A sociological analysis of Southern African AIDS Trust's capacity-development model in responding to HIV and AIDS

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ABSTRACT

The issues of capacity and capacity development in the response to HIV and AIDS is a topic of intense academic interest and is on the agenda of development practitioners, particularly as these issues are linked to community HIV and AIDS competence and sustainability of civil society organisations and community capacity. The capacity development model of the Southern African AIDS Trust is one of the more illuminating examples of capacity development of civil society organisations for the enhancement of community HIV and AIDS competence in southern Africa.

The thesis examines the conceptualisation and implementation of the Southern African AIDS Trust's capacity development model in order to identify and understand the multi-dimensional factors that influence the success and sustainability of HIV and AIDS responses. It argues that, even though the conceptualisation, formulation and implementation of the model were appropriate and yielded acceptable benefits to communities in relation to HIV and AIDS, the sustainability of the model depended fundamentally on the availability of requisite resources. The dependence on external resources, the availability of which is in large part beyond the control of the Southern African AIDS Trust and its community-based beneficiaries, undercuts the sustainability of the model and the programmes delivered through it. Community capacities and community-based HIV and AIDS responses are sustainable only to the extent that communities have sufficient resources to build capacities and develop responses, or can leverage and negotiate external inputs. The degeneration of capacity in intermediary organisations (such as Southern African AIDS Trust) that support community competence undermines models that at first sight seem suitable for effective capacity enhancement with regard to HIV and AIDS programmes. In this regard, the thesis also focuses on the organisational crisis within Southern African AIDS Trust and the ramifications this had for community HIV and AIDS competence.

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ACRONYMS

AIDS	Acquired immune deficiency syndrome
CBCSO	Community based civil society organisation
CBO	Community based organisation
CC	Community competence
CCB	Community capacity building
CCD	Community capacity development
CCDCP	Current capacity development contract partners
CD	Capacity development
CDC	Capacity development contract
CDG	Capacity development grant
CDP	Capacity development partnership
CIDA	Canadian International Development Agency
CPHA	Canadian Public Health Association
CPM	Country Programme Manager
CPO	Country Programme Officer
CSO	Civil society organisations
DED	Deputy Executive Director
ED	Executive Director
FBO	Faith based organisation
FMO	Finance Monitoring Officer
GPS	Good Practice Strategy
HBC	Home base care
HIV	Human immunodeficiency virus
IDRC	International Development Research Centre
IEC	Information education and communication
INGOS	International non-governmental organisation
JFA	Joint financial arrangement
MCP	Multiple and concurrent sexual partnerships
M&E	Monitoring and evaluation

MV	Monitoring visit
NGO	Non-Governmental Organisations
OD	Organisational development
ORD	Operations research and documentation
OVC	Orphans and vulnerable children
PLWH	People living with HIV
PMTCT	Parent to child transmission
PSS	Psycho-social support
RNE	Royal Netherlands Embassy
SAT	Southern African AIDS Trust
SATRS	SAT regional staff
SADC	Southern African Development Community
SATCOMP	SAT community competence
SATNS	SAT national staff
SATRS	SAT regional staff
SOCAT	SAT organisational capacity assessment tool
SIDA	Swedish International Development Agency
STI	Sexually transmitted infection
SWW	School without Walls
TB	Tuberculosis
TQM	Total quality management
UN	United Nations
UNAIDS	United Nations
UNDP	United Nations Development Programme
WHO	World Health Organisation

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CHAPTER ONE:
INTRODUCTION

This thesis presents the findings of a study of Southern African AIDS Trust's (SAT's) capacity development model implemented to enhance the HIV and AIDS capacities of community-based organisations and non-governmental organisations in southern Africa, namely, in Botswana, Malawi, Mozambique, Tanzania, Zambia and Zimbabwe. SAT's model was intended to build the capacities of these organisations as a mechanism in enhancing the community HIV and AIDS competence of the communities they served, as SAT believed that civil society organisations emerging and working in these communities were best placed to work with their parent communities to develop more sustainable HIV and AIDS responses.

This chapter offers an introduction to the thesis. It gives a brief overview of the epidemic, including the early responses to HIV and AIDS, and the emerging problems of capacity among community groups and organisations responding to HIV and AIDS. In doing so, it outlines the thesis focus and objectives, briefly frames the study theoretically, and describes the research design and methods adopted in pursuance of the main objective. The chapter concludes with the general outline of the rest of the thesis.

1.1 The HIV and AIDS epidemic

The human immunodeficiency virus (HIV) and the acquired immune deficiency syndrome (AIDS) was first encountered in Los Angeles, California in 1981, and the HIV and AIDs epidemic continues to flourish and present challenges to humanity (Jönsson and Söderholm, 1995:459; Webb, 1997:1; Whiteside, 2008:1). From the early 1980s, infection rates grew exponentially reaching their peak in the late 1990s before beginning to decline. According to the World Health Organisation (WHO), the number of people living with HIV (or infected by the virus) increased steeply from one million in 1981 to an estimated 4.5 million people by 1994. The largest proportion of people infected (estimated at 70%) was in Africa (Jönsson and Söderholm, 1995). The United Nations (UN) AIDS report on the global status of HIV and AIDS indicates that the number of people living with HIV continued to rise from 26.2 million in 1999 to 32.8 million in 2009 (UNAIDS, 2010:23).

Sub-Saharan Africa is home to only five per cent of the world's population. But it "remains the most severely affected region with nearly 1 in every 20 adults (4.9%) living with HIV and accounting for 69% of the people living with HIV worldwide"; in addition, the region accounted for 71% of new infections among adults and children, and for 70% of all AIDS-related deaths in 2011 (UNAIDS, 2012:8,11,12). The average adult HIV prevalence (15-49 years) in the fourteen member countries of the Southern African Development Community (SADC) was 10.8% in 2005 compared to 6.1% for the continent as a whole (SADC, 2006:4). In addition, while the average adult prevalence rate in southern Africa was about 11%, the global figure was only 1%.

Women and girls continue to be particularly vulnerable to HIV infection with estimates indicating that there were twelve women living with HIV for every ten men in the region. Infection for women also occurs at a much younger age such that girls aged between 15 and 25 years have a higher HIV prevalence rate (7.6%) compared to boys (3.3%). This is largely because women become sexually active at an early age and often enter into early marriages. As well, biologically they are more susceptible to HIV infection and they are more likely to have sexual relationships with older partners who use injecting drugs or are in multiple and concurrent sex relationships (UNAIDS, 2012:1). As a result, they account for 22% of all new HIV infections globally and 31% of new infections in sub-Saharan Africa.

The HIV epidemic in Africa has taken a great toll on various groupings in society and has placed heavy burdens of varied types on all levels of social organisation (James and Mullins, 2004: 575-577). According to White and Morton (2005:186), the epidemic has inflicted the severest damage on poor and especially rural communities by destroying their human resources, eroding incomes and inhibiting investment in agriculture which is the major source of livelihood for rural people (also Whiteside, 2008, Cheru, 2002:300-301).

1.2 Defining the research problem

Against this background, responses to the epidemic first arose at the family and community levels where family and community members provided care and support to those infected (Lee et al., 1996: 341). Mann and Tarantola (1996:311) state that while health systems were struggling to understand HIV and how to treat AIDS, non-governmental organisations (NGOs) and

community organisations arose to provide care for people living with HIV (PLWH) and prevention services for affected groups. As James et al. (2006:3) note for example, NGOs in the HIV and AIDS sector have provided "critical services such as information, education, voluntary counselling, and home-based care". In a survey in the year 2000, Phiri, Foster and Nzima (quoted in Rau 2006:286) describe the extent of the historical response by communities and emerging community based civil society organisations (CBCSOs) as being "nothing short of astonishing".

While CBCSOs were investing significant efforts in combating the epidemic, national governments in Africa generally did not develop any care or prevention programmes for much of the 1980s. Governments were at best indifferent to the plight of infected people, mainly because they were in denial and dismissive of the social and economic importance of HIV and AIDS. They did not develop and implement any policies targeted at the epidemic, and regarded the epidemic as a "helpless problem that could not be addressed by public policy" as it was a "matter of private responsibility" (Chikwendu, 2004:245). Consequently, assistance for community groups and organisations responding to the HIV epidemic came from UN agencies, the World Bank, international donors, and northern NGOs (NNGOs) from developed countries (Riddell et al., 1995:1).

1.2.1 Concerns about organisational capacity

Apart from donors providing funding for responses driven or supported by CBCSOs, donors realised that there were glaring organisational capacity gaps within the organisations running the HIV responses at the community level that needed urgent addressing. In fact, most of the community organisations responding to HIV and AIDS were not formally constituted (Lee et al., 1996:341). In order to receive recognition as legitimate service providers, they needed to register; otherwise, they faced closure in terms of country-specific pieces of national legislation. To register, they often required formal structures, a constitution, a register of membership and physical premises. As well, volunteers were running CBOs and providing part-time services with meagre resources; at the same time, the demand for their services was growing dramatically (Swidler, 2006:275). It was apparent that community groups and emerging community-based organisations needed their capacities enhanced to be able to understand sufficiently HIV and

AIDS and to know their community contexts well enough to be able to initiate and to manage responses to the epidemic.

Organisational capacity building, synonymously called organisational capacity enhancement in this thesis to recognise the fact that every organisation or entity has some capacity, is a major concern and topic of discussion in the development literature. It is organisational capacity that enables organisations to perform their duties and achieve their mission (Hughes et al., 2008, Griddle and Hildebrand, 1995, Kaplan, 1999). However, there is significant evidence demonstrating that organisational capacity is subject to change and, furthermore, that it needs constant adjustments to meet the operational needs of organisations at any one point (Brown, 2001, Jones, 2001). This became a point of concern as assistance to reinforce responses to HIV and AIDS was pouring into many areas, especially the developing world including Africa.

Thus, as various international NGOs, intermediary organisations and donors began to provide much needed support for an effective response, it became clear that CBCSOs, associations and groups responding to the epidemic at the community level had glaring capacity gaps that needed addressing (Lee et al., 1996:341). These gaps persist and at times worsen as various factors influence the capacity of CBCSOs such as skills loss due to HIV related deaths and the movement of employees in search of greener pastures. Labour movement is high in the context of varying levels of CBCSOs' access to funding and the provision of opportunities for personal professional growth for staff (James and Katundu, 2006:2, James and Mullins, 2004:577).

1.2.2 Erosion of capacity

For much of the time, from the 1990s to about 2005, the organisational support provided by international NGOs, bilateral lending agencies and others focused on providing funding for organisations responding to HIV in communities. There was little or no concern about the impact of the epidemic on the organisations rolling out these responses. A revealing study shows that HIV and AIDS were having "a silent but significant impact on the organisational capacity of civil society organisations (CSOs) in Sub-Saharan Africa" (James et al., 2006: i). The pandemic was increasing internal organisational costs due to high medical and insurance expenditure,

reducing productivity due to loss of valuable staff to AIDS, reducing staff morale, intensifying the need to repeat work, as well as resulting in management losing organisational time to visiting sick staff and attending funerals.

The death of organisational members created inertia among staff working in the AIDS sector, leading for instance to heightened inter-organisational staff mobility. This had a negative impact upon those organisations that could not retain staff for lack of competitive working conditions. This is important, for USAID (2008:2) correctly notes in its August 2008 *Programme Briefing Note No 12: Financial Capacity Building for NGO Sustainability* that "organisational capacity resides in individuals – who are of course free to leave the institution at any time for better job opportunities". When staff members leave, organisations often struggle to attract funding for their programmes as they lack capacity to source and/or manage the funds. The most hard-hit are those operating in poor, rural and remote under-served areas. The implication is the need for continuous capacity enhancement.

1.2.3 The need for capacity enhancement

Literature on organisational change and survival demonstrates that organisations will survive and prosper only if their ability to learn from experience exceeds the rate of change (Jones, 2001:91, Revans, 1980). It should however be added that organisations have to scan the environment and reposition themselves accordingly 'before winter strikes' so to speak. For these reasons, Jones (2001) states that "it is now generally accepted that the strengthening of organisations and, more broadly, of institutions is an urgent and crucial priority in many developing countries" (also Griddle and Hildebrand, 1995). In southern Africa and especially in the HIV and AIDS sector, a number of factors are apparent in this regard.

As noted, in the early stages of the development of the epidemic and the responses to it, community-based organisations working in communities did not have the relevant capacities to tackle the challenges presented by the epidemic. In addition, and perhaps more importantly, the HIV and AIDS field was an emerging sector in which there was always new information about the virus and the responses to its challenges, as constantly generated and fed into the sector. Such dynamic conditions required organisations that were prepared to apply themselves to the response on a multi-dimensional basis and always looking for innovative ways in responding to

the epidemic. The virus was hitting hard the organisations that rolled out the responses in the communities; and hence intra-organisational HIV programming required additional skills and resources while also maintaining if not increasing the momentum of the response in the communities. These demands required new and higher levels of skills that most organisations lacked.

Central to this process was always the question of sustainability of the responses especially given that HIV funding was externally generated (largely provided by donors) and becoming thinly spread among the many and sprouting organisations. A new approach that had mechanisms for organisational self-sustenance needed incorporation into organisational capacity development if CBOs and their networks responding to the HIV epidemic were to be sustainable. This was especially pertinent because of the dwindling donor funding which became a reality from 2009 following the international economic recession and as major funders adopted new approaches to HIV and AIDS funding (UNAIDS, 2010:16-17).

1.3 Focus of the thesis

Taken together, the many factors discussed established a strong case for organisational capacity enhancement in the HIV and AIDS sector from the beginning to the present. Given this context, the key question this study attempts to answer is the following: to what extent have capacity - development agencies prepared their partner community-based civil society organisations (CBCSOs) for sustainable organisational life and programming in responding to the HIV and AIDS pandemic within their communities?

The major aim of this thesis is to provide a sociological analysis of the Southern African AIDS Trust (SAT) and, more specifically, of its organisational capacity-development model for community-based organisations (CBOs) and NGOs and their networks in the context of the HIV and AIDS epidemic. It thus interrogates the conceptualisation of key elements of the SAT capacity-building model and its application in the face of the dynamism associated with CBCSO organisational operations and the HIV and AIDS environments in which they work. SAT is one of many intermediary organisations that have provided a bridge for channelling funding and technical assistance from the West to CBCSOs in Africa and particularly in southern Africa. It is

also a coordinating hub for facilitating capacity development for these emerging organisations in their response to the HIV epidemic.

The SAT model has aimed at enhancing community HIV and AIDS competence through building the capacities of CBOs and their networks in responding to the epidemic in six countries in southern Africa: Botswana, Malawi, Mozambique, Tanzania, Zambia and Zimbabwe. Bhanjee et al. (2008:27) define community competence as "the capacity of a community to work collectively towards a common goal" and community HIV and AIDS competence as "the expression of all social, demographic and economic conditions that determine how a community experiences and responds to HIV and AIDS".

In 1990, SAT began as a project funded by the Canadian International Development Agency (CIDA), and managed and implemented by the Canadian Public Health Association (CPHA). It was established "to enhance the capacity of community-based organisations (CBOs) in southern Africa to design and deliver effective HIV prevention and AIDS care, support and treatment activities" (CPHA, 2008:7). A recent SAT report (SAT 2010:7) states that SAT had supported a total of 370 CBCSOs in the last 20 years, and 107 CBCSOs, and two regional networks were undergoing SAT's capacity-development programmes in Malawi, Mozambique, Tanzania, Zambia and Zimbabwe at the time of the study. The report states that, beginning in 2001, SAT 'graduated' 37 of its partner organisations but it does not account for more than 60% of the partner organisations. Graduation is a process used by SAT to end its contractual relationship with CBCSOs in its capacity development programme. Ismail and Simon (2008:35) define graduation as "the cessation of assistance to an organisation or country after they have achieved intended results".

In an analysis of the post-graduation life of specific organisations, the same SAT (2010) report notes that some of the organisations continued to grow and expand their programmes while others struggled. It highlighted a number of factors in explaining success and failure in these organisations' post-graduation lives. It identified as strengths of the more successful CBCSOs several structural, systems, human and material resources, as well as leadership qualities. Likewise, it identified the absence of these elements as accounting for the lack of sustainability in organisations that were struggling. The SAT study did not analyse the

relationship between partner organisations' sustainability and the SAT capacity development model – including the model's appropriateness, implementation and effectiveness in partner capacity enhancement for sustained organisational capacity. The current study provides an opportunity for an examination of the linkages between the post-graduation life of the CBCSOs and the SAT capacity-development model and hence the sustainability or failure of community organisations subjected to SAT capacity-development efforts.

1.4 Guiding questions and objective of the study

The study had three main assumptions and these formed the basis for questions to guide data collection. These were:

a) If the SAT capacity-development model was well conceptualised and practical, appropriate for its intended purpose and well known by implementers, then:
    i) What relevant structures and processes would exist, and activities would be under-taken?
    ii) How would failure to achieve results be explained?; and
    iii) How would community organisations satisfy and appraise SAT's work among them?
b) If the SAT model were not clearly conceptualised and practical, well known to SAT staff members who implemented it and/or was not suitable for its intended purpose, then what problems would arise in implementing and producing its intended results?
c) If the model were inappropriate for capacity development for partner organisations, how would SAT determine the level of its contribution to enhancing community HIV and AIDS competence given that there were other players similar to SAT offering support to the same organisations and communities?

Four additional key questions arising from these assumptions and general questions were further set to guide this study:

1. What is the current conception and level of understanding by SAT staff of the model and the day-to-day practice of SAT's capacity-development model with its partners?
2. What is the current conception and practice of graduation in the SAT capacity-development model in relation to partner organisational sustainability?

3. How does SAT's capacity-development model address organisational capacity management as linked to organisational sustainability and to community HIV and AIDS competence generally?
4. What are the implications for SAT graduating its partners in relation to achieving community HIV and AIDS competence?

Overall, these questions are encapsulated in the major objective of the thesis, as outlined as follows: *To sociologically understand and analyse SAT's capacity-development model (both its conceptualisation and application) vis-à-vis its HIV and AIDS community partners in southern Africa, and especially linking it to SAT's grand goal of enhancing community HIV and AIDS competence.*

1.5 Some theoretical excerpts of the study

Although I offer a more detailed review of the relevant theoretical debates later in the thesis, it is important to note that I premise this study on a hybrid of organisational and community capacity-development approaches. Grounding the study in these approaches provided an opportunity for multidimensional analysis of the SAT model in the context applied, making it possible to isolate elements that were influencing its results.

The concept of capacity-development dates back to community development movements of the 1960 and 1970s whose major focus was community collaboration or lack of it (McGinty, 2002:1). It refers to the ability of community members to mobilize, set goals, work together for social cohesion and pursue their livelihoods. In this respect, the International Development Research Centre (IDRC) (2003:1) defines capacity, as an organisation's "potential to perform – its ability to successfully apply its skills and resources to accomplish its goals and satisfy its stakeholders' expectations". Capacity includes "the resources, knowledge and processes employed by the organisation to achieve its goals" which comprise "the staffing, physical infrastructure, technology, and financial resources, strategic leadership, programme and processes management; and networks and linkages with other organisations and groups" (UN, 1996:2).

Capacity-development is a process pursued by organisations or communities on their own or with external assistance from stakeholders (such as SAT with regard to HIV/AIDs) who may

have interests in their work (UNDP, 2003). Stakeholders harness resources and invest in local processes for purposes of local capacity development and in response to challenges communities regularly face. However, as McGinty (2002:1) observes, for meaningful programmes to be successfully developed and deployed to the benefit of communities, there must be an authentic partnership between the local community and the external players – a partnership that respects, recognises and takes into account the inputs, culture, knowledge and opinions of local communities and blends them with external inputs.

At the centre of capacity-development is the issue of sustainability of both the process itself and the capacity created. In this regard, there are needed certain factors to allow for greater impact and notably reduced dependence on donor funding, as this dependence undermines organisational sustainability usually when it is withdrawn in the absence of alternative sources of organisational income. According to Guler (2008:5), these factors include a coherent link between vision and action under strong leadership and staff commitment, the ability of the organisation to learn in order to gain advantages, and an interactive partnership. In this case, organisational capacity is a stable and unchanging element of organisational life but a dynamic component determined by processes in and outside the organisation; for example, a loss of funding could result in a loss of capacity during a critical point in the life of an organisation leading to organisational failure to deliver its mandate. This implies that external organisations (like SAT) presumably incorporate an organisational capacity monitoring and maintenance system to ensure that the capacity they enhances in partner organisations remained sustainable for the operations and lives of those organisations; and in a way which allows the external organisations to sustain itself in delivering capacity-development.

1.6 Research design, methods, procedures and techniques

This study took the form of a single case study focusing on SAT as a capacity-building agency. It was both exploratory and explanatory in seeking to establish the conception and understanding by SAT staff and partners of the SAT model and its processes, and to explain identifiable patterns of its application and results. The case study is a method used in both natural and social sciences. In both cases, the idea is to closely investigate phenomena to be able to describe and account for them so as to understand them better in the broader context in which they exist and occur (Tellis, 1997:3, Yin, 1994). For Kish (1986), in the social sciences this offers the

investigator an opportunity to capitalize on natural settings and avoid the artificiality of experiments where entities and events are set up. In this context, one gains a clearer understanding of the unit of analysis and is able to draw lessons which can be used or adapted in other settings. As emphasized by Tellis (1997:3), the case study method is a suitable tool for a holistic, in-depth investigation to explain complex links in real life interventions, to describe the real-life context in which the intervention occurs and the intervention itself, and to explore the situation in which the intervention is being evaluated.

Unlike experiments, in case studies the aim is not to create conditions that will suit certain phenomena to happen consistently, but to understand the dynamic interplay and results *in situ*. In addition, unlike with surveys, there is no concern about drawing out representative samples because the aim is not to generalize the outcome but to gain an in-depth understanding of structures, processes and outcomes in the interplay of different elements. Such an investigation is also cost-effective and feasible (Kish, 1986: 71). The main advantage of a case study is in a sense its main weakness. Its results cannot be generalized in the same way as those of a survey where a representative sample is drawn for the study.

By focussing on SAT as the unit of analysis, the opportunity arose to triangulate data-gathering methods (such as interviews, document review and observation) as well as sources (SAT staff at different levels; country offices vis-à-vis regional staff, management and programming staff, and partner organisations both graduated and current). This facilitated the achievement of reliability of data through verification by reference to different sources using varied methods. While all these benefits of a case study were recognised, the greatest motivating factor to choose SAT as a case study was the convenience that it presented in relation to my situation as a working professional within the organisation.

According to Devers et al. (2000:265-266), access to sites and respondents is a challenge which can only be overcome through negotiations with the organisation and individuals to be studied. In my case, the topic of study was of interest to SAT because the organisation's board and management saw it as a potential source of information from which it could draw for its own organisational purposes. At the time of the study, I was the Communications Officer at the Regional Office in Johannesburg. Studying my employer organisation presented an opportunity

for much easier access to certain types of evidence (notably organisational dynamics) that are usually extremely difficult to access as an outsider. Of course, there is also a danger at times that such a researcher, because of over-familiarity, becomes de-sensitised to critical pieces of evidence. I was constantly reminded however of Onwuegbuzie and Leech's (2007: 117) observation that qualitative enquiry demands re-focusing, re-examining and redrawing of the study parameters to obtain the relevant data. As a result, I requested, secured and benefited from external reviews of my schedule of interview questions and discussion of my preliminary findings with colleagues. This helped me to identify areas that needed further probing and clarification. I also always remained inquisitive about the relevance of the emerging data from the preliminary data analysis vis-à-vis the main aim of the study, as well as the assumptions and guiding questions of the study.

I sought and received permission to study both the SAT Regional and Country Offices, and this facilitated access to SAT's community partners. SAT Regional Office duly requested SAT Country Offices to assist with the study and specific kinds of information required, as well as with any logistical support needed. Within the Regional Office itself, management similarly requested SAT members of staff to provide any relevant information including documents and interview-time. Through the country offices, selected SAT partner organisations made a significant contribution to the study based on a clear explanation that the research was for private academic research only; hence these organisations saw the study as de-linked from the usual SAT assessments. This was important, as there was a need to distance the research from SAT assessments, as any conflation of the two could influence the way in which partners responded to questions.

The backing for the study by staff management made it easier to access data and guaranteed support under SAT's Staff Development Fund. Management pledged logistical support for the study as their contribution to the study, in place of the usual maximum R10 000.00 staff development allowance. I requested (and was granted) permission to incorporate the data collection process into my support visits to SAT Country Offices. This meant that in addition to my normal work-time during country support visits, time and opportunity were availed to me to arrange and conduct interviews with selected partners in the countries. It also provided an opportunity to meet and interview SAT country staff in the selected countries and to

access internal documents that were available at the SAT country offices. In this regard, it reduced constraints related to access to documentation, archival records, observation and interviews typical in case study situations (Tellis, 1997:8). In addition, I could also observe both directly and indirectly the work that the SAT country offices and partners were doing. This helped reduce fieldwork cost for me and facilitated data collection; in addition, SAT country staff could help facilitate my meetings with the partners to reduce the logistical burden on me. Further, as Communications Officer, I generally had greater access to organisational information.

However, this set up had its own constraints. Although the initial data collection rolled on well in 2011, when SAT began to experience the impact of its funding crisis everything changed. With programming funding frozen following allegations of corruption discussed later in the thesis, this reduced country support visit. In fact, only the monitoring and evaluation team and management travelled as they facilitated partner due diligence and re-assessment activities in the countries as part of the organisational recovery recommended by donors following alleged corruption in SAT Mozambique and Tanzania.

As a result, I managed to complete data collection with partners from only three countries, namely, Zimbabwe, Tanzania and Malawi. These challenges demonstrated the difficulties that can occur when one studies their employer organisation. This is particularly pertinent in the context of the financial and organisational crisis that SAT was undergoing between January 2011 and 2012, the period of data collection for the thesis. However, this was a rare opportunity to study organisational dynamics hidden from view when all is calm.

1.6.1 Methods of data collection

It is critical to note that the research process took due regard of all ethical issues, with permission obtained from all respondents included in the study. No respondent was included in the study or forced to answer any question during this study, as participation was voluntary and based on the willingness of respondents. I clearly explained the purpose of the data collection to all respondents, and they signed a consent form (Appendix 1**)** to demonstrate their willingness to take part in the research.

The analysis, as indicated, intended to establish linkages between SAT's model and outcomes among CBCSOs responding to HIV and AIDS, focussing specifically on a selection of

its current and graduated partners in Malawi, Tanzania and Zimbabwe. No partners were interviewed from Zambia due to logistical problems experienced during the research, and staff and partner interviews could not be conducted in Mozambique as there was a crisis which made it difficult to access the SAT office staff and partners in that country. Similarly, there was also limited analysis inclusive of Botswana since the country office was only recently established and was outside the joint financial arrangement (JFA), which is the major funding basket for SAT capacity development grants (CDGs).

I deployed methods of data gathering based on triangulation to enhance the quality and reliability of the research (Barbour, 2001:1117). In addition to fieldwork interviews, and at the same stage, I undertook (see below) a preliminary and thorough desk review of SAT internal documents to supplement the pre-existing knowledge which I had gained as an employee of SAT. Equipped with this knowledge, I sharpened the research questions (as outlined previously) and decided upon the sample of respondents; as well, I drew up schedules of questions for interviews for the various respondents (Appendix 2).

Initially, data were collected from SAT partner organisations, current and graduated, in preparation for engaging with SAT staff at the country and regional levels (in that order) on issues that were emerging from inputs of SAT partner CBCSOs at the community level. I approached and interviewed the Country Office staff members before the SAT Regional personnel so that it was easier to engage at a higher level with more robust information about processes on the ground; the SAT executive was the last to be interviewed. However, this did not prohibit, at any one point, the verification of evidence with any respondent. I built preliminary data analysis processes into data collection processes to enable the identification of issues requiring verification or clarification at any one moment. Lastly, I designed the process of observation to occur concurrently with other data gathering techniques on a daily basis, especially as Communications Officer at the SAT Regional Office.

1.6.1.1 Sampling

Although this study was a case study, there was still need to choose respondents for collecting the relevant data. SAT employed 67 full-time staff and worked with an average of 25 partner organisations in each of its six Country Programmes every year, but it was not necessary to

interview all of them. The initial arrangement for data collection for this study was to administer a survey questionnaire to all graduated partners on SAT's books, to identify those that still existed and could be reached, to obtain a cursory impression of their post-graduation life, and to use this information as a basis on which to purposively sample those for inclusion in the study. Due to many intervening factors already discussed, and the fact that I already knew the respondents that were likely to provide relevant information for the different aspects of the study, I chose a purposive sample (Marshall, 1996:523, Barbour, 2001:1115-1116). Teddlie and Yu (2007:77, 80) define purposive sampling as the deliberate selection of certain settings, units, cases, persons or events because they provide important information. In my case, I selected respondents for their ability to provide information that answers specific research question in the study.

Considering the time and cost constraints to the study in the context of the instability in SAT, I preferred five (5) partners for inclusion from each country; these comprised two graduated and three current SAT partners (of which one was supposed to be a newly recruited partner). Only three countries – Malawi, Tanzania and Zimbabwe – were included since these were the only countries that I was able to visit in the context of restricted travel during the crisis in SAT. There was no restriction on access to regional staff (where I worked) and all country staff members were easily accessible through email and telephone and, most important, they also came to the regional office for planning meetings; these were opportune moments to secure interviews with them.

I used purposive sampling for all respondents. I used two criteria for sampling: firstly, the positions they occupied and, secondly, the data they could contribute to the research in terms of its quantity, quality and strategic character. As Marshall (1996) notes, a purposive sample like this ensures the selection of the most productive sample that could answer the relevant research questions. I also stratified the respondents according to the type of information they could yield, as I already knew these subjects and this resulted in the clustering of critical individuals and groups from SAT and its partners. Onwuegbuzie and Leech, (2007:111 - 112) observe that such clustering could bring forth the relevant data for the research.

Table 1.1: Study Sample

SAT Regional Office	**Executive**	**Programmes Support Units**	**Regional Finance monitoring officer (FMO)**	**Total**
	1	3	1	5
SAT Country Programmes	Country Programme managers	Country Programme Officers	Country Programme Finance Monitoring Officer	Total
	3	3	3	9
Total SAT				**14**
Partners Organisations	**Directors**	**Programme officers**	**Finance persons**	**Total**
Malawi	5	3	4	12
Tanzania	4	5	5	14
Zimbabwe	5	4	4	13
Total	**14**	**12**	**13**	**39**
Total Sample – SAT and Partners				**53**

In SAT, I selected one Deputy Executive Director (policy) who was also the longest serving member of the SAT staff, as well as all three Country Programme Managers (CPMs), Country Programme Officers (CPOs) and Finance Monitoring Officers (FMOs). In their different capacities, these individuals had a wealth of hands-on information about the implementation of the SAT capacity-development model. The heads of the SAT Regional Support Units under three Programmes (Communications and Publications, Monitoring and Evaluations and School without Walls) were included in the sample, as these units provided technical backup to SAT Country Programme Offices and SAT partners CBSOs in the Country Programmes. The regional Finance Monitoring Officer (RFMO) was also included because this office worked directly with partner recruitment and monitoring at the Country Office level. Respondents from SAT (14) (Table 1.1**)** were 20% of the total 67 employees.

From each of the fourteen partner organisations, I selected either the executive director or the programme officer because these officers are fully involved in the operations of the SAT programmes with partner organisations. However, where possible, I sought a joint meeting with the executive director, programme officer and the finance person. In more than 70% of the cases, the three officers were available and participated in the research representing their organisation (see Table 1.1). In this way, they could help each other answer questions that were specific to their fields of specialisation.

1.6.1.2 Review of internal documents

I conducted a preliminary review of SAT internal documents and reports to familiarize myself with SAT historically and establish the evolution of the capacity-building model and its application. The documents reviewed were in several categories:

a. SAT policy, procedure and operating guidelines documents, which described the SAT model and the expected mode of implementation.

b. SAT organisational and governance structure documents, which also included conceptualisation and organisation of the model and SAT in its implementation.

c. SAT reports (annual, biannual, quarterly, workshop, monitoring and evaluation (M&E), monitoring visits (MV)) among others – from both SAT country offices and the SAT regional office) which gave an overview of the implementation of SAT's model and outcomes.

d. SAT partner reports, which were source documents for SAT country reports compiled for the SAT regional office to give feedback on the implementation of the model with partners.

In using these reports, I was able to establish the complexities in the organisation of the work of SAT and the form of application of the SAT model of capacity development, including the nature of relations that developed between SAT and its partners.

1.6.1.3 Interviews

I conducted in-depth interviews with all selected respondents to gain an understanding of SAT's model in terms of its conceptualisation, implementation and impact among SAT partner CBCSOs and their communities. These interviews also sought to establish if experience (based on organisational learning processes) has facilitated new thinking about the model and its implementation. They provided an opportunity to seek clarity on the model's facilitation of organisational sustainability and ways of facilitating it, as well as obtaining clarity on the factors that influenced its effective application. Each interview schedule (Appendix 2) was specifically tailor-made to solicit information that specific respondents could provide and/or verify given their position and experience in their organisation. In my case, to facilitate the interview process and ensure the collection of all relevant data, I combined the use of note taking and audio tapes after securing permission from respondents (Devers et al. 2000:268).

1.6.2 Data analysis

Given the qualitative nature of this study, there was significant interview data that had to be analysed. I transcribed each interview from tape, combining the data with the notes collected during that interview in the field. I then engaged in data analysis to identify and examine responses as a basis for offering explanations to perceived patterns of outcomes in the implementation of the SAT capacity-development model. This entailed categorising, labelling and at times recombining evidence, and producing tables showing the frequency of occurrence of certain activities as a means to explaining the outcomes of the model in answering the key questions of the study. Tallying and computation of some statistical data were conducted to generate relevant figures in the form of percentages and averages that helped describe certain trends and facilitated making comparison. The analysis also included the verification of definitions and determining the levels of understanding of key concepts in the model and application of the model.

In addition, data analysis involved confirming staff's knowledge of documented policies and procedures at different levels of their application, checking stated model processes against their application and seeking possible explanations for the results on the ground. Interview data were analysed to seek heightened clarity on results that did not seem complete or appeared contradictory to the general pattern emerging in the study. There was therefore triangulation of methods and results to increase the validity of data obtained. According to Barbour (2001:1117) triangulation is the use of more than one method of data collection to answer research question in order to improve internal validity.

1.7 Thesis outline

The next chapter (chapter two) presents the theoretical framing of the study. It discusses a range of interrelated concepts, such as community capacity, organisational capacity, capacity building and development, and community competence in an attempt to locate conceptually the role of organisations such as Southern African AIDS Trust in supporting community-based civil society organisations (CBCSOs) in their response to the HIV and AIDS pandemic.

Chapter Three examines more concretely the relationship between non-governmental organisations (such as Southern African AIDS Trust) and community-based organisations with

specific reference to HIV and AIDS, and provides an overview of the SAT with regard to its history, geographical structure, and organisational structure and dynamics.

In the following chapter (chapter four), SAT's capacity development model is discussed extensively in the context of its broader approach to community development. This entails a focus on HIV and AIDS community competence from the perspective of SAT and the ways in which it seeks to enhance such competence. I outline various dimensions of the capacity development model, including partner identification, resource mobilisation, technical support, and monitoring and evaluation. In relation to sustainability, of critical significance is SAT's notion of partner graduation.

Chapter Five examines the actual implementation of SAT's model of capacity development and, in doing so, addresses in a critical manner many of the dimensions embedded in the model. In particular, it focuses on the relationship between SAT and its partners in terms of seeking to build community competence, and it identifies the diverse relations existing with partners and the status of partnerships up until 2012.

Chapter Six focuses on SAT as an organisation in transition, indeed an organisation in crisis, particularly over the last couple of years as SAT's strategic trajectory came under major external review and suspension of funding for the organisation occurred. Times of organisational crisis are opportune times to delve deeply into the very character of organisations and – certainly – the crisis in SAT is particularly revealing with regard to its organisational disposition vis-à-vis its community-based partners.

The concluding chapter summarises the main points of the thesis and provides a synthesis between the theoretical framing of the study and the evidence about SAT. It highlights the significance of the thesis in understanding organisational responses to HIV and AIDS, and outlines key theoretical insights arising from the thesis.

CHAPTER TWO:
THEORETICAL FRAMING

2.1 Introduction

The study of SAT's partner organisation capacity development model is premised on an inter-disciplinary approach, including a hybrid of organisational and community capacity-development theories. The rationale behind this approach is as follows. SAT's model focuses on developing the capacities of community-based organisations (CBOs) and NGOs (referred to collectively as civil society organisations (CSOs) in this study), but the intention of the model is to increase community HIV and AIDS competence. The latter is an outcome located outside the organisations SAT supported but also linked to them to the extent that these organisations served communities. In addition, these approaches allow for the analysis of SAT's model in the context in which it is applied, giving an opportunity to isolate broader elements that were influencing its results. This chapter therefore explores the literature and debates around the key concepts of community, community capacity development, community competence, organisations, organisational capacity and organisational capacity building. It does so to highlight the theoretical context within which to understand SAT capacity development model as pursued and implemented.

2.2 Conceptualising community

The term 'community' has been defined in a number of ways by UN agencies, development practitioners, donors, governments and CSOs that are involved in community development. All the definitions proffered generally describe a community as a social formation differentiated in relation to three main characteristics: geography, identity and issue. According to Raeburn et al. (2007:86), community refers to any medium-sized group of people united by social connections, common identity and goals, and it involves people living in a particular locality. Craig (2005:3) adds that a community may be comprised of people belonging to a specific neighbourhood such as a suburb or even a specific district-level area *"whose boundaries lend itself to a practice of community development."* In the same neighbourhood or across neighbourhoods, people may also form groupings based on a specific identity such as religion, colour, or ethnicity to constitute their own form of community.

As well, people come together temporarily to deal with a specific issue of interest such as a demand for improved housing, and therefore may comprise a community (Craig, 2005:3). Viewed in this way, one or even a combination of these elements could be the basis on which a community forms. Shared social elements (among them common ancestry, history, culture or resources) strengthen social bonding in communities. In doing so, they promote social organisation around issues of common concern, induce a sense of social responsibility and obligation towards each other, and thereby predispose a community to a degree of integration, interdependence of members and cooperation in community development. At the same time, community members may still belong to other forms of social groupings depending on their professed identity (such as religion) and issues of interest (including labour matters, women's rights, support for people infected and affected by HIV).

Communities therefore are not homogenous; rather, as internally differentiated entities, they may indeed be the site of considerable contestation and conflict. This adds to the complexity of the social organisation of communities, to the ways in which different community members view themselves, and to how they respond to the challenges they face within their geographical locations or boundaries, or the areas of their defined social interactions. This differentiation tends to complicate entitlement to supposedly common resources and social support from other community members. In addition, it also shapes the manner in which community members view, relate and harness internal and external inputs such as SAT's capacity-development programmes in seeking solutions to organisational capacity challenges faced in communities.

Despite the problems in speaking of a community as a site of consensus and cohesion, the commonalities experienced do – or at least can – lead to what Goodman et al. (1998:269) describe as a "sense of community", or the total social cementing effect of the shared elements. Chaskin (1999:5) defines 'sense of community' as a degree of connectedness among members and recognition of mutuality of circumstances. Using the work of Chavis and McMillan (1986), Goodman et al. (1998:269) identify four elements (presented in Box 2.1 below) which generate a 'sense of community'. Broadly speaking, a 'sense of community' is generated in common membership which produces emotional connectedness and influences members to have a degree of caring and sharing, mutual respect, generosity, and service to others, elements that enable collective responses to common concerns and may produce desired change (Van Til, 2000:5).

The absence of this produces varying degrees of disconnection, lack of cooperation and mutual support, and detraction from collective community action. From this premise, it follows that the ability of community members to form groups and organisations and create networks that facilitate the resolution of community challenges directly relates to the level of 'a sense of community,' which in itself is an expression of individual and collective social agency. Social agency is the embodiment of a certain level of capacity to act at the individual, group or community level. It is therefore also an epitome of elements of community capacity.

Box 2.1: Elements that produce a sense of community

- ✓ Membership, or a feeling of belonging;
- ✓ Influence, or a feeling that the individual and community matters;
- ✓ Fulfilment of needs, or a feeling that members' needs will be met by resources received through membership; and
- ✓ An emotional connection or a belief that members share common experiences and histories.

Source: Goodman et al. (1998:269).

2.2.1 Community capacity

Community capacity is a term coined alongside the concept of community capacity building in the 1990s (Raeburn et al., 2007:86). The concern with community capacity results from its utility in resolving challenges faced in meeting human development needs in communities. In much literature related to HIV and AIDS (Campbell, 2009; United Nations, 2003; Chikwendu, 2004; Cheru, 2002; James, 2006) a major concern has been on the capacities communities need including mechanisms that can be employed to respond to the challenges of the epidemic in the most feasible, effective and sustainable way. There is also a concern with ways of managing and retaining community capacity to ensure sustainable development.

Community capacity hence is the ability to carry out stated objectives of community development (Baillie et al., 2008:1032, Brown et al., 2001:11). More specifically, it entails "the interaction of community capitals and organisational resources existing within a given community that can be leveraged to solve collective problems and improve that community" (Chaskin et al., 1999:4). As argued by Goodman et al. (1998:259,260) in specific relation to health concerns, community and organisational experts, funding agencies and implementing

organisations are agreed that “community capacity is a necessary condition for the development, implementation and maintenance of effective, community-based health promotion and disease prevention programmes.” Communities that have the necessary capacity to address their challenges ensure continued delivery of services to their members. It is however important to unpack the concept of community capacity and discuss its constituent dimensions.

