self-Help Group for the economic empowerment of positive women. VSO Bangladesh suggests the continuation of “exposure” visits as they help generate new ideas and concepts for programme development.

VSO-RAISA facilitated the establishment of the Hlanganani Children Care Network in South Africa. The philosophy of the network is to use the expertise within the network whenever possible. This leads to capacity building and recognition of those who share their expertise with the network. With support from VSO for workshops and exchange visits, Hlanganani members have built each other’s capacity. HIVSA shared information about how to run a children’s camp through training with at least three other members of the network. As a result the Center for Positive Care now organises and runs its own children’s camps. Another member, St Joseph, has shared its knowledge on disability and on caring for disabled children with Ebenezer. Other examples include Tateni teaching child care which has prompted the Ndlovu Medical Center to set up child-care forums and Cape Town Child Welfare giving out a manual on how to work with orphans and vulnerable children. The above developments demonstrate how networks can be greater than the sum of their parts.⁹⁰

3.4.3 OTHER TOOLS FOR CAPACITY BUILDING

Other ways of building organisational capacity in the R2L programme include technical assistance provided by a VSO Development Worker (VDW). VDWs can be working with an organisation for a short-term (six months) or longer-term (two years

with a possible extension) period, depending on the assessed need. Further tools include workshops, professional training, and organisation-wide capacity building – with an eye to, for example, HIV mainstreaming. A small-grants fund can provide the resources to finance small workshops, training sessions, exchange visits or specific projects which will enable the organisation to be more effective in its work. Organisations with a VDW or those in a partnership with VSO can apply for this grant.⁹¹

Other donors will also provide technical assistance, training, and grants. Each donor or development organisation providing support will have its own strategies, terms, and conditions. Donors must be willing to look at how best to meet needs and adapt their support accordingly. The application of individual tools as stand-alone activities is likely to be less effective than a combination of tools applied over a pre-determined period of time.

Well-designed strategic plans, which accommodate change, facilitate more effective capacity building. Designers of a training programme are well advised to include post-training follow-up visits to see whether what has been learned has been put into practice. As one workshop is often not enough to achieve desired levels of capacity, follow-up events (visits or workshops) can help bridge or identify remaining or new capacity gaps.

3.4.4 LESSONS LEARNED ON KNOWLEDGE AND SKILLS

- Institutionalised mapping exercises are not always taking place. It is important that skills, knowledge, and needs are identified through less ad hoc forms of communication.
- Capacity assessments need to be updated regularly and facilitated through strong internal communication systems.
- The knowledge base of network members representing PLWH is unique and can be used to provide strong evidence for advocacy and policy influencing.
- Local exchange visits are a cost-effective and culturally appropriate way of linking organisations and sharing learning to improve knowledge & skills.
- Exchange visits and linking between members must be encouraged as a way to create synergy within the network. Ideally, new linkages between (member) organisations are the beginning of longer-term relationships which grow stronger over time.

⁸⁸ Vontade Association, member Kuyakana (Personal communication with Prince Joshua Mulondo (3 July 2009)).

⁸⁹ Staff member MONASO, Sofala Province, in VSO Mozambique (2009a:19).

⁹⁰ Personal communication with Carine Munting, HIV Programme Manager VSO South Africa.

⁹¹ Up to £2000 (VSO (2005)).



African Union of the Blind, Kenya

- Organisational capacity building will be more effective if part and parcel of a good strategic plan. However, such a plan needs to be flexible to accommodate changes dictated by the dynamic nature of networks.
- A capacity-building plan comprising a range of tools and activities reinforcing one another is likely more effective than stand-alone activities.

3.5 INTERNAL COMMUNICATION

Internal communication is the lifeline for networks. Without efficient internal communication to coordinate activities and resources, share knowledge and experiences, and build support between members a network will not be as effective as it could be with a clear communication system in place. The system should be understood by all internal stakeholders. When a network has a large geographical spread language could become an issue. Poor access to postal services, telephones, computers, and e-mail is another challenge cited regularly during discussions about internal communication.

3.5.1 COMMUNICATION PROCEDURES

Of the four organisations researched, none have a formalised and documented internal communication procedure in place. Most report that informal procedures exist but are not documented. Communication “procedures” do not have to be overly complicated or formalised. They can simply state who is responsible for what types of communication. Documenting the rules will, however, improve effectiveness and accountability. VSO Nepal found through its work with NAP+N that a key challenge regarding its capacity was the lack of a communication structure between the central and regional secretariats. Without the existence of basic communication procedures, such as specify, for example, when

member meetings are taking place, how often newsletters can be expected, in which ways members can communicate with each other and with the leadership, and who is responsible for each of these tasks, opportunities to create synergy and to share knowledge are being missed.

At KZNNVAW the network director facilitates communication between members and between regions through the regional contact persons. Even though this appears to work well, the need for more formalised and structured communications is recognised and will be established with the current support through USAID/PEPFAR.

[At KZNNVAW] the network Director utilised the 8 regional contact persons very effectively, who are well networked in their localities thus assisting the information flow between the network and its members.

VSO South Africa (2009:16)

Despite the lack of formal communication procedures, ZAAA feels that the network has facilitated effective interaction for its members, and that interaction has been crucial in achieving objectives at both the member and network levels. This success might be due to the small number of members. The members also indicate that the lack of a regular newsletter is probably due to the network’s informal structure. It cannot fulfil such expectations from the coordinating agency.

Another challenge for ZAAA is information dissemination from member organisations to implementers. Community Health Workers (CHW) have lower levels of awareness regarding WHO guidelines on HIV and AIDS Treatment and Care than staff of the member organisations, indicating a weakness in members’ information dissemination practices. Zambia’s MTR of ZAAA suggests a thorough review of the methods network members are currently employing to disseminate information. This might reveal the need for translating key sections of the guidelines into the local languages for further dissemination within the communities.

VSO Zambia reports another challenge regarding information dissemination. When people attend capacity-building workshops or other meetings they should disseminate the lessons learned and the resources received throughout the organisation. This does not always happen, as the following quote highlights: “I have a personal copy [of the HIV and AIDS national policy document] at home that I received while attending [one of the AIDS meetings in] Lusaka.”⁹² If workshop participants are clear about their respon-

92 CHEP (2007:10) in VSO Zambia (2009b:5).

sibilities regarding information dissemination, it is more likely that (often) sparse copies of key documents are placed within organisations' resource centres.

The NAP+SAR research could not find any operational communication policy in place with its 10 member organisations. Responsibilities of board versus secretariat or provincial versus district office were often not clear. At times support groups communicate directly with the secretariat, leaving out project officers. As a result, requests are not being followed up on, either because there is no awareness of the need, or because there are no (financial) resources to support the request.⁹³

3.5.2 COMMUNICATION RESOURCES AND ACCESS

Communication with rural areas is particularly challenging due to the lack of communication structures. Rural people frequently have no access to phones, computers, e-mail, the internet, or other modes of advanced communication. Mobile phones, however, have been a welcome technology and can be used to overcome some of the challenges of being "far and away" as well as the challenges caused by the poor state of more traditional telecommunications infrastructures, particularly in rural or slum areas.⁹⁴ Caller groups rather than e-mail groups and text messaging are already being used for HIV awareness raising and information sharing.⁹⁵

Networking and the development of partnerships with local businesses can also support access to communication resources in rural areas and communities with a limited communications infrastructure. Local enterprises will often have access to telephone and fax lines and where possible to e-mail and internet, and might be willing to offer these services to support network members. Where a mutually beneficial exchange of services can be agreed upon – for example, the use of communication facilities could be traded against the provision of awareness-raising training – a stronger and more sustainable partnership might be established.

AFUB also reports that some of its members, all national associations of the blind across Africa, suffer from a lack of communication technology. Only 50% of them have access to e-mail. AFUB also indicates a need for special software and training geared to persons with visual impairments, in order to improve their access to information.

3.5.3 LANGUAGE ISSUES

The research shows that the time and financial resources needed for the translation of documents into local languages and Braille are not always factored in. This study itself faced these challenges as well. Financial resources are often limited and translation is

often expensive and takes time. Participatory ways of information gathering and communication might require the presence of translators, which is usually very costly.

It is important to factor in language requirements and adapt research plans or project implementations accordingly. As a majority of resources on capacity building (in network organisations) is being developed in English, those working in other languages will face the challenge of more limited access to these (often excellent) resources. As an African-wide network, AFUB reports challenges in communicating with its members in Portuguese- and Arab-speaking countries (it uses English and French as its main languages). AFUB also faces challenges with regards to accessibility to (HIV) resources in Braille.

3.5.4 LESSONS LEARNED ON INTERNAL COMMUNICATION

- Simple, internal communication procedures or policies are frequently not in place. This could result in missed opportunities for collaboration, sharing, and learning.
- There is a need for clarity on how internal communication takes place, including how the time of meetings is announced and who communicates what to avoid confusion.
- Working with rural people is challenging due to a lack of communications infrastructures. The mobile phone is a welcome technology as it can overcome some of these communication challenges.
- Translation of resources is expensive and time consuming. Resources must be planned for accordingly. The linking of same-language organisations could help with the sharing of learning.
- Partnership with local businesses could generate access to communication infrastructure.