2.2.1.1 Dimensions of community capacity

Hancock (2001: 276) identifies four broad categories or dimensions of community capacity, which he calls community capitals: human, natural, social and economic capitals. Human capital comprises well-educated, skilled, innovative and creative people who are engaged in their communities and participate in governance. Social capital is commonly referred to as "the networks, norms and trust that facilitate coordination and cooperation for mutual benefit” (Van Til, 2000:5), while natural capital includes environmental quality, healthy ecosystems, sustainable resources, the conservation of habitats, wild life and biodiversity. Economic capital is the means by which communities attain human and social goals: work, food, clothing and housing, clean water, proper sanitation, universal education, and health and social services.

People (in the form of human and social capital) are regularly understood as central to development because these dimensions of capacity are most important for achieving systematic and sustainable change in communities for the improvement and sustenance of individual community members. In human and social capitals, or what Putnam (2000:19) calls the ‘banked good will’, the following sub-dimensions are singled out as central to effective development: participation, leadership, community resources, social networks, community power, skills, inter-organisational networks, understanding of community history, community values, and critical reflection (Aref et al., 2010:173-176, Hancock, 2001:277). The argument presented is that the exact inter-play of these various sub-dimensions either enhances or compromises community capacity and social agency. I discuss specific sub-dimensions to demonstrate their interconnectedness and significance for community capacity

a. Participation and leadership

Communities that have capacity effectively participate in processes that affect their lives and, as Goodman et al. (1998:260, 262) correctly note, a “community lacks capacity when its leadership

does not have a strong base of actively involved residents." Meaningful participation is organised under strong leadership that ensures grassroots participation in defining and resolving needs, to ensure community empowerment. In the existing literature, a ladder of citizen participation (Arnstein, 1969) is suggested which starts from nonparticipation (manipulation and therapy), to tokenism (informing and consultation) and then to degrees of authentic citizen power (such as partnership, delegated power or citizen control) (Murray, 2004:2). Participating in a community relates to the accessibility of social networks, social agencies, and mediating structures such as churches and grassroots community groups that represent individuals in their interaction with formal agencies. Meaningful participation therefore involves partnerships that allow delegation of power to members and localised control of processes and resources, and this requires skills.

b. Skills

According to Lavergne and Saxby (2001:2), skills determine the way communities mobilise and utilise their resources for development, such that "both participants and leaders must have considerable skills to ensure community capacity to address local concerns" (Goodman et al. 1998:266). Such capacity would include elements like the ability to take initiative in community processes, plan community activities and coordinate meetings; and leaders must ensure that community efforts neither drift nor stall. Instead, they must be skilled in monitoring and evaluating community processes; collecting, analysing, and reporting data on needs, opportunities, barriers, and resources; and planning and evaluating community initiatives, argues Goodman et al. (1998). Community leaders must have skills to mobilise resources; facilitate group processes; solve problems, resolve conflicts among participants: and to deal with the risk of opposing factions. Both leaders and participants must be advocates of community initiatives to attract resources and other forms of support.

c. Resources

The availability of resources to support community initiatives is central to the success of community efforts (Lavergne and Saxby, 2001:2). Community resources come in various forms including the capitals referred to earlier: economic capital such as property and money, and social capital notably human resources, the knowledge and skills that people possess, and their ability to cooperate with one another and form new associations in dealing with community needs and challenges.

Communities need these resources to be able to 'engineer' community development (Goodman et al. 1998:267). Such resources do not necessarily come from the community as they can include the following outside sources: agencies and foundations that provide funding and technical assistance, organised citizen groups, churches, and professionals such as lawyers and accountants. These outside groups make available meeting spaces and facilities for programmatic activities; media production; active and responsive mediating structures; mechanisms for citizen input into decisions; and channels for vertical and horizontal communication across sectors of the community.

d. Social and inter-organisational networks

The social architecture of a community in large part determines the utilisation of resources and the form and quality of local development. As Israel et al, (1994:152) indicate, social organisations and networks "promote individual empowerment through democratic management in which members share information and power, utilise cooperative decision-making processes, and are involved in the design, implementation, and control of efforts towards mutually defined goals." At the same time, numerous organisational structural characteristics shape the nature of cooperation among organisational members and determine how they interact with external development agencies. These include organisational shape and size, the relationship among network members, the frequency and intensity of their contacts, and the benefits that members receive from their network ties – such as emotional or tangible support and access to social contacts. Thus Goodman et al. (1998:269) demonstrate that "networks based on vertical relations are generally less conducive to building norms of reciprocity than those built on horizontal relationships because of imbalances in power and information access." In other words, the nature of local social organisation can undermine 'a sense of community' that facilitates collective action, but a strong sense of community and availability of relevant resources generates strong community power.

e. Community power

Community power provides community advantage to negotiate successfully with external development agencies for space, resources and services for the community. Community power obtains from a strong sense of community, and this predisposes members to organise collectively around issues of shared concern. It also allows for bargaining for meaningful participation and

input into local development processes, ownership and results of development processes as well as available funds, material goods, statuses of members, authority, and legitimacy, limiting or extending the level of influence to those of a certain income, gender, age, or ethnicity (Goodman et al., 1998:270).

In summary, an analysis of the different dimensions of community capacity demonstrates that it is not value free or an objective term, but an embodiment of expectations, values, norms, standards, and desired outcomes which are linked to people's daily existence. This of course also means that even development is not a value free process because it carries the expectations of those involved and driving it. A community's ability to articulate a clear set of values is integral to capacity. It seems then that a development agency needs to be sensitive to these values and to work with them or around them as values often determine levels and forms of participation, collaboration or partnerships. In the end, the development of a clear set of community values is predicated on a community's capacity to engage in critical reflection, as defined by Stephen Brookfield (1987) (quoted in Goodman et al,1998:272) as "the ability to reflect on the assumptions underlying our and others' ideas and actions and to contemplate alternative ways of thinking and living." This re-emphasises the significance of community input into local development and exposes the shortfalls of the deficiency theory of development discussed later.

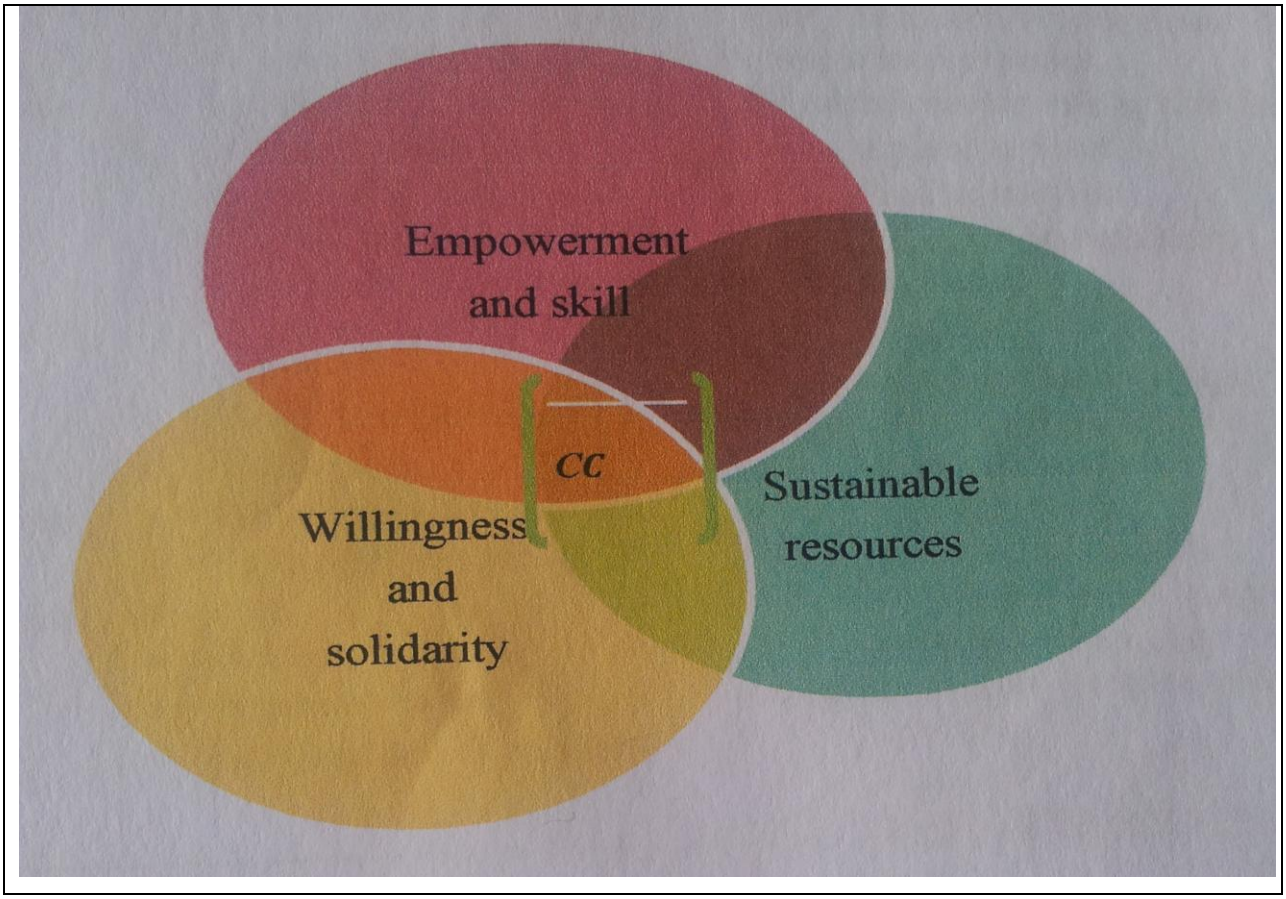
2.2.2 Distinguishing community capacity from community competence

The term capacity is often used interchangeably with community empowerment, competence and readiness in development literature, but this hides the subtle differences between capacity and competence. While capacity is a broader construct described "as a potential state", competence is presented as "an active state" of capacity (Goodman et al., 1998:260). While capacity represents a community's potential to address issues of concern, competence signifies how skilfully communities apply capacity to address their concerns. In other words, capacity is simply the potential to act. This means that a community can have capacity but still fail to address its challenges until it becomes competent – or actively applies its capacity.

First used by community psychiatry movements in the United States in the 1970s as the ability of a community to work collectively towards a common goal or what Decosas (2002:11) calls "community cohesion in action", the concept of competence was popularised in the 1990s

by health workers working on health care and AIDS in the province of Phayao, Northern Thailand. Based on a working definition of the concept and direct interventions, the team of workers, in conjunction with UNAIDS, eventually formulated the concept of "AIDS-competent society" founded on the optimal interaction of government and civil society organisations in the response to HIV and AIDS. Derived from this, Decosas (2002) postulates the following defining characteristics of an HIV and AIDS competent community as depicted in Figure 2.1.

Figure 2.1: Community Competence



Key: CC: Community competence

Source: Decosas, (2002:11)

This illustrates the interactive composition of the elements that constitute community competence (and community HIV and AIDS competence) represented by **'CC'** at the centre of the intersection of the three components in Figure 2.1. As noted, competence is the active state of community capacity. While empowerment and skill relate to capacity to do, willingness and solidarity focus on the processes that bring people together and compel them to care for or assist

each other. The resources component focuses on questions of mobilisation and acquisition to facilitate the responses to the challenges communities face. Table 2.1 outlines these dimension of competence, with specific reference to HIV and AIDS. However, none or a combination of only two of these components entails constituting community competence, as competence is the product of all three elements.

Table 2.1: Core Components of Community HIV and AIDS Competence

Empowerment and skills	**Willingness and solidarity**	**Sustainable resources**
Communities generating and maintaining sustainable response systems characterised by: • A high level of self-reliance, • Development of own resources and ability to mobilise external resources, • Capacity to assess their own needs and problems and respond to them, • Capacity to self-organise and self-monitor their actions in order to sustain the HIV and AIDS response.	**1.** The strength and closeness of relationships within a community, **2.** The motivation of community members to collectively respond to community challenges such as the impacts of HIV and AIDS. **3.** Key aspects here are: • Compassion • mutual reliance • feelings of mutual benefit, • trust, • altruism, • common values, • unity and social cohesion	The resources that are being utilised which may include: **Physical resources** might include: • a place to meet, • land to cultivate, • information materials, • blankets, • livestock, • thatch for housing, etc. **Financial resources** include**:** ✓ money/savings and ✓ access to credit. **Human resources** include: ✓ the necessary people to undertake necessary work, i.e. volunteers and staff. **Institutional resources** include: ✓ schools, ✓ clinics, ✓ church institutions etc.

Decosas (2002:12) adds that it is a collective and not an individual attribute, but the effects of increased community competence are felt at the individual level; as there would be for example less HIV transmission, less isolation and stigmatisation, and more care and support for people in need. Competence is a quality that people generate working in local institutions and organisations. According to Gatz et al. (1982:292), at the individual level it creates "a sense of self-efficiency, or being an active agent in control of one's life, a world attitude that includes hope and interpersonal trust, and relevant behavioural attributes such as problem-solving skills". At the community level, it imparts a sense of "having alternatives and as knowing how to obtain and use resources, thereby counteracting feelings of powerlessness." In other words, community competence enhances abilities and confidence among community members in and of themselves and in what they do.

2.2.3 Community capacity building/development

Community capacity building is one of the major concerns of development practitioners, researchers, governments, NGOs and donors because it enables communities to deliver relevant services to their members. The term 'community capacity building' arose in development discourse in the 1990s to describe the process through which communities acquire or enhance their development capacities (Raeburn, 2007:85). In this regard, Craig (2005:6) states that there is a distinction between community capacity building and organisational capacity building. Building organisational capacity in deprived communities is part of a broader process of community capacity building. The latter – as outlined by Ahmed et al. (2004) and as quoted in Craig (2005:6) – aims at "strengthening community groups and organisational capabilities to enable them to sustain themselves in order to play a fuller part in civil society and community cohesion and engage more fully with public authorities". Bruce (2003:16) adds that community capacity building includes "activities which the community undertakes (on its own or with the help of others) to improve or build its own collective commitment, resources and skills".

Therefore, these scholars view community capacity building as multifaceted and purposeful and as focused on various components of communities: individuals, groups, organisations, systems and institutions. Its aim is to allow communities to contribute collectively and productively in resolving community challenges, with external necessary support. In this sense, capacity building (or development) may be "enhanced or accelerated when an external group or entity (e.g. donor or its cooperating agency) assists the individual, organization or institution to improve its functions or abilities" (Brown et al., 2001:6). Community capacity building therefore involves a complex mix of internal and externally driven processes. As discussed later with reference to the SAT capacity development model: "While internal capacity building is on-going, in that learning can occur through a wide variety of planned and unplanned experiences and activities (e.g. networking, training, and creative responses to new challenges), external assistance (to capacity building) generally occurs through more discrete and planned interventions" (Brown et al., 2001:6). For Goodman et al. (1998:260) such a process should be continuous because communities can gain or lose capacity since they exist in "a dynamic state and develop in stages of readiness that must be taken into account in selecting capacity-enhancement interventions."

Ultimately, capacity development for communities is a process that focuses on three levels. These are at the individual level – to develop human resources and community leadership; at the organisations level – to enhance the ability of the organisations to serve in community development; and at the community level – where efforts focus on strengthening associations and relations between community residents and local organisations (Chaskin, 2001:318). In this way, community capacity development becomes a necessary condition for improving the process of development (Aref et al., 2010:172).

2.2.4 Community development and community capacity development

This raises questions about the relationship between community capacity development and community development. The concept of community development became part of the discourse on development much earlier (in the 1960s/1970s) than community capacity development, which entered the lexicon in the late 1980s and throughout the 1990s (Atkinson and Willie 2005:3, McGinty 2002: 2, Raeburn et al., 2007:86, Lavergne and Saxby, 2001:1). Literature before the 1990s views community development as separate from community capacity development. However, literature from the 1990s to the present sees community development as a precursor to community capacity building, which is in effect a new understanding of community development.

According to Atkinson and Willis (2005:3) and McGinty (2002.1), the new understanding of community development focuses on more informal and open-ended practices and locally-driven solutions for local problems, while community capacity development is still often seen as devised by organisations outside the community. This means that community-capacity development involves the work of outsiders in facilitating the development of a wide range of capacities (physical assets such as infrastructure, plants and machinery and natural resources). There is also the harnessing of capabilities such as: technical skills, education and knowledge, resourcefulness, organisational structures and systems, legal frameworks and policies, social cohesion and social capital, values and motivation, habits and traditions, and institutional culture (Lavergne and Saxby 2001:2, 3).

In this sense the shift in thinking about community capacity development lags behind the transformation with regard to community development *per se*. Capacity development though,

should be locally-driven and the challenge for communities is to build on local energy and commitment by facilitating resourcefulness in community development. The role of community capacity development is to bring together and enhance the existing skills and abilities of communities for more effective and efficient achievement of community developmental goals. Clarence and Noya (2009:3) sum it all up, arguing that community capacity building must enable "all members of the community, including the poorest and most disadvantaged, to develop skills and competencies so as to take greater control of their own lives and also contribute to inclusive local development."

2.2.4.1 Perspectives on community and community capacity development

So far, I have outlined issues about community, community capacity and community competence with reference to community development. I now look in more detail at notions of community development and link these to thoughts about external agents of development vis-à-vis role of community members and conception and practice of development viewed from different angles.

As noted, there are two main perspectives on community development. The first perspective, the traditional one, is what Raeburn et al. (2007:84) call the pathology or deficit approach to development. This perspective operates on the assumption that disadvantaged communities have deficiencies (in skills, resources and experiences) that need fixing, and that the remedies for these deficiencies are developed by experts and handed down to communities for implementation by experts. This is a top-down method to community capacity development. The approach provides those in positions of power and authority with the opportunity to impose their own agendas and influence the process of community and community capacity development at the expense of the wishes of community members.

For Beazley et al. (2005), the 'deficit model' pays no attention to the capacity of community institutions to overcome inherent barriers to engaging with development processes. There are many institutional and structural and problems that hinder community progress in development efforts and that are not rooted within communities. Community capacity building becomes an ideologically loaded term according to Partridge (2005) (as quoted in Craig, (2005:19)) "invented by social managers to explain the lack of 'buy-in' to their regeneration [or development] schemes by implying a lack of skill on the part of members of deprived

communities". In a blaming the victim discourse, these outside development managers label poor communities as 'deprived' and development schemes do not work because of an analogous lack of capacity within communities.

Craig (2005:19) offers a scathing critique of this. He states that the term capacity "might be seen as useful only where it applies equally to the lack of capacity in neighbourhoods and to the lack of capacity of powerful partner agencies to listen to, engage with and share power with communities effectively." Further, "do powerful agencies have the capacity to 'lose face, cope with residents' decisions going against them?" (Craig 2005:19). This is a crucial matter, as quite often resources emanating from outside agencies cow local communities into accepting programmes they do not quite agree with or see as appropriate and/or a priority. The power relations embedded in relations between powerful outside agencies and local communities are not subject to serious scrutiny by the social pathology approach to community development, nor are the ways this power produces conforming community residents who are 'good citizens' in terms identified by those with power (Beazley et al. 2004).

Clearly, then, a particular model of capacity building follows from this community development perspective, one which is top-down and paternalistic. Together, this deflects attention away from the need to change broader social, political and economic arrangements that often hinder sustainable community development; and it serves and supports the status *quo* at the expense of communities. In doing so, it fails conceptually to incorporate into development processes and practices, the skills, ideas, capacities – if only latent – of local communities as a basis for genuine participatory modes of community development (Taylor 1995).

The newer perspective on development, as indicated earlier, perceives communities as having inherent strengths, skills and abilities (or assets) (Atkinson and Willis, 2005) and thus as being capable of actively participating in development (Raeburg et al., 2007:84). The approach speaks about engaging in development from bottom-up (from the community) to accommodate and prioritise community needs and community participation. On this basis, there is supposed to be genuine partnership and collaboration between communities and centres of power (donors, capacity development experts and governments for example) and these centres of power assume a facilitative role in the identification of community needs and the development of mechanisms

to meet them. In this approach, the critical elements include stakeholder participation, local problem assessment capacities, equitable relations, community resource mobilisation, linkages to outside resources and organisations with pronounced downward accountability, and local leadership (Laverack, 2005). Unlike the deficiency approach, this approach is people-centred and views community members as partners in development.

McGinty (2002:2) recognises the utility of community partnerships with external agents when he observes that, for meaningful programmes to be successfully developed (and implemented) to the benefit of communities, there must be an authentic partnership between the local community and the external players. Communities have capacities and capabilities and external collaborators have additional inputs; if these are combined, there would be the greater prospect of genuine development. Pursuing community development without recognising and practicing this, argues Craig (2005:20), means that community capacity building hides "a false consensus about goals and interests. In reality they both are arenas for political struggle." As Banks and Shenton (2001:296) state with specific reference to capacity building, we therefore "need to question whose purpose capacity building is serving and ensure that local residents are not mere puppets in the regeneration game played out by large national, regional and local agencies".

After years of programming under the deficit model, the United Nations Development Programme (UNDP) provided a more encompassing definition following the Budapest Declaration in 2004 that defines and views community development as follows:

> Community development is a way of strengthening civil society by prioritising the actions of communities, and their perspectives in the development of social, economic and environmental policy. It seeks the empowerment of local communities, taken to mean both geographical communities, communities of interest or identity and communities organised around specific themes or policy initiatives. It strengthens the capacity of the people as active citizens through their community groups, organisations and networks; and the capacity of institutions and agencies (public, private and non-governmental) to work in dialogue with citizens to shape and determine change in their communities. It plays a crucial role in supporting social democratic life by promoting the autonomous voices of disadvantaged and vulnerable communities. It has a set of core values/social principles covering human rights, social inclusion, equality and respect for diversity; and a specific skills and knowledge base (Craig, 2005:4).

Perceived in this way, Craig (2005) notes that community capacity development – as a practice – should privilege the role of ordinary communities in identifying and organising themselves to meet their own needs. This way, "ordinary people – particularly the most powerless and deprived – should be offered the real basis for empowerment" (Craig 2005, 20). This study of SAT recognises the significance of this argument as it seeks to examine local social organising for effective responses to HIV and AIDS and the interface with eternal assistance and agencies of change in the capacity development of local community-based organisations responding to the epidemic.

2.2.4.2 Agents of community development

One of the major debates in development literature and especially community development centres on the key drivers of the process of development and the purpose for which they do it. Existing literature identifies one or more agents driving the process of development (Aref et al., 2010:172). The more traditional literature tends to see community development in technocratic terms, or as a process of providing the necessary infrastructure and facilities to remedy local community development challenges (the deficit approach discussed above). The delivery of community development – as a panacea for local community problems – is also by outside experts and state officials who drive the process in a centralised and top-down manner. Development intervention projects are designed and implemented within a specific timeframe to produce specific development outcomes on behalf of beneficiaries through the delivery of resources which may be financial, equipment, technical know-how, skills, political clout, even a particular approach to life, In this schema, local communities become passive recipients of centrally planned and implemented development projects (Craig, 2005:7). This approach fails to recognise and credit the efforts of local people in the development process.

Recent literature views community development in a different way by placing local communities at the centre of the planning, implementation and evaluation of community development projects and processes (Kaplan, 1999:5). In this context, community development is a method or practice which involves a set of skills and a knowledge base, but just as important has a strong value base and should privilege the role of ordinary community members in identifying and organising themselves to meet their needs – (as in the bottom up approach already discussed). This way, "ordinary people – particularly the most powerless and deprived –

should be offered the real basis for empowerment" Craig (2005:7). In line with contemporary thinking on the subject, McGinty (2002) sees development as a product of the efforts of local community members involved in community mobilisation, role and responsibility allocation, planning, implementation of planned projects, monitoring and evaluation of the projects to ensure that these meet the needs of a community. The community itself of course is internally diverse and comprises several social agents who may initiate development efforts of one form or the other, but these are all civil society actors.

This is not to suggest that external support, if provided in an empowering way, does not facilitate locally driven processes in a complementary manner. While the primary drivers of community development may be the communities themselves, external effort has a huge role to play in community development. External agents often though come with their own agendas that they attempt to impose on the communities presented subtly through for example so-called partnerships. The needs of communities are not always in-sink with the agendas of these powerful partners – in this case the external agents continue with their predetermined goals. Communities often accept these agendas because of the carrot of funding. Thus, funding is "key here in getting local community groups to 'buy in' to" external agendas, or externally driven community capacity building is "a way of creating local structures which fit with funding requirements" of partners (Craig, 2005:18),

The transformation in the conceptualisation of and approach to community development has ushered in new terminology. Under this approach, which still requires external agency, development is nevertheless "a process by which the members of a society increase their personal and institutional capacities to mobilise and manage resources to produce sustainable and justly distributed improvements in the quality of their lives consistent with their own aspirations" (Korten, 1990:67). Hence, this study focuses on the capacity building of community based civil society organisations (CBCSOs) to facilitate the efficient delivery of services to communities for HIV prevention and mitigation of its impacts in communities in southern Africa, but with reference to an external agent, namely, SAT.

2.2.4.3 Organisations and community development

Organisations are ubiquitous in communities and they characterise the way in which community members organise themselves and address the challenges they face and seek to resolve in their lives. As Mintzberg (1989:1), quoted in Pandey and Pathak (1996:459), correctly observes, "ours has become, for better and for worse, a society of organisations. We are born in organisations and are educated in organisations so that we can later work in organisations. At the same time, organisations supply us and entertain us; they govern us and harass us (sometimes concurrently). Finally, we are buried by organisations." This observation does not only underpin the ubiquitous and dominant nature of organisations, but underscores the significance and centrality of organisations in community life and development generally.

Chaskin (1999:6) echoes the same sentiments in emphasising that, in communities, organisations are social agents "which act as mechanisms for residents mobilisation: as mediating institutions for linking residents with the broader systems of decision-making, production, and supervision; and as organised sources for local production of public goods and services." Nikkhah and Redzuan (2010:87) add that organisations contribute to the reduction of human suffering and to the development of poorer countries through the provision of project funding, service provision, raising awareness about issues of interest to communities, and supporting vulnerable groups such as women and children.

2.2.4.3.1 Conceptualising organisations

In this regard, I do not offer a comprehensive overview of organisational theory. Rather I highlight the significance of organisations for conceptualising change and development, as this directly links to the need for organisational capacity development in the context of the SAT model. In doing so, I also posit a working conception of organisations for later examining the significance of the SAT model for building organisational capacity and ultimately community competence.

Pandey and Pathak (1996:459) describe organisations in a Durkheimian nomenclature referring to them as "social facts", both external to community members and influencing the behaviour of community members. Organisations are part of the social structure of communities and, as such, they constitute communities and thereby embody community capacity.

Community-based organisations, with varying degrees of formality, are inextricably connected to communities and often enhance a sense of community and give platform and weight to community voices in the process of development. At the same time, because of the heterogeneous character of communities, there may be competition and conflict between local organisational arrangements. In addition to local organisations, external formal organisations support communities and they interact and seek to influence community processes and outcomes. But, as Walters (2007:4) argues correctly with specific reference to capacity development, the "role of donors, partners and capacity development organisations is not to 'do' capacity development but to promote it", because it "is an endogenous process" which "cannot be driven from outside." In other words, external social actors only influence a community's access to support for community development and its development processes.

As the focus in this thesis in on SAT's capacity development model for CSOs working in communities targeting emerging organisations and informal groups, and encompasses organisational capacity development in order to enhance community competence and specifically community HIV and AIDS competence, it is important to briefly elaborate on organisations with specific reference to community processes and capacity. Robbins (1990:4-5) defines organisations or social groups as entities with a relatively identifiable boundary, that function on a relatively continuous basis, and are consciously designed and coordinated to achieve specific goals. A number of issues relevant for this study arise in this definition. Organisations involve are made up of people who have some form of long-term relationship and, as Pandey and Pathak (1996) add, relations within them are contractual but organised around a certain function to society – a goal orientation. The nature of the contractual relations vary depending on the purpose of organisations (for instance company, cooperative, society, trust or trade union) but participation is rational "because cost and benefit of doing things is more favourable through a collective" (Pandey and Pathak, 1996:459). Terms such as conscious design, coordination, rationality of action and long-term all point to systems and processes requiring capacity for goal achievement and sustainability. For that reason, organisations need resources, equipment, leadership and systems to guide their actions.

Etzioni (1975) classified organizations in terms of why people participate in them. He says that, firstly, there are utilitarian organisations that people join to receive material rewards,

for example a work organisation, and membership is an individual choice. The second type is normative organisations that people join to pursue goals they consider morally worthwhile (for example Boy Scouts and Girls Guides). The third type is coercive organizations of which people are a part through force (for example prisons and mental hospitals). Etzioni's classification reinforces Mintzburg's (1989) observation, made earlier, about the ubiquity of organisations in their different forms and sizes as well as their functionality vis-à-vis people and community life, underpinning an inextricable relationship between them and society.

Most of the community-based organisations (CBOs) and non-governmental organisations (NGOs) supported by SAT were newly and formally constituted with SAT assistance. In addition, community members formed them and hence they had a strong community connection driven in most cases by the voluntary service of their membership in efforts to enhance public health and especially to respond to HIV and AIDS. This is dynamically different from the nature of formal business organisations or public sector bureaux. This means that SAT's capacity development of these organisations was a transformative process as well, and the question arising is as follows: with what implications for service delivery and the sustainability of these organisations? In later parts of this thesis, I attend to the nature of the relationship between SAT and these organisation as the utility of the SAT capacity development model is further analysed. However, like communities, organisations should have the abilities to carry out their roles in community life. The following section therefore discusses organisational capacity as well as the threats to it.

2.2.4.3.2 Organisational capacity

I noted earlier that organisations are critical agents of community development especially in the response to HIV and AIDS and other health challenges. The ability of these organisations to carry out their roles as agents of development depends largely on the question of capacity and competence, such that international NGOs, donors and other capacity building institutions such as SAT have all become interested and involved in the capacity enhancement of local organisations especially CBOs.

Although I have already defined the term capacity in relation to communities, it is important to link the concept to organisations. The International Development Research Centre

(IDRC) (2003:1) defines capacity, as an organisation's "potential to perform – its ability to successfully apply its skills and resources to accomplish its goals and satisfy its stakeholders' expectations". In a similar vein, the United Nations (UN, 1996:2) says that organisational capacity includes "the resources, knowledge and processes employed by the organisation to achieve its goals", which comprise "the staffing, physical infrastructure, technology, financial resources, strategic leadership, programme and processes management; and networks and linkages with other organisations and groups". Both van Geene (2003: 5-6) and Kaplan (1999:23) see organisational capacity in terms of dimensions and attributes (respectively) that exist at five different yet interconnected levels.

Table 2.2 summarizes the various dimensions/attributes of organisational capacity and the levels at which they occur. Firstly, the conceptual underpinnings of the organisation are the prerequisite on which all other aspects of capacity arise (Kaplan, 2000:518). They influence the manner in which the organisation is structured and organised and determines who it will employ or join it. Secondly, the structures and the systems of an organisation set the basis on which the vision, mission and strategy of the organisation become effective.

Table 2.2: Levels and dimensions of organisational capacity

Level	Conceptual level	Structural & Systems level	Organisational level	Individual level	Material resources
Dimensions	✓ Conceptual framework ✓ Vision ✓ Strategy and sense of purpose	✓ Organisational structures ✓ Policy & procedures ✓ Legal or regulatory ✓ Management/ accountability ✓ process	✓ Human resource management ✓ management ✓ Equitable participation ✓ Sustainability of programme benefits ✓ Partnerships and collaboration e.g. with donors, NGOs, policy makers ✓ Organisational learning ✓ Strategic management/ governance	✓ Skills ✓ Knowledge ✓ Accountability ✓ Values and ethics ✓ Incentives ✓ Security	✓ Financial resources ✓ Office space ✓ Equipment

Source: Reconstructed from Geene (2003:5-6) and Kaplan (1999:23), Kaplan (2000:518 -519).

The structures and systems at the organisational level frame the third dimension, which include the various functional components, personnel and processes in their respective positions and the ways in which they interact. The individual skills, knowledge, abilities and other attributes interact with organisational culture in the fourth dimension to set in motion activities

for organisational goal achievement. Fifthly, the availability of relevant and adequate material resources at the right time is necessary to fuel organisational activities and to inspire confidence and a sense of capacity in the organisation (Kaplan, 2000:519).

However, any of the dimensions or attributes of organisational capacity can change at any time, on large part because of the fluctuating nature of the operating environment; thus, there is need for frequent review and adaptation. An organisation's operating environment includes both its internal and external environments (James and Mullins, 2004:575, 578). Internally, any change in the systems, resources and other factors either enhances or reduces the level of organisational capacity. Externally, the emergence of new challenges in the community, for example new health problems, calls for organisations to adjust their capacities to meet the new challenges. Jones (2001:93) underscores this point when he states "organisations will survive and prosper in turbulent times only if their ability to learn from experiences exceeds the rate of change." In other words, organizations must actively scan their environment for opportunities and deal with potential threats to their activities and, in doing so, take advantage and utilise opportunities. They must be organizations that have what Ravans (1980) calls a "questioning insight" as the key to living with changes. Threats to organisational capacity is discussed in more detail as my focus turns to the operational context of CBOs and why it is necessary to provide capacity building services to these organizations.

2.2.4.3.3 Organisational capacity building/capacity development

The terms capacity development and capacity building are used interchangeably in development literature to refer to processes by which individuals, organisations, institutions and societies develop the abilities to perform their functions, achieve set objectives and solve problems (McGint, 2002:2, van Geene, 2003:4, Goodman et al, 1998:268, Walters, 2007:1), or as Aragón (2010:37) puts it, "perform towards purposeful social change." Brown et al. (2001:11) define capacity building as the "process that improves the ability of a person, group, organisation or system to meet its objectives or perform better" and adds that capacity building is a continuous process of improvement whose key objective is maintaining or improving the service provided. In other words, it is a purposive and deliberate process. For Aragón (1999), capacity building is an intentional process of strengthening an organisation's ability to do its work effectively, which should lead to the emergence and evolution of organisational abilities over time.

These abilities, Morgan (2006:15) argues, must enable the organisation to adapt and self-renew. In this sense, sustained capacity building gives rise to the acquisition, retention and management of specific resources (including human resources), creates a certain organisational culture and its management, and involves the acquisition of equipment and the establishment of an organisational and physical infrastructure. According to Heward et al. (2007:172) capacity building is a set of targeted strategies applied within programmes and systems to develop sustainable skills, organisational structures, resources and commitment to achieve necessary gains within organisations and communities. Its ultimate goal is "to create safe and productive communities where people can work, live, play, and develop their potentials" (De Vita et al. 2001:5).

Broadly speaking, "it is now generally accepted that the strengthening of organizations and more broadly of institutions, is an urgent and crucial priority in many developing countries" (Jones, 2001:91). Organisational capacity development is a result of a realisation of deficiencies in one or more elements. Like communities, organizations always have a need for on-going capacity development because of the dynamic nature of the environment in which they operate, which demands changes to some of the capacity dimensions already discussed (Harvey and Millett, 1999:30).

The specification of the timing and focus of capacity building is particularly important for this study, as it links directly to the concepts of graduation and capacity management. Organisational capacity can hardly be static or remain the same (as already noted), therefore at the centre of capacity-development is the issue of sustainability of both the process itself and the capacity created. In this respect, Guler (2008:5) argues that organisations and especially CSOs need to have the following: a coherent link between vision and action under strong leadership and staff commitment, organisational learning for gaining advantage and leverage, interactive and authentic partnership for greater impact, and reduced dependence on donor funding which usually undermines CSOs' sustainability, as intimated already.

2.2.4.3.4 Approaches to organisational capacity building

In the context of civil society, Kaplan (1999:19) argues that there are only two perspectives on organisational capacity building which depend on whether we view capacity from the

perspective of northern donors and NGOs or from the view of southern civil society organisations (CSOs). In the first perspective, Northern donors and NGOs view capacity as a need to be realised in others (the partner southern CSOs) and specifically it means the ability of these southern organisations to implement and manage projects, and exercise financial and product accountability as per specifications of the northern partners. In terms of this perspective, the lack of effective use of and accountability for donations among southern CSOs inhibits the work of northern donors. Therefore, organisational capacity building focuses on making southern CSOs more efficient in utilising donations from the north, accounting for the money, and acquiring skills to deliver development projects as specified in funding agreements.

In the second perspective, the starting point is that CSOs view themselves as important and viable, working towards social transformation, redress, better deals for the poor, poverty alleviation and parity with respect to power dynamics (Kaplan, 2000:20). In this case, the focus is on building robust and sustainable community organisations capable of independent focus and direction and organising the development of their own communities. In this case, capacity refers to the ability of organisations to function as autonomous, strategic and resilient development agents and not vehicles for the delivery of other people's projects. Therefore, capacity building is about acquiring the necessary attributes that would make community groups able to organise and strategize for long-term sustainability rather than for the performance of specific tasks to satisfy short-term projects. This perspective recognises Kapucu et al.'s (2007:12) point that capacity building is for community development and that sustainable organisations are key vehicles to be utilised for service delivery and solving community problems.

2.2.4.3.5 Strategies for organisational capacity building

According to Heward et al. (2007:172), capacity building from whatever perspective is a staged process of managing planned change that comprises a set of processes applied both within programmes and across systems to lead to greater capacity of people, organisations and communities. Artkinson and Willis (2006:5) and Hartwig et al. (2008:256) argue that the starting point in capacity building is mapping existing capacities and identifying those that may be needed against the challenges that exist. Walters (2007:1) adds that there is no situation where capacity does not exist. Therefore, establishing the nature and levels of existing capacities

enables capacity-building agencies to work with relevant organisational beneficiaries and allow them participation in the choice of capacity building methods that will meet their capacity needs.

Once the establishment of existing capacities occurs, the next stage is delivering a capacity development intervention tailored around the needs of the organisation (Backer 2001:39-40). Box 2.2 lists and defines the key processes for a generic guide that can be adapted in each situation in managing capacity building. Artkinson and Willis (2006:5) state that, in identifying the baseline capacity, systems and structure, the exact capacity needs of the organisations and what needs enhancement are identified (Stage 1).

Box 2.2: Generic model for managing planned organisational change

Stage 1: Diagnose the present state and identify the required future state (this about establishing the existing capacities, resources, structures, systems, networks and processes in order to identify areas needing attention)

Stage 2: Create strategic vision (this is about establishing the expected state including expected deliverables and time-frames as in emerging CBOs or revision where the vision already exists)

Stage 3: Plan the change strategy (this involves coming up with methods and mechanisms of providing the requisite capacity)

Stage 4: Secure ownership, commitment and involvement (this is about involvement and participation of those affected by the change)

Stage 5: Project manage the implementation of the change strategy and sustain momentum (this is about monitoring and evaluating the implementation of the capacity building process

Stage 6: Stabilise, integrate and consolidate to ensure perpetuation of the change (this is about ensuring sustainability of both gained capacity and the process of capacity enhancement)

Source: Adapted from Heward et al, (2007:172) quoting Hamlin et al (eds) (2001)

This leads into Stage 2 in which targets and timeframes are set for the process of capacity building, as informed by the overall organisational vision and mission. Stages 3and 4 are about how to effect capacity building and ensuring that whatever methods are chosen would specifically define roles, as well as guarantee involvement, participation and commitment of relevant parties to the process (internal and external). While Stage 5 is about managing the

process of capacity building to ensure that it succeeds, Stage 6 is a blending process that ensures that the capacity and changes effected become part of organisational life in achieving its goals and that they become sustainable after the capacity building process or graduation (discussed later in this chapter).

2.2.4.3.6 The process of capacity building

Traveras et al. (2007:S13), proffer four main ways to conduct capacity-building interventions that are focussed at different parts and staff levels of the organisations. These are technical assistance, training, information dissemination and technological transfer (defined in Table 2.3).

Table 2.3: Capacity-building elements

Capacity building activity	Mode of delivery	Target
Information transfer: Collects, package and disseminates information to recipients	Information Education Communication (IEC) materials including oral presentation in meeting and workshops and conferences)	Entire organisation including partners and stakeholders and as per audience specification
Technical consultation: Provision of expert advice to key personnel on how to accomplish tasks	Directly in face-to-face interaction, telephonic discussions, provision of written guidelines - hard copy or electronic	Targeted personnel (managers, accountants, operational staff
Skills building: Facilitated skills enhancement of specific set of required skills required by personnel to carry out core functions in the organisation	Delivered through training workshops, meetings, on the job coaching, provision of guidelines	Selected staff depending on the area of need, Board members, managers, operational staff (volunteers)
Technical services: Carrying out tasks or a series of technical tasks that result in the increase of the organisation's capacity	Facilitating or implementing operational, managerial, technological, programmatic, administrative or governance system	Structural, System, infrastructure, process and relevant staff
Technology transfer: Enable CBO to access products , methodologies or techniques that increase capacity	Product acquisition such as computer or accounting packages. Training relevant to facilitate effective utilising the products	System, equipment, infrastructure and relevant staff
Funding: The raising and provision of funds that may be needed for capacity enhancement	Loan facility, grants, equipment purchase	Organisation, programme/project

Source: Reconstructed from Taveras et al. (2007:S13)

The roll out of these intervention activities depends on the established capacity needs of an organisation. In other words, a capacity-building agent can roll out one or more of these

activities in a capacity building process depending on the capacity needs in a specific organisation.

The assistance provided targets structural, systems or procedural aspects of the organisation and in all cases is supposed to result in enhancing the skills of the key personnel who have to interact or use the new organisational infrastructure. However, the chosen method of delivery of the relevant capacity assistance varies, as Table 2.3 also illustrates. Many community organisations have challenges financing their sustenance and operations and hence most capacity-development packages would include a funding component over and above the technical assistance focussed at various aspects of the organisation (Davenport and Low, 2002:370).

2.2.5 Sustainability, capacity management, and monitoring and evaluation

Sustainability is a key word in development and especially in community development. It originates from the desire in the early 1990s for communities to take over and continue with development projects initially run by external agencies. Its central focus was initially on skills-transfer to ensure that communities were able to continue to manage these projects after withdrawal of the agency. It is from these tentative stages that the whole notion of community involvement, participation and mobilisation evolved (McGinty, 2002:1, 2, Raeburn et al., 2007:85). Arguments therefore about community capacity development emerged alongside issues pertinent to sustainability (Hughes et al., 2008:1033). In the health sector (including HIV and AIDS), the goal of generalised capacity building is a sustainable local health system. Capacity building must render the partner organisation or community more competent and sustainable, with capacity management as critical to this.

Capacity management is the process of meeting all organisational capacity needs through identifying and establishing the new capacities needed in the organisation, and retaining that gained capacity at the level and quality that facilitates the achievement of organisational goals. To achieve organisational capacity sustainability, organisations need to monitor capacity development for changing the capacity levels of the organisations when necessary, and for evaluating the quality and relevance of capacity building efforts and any changes occurring. This refers to the monitoring and evaluation of capacity (Smith and Simister, 2010:7).

Monitoring is a continuous or periodic function that uses systematic collection of data, qualitative and quantitative, for the purposes of keeping track of programme and project activities, and assessing whether interventions are proceeding as planned (Laford and Brown, 2003:4). Management uses monitoring evidence as an instrument to receive feedback on the implementation of a project or programme. This evidence also provides early information on progress or lack thereof toward achieving the intended objectives, outcomes and impacts. By tracking progress, monitoring helps identify implementation issues that warrant decisions at different levels of management. Monitoring of programmes, implementation and objectives involves a range of techniques. The basis of monitoring is baseline data collected at the beginning of an intervention. It is possible to deduce progress in capacity or lack of from the baseline information and updated monitoring data.

Evaluation refers to a systematic and objective process that assesses a project or programme against certain standards of acceptability (LaFord and Brown, 2003: 5; Fitz-Gibbon and Lindheim, 1987:11). Evaluation processes happen periodically and assess issues such as efficiency, effectiveness, impact, relevance and sustainability of the project or programme. Evaluation benefits from monitoring data and, like monitoring, it is based on baseline benchmarks compared to anticipated progress against implementation time. Evaluation studies focusing on different aspects of programmes adopt various methodologies. However, to avoid confounding the procedures of monitoring with those of evaluation, it is essential that evaluation processes (while developed in collaboration with monitoring processes) should be managed as a distinct processes that operates in parallel to monitoring processes, rather than as a part of monitoring (Simister and Smith, 2010:9).

What is clear therefore is that organisational capacity sustainability is only possible if there is continuous monitoring of capacity needs of the organisation and responsive capacity building processes. This point is particularly important when discussing the issue of graduation, which is so central to SAT's capacity development model in terms of its implication for sustainability of the organisations that SAT supports, and in terms of the process of capacity building SAT employs. The main questions are, to what extent does graduation ensure partner capacity sustainability? In addition, what mechanisms do SAT have to ensure sustainability of its CDC partner organisations?

2.2.6 Graduation

Graduation of beneficiaries is a common concept in development work. It refers to the withdrawal of programme resources (such as food and other material resources, and technical assistance) from specific programme sites or activities (Macias and Roger, 2004:1-2). The purpose of graduation is to give way to community organisations subject to outside interventions to takeover and continue on their own. Graduations are a way of securing benefits once the initial injection of short-term funding has expired. They intend to support effective partnership arrangements at the local level and open regular lines of communication between the different agencies involved in the regeneration/development intervention projects, (Jacobs et al., 2004:17). According to Hendricks (2003:80), a graduation or exit strategy has to address these questions: Will this programme continue to exist without project staff pushing it, and without project money to support it? Will it be sustainable in its own right?

Although Ismail and Simon (2008:7) define graduation as an exit from a capacity development programme, Macias and Roger (2004:2) distinguish exit from graduation. They define exit as the withdrawal of all externally provided programme resources from the entire project area. In the case of graduation, relations between the external agents of capacity development and the relevant community organisation may continue except in specific areas. In this sense, graduation seems to be a better option in the context of capacity building as it caters for continuity in the process for the benefit of the community partner organisation.

Although it seems abrupt, Roger and Macias (2004:3) argue that programme exit is a phased process that can take various approaches intended to ensure sustainability. These phases areas are as follows: phase down involving the gradual reduction of programme inputs and is usually the preliminary stage of exit; phase over referring to the transfer of goal accomplishing activities and responsibilities to the project beneficiary organisation; and phase out entailing the withdrawal of programme inputs without making specific arrangements for the inputs or activities to be continued by the project organisation. According to the same authors, programme phase-out usually occurs because the programme itself resulted in changes that are likely to be sustainable without further assistance. The driving force behind any exit strategy seems to be the concern with sustainability. Permanent, self-sustaining changes in a capacity development programme predispose the intervention project to a phase out. The success of a phase over

depends on the ability and management capacity of the community organisation with the handing over of responsibilities. These are important observations that I will pursue in later parts of the thesis in the analysis of the SAT capacity development model and especially its philosophy of partner graduation.

2.3 Synthesis

In this chapter, I have examined community, community capacity, community competence and community development in terms of their constituent components as well as the various interactive elements and processes that generate community development and the approaches to it. One of the major highlights is that communities are complex and have capacities influenced by a number of factors, among them the changing nature of the environment they operate in and the challenges they face. Community members, primarily, are the drivers of community development as they are an important part of community capacity, catalysing the utilisation of other elements of community capacity for community development. It is their social agency, as individuals, groups or organisations, which transforms community capacity into community competence and generates community development. The nature community development and its successful delivery however, depend on the perspective on which they are premised. Existing literature demonstrates that approaches that recognise and incorporate the role of local community members are better than top-down methods that exclude them. In the same vein, external agents are more useful only as facilitators and not doer of community development or capacity building, thus emphasising the importance of beneficiaries in development processes.

Organisations are fundamentally critical for community development, as it is in organisations, that human social agency is concretised for community transformation. Organisations drive social change by harnessing various community resources and capabilities, and solicit external resources and expertise to enhance their capacities so that they can deliver community development programmes efficiently, effectively and in as sustainable manner. In addition, for the same reasons that they operate in dynamic environments, organisations need to have their capacities constantly reviewed and reassessed – a process that takes various approaches initiated through internal or external interventions.

However, as demonstrated, capacity building for either communities or organisations cannot be a once-off project specific activity. It must be a continuous process, monitored and evaluated, so that the relevant organisation or community continuously realigns its systems and processes. In so doing, it addresses the challenges it faces as it works to deliver on programme objectives and fulfil its mandate to its community. In all this, an inextricable link between community and organisations was re-emphasised as well as its implication for capacity development for organisations and especially community-based organisations in the context of community development. For purposes of this thesis, this lays a theoretical background for the analysis of CBOs, their role in the response to HIV and AIDS and the work that SAT does to develop the capacities of CBOs responding to HIV and AIDS in southern Africa.

CHAPTER THREE:
NGOs, CBOs, SAT AND THE RESPONSE TO HIV AND AIDS

3.1 Introduction

In the foregoing chapter, I identified community-based organisations (CBOs) and non-governmental organisations (NGOs) as components of community and community capacity in the sense that they are part of communities and/or facilitate and organise community efforts to address development challenges in communities (Pandey and Pathak, 1996:459; Mintzberg 1989:1; Aref, 2007:174). They are also agents of community development that occupy an influential position in communities and are capable of mobilising communities and their capacities and capabilities to facilitate development. With the advent of the HIV and AIDS, NGOs and CBOs (and other community organisations) have been at the forefront of the response to the epidemic offering prevention and impact mitigation (Mann and Tarantola, 1996:311, Rau, 2006:286; Kelly 2009:5; Peerman et al, 2009:S97).

The Southern African AIDS Trust (SAT) works with CBOs and NGOs to enhance their organisational capacity to support community responses to HIV and AIDS in southern Africa. This chapter therefore proffers a conceptual framework of NGOs and CBOs as constituent elements of civil society, and discusses their role in development generally and community responses to HIV and AIDS specifically. Along with chapter one, the intention of this chapter is to lay a basis on which to analyse the support programmes these organisations receive as well as the appropriateness of that assistance from donors and intermediary organisations such as SAT. It also helps locate SAT and its role in the response to HIV and AIDS (and specifically in relation to CBOs and NGOs that it supports), thereby establishing its rationale in supporting these organisations as a means to enhancing community HIV and AIDS competence. It also examines whether or not SAT can claim attribution to the enhancement of competence in communities (and if so how). In this regard, the chapter briefly introduces, before concluding, the basic structure, organisational framework, scope and vision of SAT before discussing SAT in the following three chapters.

3.2 Conceptualizing and locating CBOs and NGOs within civil society

The term civil society has a long history dating back to the 18th century, going through several phases of development that has modified its meaning (Hassan, 2009:70). Looking into the European context, Carothers (1999:18) attributes the notion of civil society to the works of Thomas Paine through to those of Georg Hegel who defined civil society as "a domain parallel to but separate from the state – a realm where citizens associate according to their interests and wishes." In this regard, the state and civil society were two separate but interrelated social spheres, with civil society rooted in the economy. For Hassan (2009:70) and Carothers (1999:19), the current meaning of civil society is also influenced by the works of Antonio Gramsci, who described civil society as "the aggregate of the super structures such as the trade unions, associations, …. the media and churches" (Hassan 2009:70). Again, this underscores the separation of civil society from the state, with all organisations deemed civil society described as a product of voluntary and collective will intended to further group interests and demand the rights of citizens. Gramsci, however, also emphasised the role of civil society as a site for defending the state.

The current definition of civil society tends to dichotomise civil society and the state, but normally removes the economy from the realm of civil society. Witter (2004:9), in describing the origins and role of civil society in Jamaica and Belize, sees civil society as inclusive of the church, labour unions and private sector organizations representing business – which he called civil society organisations (CSOs). Most writers on civil society ignore business organisations, but they would generally agree with Witter (2004) that CSOs are voluntary organisations such as NGOs, CBOs and other loose groups and coalitions of citizens that are organised around issues of interest. Quoting from Phillipe C. Schmitter, Hassan (2009:68) defines civil society in reference to Arab and African experiences as a system of self-organising associations that are characterised by four attributes listed in Box 3.1.

Hassan's (2009:70) definition presents civil society as apolitical to the extent that civil does not seek to take over state power even though it may influence political change through placing demands on the state. He sees civil society as representative of the common good, ensuring that the interests of ordinary people are considered and their needs met by the state. In fact, according to Ibrahim (1999:31), all non-governmental organisations that occupy the public

space between the institutions of the economy, the family and the state, and entail the free will of their members in promoting a common cause, constitute civil society. This would be inclusive of trade unions, professional associations, NGOs, church groups, and grassroots organisations such as community groups and social movements (Carothers, 1999:19, Lee, 2010:1-2).

Box 3.1: Elements characterising civil society associations

- ✓ Relative independence from both public and private production units
- ✓ Capable of undertaking common actions to express and defend their interests
- ✓ Do not try to replace state mechanisms, or accept to assume the responsibilities of government in general
- ✓ Accept to operate within previously agreed rules that are civil in nature and based on mutual respect

Source: Compiled from Hassan (2009:70)

Of particular significance to this thesis is the distinction between community-based organisations (CBOs) and non-governmental organisations (NGOs). CBOs are normally membership-based grassroots organisations whereas as NGOs are non-membership intermediary organisations. Quite often, the current literature on civil society incorrectly reduces the notion to NGOs and thus conflates the two terms. There has been a mushrooming of NGOs in the last few decades – notably in developing nations – in the context of global restructuring along neo-liberal lines (Manji 2002:11). The neo-liberal discourse raises doubts about the efficiency and effectiveness of states in the pursuit of development and democracy and, simultaneously, identifies NGOs as having a range of comparative advantages vis-à-vis states as agents of development and democracy. In this way, states have been viewed as regressive and NGOs as progressive.

NGOs receive funds from global donors, and they work with or on behalf of grassroots organisations and local communities. They provide humanitarian and emergency aid, engage in development activities (such as agriculture, the environment, water, health and infrastructure) and advocate for human, women, and indigenous rights and for civil and political liberties (Shivji, 2006:11a, Shivji, 2004:690b). As part of the worldwide development system, there is increasingly acceptance of NGOs in undertaking such work, but criticisms abound about their

work. Edwards (1998:56) for instance argues that NGOs "drift into and out of" different roles and relationships according to development fashions, the available resources and donor demands; in this sense, they become in large part accountable to donors and not to the communities and CBOs with whom they work. This is despite their claims about engaging in participatory development, such that they sometimes fail to move beyond the old-style model of development outlined in the previous chapter. For Manji (2002:13), this means that NGOs are, often unwittingly, mere agents of neo-liberal agendas and powers.

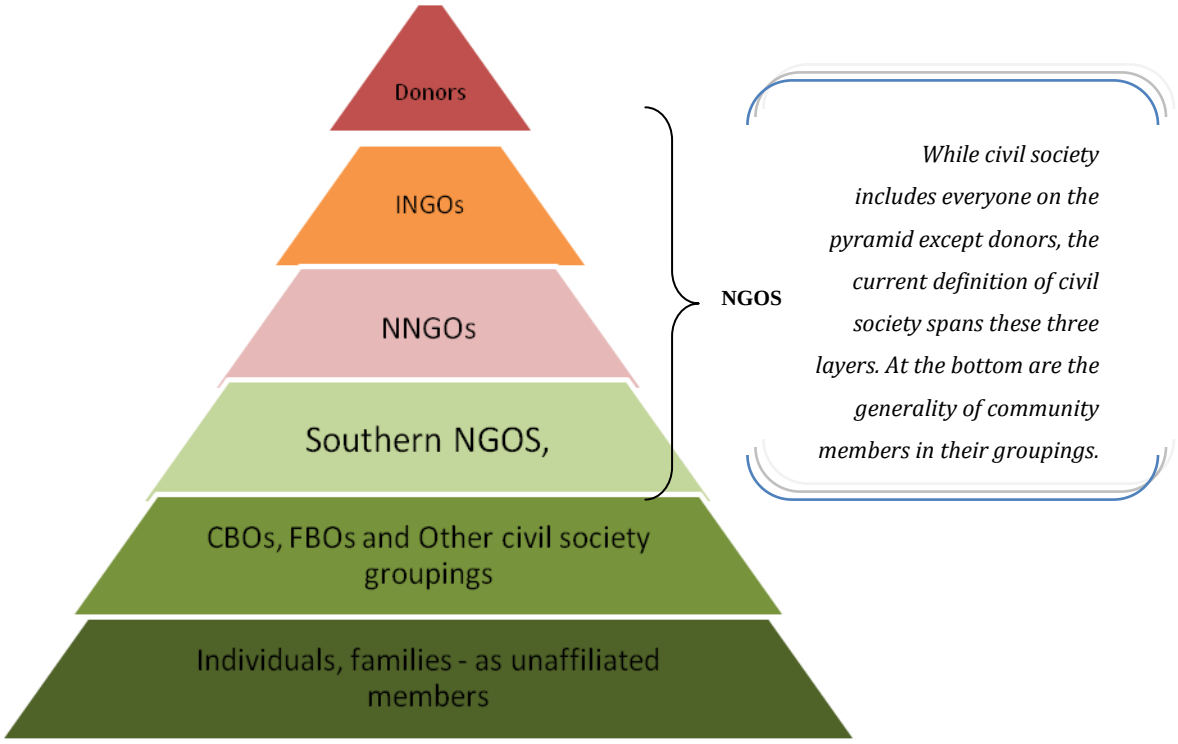
With the HIV and AIDS epidemic taking most states in the developing world by surprise, civil society organisations that had been working in emergency aid and poverty alleviation not only began to refocus on HIV, but many more such organisations emerged within communities to alleviate the socio-economic impacts of the epidemic thereby expanding the scope and role of civil society. According to Kelly (2009:9), larger NGOs – with their roots in international bodies and donor agencies – became primary partners of major funders and ultimately became intermediary organisations that facilitated the disbursement of HIV and AIDS funding to smaller community based civil society organisations (CSOs), both NGOs and CBOs. In this context, the role of CSOs expanded and the range of actors involved in addressing the pandemic soon spanned from local groups (community groupings, network and NGOs) to national, regional and international NGOs.

3.2.1 Defining NGOs

A broad distinction exists between developmental NGOs and advocacy NGOs. The latter are more politically-oriented and place demands on the state, and thus they are always in potential and actual conflict with sitting governments resulting in the promulgation of a barrage of legislation to control their funding and activities as well as external influences. Therefore, characteristically, in most countries in southern Africa, NGO registration is stringent and their activities closely monitored because of their perceived or actual political role. Development NGOs engage in a range of development programmes and projects in both urban and rural spaces, including seeking to alleviate poverty and reduce social inequalities. NGOs focusing on HIV and AIDS often adopt both developmental and advocacy roles.

NGOs are constituent elements of civil society and not, as indicated, civil society *per se*. In the post-World War II period, the United Nations coined the term non-governmental organisation (NGO) under Article 71 of the UN Charter (1945) to describe civil society bodies that the UN could accredit for consultation purposes. NGOs are formal entities with a mission, vision, and clearly stated goals and modalities for achieving its goals, structures, systems, permanent staff and an infrastructure for the delivery of their organisational programmes (Martens, 2002:279). On this basis, Martens (2002: 282) defines NGOs as "formal (professionalised) independent societal organisations whose primary aim is to promote common goals at the national or international level".

Figure 3.1: Hierarchy of civil society organisations



Source: Compiled from UN, 2003:36; Lee et al., 1996:341; Marten (2002:282) and Witters (2004:9)

Various defining elements listed in Box 3.2 characterise NGOs, giving clarity to Marten's definition. The term NGO has however evolved since 1945 giving rise to a tiered arrangement of institutions distinguished by the levels at which they operate, as illustrated in Figure 3.1.

Box 3.2: NGO defining characteristics in Marten's definition

- ✓ Non-profit making (they are not businesses that seek to make money)
- ✓ Not uni-national (there are now national and international)
- ✓ Non-violent (they advocate and are non-confrontational)
- ✓ Not seeking governmental office (they are not political parties)
- ✓ Voluntary (membership is voluntary but staff are on contract employment)
- ✓ Professionalised (they employ skilled and paid staff to run their business)

Source: Compiled from Marten (2002:282) and Witters (2004:9)

Another distinction, as shown in Figure 3.1, is between Northern and Southern NGOs. Northern NGOs (NNGOs) are the NGOS that trace their roots to organisations outside the South, mainly from Europe and North America. These organisations, also referred to as international NGOs (INGOs), are propagating the neoliberal agenda in the South, and they are involved in building the capacity of southern NGOs and civil society more broadly to operate as an alternative sector for development (and democracy) while the state is simply a facilitator of development. They often engage the state, but normally through Southern NGOs, on issues of human rights, governance, accountability and corruption among other such matters (Shivji, 2006:12). Southern NGOs (SNGOs) trace their roots to nations in the Southern hemisphere, and they developed in response to local challenges on their own or with assistance from NNGOs. Their role is largely to make their governments and institutions more accountable, and to drive processes of national development. In doing so, they sometimes engage at regional and international levels.

Some of the SNGOs are directly involved in HIV and AIDS service delivery, but they also have intermediary functions regarding the epidemic such as information dissemination, technical support, making of grants, and facilitating networking opportunities for smaller organisations with funders. They thus provide a link between Southern civil society and NNGOs and funders (Lee et al., 1996:345). Some have their origins in the capacity building efforts of governments in the North through the latter's international development agencies such as Canadian International Development Agency (CIDA) for Canada, the Swedish International Development Agency (SIDA) for Sweden, and the Norwegian Agency for Development (NORAD) for Norway. Such organisations often provide capacity development support in

various areas with funding specifically for that purpose. In the case of HIV and AIDS, this may entail questions about governance and institutional change, HIV and AIDS responses, sexual reproductive health and rights, women's rights health, and youth and development with specific emphasis on HIV prevention amongst youth. This creates a chain of capacity enhancement from the donor, to the NNGOs to SNGOs to the CBOs and communities, creating what SAT (2008:2) calls vertical and horizontal linkages.

3.2.2 Defining CBOs

There is a clear distinction between NGOs and community-based organisations (CBOs). CBOs are distinguishable from non-governmental organisations by their community scope of activities, their membership base and locality; also, normally they are not fully constituted and recognised as formal organisations (UN, 2003:36). They are in effect, community-level groups "where people help people" (Lee et al., 1996:341), as they are formed within (and are accountable to) particular communities. They tend to be a step behind NGOs in relation to any formally constituted organisational arrangements. Most of them, especially in the HIV and AIDS field, are directly involved in the provision of services at the community level. SAT (interviews: September 25-26, 2012) calls CBOs emerging and nascent organisations that still need significant capacity development efforts but they were often implementing home-based care, HIV counselling, and care and support for those sick with AIDS using volunteer services (Rau 2010:29).

Local community-initiated social organisations are the pillars of community development as they target local community challenges such as health. Their relationship to particularly donors and NNGOs can be problematic, as these external agencies play both an interventionist and facilitative role in a manner that may compromise the autonomy of CBOs.

At the same time, within a national context in developing nations, the central government and its bureaux at various levels still remain as the major drivers of intervention programmes intended to solve local development problems (Craig et al., 2005:18), despite neo-liberal restructuring. The relationship between local communities and government and its various arms has often been one of masters, engineers and experts of development on the one hand (government) and objects and beneficiaries of development on the other (communities). In this

regard, though subject to serious criticism, the involvement of INGOs and NNGOs in communities has been viewed as more empowering than the role of government as it intentionally promotes grassroots participation of both the communities and civil society entities operating at that level. I will discuss this critical point later when reviewing SAT's work in relation to of civil society dependency on donor funding vis-à-vis CSO sustainability. The key questions are: do donors create dependency among CSOs and how does this impact on CSO sustainability and the programmes they run?

3.2.3 Proliferation and role of NGOs

Because SAT has the status of a NGO, I further elaborate on NGOs in terms of their proliferation and role. Before the end of the 1980s, the role of NGO at all levels (community, national, regional, continental and internationally) was considered peripheral to mainstream development efforts of governments and official aid agencies. For them, NGO work was considered "interesting oddities" (Riddell and Robison, 1995:1).widely viewed as irrelevant to what was recognised as the more fundamental contributions to development. These views began to change for several reasons.

First, there was the failure of national government to deliver on their mandates (Agg, 2006:2; Gideon, 1996:7). Secondly, the subsequent recognition of a seemingly significant role for NGOs in development as they took over responsibilities abdicated by or removed from government, especially in delivering development directly to local communities (Bagci, 2003:5). Thirdly, there was the failure of official aid programmes to reach down and assist the poor and the argument that NGOs had a comparative advantage in doing so (Riddell and Robison 1995:2). Lastly, there was growing attention given to NGO work by official aid agencies. This subsequently led to the release and growth of aid to fund NGO programmes (Riddell and Robison, 1995: 2). In this context, there was also growing pressure from donors on national governments especially in the developing world to reduce direct involvement in development programmes and to allow NGOs to become increasingly involved. This change (in the case of the HIV and AIDS sector) relates to the role that NGOs could apparently play particularly following the 2001 Declaration of Commitment on HIV/AIDS (DoC) agreed to by UN member states. The Declaration entailed an explicit call for the full involvement of civil society in the planning, implementation and evaluation of HIV programmes (Peerman et al., 2009:S97).

The role of NGOs in development though has been the centre of controversy in development literature. There are three main schools of thought: there are those that view NGOs as an alternative sector for development and those that view them as a neoliberal child intended to forestall the national development agenda in developing nations (Mensah and Lewis, 2006:668). I am supportive of the third school that views NGOs as a complementary sector in development. While many characteristics of NGOs seem to position them as an alternative sector for development or as agents of neoliberalism, their work in many instances is complementary to government efforts in development and not necessarily contradictory to government efforts. In the end, if one examines the whole gamut of development literature on NGOs, one see that a major defining element of NGOs is the complementary role that they have played and continue to play at most moments of their evolution (Judge, 1994:3, Edwards and Hulme, 1992:20, Moore, 1993:21, Kortens, 1990: 91, Bebbington and Farrigon, 1992:55).

According to Bebbington, Hickey and Mitlin (2008:5) the view of NGOs promoting an alternative form of development to mainstream development delivered by national governments relates to the conception that NGOs are sources of other or substitute ways of planning and executing the delivery services to communities. This alternative entails, at least formally, participatory development more accountable to local communities and hence more empowering. Of course, this shift arose in the context where NGOs became preferred recipients of recognition from international aid agencies such as the World Bank and as well as the United Nations (UN). This took place against the backdrop of mistrust for the state because of its perceived top-down approach to development and its failure to deliver on its development mandate (Paul and Israel, 1991: x, Clayton et al., 2000:3).

As Gideon (1996:7) notes: "The neoliberal model considers that the state centred development model is not productive since it has resulted in inefficient resources allocation and there is not sufficient economic incentive for public sector management to remedy the situation." Africa witnessed this trend from the 1980s (Hassan (2009:67). Thus, in the context of neoliberal policies, the claim often made is that NGOs are significant in serving as a counter balance to national governments by keeping them in check, particularly as they regularly demand human rights and greater and more democratic governance (Bagci, 2003:6-7). As such, to remedy the

situation, it was important to entrust NGOs with a crucial role in development, even if this simply entailed NGOs acting as local service delivery agents for the state.

As a complementary sector, NGOs support the roles of national governments in responding to development and health challenges in communities and at national level. Viewed this way, even NGO advocacy work relates to opening the eyes and ears of authorities to the challenges that the communities face in relation to development, as has occurred in the HIV sector in many nations in Africa. Characteristically, the complementary role has been to represent and call for the recognition of the voices of ordinary citizens, to provide grassroots development where governments fail and to deliver emergency aid to people in the poorest and most underdeveloped communities with government, donor or own resources (Marteins, 2002: 270; Rau, 2010: 28, 29; Manji, 2002: 13).

In this respect, most NGOs in the HIV and health sectors operate by and large within national frameworks of responses to local health challenges and only appear contradictory to some government policies and practices on issues relating for example to homosexuality and some cultural practices especially those related to gender and women. For Rau (2010: 29), in the southern part of the globe, NGOs broadly speaking carry out community-based work to "alleviate poverty, provide social services, develop civil society and democratic process, and advocate for the poor and marginalised." With the advent of HIV and AIDS, NGOs and much smaller civil society organisations have been and continue to be at the cutting edge of the response to HIV and AIDS in communities, and in manner consistent with national HIV policies and programmes. At the same time, insofar as NGOs have a tendency to identify with an alternative form of intervention, this is to a limited extent only. They rarely campaign for and engage in changes that are more systematic. This is not surprising given that most of civil society is donor-funded and therefore is pressurised to play to the tune of their funders (Bebbington et al., ibid). In this regard, I now briefly raise the issue of donor funding.

3.2.4 Donor funding and CSO sustainability

To the extent that CSOs do not pursue the same agendas, their roles are different. While some CSOs are more politically inclined and therefore becoming more amenable to neoliberal and good governance agendas of the North, others have remained philanthropic, taking what Manji

(2002:13) calls the 'missionary position', by filling in the service gap left by weakened governments following the negative impact of structural adjustment programmes. The inclination of these organisations towards either political agency or social welfare service delivery also depends on the strength of the ties between the CSOs and those pushing political agendas that intend to change governments, for in fact many CSOs in the South support sitting governments. However, irrespective of CSO – and particular NGO – agendas, the situation creates a dynamic funding environment that has serious implications for CSO sustainability to the extent that it determines who receives what funding and on what basis.

According to Eikenberry and Kluver (2004:133), speaking from a dependency perspective, CSOs "require resources to survive and must interact with others who control these resources". This means much depends on what strategies a CSO adopts to ensure its sustainability and since, according to institutional theory, organisations embed themselves in a coordinative socio-political field, they have to conform to certain rules or requirements if they are to receive support. As already noted, most southern CSOs have tended to receive funds from donors from the North and not so much by their own governments. In this sense, these organisations are not rooted in their own economies to benefit from local sources of funding which, according to Guler (2008:5), are the strongest and most viable alternative to donor funding. In the North CSOs are funded largely by philanthropic organisations, governments and private foundations (Davenport and Low, 2002:371, Eikenberry and Kluver, 2004, Edwards, 2002:58). This means they depend largely on funding from their domestic environments and are less subject to bureaucratic glitches experienced with funding for southern CSOs (Griffen and Judge, 2010:1).

Southern CSOs have received considerable support from international aid organisations for service delivery. Major sources are: SIDA, the United States International Agency for Development (USAID), United Kingdom Department of International Development (DFID), the Danish International Development Agency (DANIDA), NORAD, the European Commission, the World Bank, Canadian International Development Agency (CIDA) and several bilateral donor agencies (Clayton et al., 2000:6-7). Most of this funding comes directly from taxpayers' money invested in overseas development assistance (Griffen and Judge, 2010:i). As such, the use and availability of these funds derives from the conditions set by their national governments. In

addition, it is easy to see how donors are able, on this basis, to smuggle the neo-liberal agenda into development assistance and in the process influence the role of some CSOs and the nature of the services they deliver in the South.

More importantly, there is a direct link between the sustainability of CSOs and the availability of this funding. Clayton et al. (2000: 10) observe that while CSOs experience "increasing pressure from international donors to show that their interventions are sustainable, studies of various NGOs indicate that CSO projects are rarely sustainable and require long-term funding". They add that donor requirements for CSOs to undertake sustainable activities are worrying as that could undermine service delivery to the poor. Riddell et al. (1997:23) add that if donors continue to place pressure for projects to the poor to be sustainable, CSOs will veer away from helping the poor because the concept of cost recovery is not realistic and not likely to work in areas that are economically marginalised (Oakley et al., 2000:10). In this light, CSOs need long-term funding commitments from other sources to maintain services to the poor. For Guler (2008:5), these other sources may include: self-financing (or income generation) local fund-raising (from the public, corporations, national and local governments, and local foundations), and external financing (such as venture capital and revolving loan/credit funds). But a number of these alternative sources are undermined by the fact that the philanthropic tradition is weak and raising funds domestically is embryonic in the global south.

In addition to these challenges, CSO funding is available through an international chain of hierarchical power relations that determines access to the much needed funding (as depicted in Figure 3.1). National governments in the North determine the availability of funds to donors (such as CIDA, SIDA, and USAID) and these governments make a choice of what areas of development to support in their international development programmes. Such pronouncements, (including availability and timeframe) determine these agencies' own terms of release of funding for CSOs (particularly the NGO intermediaries they work with). These NGOs in the same manner also have to set a process in motion to make available funding to community-base civil society organisations (CBCSOs), which include emerging CBOs, and locally founded and operated NGOs and their networks that they support at the community level.

In these circumstances, while the international donor agencies could offer assistance to new and other areas of development, geographically and thematically, the intermediary organisations remain vulnerable to resource deprivation if they are not able to secure alternative funding for their programmes. In the same manner, the smaller organisations and the communities they support are similarly affected.

3.3 Community and community–based civil society organisations (CBCSOs) responses to HIV and AIDS

Historically, communities have always been at the forefront of initiatives that seek to address community needs with reference to health. The response to HIV initially involved households with members infected by the epidemic (and hence by affected households); community groupings formed by the infected and affected; and people who empathised with those who lost a loved one and those whose loved ones were infected and who rendered their services out of compassion and on a voluntary basis. Community-based activities continue to be the cornerstone of many health initiatives such as vaccination and sanitary campaigns.

Government health systems struggled to understand HIV (and how to treat AIDS) after the discovery of the first case in the United States of America over thirty years ago. In the meantime, non-governmental organisations (NGOs) and community organisations arose across the world to provide care and support for people living with HIV (PLWH) and prevention services for affected groups (Mann and Tarantola, 1996:311; Lee, 2010:4). According to Rodriguez-Garcia et al. (2011:4), the current HIV and AIDS responses built upon experiences such as these and community organisations have grown to be the leaders of community responses to HIV and AIDS. The increase in the number of CBOs responding to HIV had been increasing for some time. However, their work received a significant boost from around the year 2000 because of donor funding for civil society (both NGOs and CBOs) and initiatives to deliver HIV prevention, treatment and care services, and develop associated advocacy activities to address the consequences of the epidemic. The rationale was that national plans (including in southern Africa) as a response to the epidemic could not be successful without a strong community component since communities play a key role in halting new infections, supporting the sick and vulnerable, and mitigating the effects of the epidemic. Even though, as Oakley et al.

(2000:11) argue, CSOs cannot outperform government in providing overall health policies and frameworks to regulate service provision in the sector.

In the context of HIV and AIDS, Webb (1997: 159, 160) describes community responses as those actions that community members and groups take in response to HIV and its impact on the community (UNAIDS, 2008, Rodriguez et al., 2011). The UNAIDS (UNAIDS, 1999) review demonstrates that while some community responses are initiated from within communities (grassroots responses), others are introduced and funded by external collaborators such as government, religious networks, NGOs, or forms of international agencies. In this sense, Rodriguez et al. (2011:7) places CSO responses into four categories listed in Box 3.3.

Box 3.3: Categories of community responses

- ✓ Those initiated, led and supported by the community
- ✓ Those initiated by the community but subsequently driven by external collaborators and resources
- ✓ Those initiated by external collaborators but subsequently led by the community with external and internal resources
- ✓ Those initiated and led by external actors who provide goods and services directly to the community.

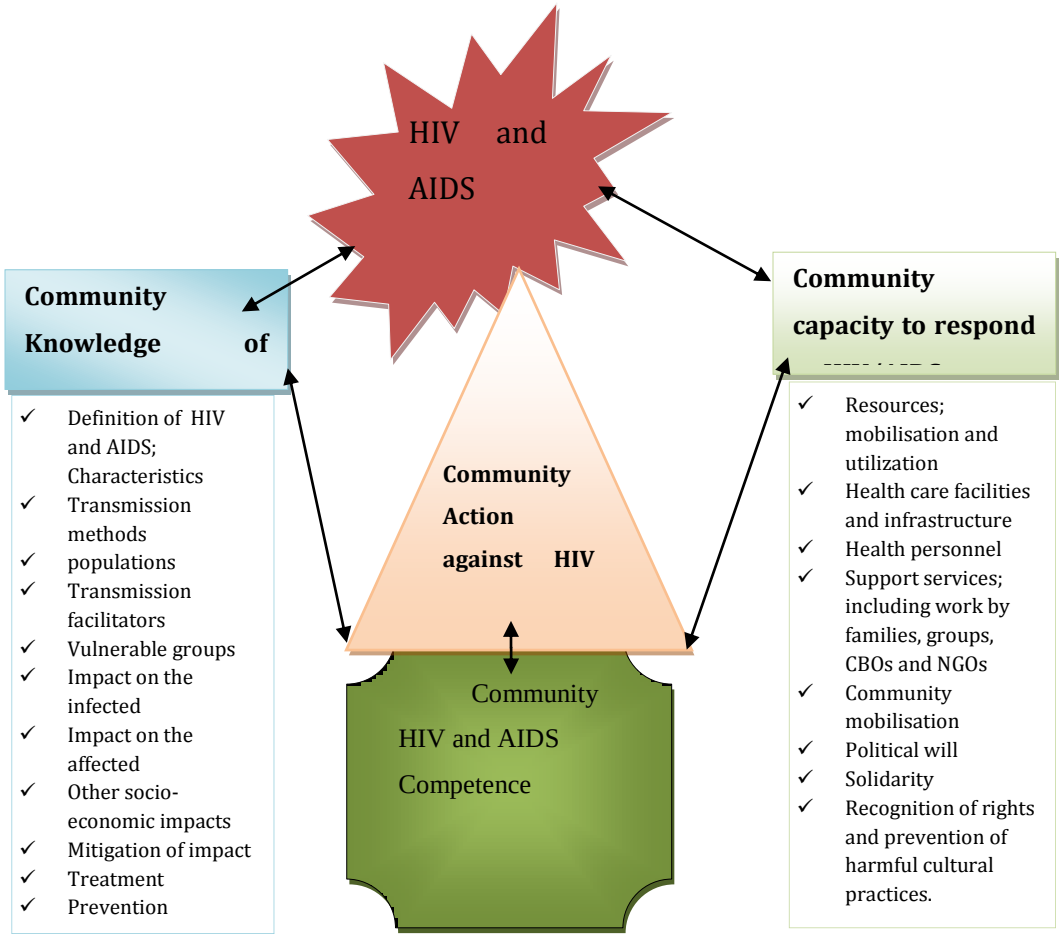
Source: Rodriguez et al. (2011:7)

For Webb (1997: 158, 159), community responses are determined by the social construction of the disease, such as knowledge of the disease, the fear and stigma associated with it, its prioritization as a development challenge as well as compassion towards those infected and affected. In an investigation carried out in Africa, the classification of community responses to HIV and AIDS was threefold: kill, isolate and care (Webb, 1997: 165). The biggest challenge has been to deal with categories two and three since category one is outright criminal. Therefore the focus of the response to HIV has been on dealing with stigma and discrimination, and providing care and support to those infected and affected by HIV.

The growth of these groupings and the structuring and formalisation of their operations grew simultaneously with the birth of clubs, faith-based organisations (FBOs), NGOs and networks that began to deal with various aspects of the response to the epidemic. In a paper presented at an *AIDS 2031 Meeting* in Salzburg in 2009, Campbell (2009:1) describes

community involvement in the HIV and AIDS response as an increasingly vital precondition for the effective management of HIV and AIDS. In this light, community responses to HIV and AIDS incorporate the roles played by individual community members, families, small groups, community-based organisations and NGOs; and the responses encompass a number of elements as illustrated by Figure 3.2. Community responses are dependent on the available knowledge of the epidemic and the capacity of the community to generate community action in response to the epidemic.

Figure 3.2: Community HIV and AIDS response web



As Figure 3.2 illustrates, this is an interactive process and involves a continual exchange of information to produce the best possible action at each moment. From a HIV and AIDS competence perspective, knowledge of the epidemic as well as the development of the requisite

capacity will produce community HIV and AIDS competence that facilitates informed community action against the epidemic.

CSOs (local CBOs, NGOs and their networks) are components of the community response to the epidemic, performing various functions in the response. Some CSOs are actively involved in the packaging and dissemination of information about the epidemic and of working examples of responses to the epidemic in different contexts, as well as in community mobilisation, and advocacy for a rights-based response to the epidemic, treatment and access to treatment, including prevention awareness. Others are mitigating the impact of the epidemic by providing home-based care (HBC) services, psychosocial support (PSS), support for orphans and vulnerable children (OVC), and economic empowerment of vulnerable groups including women and children to reduce their vulnerability to the epidemic.

These responses seek structural and behavioural changes, both of which are crucial to the response to HIV and AIDS in order to halt the spread of the epidemic and mitigate its impacts in the community (Webb, 1997: 77). In a 2000 survey, Phiri, Foster, and Nzima (quoted in Rau, 2006:286) describe the extent of the response by communities and emerging CBOs to HIV as being "nothing short of astonishing". The responses of CSOs to the pandemic have also been significant, including providing "critical services such as information, education, voluntary counselling, and home-based care" (James et al., 2006:3). For Peerman et al. (2009:597) civil society as a whole "remains at the forefront of HIV services provision, particularly among the most vulnerable and hard-to-reach populations (such as sex workers, people who use drugs or men who have sex with men) and especially in places where behaviours that put people at high risk for HIV are criminalised".

Campbell (2009:4) describes as HIV and AIDS competent those communities in which residents have knowledge about how to prevent HIV, basic skills to nurse people with HIV, and an understanding of how to access the relevant health and welfare systems The UNAIDS (UNAIDS, 2005:5) defines AIDS competent communities as those that have the characteristics listed in Box 3.4. This characterisation reaffirms the interconnectedness of various elements of communities in the response to the epidemic, where the knowledge of the epidemic interacts with community capacity in the management of HIV.

Box 3.4: Characteristics of AIDS competent communities

- ✓ Recognise the reality of HIV and AIDS
- ✓ Build capacity to respond to HIV and AIDS
- ✓ Exchange and share knowledge and skills
- ✓ Reduce vulnerability and risk
- ✓ Live to their full potential.

Source: Compiled from UNAIDS (2005:5)

In that process, there is an emphasis on the role of various agents in skills development, knowledge sharing, information exchange, risk reduction and capacity enhancement for an effective and sustainable community response. Community HIV and AIDS competence, therefore, comes out clearly as a product of collective effort and no single social agent can monopolise attribution. It also generally underscores the fact that no single organisation (CBO, NGO or network bodies) can single out and measure in a nuanced manner the impact of its contribution on the creation or enhancement of community HIV and AIDS competence though it can certainly record and seek to evaluate its own activities.

3.3.1 Factors affecting CSO sustainability

There are numerous factors which influence CSOs' sustainability regarding responding to the AIDS pandemic, besides funding broadly speaking (a factor discussed earlier in this chapter). In addition to funding, research in sub-Saharan Africa indicates that the HIV and AIDS epidemic is a threat to organizational capacity itself. Regrettably, donors have yet to recognize this as a priority area to focus their attention, preferring to fund programme beneficiaries rather than personnel within organisations implementing these programmes (James and Katundu, 2006:2). In a study of the cost of HIV and AIDS on CSOs in Africa (notably case studies of Malawi, Uganda and Tanzania) James et al. (2006: i) highlight that "HIV/AIDS is having a silent but significant impact on the organizational capacity of civil society organizations in sub-Saharan Africa. HIV/AIDS increases internal costs due to high medical and insurance expenditure, and reduced productivity through the loss of valuable staff and management time for sickness, care and funerals".