3.6 IMPACT, OUTPUTS AND EXTERNAL COMMUNICATION

HIV network organisations engage in a variety of functions related to a broad range of topics. The functions include information exchange for the benefit of analysis, research, and knowledge generation; lobbying and advocacy; policy influencing; skills and capacity building; and service delivery. The organisations researched engage a variety of concerns, including home-based care, the rights of PLWH, gender issues, violence against women,

⁹³ Africa Communications Consult (2009:28-29).

⁹⁴ Scott et al. (2004), http://news.mongabay.com/2005/0712-rhett_butler.html.

⁹⁵ http://www.pbs.org/newshour/updates/health/jan-june09/projectm_0309.html.

HIV mainstreaming, and access to treatment. Some focus on advocacy only; others combine advocacy, service delivery, and capacity building.⁹⁶ Different organisational foci will mean that different capacities are needed to reach stated objectives. When both general organisational skills and technical skills improve, improved results and outputs are reported, even though challenges remain. This section focuses on capacity strengthening in technical areas to improve impact and outputs; section 3.7 looks at capacity building of the core functions of network organisations, thus focussing on organisational development. In practice the two are strongly intertwined.

3.6.1 IMPACT THROUGH ADVOCACY CAPACITY

“Advocacy is the process of influencing people in positions of power [...] to bring about change in policies, laws and practices.”⁹⁷ Network organisations usually provide a more powerful platform than single NGOs. Advocacy topics need to be identified through dialogue with the network’s members. If effective processes and procedures for internal communication are in place, the network will be better able to address issues as they arise (i.e. will have a stronger capacity to adapt) and as a result members will better identify with the network’s actions. The network will have high levels of accountability towards its members. The link between advocacy and monitoring and evaluation cannot be emphasised enough. The documentation of experiences and good practices can provide the necessary evidence to influence the views and decisions of those in power.

“Many development gaps in Zambia are linked to policy and governance issues. VSO-Zambia and its partners need to strategically position themselves to actively participate, monitor and influence policy-making and implementation.”

VSO Zambia (2009b:4)

Within the R2L programme capacity for advocacy remains limited.⁹⁸ There are, however, some good examples of improved capacity with regard to advocacy.

ZAAA’s specific objective is to build its capacity to undertake identified advocacy activities. The two “asks” it is advocating are for recognition and support of the roles and rights of community caregivers and for access to information on HIV prevention, treatment, and care. To enhance their advocacy skills ZAAA members conducted a number of advocacy workshops and exchange visits both locally and abroad. There were also regular quarterly review meetings to discuss and plan for advocacy activities. This work resulted in improved advocacy skills among ZAAA members and the output included the ZARAN **formulated advocacy plan** in June 2008, discussion of advocacy issues on the radio, and the

invitation of public figures like Members of Parliament to mark special occasions.

ZAAA has been involved in lobbying the government to increase **access to ART in rural areas**. As a result of lobbying by its members (TALC, Mwazwini, and Chipulumutso), an ART clinic was built in one of the more decentralized locations.

VSO Nepal supported NAP+N’s advocacy capacity through the formation of an advocacy task force as a response to the need of PLWH to **address the discrimination limiting access to services** and treatment. *“This led to the establishment of an HIV unit at the Teku Hospital, provision of a 25-bed ward exclusively for people living with HIV&AIDS, simplification of paper work related to accessing services, and provision of specific free services.”*⁹⁹

AFUB engaged in advocacy work as a member of the African Campaign on disability and HIV. The responses from 12 countries to a baseline survey to determine the extent to which visually impaired people have access to HIV services were used as a basis for advocacy. AFUB has facilitated advocacy training workshops with visually impaired persons from Ghana, Malawi, and Kenya. Some organisations, such as the Ethiopia National Association of the Blind (ENAB), partner with the National HIV and AIDS Prevention and Control program (HAPCO) to train selected members of its lobby committee on advocacy issues. Through AFUB’s efforts **disability and HIV** issues are now finding a way into the HIV discourse.

In Bangladesh, a wider need for advocacy capacity training has been identified. As a result VSO has actively supported **networking** in support of HIV-related national advocacy efforts through the formation of a national-level core working group. The group works to provide strategic leadership, to guide consultations on developing a national advocacy forum, and to identify advocacy issues and training needs at the national level. VSO supported the group’s formation by building a strategy to make it a functional coordinating body for the implementation of a bottom-up advocacy plan for policy change. With the support of a VDW, the group conducted a National Advocacy Training Needs Assessment and a capacity building workshop to build partner organisations’ capacity for meaningful participation in policy advocacy processes.¹⁰⁰

⁹⁶ For more details see Appendix 1.

⁹⁷ International HIV/AIDS Alliance (2007:21).

⁹⁸ VSO Netherlands (2008).

⁹⁹ VSO Nepal (2009).

¹⁰⁰ VSO Bangladesh (2009:16).



Condom demonstration, Nepal

3.6.2 IMPACT ON SERVICE DELIVERY CAPACITY

Through ZAAA, a VDW supported **Home-Based Care** (HBC) gives women with microfinance training, responding to the needs of female care givers. A microfinance scheme providing care givers with an opportunity to generate income to support their families while continuing to support clients in their own homes is now being scaled up. As a result more men are joining home-based activities *“on an understanding that they can make a difference without depriving their families of an income.”* This is not a stand-alone success, as intensive sensitisation of and by traditional leaders also influenced the thinking of men. In the case of Thandizani Home-Based Care, the number of male Community Health Workers (CHW) is now even higher than the number of female CHWs.¹⁰¹ Responding appropriately to a culture in which a man is the head of the household created an environment in which an increased number of men were willing to engage in care giving.

As many households affected by the HIV epidemic are now headed by women and children, income generation is equally important to them. Ahitipaluxene, a member organisation of Kuyakana, received money from an INGO to support its individual members with income-generating activities. One such member, who provides care twice a week to other people in her community living with HIV, managed to use the first money she received to start selling bread, fruit, and other food. Now she is able to support her grandchildren and buy sufficient food herself to ensure that her anti-retroviral treatment is effective.¹⁰²

Also in Mozambique, Kuyakana is providing training to community and government leaders, particularly in rural communities, in an effort to counter myths regarding HIV and to persuade communities to accept those living with HIV. After training as an *“activista”*¹⁰³ with Ahitipaluxene, one of its individual members managed to **reduce stigma and discrimination**.

*“I visited a homestead where I found a young girl who is HIV positive. The parents of the girl had a different set of utensils for the girl, didn’t want to relate with her in any way because they thought she would infect them. As an activist I talked with them and as they saw me using her utensils and didn’t get sick they were able to overcome [their] fears and relate well with the girl. The fear that the girl would die soon was alleviated as I disclosed my status to them. And I told them the basics of caring for PLWH. Now everything is ok in that family [...]”*¹⁰⁴

KZNNVAW reports that a ripple effect was created through capacity building and **empowerment** of (individual) members. *“I was able to see what some of the issues were, so I started my own Adult education programme because so many of the women could not read or write and felt intimidated when they had to report to the police station.”*¹⁰⁵

KZNNVAW is also implementing the PEP Preparedness Programme which aims to build the capacity of members who then empower women/girls and men to exercise their right to treatment after rape. Members will teach the Programme in the communities where they work and so contribute to the reduction of HIV infection. Communities are provided with information about health risks, available services, and legal remedies. The project **challenged the stigma** attached to survivors of rape and sexual assault and its relation to HIV and AIDS. However, a lack of necessary funds and thus of capacity reduced the ability to effectively evaluate the change in attitude.

3.6.3 LEGITIMACY

*“Legitimacy of a network is not something that can be declared; rather it must be earned. Networks that meet stakeholder expectations of effectiveness and efficiency are generally seen as legitimate.”*¹⁰⁶ The quality of leadership and members, the way the network serves its members and brings them together, the degree to which a network’s vision is seen as compelling, and, crucially, the network’s track record in realising results all contribute to a network’s legitimacy.¹⁰⁷ Legitimacy can be reinforced through external communication and the sharing of successes and strengths with key stakeholders. The legitimacy of an organisation can create a synergy effect for the network.

101 VSO Zambia (2009b:2), VSO Zambia (2009a).

102 ActionAid, VSO (2007:43).

103 *“Community volunteer.”*

104 VSO Mozambique (2009b:19).

105 KZNNVAW member, Newlands East Crisis Centre.

106 Brinkerhoff (2005) in Taschereau et al. (2006:14).

107 Taschereau et al. (2006:14).

KZNNVAW has been able to establish legitimacy. When USAID/PEPFAR was looking for local partners for their social mobilisation project, their assessments and research easily identified KZNNVAW as one of the key networks working in VAW and HIV. *“They have developed trust with members and beneficiaries and can easily mobilise people.”*¹⁰⁸

Feedback from external stakeholders of Kuyakana in Mozambique highlights the fact that Kuyakana has not yet established that same level of legitimacy.

*“According to my opinion, the functioning of Kuyakana is still weak especially in respect of helping the member association.”*¹⁰⁹

*“We feel that in terms of communication, Kuyakana is weak at responding [to] our invitation letters and also in commenting on certain issues. Maybe Kuyakana should involve more in the different processes that are taking place in the country.”*¹¹⁰

*[Kuyakana] should disseminate more its activities so that it may be known, mainly where people especially the women need [its] services.”*¹¹¹

ZAAA’s focus has been more on building the capacity of its members to advocate than on building the network per se. As a result, it is the work of the member organisations that is better known at the policy level.¹¹²

3.6.4 EXTERNAL COMMUNICATION

“External communication includes representing the network to and exchanging information, knowledge, and experience with those outside the network. Representing the network means speaking or acting on behalf of the network leadership, staff, and members.”¹¹³ Representation is necessary when the network engages in advocacy and policy influencing and can support the network and members by establishing legitimacy through advertising the network’s credentials, expertise, and knowledge. It must be clear to members and leadership who can speak for and represent the network on which occasions. Arrangements will vary from network to network.

KZNNVAW has found that external communication, specifically their “16 Days of Activism” campaign, creates demand. This in turn requires capacity in order to respond. However, such follow-ups might not be always possible due to a lack of funding or of other capacities. The network and its members should consider how to secure ongoing support for adequate responses to needs newly identified after awareness campaigns or training sessions.

One of a Kuyakana member association’s “activistas” found that after training “[we] are able to communicate our needs correctly to

*the designated ministries or to organisations that are concerned. Due to the training we have we [are] now more focused and we know what we want and from whom. Now people are starting to listen to us or to our needs.”*¹¹⁴

ZAAA reports that “more research and investigations [must] be done in order to do good advocacy as members needed to understand issues surrounding treatment for children before embarking on a lobbying meeting with the Ministry.”¹¹⁵

Research done at NAP+SAR found no operational communication policies in place with its 10 member organisations. Donors regularly communicate directly with the project officers of a funded programme rather than include the secretariat. This can leave the network management with little understanding of what is happening. Both members and partners of NAP+SAR members feel that this has weakened the ability of networks to have a dialogue with other organisations and member networks. It has also led to weakened coordination with other networks, unavailability of the networks in meetings which discuss issues relevant to them, and insufficient networking and communication with other organisations, partners, and collaborators.¹¹⁶

3.6.5 LESSONS LEARNED ON IMPACT, OUTPUTS AND EXTERNAL COMMUNICATION

- Small grants are an effective tool to support capacity development and produce results at the community level.
- Where possible, networks need to prepare a contingency plan to facilitate adaptive capacity for dealing with the possible effects of media or advocacy campaigns.
- Advocacy skills need strengthening. Preparation and knowing your evidence are crucial to advocacy work.
- Improved monitoring and evaluation as well as better research skills will facilitate the gathering of evidence with which to strengthen advocacy messages.

108 PCI Director South Africa

109 VSO Mozambique (2009a:17) - HIV and AIDS Program Officer of OXFAM Australia.

110 VSO Mozambique (2009a:17) - Advocacy Officer of MONASO.

111 VSO Mozambique (2009a:19) - HIV and AIDS Focal Person, MOH, Gaza.

112 Personal communication with Malala Mwendela, Executive Director ZARAN (Lead organisation ZAAA).

113 International HIV/AIDS Alliance (2007:20).

114 “Activista” of Ahitipaluxene Association – member of Kuyakana Mozambique.

115 VSO Zambia (2009b:3).

116 Africa Communications Consult (2009:28-29).

- Professional external communication will build up legitimacy and can reinforce advocacy messages.
- Legitimacy is something that must be earned through performance in a range of capacities, including membership involvement, leadership, professionalism, and achievements.
- Microfinance schemes and capacity building related to income generation can encourage men, women, and children heading households to be part of a network, as they can generate income for their families and engage in home-based care or other volunteer duties at the same time.

3.7 MANAGEMENT AND FINANCE

This capacity looks at the back-office functions of an organisation, such as the internal and management systems. In informal networks these systems might barely exist. In more formalised networks these functions are crucial to ensure the efficiency and effectiveness of the network. Strengthening management systems and linking missions, goals, and objectives with available resources can be categorised as organisational development.¹¹⁷ Donors are keen to ensure that at least basic systems and procedures are in place and that they are used to produce the required level of accountability and to support the scaling up of the response.

3.7.1 ORGANISATIONAL DEVELOPMENT

The assumption with network organisations is that capacity building stands to gain the most from a “multiplier effect,” with initiatives benefiting a wider range of (smaller) organisations, rather than just one organisation. One example of the multiplier effect comes from India, where PWN+ (with the help of a VDW) built capacity in order to improve its financial system. A manual was developed to guide the team when needed, thus providing some sustainable support, and the system has been replicated in the regional and state offices.¹¹⁸

Similarly, also in India, the HR Policy developed for GSNP+ has clarified many of the issues faced previously, such as staff recruitment, leave, job responsibilities, workplace harassment and HIV and AIDS at the work place. The HR policy is now gender inclusive. Due to its clarity the policy has led to better management of the organisation. The network is also in the process of adapting the policy to the District level networks.¹¹⁹

As a result of increased capacity, donors respond more positively to funding requests. *“Without a Memorandum of Understanding, but with simple financial procedures, we were able to get funding for our member organisations. Knowing that funding from [the National AIDS Council] is not easy to get, such support is very helpful for the organisations implementing activities.”*¹²⁰

This leverage effect is likely to be a cost-efficient way of supporting organisations, even though cost-benefit analyses of capacity-building interventions are not easily available.

Due to the instability of KZNNVAW’s funding streams, the network’s organisational development capacity has fluctuated. A recent funding grant and partnership alliance are currently allowing the network to formalise its secretariat and develop the organisation’s infrastructure, operations, and policy. *“There are about 21 policies [including Gender Equality, Employment Equity, and GIPA] we will be developing and institutionalising in the organisation.”*¹²¹ This will undoubtedly enhance the network’s capacity. A multiplier effect will be created through better service from the secretariat as well as through assistance to members to develop similar policies and practices.¹²²

With a new funder in place, a longer-term capacity development strategy has been developed. The partnership agreement with USAID/PEPFAR and Project Concern International (PCI) focuses on sustainability, capacity, and infrastructure development. *“We will supply technical advice especially around financial management and communications as well as scalability and rollout and ensure that at the end of the project, the work can continue as the organisations will have professional teams/staff and the systems in place to be sustainable.”*¹²³

All networks researched identified organisational development as a permanent focus area.

3.7.1.1 Clarity on roles and responsibilities

An effective network will have clearly defined roles and responsibilities for all its internal stakeholders: secretariat, board or governing committee (if present), members, and network staff (both paid and non-paid).

In line with its informal nature, ZAAA does not currently have a secretariat – it has a coordinator in the lead agency who does the ZAAA work as an add-on to her formal job as Executive Director. The lack of clarity regarding roles has resulted in members’ expectations not being met. Recommendations from R2L’s mid-term review include the establishment of a more formal secretariat and the drawing-up of a code of conduct, guidelines,

117 VSO/PSO (2005:10).

118 VSO India (2009a).

119 VSO India (2009b).

120 Staff member MONASO, Sofala Province, in VSO Mozambique (2009a:12).

121 KZNNVAW Network Director.

122 VSO South Africa (2009:11).

123 Director PCI, South Africa.

and a memorandum of understanding among partner members. Possibly, this will also contribute to increased commitment by the members who, due to ZAAA's informal structure, have up till now not been willing to draw up formal membership agreements. However, clearer, action-focused meeting notes, which assign responsibility for certain actions, could overcome these more immediate challenges. More formal arrangements are also expected to improve the management of donated funds.

At the same time it must be mentioned that ZAAA, despite its more informal structure, appears to function better than some of the larger and better-funded network organisations researched. This could be due to the already existing capacity of ZAAA members and the small, informal network structure, which facilitates easier communication between members. Effective communication and sharing of knowledge and issues between members form the core of a network's strength. Regular (quarterly) meetings which all members attend (thus demonstrating commitment) allow for the assessment of capacity-building needs and decisions on key advocacy focus areas.

Kuyakana received support from a VDW which has helped it better understand that its role is not to implement activities, but rather to coordinate and facilitate members. *"It's through VSO especially the help of the VSO Volunteer that our organisation is turning out to be a real network organisation. Now we are more of a coordinator than an implementer of activities."*¹²⁴ Kuyakana has job descriptions and an organisational structure.

At some NAP+SAR member organisations, governance and management roles and responsibilities seemed to be overlapping, which affected management performance. Some networks have weak boards, so that the secretariat seems to have the power of the board and the General Assembly. "Confusion exists in terms of control, leading and decision-making, and general management of the day-to-day running of the networks. Governance training is critically a recommendation to facilitate understanding of clear roles and responsibilities of different governance and management structures."¹²⁵ Due to a lack of human resources, senior management of 5 out of 10 members of NAP+SAR have to combine leadership roles with programme implementation. A similar situation exists at KZNNVAW. The NAP+SAR research has identified a need for assisting the member networks with the development and implementation of an effective human-resource strategy.

The secretariat and members of each network will have to determine their distinct roles. There is no blueprint solution regarding precise roles and job descriptions, as these very much depend on available resources as well as on existing individual and organisational capacities.