In a study of Malawi CSOs, James and Katundu (2006:33) demonstrate that the average cost due to HIV and AIDS was a 10.7% increase in staff cost and a 2.5% increase in the overall budget. Accompanying this was a drop of 11% in CSO performance due to loss of staff and management time resulting in the end in a 20% + estimated drop in organizational programme impact. Studies in Uganda and Tanzania draw similar conclusions. The conclusion reached was that "to have something reducing development impact by perhaps more than 20% each year and to do very little about it appears 'negligent'. To argue that responding to HIV/AIDS is not urgent enough is simply no longer tenable", (James and Katundu 2006:33).

In addition to the costs of capacity incurred in staff medical and insurance bills and lost time from absenteeism due to HIV and AIDS, staff may move in and out of the organisations for other reasons. Many CSOs, especially the small ones, struggle to retain staff largely because of lower funding levels as skilled personnel migrate to proverbial/mythical greener pastures. Most organisations lose personnel and skills in critical areas such as their finance and accounting functions, monitoring and evaluation, and management. Once there is a loss in these skills areas, organisations struggle to attract funding and hence to run their programmes. Donors usually fund organisations that have established, functional and well-staffed systems that can give them a sense of security that their funds will be secure and utilised for the intended purposes. Emerging CSOs usually do not have the structures, systems or relevant personnel to run their organisations and this worsens their predicament.

Given this background, the obvious questions to ask are as follows: How is it possible to achieve programme capacity and sustainability as well as organisational efficiency when capacity erosion continues to occur in CBCSOs? In addition, how is SAT as a sub-granting and technical support organisation building mechanisms to minimise organisational capacity erosion and enhance capacity sustainability among its partners?

James and Mullins (2004:575, 578) add that in the context of HIV and AIDS there is need for "organisational capacity maintenance", a process where the organisation keeps auditing its abilities, and improving and matching them with current needs. They emphasise that there is a need for significant support to help organisations avoid losing current capacity as the epidemic erodes established capacity, further underscoring the need for robust models for continuous

organisational capacity enhancement among CBCSOs and the role of capacity building agents like the Southern Africa AIDS Trust (SAT).

3.4 Introducing Southern African AIDS Trust (SAT)

The rest of this chapter is devoted to introducing SAT, the case study of the thesis. In doing so, I focus on its history, goals, strategies, structures and coverage. The following chapters go into further details about its HIV and AIDS operations particularly its capacity building activities among its partner CBCSOs, problems of funding, shifts in strategy and its consequences before concluding the discussion in the last chapter.

3.4.1 Brief history of SAT

SAT is an acronym that stands for Southern African AIDS Trust. At its inception (at the time located in Zimbabwe), its name was the Southern Africa AIDS Training Programme (SAT Programme). The Canadian International Development Agency (CIDA) established it in 1990 as a project and the Canadian Public Health Association (CPHA) was responsible for implementation (SAT, 2004a:ii). CIDA's aim was to develop a regional organization that would "enhance the capacity of nascent community organisations in southern Africa to design and deliver effective HIV prevention and AIDS care, support and treatment activities" (CPHA, 2008:7, S42). While CIDA provided funding for the SAT Programme, the CPHA implemented the SAT Programme. It provided all the requisite technical assistance including a ten-year period of mentoring and nesting for organizational and programme capacity development until 2000, when discussions between CPHA, CIDA and SAT Programme management in Zimbabwe initiated in 1999 culminated in a decision to transform the SAT Programme from a project to a regional, autonomous Africa NGO. The advantages envisaged in the transformation of SAT into an independent NGO were long-term sustainability of the SAT Programme, including:

- The opportunities to broaden its funding sources to a multi-donor funding base,
- Concretising organisational impacts already achieved in the region with new funding and locally-based control and management, and
- The growth of the SAT Programme into an organisation of repute by rolling out a locally engineered HIV response and expanding into communities in the region.

This step was considered necessary as CIDA and CPHA shared the philosophy that local communities and NGOs were better placed to define their needs and goals to ensure sustainability of their programmes (CPHA, 2008:S42). SAT management in Harare saw this as an opportunity of entrenching SAT's position as a strong regional capacity building NGO assisting CBCSOs to roll out HIV response programmes that were sustainable and appropriate to their communities. Following that decision, and led by a group of senior management, a strategic framework and action plan were developed between 2002 and 2003 as part of the exit strategy and to guide the transformation of the SAT Programme.

The framework established the SAT Board of Trustees, mechanisms for the registration of SAT country offices, the production of multi-year strategic plans that included approaches to expanding SAT's funding base, and resource generation. Also moved from CPHA and handed over to SAT was the authority with regard to accountability and management. While CIDA remained the sole donor, CPHA maintained a technical assistance and monitoring role providing relevant feedback to the new management on SAT's organisational development and programme roll out, expansion and impact. Although CIDA was still a key donor for SAT at the time of the research (2010 – 2012), it had become part of the SAT Joint Financing Arrangement (JFA). In this, by 2006, it worked alongside the Swedish international Development and Cooperation Agency (SIDA) and the Royal Netherlands Embassy (CPHA, op cit: S45). As well, the CPHA was no longer an external monitor for SAT and submitted its last monitoring report in 2007. SAT was therefore a case example of a capacity-building organisation that was itself a child of capacity development, and an organisation that had over twenty years of experience in capacity development of CBOs and other NGOs for the purpose of enhancing community HIV and AIDS competence.

3.4.2 Organisation of SAT's work

In the middle of this study, SAT began to undergo a financial crisis that led to changes to major aspects of its business model. This study therefore examines SAT's earlier model based on the SAT 2004 Good Practice Strategy (GPS) and its 2008–2012 Strategic Framework (which was largely based on the GPS and operational until 2012). But I also discuss the changes that occurred as part of the evolution of the SAT model to demonstrate how internal and external

factors influence organisational changes in SAT and the resultant consequences on SAT programming and its partner CSOs and communities.

The Strategic Framework (2008 – 2013) read with its 2004 GPS delimits SAT's work. These documents defined SAT work overall, its 'target' population, tools for implementation, output and outcome of SAT work. According to interviews with SAT management (September 24-26, 2012) and especially the DED Policy and Company Secretary (September 26, 2012), SAT work was to start from a nucleus locality (Zimbabwe) and expand to other areas and the ripples of its impact were to spread even wider throughout southern African communities following clearly defined goals, purposes and outcomes. SAT's goal was to enhance community HIV and AIDS competence through the support and organisational capacity development of CSOs working in communities in southern Africa. I show the purposes and outcomes of SAT's work in Table 3.1.

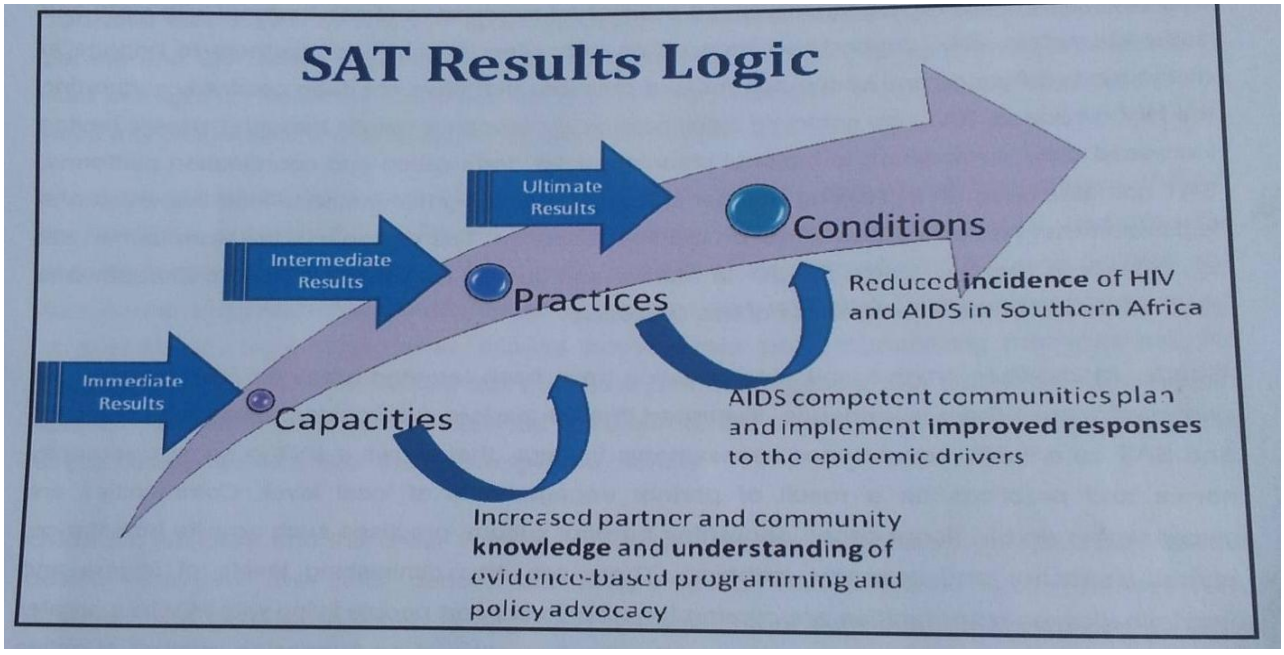
Table 3.1: SAT's goal, purposes and outcomes

GOAL *To increase the HIV competence of selected communities in programme countries*			
Purpose 1		**Purpose 2**	**Purpose 3**
To improve the ability of partner organisations to: ➢ Encourage behaviour changes that result in decreased HIV transmission ➢ Help communities care for men, women, and children living with AIDS ➢ Help communities support families and children affected by AIDS ➢ Create and sustain comprehensive responses to the needs of the communities they serve and, in particular, better meet the needs of children affected by HIV and AIDS ➢ Mobilise sufficient resources to ensure their sustainability and ability to meet increasing (and increasingly comprehensive) needs ➢ Help create a social climate of reduced vulnerability to HIV and AIDS by promoting gender equality and respect of human rights and children's rights		To broaden the international response to AIDS by documenting the effectiveness and relevance of promoting community HIV competence and by disseminating and promoting this strategy within Africa and internationally	To secure and sustain its operations and impact beyond the current project phase, SAT achieves independent status and develops a multiple donor base
Outcome 1	**Outcome 2**	**Outcome 3**	**Outcome 4**
Supported AIDS service organisations, community-based organisations and self-help groups in southern Africa are more effective, efficient, relevant and financially viable in dealing with HIV issues at the community level	*Supported national and regional advocacy and co-ordinating groups in the five programme countries are more effective and relevant in linking gender equality, human rights, children's rights and HIV-related issues*	Organisations working in the field of HIV and development in Africa and beyond will have a better understanding of the effectiveness and a higher level of acceptance of SAT's strategy of promoting community HIV competence	SAT develops its capacity and establishes structures and procedures to improve programmatic performance and sustain its operations and impact beyond the current project phase

Source: SAT Good Practice Strategy (2004b:3).

While Purpose 1 focussed on the development of community competence through capacity enhancement of CBOs, Purpose 2 was about SAT's contribution to the broader response to the epidemic. In that process, SAT was also pursuing its own capacity growth expressed in Purpose 3. This was particularly emphasised, according to SAT DED Policy and Company Secretary, as SAT was in transition, and always viewed itself as needing capacity strengthening especially more funding for its work. All Outcomes (1 to 4) were congruent with the purposes set out, representing the changes that were anticipated in the communities within which SAT worked. SAT framed the results of its work in the form of a hierarchical and chain format as Figure 3.3 demonstrates. All capacity development efforts of CBOs and indeed of SAT were intended to increase SAT's partners and their communities' knowledge, skills and understanding of the epidemic, as well as enhance evidence-based programme formulation and delivery of services (capacities). At the level of capacities, SAT expected to deliver knowledge and skills enhancing activities that created capacities in organisations and communities.

Figure 3.3: SAT results logic



Source: SAT (2012:5) Annual Report, April 2011 – March 2012

SAT's assumption was that, once equipped with this knowledge and skills, the CSOs and their communities would then be able to plan and implement more effectively, including more sustainable and efficient responses to the epidemic. This would include carrying out HIV

prevention work, providing support services such as home based care work, advocating for the creation of an enabling environment that recognised and promoted rights-based programming, addressing gender inequalities and eliminating cultural practices that promoted the spread of HIV. In other words, at this level, SAT expected to see the delivery of responses by communities and CBOs to HIV and AIDS in southern Africa, driven by the capacities gained through SAT's capacity development efforts. The intention of this work was to bring about changes in communities regarding the state of the epidemic, including declining HIV infection rates, declining HIV and AID related deaths, improved delivery of treatment, care and support of the infected and affected, and reduced stigma and discrimination of those infected. For SAT, the more the number of CBOs and communities whose capacities it enhanced there were, the greater, more effective and sustainable were the responses to HIV and AIDS in southern Africa.

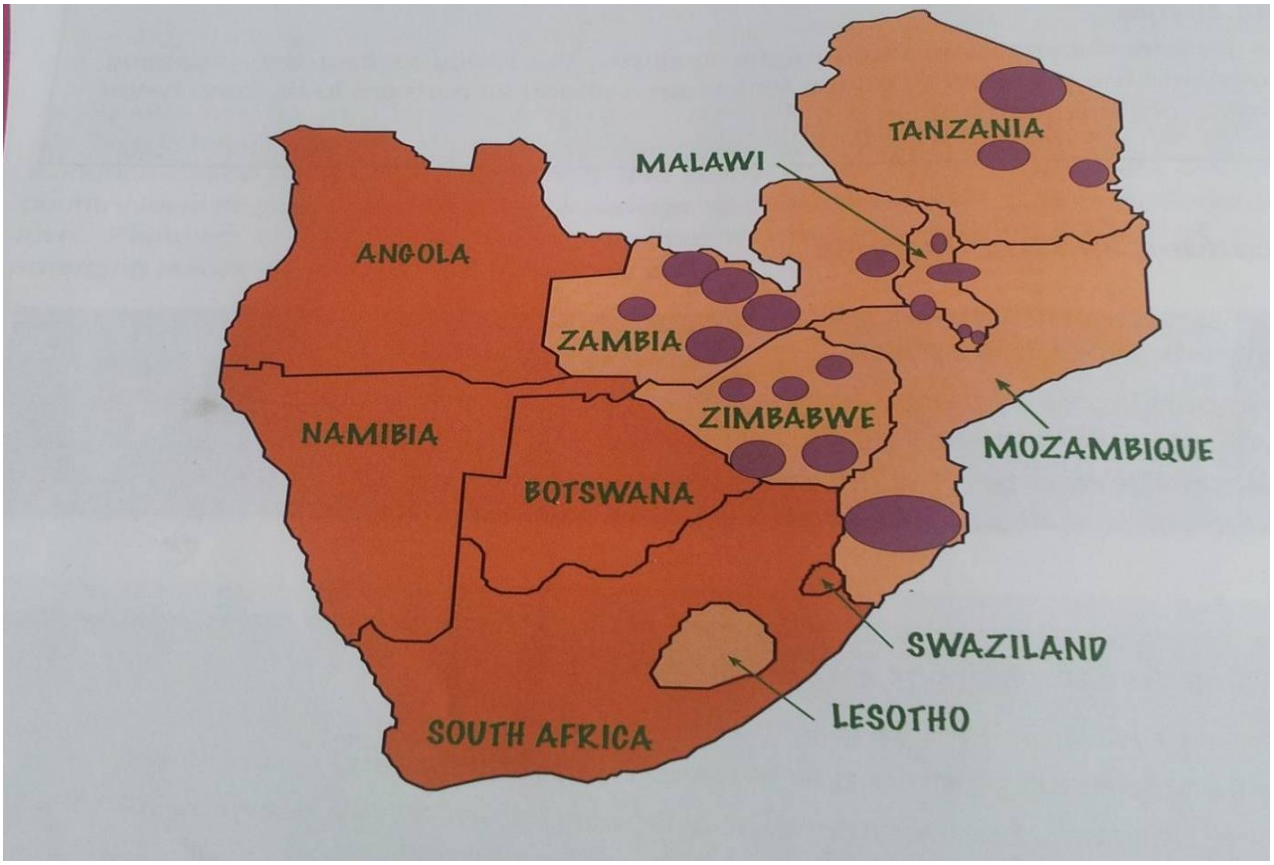
3.4.3 Geographical coverage and partner clustering

Figure 3.4 shows the countries serviced by SAT between 1990 and 2012. At the time of this study, SAT had run programmes in over ten countries in southern Africa: Angola, Botswana, Lesotho, Malawi, Mozambique, Namibia, South Africa, Swaziland, Tanzania, Zambia and Zimbabwe. Almost half of these countries were no longer active programmatically when SAT became a trust in 2003. According to the longest serving member of SAT management, the Deputy Executive Director Policy and Company Secretary (interview, 26 September 2012), those countries that were no longer active had hardly developed into fully-fledged SAT Country Offices, but with the assistance from the SAT Regional Office (then in Zimbabwe) had mobilised partners who were later graduated. SAT only had a representative hosted by local NGOs as a first step to arranging for the setting up an office. But this was abandoned in certain countries when a decision was taken that – at the level of its capacity – it was more cost efficient and effective to operate in the five fully established country offices, namely, Malawi, Mozambique, Tanzania, Zambia and Zimbabwe.

By the time this research was completed (December 2012), SAT had operational offices in only six countries: Botswana, Malawi, Tanzania, South Africa (Regional Office), Zambia and Zimbabwe. The SAT Mozambique office closed in the middle of 2012. Allegations of corruption and alleged inappropriate relations between some Mozambique staff and some partner organisations accounted for the closure of the SAT Mozambique office. The SAT Tanzania

office was also in a precarious position following the dismissal of the Country Programme Manager (CPM), the Country Programme Officer (CPO) and driver on allegations of corruption. Further, this led to the retrenchment of the Finance Monitoring Officer (FMO) and receptionist, with the hiring of a new CPO to work with the Accounts Officer to wind up business with existing partners.

Figure 3.4: Map of southern Africa showing countries where SAT operated



Source: SAT (2008a:22) Strategic Framework: 2008 – 2013.

According to the SAT Annual Report (2011a:59) and interviews with SWW and SAT Country Office staff, SAT was supporting 122 CBOs and NGOs in five countries; six in Botswana, 21 in Malawi, 24 in Mozambique, 16 in Tanzania, 38 in Zambia, 20 in Zimbabwe and three were regional networks as shown in Table 3.2. Figure 3.4 shows the approximate location and extent of the clusters in each of the countries. SAT's partners (CBOs and NGOs) were organised into several clusters to facilitate partner networking, lesson learning and sharing at the community level, and for SAT monitoring and evaluation of the capacity development and

programming of these partners. More importantly, SAT partner clusters were not mere geographical groupings of separate organisations, as they represented a network of partnerships under the SAT capacity development model.

According to SAT management, following its establishment in Harare, Zimbabwe, in 1990, SAT began to establish several partnerships with CBOs/NGOs responding to the impact of the HIV and AIDS epidemic in Zimbabwe.

Table 3.2: SAT partners by country and year of recruitment

Year	Botswana	Malawi	Mozambique	Tanzania	Zambia	Zimbabwe	Regional	Total
1997		-	-	-	1	-	-	1
1999		-	-	-	1	-	-	1
2000		1	1	-	-	-	-	2
2001		2	-	-	2	5	-	9
2002		-	2	-	-	1	-	3
2003		-	7	6	-	-	-	13
2004		10	4	5	11	6	-	36
2005		-	4	4	2	3	-	13
2006		1	1	1	1	1	-	5
2007		-	2	-	-	-	2	4
2008		3	-	-	5	2	-	10
2009		-	3	-	11	-	-	14
2010		4	-	-	4	2	1	11
2011	6							
2012	6							
Total	6	21	24	16	38	20	3	128

Source: Compiled from the SAT (2011a:59) Annual Report, 2010 - 2011.

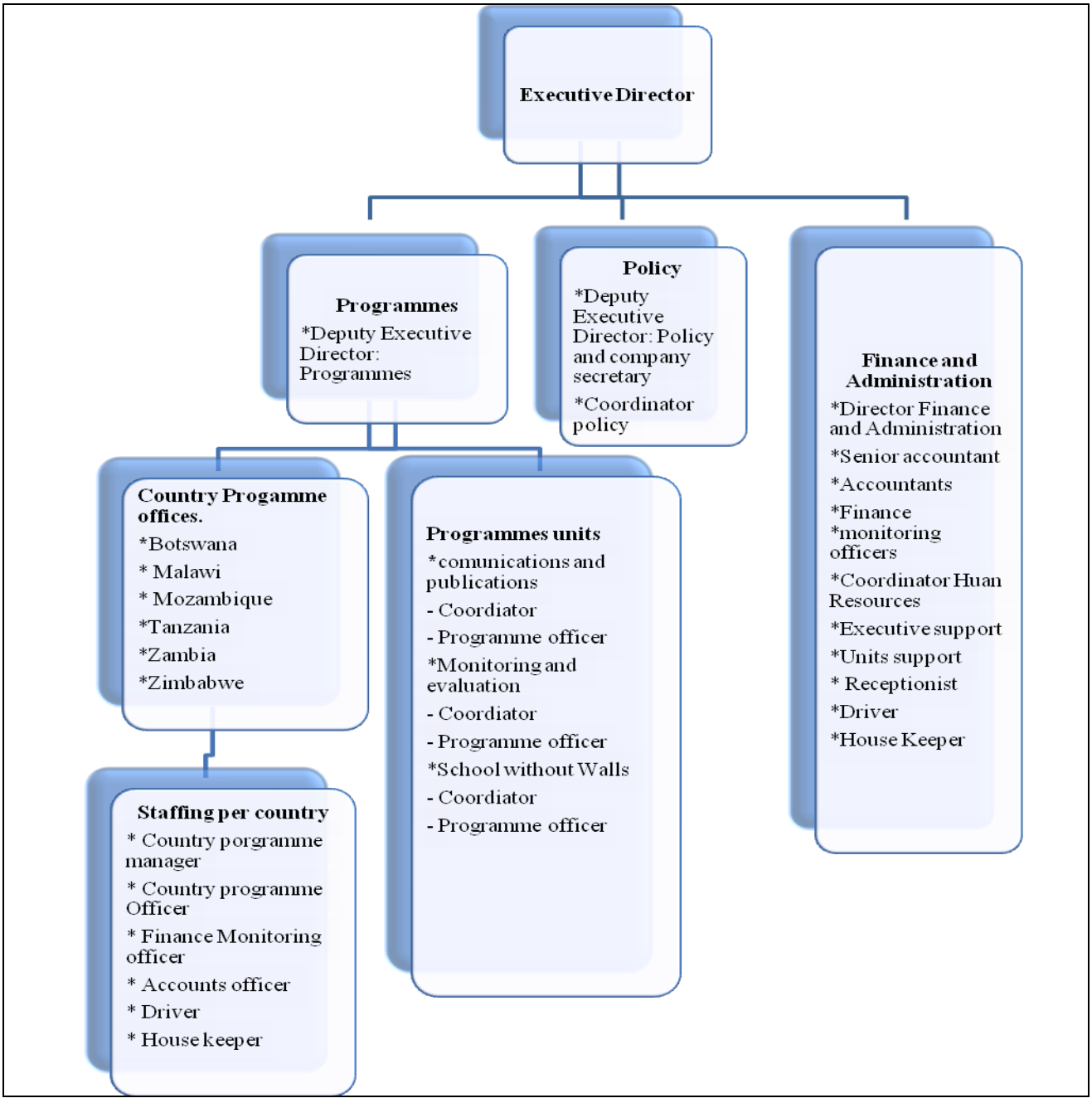
These partnerships formed around specific HIV and AIDS responses initiated by CBO and NGOs within communities. The diverse thematic-based activities delivered by partners in communities enriched the whole partnership experience in the HIV and AIDS response in the region with the sharing of specific experiences among network members.

3.4.4 SAT's organisational structure

The structure of SAT's organogram (see Figure 3.5) represents and reflects the national and regional levels at which SAT operates and, more importantly, to give emphasis to modalities for capacity development and community competence enhancement. SAT was organised into a regional support team and country programmes team. The regional team comprised of the executive: the Executive Director (ED) and two Deputy Executive Directors (DEDs) – Policy

and Company Secretary, and Programmes – and the Finance Director. While the DED Policy and Company Secretary was responsible for the development of SAT's policies and procedures and their enforcement to support SAT programming for capacity development, the DED Programmes was the responsible authority in charge of all Country Programme activities.

Figure 3.5: SAT organogram



Sources: Reconstructed from SAT organisational chart SAT Strategic Framework 2008 – 2013 (SAT, 2008a:7)

The finance department had a designated office of the Regional Finance Monitoring office (RFMO) which was duplicated at the Country Office level and tasked specifically to ensure the provision of financial resources as well as technical support not only for finance monitoring for partners but to identify gaps in partners' financial systems. In addition, there was a SAT regional technical support team (Communications and Publications, Monitoring and Evaluation (M&E) and School without Walls (SWW)) responsible for the implementation of SAT capacity development modalities and providing technical support to both partners and SAT Country Offices.

Headed by a Country Programme Manager (CPM), the SAT Country Offices were the engine that drove SAT's organisational capacity development for community HIV and AIDS competence. The function of the CPM was to ensure the implementation of all country level SAT capacity development activities, maintain links and coordination with the SAT Regional Office as well as coordinate with national stakeholders such as National AIDS Councils (NACs), state ministries of health, other NGOs and representatives of donors at that level. According to interviews of CPMs, this made it possible to integrate SAT work into the national response as well as expanding the influence of SAT work. While the functions of the CPM were largely administrative (networking among key national stakeholders and fund-raising), the actual programming work was carried out by the CPO and the FMO who combined dealt directly with partner recruitment, organisational capacity development and capacity development monitoring with support from the accounting officer and driver for all field work activities.

3.5 Synthesis

In this chapter I proffered definitions and characteristics of civil society organisations (CSOs), highlighting the roles they have played historically and the part they play currently in development particularly at the community level. I identified CSOs as constituent elements of civil society, falling into different categories. I made a distinction between NGOs and CBOs and isolated them as the key on-the-ground players in the delivery of HIV services, and similar social services to poor communities.

The ability of CSOs to delivery these services clearly depends on funding received from donors. In the South, funding grants become available through a chain of hierarchical power

relations that determine the access and use of these funds. Those who control the funding usually predetermine the areas of development in which these funds are utilised. Funders also have the authority to shift or withdraw the funding, leaving the sustainability of CSOs and their programme activities uncertain about any future supply of funding particularly because most of these organisations are in resource scarce areas and forced to be dependent on donor funding.

Against this background, I discussed community responses to HIV and AIDS highlighting the centrality of CSOs in working with communities to rollout these responses. I demonstrated the marshalling of community capacities, which include knowledge of HIV, available resources (material and financial), structures and systems, to generate community action against HIV and AIDS in an HIV and AIDS competent community. I highlighted the diversity and spread of the CBCSOs' roles in the HIV and AIDS responses, bringing to the fore the fundamental significance of the sustainability of their capacities including their financial security.

I then demonstrated that while donor funding is a huge factor of CSO sustainability especially in the South, other factors such as the scourge of HIV that results in the loss of staff and funds, personnel mobility between organisations in search of greener pasture leading to loss of key skills, contribute to organisational capacity loss. For that reason, organisational capacity enhancement becomes a very critical issue among CSOs in the HIV and AIDS sector if CSOs programmes to the poor are to remain sustainable.

The story of SAT's capacity development model presented in the following two chapters provides an opportunity to understand how some of these factors have played out and the impact it has had on both organisational capacity and programme delivery. To facilitate this understanding, in the conclusion section to this current chapter, I offered a brief overview of the history, structure, vision, scope and coverage of SAT as a NGO working within the HIV and AIDS sector. I showed that SAT was a southern African capacity-building organisation that was born out of initiatives of northern responses to HIV in Africa. Its aim was initially to create an Africa NGO that could be the centre of learning ideas from the North about HIV and HIV responses for southern CSOs – a conduit of ideas and ideals from the North. SAT successfully transformed itself into an African regional and independent NGO that offered organisational

capacity and community HIV competence enhancement tailored to meet the needs of organisations in southern Africa, through processes of consultation and programme planning and implementation with CSOs and their communities. SAT represents an example of the transformation of a foreign-conceived organisation growing and graduating into a locally controlled and owned NGO. The question that comes to mind is: how did this regional technical support and sub-granting organisation work with beneficiary CSOs and with what results?

CHAPTER FOUR:
SAT AND ITS CAPACITY DEVELOPMENT MODEL

4.1 Introduction

This chapter presents further background details about SAT in particular relation to its capacity development model. In doing so, I consider its philosophy about HIV and AIDS interventions in southern Africa and especially its community competence theory; SAT's methods of operation which are linked directly to SAT's major goal of strengthening community HIV and AIDS competence. The argument presented is that SAT has a unique way of capacity development through which it nurtures community-based organizations (CBOs) and non-governmental organizations (NGOs) with which it engages in responding to HIV and AIDS. The chapter ends by posing the question: to what extent has SAT been able to achieve its grand object of strengthening community HIV and AIDS competence through its partner organizations, a question that I address later in the thesis. The major sources of evidence for this section include SAT internal policy and operational documents, reports, interviews as well as external documents on SAT by CIDA and the Canadian Public Health Association (CPHA).

4.2 SAT's approach to community development

For SAT, the starting point in community development was its adoption of the assumption that every community has latent capacity and competence, and in many instances communities already have clear and reasonable responses to the challenges they face. In addition, SAT viewed external assistance in the process of community development as only adding to or catalysing community development. SAT uses the terms capacity and competence in much the same sense as Goodman (1998) does, but applies the term capacity more commonly when referring to its organisational capacity enhancement programme and the need for enhancing organisational capacity within communities. At the same time, SAT uses the term competence to describe active utilisation of three main aspects of community life, namely, available resources, solidarity and willingness, and knowledge and skills.

Interviews with SAT management and staff, both in the country offices and at the regional office, and SAT documents reviewed, clearly demonstrated that SAT believed that all communities have latent capacity and competence to respond to the problems they face. Thus, in

SAT's view, the communities already possess certain elements of competence as listed in Box 4.1.

Box 4.1: SAT's recognition of existing community competence elements

- ✓ Responses to local challenges in progress
- ✓ Share knowledge about the challenges they face and how to respond to them
- ✓ Levels of motivation and willingness to work together in one way or the other in responding to the challenges they face
- ✓ Some resources
- ✓ Some form of structure and infrastructure, and
- ✓ Leadership driving the local response to community problems, including HIV and AIDS.

Source: Compiled from interviews with SAT staff members July-September 2012 and the SAT SWW SHARE (SAT, 2005a:3).

The existence of these elements constituted a relevant basis on which to initiate processes of local community HIV and AIDS response enhancement that could be locally accepted and sustainable. From SAT's perspective, the starting point therefore was the identification – through community players (NGO/CBOs) with the community – of the existing capacities as a basis on which to frame any intervention for organisational capacity development for community HIV and AIDS competence. In the general theoretical context outlined earlier in the thesis, SAT's approach generally fell outside the deficiency model that views community and other social organisation as deficient and needing capacity and competence building from scratch. Its recognition of the existence of local mobilisation, knowledge, skills and resources as valuable for development of community competence makes SAT amenable to high levels of participation, partnership and cooperation with local communities and by extension sustainable development. Viewed differently, though the approach may be seen to have deficiency model implications since it also views communities as needing capacity and competence enhancement.

However, this is not necessarily the case because, as noted earlier (in Chapter 2), all organisations including within communities always need capacity enhancement due to the changes that occur in both their internal and external environments. Such changes force community organisations, on their own or in collaboration with external agents, to seek new levels of capacity and competence to be able to continue to execute their programmes. It is

therefore relevant to examine further SAT's application of this development approach in the context of the conception and practice of its organisational capacity and community HIV and AIDS competence development model.

4.3 The SAT concept of community HIV and AIDS competence

As already noted, the ultimate goal of SAT's work was to increase the HIV and AIDS competence of communities in southern Africa through CBO and NGO organisational capacity enhancement. For SAT, strengthening community competence had many positive effects in the response to HIV and AIDS for, once communities were HIV and AIDS competent, there would be a reduction in HIV transmission. There would also be better care and support made available to all needing it, both the infected and affected. The factors that make communities vulnerable (such as gender inequality and stigma) could be addressed, particularly as communities gradually become more resilient and better able to address and cope with the health challenges they are facing.

Though I earlier discussed the general concept of community competence, it is relevant and indeed necessary to discuss SAT's definition and philosophy of community competence as linked to community development generally and especially HIV and AIDS responses.

Box 4.2 Elements of community HIV and AIDS competence under SAT model

- There is strong solidarity and willingness to serve the community; community organisations and institutions enjoy wide popular support, trust and a broad base of active community participation.
- Community organisations, groups and institutions are committed to social justice; and to overcoming inequities based on for instance gender, ethnicity, age and wealth. Community actors understand their role as facilitators of increased competence in the community.
- Available community resources are effectively mobilised and utilised to benefit those in need.
- Individuals, community organisations and community institutions are empowered and skilled to initiate, design, review, own and manage local action in the response to HIV and AIDS.

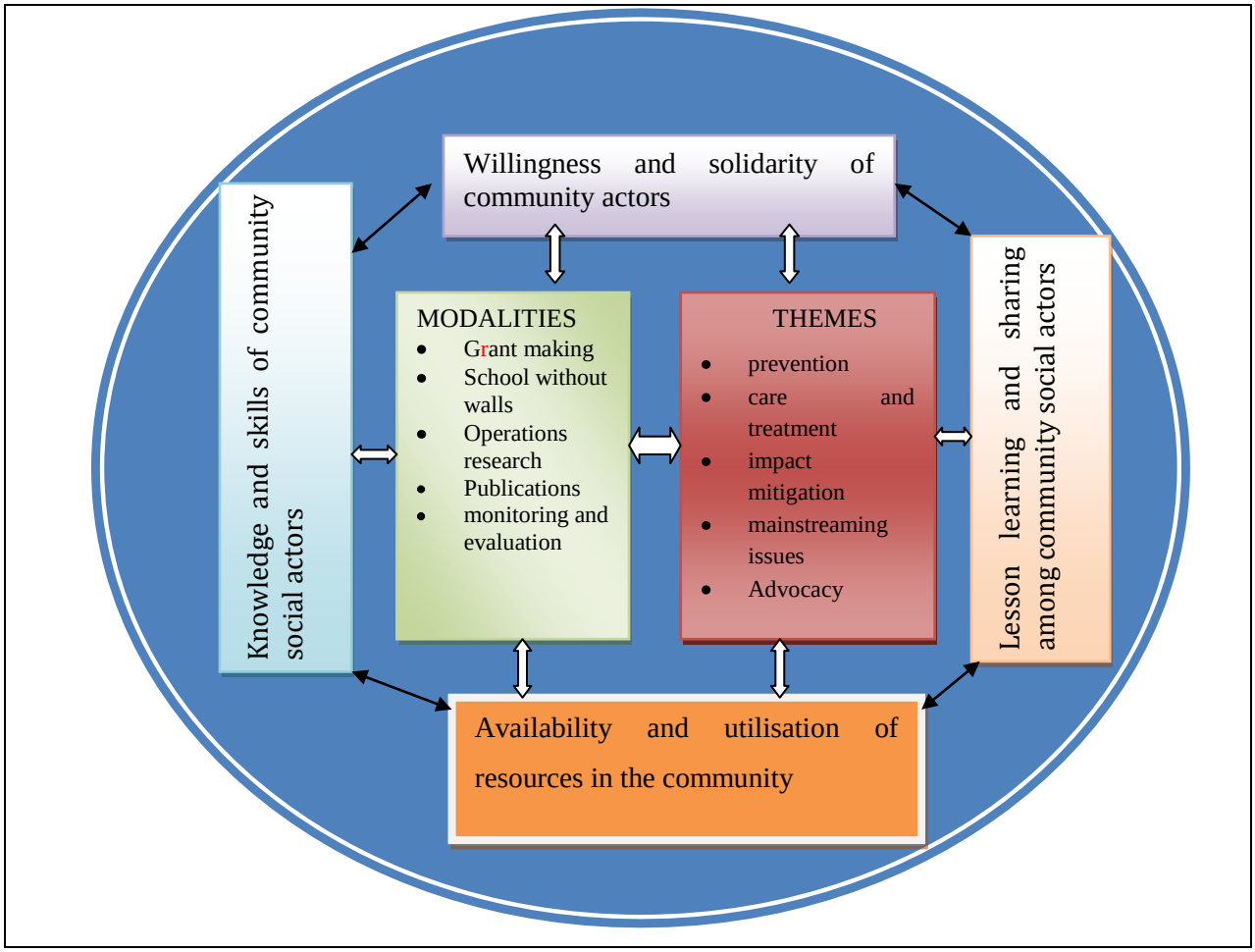
Source: Compiled from the SAT SWW SHARE (SAT, 2005a:3), SAT Community Competence Leaflet (SAT, 2004c:2-3)

SAT uses the term competence to describe four main aspects of community life that subsume the various defining characteristics outlined by Decosas (2002:12) – see Chapter 2 – but it also

fleshes out some of these aspects and, in doing so, refines their meaning. Community competence, from the perspective of SAT, is a combination of the elements presented in Box 4.2.

These elements suggest a set of underlying values that brings together a community in a common purpose, or what has been referred to earlier in the thesis as 'a sense of community'. While recognising that communities and organisations had their own values, SAT felt that there was still a need to deliberately engineer and promote a set of common values that were consistent with the prevention of HIV and the strengthening of the HIV and AIDS response by CBOs with their communities. Therefore, even as it recognises that communities were best placed to define their own needs, SAT (2008:12) supported community and organisational values that encouraged respect for others and a willingness to work together to find solutions for problems, in the spirit of compassion and mutual support.

Fig 4.1: SAT's Community HIV and AIDS competence model



Source: Adapted from SAT (2007a:20) Annual Report 2006–2007.

Community competence as conceived by SAT was thus to be built on a strong base of values and principles. According to SAT, in its *Strategic Framework, 2008–2012*, (2008a 13), its work was premised on a rights-based approach and SAT adhered to the principles in the NGO HIV/AIDS Code of Practice. The NGO HIV/AIDS Code of Practice requires NGOs in the HIV and AIDS sector to: 1) support the meaningful involvement of people living with HIV as well as affected communities; 2) protect and promote human rights; 3) follow public health principles; 4) find ways to lessen the impact of the epidemic; and 5) run HIV awareness programmes that helped reduce the spread of the epidemic and its impact (SAT, 2008a:13).

Figure 4.1 presents the various components of community competence in the SAT model. It shows the connections between the components and the modalities that support them as part of a system of practices. Communities that are united and are willing to act collectively utilise knowledge and skills gained through SWW workshops, publications and shared experiences. With this capacity, they mobilise available resources and invest in focussed community efforts to prevent HIV, care for the sick and mitigate the impact of the epidemic.

Box 4.3: SAT's strategic areas of operation

- **Competence:** Strengthening and supporting community HIV and AIDS competence through partnerships with emerging community-based organisations and networks and advocacy partners (district, country and regional).
- **Knowledge:** Creating, managing and sharing of knowledge on the epidemic and on HIV and AIDS community competence, through action research and sharing of new lessons on the epidemic and responses to the epidemic with partners.
- **Influence:** Increasing the influence of community practices and experience in formulating responses and policies on HIV and AIDS through advocacy in collaboration with SAT strategic partners and through support to networking and advocacy organisations.
- **Values:** Strengthening SAT and partners as value-led learning organisations by basing programmes and operations on a rights-based approach including mainstreaming of gender, human and child rights, sexual reproductive health and rights, and meaningful involvement of people living with HIV and AIDS. SAT programmes should be contextualised, strengthened and sustained.

Source: SAT (2008a:15) Strategic Framework, 2008–2012.

For SAT, a community that is doing this had achieved community HIV and AIDS competence. SAT worked in four strategic areas to achieve its goal of enhancing community HIV and AIDS competence through the capacity building of CBCSOs: competence, knowledge, influences and values, as presented in Box 4.3 with details of how SAT was working within these areas. The strategic areas link directly to modalities for capacity and competence enhancement and hence SAT monitoring, evaluation and reporting directly focus on progress and achievements in these strategic areas.

4.3.1 Rationale for the community competence approach

According to the DED Policy and Company Secretary, five years after its inception, SAT's experience coupled with feedback from other organisations responding to HIV indicated that the epidemic was essentially an individual and community issue. This was due to the extent to which individuals infected, individual and families affected, and sympathisers were the ones forming groups and associations to mitigate the impact of the epidemic. Community groups seemed to have direct experience and knowledge of their local HIV and AIDS epidemic and some form of response to the epidemic operating in practice. Their efforts were in fact sustained whether with or without assistance from outsiders. According to SAT, it was therefore logical to support these grassroots responses to the epidemic because their local communities accepted these and attracted local effort and respect.

SAT further added that known social, psychological, and biological factors influence an individual's experience with HIV or AIDS, but an entirely different set of social and demographic factors determine the experience of a community. These include changes in its demographic structure, levels of community knowledge of the epidemic, and mobilisation of its members and resources to respond to HIV. These are reasons why communities have different epidemic profiles. It is also the reason why a community-specific response to the epidemic with the local community would be more effective.

Further, SAT explained that over twenty one years of supporting HIV and AIDS responses have demonstrated to them that different communities experience different levels of HIV infection; that HIV spreads at different rates in different communities; and that the impact of AIDS on the economy and the social fabric of communities differs greatly, even if the epidemic

profile was identical. For SAT, these were observations that formed the basis of their strategy to support community HIV and AIDS competence. 'Community', as understood by SAT, meant any group of people with residence in a specific geographical location, but it also applied, for example, to a mobile population spread along a system of trans-continental transport routes. The lives of such mobile populations link to each other by a system of institutions and values that allow most of them to readily identify their roles and position in relation to others in the group.