AIDS awareness campaign, Asia

3.7.1.2 Linking goals, objectives and activities

"The success of any network depends on clear goals and limited focus."¹²⁶ Goals are likely to be defined at the outset by members and supply the basis for new members to join as well as for existing members to stay involved. Linking these goals and objectives with activities is the next step which will lead to greater member identification with the network. If members cannot identify with the network's activities they will disengage. They will either cease to be active members or stop being members all together. Even though this could impact the network's sustainability, it could also result in new, more focussed networks.

In South Africa, KZNNVAW has always had a variety of programmes for which there were set objectives and plans but at the same time there have been ad-hoc opportunities which the network has been able to leverage. KZNNVAW members strongly identify with the networks' activities even without more formalized long-term plans in place. *"Long-term planning of activities has been a huge challenge [not due to] short-sightedness of [the network director] but rather because of lack of funds [or due to] short-sightedness of donors who [...] only want to fund a few workshops for a brief period."*¹²⁷

Kuyakana members report that goals and objectives were formulated based on annual meetings with its members (rather than on a more structured mapping exercise) but that they were not systematically used to guide activities. This year the organisation embarked on a strategic planning exercise supported by the UNDP after a number of external stakeholders suggested

¹²⁴ Leader, Kuyakana, Maputo Province, in VSO Mozambique (2009a:12).

¹²⁵ Africa Communications Consult (2009:11).

¹²⁶ Prasad et al. (2007:11).

¹²⁷ Personal communication with Lucille Ryan (July 24, 2009).

it might be beneficial to the network. Through member input, a draft strategic plan is now being presented in provincial workshops. An updated draft will then be discussed with other partners. In this plan, key objectives and activities are identified which should enable Kuyakana to improve its capacity to link its objectives and goals to its activities.

3.7.1.3 Adaptive capacity

Networks are mostly vibrant and dynamic. The dynamics of a network are likely to function best when *“mechanisms within the network, and with donors and clients, [exist] to enable reflection, dialogue, and adaptation of goals to accommodate changes in the network’s various external research, political, or economic environments, and the gradual realization of its programme of work.”*¹²⁸ Regular, critical reviews will benefit the network and help assess its longer-term appropriateness.

This adaptive capacity, or capability to adapt and self-renew, is of critical importance to networks and can be defined as “[...] the capacity to strategically adjust thinking and actions in response to changing circumstances based on improved knowledge and understanding.”¹²⁹ Feedback collected for this study indicates a limited understanding of the concept of adaptive capacity. It is however a crucial capacity for network organisations which needs due attention during discussions about network capacity building.

Kuyakana has decided to expand its activities to the national level to strengthen its impact and voice. It is also investigating how best to adapt its work and goals to include a response to the increasing impact orphans and vulnerable children have on women and communities in Mozambique.

When networks apply for increased funding to improve their capacities, support will often come with terms and conditions which render the network less flexible. Donors therefore play a crucial role. They can accommodate adaptive capacity and facilitate “quick wins.” To that effect, they must build in flexibility in their contracts and project outlines, rather than attempt to maintain rigid models of project planning and determined outcomes.

KZNNVAW finds that often the involvement of donors and other external stakeholders limits their flexibility. It also recognises that it must improve its monitoring and evaluation capacity to provide information and evidence with which to support their requests for adaptation and for input to increase the scale of existing activities.

NAP+SAR’s adaptive capacity has been limited. The assessment report points out that some member networks need to revise their mission and vision as well as their strategies and

activities to respond proactively to the changing environment and in light of the commitments made by member states (e.g. the Millennium Goals, the UNGASS Development Goals, and the Abuja Declaration).

The impact of HIV on staff and the organisation itself will influence the adaptive capacity of organisations. For this reason alone internal mainstreaming of HIV is crucial to identify needed organisational adaptations.

3.7.1.4 Internal mainstreaming – addressing the impact of HIV within the network

One of VSO’s key R2L objectives is for HIV to be mainstreamed in the policies and activities of partner organisations. Although the networks researched are engaged in HIV work, they do not all have an HIV or critical-illness policy in place. Lack of time or technical skills is given as a reason. KZNNVAW will be looking at such a policy with the increased support they will be receiving shortly. ZAAA is very informal and its “structure” does not necessarily need such a policy; however, some of its members do not have such a policy either. They are encouraged to develop one with support from VSO. Kuyakana also lacks such a policy, despite the fact that its structure is formalised and staffing is in place. Similarly, NAP+SAR indicates a general lack of documented workplace policies.¹³⁰

AFUB, Africa’s Union of the Blind, has an HIV and AIDS Awareness and Advocacy project (HIVAP). Ten (out of 55) member organisations are implementing this HIVAP. Through VSO’s R2L programme AFUB has received support for developing an internal draft policy on HIV in the workplace which has been submitted to the board for approval. The next step will be to develop an international workplace policy to be shared with members who are interested. Members in Tanzania, South Africa, Uganda, and Ethiopia are currently showing an interest.

Designing a capacity-building programme and specific activities requires knowledge about the ways in which HIV impacts the organisation’s capacity. In HIV mainstreaming, developing a critical-illness policy that addresses the medical side of the epidemic is but one component. A more comprehensive approach to mainstreaming will include HIV awareness-raising within the organisation and within the families or communities in which the organisation functions. Such an approach will also battle the ways in which HIV rears its head within the organisation, its links to, for example, low staff morale and stigma and discrimination.

¹²⁸ Prasad et al. (2007:11).

¹²⁹ Sorgenfrei and Wrigley (2005) in Taschereau et al. (2006:20), ECDPM (2008).

¹³⁰ Africa Communications Consult (2009:37).

It will further identify the ways the organisation's work itself can help to mitigate the impact of HIV (external mainstreaming) and it will, of course, implement the GIPA principle. Despite the fact that most of the organisations researched do not engage in HIV mainstreaming per se, there is a strong sense of commitment to GIPA.

Developing an organisational HIV policy is not necessarily a simple process, particularly if it is done properly and involves members and beneficiaries. AFUB has found the process of developing its HIV policy challenging. Despite the fact that AFUB had been implementing an HIV programme in its member organisations, staff within AFUB had not been discussing HIV matters themselves. *"It has been a difficult subject to talk about, but this has changed since R2L begun. R2L has opened a Pandora's Box in the organisation with a realisation that HIV and AIDS are a workplace concern. Staff have opened up, become more conversant and with a good understanding on further disability issues and HIV other than just the visually impaired."*

Interestingly, until they were prompted, none of the primary

Experience is showing that a participatory policy development process is time-consuming and costly. It can often reveal deeper and wider organisational issues related to prevailing organisational culture, relationships and decision making.

James (2005: 23)

research networks raised the impact of HIV as an issue with regards to capacity building in its network. KZNNVAW reports that it does not track why people do not attend training sessions due to a lack of M&E skills but also because of capacity (time) issues. *"Many [organisations] especially in rural areas have no infrastructure what so ever and can barely track their programmes let alone the impact of the HIV and AIDS initiatives as well as the impact of HIV and AIDS on their capacity."*¹³¹

3.7.2 FINANCE AND RESOURCES

Informal networks do not necessarily need significant resources to achieve their aims. However, when networks become more formalised and the secretariat becomes more operational, costs begin to increase.¹³² The benefits, costs, and risks of institutional change need to be assessed before the decision is made to begin a capacity-building process. However, no matter how few or how many resources are needed to support network structures and roles, up-to-date accounts or, for larger networks, financial reporting systems need to be in place to ensure accountability to members and other stakeholders. Donors and international development agencies are unwilling to fund organisations which cannot ensure that their money is being accounted for.

ZAAA's informal set-up, though suitable for support by VSO, limits ZAAA's ability to mobilise additional resources from other donors. KZNNVAW initially failed to raise additional funds as well due to the lack of a track record of financial and audited accounts. *"When you don't have a long track record at the beginning, donors are reluctant to give you larger amounts, so how will you ever build up your credentials."*¹³³ The network has since built its financial capability and its recent recruitment of a Finance Manager will ensure that these processes are managed appropriately.

Donors must recognise that short-term funding impacts the organisation's ability to plan, manage, and sustain itself and they should therefore consider longer-term funding. They should also think about funding core functions rather than focusing on project funding alone. Long-term funding would also allow networks to explore ways to become more self-sustainable.

Both network and member capacity is influenced by the level of available financial, structural, and human resources. It is important to recognise that small, informal networks can have strong capacities despite few financial resources, but in most cases increased outputs are likely to be correlated to increased levels of resourcing. Networks (and non-member umbrella organisations) will often function to safeguard the channelling of resources to small and informal CBOs with a limited capacity for fund management.

"Technical support provision [to intermediary, linking organisations] focuses on programmatic, organisational and institutional sustainability [...]. [Evaluation] results suggest that the strong focus on governance and financial management at an early stage has ensured accountability sufficient to meet donor requirements."

IHAA et al. 2008:6

If the management capacity of a linking or intermediary organisation, such as a network, is strengthened, community-based initiatives can be scaled up more rapidly. Managing the financial resources for smaller, community-based member organisations (CBOs) but also building their capacity to manage these funds independently and providing them with the systems to do so (accounts, M&E, narrative reports) are two specific capacities some, but certainly not all, networks take on.

At the same time, networks and members alike must be innova-

¹³¹ Personal communication with Lucille Ryan (July 24, 2009).

¹³² Church et al. (2003).

¹³³ KZN Network Director.

tive and look at ways in which they can mobilise resources from their immediate environment, either from other NGOs or institutions in the sector, or from local communities through partnerships with small businesses.

*"Communities must use their resources more effectively. We can[not] keep on complaining and waiting for government or donors to give us money. Bring in the local lawyer, nurse, teacher, you do not always have to target the department of justice or health or education; that can come later."*¹³⁴

*"I have the resources and capacity to assist in certain areas, like the soup kitchen I helped start because I own a restaurant/lodge in the area. I can also host meetings."*¹³⁵

Small grants are a possible, effective tool that provides support and helps to bridge the gap between distant funders and small community-based organisations. As procedures are simpler and conditions less complicated, CBOs are able to access resources and fill in the gap at the community level where bigger, well-funded NGOs do not often work.¹³⁶

Finally, membership fees can provide a basic income for networks with which they can sustain certain activities which donors might not be willing to fund.

3.7.3 SUSTAINABILITY

Two types of sustainability must be taken into account: first, the sustainability of capacity building in networks and, second, the sustainability of the networks themselves. As regards the sustainability of capacity building, capacity building of networks is considered a more sustainable approach. Rather than capacitating individual organisations, capacitating a number of members with respect to mutually identified needs is most likely going to be more cost effective, have a multiplier effect, and facilitate inter-organisational learning as well as longer-term relationship building. The risks include the variable capacity needs of different levels, which might mean that training sessions are not as closely tailored to each organisation as is perhaps desirable. Comparative cost-benefit analyses are, however, not readily available and were not provided through the case studies.

A consideration of the sustainability of the network must take into account the above-mentioned adaptive capacity. Often networks are formed "with some kind of transformation in mind, which makes them temporary. Networks that focus on delivering more permanent services for an indefinite period slowly evolve, as a result of professionalization, into tighter institutional forms and eventually lose their typical network nature (e.g. umbrella organisations with a service character). In contrast are resistance movements that function as networks that are purely focused on social transformation."¹³⁷

Therefore, when networks are looked at as institutions, the principle of sustainability is not always relevant and sustainability with regards to knowledge and ideas and the extent to which these continue to circulate among the general public might be a better indicator. In these situations strengthening the learning capacity of networks (institutional development) should be emphasised over strengthening the capacities of the institutional structures (organisational development).¹³⁸ However, strong institutional structures can contribute to an improved impact of networks. It depends on goals and contexts. It makes sense, therefore, to abandon the "blueprint" approach and to complete a thorough organisational assessment of a network and its capacities before the work of strengthening them is begun.

The end of a network must not necessarily be seen as a failure. Even though little research is available on the life cycle of networks, a reduction or lack of financial resources is not necessarily the cause of non-sustainability.¹³⁹

Sustainability and its connection with resource mobilisation were often cited in the course of the research. In order to do what a network wants to do, it must have access to resources. These are not necessarily financial resources; in networks in particular human resources are equally crucial. At KZNNVAW both the network director and the regional contact persons work without remuneration. They take on these roles as secondary "jobs" and their commitment and their communication and facilitation skills are important assets to the network. Currently the main weakness KZNNVAW has to overcome, which could impact its sustainability considerably, is that leadership and network experience and management seem to rest mainly with the network director. Second-line leadership and organisational rather than personal skills and experience need to be strengthened. This transformation of leadership must be managed effectively. At the same time, the network's sustainability will ultimately depend mostly on the involvement of its members and their continuing commitment to the network. Local capacity development also contributes to sustainability and reduces dependency on the network. *"Now the inmates train the new inmates on HIV and AIDS. They have been empowered to help and train each other so we are not dependent on [the director] all the time."*¹⁴⁰

134 KZNNVAW member - Government Department in a rural area in VSO South Africa (2009:25).

135 KZNNVAW member and business woman from a rural area in VSO South Africa (2009:22).

136 VSO Zambia (2009b).

137 Deventer, F. van. (2004:1).

138 Deventer, F. van. (2004:1).

139 Ranaboldo et al. (2003:9-10).

140 Female prison warden - member KZNNVAW in VSO South Africa (2009:20).

Without sufficient financial resources networks are unlikely to be able to scale up their activities and impact. The involvement of members – through travel to AGMs and regional or national meetings, participation in workshops and training, and access to basic communication tools – costs money. In the settings researched many individual members or member organisations cannot afford these basic costs of involvement and participation, which are nevertheless the core of a network's being. Donors who want to contribute to a network's sustainability must take this to heart.

3.7.4 LESSONS LEARNED ON MANAGEMENT AND FINANCE

- Improved network capacities are considered synonymous with the establishment of a more formal network structure (ZAAA, KZNNVAW). It is not clear whether costs and benefits of this exercise are being analysed (e.g. could a bigger secretariat reduce member involvement?) or whether other options to improve capacities are being explored. Even though support of a network would ideally also include support to the secretariat (rather than just project funding), the disadvantages of this increased funding must figure into discussions about the future form of the network's organisational development.
- VSO and other donors can play a crucial role in supporting the internal mainstreaming process, including the development of HIV or critical-illness policies and the assessment of the impact HIV has on the capacity of an organisation.
- Organisational capacity-building support must build on a thorough organisational assessment, which is regularly reviewed. An assessment of the network's external environment is equally important.
- Roles and responsibilities are often not clear. Clarity on roles and responsibilities will make the network more efficient.
- Adaptive capacity is a crucial characteristic of well-functioning networks and needs due attention to be better understood.
- Donor policies and practices should be adapted to facilitate adaptive capacity and accommodate network dynamics.
- Due to a lack of human resources, leadership roles are regularly combined with implementation responsibilities.
- Networks can function as a linking or intermediary organisation and manage member funds in order to support the scale-up of community-based responses.
- Members and networks should aim to look for alternative ways of resource mobilisation to work towards organisational sustainability.
- Possible indicators for monitoring the sustainability of a network include the commitment of members, the learning capacity of a network, and the thorough absorption of shared knowledge and ideas by the public.
- The end of a network must not necessarily be seen as a failure. It could actually be a success.





CHAPTER 4

CONCLUSIONS AND

RECOMMENDATIONS

This publication looks at the ways in which PLWH and other network organisations in VSO's Right to Life (R2L) programme have strengthened their organisational capacity, which challenges they faced, and what lessons can be learned. The key question is whether network organisations have a capacity which is greater than the sum of their parts.

For well-functioning networks synergy may indeed be the case, but there is certainly no guarantee. The more successful networks have active members who learn from each other and display a feeling of ownership and commitment to the network. The principles of participation must be applied to facilitate the capacity-building process of HIV network organisations. Successful networks have a facilitative leadership which understands networking and networks, is flexible, and can come to decisions despite the diversity of voices it is likely to represent. Leadership must help create the conditions for network members to thrive. Joint voices are stronger than solo ones and networks perform an important role in creating space to amalgamate these voices for advocacy purposes. Capacity-building work with network or umbrella organisations does mostly offer a multiplier effect, making it more cost effective particularly when a range of smaller organisations is involved. However, comparative cost-benefit analyses are not readily available.

The research identified valuable resources on networks and capacity building. Even though few of those look specifically at HIV network organisations, they provided the basis for this publication and they offer good exploratory reading for anyone interested in or working with network organisations. An extensive list can be found in Chapter 5.

Even though the findings and recommendations below are based on the research done in HIV network organisations, many similar capacity challenges will be found in non-member organisations. Not all findings are therefore unique to network organisations.

Overall there are no blueprint solutions to the capacity building of (HIV network) organisations. The principle of "good practice" must be put into the context of the findings of organisational and environmental assessments in order to create a "best fit" for each individual organisation. The following 14 findings and recommendations must be judged in this light.

1. Members are the heart and soul of network organisations

The combined input from members forms the core strength of the network. Leadership must create the spaces for member involvement and facilitate transformative levels of participation to capitalise on member strengths, skills, and knowledge. Without genuine participation of members and beneficiaries, real needs will not be identified and capacity-building efforts will therefore be ill-designed. Leadership and donors must recognise this aspect of network organisations and apply the principles of participation accordingly.

Specific recommendations regarding member involvement and accountability are the following:

- Network leadership and external facilitators alike must facilitate the involvement of smaller, weaker members over stronger, more vocal members and must facilitate the inclusion of more marginalised groups, such as rural communities, women, and MSM, to ensure representation.
- Network leadership and external facilitators should build on the strengths of members and encourage the involvement of active members who appear ready for change. Capacity building means a change in power relations and this is always likely to create tensions. If change agents can be identified they should be involved. An open space for members to thrive must be created.
- Networks need to practice the principle of reciprocal accountability between the network and its members. The network leadership needs to understand whom the network aims to support and be committed to serving members' needs first. Members need to ensure they participate and contribute wherever possible to improve the network's functioning.
- Members should be supported as they identify and fill capacity gaps, so as subsequently to enable the sharing of knowledge, learning, and joint action.
- Exchange visits and other ways of linking and sharing must be encouraged by the network to facilitate sharing and learning within the network. The sharing of knowledge between members within the network can create the network's added value and also build member capacity. An open, non-threatening environment, which prevents members from seeing other members as threats to funding, will encourage sharing.
- Members should be involved in strategic and work planning, and in monitoring and evaluation. Such involvement will not only lead to better plans but will improve member capacity and commitment. Increased member commitment will in turn increase the overall capacity of the network as members will be more willing to contribute and be active.
- Donors must be willing to fund the capacity building of member organisations and, where present, of regional offices, rather than fund only the network secretariat or its management functions.
- Informal or non-existent internal communication systems need

specific attention to capitalise on members' strengths and facilitate and accompany network dynamics.