4.3.2 Why enhance community HIV and AIDS competence?

In the view of SAT, some community characteristics that are critical in relation to the HIV epidemic do not change, at least not in the short or medium term; for example, age and gender structures, the geographic location, the main economic basis, or the dominant religion. However, a community, whatever its basic attributes, may become more or less cohesive for many reasons that may include the degree of dialogue and understanding between genders, generations or other groupings within it. There may be changes in the nature of support for community members and families affected by HIV and AIDS, and in the ability for collective action to address the epidemic, gender violence, or other factors related to the spread of HIV may change.

Box 4.4: SAT's perception of role of external agents in community development

- Change has to originate from institutions and individuals within the community. Outside agencies can facilitate this change by supporting the capacity of these institutions or individuals, but they cannot themselves be the agent of change
- The most critical decision for an outside agency is to identify whom to support
- Support for capacity building requires a long-term engagement, but it also requires mechanisms to monitor this engagement and to take corrective action when it becomes evident that wrong choices have been made
- Building community HIV and AIDS competence has to start with an analysis of existing capacity rather than with an analysis of problems. A problem analysis helps outside agencies to intervene, but a capacity analysis helps communities to focus their effort on addressing the problems they are living with every day and which they know all too well

Source: SAT (2005a:2)

According to interview data with SAT management and staff, building community AIDS competence means effecting positive changes in these characteristics so that communities remain capable of effectively responding to challenges that affect them. In an internal document, SAT

summed up its experiences with this approach in the last twenty-one years and made assertions as recorded in Box 4.4. In other words, SAT understood its role and that of other external change agents as one of facilitating community processes through capacity enhancement targeted towards key community players such as CBOs and locally rooted NGOs who work with the communities. It saw the starting point as the analysis of the community situation, establishing the community challenges and available capacities, as well as local players central to the local processes and actions. This helped in identifying who to support and how to support them. More importantly, SAT did not see the role of external agents as short term and once off, but as a long-term process of partnership to monitor and evaluate to ensure achievement of results.

4.3.3 Identifying the vehicle of community HIV and AIDS competence enhancement

Interviews with SAT country staff who worked closely with SAT partner organisations highlighted that community competence is generated in communities by local community groups and organisations such as orphan support groups, faith based support groups, women empowerment groups, youth economic action groups and men's support groups. Community members established these groups to respond to pressing issues in their communities, and these are the local agencies of community action for community capacity and competence.

From its vast experience working in communities in southern Africa, SAT found that these local agencies have different level of capacities to participate in local responses to HIV and hence these agencies needed capacity enhancement to buttress their organisational structures, systems, programmes and resources to ensure effective and sustainable contribution to community capacity and competence to respond to the epidemic. Strengthening the capacities of these organisations to deliver their different programmes in their communities was the most meaningful way of enhancing the capacity and competence of communities to manage the HIV epidemic. This corroborates evidence in the literature discussed in earlier chapters that, as the response to the epidemic was developing, the champions of the response were lacking in capacity. This observation further vindicates the need for enhancement of organisational capacity of organisations operating in communities. In addition, it also supports SAT's rationale of enhancing community HIV and AIDS competence through organisational capacity enhancement.

4.4 The SAT capacity development model

SAT's capacity development model was conceptualised around the need to increase or enhance community HIV and AIDS competence in communities in southern Africa. SAT's belief, according to the DED Policy and the longest-serving member of the SAT executive, was that enhancing community HIV and AIDS competence could take place if there was a process of strengthening the capacities of the organisations responding to the HIV epidemic so that they could deliver HIV response programmes efficiently, effectively and sustainably. The SAT country programme staff (nine in the study) who worked directly with community organisations concurred with this assertion. The partners organisations (39), both current and graduated, also affirmed this point stating that if their various efforts (as participants in the response) were supported then their communities would be much stronger and better able to prevent HIV infection and manage the epidemic.

The CBOs claimed that they were able to provide solid programming in terms of treatment, care, and support services, as well as prevention through the creation of a community better informed of the epidemic and its key drivers (which made communities were vulnerable to the epidemic and its consequences). These drivers were identified as socio-economic inequalities, gender-based violence, stigma and discrimination of infected people, poverty, and cultural practices such as intergenerational sex multiple, concurrent sex partnerships and wife inheritance. CBOs were thus in a strong position to create communities capable of and actively taking action to prevent new infections and managing existing ones. All SAT staff members involved in the study echoed the sentiments of the CBOs.

SAT's approach was thus to create a cadre of CBOs that had the skills and resources, human-power, organisational infrastructure and systems to work with their communities in the response to HIV and AIDS. For SAT, CBO capacity development was critical to the delivery of programmes CBOs and to the sustainability of community responses to the epidemic. SAT, in the first instance, had to identify and mobilise these organisations and then recruit and incorporate them into various capacity development programmes. SAT's target recruits, according to SAT management (including country programme managers), were emerging and nascent community based organisations and their networks. SAT chose to focus its capacity development programmes on organisational development of these organisations first and

foremost, because the majority of these organisations were emerging and lacked formal recognition, structures, systems and sufficient resources to effectively run their programmes in their communities, yet they were the major source of relief for people infected and affected by HIV.

Secondly, SAT focussed on information dissemination since there was limited information about the epidemic at community level and, where it was available, such information needed repackaging so that it could be more accessible to community level users. In addition, as more and new information continued to pour into the region from research and experiences of the implementation of response programmes throughout the world, SAT saw this as an opportunity to keep partner CSOs updated and to cross-fertilise their knowledge of the response with experiences from other regions. Information dissemination was targeted and intended for lesson learning – from other people's experiences of the epidemic and responding to it; and lesson sharing – with other stakeholders of their own experiences, skills gained as well as show-casing their responses to the epidemic. Thirdly, there was targeted skills development for CBO staff intended to enhance their abilities to perform their jobs, and digest and utilise new systems, technology and information to enhance HIV and AIDS programme delivery in their communities. I list some of the skills areas in Box 4.5.

Box 4.5: Some of the skills development areas for SAT partners

1.	General management and accounting
2.	General organising abilities
3.	Counselling
4.	Advocacy and lobbying
5.	Data gathering and processing
6.	Reporting and report writing
7.	General writing skills
8.	Information dissemination

Source: SAT interviews, September 2012

Fourthly, since these CBOs operated not only in resource scarce areas but were also emerging and had not linked up with possible funders, SAT provided funding to support organisational development, functioning and programming. This was a double capacity

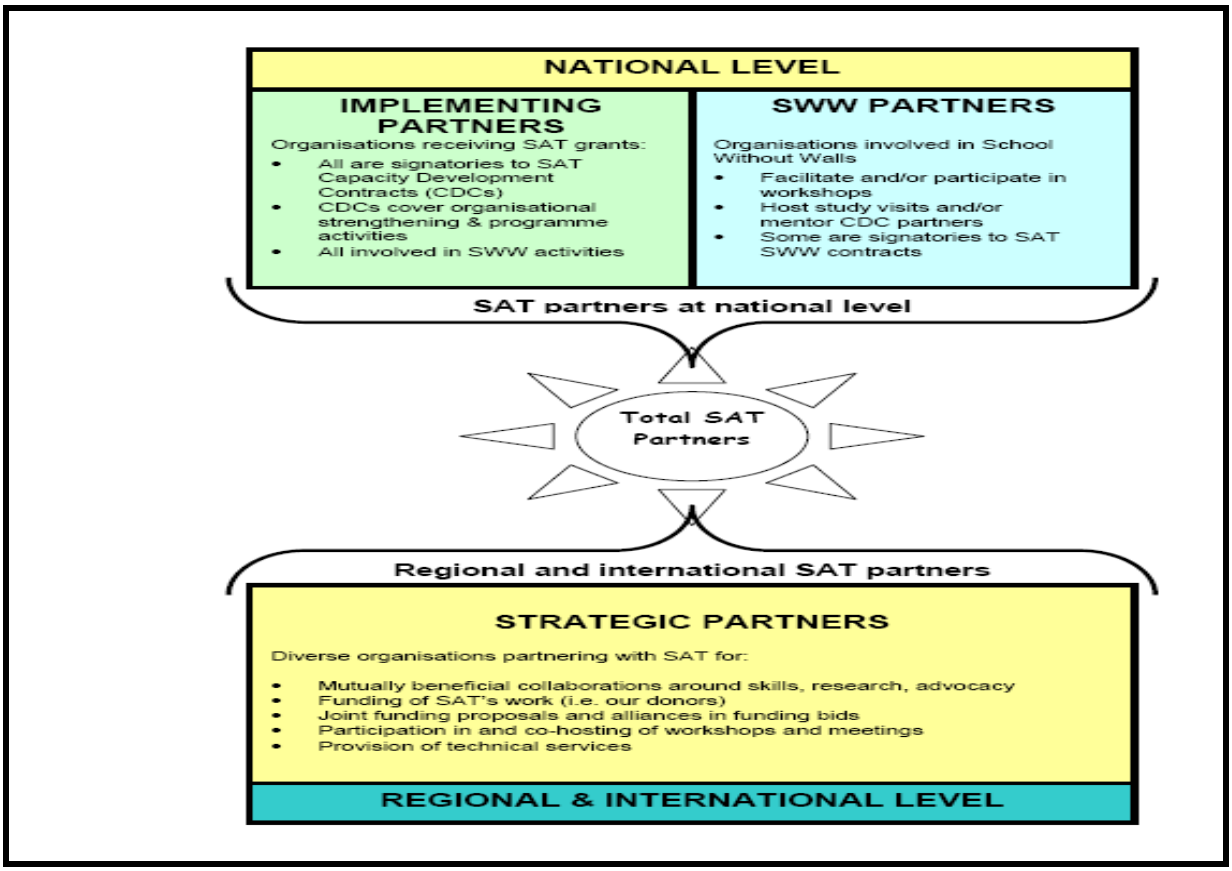
development area as SAT did not only provide the necessary resources but developed the skills of the CBOs to manage organisational finances and resources, and account for and report on them. The mastery and practice of these skills in organisations was not only intended to produce organisational efficiency but make CBOs more accountable so that they could attract donor funding.

4.4.1 Defining SAT's partners

SAT had a clear definition of who its partner organisations were, and it characterised them as illustrated in Figure 4.5. They were located at two levels: national and regional/international. According to the *Overview of SAT Implementing Partnership* document (2004d:1) read with the *SAT Strategic Framework 2008–2013*, SAT further classified its partners into functional categories, namely, implementing, School without Walls (SWW) and strategic partners. According to SAT management and staff interviews, the choice and categorisation of SAT partners allowed for effective mobilisation that it believed could boost the HIV and AIDS response – allowing the sharing of resources, knowledge and experiences from various levels and geographical regions, and thus allowing the fertilisation of ideas on the epidemic and the responses to it.

While implementing partners were SAT's capacity development grant recipients, established by community members and based in the communities where they worked, SWW partners were all members of the implementing partners who attended SWW activities, and all were graduated SAT partners (and especially those SAT continued to utilise as mentors in its capacity development programmes). SAT strategic partners were distinctly different as they were at the same or similar level as SAT and were involved in various forms of CBO/NGO capacity enhancement programmes and reinforcing the efforts of other stakeholders in the response to HIV and AIDS. In this study, the focus was on implementing and SWW partners as they were the beneficiaries of SAT's capacity development programme.

Figure 4.2: Defining a SAT partner



Source: SAT (2004d:1)

4.4.2 Partner identification and mobilization

The first process in SAT's work of community capacity building was partner identification and mobilisation. SAT described it as a process of catalysing, identifying, assessing, and selecting CBOs/NGOs that had the potential to work with communities on HIV and AIDS, and to manage effectively their organisation and its activities (SAT, 2004a:7). The SAT partner recruitment was a two-way process that centred on building a relationship of mutual respect and trust between SAT and its partner organisations in conjunction with the communities where these organisations worked. The partner mobilisation process was important to SAT for reasons listed in Box 4.6. Identifying potential partners was initially the work of Country Programme Officers (CPOs) and Country Programme Managers (CPMs) who worked directly with CBOs in the communities. Until 2011, this process included submission of blind or unsolicited applications for funding by CBOs, recommendations from existing SAT partners and referrals from other organisations and peers working in the same countries as SAT.

Box 4.6: Importance of partner mobilisation processes

The mobilisation processed enabled SAT to:

- ✓ Identify CBOs/NGOs that can make a real difference to HIV and AIDS responses
- ✓ Mobilise communities (through CBOS and their networks) and develop local ownership of initiatives
- ✓ Assess all aspects of a CBO's/NGO's organisation and activities to identify areas that need improvement
- ✓ Get to know the partner and for the partner organisation to also understand SAT in order to identify areas of possible mutual benefit and to create a realistic understanding of what each party had to offer
- ✓ Establish the levels of transparency and accountability to communities, CBOs/NGOs and donors for which partners they do or do not select.

Source: SAT Good Practice Strategy (2004b:7)

SAT's major task was to establish and utilise selection criteria that was consistent with its goal of enhancing community HIV and AIDS competence (as defined in the SAT partnership process, the SAT capacity development assessment tool (SOCAT) and the SAT community competence (SATCOMP) tool used to gather baseline information of potential recruits.

According to CPMs and CPOs interviewed for this study, potential SAT partners had to be organisations that were community-based and running an HIV and AIDS community response with the involvement of community members, and they had to be emerging, nascent and located in under-served areas. Beginning in 2011, and because of the need of a more transparent, inclusive and systematic process, SAT began to include advertisements for potential partners in the print and electronic media to attract a diverse pool of potential candidates for consideration as would-be partners. Advertising also gave SAT an opportunity for pre-screening as its recruitment advertisement specified the type of partner SAT was intending to recruit.

4.4.3 Contracting

The SAT capacity development contract was the key instrument for the management of the partnership between SAT and its partner CBOs. It set out the terms and conditions governing the partnership particularly the duration of partnership, the size of the grant, SAT's obligations to the partner, as well as the partners' responsibilities and obligations, especially the partner's financial reporting requirements. The contract was renewable annually on specific conditions that included among other things production of SAT-approved programmatic and financial reports.

The contract emerges following a series of consultations preceding a funding proposal development. The development of the proposal followed baseline data collection processes. These baselines were conducted through the administration of the SAT Organisational Capacity Assessment Tool (SOCAT) and SAT Community Competence Assessment (SATCOMP) tool. These instruments provided SAT with baseline information from which to engage the potential partner and make decisions about possible partnership. While the SOCAT assessed the organisational capacity of the potential partner and formed the basis on which the potential partner could develop a funding proposal, the SATCOMP assessed the connection between the CBO and its community, and the relevance of its programme/s to the community. In addition, they sought to establish the existing levels of HIV and AIDS competence by identifying the resources, infrastructure, human-power and level of knowledge of the epidemic available in the community.

4.4.4 Resource mobilization

As a means to facilitate the financial sustainability of SAT and its partners, SAT engaged in resource mobilisation. It was a process of identifying, encouraging, and gathering a wide range of local, national and international resources that were available and needed for effective responses to HIV and AIDS by both CBOs/NGOs and their networks. It was an integral part of SAT capacity enhancement within itself and among its partner organisations. SAT needed to mobilised resources to facilitate its grant-making processes among partners. At the time of this study (2011–2012), SAT had a joint financial arrangement (JFA) with three donors that financed its activities. This involved an expansion of the funding base from an initial single donor (CIDA) to a multi-donor funding – an achievement of one of its aims adopted during its transition from a project to an independent NGO in 2003.

According to SAT (2004a:19), resource mobilisation enables it to ensure that:

i. Their own organisations and CBOs/NGOs have an adequate and reliable supply of resources
ii. Their own organisations and CBOs/NGOs have access to a diverse pool of donors from which they can draw funds for a range of appropriate resources
iii. Local community resources are recognised and maximised.

Over and above securing funds to disburse to its partners, SAT incorporated resource mobilisation as a component of organisational capacity development to help partners improve their own financial sustainability.

4.4.5 Grant making

For SAT, grant making was the process of providing financial resources for HIV and AIDS initiatives and facilitating the effective, efficient and accountable management of these resources. According to SAT Regional finance monitoring officer (FMO), as corroborated by the country FMOs and programme officers from Zimbabwe, Tanzania and Malawi, it often involved a package of support that included money and financial management skills building such as bookkeeping and financial reporting. The grants provided varied in size, duration, restrictions and requirements. The sizes of the grants varied according to the needs of the CBOs as well as their abilities to manage the funds. They usually varied between US$8 000.00 and US$50 000.00 (as appearing in Table 5.9 on page 127 - check). The SAT regional and country FMOs further explained that SAT provided core-grants, intended to support organisational development and functioning as well as programming.

According to both current and graduated SAT partners included in the study, the SAT grants were unique to them because – unlike other funders – they were not project specific but focussed on the entire organisation. SAT added that specifically grant making made it possible that:

i. Money allocated to community responses to HIV and AIDS actually reaches communities
ii. Partners received the money they need, and how and when they need it
iii. Partners utilised the technical support they have received
iv. Money was allocated transparently, based upon agreed criteria and processes
v. Partners were financially accountable to communities, partners, and donors. (SAT: 2004a:15)

SAT's approach to grant making was premised not only on the need for funding for the entire organisational functioning and capacities of partners, but on the realisation that most of its partners had limited skills to manage and account for the funds. Therefore, linked to funding was technical support for organisational capacity development.

4.4.6 Technical support

SAT (2004a:11) defined technical support as a process of increasing and improving the knowledge, skills, and attitudes of CBOs/NGOs responding to HIV and AIDS and that covers a wide range of themes related to HIV and AIDS, programme management and organisational development. Technical support occurs through many different methods, for example, training workshops, exchange visits, and one-to-one mentoring. Technical support was important to SAT because it enabled it to:

i. Support CBOs/NGOs to build the package of skills and capacities needed to do effective HIV and AIDS work and to develop as strong organisations
ii. Empower partners to work effectively and inclusively with their communities
iii. Ensure that other CBO/NGO support functions, such as grant making, are put to best use by partners
iv. Use national, regional, and international lessons, skills and resource people to strengthen local responses (SAT, 2004a:11).

SAT provided a wide range of technical support activities. It had components of organisational skills development for organisational functioning and programming in the communities, particularly the interfacing of CSOs and community work; and it had a support component for grant making to ensure capacity for partners in effectively utilising the grants and being accountable for them. The wide scope was also clear in its attempt to cross-fertilise knowledge and skills for CSOs' capacity enhancement to enable them to roll out effective HIV and AIDS responses.

4.4.6.1 SAT School without Walls, function and its delivery modalities

The delivery of technical support to SAT partners drew on School Without Walls (SWW) modalities. SWW offered a different approach from the top-down, North-South model of training originally envisaged for the SAT Programme in 1990 where experts from Canada were to teach southern NGOs in their home countries about how to contain HIV through SAT ideas. Instead, it was a network of peer organisations from across southern Africa that would share their knowledge and skills amongst themselves, and cross-fertilise that with ideas from other parts of the world. According to interviews with SAT management and staff, SAT, together with several key partners from southern Africa, developed the SWW model to be the major vehicle for

achieving both organisational capacity and community HIV and AIDS competence enhancement (SAT Good Practice Strategy, 2004b:14).

It was the embodiment of SAT's commitment to HIV and AIDS programming, based on principles and values of serving the community and the involvement of CSOs as a means to delivering services to communities and enhancing community HIV and AIDS competence. A defining characteristic of SWW was the emphasis placed on sharing the knowledge, skills and experiences already available within the southern African region. The focus in this regard was on enhancing organisational capacity of partner organisations in terms of organisational sustainability and effectiveness, creating an environment favourable to the implementation of HIV and AIDS responses, and especially improving organisational accountability in the communities they serve. According to SAT (2005a:1) this 'South-to-South' approach has proven to be not only effective but also technically and culturally appropriate to the extent that it sought to help communities become HIV and AIDS competent so that individuals, community organisations and institutions were able to initiate, design, review, own and manage local actions in response to HIV and AIDS. It was to be a composite instrument for both organisational development and unrestricted information sharing for enhancing competence in both organisations and communities.

The key components of SWW modalities appear in Box 4.7. According to SAT's Coordinator (SWW Unit), as corroborated by country programme officers (CPOs) who implemented these modalities at the country level, SWW modalities were designed to support, first and foremost, the SAT organisational capacity enhancement programmes. Organisation mentoring, nesting and study visits were tailor-made to improve the capacity needs of the partners as determined initially by the baseline SOCATs and SATCOMPs and, on an annual basis, by the feedback from SOCAT updates and monitoring visits (MVs) which follow up on progress of partner capacity development since the last visits. SWW workshops and network meetings provided vital HIV and AIDS information to communities through SAT partner organisations so that new information and experiences were shared for the benefit of those organisations and by extension those communities that were in the SAT family of partners. The application of each of these modalities is discussed below to demonstrate how participatory they

were and how SAT utilised them for organisational capacity development and for enhancing community HIV and AIDS competence.

Box 4.7: School Without Walls modalities for enhancing organisational capacity

Modality	Description
Organisation-to-organisation mentoring	Experienced, well-established organisations provide advice, guidance, training, and inspiration to less experienced organizations
Organisational 'nesting'	Experienced organisations help emerging groups to become established
Study visits	Carefully planned visits from one partner to another create opportunities for on-the-job training and the exploration of programming possibilities
Workshops	National and regional events create fora for skills training, facilitator training, lesson-sharing, and critical thinking
Network meetings	Partners benefit from structured opportunities for mutual support and experience-sharing.

Source: SAT (2005a:1-2) SHARE Series: SWW.

4.4.6.1.1 Organisation-to-organisation mentoring

Mentoring is a term generally used to describe a relationship between a less experienced individual, called a mentee or protégé, and a more experienced individual known as a mentor. Understood traditionally, mentoring is a dyadic, face-to-face, long-term relationship between a supervisory adult and a novice student that fosters the mentee's professional, academic, or personal development (Donaldson, Ensher and Grant-Vallone, 2000). The *SAT SHARE Series: SWW* (2005a:10) booklet defines mentoring in the same way but emphasises the advisory rather than supervisory role of the established and more experienced organisation towards the less experienced organisation. SAT says, "The purpose of a mentoring relationship was to enable a relatively inexperienced organisation to access advice and support that has been specifically tailored to meet their needs and problems".

The major processes of mentoring in the SAT methodology was reciprocal visits, focussed discussions, formal training workshops, on the job learning experiences and informal consultations through telephones or emails. The establishment of mentoring was described by all partners (N=39) and all (N=9) SAT Country Programme staff in this study as participatory. Usually the beneficiary organisation identified an organisation within the SAT network of partners and approached it for assistance to enhance its capacities in one or more areas of HIV

programming skills or organisational development. The beneficiary organisation was not usually nascent but one that had some strengths in some areas and lacked in others.

The mentoring organisation had to have greater strength in the areas of less capacity in the beneficiary organisation. SAT would consider the request and then provide the necessary funding and support needed during mentoring. In the process, both SAT and the participating organisations discussed and agreed on the areas of capacity needs, the best method of delivery of capacity enhancing activities, and the possible period of mentorship. The benefits of the process were reciprocal; while the mentored organisation received the necessary assistance, the mentoring organisations also sharpened its thinking and skills around the issues they assisted with, thus encouraging mutual peer learning. According to SAT Country staff and all partners (graduated and current), mentoring relations also helped strengthen networking relations and forms of cooperation in the response to HIV and AIDS in the communities.

The duration of mentoring relations depended on the extent of the capacity needs. Interviews with the SWW Unit team and CPOs indicated that the period of mentoring ranged between one week and six months, for short-term mentoring relationships. Medium-term relationships ranged between six months and one year. The longer-term relationships stretched from one year to three years but there were rare occasions when this was necessary. It was not part of this study to analyse the details of which mentoring relations were most common or verify their utility but merely to track the figures of the delivery of this modality.

4.4.6.1.2 Organisational nesting

The *SAT SHARE Series: SWW* (2005a:10) indicates that nesting was a variant of organisation-to-organisation mentoring targeted at emerging organisations. It involved an experienced, well-established organisation helping a nascent and emerging group to register as an organisation and service provider in the HIV and AIDS response network, establish necessary organisational structures, systems and programmes, open an organisational bank account, set up an office, and help with recruitment and/or training of staff in programming and organisational managing skills. According to CPOs and CPMs, nesting was a process initiated by SAT following the recruitment of an emerging group in consultation and agreement with the group. It was a mechanism for ensuring that the new recruit was able to offer effective HIV programmes in its

communities, through established organisational capacity. For these reasons (and to safeguard its resources), SAT signed a contract with the nesting organisation for and on behalf of the nested organisation that captured the content and mechanisms of delivery, and the monitoring and evaluation of the processes to ensure the achievement of set objectives. The use of funds were for developing the capacity of the emerging group, and meeting its programming cost, rentals and logistical costs for its activities. SAT's organisational nesting process was a more in-depth but mini-capacity development model within the main SAT model that would be interesting to study separately.

4.4.6.1.3 Study visits

SAT's CPOs and CPMs described study visits as the most popular and quickest way for partner organisations to learn practical on-the-spot skills they needed in their organisations, through direct observation and participation in real life activities and on the job skills training. As a form of short-term apprenticeship, these visits also had the potential of continued mentoring in the longer term. The CPOs and CPMs, however, warned that for this to be achieved it was important to carefully match the visiting and host organisations to ensure relevance of concepts and skills to be transferred.

Like in both mentoring and nesting, SAT engaged the organisations concerned to facilitate the process and ensure the achievement of results. The *SAT SHARE Series: SWW* (2005a:11) highlights that, from SAT's experience over the past twenty one years, the gap in knowledge and experience in the matched organisations should not be too wide, as that inhibited the learning process. A huge gap in knowledge made the staff members and volunteers of the visiting organisation feel daunted and even intimidated that at times constrained learning.

4.4.6.1.4 Network meetings

Previously I noted and discussed that SAT organised its partners into clusters and that the purpose of clusters was, among other things, to make possible easier networking among partners with SAT facilitation. According to graduated and current SAT's partners interviewed for this study (39), and corroborated by interviews with SAT's SWW Unit and CPOs, networking was critical for sharing experiences in the response to HIV and AIDS and learning from each other working methods for programme implementation. They also worked as a forum at which

participating SAT's partner organisations shared ideas with stakeholders (such as government officials, National Aids Council officials and donors) to influence the response in their countries and regionally. As stated in the *SAT Good Practice Strategy* (2004b:9), network meetings include Annual Partner Meetings, some SWW workshops, programme advisory meetings and other similar but ad hoc events. These meetings contributed directly to SAT's broader response to HIV and AIDS and community competence as outlined in Purpose 2 (Table 3.1).

SAT (2004b:19, 20) considered networking as an essential source of information and contracts for SAT. At the country level, and with stimuli from SAT, partners provide "an extensive and vibrant networking for information exchange". At the regional and international levels, the networking meetings provided an opportunity for SAT and its partners to share their work and responses to the pandemic at the local level while extracting knowledge and experiences about the epidemic and the response from regional and international players including donors participating in these activities.

4.4.7 Monitoring and Evaluation

As stressed already in chapter 3, a good capacity development model must have a monitoring and evaluation system that ensures that there is a review of the model to strengthen mechanisms for retaining gained capacity (Smith and Simister, 2010:7). SAT did not only have its own monitoring and evaluating (M&E) system but had a designated unit (the M&E Unit – see SAT Organogram – chapter 3, (on page 75) responsible for monitoring the implementation of its model and SAT's capacity to implement it among its partners. The SAT Coordinator: (SAT M&E Unit) emphasised that monitoring and evaluation were processes that help track the progress and measure the effects of SAT work against agreed criteria in order to generate learning about the impact of the capacity development model, as well as its work on community HIV and AIDS competence through its partner organisations.

SAT used both quantitative and qualitative approaches in collecting data for monitoring and evaluation of its work. The key indicators for M&E were determined on the basis of the SAT 'Purposes' and 'Outcomes' following the 'Results Logic' discussed earlier in chapter 3. These ranged from the use of simple practical indicators through to complex frameworks and rigorous

in-depth evaluations. According to SAT (2004a:31), monitoring and evaluation were important for SAT for reasons stated in Box 4.8.

Box 4.8: Importance of monitoring and evaluation in SAT's work

They helped SAT to:

- stay at the cutting edge of HIV and AIDS responses by learning about what is and is not working
- Improve its planning, processes, and relationships with CBOs and other stakeholders
- Select appropriate partners and identify their strengths, weaknesses, and gaps for capacity enhancement (OD and/or programming)
- Demonstrate to communities, partners and donors that its approaches work and, in turn, mobilize resources for them
- Track how changes, for example to policies or funding, are affecting CBOs/NGOs and take appropriate advocacy action.

Source: SAT (2004a:31)

Monitoring and evaluation occurred through the use of a variety of tools that included SAT's work breakdown structure that captured progress against work plans, the SOCATs and SATCOMPs. These included monitoring visits and other administrative tools such as the range of forms for returns on various financial and programme aspects, and event-based reports based on standard guidelines. I discussed these below and in the next chapter. In addition, and of particular relevance to this study, M&E data corroborated by other sources was most useful in assessing the implementation of the SAT model.

4.4.7.1 SATCOMPs

A SATCOMP was a SAT community-competence assessment tool used by SAT for baseline surveys and updates on its community HIV and AIDS competence enhancement programmes with its partners. It was a self-assessment instrument for CBCSOs and communities administered in a participatory manner in a seminar fashion to allow CBCSO staff and community stakeholders (such as traditional, church and other leaders, representatives of women, men and youth groups, local government officials) to agree on answers, and also allow SAT to seek clarity where necessary. A SATCOMP measured the state of resources available, existing skills, the levels of solidarity and willingness of community members to serve the community, and the extent of empowerment of the member to participate in community responses to HIV and AIDS.

On this basis, a decision was forthcoming on the recruitment of a CBCSO and the nature of the capacity development intervention that was necessary.

Box 4.9: Sample - Overall community competence assessment

Activity	Data from the baseline (analysis of the key findings)
Mapping (sustainable) community resources	The community members present at the meeting identified physical, financial and human resources currently being used in the response to HIV and AIDS, in the FAST catchment area, which covers Traditional Authorities Ndamera and Ngabu in Nsanje District.
	The women's group, which included women from Traditional Authority Ngabu, a school head, an orphaned student and 2 female chiefs, drew a more detailed map than the men, showing the location of relevant buildings such as schools, clinic and police unit. The men, however, gave a very clear verbal explanation, although not much appeared on their map.
	Both men and women were able to identify the resources, and determine who controls them.
	The group had a heated discussion on the role of traditional healers and most differed on whether or not they are a useful resource in HIV and AIDS prevention, care and support at community level.
	In discussing the resources that come from outside the community – the group remarked on how most of these resources are brought with little or no consultation, and so these are usually not the priority resources that the community needs. E.g. fertiliser, when most of the areas in Nsanje are flood plains with very fertile soil.
	The exercise also helped them identify what is available locally and the discussion touched on how some of the resources can be tapped. For example, Goal Malawi, which is also working in Nsanje has food for distribution, and this could easily assist some FAST beneficiaries.
Solidarity and willingness to serve the community	The people conceded that there are several child-headed households. The children usually are cared for by their parents' relatives.
	Affected households however seem to carry most of the burden of care with the rest of the community providing rather distant support in the form of visitations.
	In most of the communities there already are high levels of stigma under varying circumstances – e.g. teen age pregnancy, families that have an outbreak of measles, families that do not take part in traditional rituals, etc. With the advent of HIV and AIDS, some families are still being shunned, although this is slowly dying.
	Due to lack of opportunities in Nsanje District, a lot of people travel to Mozambique or other districts in Malawi in search of work.
	Child-headed households have many needs, hence even though the relatives and the rest of the community offer support, it is inadequate. There is need to identify agencies or people who can help the community to meet the needs of the child-headed households rather than those who provide handouts. This matter was discussed at length and the participants felt this would be more sustainable and reliable, to get agencies that would help them help themselves than those who provide handouts or wide scale material assistance, which is usually a short-term solution.
Empowerment and skills	The volunteers are very willing to help out in various ways, however, they do not have adequate skills to provide care, support and prevention.
	Although there is good programming, the response is not sustainable. The organisation and volunteers only make short-term plans.
	FAST staff members were only recruited in June 2004. They have not had much experience in operating in an organisation. They need skills training to enable them effectively support the volunteers and communities.

Source: Adopted from Friends of AIDS Support Trust (FAST) SATCOMP Report (SAT, 2004e:1).

In this sense, it marked the starting point of SAT programming with partner organisations in a community and a platform from which to measure progress achieved in working with the

CBCSO and its community thereafter. As an update tool, a SATCOMP tracked progress noting the shifts in the states of the three components of community HIV and AIDS competence: sustainable resources, solidarity and willingness, and skills and empowerment. Box 4.9 gives an illustration of a baseline SATCOMP with actual assessments in the three areas. The data points out what issues needed attention, the potential of the community to address these issues and the parties that were likely to collaborate in the process, as well as those needing recruitment if the response was to be effective.

4.4.7.2 SOCATs

A SOCAT (SAT organisational capacity assessment tool) is one of SAT's M&E tools used on partners (as a self-assessment instrument on partners with the participation of SAT staff) to collect baseline and update data on CBCSOs' organisational capacity in the SAT organisational capacity development programmes. In a SOCAT assessment, partners would rate themselves based on their knowledge of their organisation as responses to the standard two areas discussed and agreed on with SAT staff. As a baseline tool, a SOCAT collected the critical information that allowed SAT to establish the nature of the capacity of a potential partner organisation as well as the capacity gaps that needed addressing.

Box 4.10 is an example of a SOCAT update summary report providing the information that helped SAT assess progress while indicating entry points to engage with the partner organisation and make a decision on how to adjust the capacity development efforts within this organisation. Baseline SOCATS were usually used with baseline SATCOMPs for SAT to both engage the potential partner and its community stakeholders about the local HIV response and the role of the potential partner in that response. The recruitment of a partner was based on the use of the baseline data and the capacity enhancement programme was adjusted according to the results of observed changes after a SOCAT update.

Following a SOCAT, whether baseline or update, for every recruited partner an organisational capacity improvement plan was developed (Box 4.11). The plan of action was based on SOCAT data and outlined the relevant activities for capacity enhancement, the timeframe and the resources required. The improvement plan also outlined the specific

objectives of every corrective action that was to be undertaken, described the indicators of progress and gave a specific timeframe.

Box 4.10: Sample SOCAT update - summary report

Assessment areas	Capacity Assessment 2009-10	Capacity Assessment 2010-11	Actions Required
1.Planning, monitoring and reporting: Long term 3-5 year strategic plan and systems of regular review and updating in place	Established	Emerging	• Revise strategic plan
2.General human resources General human resources system (recruiting, training, salary and appraisals) established and operational.	Established	Emerging	• Develop human resources policy
3.Volunteer management Systems for recruiting, training, managing and retaining volunteers in place.	Mature	Established	• Develop capacity strengthening plans for volunteers
4. Governance Governance structures (role of board, director/management team, and governance systems) in place.	Established	Emerging	• Facilitate board meetings • Ensure that the board participates in the strategic planning process
5.Resource mobilisation and management The organisation has established systems for mobilising resources to meet the needs of the organisation and its work.	Emerging	Emerging	• Develop fundraising strategy • Continue engaging resource providers
6. Finance Management	N/A	Established	• Continue to conduct annual audits. • Capacity strengthening for Finance Officer
7. Learning and Sharing The organisation has demonstrated ability to translate skills acquired through SWW into programming	Emerging	Established	• Increased application of SWW
8.Advocacy and networking The organisation's advocacy and networking activities effectively link issues of HIV and gender equality, human rights or child rights.	Emerging	Emerging	• Training in advocacy and networking • Develop advocacy and networking strategy.
9.Underpinning value-base The organisation is clear about human rights, gender rights and other core principles that underpin an effective and sustainable HIV and AIDS response	N/A	Emerging	• Training of members of staff and volunteers in Human rights and HIV and AIDS

Source: Adopted from the St Kalemba Mission Hospital SOCAT Update Report (SAT, 2011b:1).

In other words, the data from these tools informed the content of the capacity development contract (CDC) and the activities necessary following the assessment.

Box 4.11: Example of an organisational capacity improvement plan after a SOCAT

Capacity area	Objective	Indicators	Timeframe
Planning, monitoring and reporting	1.To review and rewrite 5 year strategic plan with stated vision, mission and measurable goal, objectives and measurable indicators 2.To develop annual activity plan and budgeting 3.To formulate M&E system	• Strategic plan document with measurable indicators in place • Annual plan with budget document in place • M&S system document in place	Aug 2011 Aug 2011 May 2011 May 2011
General Human Resources	Human resource policy incorporating recruitment and volunteers policy and guidelines be developed Performance appraisal introduce	• Policy documents and guidelines on human resources, recruitment and volunteers in place • Performance appraisal in place	Sept 2010
Volunteer Management	Volunteers policy and guidelines be developed	• Policy documents and guidelines on volunteers in place	July 2010
Governance	Board membership be strengthened and diversified Constitution reviewed and rewritten	• Board membership strengthened and diversified • Reviewed and rewritten constitution in place	Aug 2010
Resource Mobilisation and Management	Resource mobilization and fundraising strategy and plan developed Proposals written and submitted to donors	• Resource mobilization and fundraising strategy and plan in place • Proposals written, submitted to donors and funded	Sept 2011
Finance Management	Improve financial accountability Signatories be changed so that accountant should not be in the list	• Improved financial management system in place • Signatory names diversified accountant excluded	Sept 2010
Learning and sharing	SWW regional and national workshops cascaded	• SWW workshops cascaded	On going
Service delivery	Service delivery plan developed	• Service delivery plan in place and implemented	July 2010
Advocacy & networking	Community advocacy strategy and plan developed	• Advocacy strategy and plan developed and in place	Sept 2010
Underpinning value base	Human rights, gender and children's rights issues incorporated in constitution and strategic plan	• Issues incorporated • Child protection developed and implemented	Sept 2010

Source: Adopted from FARAJA CENTRE SOCAT – Organisational Capacity Improvement Plan, Update (SAT, 2010b:5).

The capacity improvement plan involves learning-by-doing principles and a participatory approach. While SAT officers provide assistance and guidance, the partners carried out capacity-increasing activities discussed and agreed on with SAT staff. According to CPO interviews, if

there was no strategic or annual activities plan, for example, the partner had to develop the plan, and share drafts with SAT officers for comments until the requisite plan is in place. If the plan existed but was outdated, the partner had to review the plan and produce a new one that incorporated the relevant and updated data, added the CPOs.

According to all partners and CPOs interviewed in this study, the process was intensive and involved constant interaction between SAT and the partners, thus generating a feeling of partnership and solidarity between SAT and partner CBCSOs. SOCATs and SATCOMPs were therefore critical for the measurement of organisational capacity development needs, progress towards graduation, and determination of the nature of changes in community HIV and AIDS competence. The SOCAT directly measured SAT's contribution to partner organisational capacity. However, in its current form, there was no way by which the SATCOMP could isolate SAT's contribution to community HIV and AIDS competence from results of efforts contributed by others organisations doing work similar to SAT. It could measure changes but not attribute the change accurately to any player in the response.

4.4.7.3: SAT's partner monitoring and site visits

To ensure that its partners were implementing the capacity development activities as outlined in the capacity development contract (CDC) and other related partnership documents, SAT employed a system of monitoring visits (MVs). Designated SAT officers from the country offices, and occasionally by staff from the SAT regional office, carried these out. For SAT, MVs were routine supportive visits meant to provide opportunities to assess the implementation of activities in the partnership agreement, and to discuss partners' organisational capacity needs and community competence issues identified at the time of the previous administration of the SOCAT and SATCOMP instruments. They therefore sought to provide timely remedial action to challenges emerging during the partnership and to check partner progress in the implementation of the capacity development programme as agreed in the CDC. According to CPOs and all partners interviewed in this study, MVs usually lasted a day, including a site visit to project beneficiaries to see the actual work that partner organizations did. MVs were planned and agreed on between SAT and the beneficiary partner organization at least a week before they happened, to allow for preparation. This facilitated their implementation and ensured meaningful involvement of the partners and collective ownership of the process to secure the best results.

SAT's MVs focused on five main areas: management, management systems, organizational capacity, programming and community competence, as outlined in Box 4.12. Each of the five capacity areas comprehensively covered organisational capacity and community competence issues.