2. Meaningful involvement of beneficiaries is crucial

Beneficiary involvement should never be up for negotiation. It is a key principle which needs to be applied with any capacity-building activity or process in order to best identify real needs, to implement programmes, and to monitor and evaluate service delivery and impact. For example, in Zambia, the identification of the real barrier to male engagement in care giving (as head of the family a man has the responsibility to generate income) has led to microfinance training and funding, which help overcome this challenge. As a result, increasing numbers of men are engaging in care giving.

Involving PLWH by applying the GIPA principle also gives the epidemic a "human face." Personalising the epidemic is a well-known behavioural change strategy. Involvement and accountability are not unique to networks, though. In 2006, BOND-commissioned research found that "NGOs deliver quality- work when their work is based on a sensitive and dynamic understanding of beneficiaries' realities; responds to local priorities in a way beneficiaries feel is appropriate; and is judged to be useful by beneficiaries."¹⁴¹ The knowledge base of network members representing PLWH is unique and can be used to provide strong evidence for advocacy and policy influencing.

The involvement of women, people from rural areas, MSM, and other marginalised groups remains a challenge due to stigma and discrimination and a fear of the unknown. Challenges to inclusive involvement are also the result of language issues and of a lack of income. Organisational (network or member) leadership and external facilitators alike must ensure inclusion of marginalised voices in all stages of capacity building and programme development by empowering marginalised groups to raise their voice. One way of enabling PLWH and other marginalised groups to get involved and participate is to provide them with income-generation support so they can take care of their families.

3. Know your network and epidemic - design a tailor-made approach to capacity building.

Capacity building with network organisations demands a tailored rather than a blueprint approach. The internal and external dynamics for each network, its country, region, and community are unique. Knowing your network and "*knowing your epidemic*" will provide a sound base for the development, implementation, and evaluation of capacity-building interventions.

Each intervention takes place within a dynamic setting, influenced both by external factors, such as existing national policies and cultural and social contexts, and by internal organisational factors, such as the quality of leadership, the dynamics of the

members, the levels of funding, and other internal capacities. For HIV network organisations the situation is likely to be further complicated by the impact HIV itself has on the capacity and stability of the organisation. Regular assessments and reviews are crucial to designing and adapting appropriate interventions.

It is therefore recommended that

- regular mapping of member skills, knowledge and needs form part of the network's (annual) work plan
- capacity needs assessments form the basis of capacity-building interventions. The assessment could also function as the baseline for monitoring and evaluating the success of these interventions
- membership mapping findings are shared within the network to enable local linkages and exchanges.
- communication functions so as to accommodate adaptation of plans when more ad-hoc needs or actions are identified through changes in the internal or external environment.

4. Capacity building is a process – invest for the longer term

In general, longer-term support for the capacity building of networks and members is needed. Not only the capacity-building intervention itself works better if it is "accompanied" over a longer period of time, but organisational capacity with regards to strategic planning and the development of a longer-term vision will benefit as well.

Donors and development organisations offering support to networks should work towards identifying a full range of organisational needs over a longer term and commit to appropriate support, which could include short- and long-term technical assistance, grants, workshops, exchanges, and other capacity building tools. Capacity-building needs must be regularly reviewed and adapted according to changing needs and network dynamics. In light of the HIV epidemic and the reduced organisational resilience to HIV, particularly in high-prevalence countries, the process of capacity building should be adapted to focus more on organisational development and less on individual capacity building. Networks and umbrella organisations can play an important role in facilitating HIV mainstreaming efforts in networks through the multiplier effect they can create.

5. Donors and development professionals must learn more about the uniqueness of HIV network organisations

Donors and development professionals engaging with networks must be willing to invest time and money to understand network dynamics and their specific characteristics, challenges, and needs. Support must be tailored accordingly. Such tailoring includes the need to look beyond the capacity of the secretariat

¹⁴¹ www.bond.org.uk/pages/bonds-approach-to-quality.html.

towards the capacity of the members and towards the needs of the beneficiaries in order to facilitate their involvement. Ultimately, this would lead to higher levels of accountability both to constituents and donors. Donors must accommodate and facilitate the capacity-building process of networks, not dictate and take over. They can also play a role in facilitating the development of HIV policies, in order to address HIV-related challenges within organisations. Investing in the “internal mainstreaming” of HIV will improve the organisational resilience to HIV.

More specific recommendations include the following:

- Donors need to be willing to be flexible when funding networks, to facilitate a greater adaptive capacity and to support newly identified needs when they first come along.
- A community of practice should be formed committed to learning about (HIV) network organisations.
- Participative processes must be used at all times to facilitate dialogue and input from a wide range of stakeholders.
- Donors need to understand how networks work and be willing to design their funding agreements accordingly so that networks can function more efficiently (donors would agree to, for example, fund transportation costs for rural attendants and provide core funding, rather than just fund projects).
- The work of facilitating the capacity-building process should be entrusted to committed professionals and formal or informal leaders with influencing and knowledge transfer skills.
- Even small amounts of (flexible) funding can sometimes address crucial issues and create a synergy effect for the wider impact of the support.
- Investment should be for the longer term.

6. Clear roles and responsibilities will facilitate increased results for network organisations.

There is a need for clarity regarding network purposes and goals to make the networks more efficient and effective. A network needs to define its role clearly and point out how it is distinct from the roles of its member organisations. Leadership plays a key part in clarifying roles and responsibilities. On a day-to-day basis, meeting notes should clearly identify who takes responsibility for what, so that non-strategic, implementation-related decisions are followed up on as well.

7. Bigger is not always better

The research revealed that capacity building is often considered synonymous with additional funding, more structures, and increased staffing. However, improved network capacities are not necessarily a reflection of the establishment of a more formal network structure. The costs and benefits of formalisation should be analysed and subsequently inform the network’s design of its organisational development strategy, which aims at improving network capacity. Options to improve capacities in other ways must also be explored. These include temporary support for the

development of key policies to guide the network and increased focus on the development of member capacities rather than of the network leadership and management structure.

The development of second-line leadership is crucial to engaging the local or regional membership and to holding first-line leadership to account. Even though supporting a network would ideally include support to members and secretariat (rather than only project funding), the advantages and disadvantages of increased funding must be taken into account when decisions are made as to what form the organisational development should take.

8. Community-based responses can benefit from network organisations

From the start of the HIV epidemic, CBOs have played a crucial and unique role in mitigating the effects of HIV and AIDS at the community level. Network and other intermediary organisations play a vital role in, in the widest sense of the word, capacitating these communities. The examples above provide the evidence for this. It is therefore recommended that

- donors and other development organisations emphasize the capacity building of HIV network and umbrella organisations, so that community responses can be scaled up further.
- donors and development organisations engage with and learn about network organisations specifically and their unique challenges with regards to capacity building.
- where possible and relevant, network organisations encourage linking and exchange visits with local organisations and businesses. This is cost effective and often more appropriate in terms of learning.
- increased community capacity in turn results in local resource mobilisation and community leadership with regards to assessing and dealing with the reality of HIV.
- specific attention be given to the inclusion of rural members and communities.
- network organisations (functioning as intermediary organisations) possess grant management capacity and capacity building skills, as these two very specific skills facilitate grant disbursement to smaller CBOs.

9. Networking skills are crucial. Don’t forget to look for local partnerships

Without internal networking between the members a network would not exist. External networking, or the formation of partnerships and alliances with the intention to gain something for the organisation, can provide additional entry points into advocacy or provide additional resources. Networking is more sustainable if it is institutional rather than personal and if it has been formalized in an MOU; however, in reality networking will often benefit from personal contacts, interests, and liaison. Networking in the local context could result in increased capacity either through the provision of local (human or other) resources or through a local

sharing of experiences. Local networking is also likely to be more cost effective and context appropriate.

10. Exchange visits are cost effective and build on the principle of sharing knowledge

Most organisations researched cited exchange visits as effective and welcome forms of capacity building. Local exchanges can overcome issues of language and is more likely to convene locally appropriate forms of learning and capacity. Exchange visits between members should be part and parcel of any network to facilitate the sharing of learning. Exchange visits to the wider HIV community or even international ones must be well tailored and appropriate. For exchange visits to be most productive they should be organised around a specific skill or made to an organisation which excels in a certain area. Ideally a longer-term relationship results as a consequence, not necessarily with any involvement of the initial facilitator. Networks and umbrella organisations should play a role in identifying potential exchanges (during the membership mapping) and encourage this way of capacity building.

11. Small grants are an effective tool, which can help bridge the gap between funders and CBOs

Through small grants CBOs are able to access resources and fill in the gap at the community level, where big and well-funded NGOs rarely work. Small grants can also provide a much-needed resource for the financing of unforeseen needs, which could help make the capacity building being undertaken much more efficient. Examples of such needs are the need for printing a training manual, the need for translating key information, or the need for providing infrastructure for improved communications.

It is therefore recommended that

- VSO seeks to increase the size of these small grants to facilitate longer-term support to smaller organisations.
- other donors look into supplying small grants through the network or umbrella organisations they support.

12. Monitoring and evaluation systems and instruments for networks need specific attention

Due to the flexible and dynamic nature networks exhibit, monitoring and evaluation are even more challenging than usual. Few of the networks researched possessed a strong M&E system, or even an M&E system at all, and all acknowledged the need for additional support to strengthen their M&E capacity. M&E findings must be used to facilitate learning in the organisations and improve future services, campaigns, and capacity-building efforts. In a dynamic and rapidly changing environment traditional systems might not be flexible enough. Findings from evaluations have no value if they are confined to paper. Weak M&E systems undermine the organisations' core work in advocacy and policy influencing and limit the impact they could have on service delivery.

The following recommendations aim at improving this capacity:

- Monitoring and evaluation need to be taken seriously by all stakeholders. They need recognition and resources in order to improve.
- Indicators to measure capacity building (internal) and indicators to measure impact on advocacy and service delivery (external) both need to be developed.
- M&E practices should consider how the beneficiaries have ultimately benefited from the increased capacity of network members, despite the fact that this is hard to measure. A balance must be struck between cost and time on the one hand and the value of the information on the other.
- Participatory approaches to M&E are preferable.
- Keep M&E as simple and flexible as possible. It is a means to an end.
- Explore the use of innovative, participatory, and qualitative forms of M&E, such as action research to identify hard-to-measure results and to allow for a quick adaptation of plans if necessary.
- Donors must be willing to fund "sections" of an existing strategic plan rather than a "stand-alone" project or programmes. In this way, one M&E system can issue reports to all different donors and time-consuming dual systems can be avoided.

13. Monitoring and evaluation, advocacy, and external communication are strongly connected

When embarking on advocacy work with the aim of changing existing policies or practices, organisations must prepare well in order to appear professional, convincing, and experienced. Evidence-based findings are crucial to develop expertise in the chosen field. Therefore, monitoring and evaluation capacities directly support advocacy work. External communication can reinforce advocacy messages and stimulate (external) networking opportunities.

14. Network organisations and umbrella organisations perform some similar functions and face some similar challenges.

Both umbrella and network organisations function to pull in smaller or less-well positioned organisations or individuals and to allow them to have increased access to information and other resources. Network organisations come in so many different shapes and forms that in some instances formalised, institutionalised networks might function more as umbrella organisations than as networks. This is especially true if the structure means members are less involved and so do not necessarily form the heart of the network. It is crucial to understand the nature of the organisation in order to design appropriate capacity-building strategies.





CHAPTER 5

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APPENDIX 1

CASE STUDIES

APPENDIX 2

SELECTION OF

CASE STUDIES

CASE STUDY 1

KWAZULU-NATAL NETWORK ON VIOLENCE AGAINST WOMEN – SOUTH AFRICA

COUNTRY CONTEXT

With a 2003 country-wide adult prevalence rate of 18.3%, and a provincial high of 39.1% in KwaZulu-Natal, South Africa has one of the most severe HIV epidemics worldwide. At the end of 2007, approximately 5.7 million people were identified as living with HIV in South Africa, with approximately 1,000 AIDS deaths occurring every day.¹⁴² Women and girls are especially vulnerable as South Africa has one of the highest crime and rape rates in the world.

The **KwaZulu-Natal Network on Violence against Women (KZNNVAW)** is a registered Not-for-Profit Organisation (NPO) founded in 1996 (it formally registered as a separate entity in 2003). Its vision is the achievement of gender equality in a non-violent society. The network aims to prevent and eradicate all forms of violence against women and to promote gender equality through lobbying, advocacy, capacity building, and raising public awareness. HIV has become increasingly linked to Violence against Women (VAW) and the network also addresses the more specific issue of HIV transmission. KZNNVAW represents a wide array of constituents, from urban to rural and deeply traditional communities, and encourages utilisation of local resources to achieve its aims.

MISSION AND OBJECTIVES

KZNNVAW's objectives are

- to promote respect for and compliance with women's rights and fundamental freedoms as enshrined in the Constitution of South Africa and relevant international instruments
- to adopt and support a broad, systematic, inclusive and integrated approach to the prevention of violence against women and of HIV
- to contribute to development and implementation of effective policies and practices of protection, intervention and support for female victims and survivors of gender-based violence.

NETWORK STRUCTURE AND MEMBERSHIP

KZNNVAW consists of a central support office operating from Durban and serves eight decentralised regions (rural and semi-urban). Each region has (a) regional contact person(s). The Network is a coalition of approximately 200 organisations (NGO/CBO/FBOs) and involves local government departments, other stakeholders, and partners. The 8 regions are managed informally via task teams, each with a regional contact person. No formal elections take place and in most cases, task teams have involved a mix of core and active members. KZNNVAW has moved between different stages of network development: from an informal network it became part of a national network and, due to reduced funding, it went back to being an informal network. At present the network has begun to develop its organisational capacity as a result of securing a USAID/PEPFAR grant.

Members have a strong sense of collective identity and the KZN Network brand is well known and promoted by its members. No formal member registration process is in place, no fees are charged, and members currently do not vote for board members.

142 http://data.unaids.org/pub/FactSheet/2008/sa08_soa_en.pdf.

CASE STUDY 2

ZAAA – ZAMBIA AIDS AGENDA ALLIANCE

COUNTRY CONTEXT

According to the 2007 Zambia DHS, 14.3% of the adult population is infected with HIV (16.1% of women and 12.1% of men). As in other countries, rates vary greatly depending on region. Girls aged 15-19 years are nearly four times more likely to be infected than boys of that age. Zambia has an estimated 801,000 orphans.¹⁴³

ZAAA, an alliance of non-profit and home-based care organisations, seeks to help fill the gaps which the Zambian Government is facing by addressing the issues caused by the HIV epidemic. ZAAA was founded in 2006. ZAAA's work is national; however, members are drawn from three provinces, namely Lusaka, Eastern, and Copperbelt.

MISSION AND OBJECTIVES

The overall goal of the ZAAA is to contribute to mitigating the impact of HIV and AIDS on women, children, and youth (girls and boys), and to address the gender inequalities that are currently associated with the pandemic in Zambia.

The specific objectives are

- to build the capacity of the AIDS Agenda Advocacy Alliance to undertake its advocacy activities
- to advocate for the recognition and support of the roles and rights of community caregivers
- to advocate for access to information by
 - establishing whether WHO treatment guidelines are in place and if not, establishing why this is the case and making recommendations for change
 - establishing how widely the National AIDS Policy has been disseminated and making recommendations as to how it might be disseminated and reviewed.

NETWORK STRUCTURE AND MEMBERSHIP

ZAAA operates as a loose alliance, without a secretariat and therefore without full-time staff. It is headed by a lead agency selected by the other members, which acts as a coordinating body with support from VSO Zambia. ZAAA has eight members who do not pay a membership fee. Membership is limited to the current members but ZAAA is open to interaction with strategic partners for learning purposes. All members are organisations supported by VSO Zambia.

A recent capacity assessment recommended the establishment of a full-time secretariat to increase ZAAA's capacity. Confusion regarding the roles and responsibilities of the coordinating partner and other members has affected ZAAA's organisational capacity.

143 http://data.unaids.org/pub/FactSheet/2008/sa08_zam_en.pdf.

CASE STUDY 3

KUYAKANA – NETWORK OF WOMEN LIVING WITH HIV AND AIDS - MOZAMBIQUE

COUNTRY CONTEXT

Mozambique's latest epidemic surveillance (2007) revealed a national prevalence rate of 16%. Regional rates vary, with Gaza in southern Mozambique reporting an adult prevalence rate of 27%. Even though the government of Mozambique developed mechanisms to allow civil society to participate in the fight against HIV and AIDS, in practice such involvement in the planning, development, and implementation of the National Strategic Plans (NSP) is weak. There is still very little meaningful involvement of PLWH and access to treatment has been undermined by lack of access to adequate nutrition, water, information, and health services. A major challenge in the area of prevention is the lack of evidence about the drivers of the epidemic.¹⁴⁴

Kuyakana is a network organisation for women living with HIV. Founded in 2000 as an association (by a group of 20 women affected and infected by HIV), it reorganised itself as a network in 2004. Its vision is to accelerate the national response to HIV and AIDS through actions that focus on women and girls. It seeks to prevent new infections, accelerate access to treatment, and mitigate the impact of the epidemic. It promotes empowerment through the establishment and support of organisations of women living with HIV and AIDS. With a current staff of eight people, the network has been able to provide technical assistance to its members as well as engage in such activities as planning and coordination, communication and information, advocacy, institutional capacity building, and M&E.

MISSION AND OBJECTIVES

Kuyakana's objective is to help bring together all organisations of women living with HIV in an effort to reduce the prevalence and effects of the pandemic in communities. It promotes the rights of women, provides support for sero-positive mothers in order to keep them alive to care for their children, and coordinates different interventions to help decrease the impact of HIV and AIDS on women and on orphans and vulnerable children.