Box 4.12: Monitoring visit (MV) focus

Focus area	Themes	Total themes
Management and management systems	✓ The successes in managing the partnership agreement. ✓ Difficulties in managing the partnership agreement ✓ Action taken to resolve difficulties ✓ Financial and budget-related challenges and difficulties ✓ Action taken to resolve budget and finance-related difficulties ✓ Any other management-related difficulties to discuss ✓ Action taken to resolve these difficulties	7
Organisational capacity	✓ Strategic and operational planning ✓ General human resources ✓ Volunteer management ✓ Governance ✓ Resource mobilisation and management ✓ Learning and sharing ✓ Advocacy and networking	7
Programming	✓ Programmes and activities ✓ Key successes ✓ Key lessons learnt ✓ Key strengths ✓ Changes to proposed programmes ✓ Reasons for the proposed changes ✓ Project beneficiaries ✓ Notable problems, failures and challenges ✓ Action taken to resolve problems, failures and challenges ✓ Tracking CABA data progress ✓ Any difficulties tracking CABA ✓ Action to resolve difficulties tracking CABA data ✓ Programme coverage ✓ Notable outcomes	14
Community competence	✓ Assess change resulting from project implementation ✓ Community resources – strategies to draw on local resources & mobilising non-available ✓ resources to improve the community response ✓ Stigma and discrimination – strategies to reduce stigma and discrimination ✓ Community empowerment – strategies to increase community empowerment and Competence ✓ Ownership and involvement – strategies to further involve local actors in the response	6
Site visit	✓ The type of the community response ✓ Reviewing the status of the partner registers for service delivery ✓ Feedback on how the registers can be improved ✓ The strengths of the response ✓ Challenges being experienced ✓ Failures of the response ✓ Areas that need improvement ✓ Action points to improve the community response	8

Source: SAT Annual Reports 2009 – 2012

Like SOCAT and SATCOMP updates, MVs provided feedback that SAT needed in tracking partner progress and identifying potential challenges. There was a clear strategy to assess how the partner was actively engaging in its process of development and resolution of challenges that it faced as well as encouraging the partner to take the initiative to do so itself. Interviews with CPMs and CPOs indicated that MVs were also important in informing decision-making on partner graduation as they provided feedback on progress in organisational capacity development as well as practical and first-hand information on partner projects obtained through site visits.

As part of MVs, site visits assessed partner projects, but also verified their existence in practice and their targeting of agreed beneficiaries. Additionally, according to CPMs and CPOs, they provided an opportunity to assess the extent of community members' involvement in the delivery of the projects and thus gave an idea of how community members were learning and benefiting from the SAT-funded partner projects. As well, they provided an opportunity to identify technical support needs for partner projects and to facilitate decisions on how to meet them. Site visits were opportunities for SAT to identify projects that M&E could further study and use as examples for lesson learning and sharing. Once a suitable project was identified, operations research was carried out to analyse the project for documentation, packaging and publication by the SAT Communications and Publications Unit as a 'Community Responses' publication for sharing with the SAT partnership network.

4.4.7.4 Operations research and documentation

Operations research and documentation (ORD) was a practical SAT function for searching, recording, learning from, re-packaging, and for sharing experiences, results and lessons about HIV and AIDS work in southern Africa administered by the SAT M&E unit. According to the *SAT Good Practice Strategy* (2004b:18-19), ORD served four main purposes: critical analysis and measurement of SAT's work and methods; deepening understanding of the dynamics of community HIV and AIDS competence especially in communities served by its partners; practical testing of programmatic ideas in an iterative way under real conditions, and sharing research skills and improving research capacity for SAT partners and staff. Its guiding principles were commitment to ethical, participatory and applied research so that it linked directly to and supported SAT's work of strengthening community HIV and AIDS competence through CBCSOs' organisational capacity enhancement. For SAT, this approach ensured that its research

and documentation activities, while serving SAT programming, were also a mechanism for building and strengthening relations with communities. For these reasons, SAT's ORD focus was three pronged: partners, SAT and programming.

While partner-focussed ORD was concerned with baseline and update data collection and evaluations of SAT partners and communities (SOCATs and SATCOMPs and partly MVs) by SAT staff with the participation of partners and communities, SAT-focussed ORD was an external review of SAT's strategy, approaches, application and effectiveness of SAT-modalities such as SWW, and case studies of SAT's work with partners. SAT programme-focussed ORD analysed the improvement of programming on a number of issues such as how to mobilise men for home-base care work in HIV and AIDS programming. The SAT Coordinator (M&E) indicated that the products of SAT ORD were either published or internally circulated to the relevant audiences as a contribution towards either organisational capacity development, community competence or both. The Communications and Publications Unit confirmed that it obtained from ORD case examples for use in various publications and, as well, case examples produced by ORD formed the basis of the SAT Community Responses series. SAT's ORD thus connected operationally to programming, and communications and publications.

4.4.8 Communications and publications

The SAT communication and publications function was the major vehicle through which SAT compiled and/or repackaged, published and delivered relevant messages and information on the HIV and AIDS response to its partners, peers, donors and other stakeholders. As shown in the *Good Practice Strategy* (2004b: 12-13,) and the *SAT Strategic Framework 2008–2013* (2008a:21), the SAT communications and publications function served two key purposes: to support increasing competence and capacity of partner organisations and volunteers and to guide them in their work, and to be a medium for sharing experiences and knowledge. In other words, SAT publications were implementing tools to the extent that they supported SAT programming work and promoted HIV and AIDS competence.

Box 4.13 gives a complete list and description of the publications series and intended audiences. There were publications intended for skills training (training and practice manuals, counselling guidelines) and those for information sharing with SAT's partner organisations (SAT

News and Community Responses). In addition, there were publications meant for information sharing at a higher level and advocacy (SAT Info, SATellite, SPLASH and Annual Updates) and lesson sharing on critical policy-related issues (SHARE).

Box 4.13: SAT publication series

- **SHARE:** 'Sharing HIV and AIDS Responses' – major series that gathers and documents critical lessons emerging from practice; aimed primarily at strategic partners and policy makers.
- **SPLASH:** 'Strategies, Policy and Lessons on AIDS and HIV' – occasional, brief papers to inform and motivate policy makers and SAT peers and to strengthen the association of SAT with certain stances or approaches.
- **Counselling Guidelines:** Our established and popular series encouraging and informing community level practice teaching counselling skills. Topics are decided by considering partner needs, gaps in existing resources, collaboration possibilities.
- **Community Responses:** Brief publications for lesson sharing tailored for community groups and, to a lesser extent, policy makers. Each edition takes a practical programming challenge, describes how a community responded, and extracts key lessons for sharing with others.
- **SATellite:** Bulletin for SAT's regional and international audience of strategic partners, governments and donors. This in-house production is disseminated in PDF format via e- mail and provides regular updates on SAT as well as being an advocacy and public relations tool.
- **Training & Practice Manuals:** These support SWW training in key skills development areas or document SAT's own systems and procedures for sharing as contributions to organisational capacity development.
- **Annual Update:** Brief and attractive summary of our formal Annual Report for donors. Written to explain and emphasise SAT's activities and achievements.

Source: Adapted from SAT annual Report 2006–2007 (2007a:20), and SAT Good Practice Strategy, 2005–2008 (2004b:11, 12).

Although some of the publications such as SPLASH had not actually been produced, and the general production levels of publications through the series had declined by 2012, the alignment of the publication series clearly demonstrates the desire and commitment by SAT to support HIV and AIDS responses in southern Africa. The effectiveness of this form of communication at that level is a finer detail that was not a subject of analysis in this research, but it does show how SAT laid out its model in a manner that captured all relevant stakeholders. It also illustrates SAT's relentless efforts to reinforce its organisational capacity development model for enhancing community competence and creating an environment in which both communities and organisations could operate more efficiently and sustainably by engaging high-level stakeholders and donors through it publications.

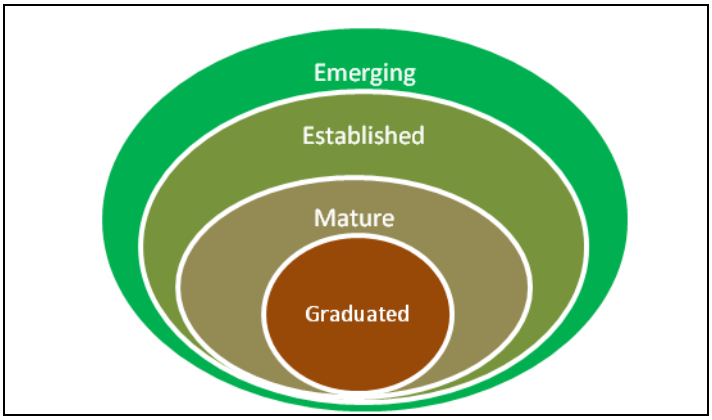
4.5 The SAT graduation strategy conceptualisation and function

I discussed the concept of graduation chapter 2 but I did not analyse SAT's conceptualisation and implementation of that process. This section offers both SAT's conceptualisation and implementation of the concept of graduation, with a special analysis of its application under normal circumstances, and its application during the transition from the 2008–2013 strategy to the 2012-2016 strategy. In both cases, attention is paid to how graduation or exit from partnership served both SAT and its partners in terms of their sustainability. According to SAT (2004d:2) in its *Partnership Process Document*:

> SAT supports community organizations to develop their capacity and, ultimately, sustain and continue to improve their work without our support. When this was achieved, SAT shifted its support to new partners with lower levels of capacity (according to their baseline SOCAT) and repeats the process, thereby continuing to increase community competence in the region.

Therefore, for SAT, graduation referred not to the termination of a partner relationship but to the change of relationship from a CDC to an SWW partnership. It was a process of growing community HIV and AIDS competence. Initially, SAT would be inundated with nascent, emerging organisations whose capacities needed to be enhanced, as illustrate in Figure 4.3 (a).

Figure 4.3 (a): SAT partners at the commencement of capacity enhancement

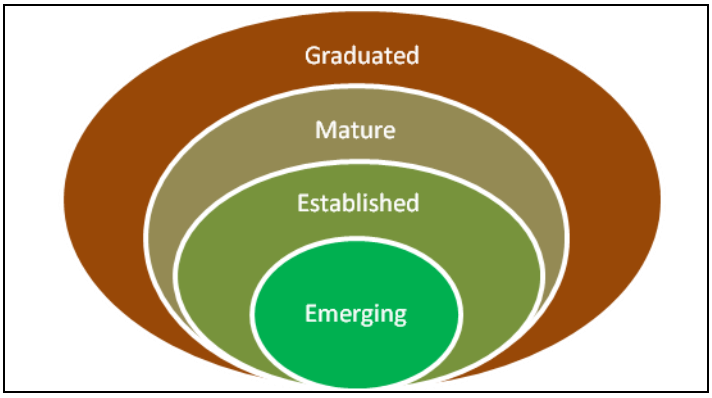


Because of partnership with SAT and technical and financial support from SAT, these organisations would transform – through their own efforts – into established, mature and then graduated organisations. Starting with a small number of mature and graduated partners (as depicted in Figure 4.3 (a)), SAT envisaged that the number of strong CSOs released from the SAT capacity development programme would increase in the communities where SAT worked.

This would lead to a ballooning number of strong well-established CSOs that effectively deliver programmes in their communities, thus reversing the order in Figure 4.3 (a) to a new situation where there are many more mature and graduated partners and fewer emerging and nascent CBO/NGOs (as depicted in Figure 4.3 (b)).

Once accomplished, SAT believed that it would have achieved community HIV and AIDS competence through the creation of strong and robust CBCSOs that could work with their communities to respond to challenges of HIV and AIDS. I discuss SAT's achievement in creating HIV and AIDS competent communities in southern Africa as the roll out of the SAT model is analysed in Chapter 5.

Fig4.3 (b): SAT partners after capacity enhancement in HIV and AIDS competent community



4.6 Reporting progress

One of the central activities of the SAT model was tracking and reporting progress intended to monitor and evaluate SAT's efficiency and effectiveness in rolling out its model. This information was central for the coordination of the implementation of the SAT model, monitoring its implementation and providing managerial feedback information for planning purposes and reporting to stakeholders (especially donors who needed to see the value for their money). It involved many processes and tools intended to capture and bring together the necessary feedback from all SAT programmes at both the regional, country and community/partner CSO levels.

Box 4.14: SAT data collection and reporting on programmes implementation

COMPETENCE AND KNOWLEDGE: PROGRESS AGAINST WORK PLANS		
Immediate Outcomes	Enhanced organisational skills of 300 partner organisations in core areas such as planning, monitoring and reporting, human resources, governance and resource mobilisation, and management Enhanced understanding among partner organisations of rights-based and gender-responsive approaches to HIV and AIDS programming, including mainstreaming of gender, human and child rights and meaningful involvement of people living with HIV and AIDS. Enhanced knowledge and knowledge sharing among partner organisations on the HIV epidemic and HIV and AIDS best practices and lessons learnt	
OUTPUTS	APPROVED PLAN	PROGRESS
Sub-grants provided to partners at national and district levels to help fund their operations.	Regional Identify and recruit Community Service Organisations.(68 contracts renewed; 36 new partners contracted; 18 graduating partners	Community Service Organisations. During the reporting period nine implementing partner contracts were renewed against an annual target of 68 (with 13 contracts meant for renewal in this reporting period at various approval stages at both country and regional levels).
INFLUENCE: Progress against work plans		
Intermediate Outcomes	Increased ability of 300 community-based organisations and networks to influence HIV and AIDS policies, reforms and programmes at national and regional levels, with a specific view to ensuring that they are rights-based, gender-responsive and based on community experiences.	
Immediate Outcomes	Enhanced skills of 300 partner organisations in gender-sensitive advocacy and awareness raising. Enhanced civil society space for partners to engage with national policy makers, regional and global organisations	
OUTPUTS	APPROVED PLANS	PROGRESS
National, regional and global forums and meetings on HIV and AIDS organised and participated in by SAT and partners	Regional Dissemination of materials at regional and international conferences, national meetings and conferences	Regional SAT continued to be part of key strategic committees and working groups both at regional and national level. At regional level, we continued to chair the RAANGO function with two meetings held during the reporting period. The meetings were held mainly to revive the RAANGO function following the departure of the previous RAANGO Coordinator.
ORGANISATIONAL CAPACITY AND VALUES: Progress against workplans		
Intermediate Outcomes	Strengthened organisational capacity of SAT at national and regional levels to effectively deliver on its mandate of strengthening community HIV and AIDS competence in Southern Africa.	
Immediate Outcomes	Enhanced organisational skills of up to 50 SAT personnel within the Regional Secretariat and country offices, in core areas such as results-based management, gender equality and financial management. SAT has an expanded partnership base and four new country programmes. Enhanced strategic alliances with regional and global HIV/AIDS partners.	
OUTPUTS	APPROVED PLANS	PROGRESS
Research and development undertaken related to new SAT programmes in Lesotho, Swaziland, Angola, South Africa	*Develop and implement programmes in line with the Three ones and in liaison with appropriate stakeholders* SAT organises, plans and hosts round table meetings with donors and other strategic partners	Regional During the reporting period, SAT held donor meetings that were attended by SAT's current Joint Financial Arrangement funding partners. In addition to the meetings, the donors visited SAT Malawi country programme for field visits and they were generally impressed by the country programme delivery.

Source: Excerpts combined from the SAT (2012a: 15, 29, 37) Semi-Annual Report; 2011 2012.

The compiling and producing of normal SAT reports took place monthly, quarterly, semi-annually and annually. The reporting structure spanned from the partners and country offices and through to the regional office, first to particular regional units such as SWW, M&E,

communications and publications, and finance, and then overall to the regional management. While all activities and tools already discussed (SOCATs, SATCOMPs and MVs) collected specific information, this was all intended to contributing to the major SAT progress-monitoring tool, namely, the SAT work breakdown structure (WBS) presented in Box 4.14.

The SAT WBS recorded progress against the SAT annual work plan with respect to strategic areas, output and level of expected outcome. It was the major tool for collecting and giving collated feedback on the work plan, to enable the making of management and operational decisions about the implementation of the annual work plan and shaping all practices towards SAT's goal. More importantly, it enabled SAT to get a birds' eye-view of its work across the region and to control all its programming. All SAT Departments, Units and Country Offices contributed feedback on the WBS, quarterly, semi-annually and annually, depending on the nature of their work. In this reporting structure and the accompanying tools, one sees the hierarchical and systematic manner in which SAT coordinated its work and monitored the implementation of its capacity development model at different levels.

4.7 Synthesis

The chapter presented SAT's approach to community development and particularly its philosophy of enhancing community HIV and AIDS competence through the capacity development of CBOs and NGOs in southern Africa. It demonstrates how SAT linked CSOs' capacity to community capacity and hence to the ability of communities to respond to the challenges of HIV and AIDS competence. An analysis of the SAT organisational capacity development model demonstrates how, in targeting emerging and nascent CBOs and NGOs, SAT was delving into unchartered waters considered risky and better left alone. Providing funding to emerging organisations that were not registered, and had no structure and systems, was one practice most donors did not do, preferring to establish organisations that could account for their money and show results for their investment.

The way the SAT model was conceptualised and practised positioned SAT as a unique capacity building organisation in the response to HIV and AIDS. In addition, the framing of SAT's capacity development model is unique in seeking to meet both the goal of organisational development for its partners and the enhancement of community competence. The model has a

comprehensive set of modalities through which the delivery of SAT programming takes place, complemented by comprehensive monitoring and evaluation systems to help SAT monitor and evaluate its programming progress and the growth of its partners and their contribution to community competence. I also conducted an analysis of implementation of this model to establish SAT's achievements and constraints in its work, the results of which are presented in the following chapter.

CHAPTER FIVE:
THE ROLL OUT OF SAT'S MODEL

5.1 Introduction

The previous chapter provided the conceptualisation and organisation of SAT's capacity development model. It described the various modalities that were employed to roll out the programme and the nature and geographical coverage of SAT work, including the thematic extent of the work SAT supported in its efforts to enhance community HIV and AIDS competence. This chapter analyses the application of SAT's model to demonstrate how its various components worked together in order to assess the manner of its application and its contribution to SAT's grand goal of community HIV and AIDS competence. In addition, I discuss intervening factors to explain the deviation from expected outcomes of the model. I base this analysis on data collected through triangulated sources and methods of data collection that included interviews with SAT staff and SAT partners' staff, field reports from SAT Country Offices, SATCOMP and SOCAT reports, SAT Country Office reports, and observation.

5.2 SAT partner mobilisation and partnerships 1990–2012

One way of examining the extent of SAT's work towards community HIV and AIDS competence was to analyse its partner mobilisation and partnerships over time. The location of these partnerships gives the expanse of SAT's work over the southern African region and the concentration of supported partners in each country and specific communities. I also analysed recruitment over the years to get an impression of the level of growth of the numbers of partners and partnerships**.** Table 5.1 gives a list of SAT partners by country, period and category of partnership over a period of 21 years.

In terms of coverage by country, the first decade (1991–2000) saw SAT attempt to locate itself in most of the countries in the region covering 10 out of the 14 SADC countries. This was clearly consistent with CIDA and CPHA's aim of establishing a regional NGO that could deliver support services to community responses to HIV and AIDS in southern Africa. The growth of the numbers of partners and partnerships clearly located Zimbabwe as the hub of SAT work and an immediate expansion into Zambia with almost the same intensity. By the end of the first decade

(1991–2000), Malawi, Mozambique, Tanzania Zambia and Zimbabwe stood out clearly as well established SAT programme countries.

Table 5.1: List of SAT partners by country: 1991-2011

Country/Period	1991 - 1995	1996 - 2000	2001 - 2005	2006 - 2010	2011+
Angola	0	3	0	0	0
Botswana	5	2	0	3	-
Lesotho	5	1	0	0	0
Malawi	6	10	28	25	21
Mozambique	7	12	28	27	24
Namibia	1	1	0	0	0
South Africa	0	1	0	0	0
Swaziland	2	2	0	0	0
Tanzania	4	18	37	25	16
Zambia	18	19	31	26	38
Zimbabwe	31	44	48	28	20
Total Implementing partners	**79**	**113**	**172**	**134**	**119**
SWW Partners	6	0	0	0	0
Regional project partners	4	4	1	2	3
Total Partners	**89**	**117**	**173**	**136**	**122**

Source: SAT database spreadsheet 2012 also SAT (2011a:59).Annual Report 2010 – 2011.

One target of SAT work was to influence the HIV and AIDS response in the region and, for that reason, recruitment of a category of Regional Project Partners (RPPs) occurred each year from 1991 even though the numbers do not necessarily reflect accurately the actual work on the ground. RPPs were strategic partners who SAT funded and collaborated with to address strategic regional issues such as disability and HIV and AIDS, stigma and discrimination of PLHIV, HIV and religion, gender mainstreaming, women and HIV. Between 1991 and 1996, SAT had four RPPs: Women and AIDS Support Network, SANASO/AFRICASO, Media for Development Trust and The Salvation Army. These partners continued through the 1996-2000 period. New ones emerged in the 2001-2005 period: ANERELA+, Disability HIV and AIDS Trust (DHAT) and Network of People Living with HIV/AIDS in Southern Africa (NAP+SAR).

As noted earlier, SAT intended to become a centre for the delivery of training for CBCSOs in southern Africa, dictated and run by the CPHA to teach southern NGOs about HIV and how best to respond to the impacts of the epidemic. Consistent with that, and with the birth in SAT of the concept of South–South learning, was the recruitment in the earlier years of SAT work of SWW partners who had specialised skills in various areas, to add to CBCSOs learning

diverse and expert knowledge (and gaining experience) of the epidemic from various parts of the region. These were called Phase1 SWW Partners and they included; Family AIDS Caring Trust, Faraja Trust Fund, Murambinda Mission Hospital, Psychology Department of the University of Zambia, Psychology Department of the University of Zimbabwe and the Southern Africa AIDS Information Dissemination Services.

The overall development trend of the numbers of partners and partnerships show a significant rise from 89 partners in the 1991–1995 period to a climax of 173 partners in the 2001– 2005 period, before beginning to decline from 2006. According to SAT staff at the regional and country offices, SAT decided to stabilise the number of partners and improve on the quality of programmes delivery. Another factor was the relocation of the SAT Regional Office to Johannesburg, South Africa in 2005 and, after this, leadership problems at the Regional Office following the resignation of the ED at the beginning of that year. SAT remained without a substantive ED until 2007.

I show the current contingent of SAT partners in Table 5.2. The recruitment of all the current SAT partners took place between 1997 and 2010. The oldest partners (13%) had contracts that were 15, 13, 12, 11 (N=9) and 10 years old by 2012. Most (50%) of SAT's partners were recruited between 2003 and 2005 and 29% were recruited between 2008 and 2010. While the longest contract that existed at the time of the research was 15 years and the youngest was only 2 years old, the majority (50%) of the contracts were between 7 and 9 years old (contracted between 2003 and 2005) and 29% were between 2 and 4 years old (contracted between 2008 and 2010).

There are a number of issues evident in SAT partner mobilisation. Immediately after graduation of SAT into an independent regional not-for-profit-making regional organisation in 2003, SAT actively recruited in all countries as illustrated in Tables 5.1 and 5.2. Partner mobilisation and the growing of numbers of CBCSOs to implement HIV responses in communities in all relevant countries was strategic in establishing SAT's foothold in the five main countries: Malawi, Mozambique, Tanzania, Zambia and Zimbabwe. But it also helped in convincing CIDA and CPHA that SAT was not only expanding its work but was a credible organisation that could help CBCSOs improve their capacity and enhance community

competence. SAT was also mobilising strategic partners and regional networks to help deal with sticky issues of rights, gender, stigma and discrimination, culture and religion, issues that have remained important in the response to the epidemic in the region.

Table 5.2: SAT partners by country and year of recruitment

Year	Malawi	Mozambique	Tanzania	Zambia	Zimbabwe	Regional	Total	%
1997	-	-	-	1	-	-	**1**	**13**
1999	-	-	-	1	-	-	**1**	
2000	1	1	-	-	-	-	**2**	
2001	2	-	-	2	5	-	**9**	
2002	-	2	-	-	1	-	**3**	
2003	-	7	6	-	-	-	**13**	**50**
2004	10	4	5	11	6	-	**36**	
2005	-	4	4	2	3	-	**13**	
2006	1	1	1	1	1	-	**5**	
2007	-	2	-	-	-	2	**4**	
2008	3	-	-	5	2	-	**10**	**29**
2009	-	3	-	11	-	-	**14**	
2010	4	-	-	4	2	1	**11**	
2011	-	-	-	-	-	-	**0**	
2012	-	-	-	-	-	-	**0**	
Total	**21**	**24**	**16**	**38**	**20**	**3**	**122**	

Source: SAT (2011a:59) Annual Report; also SAT database spreadsheet 2012.

This showed that SAT was also committed to creating an enabling environment for the implementation of HIV and AIDS responses through influencing responses at the national and regional level. In this case, the SAT network of partners seemed well laid out from community to national and regional levels. In addition, SAT partnerships were long-term in nature, spanning up to 15 year for the longest. This illustrated SAT's commitment to extended periods of organisational capacity development processes that allowed mentoring, nesting and other organisational capacity development to take place. Although 15 years might seem too long, the length of the partnerships were justified on account of slow learning in some of the partner CBCSOs as well as the loss of capacity in others due to staff leaving some of the CBCSOs in search of greener pastures once they had acquired marketable skills and experience following SAT-funded training.

5.3 Nature of partnership between SAT and its partners

In my earlier review of literature on development approaches, it has been asserted that the nature of the structure of SAT's approach to community HIV and AIDS competence seemed to suggest that it was largely premised on empowering, participatory and collaborative approaches to development rather than the deficiency and top-down approach. This conclusion emanated from the fact that SAT recognised that organisations and communities alike have capacity and competences. One main reason that appeared favourable in evaluating SAT in this way was its slogan that "SAT walked with its partners". This was a euphemistic description of the companion-like nature of the relationship between SAT and its partners. Asked to explain this further, both graduated and current SAT partner responses amounted to three descriptions of their relationship with SAT as presented in Box 5.1. All the processes described by partners point to an engagement that tended to take longer rather than short periods of engagement.

Box 5.1: Partners' description of their relationship with SAT

- SAT involved its partners in all its programming and did not seek to change partner programme focus or impose any decision, but discussed and agreed with them on what needed to be done, when, where and by whom, supported by a participatory review process through SOCATs, SATCOMPs and MVs.
- SAT provided long-term partnerships and funding that focussed on the growth of the entire organisation, rather than provide once-off technical support and funding tailored for a single project that was characteristic of most donor support in the region.
- SAT processes are participatory and encouraged networking among partners and created opportunities for greater exposure to HIV and AIDS information and learning from others through the SAT SWW activities and SAT publications.

Source: Interviews with partner, February 14 – 17, 2012

The long contracts, noted above, were congruent with the comments made by partners and attested to SAT's commitment to a long process of nurturing its partners rather than the provision of short term project-specific funding and technical assistance partnerships. This long term, all-round nurturing process was also consistent with processes of growing emerging and nascent organisations that did not have alternative sources of funding and support. It fitted squarely into SAT's framework of capacity development that recognised a stage-by-stage organisational development process; from emerging and nascent through to established, mature and graduated, all involving various developmental processes and assessments.

5.4 SAT funded partner activities

Another additional measure of the contribution of SAT to community HIV and AIDS competence through capacity development of its partners was the nature of the partner programmes support by SAT throughout the region. In large part, I obtained the data for this analysis from SAT annual reports, and partners' database.

Table 5.3: SAT partner funded activities by country: 2008-2011

Country	Current Partners	SAT funded activities	
Malawi	21	✓ SBCC and Materials Development ✓ Gender Based Violence ✓ Community Outreach and HIV Awareness Campaigns on HIV Key Drivers	✓ Life Skills ✓ Youth Friendly Health Services ✓ SRHR ✓ VCT/HTC and Condom Distribution Peer Education
Tanzania	16	✓ Reduction of Stigma and Discrimination ✓ SRHR (Sexuality education) and Family Planning ✓ Education on Substance Abuse ✓ Youth Capital Development & Vocational Training ✓ OCV Care & Support	✓ Peer Education for Children and Youth ✓ Support to Street and Vulnerable Children ✓ VCT and Condom Promotion & Distribution ✓ HIV Prevention (key drivers)
Zambia	29	✓ HIV Counselling and Testing ✓ Condom Promotion and Distribution ✓ Community mobilisation for Voluntary Medical Male Circumcision ✓ Distribution of HIV Prevention IEC Materials ✓ Prevention for Positives ✓ Community mobilisation for PMTCT ✓ HIV Treatment Adherence Support ✓ Radio Programmes ✓ Social & Behaviour Change Communication, Production and Distribution of newsletters ✓ Advocacy on Universal Access to HIV Prevention, Treatment, Care and Support	✓ Sexual Reproductive Health for Youth ✓ Addressing MCP among young people ✓ Promotion of the Rights of Girls and Young Women including HIV and law reforms ✓ Community dialogues on sex and sexuality ✓ Community mobilisation for VCT and awareness on HIV Prevention ✓ Economic empowerment for sex workers ✓ HIV Prevention awareness through traditional ceremonies ✓ Edu-sport events
Zimbabwe	16	✓ Legal Aid ✓ Legal Education & Training ✓ HIV and AIDS education on key drivers- targeting in and out school youths ✓ HIV awareness campaign ✓ Sexual reproductive health workshops/conferences ✓ Film aided learning ✓ Information dissemination though SMS; press statements ✓ Development of IEC material ✓ Prevention Sports Tournament ✓ Community level advocacy ✓ Youth Speak Out Forums	✓ media campaigns ✓ HIV and AIDS sensitisation for religious leaders ✓ Reduction of HIV and AIDS stigma and discrimination ✓ Peer education workshops for youths ✓ Community PMTCT and TB responses ✓ Behaviour Change Training ✓ HIV Support Groups ✓ HIV sminars for women & girls, High School Quiz Competitions, in-school youth clubs, ✓ Community leader sensitization workshops

Source: Compiled from SAT partner reports 2008–2011.

Table 5.3 presents the SAT partners' activities funded by SAT by country and the current number of partners rolling out these activities. The range of activities per country was wide and had the potential to shape community responses to HIV and AIDS. They focussed on raising awareness about the epidemic and its key drivers, and creating an environment conducive for the implementation of effective HIV and AIDS responses. In addition, they addressed issues of treatment, care and support for the sick, prevention of HIV infection and testing and counselling services. The activities were also age and gender focussed and aimed at population groups in different social levels (ordinary community members and well as government and religion leaders), such that these activities demonstrated a drive to involve a range of various institutions and stakeholders in the response. In interviews, SAT Country Programmes staff explained that the range and extent of these activity areas was determined first and foremost by the nature of issues communities found critical in their instances, the nature of the epidemic in each country, and what was perceived to be the critical drivers in the national response as determined by national governments. It was a requirement that all CSOs' responses to the epidemic contributed to the overall national response.

Table 5.4: SAT partners and coverage: rural vis-à-vis urban by country

Country	**Implementing partners**			**No. Advocacy**	**Total**
	Number	***% in rural***	***% Peri/urban***	***Partners*****	
Malawi	16	100	0	4	20
Mozambique	21	66.7	13.3	3	24
Tanzania	12	50	50	4	16
Zambia	34	26.5	73.5	4	38
Zimbabwe	16	93.8	6.2	5	21
Regional	119	Av: 67.4%	-	3*	122

Source: Reconstructed from the SAT (2011a: 59–65) Annual Report 2010 - 2011.

In its definition of partners, SAT specified that it prioritised CBCSOs in remote and under-served areas. Table 5.4 gives a list of the SAT partners by country, type and the local geographical communities they served. SAT's commitment to providing services to these areas is clear. In the majority of cases (all countries except Zambia), these communities were in rural areas (i.e. a 67.4% rural concentration). Further examination also illustrated that, in the case of Zambia and especially Tanzania, the under-served communities were in the urban/peri-urban locations; this could also suggest the nature of the local HIV epidemic in these countries.

5.4.1 Partner programmes reach

I carried out further analysis to establish the extent of the reach of SAT partners' programmes in order to illustrate their contribution to community HIV and AIDS responses and competence. Three activity areas were analysed: children infected and affected by HIV and AIDS (CABA); home-based care (HBC) and HIV and AIDS counselling services. I selected these activities because both partners and SAT staff in the study described them as the most basic services usually provided by CBCSOs at the community level.

Table 5.5: CABA/children reached by SAT supported programmes: 2007-2010

Country	Gender	2007- 2008		2008- 2009		*2009- 2010	
		Direct Reach	Indirect Reach	Direct Reach	Indirect Reach	Direct Reach	Indirect Reach
Malawi	Male	0	0	37,630	99,530	88,169	132,633
	Female	0	0	37,717	119,291	83,366	128,108
	Total	**150,143**	**299,781**	**75,347**	**218,821**	**171,535**	**260,741**
Mozambique	Male	0	0	18,620	33,234	13,273	51,460
	Female	0	0	22,579	34,864	14,936	62,470
	Total	**119,959**	**224,040**	**41,199**	**68,098**	**28,209**	**113,930**
Tanzania	Male	0	0	5,199	7,566	239	610
	Female	0	0	5,396	5,020	219	505
	Total	**0**	**0**	**10,595**	**12,586**	**458**	**1,115**
Zambia	Male	0	0	17,211	23,631	16,243	20,555
	Female	0	0	19,748	28,478	19,160	24,403
	Total	**31,669**	**79,224**	**36,959**	**52,109**	**35,403**	**44,958**
Zimbabwe	Male	0	0	26,001	114,672	17,086	73,867
	Female	0	0	29,133	133,987	21,009	47,408
	Total	**80,759**	**187,501**	**55,134**	**248,659**	**38,095**	**121,275**
Grand Total	Male	0	0	104,661	278,633	135,010	279,125
	Female	0	0	114,572	321,640	138,690	262,894
	Total	**382,828**	**790,546**	**219,233**	**600,273**	**273,700**	**542,019**

Source: SAT (2011a:56) Annual Report 2010 – 2011.

SAT annual reports categorised the outreach data for these partner activities into direct and indirect reach. According to the SAT M&E Unit and SAT CPOs and CPMs, direct reach described those beneficiaries deliberately targeted to receive support from a SAT-funded activity. Indirect reach described the number of persons who were not the primary and targeted

beneficiaries of a SAT supported activity but benefited from the activities. The demarcation of the extent of this coverage of indirect reach may be arbitrary but it does seem to be a reasonable one in seeking to capture the extent of the ripple effect of SAT work. Tables 5.5, 5.6 and 5.7 all show the extent of reach for all programmes focussed on CABA, home-based care and counselling respectively, for the period 2007 to 2010.

Table 5.6: SAT supported Home Based Care programmes reach: 2007-2010

Countries	Gender	2007 - 2008		2008 – 2009		* 2009 - 2010	
		Direct Reach	**Indirect Reach**	**Direct Reach**	**Indirect Reach**	**Direct Reach**	**Indirect Reach**
Malawi	Male	0	0	5,306	8,756	4,466	5,982
	Female	0	0	7,215	13,383	5,025	8,524
	Total	***49,195***	***43,031***	***12,521***	***22,139***	***9,491***	***14,506***
Mozambique	Male	0	0	3,172	5,018	5,963	9,251
	Female	0	0	4,064	7,557	8,114	13,521
	Total	**10,721**	**21,587**	**7,236**	**12,575**	**14,077**	**22,772**
Tanzania	Male	0	0	4,329	0	331	867
	Female	0	0	1,731	0	256	775
	Total	***0***	***0***	***6,060***	***0***	***587***	***1,642***
Zambia	Male	0	0	669	846	686	530
	Female	0	0	1,814	1,639	1,278	803
	Total	***7,550***	***12,197***	***2,483***	***2,485***	***1,964***	***1,333***
Zimbabwe	Male	0	0	3,610	14,618	2,801	14,130
	Female	0	0	5,158	16,708	3,748	20,736
	Total	***8,680***	***28,698***	***8,768***	***31,326***	***6,549***	***34,866***
Grand Total	Male	0	0	17,086	29,238	14,247	30,760
	Female	0	0	19,982	39,287	18,421	44,359
	Total	**76,146**	**105,513**	**37,062**	**68,525**	**32,668**	**75,119**

Source: SAT (2011a:56) Annual Report 2010 - 2011.

Although there was no disaggregation by gender of the data for the 2007 to 2008 period, SAT mainstreamed gender in HIV and AIDS work as a key and crosscutting thematic area. SAT began in 2008 to disaggregate figures in its reports following requests by their donors, and (according to the CPMs) because it was only logical to do so under SAT's commitment to mainstreaming gender in HIV and AIDS programming. The figures in Tables 5.5, 5.6 and 5.7 demonstrate a steady rise in both direct and indirect reach of the SAT funded activities, and across genders. All reach figures in fact indicate a deliberate attempt at ensuring equal access to

programme activities and benefits, as there were very narrow differences between the number of boys and girls benefiting from the activities. This seemed consistent with the SAT philosophy of HIV and AIDS competence that recognised the importance of gender equality and equal access to community resources and services. A rise in the numbers reached in the three programme activity areas is also noticeable for the entire period demonstrating an expansion of partner work even though some measure of decline is noticeable in the case of home-based care in Tanzania and Zambia (Table 5.6).

Table 5.7: People reach by SAT-supported HIV counselling programmes: 2007-2010

Countries	Gender	2007- 2008		2008- 2009		* 2009 - 2010	
		Direct Reach	**Indirect Reach**	**Direct Reach**	**Indirect Reach**	**Direct Reach**	**Indirect Reach**
	Male	0	0	11,683	21,012	8,507	14,046
	Female	0	0	14,986	27,095	9,675	15,385
Malawi	**Total**	**27,928**	**65,367**	**26,669**	**48,107**	**18,182**	**29,431**
	Male	0	0	8,181	14,935	7,406	16,886
	Female	0	0	11,832	14,584	10,799	31,679
Mozambique	**Total**	**32,361**	**131,135**	**20,013**	**29,519**	**18,205**	**48,565**
	Male	0	0	4,843	0	6,400	8,456
	Female	0	0	6,080	0	7,150	8,711
Tanzania	**Total**	**0**	**0**	**10,923**	**0**	**13,550**	**17,167**
	Male	0	0	1,359	2,594	2,439	1,149
	Female	0	0	2,004	5,085	2,969	2,452
Zambia	**Total**	**4,946**	**16,872**	**3,363**	**7,679**	**5,408**	**3,601**
	Male	0	0	7,322	18,751	3,712	11,124
	Female	0	0	10,263	23,926	5,180	13,575
Zimbabwe	**Total**	**10,575**	**37,110**	**17,585**	**42,677**	**8,892**	**24,699**
	Male	0	0	33,388	57,292	28,464	51,661
	Female	0	0	45,165	70,690	35,773	71,802
Grand	**Total**	**75,810**	**250,484**	**78,553**	**127,982**	**64,237**	**123,463**

Source: SAT (2011a:57) Annual Report 2010 - 2011.

According to CPOs, as part of prevention, many partners were offering voluntary counselling and testing services and combined that with treatment and care services even though in the case of Zambia the reach for such services seemed to be declining (Table 5.7). Nonetheless, as Table 5.7 illustrates, counselling was a favoured activity area in all countries and

had increasing reach; and this demonstrated increasing reach for SAT work through partners in the communities and, by extension, improved community management of the epidemic.

5.5 SAT's resource mobilisation, stability and sustainability

An analysis of the SAT resource mobilisation activities showed a correlation between its expanding programming activities and funding requirements.

Table 5.8: SAT resources mobilisation by 2009

SAT Office	Potential Resources Provider	Status
SAT Regional	UNAIDS	93,459 USD received for RAANGO activities
	Swiss Development and Cooperation	6,247,500 ZAR for 18 months
	Sida	SAT is receiving funding for NAP+SAR with mentoring and administrative fee to SAT (30,000 USD for SAT in the annual budgets). From 2010-11 this support will be integrated in Sida's core support to SAT.
	Irish Aid, AUSAID	Shift in funding due to global recession. AUSAID still developing their Africa strategy.
	CIDA	Support of 7.3 m CAD for a five year has been approved.
	Sida and RNE	Current funding was up to 31 March 2009. No-cost extension received. Agreement on 95 million SEK signed with Sida for April 2009 – March 2012. Negotiations with the RNE for a 4-year period is on-going with 5 million USD pledged for 2009-10.
Malawi	PACT	The activity period for first grant of 150,000. USD is up to 31 October 2009 and SAT Malawi has initiated discussions on continued support.
Mozambique	JICA	Discussions held on support work focusing on IEC material in Sofala Province- project outside SAT modalities decision not to proceed
Tanzania		In-country resource mobilisation is postponed awaiting the re-registration.
Zambia	UNICEF	Discussions have been initiated
	EC	Project proposal submitted.
	ZNAN	Project proposal submitted
	USAID/LPCD	SAT has won a tender and a first agreement of 120,000 USD has been signed-
	Irish Aid	Irish Aid has invited SAT Zambia to submit a proposal
Zimbabwe	NZAid	Zimbabwe had been earmarked for funding from NZAid through their learning initiative (NZALI) NZAID decided to pilot the project only in Zambia.
	Save the Children UK	Advocacy for children workshop 30,000USD

Source: SAT (2009a:65) Annual Report April 2008–March 2009.

It also showed the determined desire on the part of SAT to expand its funding base from a single donor to a multi-donor funded organisation and its ultimate quest for financial stability and sustainability – consistent with the general vision adopted during the transition from the SAT Programme to SAT in 2003 as explained earlier.

Table 5.8 illustrates the efforts that SAT was making in raising funds for its programmes. It also demonstrates that SAT had reached a certain measure of financial stability with the establishment of the Joint Financial Arrangement (JFA) in which SIDA, CIDA and RNE were members. By 2009, SAT Regional Office already had seven donors, including those for the JFA, supporting its work. At the country level, similar efforts were in motion with four Countries Programmes (Malawi, Mozambique, Zambia and Zimbabwe) having a secure donor base at the national level. Zambia had the largest number of donors among the four. Country level fund-raising efforts were yet to bear fruit in Tanzania. Like the non-JFA funding at the regional level, all country level funding was project-specific which meant that it worked better as supplementary funding than core funding. This also meant that the financial stability of the country offices remained dependent on the SAT regional JFA funds.

According to interviews with SAT DED Policy and Company Secretary and CPMs, SAT was a donor funded organisation and a not-for-profit-making organisation. For that reason, all funding came from donors. There were no intentions at the beginning of SAT and at the time of the research (2010-2012) for SAT to run a business and generate funds to fund its programmes. SAT managers appreciated the idea of income generation to enhance financial sustainability of the organisation (especially in the context of the funding crisis SAT was facing from 2011) but said it was an issue that had neither been suggested nor explored.