NETWORK STRUCTURE AND MEMBERSHIP

Kuyakana has 25 member organisations. Headquartered in Maputo, it organises activities in Maputo province, Gaza, Inhambane, Sofala, Tete, Nampula, Zambezia, and Niassa. The network has recently held its first general assembly, during which a board of trustees was elected. It is hoped this will boost the political presence of the network. Kuyakana is currently engaged in the development of its new strategic plan, in which process members are participating more fully than before. External stakeholders do not view Kuyakana as a particularly strong network; however, interviewed members do appreciate it.

Membership is open to associations for and by women living with HIV and orphans and vulnerable children. A membership fee of 500 Meticaís (USD19) is paid on an annual basis. This is a flat fee for all and can be paid in instalments, which makes it more affordable. The fee entitles members to free training and the right to vote (General Assembly). Those who have paid the fee have first priority in spots at (local, national, or international) conferences and exchange visit programmes.

CASE STUDY 4

AFUB – AFRICAN UNION OF THE BLIND (MAINSTREAMING)

COUNTRY CONTEXT

Adult HIV prevalence in Kenya rose to 7.4% in 2007. Women continue to be disproportionately infected with HIV (8.7%) compared to men (5.6%).¹⁴⁵ It is possible that this increase is related to the increased levels of anti-retroviral treatment. At a national level, stakeholder participation in planning and monitoring and evaluation through the institutionalised, annual Joint HIV and AIDS Programme Review (JAPR) is considered exemplary.

The **African Union of the Blind (AFUB)** is an organisation of and for the blind, whose aim is to advance the welfare and living conditions of blind and partially-sighted persons in Africa by ensuring they have equal access to human rights and services. AFUB is a network organisation working in six sub-regions: Southern Africa, East Africa, Central Africa, West Africa zones 1 and 2, with the secretariat based in Nairobi, Kenya. Its services include capacity building for the membership through leadership training, organisational development, and income generation; women and youth empowerment; advocacy on HIV and AIDS and sexual and reproductive health rights; national, regional, and international advocacy for policy influence and inclusion in the wider development agenda; information, education and communication (IEC); human rights awareness, training, and advocacy; education and Braille literacy; networking and resource mobilization; and institutional development.

One of VSO's key R2L objectives is for HIV to be mainstreamed in the policies and activities of partner organisations. AFUB has an HIV and AIDS Awareness and Advocacy project (HIVAP). Ten (out of 55) member organisations are implementing this HIVAP. Through VSO's R2L programme AFUB has received support in developing the draft of an internal policy on HIV in the workplace which is now ready for presentation to the Board. The next step will be to develop an international workplace policy to be shared with interested members. Members in Tanzania, South Africa, Uganda and Ethiopia are currently showing an interest.

MISSION AND OBJECTIVES

AFUB's key objectives are to

- engage in research on the prevention of blindness
- promote the establishment of organisations of the blind in African countries
- strengthen organisations of the blind in Africa through capacity building programmes
- implement capacity building and advocacy programmes with member organisations.

NETWORK STRUCTURE AND MEMBERSHIP

AFUB membership is comprised of national organisations of and for the blind in Africa. All African countries that have their own organisation of the blind are eligible to join and 50 of the 53 African countries have indeed become AFUB members. At the moment there are 55 member organisations. A board, with officers from different countries, is elected during the General Assembly which is held every four years. All members who have paid their fees are represented by 2 delegates, one woman and one man. The board approves the strategic plan and the budget.

The plan is implemented by the secretariat. The secretariat has 7 full-time staff and 1 part-time staff member. There is a membership and liaison officer at the AFUB secretariat whose role is to keep in touch with the members and update the membership database, which includes a list of the activities and programmes that member organisations are carrying out. AFUB communicates in English and French and finds communication in Portuguese and Arabic challenging.

¹⁴⁵ http://www.aidskenya.org/public_site/webroot/cache/article/file/KAIS_Key_Highlights.pdf.

CASE STUDY 5

OTHER RIGHT TO LIFE ORGANISATIONS REPRESENTED IN THIS PUBLICATION

POSITIVE WOMEN NETWORK (PWN+) - INDIA

Founded in October 1998, Positive Women Network (PWN+) is a self-help organisation of women living with HIV. Its vision is for women living with HIV and AIDS as well as for infected and affected children to be empowered to live a life of dignity and equality, free from stigma and discrimination. Its mission is to change the existing situation of all women living with HIV and AIDS and of infected and affected children in India through building capacities, increasing access to rights, developing partnerships, and advocating for programme and policy change. PWN+ currently has state-level networks in seven Indian states and a regional office in Delhi. It has over 5000 members.

GUJARAT STATE NETWORK OF PEOPLE LIVING WITH HIV AND AIDS (GSNP+) - INDIA

GSNP+ is the state network of INP+ (Indian network of people living with HIV and AIDS) based in Surat in Gujarat. GSNP+ is organised and managed by people living with HIV. GSNP+ started in 2003. The vision of the network is to create an environment where people living with HIV and AIDS can access treatment, care, and support, and exercise their human rights without any stigma and discrimination. GSNP+ has formed district-level networks in 24 out of the 25 districts of Gujarat. They have funding from the Gujarat State AIDS Control Society (GSACS), PWN+, Engender Health, and HIVOS. Apart from these they have local funders. They raise many local resources and have developed public-private partnerships.

NATIONAL ASSOCIATION OF PEOPLE LIVING WITH HIV AND AIDS (NAP+N) - NEPAL

NAP+N is a national-level network founded by and exclusively for people living with HIV. It was formally established in March 2003 in response to the emerging need of a voice for positive people. It is working towards a society in which positive people can lead a fulfilling life with dignity. NAP+N has four regional offices and is expanding its activities and programmes on local, district, and regional levels. Currently it is providing support to more than 25 positive-people organisations in 15 districts of Nepal through the support of UNDP and DFID. Its focus is on networking and coordination, capacity building of its member organizations, advocacy, and access to care and support for people living with HIV and AIDS in Nepal.

HIV/AIDS & STD ALLIANCE BANGLADESH (HASAB) (UMBRELLA)

HIV/AIDS and STD Alliance Bangladesh (HASAB) is a leading national NGO highly focused on HIV and AIDS work. It has been working in Bangladesh to assist smaller NGOs and CBOs in accessing resources and building technical, managerial, and administrative capacity since its inception in 1994, when it began as a linking organisation of the International HIV/AIDS Alliance. HASAB's primary goals are to help prevent and control HIV and AIDS and STIs among a general and diversified population who engage in high-risk behaviour, and also to provide care and support to HIV-positive people.

BANDHU SOCIAL WELFARE SOCIETY (BSWS) - BANGLADESH (UMBRELLA)

Bandhu Social Welfare Society was formed as a result of research conducted in Dhaka in 1996-1997 into the sexual and reproductive health needs of MSM in Bangladesh. BSWS was established in July 1997, when it was formally registered with the Social Welfare Ministry and the NGO Affairs Bureau. Its vision is of a society in Bangladesh where every person irrespective of their gender and sexuality has access to health care services and their human rights are protected. BSWS works towards the well-being of stigmatized and socially-excluded males and their partners by providing sexual-health services and supporting human rights and alternative livelihoods.

APPENDIX 2

SELECTION OF CASE STUDIES

The original TOR included the aim of learning lessons related to both network and umbrella organisations. Based on input from VSO's R2L country office, the background and capacity-building efforts of nine HIV network and umbrella organisations were assessed. Next, a number of possible case-study organisations were proposed. After in-country consultation with those organisations regarding availability and interest, six organisations demonstrated the willingness to be involved in the research.

As a result, it was decided that primary research would take place with following organisations:

Organisation	Country	Research by
1 KZNNVAW – KwaZulu-Natal Network on Violence Against Women	South Africa	In-country consultant
2 Kuyakana – National Network of Women living with HIV and AIDS	Mozambique	In-country consultant
3 AFUB – African Union for the Blind (network)	Kenya. Members all over Africa.	VSO Jitolee staff
4 ZAAA – Zambia AIDS Agenda Alliance (network)	Zambia	International consultant
5 HASAB – HIV/AIDS and STD Alliance Bangladesh (umbrella)	Bangladesh	In-country consultant
6 Bandhu Social Welfare Society (umbrella)	Bangladesh	In-country consultant

Due to funding constraints, independent in-country consultants conducted primary research in three countries, covering four organisations (rather than all six organisations, which would have been preferable). In South Africa, Mozambique, and Bangladesh interviews took place with key informants, members, and beneficiaries of the organisations. Input from other stakeholders, including donors and government, was gathered as well.

As ZAAA in Zambia had recently undergone a participative organisational assessment, further research was limited to additional questions by e-mail to the coordinator of the network, so as not to use more time and resources. Even though AFUB's work does not focus on HIV it was decided to include AFUB as a case study because, with R2L support, it focuses on HIV mainstreaming.

Country Mid-Term Reviews and Annual Reports from all R2L countries as well as communication with the Programme staff in India (PWN+, GSNP+) and Nepal (NAP+N) yielded additional insights. VSO's R2L country programmes in Cameroon, Tanzania, and Pakistan currently do not support HIV network organisations and have therefore not been included in this research.

During the write-up of the synthesis of findings the decision was made that the report should focus on network organisations, and that findings from umbrella organisations should not cause confusion. For this reason, findings from the Bangladeshi primary research have not been included, except where they added value to the overall publication.





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