In addition, SAT (at the regional or country levels) never established other income-generating activities to supplement donor funding and ensure sustainability in the event that donor resources were no longer available. For this reason, although there were significant efforts in broadening sources of donor funding, SAT remained without alternative means of raising funds outside donor funding. As a result, the entire SAT capacity development model for HIV and AIDS competence was entirely dependent on donor funding and exposed to the risks such funding carried.

5.6 SAT grant making for partner capacity enhancement and programmes delivery

Grant making was a key activity to finance SAT partner organisational capacity enhancement, the roll out of partners' programmes and ultimately the enhancement of community HIV and AIDS competence. The availability and sufficiency of funding for these activities determined the successful implementation of the SAT model. In total, by 2012, SAT was supporting 119 implementing CBCSO partners and 3 regional networks with funding for various activities. Table 5.9 lists the number of partners receiving grants from SAT by country and level of funding.

Table 5.9: Partner core CDC grant sizes and allocation by country

Country	Partners	Grant sizes in thousand US$					US$ total support	As % of total
		1 -10	11 - 20	21 -30	31 - 40	41 - 50		
Malawi	20	0	4	11	5	0	557 400	20.8
Mozambique	24	1	9	5	8	1	522 248	19.5
Tanzania	16	0	0	15	1	0	439 700	16.4
Zambia	38	0	3	15	10	0	685 000	25.6
Zimbabwe	21	6	1	11	3	0	472 000	17.6
Total	119	7	17	57	27	1	2 676 348	100
%	100	5.9	14.3	47.9	22.7	0.8	100	100

Source: Constructed from SAT (2011a:59-65) Annual Report2010-2011.

Just under fifty percent (47.9%) of the partners received grants in the region of US$21,000.00–30,000.00. Most of the partner grants (84.9%) ranged from US$11,000.00 – 40,000.00. At an exchange rate of US$1–R9.80, these grants ranged from R107,800.00 to R392,000.00 per partner annually. The smallest were only R78,400.00 at the same exchange rate. Therefore, the grants were small but regularly significant to organisations that had no other source of funding. This meant that in the long term, there was a great need for SAT partners to concentrate on resource mobilisation to expand their funding. On the part of SAT, it had to concentrate equally on improving the capacities of these CBCSOs to mobilise resources to ensure their long-term financial sustainability.

If one considered partner budget allocations against total SAT budgets from 2008 to 2013 as presented in Table 5.10, and assuming that the partner budget allocations did not vary significantly, the figures suggest that SAT had adequate funding for all its operations until 2013. The partner budgets constituted only about 34% of the total budget in 2008/9, 21.4% in 2009/10, 17% in 2010/11, 27% in 2011/12 and 36% in 2012/13. In addition, SAT never spent the full

budget amount for each year, and always carried forward a positive average variance. This was 20% for the completed financial years (2008 to 2012) and if SAT did not plunge into a financial crisis by June of the 2012-2013 financial year, SAT would still have had 80% to spend by March 2013. But was SAT financial sustainable and what did its dependence on donor funding mean for the sustainability of its model? I provide answers to these questions later in the thesis.

Table 5.10: Total SAT budget and execution by year 2008–2013

Item	2008 -2009	2009 -2010	2010 - 2011	2011 - 2012	2012 - 2013
Budget	7 896 621	12 564 132	15 942 699	9 920 617	7 499 943
Execution	79%	83%	98%	60%	20% (as at June 2012)
Variance	21%	17%	02%	40%	80%

Sources: SAT Annual reports: 2008–2009 (2009a:36); 2009-2010 (2010a:36); 2010–2011 (2011a:36); 2011-2012 (2012a:26, 28); and 2012–2013 Results Based Budget projections of 2012/2013 Annual Work Plan: (2012b:9, 10).

5.7 SAT partner technical support

As discussed previously, SAT's technical support to partners was a key input to the process of organisational capacity enhancement for community HIV and AIDS competence. It involved the deployment of modalities which were divided into two categories: organisational capacity development (skills training and skills learning activities) and knowledge enhancement and management (information dissemination, lesson learning and sharing) most of which were delivered through SWW as already mentioned.

5.7.1 School Without Walls (SWW) workshops

The major delivery mode of SWW was workshops that, according to the SWW Unit, constituted over 80% of its work. These workshops involved either skills training or lesson learning/lesson sharing. The training workshops delivered all training for both SAT partners and SAT staff. They provided the skills required by SAT partners and staff to roll out their programmes. The lesson sharing workshops provided an opportunity for SAT partners and its staff to acquire new knowledge about the epidemic and share their experiences in rolling out HIV and AIDS responses in the region and more broadly. This was to cross-fertilise ideas and enrich the HIV and AIDS response in the region in order to create organisations and communities that were HIV and AIDS competent.

Table 5.11 lists all the themes covered in SAT SWW training and information sharing workshops between 2008 and 2011. There is a clear dominance of delivery on organisational capacity enhancement in the form of general OD themes, financial management topics and programming skills development (together constituting over 80% of the workshop topics for four years).

Table 5.11: SWW workshop topics covered between 2008 and 2011

General OD	Financial management	Programming skills	HIV information and advocacy
• Organisational development • Corporate governance • Strategic planning • Basic M&C for CBO • M&E skills training • Management skills • Logic models • HR management • Managing change for CBOs • Communication strategy • Results based management and reporting • Volunteer management • NGO management • IT and HIV and AIDS • Documentation • Project design and resource development • Information communication technology • Resource mobilisation and project management	• Financial management • Results based management and reporting • Resource mobilisation • Financial systems and management • Financial systems and capacity development • Finance for CEOs and Board chairpersons and officer • Financial skills building • Finance for non-finance managers • Finance for finance personnel • Excel training for finance	• Child counselling • Counselling skills • OVC programming • Social and behaviour change communication • Visualisation in participatory planning • Facilitation skills • Scaling up prevention • Communication strategy • Results based management and reporting • Treatment and HBC • Basic M&C for CBO • Stigma and discrimination • HIV /AIDS and livelihoods • Basic M&C for CBOs • M&E for SBCC • Youth/adult partnership • Psychosocial support including OVC • Transformative gender and HIV • Peer education • Gender-based violence • HIV programming for children • Quantitative methods (data collection, coding, analysis and recoding • Principles of advocacy work in HIV programming • Action research • Advocacy strategy	• Prevention of HIV – focus on key drivers • Youth and prevention • HIV and Human right • HIV and gender policy • Gender advocacy • Basic HIV information • Stigma and discrimination • HIV /AIDS and livelihood • Youth adult partnerships • Psychosocial support for OVC • Communicatio n strategy • Gender-based violence • Nutrition and HIV • ART literacy
Total: 21	10	25	14
% : 30	14.3	35.7	20

Sources: Compiled from SAT (2011b: 57-58) Annual Report2010-2011.

There was also a significant coverage (20% of the topics) allocated and carried out for HIV information sharing and hence a recognisable contribution to HIV and AIDS competence. Table

5.12 presents a frequency analysis of the delivery of organisational capacity development and information sharing themes to assess the level of balance in the delivery and hence the strength of the capacity development programme and community competence enhancement efforts. For the three years, organizational capacity strengthening (OCS) courses constituted 51% of the total training delivered (N=94).

Table 5.12: Essential training/information sharing frequency: SAT SWW 2008-2011

Topic	2008/09	2009/10	2010/11	Total	%
OD	3	1	0	4	3.8
Management skills	1	0	2	3	2.8
Results based management & logic models	0	0	1	1	0.9
Governance	3	0	1	4	3.8
Counselling skills	2	0	0	2	1.9
Prevention	6	3	7	16	15
Strategic planning	3	0	1	4	3.8
Gender/human rights	7	4	3	14	13.2
Advocacy including SBCC	3	2	3	8	7.5
Action research	2	0	0	2	1.9
Human Resources management	1	0	0	1	0.9
Finance management	6	7	6	19	17.9
Managing change in CBOs	1	0	0	1	0.9
NGO Managing	0	1	0	1	0.9
Facilitation skills	1	0	0	1	0.9
Resource mobilisation	1	1	1	3	2.8
Communication strategy	1	0	0	1	0.9
Volunteer management	0	1	0	1	0.9
Monitoring and Evaluation	1	3	3	7	6.6
Quantitative data collection methods	0	1	0	1	0.9
Project design and resource development	0	0	1	1	0.9
Documentation	0	0	1	1	0.9
Total	40	24	30	94	100%

Source: Compiled from SAT (2012a:66-67) Annual Report 2011/2012.

Of these courses, financial management constituted 38% of the training delivered (N=48) and resource mobilization only 8% of the OCS courses delivered (and only 2.8% of the total courses delivered for the entire duration of three years). Programmatic-related courses constituted 35.7% of the total courses delivered in the three-year period. The seemingly low delivery on resource mobilisation themes fell far short of addressing the limited availability of funding noted earlier in the partner grant allocation. SAT CPMs (3), CPOs (3) and FMOs (3) from Malawi, Tanzania and Zimbabwe as well as the regional FMO admitted that resource mobilisation was an area that needed strengthening. Both current and graduated SAT partners

(interviewed for this study) indicated that there was greater need for training on how to raise funds and this one of the weakest areas that affected all partners' financial sustainability.

5.7.2 Implementation of SOCATs and SATCOMPs

As already noted, SOCATs and SATCOMPS were critical tools for measuring how SAT partners were performing in their progress towards graduation and increased community competence. A review of *SAT Annual Reports* for 2008–2012 presented in Table 5.13 shows that there was regular execution of SATCOMPs and SOCATs in all countries, and a comparatively higher achievement of planned SOCATs and SATCOMPs than other modalities. One possible explanation was that SATCOMPs and SOCATs linked directly to the recruitment of partners and to contract renewal processes that happened every financial year.

An analysis of the implementation of SOCATs and SATCOMPs in 2011-2012 confirmed this point. As demonstrated in Table 5.13, while baseline SATCOMPs and SOCATs went far beyond expectations (148% and 156% respectively) updates were at low levels of 28% and 42% respectively.

Table 5.13: Monitoring and evaluation activity delivery by country: 2011–2012

Level	Activity level	SOCATs		SATCOMPs		Monitoring Visits	
		Planned	Achieved	Planned	Achieved	Planned	Achieved
Regional	Update	3	2	0	0	0	0
	Baseline	0	0	0	0		
Malawi	Update	23	18	6	5	46	33
	Baseline	5	12	4	9		
Zambia	Update	26	6	3	0	80	36
	Baseline	7	19	7	11		
Zimbabwe	Update	16	4	6	1	56	15
	Baseline	12	24	12	20		
Tanzania	Update	16	13	0	0	88	4
	Baseline	8	6	5	6		
Mozambique	Update	18	0	6	0	25	0
	Baseline	7	0	3	0		
Totals	Update	102	43	21	6	295	84
	Baseline	39	61	31	46		
Achievement	Update	42%		28%		29%	
	Baseline	156%		148%			

Source: SAT (2012a:64) Annual Report2011–2012.

At the country level, some of these follow up activities did not take place and SAT regional office had neither planned nor carried out these activities (yet it was required to do so as per M&E procedures). This pattern confirmed complaints raised by partners that SAT occasionally failed to carry out some of its planned activities especially the updates and this made it difficult to assess their own progress as most partners had challenges carrying out the assessments. Interviews with SAT's CPOs and CPMs indicated that failure to achieve SOCAT and SATCOMP updates was a result of under-staffing at the SAT Country Offices. In Zimbabwe, Tanzania and Malawi a second CPO was preferred as the workload was considered too heavy for just one CPO. It was not possible to delegate these duties because of heavy workloads of all staff members.

5.7.3 Implementation of monitoring visits

As noted in chapter 4, like SOCATs and SATCOMPs, monitoring visits (MVs) were central to checking and recording of progress, and the fact that they include project site visits made them even more critical. However, as Table 5.13 shows, only 29% of the total 295 planned MVs took place in the 2011–2012 financial year. Table 5.14, which tracks their administration over a longer period, also shows that there was no consistent administration of MVs and therefore they were not effective as a capacity development modality. Although there may have been a problem in the documentation of their administration, the rate of achievement vis-à-vis planned MVs still indicated an inadequacy in the process and in perhaps the general importance that SAT attached to them compared to SOCATs and SATCOMPs.

5.7.4 Mentoring relations and study visits

It was also intriguing to notice that there was generally limited data in the *SAT Annual Reports* on study visits and mentoring relations and none of the planned study visits had been carried out. Even if one acknowledges that the rolling out of Mozambique's planned activities did not take place following allegation of corruption in that country, the achievement of only one (2.1%) mentoring relation (administered in Malawi) out of 48 planned for all countries is appalling. It seems that monitoring visits, mentoring relations and study visits, though not directly linked to partner recruitment and contracting processes but core to partner capacity development, had the least planned activities and inevitably the least achievement rate.

This was ironical as these activities were central to partner's capacity enhancement. In failing to invest as much effort and resources in these activities, SAT undermined the effectiveness of its capacity enhancement programme for its partner organisations and hence reduced the chance for the realisation of its main goal of enhancing community HIV and AIDS competence. In addition, one wonders how much these weaknesses in the implementation of the SAT model, contributed to slow learning and growth in some partner organisations resulting in extended periods of partnership, what it cost SAT, the partner organisations involved and the communities they served.

Table 5.14: Implementation of SAT modalities 2008–2012 by country

Modality	Country	2008-9		2009-10		2010-11		2011-12		Totals		% Ach
		P	C	P	C	P	C	P	C	P	C	
SAT community competence assessment (SATCOMP)	Zimbabwe			5	3	5	1	18	22	28	26	98.8
	Zambia			5	0	5	4	10	11	20	15	75.0
	Tanzania			13	10	4	0	5	6	22	16	72.7
	Mozambique			6	6	1	1	9	0	16	7	43.8
	Malawi			9	8	5	3	10	11	24	22	91.7
Monitoring Visits (MV)	Zimbabwe					48	24	56	9	104	33	32
	Zambia					75	54	80	26	155	80	52
	Tanzania					78	35	88	4	166	39	24
	Mozambique					50	20	25	0	75	20	27
	Malawi					50	34	46	24	96	58	60
Study Visits (SV)	Zimbabwe							7	0	7	0	0
	Zambia							10	0	10	0	0
	Tanzania							17	0	17	0	0
	Mozambique							6	0	6	0	0
	Malawi							8	0	8	0	0
Mentoring relations (MR)	Zimbabwe							7	0	7	0	0
	Zambia							10	0	10	0	0
	Tanzania							17	0	17	0	0
	Mozambique							8	0	8	0	0
	Malawi							6	1	6	1	17
SAT organisational capacity assessment tool (SOCATS)	Zimbabwe			18	17	0	0	28	28	46	45	98
	Zambia			30	29	30	27	23	16	83	72	87
	Tanzania			18	7	17	21	24	13	59	41	69
	Mozambique			28	24	24	7	25	0	77	31	40
	Malawi			25	24	27	17	28	23	80	64	80

Key: P – Planned; **C –** Completed; **%A –** Percentage achievement**. Source: Compiled from SAT (2009a54-55; 2010a56-58; 2011a65-66; 2012a60-70) Annual Reports 2009 2012.**

5.7.5 Operations research and documentation

The measurement of success of SAT's operations research involved assessing performance in several areas: administration of SOCATs, SATCOMPs and MVs, the number of Community Responses publications produced, case studies that were fed into the production of SAT

publications, and countless internal reports that were produced. Effective delivery in those areas, therefore, reflected the contribution of this modality as discussed in the relevant areas.

5.8 Communications and publications

Since its inception in 1990, SAT has been producing and distributing publications to its partner organizations in each of the countries it operates.

Table 5.15: SAT Publications themes 1990 to 2012

Category	Series	Titles	Programming		OD	
			No.	%	No.	%
Skills training	HIV Counselling	✓ Disclosure of HIV Status ✓ Child Sexual Abuse ✓ Palliative Care ✓ Domestic Violence ✓ Survival Skills ✓ Stress Management ✓ HIV and Pregnancy ✓ Basic AIDS counselling ✓ Medical Male Circumcision ✓ Prevention ✓ Youth and sexuality ✓ Pregnancy ✓ Children ✓ Sexuality ✓ Antiretroviral Therapy ✓ Counselling Volunteers	16	100	16	100
	Training and practice manuals	✓ How to run a participatory workshop ✓ Mainstreaming gender ✓ SWW ✓ Writing skills	4	80	1	20
Lesson learning and sharing	SAT SHARES Series	✓ CBO/NGO support ✓ SWW ✓ ART ✓ HBC ✓ 20 Years of HIV competence ✓ Psychosocial support ✓ Children & HBC	7	85.5	1	12.5
	Community responses	✓ Nutrition and herbal therapy ✓ Integrating children in the street	7	100	0	0.0
Information	SAT News	✓ Updates on SAT and partner work	88 issues	100	0	0.0
	Leaflets	✓ Community competency ✓ SWW ✓ NGO code ✓ SAT Info	3	60	2	40
	SAT strategy	✓ Strategy document	1		1	
Total			**35**	**87.5**	**21**	**53.5**

Source: SAT publication database.

In the previous chapter, we noted that SAT publications were implementing tools for its work with partners to the extent that they supported SAT programming work for organisational capacity development (OCD) and community HIV and AIDS competence. They were therefore analysed in this study to establish how much they contributed in this respect.

Table 5.15 gives the categories of the SAT publications and themes covered in each series and further sub-categorises them into areas they contributed to: programming or organisational development (OD). According to SAT staff interviews and the Communications and Publication Unit in the SAT regional office, themes that contributed to programming were those that were concerned with HIV and AIDS information exchange, and lesson leaning and lesson sharing for SAT staff, SAT partners and their volunteers and community members to whom the publications were distributed. The publications were to contribute to HIV and AIDS competence within SAT partner organisations and their communities. OD themes were those that related directly to individual staff skills development in partner organisations and training materials that could be utilised by partner organisations to enhance the skills of their staff in rolling out their programmes. These themes focus directly on increasing the skills and capacities of partner organisations to run their programmes.

5.8.1 Programming series

As illustrated in Table 5.15, 87.5% of SAT publications relate to programming, such that SAT publications became major contributors to knowledge, values and influence. The publications that were in this category were SAT's SHARE series that focussed on policy, practice and influence. In addition, there were the Community Responses that were to show case partner work in their communities and the SAT News that provided information to partners on SAT's programming and shared news from all of SAT's programme countries.

5.8.2 The OD related series

As presented in Table 5.15, 53% of the themes covered in SAT publications were OD related, including 16 HIV Counselling Series themes that double as programming and staff skills development. The Training and Practice Manuals Series could have been one of the major modes of delivery of SAT's capacity development programme as it dealt directly with partner capacity issues. But since the production of the first in the series in 2004, only four have been produced

and published; These were the SAT SHARE Series: *How to run a participatory workshop*; *Gender Mainstreaming into HIV and AIDS programming*; *School Without Walls*; and *Writing Skills*. The SAT Counselling Guidelines offered practical information, skills and techniques on counselling for CBCSO staff and their volunteers, and contributed to the capacity of partners, especially their volunteers, in delivering their programme activities in the communities as well as raising literacy levels about the importance of and issues in counselling around HIV and AIDS.

An overall assessment of SAT publications, therefore, shows that SAT designed and delivered its publications as instruments for the delivery of programmes on information sharing for the enhancement of HIV and AIDS competence, and on capacity building for its partners. At the same time, SAT could have better utilised this opportunity to produce more Training and Practice manuals on various relevant OD titles tailor-made to supporting the delivery of organisational capacity development to its partners. Various manuals on how partners could learn and perform organisational functions would have gone a long way in helping to enhance SAT's partners' organisational capacity needs by ensuring the availability of tailored publications for easy reference by partner organisations. In this case, even in instances where staff turnover occurred, there could still have been resource materials available for reference by new staff, thus ensuring effective organisational knowledge management and retention.

5.9 SAT partner capacity as at 2012

The intention of most of SAT's work was to create capacity in CBCSOs and the question that remains is: what capacity was enhanced? As part of its attempt to assess levels of capacity development of its partners but, more importantly, in response to donor demands to see change in SAT work, SAT included in its 2012 *Annual Report* a tabulation of the levels of capacity development in various capacity areas among its current partners (Table 5.16). While the largest number of partners in all assessed areas was in the established category, the second largest number was in the emerging subsector and the smallest was in the mature stage. This data was consistent with the rate of gradual progression as well as graduation presented later in this chapter. The data also seems to suggest that the rate of CBCSO capacity growth is higher from the emerging stage to the established stage for most partners, but partners were slower in becoming mature.

Interviews with partners (graduated and current) as well as CPOs cited challenges in retaining staff among partner organisations. After receiving training for a number of year (2 to 3 years) some partner CBCSO staff start looking for the proverbial 'greener pastures' on account of the fact that income from these CBCSOs was usually lower than in the bigger NGOs. Volunteers also become interested in seeking paying jobs rather than continue to offer free service without secure income. According to CPOs, this induced instability also results in some of the partner CBCSOs sliding back in their level of organisational capacity.

Table 5.16: Capacity levels of some current SAT partners as at 2012 for all countries

Assessment Area	**Capacity Development Level**		
	Emerging	***Established***	***Mature***
Planning, monitoring and reporting	11	19	14
General human resources	14	26	4
Volunteer management	13	20	10
Governance and leadership	13	24	6
Finance management	13	18	13
Resource mobilisation	22	18	4
Learning and sharing	26	8	10
Advocacy and networking	27	13	4

Source: Adapted from the SAT, (2012:65) Annual Report, 2011 – 2012.

Regardless of these problems, all partners interviewed in this study expressed great appreciation for the services SAT was rendering to them through its capacity development programme. They acknowledged benefiting from SAT's skills training and information sharing workshops, support visits, exchange visits and mentoring. These support activities helped enhance the organisational capacities and functions of partners. The main changes that partners listed as resulting from SAT capacity development assistance were improvement in the areas presented in Box 5.2. The 2011 *Scalway Consulting Mid-term Assessment* of SAT work and the 2007 *CIDA External Monitor Debriefing Report* on SAT to JFA donors captured the same partner sentiments. In particular, the *Scalway Consulting Mid-term Assessment* (2011:15) stated that all partner organisations commended SAT for being brave ("taking a risk") to support embryonic organisations in under-served and sometimes hard to reach areas where mainstream donors were not ready to support.

The *CIDA External Monitor Report* (Gillies, 2007:12) noted in particular that CBCSOs attested to the value of SWW activities they attended in enhancing their capacities. In the main, partners describe SAT support in interviews as unique, because it was long term and focussed on the strengthening and growth of the entire organisation and it ensured sustainability among beneficial CBCSOs.

Box 5.2: Cited areas of capacity improvement following SAT support

a) Formal organisational structure, systems and functioning
b) Strategic planning and reporting
c) Programmes and services delivery to their constituencies and members
d) Financial systems, management and reporting which enhanced partners organisations credibility as fundable organisations
e) Knowledge of HIV issues and the response to the epidemic
f) Knowledge of the key drivers of the epidemic and integrated response
g) Networking among CBOs in the SAT family
h) Funding for both programme activities and core organisational expenses.

Source: Interviews with partners and SAT (2010a:7) Graduation Reports.

Unlike SAT, other donors provided short-term project-specific funds without the necessary technical support, and expected emerging organisations to be able to fund all their other basic needs. In conclusion, the Scalway report asserted that, from the perspective of SAT partner CBCSOs, the significance of SAT work was beyond the partner organisations as it extended to the lives of people in the communities that was served by its partner organisations.

However, although partner CBCSOs greatly appreciated SAT's input in their capacity improvements, there was no concrete evidence of the extent to which improvements in community responses to HIV and AIDS were attributable solely to SAT's work. In other words, SAT's work was an unspecified part of a broader response to HIV driven by all players in the private and public sector including other regional and international NGOs and donors. For this reason, it was difficult to conclude that SAT's capacity development programme really enhanced community HIV and AIDS competence except to the extent that SAT partner organisations'

capacities to operate in communities were enhanced by SAT's organisational capacity development programmes.

5.10 SAT partner graduation and termination

Theoretically, SAT formulated the concept of graduation as a feeder mechanism into the community capacity and HIV and AIDS competence enhancement process. Implicitly this meant the more that graduated CBCSO partners SAT were released into communities, the greater the expansion of community responses to the epidemic and the greater the reach, thereby enhancing community HIV and AIDS competence as evolving in the manner presented earlier in Figures 4.6 (a) and (b). At the organisational level, it meant that there would be more organisations with increased capacity and delivering HIV and AIDS programmes in communities in southern Africa. Termination entailed cutting relations with a partner that had failed to fit into SAT's notion of effectiveness and competence.

Table 5.17 gives, by country, the figures of graduated SAT partner CBCSOs from 1991 to 2012. SAT graduated 171 partner CBCSOs from its capacity development programme in 11 countries and at the regional level, with the termination of only 12. Given the existence of 122 SAT partners at the time of research, this means that 56.1% of SAT partners were graduated and 3.9% terminated.

Table 5.17: SAT graduated and terminated partners by period and country

Country/Period	**1991 - 1995**		**1996 - 2000**		**2001 - 2005**		**2006 - 2010**		**2011+**		**Total**	
	G	T	G	T	G	T	G	T	G	T	G	T
Angola	0	0	**3**	0	0	0	0	0	0	0	3	0
Botswana	3	0	**2**	0	0	0	0	0	0	0	5	0
Lesotho	3	0	**2**	0	0	0	0	0	0	0	5	0
Malawi	3	0	6	1	3	1	9	1	-	-	21	3
Mozambique	2	0	7	0	3	0	5	3	-	-	17	3
Namibia	1	0	0	0	0	0	0	0	0	0	1	0
South Africa	0	0	1	0	0	0	0	0	0	0	1	0
Swaziland	0	0	1	0	0	0	0	0	0	0	1	0
Tanzania	2	0	2	1	10	1	11	0	-	0	25	2
Zambia	7	0	6	0	9	0	5	1	-	-	27	1
Zimbabwe	7	0	17	2	21	0	15	1		-	58	3
Regional	4	0	0	0	0	0	0	0	1	0	5	0
Total	**32**	**0**	**47**	**4**	**46**	**2**	**45**	**6**	**1**	**-**	**171**	**12**

Source: SAT database and SAT (2012a:65-8).

On average, this also means that SAT was releasing more than seven vibrant and mature partner CBCSOs into communities each year over 21 years throughout southern Africa. This was especially the case in Malawi, Mozambique, Tanzania Zambia and Zimbabwe where there were the largest concentration of its partners for a much longer period than in countries like Angola, Botswana, Lesotho, Namibia, South Africa and Swaziland. These latter countries are those areas where SAT's work of organisational capacity development and enhancement of community HIV and AIDS competence failed to grow and deliver significant benefits as in the other countries.

Releasing on average seven partners every year, deemed to be strong and vibrant, was an admirable achievement considering the effort and cost that went into developing the capacities of these organisations from emerging to mature and then graduation. Whether this figure ensures increased HIV and AIDs competence in communities is a matter that was beyond this investigation. Concerned more about the length of contract period than the process of capacity development, the *CIDA External Monitor Report* (Gillies, 2007:13) observed thus: "The rate of partner graduation for SAT is still low" although it is clear that "new partners need considerable time to go through the capacity building process so that they are fully sustainable". The CIDA External Monitor seemed to be concerned more about the quantitative growth (to show to the donors) than the real benefits the SAT partner CBCSOs delivered to communities. The *Scalway Consulting Report* (2011:38) put this succinctly concluding thus: "If SAT was to stop doing this work, or where it has stopped temporarily, as in the case of Mozambique, the human costs are significant".

SAT did not have a strong inclination towards terminating partnerships but tried to support CBCSOs until they could carry out programmes on their own. As a result, as Table 5.17 shows, the termination of only 3.9% of partners took place over the 21-year period. Even the *CIDA External Monitor Report* (2007) notes this point as well. According to interviews with CPMs, CPOs and all SAT partner CBCSOs in this study, invoking of termination was the last form of action when the partnership was beyond redemption. Termination only and usually occurred when the partner breached the terms and conditions of the CDC contract, or was involved in fraud and misuse of funds received from SAT. In all other cases, SAT engaged with its struggling partners to help them deal with their challenges to bring them back on the growth path towards graduation.

5.10.1 Post graduation partnership with SAT

The capacity development contract (CDC) was framed around funding partners and technical support as well as participation in SAT's School Without Walls (SWW) activities with its emphasis on training and networking for skills exchange, lesson learning and sharing to enhance organisational capacity development and programming. The relationship that developed under the CDC changed to an SWW partnership, in the event of graduation. After graduation, the routine disbursement of grants to SWW partners did not take place; but graduated CBCSO partners could continue to be involved in SWW activities through participation, facilitation and leadership in SWW activities at the invitation of SAT. SWW processes for graduated partners included facilitating workshops, hosting study visits, and mentoring SAT's current capacity development partners.

While the maintenance of contact with some graduated partners occurred, SAT did not conduct formal follow-up monitoring and/or evaluation of partner capacity, or participation and benefit from SWW activities. Even those partners that SAT engaged as facilitators of SWW activities were not subjected to SAT monitoring and evaluation to assess their growth and sustainability. There was the assumption that once-off facilitation contact with current SAT partners (with a capacity development contract) benefited the graduated partner.

Interviews with all (six) graduated partners in this study confirmed that not all graduated partners did benefit in post-graduation SWW activities (especially receiving the facilitation contract which boosted their funds, and the experience of mentoring and facilitating other SWW activities). However, such activities never really focussed on their needs as organisations in their own right but on the benefit of SAT's current CDC partners. In this case, the graduated partners unanimously asserted that this arrangement did not really benefit them as compared to when they were under their CDCs.

Both graduated and current partners accepted that they knew what graduation meant and that they knew at the point of contract that the capacity development grant (CDG), as embodied in the CDC, was for partner capacity development through different levels: emerging, established, mature then graduated to become SWW partners. Both they considered this as both good and bad news. They were pleased to accept a chance to become a SAT CDG beneficiary

and thereby grow and become independent. However, it also meant that, given the limited availability of resources (funding), graduation would mean the beginning of sustainability challenges for some partners. They said there were examples of graduated SAT partner organisations struggling to survive due to failure to raise funds after graduation from SAT.

In further interview discussions, graduated partners raised a number of concerns about the SAT graduation process. These concerns also appear in the 2010 Graduation study report. Some of the concerns were similar across the interviews and study report, as are listed in Box 5.2. They can be summarised as follows: SAT did not sufficiently prepare its partners for financial sustainability after graduation, or no such preparation took place at all.

Box 5.3: Partner concerns about graduation

- Lack of a strong capacity enhancement programme to promote resource mobilisation under CDC
- Failure by SAT to create avenues for partners to link and interact with other donors to sell their programmes
- Lack of specific guidance for partners to follow in order to secure additional funds
- Lack of plans to ensure and assess sustainability
- Lack of follow-up of graduated partners
- Lack of a well-defined plan of how partners could continue to survive without SAT funding

Source: SAT partner interviews, February 14 – 17, 2012.

All partners in the study agreed on this point and suggested that SAT integrate a resource mobilisation strategy for its partners in the capacity development programme, provide training on fund-raising (i.e. proposal writing and targeting), and create and provide opportunities especially to the due-to-graduate partners in networking with potential donors. The three CPOs interviewed for this study, while agreeing with the concerns of the partners, stated that sometimes training workshops were held on proposal writing (one of which was attended by this researcher in Tanzania) but these were very few because – most of the time – the focus was on organisational, structural, systems and programmes development.

5.11 Synthesis

This chapter has examined the implementation of the SAT model highlighting the benefits that it delivered to CBCSO partners and to communities in remote and under-served areas where the CBCSOs operated. The pattern that emerged is one of a model sufficiently conceptualised, well targeted and generally sufficiently implemented to deliver commendable support to HIV and AIDS responses in communities in southern Africa. Responses to interview questions in this study, as well as donor initiated monitoring assessments of the implementation of the SAT strategy and internal reports from countries based on feedback from partner CBCSOs' work, all testify that the model was a relevant response to the needs of communities and the organisations that were providing HIV and AIDS services in them. The commitment of SAT to communities and CBCSOs' needs-based approach is also reinforced by a rights-based approach that allowed democratic processes such as beneficiary engagement, collective decision-making, a spirit of partnership and commitment to participatory resolution of challenges faced in the capacity enhancement process. The length of partnerships over ten years and the limited number of terminations (3.95%) all confirm SAT's nurturing qualities that characterised its engagement with CBCSOs.

However, the chapter has also highlighted a number of challenges SAT faced as well as criticisms levelled against it in the assessment of the model, systems and modalities as well as their implementation. There were gaps in the implementation of some of its planned activities in both capacity development and monitoring of the processes, and these could possibly account for the lengthy periods of partnership; in other words, partnerships could have been shorter. The Scalway Mid-term evaluation also raised a major criticism, namely, that SAT tended to treat CBCSOs as equivalent to communities in its model, to the extent that SAT believed that by increasing CBCSOs' capacity, communities would also have enhanced competence. Based on the reviewed literature and an analysis of the SAT model, I did not find any evidence for such a claim. Rather, the evidence suggests that SAT recognises CBCSOs as components of community capacity and drivers of initiatives with communities, and therefore SAT's rationale to utilise CBCSOs as drivers of community responses was plausible and benefited the communities served.

CHAPTER SIX:
SAT: AN ORGANISATION IN TRANSITION

6.1 Introduction

The previous two chapters presented SAT as stable and grounded firmly in five southern African countries (Malawi, Mozambique, Tanzania, Zambia and Zimbabwe). It seemed to have a robust and well-established model for organisational capacity building for emerging CBCSOs in under-served areas in southern Africa communities as it sought to enhance community HIV and AIDS competence. However, that picture changed dramatically during the course of the research for this thesis. In this regard, this chapter presents SAT as an organisation entangled in organisational change processes partly triggered by internal weaknesses. This involved a funding crisis, which led to significant changes to SAT's entire model and modus operandi; and this process triggered wider ramifications in relation to SAT as an organisation and its programmatic work with its beneficiaries, especially the CBCSOs.

Of significance is the role of donors in the whole process, and in ways in which a funding crisis offered donors yet another opportunity to flex their muscles at the expense of an apparently relevant and beneficial programme to CBCSOs and the communities they served. Since the research ended, the process still unfolds and I discuss the impact of this humongous change in SAT up to the end of 2012 when SAT was changing its model. The analysis benefited from both documentary evidences from SAT as well as participant observation, as I was still an employee of SAT and participated in some the committees that drafted a number of SAT's organisational stabilisation documents produced in response to a KPMG audit report on SAT.

6.2 Proactive SAT in search of self-revival

As already stressed, SAT – as conceived and nurtured – was a regional NGO that supported community HIV and AIDS responses in southern Africa through the organisational capacity development of CBCSOs as a means to enhancing community HIV and AIDS competence. That was a broad focus but streamlined and targeted at two main areas: enhanced organisational capacity of nascent CBCSOs in under-served areas, and subsequently improved community responses by enhancing community HIV and AIDS competence. However, SAT was also aware that donor funding for HIV and AIDS was fast dwindling, especially following the world recession earlier in 2009. In fact, there was a realisation by donors that funding HIV as a special

disease was not yielding significant results and that focussing on HIV in the context of broader issues of health was a more effective approach. Subsequent to the Maseru think-tank meeting on HIV prevention, the Southern Africa Development Community (SADC) identified the HIV and AIDS epidemic as "the single greatest threat to attaining SADC's over-arching objective of sustainable and equitable economic growth and socio-economic development that will ensure poverty alleviation and its ultimate eradication" (SADC, 2006:2). It therefore became clear that addressing the key drivers of HIV (listed in Box 6.1) was central to controlling the spread of the epidemic. Strengthening health systems to be able to deal with issues of women and men's health, early diagnosis and treatment of STIs, and sexual and reproductive health rights of women and youth were among the key areas seen as reducing the spread of the epidemic over and above the cultural and religious factors that promoted HIV infection.

Box 6.1: Key drivers of HIV

- Multiple and concurrent sexual partnerships by men and women
- Insufficient, inconsistent, incorrect condom use
- Low levels of male circumcision
- Inter-generational sex
- Gender and sexuality
- Stigma, lack of openness about the epidemic
- Untreated viral sexual transmitted infections
- Lack of consistent condom usage in long-term multiple and concurrent relationships
- High population mobility
- Inequalities of wealth
- Cultural factors which make people vulnerable to infection such as gender inequality

Source: SADC (2006: 5).Expert Think Tank Meeting on HIV Prevention in High-prevalence Countries in Southern Africa Report

Although SAT was already aware of this new donor reframing of and approach to HIV and AIDS work, the organisation seemed unwilling to abandon entirely its approach and model. Rather, it sought to reposition itself such that it could still deliver on capacity development for community HIV and AIDS competence while tapping into the new resources by incorporating the new focus areas into its work. In its *Strategic Framework 2008–2013* (2008:15), SAT adopted an incremental approach to revising its strategy. It developed a logical framework that

infused new issues of sexual reproductive health and rights (SRHR) over and above the meaningful involvement of people with AIDS (MIPA) and greater involvement of people with AIDS (GIPA), concepts that had traditionally characterised SAT work in this regard.

In addition, although SAT was in its fourth year of implementing its *Strategic Framework, 2008-2013*, it had already started to initiate and carry out a number of investigations into the implementation of its modalities and the impact of its work. In 2009 and 2010, two graduation studies were undertaken. The 2009 assessment focussed on the graduation process of SAT and the 2010 assessment focussed on the lives of SAT partner organisations after graduation. The first study sought to provide feedback that could be utilised in strengthening the SAT graduation process and the second one sought ways of buttressing SAT's preparation of its partners for graduation by addressing those factors that hindered further partner growth after graduation. The study also examined more viable ways of utilising partners in current SAT processes and in the context of continued partnership under SWW.

An internal assessment of the reach, use and impact of SAT's publications (especially those translated into vernacular languages in Malawi, Tanzania, Zambia and Zimbabwe) had also taken place in 2010. This provided feedback on how these materials were contributing to partner capacity enhancement and community competence. The assessment showed that SAT partners were highly appreciative of the publications, especially in their translated form, in contributing to their work in the communities and recommended the continued translation of the materials.

In addition, according to the M&E Unit, there were tremendous efforts invested in upgrading SAT's tools; this was particularly the case with SOCATs and SATCOMPs, in an attempt to capture higher-level outcomes and demonstrate the impact of SAT's work rather than outputs. These changes occurred as an incremental process, in response to the demands by donors to show evidence of impact in SAT annual reports. As well, there was the introduction and improvement of more monitoring tools in financial matters, to ensure that partners' finance reporting provided SAT with the relevant feedback on partner financial management and accounting. The partner financial monitoring guidelines, which contained a number of compliance forms, were one major tool produced in 2010 as part of this process.

6.2.1 The Scalway mid-term assessment of SAT implementation of strategic plan

As part of this continued need to establish the results of the implementation of the SAT model and particularly the SAT Strategy for the 2008–2013 period, SAT commissioned a mid-term evaluation in January of 2011 to collect feedback that could be utilised in reviewing that strategic plan, SAT modalities and tools. The evaluation indicated that a number of strategic, programmatic, operational and research areas needed improvement and recommendations for such improvements arose (as presented in Table 6.1).

Table 6.1: Recommendations of the interim assessment

Strategic	Programmatic	Operational	Research
1. Develop a simpler, more coherent logical model that shows impact beyond outputs. 2. Focus on genuinely inter-country issues – cross border migration, HIV and transport routes, the impact of regional economic integration on health or HIV among displaced communities and define measurable advocacy or programming goals for regional work. 3. Consider using the ecological model to generate more coherence in the regional profile of SAT. 4. Enhance adaptive management capacity of SAT to respond rapidly to emerging issues. 5. Embrace latest thing on developing measurable advocacy strategies. 6. Conduct review of regional civil society entities to establish their needs and functions for Sat to able to support a constituency-based structure that can give voice to CBOs.	1. Review approach to developing and producing prioritised publications with realistic outcomes. 2. Pilot more modes of knowledge transfer – use of horizontal channels including social media. 3. Give SAT country offices more intensive strategic and technical support for advocacy work.	1. Review and revamp SAT's M&E system into a more comprehensive system focussed on measurement, documentation and strategic marketing of impact level results. 2. Prioritise M&E in annual plans 3. Decentralise M&E to country level and invest in it. 4. Commission a subcommittee of the SAT board to regularly review SAT's M&E processes and documents. 5. Review SAT regional departments to assess workloads and efficiency 6. Establish a more diverse and needs tailored range of types of partner support. 7. Consider decentralising approval and funding of partner CDC to expedite the process. 8. Provide extra technical support to Tanzania office so it can recover 9. Evaluate the impact of the Mozambique situation and determine the levels of capacity.	1. Focus SAT research on impact evaluation and strategic and operational development 2. Use SAT networks to collect strategic information on HIV, associated rights, gender and public health issues for SAT to contribute to the bigger picture of responses and the epidemic. 3. Interrogate the community competence model and work with CBOs. 4. Review SAT local, national and regional audiences' response to SAT communications output – printed and online materials.

Source: Scalway Consulting, (2012b:43-46) SAT Mid-term Assessment: A document outlining the findings of an interim assessment of SAT.

The strategic recommendations proposed a strengthening of the SAT strategy. This was to entail the following: be more impact-oriented; shift focus to inter-country issues such as cross

border migrations, economic integration, transport routes and their impact on the health of displaced people; adopt a framework that could better profile SAT; and change to a more adaptive management style capable of responding to the rapidly changing operating environment. Some of these issues appeared in earlier assessments, such as the 2007 *CIDA Monitor Report* that observed and recommended the following:

> There is also a strong possibility of interconnected national and regional research/advocacy and sharing of lessons learned linked to 'cutting edge' issues in HIV/AIDS, for example, promotion of microbicides and gender mainstreaming, how to deal with the issues of male circumcision at the community level as a key prevention strategy, cross-border migration and its effects on vulnerable populations .[and].. emphasise SAT's specific 'value –added' and strategic role in linking national issue to the regional context and vice versa (Gillies, 2007:4,5).

The programmatic recommendations focussed on SAT Regional Office (RO) suggesting that it give more technical support to the Country Offices (COs), produce prioritised publications and adopt more horizontal modes of knowledge transfer (including the use of social media). The operational ones focussed on the improvement of the SAT M&E system and tools, through reviews by a subcommittee of the board, decentralising M&E to the country level, prioritising it in work plans and enhancing funding. In addition, the assessment proposed a diverse needs-based and partner-tailored support system and the decentralisation to country level of the processing and approval of partner funding contracts.

A further proposal included more focus on impact evaluation, strategic and operational development, collection of strategic information on crossing cutting issues, and a review of SAT audiences, including the interrogation of SAT's community competence model and its work with CBCSOs. The overall conclusion though by the Scalway Consulting (2011) report was that there was nothing particularly wrong with the SAT model and its work. Instead:

> A particular message of this report is that SAT is doing valuable work in the region, and deserves continued support from its developing partners. However, the organisation needs to bring more priority to examining its assumptions about its methods and impact. Strengthening the organisation's monitoring and evaluation system, as well as its use of strategic information, would be paramount to this (Gillies, 2007:5).

Therefore, based on feedback from external evaluations, internal SAT reports and partner CBSCOs reports, SAT's work seemed to be relevant and appropriate to the beneficiaries. All that

was required was the strengthening of some aspects of the model, which had been happening over the years as new issues emerged and taken on-board.

6.2.2 The review of the SAT strategy

Equipped with this feedback, from its internal and external evaluation reports, SAT started revising its strategic plan with the view to make sexual reproductive health and rights a key component, and mainstreamed in all its programming at both regional and country levels. The ED appointed a task team (which included this researcher) to contribute to the development of this new strategy. Staff from the SAT regional programmes support team (supported by one member of the SAT Board and selected CPOs and CPMs) was on the team. Its terms of reference included identifying lessons from SAT's experience and how these lessons could be utilised in the development of the new strategy, while at the same time taking into consideration the new issues (especially sexual reproductive health and rights, women's health, and prevention of HIV amongst the youth). In addition, and with these issues in mind, the terms included identifying aspects of SAT work that was rolling out well and worthy continuing, as well as those aspects of SAT programming that needed strengthening or changing altogether.

Before the audit, there was no discussion of any major changes to SAT's model. Rather, the intention was to find ways and means of adjusting to incorporate the new issues and strengthen SAT regional technical support to country offices and directly to partners to ensure effective delivery of capacity strengthening, especially with the new issues coming on-board.

Box 6.2: Key concepts to incorporate in New Strategy II

- Effective country advocacy and how to measure it and regional advocacy
- SAT as a broker of capacity into and within communities and as a broker of evidence and lessons out of communities
- Predictability for CBO and community finance – encourage longer-term strategy and planning
- Work within contracts with (i) capacity building funding, (ii) core funding, (iii) delivery funding and (iv) networking/results leverage funding

Source: SAT ED (2012), Power point presentation to Task team on new strategy 2012 slide No.10.

In a presentation to the task team on the new SAT strategy, the SAT ED made the points presented in Box 6.2, clearly demonstrating that SAT was to remain steadfastly committed to capacity building of CSOs in southern African communities and was searching for better methods of effectively delivering its model. In Slide 21 of the same presentation the ED, in what he called the *"Delivery of our value proposition (business model/programme theory)"*, the ED outlined the incorporation of the new themes (of sexual reproductive health (SRH&R), work with women and youth and the strengthening of advocacy around these issues). In doing so, he underlined the recruitment of community based, national and regional CBCSOs and the enhancement of their capacities as paramount in that process as Box 6.3 illustrates.

Box 6.3: Delivery of our value proposition (business model/programme theory)

- Conduct and support advocacy for change in HIV and SRH&R
- Work in communities to recruit and strengthen community systems
- Recruit and enhance the capacity of community based, national and regional CBCSOs
- Develop and support women and youth leaders for HIV and SRH&R

Source: SAT ED (2012) Power point presentation to Task team on new strategy slide No.21.

After the audit, the sharing of a draft of the new SAT strategy with the donors took place at a meeting and, following that meeting, the ED issued a directive to develop the existing strategy further primarily around the new issues including dialogue for health and advocacy. There were two major changes as a result, on partners and partnerships, and the model itself. The new strategy was to assume partnership with established organisations that did not need organisational development but programme-related capacity enhancement only. Organisational capacity development as a mechanism for enhancing community HIV and AIDS competence was dropped in the new strategy to emphasis direct involvement of SAT in programme delivery at community level in partnership with selected strong CBCSO partners that were supposed to be already running programmes in SAT's new focus areas.

The important point to note here is that all these changes were happening regardless of what SAT partner CBCSOs and the communities they work in may have wanted. There is also the sense that even SAT was not planning to overhaul its model in this manner, to the extent that

in earlier drafts of the proposal SAT had in fact reaffirmed the model as a means of delivering even with the incorporation of the new issues in the strategy.

6.3 Allegation of corruption

Allegations of corruption in Mozambique and Tanzania were the triggers of SAT's crisis. In 2010, a member of staff (the CPO) who was leaving the SAT Mozambique office wrote and circulated a letter alleging inappropriate, if not corrupt, contact between the senior member of staff in that office and some staff of SAT partner CBCSOs in Mozambique. The letter circulated to SAT management, and some in-country donor offices in Mozambique caught wind of these allegations through the grapevine. SAT management immediately dispatched a delegation to assess the situation and if necessary initiate an audit. There was no attempt to dismiss the allegations; rather, an audit took place and confirmed the alleged irregularities. SAT fired the staff member but, additionally, the management of the situation was critical since SAT donors, as noted, also became formally aware of the matter.

In early 2011, as this was happening, a member of SAT staff from the SAT Zambia country office on a SAT business trip with the Tanzania staff in Tanzania, noticed and reported to SAT management alleged falsifications of travel declaration documents by the two senior officers in that country office and by the driver. As a result, a delegation of SAT regional management staff went to Tanzania to verify these allegations and to initiate an audit. The management team, through the audit, confirmed the irregularities and suspended the staff involved.

These two cases, while they exposed corrupt SAT staff at the country level, were an indication to donors of a greater problem. For them, these problems could only reflect loopholes in organisational systems and processes that these members of SAT staff were exploiting to their advantage. If this were not the case, routine SAT monitoring processes would have identified such problems and inhibited the prospect of such wrongful action. Therefore, it seemed that an ordinary audit was not appropriate to deal with the situation – a forensic investigation was required.

As the news from Tanzania reached SAT regional office (RO) and donors, it sent donors into panic, and they informed SAT that they were stopping their regular disbursements to SAT

until an audit of SAT was completed and results shared, on the basis of which a decision was to be made on how to continue with SAT. At a staff feedback meeting in mid June 2011, members of the SAT RO learnt that the donors had ordered that all programming activities discontinue until the audit was completed. A forensic audit of the entire SAT had been preferred as the donors became concerned about the security of their investment and were not sure if SAT systems and processes could still deliver its mandate as before and with minimum risk. The donors recommended that the SAT audit be conducted on the basis of the principles of the King III Code of Governance for South Africa of 2009 (King III). According to auditors and as reported by SAT management in a SAT staff update meeting of June 2011, such an audit usually applied to private sector organisations and this was the first time King III was being applied to an NGO.

King III is a set of all-round corporate governance principles and assessment tools for measuring compliance with good corporate governance practices. It defines corporate governance as mainly involving "the establishment of structures and processes, with appropriate checks and balances that enable directors to discharge their legal responsibilities, and oversee compliance with legislation" (King III, 2009:6). The principles therefore obligate directors to ensure organisations comply with transparent and credible processes that protect the interests of its investor and stakeholders.

An audit under King III focuses largely on issues of risk and rates the organisation's performance in all areas against a risk scale. The document defines risk as "uncertain future events that could influence, both in a negative and a positive manner, the achievement of the company's objectives… a condition in which the possibility of loss exists" (King III 2009: 56). It is the concern about loss, as it influences organisational sustainability, which leads to an emphasis on organisational risks in King III assessments. According to King III (2009:61), the "sustainability of a company means conducting operations in a manner that meets existing needs without compromising the ability of future generations to meet their needs. It means having regard to the impact that the business operations have on the economic life of the community in which it operates. Sustainability includes environmental, social and governance issues". For these reasons, the identification, evaluation and management of risks in organisations are of public interest and of paramount importance to investors. Thus, King III must have appealed to

donors as the only means by which the SAT debacle could be unravelled to their satisfaction and perhaps leave SAT a challenge to devise mechanisms to resolve their situation.

6.3.1 The KPMG audit

KPMG conducted the audit at the SAT RO and the two country offices, Mozambique and Tanzania, on the recommendation of donors. Applying the King III principles and criteria on good corporate governance, not only were SAT financial accounting and monitoring processes found wanting but many inadequacies were found in governance, programming and monitoring processes.

The immediate response of the donor was to instruct SAT to stop all programming activities at the country and regional levels except for those programmes that were not funded through the JFA, such as the Botswana programmes and the SAT Zambia UNAIDS capacity building programmes that was being rolled out by that country office. SAT was instructed to respond to the audit report, particularly to ensure that any weaknesses and/risks identified in the report were addressed before the donors could resume normal disbursement of funding to SAT under the existing funding agreements with the JFA donors. SAT was required to submit monthly cash advance requisitions to meet its administrative expenses, approved on condition that it produced and submitted (to the donors) progress reports on its response to and rectification of the risks identified by the KPMG report.

All SAT regional staff were placed on both personal and duty travel embargo as they were not only required to finalise the draft of the new SAT strategy but to contribute to various responses to the KPMG report as part of what SAT management called an ‘organisational recovery plan’. This included not only responding to the KPMG report and finalising the new strategy, but also carrying out various assessments of partners to test their compliance to the King III governance principles. New monitoring tools required development to make SAT comply with the new governance framework – King III. All outstanding work on which SAT had spent a portion of the contract funds had to be completed in preparation for a new start under the new governance and operational principles. This also meant that all programme funding to partners had to stop until the donors cleared SAT to begin disbursements to the partners once again.

6.3.2 The donor responses and impact

Following the KPMG discovery of weaknesses in the SAT financial and organisational systems, and arising from their recommendations, the donors suspended funding and imposed a conditional release of funding to SAT. They also demanded a forensic audit in both SAT Mozambique and Tanzania offices. In addition, and as a means to redeem itself, SAT was required to engage in an overhaul of its systems and to re-buttress them under the guidance of the King III principles. This was a minimum requirement of the donors before they could resume disbursing any funding to SAT. As well, SAT had to develop a new Strategic Plan aligned to the new priority issues in the southern African region, areas which donors were increasingly directing funding rather than HIV and AIDS generally.

In terms of the new strategy document, SAT was required to carry out due diligence, as part of strengthening its systems and processes, in identifying partners that were not performing well or were not aligning to the new strategic direction – the contracts of such partners were to be terminated. Such termination did not have to take into consideration the partners' sustainability or conform to SAT's traditional conditions for partner contract termination as already discussed in the last chapter. SAT was simply to use the organisations' areas of weakness as justification for termination rather than reason for the formation of a capacity development plan and disbursement of funding.

6.3.2.1 Suspension of disbursements

While SAT was required to fulfil these requirements, the JFA donors suspended disbursement as a first step to force SAT into complying with their demands. The suspension of funding to SAT

Table 6.2: SAT financial situation for the period 1 April to 30 September 2011

JFA FUNDING PERSPECTIVE, 2011-2012				
Donor	Confirmed	Expected Transfers	Actual Transferred	Balance
Opening Balance		4,382,607	4,382,607.00	-
CIDA	1,326,974.00	1,326,974.00	1,009,086.00	317,888.00
RNE	5,147,059.00	2,573,529.50		2,573,529.50
Sida	5,230,569.00	-	0	-
SDC	400,000.00		0	
Total	11,704,603.00	8,283,110.50	5,391,693	2,891,417.50
Approved budget	13,521,511.00			

Source: SAT (2012a:45) Semi Annual Report 2011 – 2012.

and the imposed conditional disbursement of funds for administrative purposes plunged SAT into a deep financial crisis. Table 6.2 gives details of funding and disbursements by the JFA donors following the imposition of the funding conditions. As Table 6.2 illustrates, by September 2011, SAT had confirmed donor funding amounting to US$11,704,603 which was 87% of the approved budget. The expected disbursements from the donors amounted to only US$8,283,110.50. Of this amount, the actual transfer made by 30 September 2011 was only 65% of the expected funding, only 46% of the donor confirmed funding and 40% of the approved budget.

Table 6.3: Summary income and expenditure

Summary Income and Expenditure		
Description	Amount USD	Amount USD
Opening Balances as 1 April 2011 (Partly Audited)		**4,382,607**
Regional Office	3,544,196	
Malawi	275,938	
Mozambique	340,511	
Tanzania	4,046	
Zambia	144,113	
Zimbabwe	73,803	
Income Received		**1,026,308**
CIDA	1,009,087	
ICAD	17,221	
Total Income		**5,408,915 00**
1.0 Human Resources	(485,948)	
2.0 Staff Travel	(16,682)	
3.0 Admin and Operations	(490,304)	
4.0 Consultative and Advisory Meetings	(90,380)	
5.0 Programming	(2,826,767)	
6.0 Other	(91,353)	
7.0 Evaluation	(648)	
Total Expenditure		**(4,002,081)**
Balance C/F		**1,406,834**

Source: SAT (2012a:46) Semi Annual Report 2011–2012.

These figures clearly demonstrate the extent of financial wows that bedevilled SAT. In its *2011-2012 Semi-Annual Report* (2011c:45), SAT stated thus:

> We received from CIDA USD 1,009,086 at the end of the last financial year (2010-11) and was carried forward into this financial year 2011-12. We did not receive any funding in the first semester of this year due to a moratorium placed on us by our International Cooperating Partners due to governance issues that arose in Mozambique and Tanzania. The decision on suspending funding to SAT will be reviewed after reports from KPMG who are doing an organisational review and Price Water House Coopers who are carrying out forensic reviews in the two countries.

Table 6.3 presents SAT's summary income and expenditure as of 30 September 2011. It is evidently clear that SAT had insufficient money to fund its programming activities in the reporting period and to see it through to the end of 2011, let alone the end of its financial year in March 2012.

6.4 SAT organisational recovery plan and implementation

With funding suspended and released only conditionally (largely for administrative purposes and to pay off those projects in receipt of part payment already), SAT had to develop an organisational recovery plan/strategy. The aim of this plan was to restore trust with the donors by addressing all their concerns arising from SAT's internal weaknesses, and finalising a new strategic plan for approval by the donors as a way going forward. The recovery plan thus essentially incorporated a strategy to meet the demands of the donors following the KPGM report so that it could receive the necessary funds under the donor-imposed conditions. This involved responding to and/or establishing systems, procedure and mechanisms that the KPMG found missing and developing instruments that further strengthened SAT processes to the satisfaction of the donors.

For the long term, while taking these short term measures, SAT worked on its draft new *SAT Strategic Framework (2012–2016)* – as already discussed, it was also in response to the expectations of the JFA donors in order to attract funding. In this process, SAT had to re-evaluate its partnerships for compliance with the new direction, change the nature of partnerships and re-launch those that complied with the new strategy. Further, although kept under wraps for much of the time, SAT engaged in a retrenchment process at the regional office. This took place despite the promise to staff that there was not going to be any retrenchments under its

restructuring process that had begun earlier. In fact, as noted before, SAT had already developed a new organisational structure and carried out a job analysis that had resulted in the development of new job descriptions for all staff at the regional office. I discuss some of these processes and their impacts below.

6.4.1 The SAT due diligence exercise

Under pressure to demonstrate to the donors and in response to specific programming shortfalls identified by the KPMG audit, SAT under took a due diligence exercise. In its *Due Diligence: Regional Summary Report* (SAT, 2012b:1) which had notes intended to explain the process to staff, SAT described its due diligence exercise as "an investigative and evaluative process into the past, present and predictable future of a business or target company that helps in forming an opinion on the business activity, financial condition, results and prospects for development". The reasons that SAT listed justifying its use of a due diligence exercise (presented in Box 6.4) clearly showed the influence of their exposure to King III and a response to the desire by donors to have SAT follow the standards set in King III.

Box 6.4: SAT reasons for its due diligence exercise on its partners 2012

- Confirmation that an organisation is what it appears to be or what it is saying it is
- Identify potential risk or defects in the target organisation and avoid bad investment
- Gain information that will be useful for planning and the nature of partnership with an organisation, the form of technical support required and strengths that can be used for supporting other weak organisations
- Verification that an organisation complies with universal governance and legal standards as well as consistency between an organisation's documentation and the situation on the ground.

Source: Adapted from SAT (2012b:1) Due Diligence: Regional Summary Report

There was unprecedented concern with identification of risks in the partner organisations in order to avoid bad investments and to ensure compliance with 'universal governance and legal standards'. Under baseline SOCATs and SATCOMPs, SAT collected the same information. However, this was not for purposes of avoiding bad investments and risk, but to help develop capacity development plans that enhanced capacities in organisations to minimise risk and improve corporate governance. This change in attitude and language embodied the change in the

nature of the new partnerships that SAT was preparing itself for in the post-crisis period, in part as a show of compliance to King III and the pressure from the donors.

Box 6.5 presents the key aspects of the rating criteria for the assessment of SAT partners in the due diligence exercise. The determination of partners' organisational risk levels entailed the presence of absence of corporate systems, policies and accounting processes and more importantly alignment to the new SAT strategic direction. Organisations that did not have the requisite systems, policies (including anti-corruption) and accounting processes, and not aligned to the new SAT strategy, were high risk. Those aligned to the new SAT strategy and had a partial presence of these elements were rated medium risk. Low risk partners were those well aligned to SAT's new strategic direction, and had all systems, policies and functional accounting processes in place – a description that suited the mature partners in SAT's graduation criteria.

Box 6.5: Classification characteristics of risk levels

Low Risk	Medium Risk	High Risk
• Existence of up to date audits • Existence of sound financial policies and systems and prudent accounting • existence of up to date strategic plans that aligned to SAT's new strategic focus	• Presence of incomplete policies and procedure manuals (draft strategic plan, finance manuals) • Alignment to the new SAT strategic direction • Existence of at least one audit in the past 2 years	• Absence of fully developed organisational processed • Absence of fully developed policies and procedures • Absence of fully developed and operational strategic plan • Absence of financial policies and process • Lack of recent annual audits (past 2yrs) • Little or no alignment of partner strategic focus to SAT' new strategy

Source: Compiled from SAT's (2012b:2) Regional Due Diligence Summary Report, June

Table 6.4 presents the results of the SAT due diligence assessment. The exercise analysed 84 partners with the intention to cover the balance (122 partners) later, as some partners could not accommodate this process at the time SAT needed it due to their own commitments. The largest number of partners received medium risk (42.9%) and low risk (34.5%) ratings. A significant 22.7% of the assessed partners were rated high risk. Further details on partners in each of the risk categories are also show in Table 6.4. As an overall observation from the due diligence assessment, SAT (2012b:4) states:

Some partners have been with SAT since 2003 – 2004 financial year and have neither demonstrated growth and impact at community level nor has the partner shown improvement in organisational capacity assessment areas such as governance and resource mobilisation, some partners that are high risk have not undertaken Audits for the past two years, some have not declared their assets and some could not provide registration certificates and tax certificates.

Table 6.4: Older and new partners risk assessment, June 2012

Country	**Low risk**		**Medium risk**		**High risk**		**Total**		**Total**
	Older	**Newer**	**Older**	**Newer**	**Older**	**Newer**	**Older**	**Newer**	
Malawi	2	1	10	5	1	2	13	8	21
Tanzania	0	0	6	0	6	0	12	0	12
Zambia	13	7	1	0	7	2	21	9	30
Zimbabwe	6	0	4	10	1	0	11	10	21
Total	**21**	***8***	**21**	***15***	**15**	***4***	**57**	***27***	***84***
	25%	***9.5%***	**25%**	***17.9%***	**17.9%**	***4.8%***	**67.9**	***32.1%***	***100%***
	34.4%		***42.9%***		***22.7***		***100%***		

Source: Compiled from SAT's (2012:4 -5) Regional Due Diligence Summary Report, June.

In this statement, SAT makes an issue of the length of partnership, the lack of capacity growth among its partners, non-conduct of audits, partner declaration of assets, and registration and tax certificates. SAT normally saw these as capacity gaps for addressing in its normal capacity development work and not as weapons so to speak used against its partner CBSOs. One gets the impression that in trying to respond to the demands of King III and the KPMG report, SAT began to abandon its work with CBCSOs and the purpose of its partnerships with them. SAT's work was expensive, exhausting and took time to produce results, but it was meaningfully contributing to community HIV and AIDS competence and therefore was worthy continuing. In addition, SAT's increased desire for results to present to donors is also evident in its cry over the lack of partner capacity growth and partner programmes impact at the community level, but it was presented in a manner that seems to fail to give due credit to valuable work that SAT was doing in the communities.

6.4.2 The partner prioritisation exercise

The SAT due diligence exercise culminated in what SAT called a partner prioritisation process. According to the DED Policy and Company Secretary, SAT defined partner prioritisation as a process of singling out and arranging partners by order of appropriateness to the new SAT strategic direction. The criteria of selection were dynamically different from the usual SAT

standards. The scuttling of nascent and emerging organisations, which were so central to SAT in the past, took place. The new focus was on established and strong partners that did not need OD but only programme directed assistance. SAT's aim was to arrive at a list of partners with which SAT could continue to partner under the new arrangement, and a list of those to be terminated. Therefore, for the first time, SAT used termination as a major exit strategy from its partnerships with those CBCSOs that did not fall into its new line of work.

Table 6.5 lists by country the impact on grant making from 2012 onwards after the partner prioritisation process started mid that year. In total, 25% of the grants were ending in 2012 and 53.6% were continuing. At the time of the partner prioritisation process, recruitment processes for new partners (21.4%) informed by the new strategic direction were almost completed and hence they were subject to the same review. Although the figures do not suggest much out of the ordinary, the major difference was that this crop of partners was of much high capacity than the traditional group that comprised a combination of nascent, established and mature organisations. The group consisted of partners considered to be of lower to medium risk partners – demonstrating resonance with all changes described earlier in this chapter.

Table 6.5: SAT partner prioritisation for grant management and downsizing

Grand status	**Malawi**	**Tanzania**	**Zambia**	**Zimbabwe**	**Regional**	**Totals**	**Total %**
Grants Ending	1	8	11	8	0	28	25
Grants Continuing	15	8	20	14	3	60	53.6
Planned New Grants	7	4	5	8	0	24	21.4
Total Grantees	**22**	**12**	**25**	**22**	**3**	**112**	**100**

Source: SAT (2012:4-7).Due Diligence Report June

Table 6.6 presents the new list of SAT partners by focus area and country, demonstrating the level of alignment to SAT's new strategic direction. Dialogue for health became a crosscutting area which all SAT partners were required to focus on to promote the exchange of ideas on all the other thematic areas. In addition, each country selected one or two themes relevant to their national situation and priorities. Women's health was one of the key focus areas common among most partners in all four countries (after the Mozambique office closed around July 2012). Another popular area was sexual reproductive health and rights, and it was only in Zambia that organisational development was a major priority. In fact, Zambia was a recipient of

UNAIDS funding for capacity development which it was implementing outside of SAT's joint funding arrangement (JFA). This programme was still running and could not be dropped (due to changes happening resulting from problems with the JFA funds) because it was administered outside the JFA by the SAT Zambia country office.

Table 6.6: List of new SAT partner after prioritisation exercise

Thematic area	Malawi	Tanzania	Zambia	Zimbabwe
Prevention with youth	16	7	-	-
Women's health	5	5	14	16
Integration of SRHR into HIV work	4	2	7	11
Dialogue for health	all	all	all	all
Organisational development	-	-	21	-

Source: SAT (2012:4-7) Due Diligence Report June.

Along with the new SAT strategy came an overhaul of its programme model, programming tools, monitoring and evaluation system and tools to capture the new indicators. Contracting processes and contract duration were also changed. Greater care arose to ensure that recruitment focused only on established organisations with capacity. All recruitment was required to start with advertising in the media, followed by selection by a panel using the new recruitment guidelines. At most, contracts with successful recruits were for a maximum of three years of project specific programming.

According to the DED Policy and Company Secretary, SAT's new strategy did not give prominence to organisational capacity development except to the extent that it focussed on a specific project's requirements. The new focus was on delivery of programmatic goods at the community level by SAT with its partners, and not through its partners (which was hitherto the case). The focus was no longer going to be "raising" nascent CBCSOs but collaborating with established CBCSOs that were programming on HIV prevention with youth, sexual reproductive health and rights, dialogue for health and women's health. Instead of remaining an intermediary organisation that entirely relied on its partners to deliver responses to HIV in communities, SAT was repositioning itself as a partner in that process, becoming more directly involved in

programme delivery at the community level in partnership with selected mature CBCSO and communities.

6.4.3 Partnership terminations

While partners that were deemed medium to low risk (77.3% - Table 6.4) constituted the new crop of SAT partners, the high-risk partners (22.7%) did not enjoy continued partnership with SAT. Following numerous additional reassessments of partner compliance to contract requirements (because SAT always claimed to do so during their MVs) and processes, and reviews of capacity growth and appropriateness of partner programming to the new SAT strategic direction, SAT screened and prioritized its partner list in all the four countries (Malawi, Tanzania, Zambia and Zimbabwe). SAT let go the SAT Mozambique partners as the country office closed. Botswana was not included because it was under a different funding arrangement from the SAT JFA (which was the main funding basket for the five SAT country programmes).

Table 6.7: Partnership terminations and reasons, 2011 – 2012

Reason for termination	Malawi	Tanzania	Zambia	Zimbabwe	Total	%
Governance crisis	1	4	6	-	11	19.3
No submission of due diligence report	1	-	-	-	1	1.8
Financial mismanagement	-	1	1	2*	4	7
Breach of contract (financial reporting)	1	1	8	-	10	17.5
SAT strategy shift	-	5	1	7	13	22.8
Strengthened capacity (graduation)	-	5	1	1**	7	12.3
No growth (systems)	-	1	4	-	5	8.8
No audits (last 2+years)	-	-	5	-	5	8.8
Breach of contract (reporting on programmes)	-	-	2	-	2	3.5
					57	100

Source: SAT (2012c) Partner prioritisation spread sheet.

Key

2* terminated for the reason of SAT strategic focus shift as well.

1* contract ended for reason of SAT strategic focus shift and maturity

The termination of SAT partners' contracts took place for various reasons as presented in Table 6.7. The main reason (22.8% of contracts) was non-alignment of a partner's programmes with the new SAT strategic direction. Further, 19.3% of partnerships had a governance crisis, such as lack of properly constituted board, lack of clear terms of reference for the board and lack of a clear separation of powers between the board and management. 17.5% of the partnerships

ended because of breach of contract – mismanagement of funds and/or failure to deliver financial reports on time as required by their contracts with SAT; the balance (3.5%) failed to report on programming.

For the first time, SAT was terminating its partnerships (unlike before) and for reasons which it normally did not use to end relations with partner CBOSOs. About 12.3% of the terminations SAT effected were for the reason that CBCSOs' capacity was strong and, perhaps because their programming was contrary to the new SAT strategic direction, they had to go. Again, as discussed earlier in this chapter, SAT applied new screening standards that disqualified many of its existing partners from potential partnership with it under its new strategy. There was a departure from its traditional practice of engaging with partners and entering into discussions regarding what the partners could do under the new arrangement. The process seemed one-sided; SAT simply assesses a partner against its new criteria and decides that the partner is no longer relevant for any or a combination of the reasons noted. Partner capacity weaknesses, of any kind, were no longer the reason for partnership between SAT and CBCSOs (to enhance capacity) but provided criteria for disengagement.

For those partner organisations who were found to be in breach of the CDC or failed to grow as expected under the CDC, one of the main questions that arises when analysing the reasons for termination of partner contracts is: Why now? If, for example, a partner organisation had not been performing or showing any growth for a long period of time, why was their contract not terminated before or why were necessary steps not taken to help the partner's organisational programming and activities improve? There is an indication here that, in the whole process, SAT was not only desperate to meet the changes required after the KPMG audit but was inadvertently exposing weaknesses in the application of the SAT model and especially its modalities. All partner weaknesses captured during the assessment and then became the rationale for the termination of contracts would have been, or should have been, identified during routine SAT monitoring processes and corrected.

Considering the applause that SAT received from partner organisations as one capacity building organisation that "walked with its partners", it would be important to examine the extent to which this could be still considered the case given the manner in which contracts were now

terminated. Table 6.8 is a menu of processes that SAT described and applied to partners in its partner prioritisation exercise as the "exit strategy"; it shows the number of partners affected by each strategy by country. In reading through the list of reasons, it looks like screening of a credit store or bank of its bad debtors.

Table 6.8: Exit Strategy applied to partners by country (2011 – 2012)

Strategy	Malawi	Tanzania	Zambia	Zimbabwe
Letter of demand of unaccounted funds and response in 14 days. Follow up audit and then issue letter of termination after 14 days	2	1	4	1
Issue letter of termination straight away		2		-
Disburse to meet contract obligations and terminate later		5	-	-
Seek financial report and accounting for missing funds then terminate		5	2	1
Issue letter of exit on account of SAT strategy shift		2	-	-
Issue later of exit on account of maturity of partner		4	-	6
Demand outstanding reports and issue letter of exit on account of maturity/strategy shift		4	3	1
No renewal of partnership agreement	-	-	2	-

Source: SAT (2012c) Partner prioritisation spread sheet.

There is a total disappearance of tolerance and sympathy characteristic of partnerships – the partnership relations become reduced to a mere business transaction: "Letter of demand of unaccounted funds and response in 14 days. Follow up audit and then issue letter of termination after 14 days" thus reads the first strategy. While this may have been necessary under the circumstances, the outlining of the process is not in a manner that demonstrates partnership and mutual benefit of the relationship. Reading this against the SAT model and its application as presented in earlier chapters, the key question is, 'Why'? As one reads this chapter to the end, the answer comes through.

6.4.4 Restructuring and retrenchment at the SAT Regional Office

Proposed changes to the SAT strategy occurred as early as 2010, but there were no indications of upcoming retrenchment of staff. The assessments done in SAT, and reports from SAT Country Offices and SAT Regional Unit's staff, pointed to the need for more technical support to countries, the strengthening of programme units and the reduction of workloads to ensure effective delivery of programmes both at the regional and country levels. In fact, by the end of

2011, and in response to this feedback, SAT management initiated a restructuring process that involved the review of all job descriptions of all members of staff in the regional office. Restructuring was to take place to ensure that their key performance areas were aligned to SAT's strategic direction, and were defined to offer greater technical support to country offices and directly to partner organisations in specialised areas such as M&E, and development of information education and communication materials.

In addition, a new organisational structure developed which essentially retained all positions in the organisation and added some positions in the country offices to alleviate the problems of heavy workloads especially among CPOs. However, this structure never saw daylight except in a brief debrief about it at a staff meeting at which SAT regional staff members learnt that the new structure was ready, that it retained all positions and was only waiting approval from the SAT Board. SAT members of staff, and especially the SAT regional crew, were shocked in September of 2012 when the announcement of a new structure – in fact a completely new structure – occurred alongside the announcement of SAT's intention to retrench some members of the regional staff.

Box 6.6: List of employees earmarked for retrenchment

How many employees may be affected?

At present the Company anticipates that 12 employees may be affected by the possible retrenchment.

Deputy Executive Director / Company Secretary
Deputy Executive Director (Programmes)
Regional Coordinator: Communications & Publications
Regional Coordinator: Management Information Systems
Regional Coordinator: School Without Walls
Regional Coordinator: Human Resources & Administration
Regional Coordinator: Monitoring & Evaluation
Regional Coordinator: Country Support & Development
Regional Coordinator: Civil Society Action Team (CSAT)
Programme Officer: Communication & Publications
Programme Officer: School Without Walls
Management Information Systems (MIS) Technical Officer

Source: SAT (2012d:3) Letter of notice of possible retrenchment to employees, 12 September 2012.

In every letter sent to SAT regional members of staff, it became clear that 12 positions (listed in Box 6.6) would be subject to retrenchment. As part of this process, there was to be

reassessment of staff for suitability to the new job titles on the revised SAT organogram. Those that passed the assessment and were offered the jobs needed to accept a reduced salary as the new job was a new appointment, which had nothing to do with the jobs originally occupied on appointment by SAT. Under South African labour laws, this was possible to do, as it was justifiable to retrench for purposes of restructuring, which was SAT's justification; and with the legal assistance of a local South Africa law firm LabourNet, they successfully executed the retrenchment exercise. In effect, this entailed the introduction of retrenchment as a cost saving measure and the principle that used was fire and rehire at a reduced salary. Once the selection of staff occurred and staff accepted the new job offers, they forfeited any claim to which they may have been entitled under the original contract. A total new set of conditions of service and salary came to force. But, how successful was SAT in pursuing this?

In the long term, SAT prepared itself to hire staff on new terms, perhaps more favourable to them, which of course also depended on the operating forces on the labour market. In the short term, however, the exercise proved extremely costly for two main reasons. First, although SAT may have intended to re-engage about half of the staff, seeing the reassessment as a rubber-stamping process, some members of staff refused to participate in the process and some of those that did, did so begrudgingly and only 'as a show of compliance' as they put it in interviews. The ED had threatened to take action against anyone who did not comply. What worsened the situation was the fact that two members of staff had their employment confirmed but they did not go through the same process of screening. As a result, everyone else viewed themselves as unwanted and dispensable, and – in fact – felt that SAT was no longer a trustworthy employer.

Regardless of the ED's threats, two members of staff refused to undertake the reassessment exercises meant to determine who to re-hire and who to retrench. They argued that their performance records, experience and qualifications were already well known to SAT and were on file in SAT and available for management, to make any decision about their relevance in a 'future SAT'. Three members of staff who did the exercises and who management were interested in retaining, refused to take up the offers because they had lost faith in the organisation. They preferred a retrenchment package. In two of the cases, legal advisers for the employees had to be involved as management were refusing to disburse their retrenchment

packages as a way to pressure the employees to accept the offers and perhaps to achieve the objective of cutting cost while retaining skills.

In effect, SAT lost all but one member of the programme staff, the Coordinator SWW. The retrenched staff included key staff such as the DED Programmes, three Coordinators: Monitoring and Evaluation, Communications and Publication and for the SAT regional initiative called CSAT. Other members of staff who were also disengaged included two Programme Officers: SWW, and Communications and Publications. Earlier on in the crisis, SAT had also lost the regional FMO and the Programme Officer: M&E, who cited the uncertainty in the organisation as reasons for their departure. Ironically, all these were the staff who had: worked, day and night, for twelve months to develop a draft of the new SAT strategic plan and work-plans; responded to the questions raised by the KPMG report including developing new monitoring tools for the organisation which complied with the donor demands; and contributed to the partner assessments which were used in the partner prioritisation process for the new SAT strategy. Their contribution to the organisational recovery strategy had made it possible for SAT to receive the conditional release of funding from donors and improve its institutional standing.

Consequently, due to lack of buy-in by staff on the nature of restructuring and the resultant retrenchment, 10 of the 12 employees earmarked for retrenchment as listed in Box 6.5 opted for retrenchment. They argued that they no longer had any trust in the organisation as it had manipulated them with regard to retrenchment. They also said, as summarized by one Coordinator, that they felt "abused by SAT as it made them work hard to implement the organisational recovery plan under the false promise of a secure future, and indeed restored and revamped SAT's systems and gave it a new strategy but for a future without us." They described the retrenchment process as most opaque and stressful for its lack of staff consultation, involvement and communication on the various alternatives available to staff until the middle of the last month of the process. Employees felt duped because of the promise that no one would lose their job while encouraged to develop a new strategy and rescue plan for SAT between June 2011 and July 2012 (after which they learnt that there would be retrenchments).

Further, and because of this perhaps unanticipated mass retrenchment, SAT found itself with a huge financial burden for an organisation in a financial crisis; in other words,

retrenchment pay-outs had tremendous damaging effects. Under the labour law of South Africa, all retrenched staff members are to receive retrenchment benefits. The minimum stipulated by the law is 10% of the annual salary for every completed year of service including any benefits the employee is entitled to under their contract. If an employee contract stated terminal benefits beyond the minimum, the company was required to pay accordingly. Table 6.9 gives an estimated cost of the retrenchment without benefits such as cash in-lieu of leave, medical aid, bonuses and in most cases relocation allowances. The total number of years of service of the retrenched employees ranged between four and twelve years and the annual salary ranged from R456,000 to R720,000.00 (total cost to company), and reduced to 10% of annual pay this was R45,600 to R72,000.00 for each year served.

Table 6.9: The minimum estimated cost of SAT's retrenchment in ZAR

Years/Salary	**40000 - 50000**		**50000 - 60000**		**60000 - 70000**		**70000+**		**Total**	
0 - 4	4	720 000	2	440 000	0	0.00	0	0.00	6	1 160 000
5 – 9	1	315 000	1	385 000	0	0.00	1	490 000	3	1 190 000
10 - 14	0	0.00	1	660 000	0	0.00	0	0.00	1	660 000
Total	**5**	**1153000**	**4**	**1485000**	**0**	**0.00**	**1**	**490 000**	**10**	**4 200 000**

Source: Based on the salaries of affected SAT staff obtained in interviews: August, 2012

At these rate (and without benefits that were part of each of the packages), SAT found itself spending, at the very minimum, more than R4.2 million. If SAT had been able to retain half its members of staff, it would have not only retained critical skills in the regional office but more than R2.1 million. Taken in the context of the financial embargo imposed by the donors, one can only say that SAT's financial crisis deepened with ripple effects on those who benefited (that is, partners) from its grant-making and programming activities.

6.5 Impact of funding crisis and subsequent changes in SAT

The changes that occurred in SAT between 2010 and 2012 had damaging impacts on the organisation, its staff, partner organisations and the communities they served. The suspension of funding had a direct negative impact on all resulting in the suspension of normal programme

delivery activities as demonstrated below. It looked like an undoing of the gains that SAT had facilitated in the past.

6.5.1 Impact on partner organisations

The abrupt cut in funding and technical support to SAT partner organisations had an adverse effect on those organisations that entirely depended on SAT for financial support. For those that had additional funding from other sources it reduced the financial strengths of the organisations as SAT provided core-funding to cater for basic operational expenses such as rentals, stationery, staff salaries and utilities, which other funders did not finance. According to the CPMs in Malawi and Zimbabwe, the CPO Tanzania and the DED Policy, when SAT funding ended or became disrupted the following effects occurred among SAT partner organisations:

a) Loss of organisational capacity: staff losses meant a loss of capacity gained previously. Without money, organisations could neither retain staff nor deliver their programmes to the communities they served.
b) Programme delivery was either suspended or scaled down as partner organisations adopted various survival strategies.
c) The lack and/or scale down of programme delivery by partners reduced their credibility in the communities and the organisations failed to meet their programme obligations such as HBC, Care and support for children.

This study could not follow up on each country and the partners to assess these impacts as reported because they occurred at a time when this study was concluding.

6.5.2 Impact on communities serviced by SAT partners

By extension, and considering the design of the SAT model, the failure of SAT to deliver to CBCSOs meant that CBCSOs could not deliver to community programme beneficiaries. Although no assessment could be made of the impact of the crisis on the community level, I can reasonably conclude that the failure by CBCSOs to deliver their programmes because of the crisis introduced a gap in programme roll out for all affected SAT partners and their communities. This meant the reversal of the gains made previously in HIV prevention, treatment, care and support, and mitigation of the impact of the epidemic in the communities of partner organisations serviced by SAT. It also meant an erosion in community HIV and AIDS competence, at least by the portion contributed by organisations supported by SAT. I did not

measure the extent of this impact as the changes were still in process and would have required a full analysis, which would have been outside the aim of this study.

6.5.3 Impact on SAT's credibility

Rau (2010:29), in a review of the resource dependence (Oliver, 1991, Pfeffer and Salancik, 1978) and neo-institutional (Meyer and Rowan, 1977, Scott, 2008) perspectives of organisational change, views legitimacy as primary to organisational survival and sustainability. If an organisation has no credibility (or legitimacy), it loses its worthiness and is subject to rejection by both its clients and stakeholders, thus losing resource inputs and other forms of support from them. Rejection and loss of support for an organisation arises because of, among other things, its failure to deliver its stated mandate and/or mismanagement that result in the misuse of organisational resources leading to the undermining of the delivery of programmes.

Externally, SAT suffered from a loss of image and credibility among donors, SAT peer organisations, partner organisations and the communities it served. The extent of the loss of trust by donors reflects in the stopping of disbursements following the scandal and the withdrawal from the JFA by the Royal Netherlands Embassy (RNE) in 2012. The release of the remaining instalments from each funder for the 2008–2013 Strategic Plan depended upon SAT meeting the changes the donors demanded, but with no guarantee for continued funding.

Internally and especially among SAT regional staff (as already noted), many staff members gradually lost faith in the organisation to the extent that they dismissed the rehiring interviews as window-dressing and a ploy to cut people's salaries. Staff saw the retrenchment resulting from the restructuring at the regional office as not responding to the needs of the organisation which included strengthening technical support to countries (which had already been done, at least potentially, when new job description were developed). It was, seemingly, a wanton desire to fire less favourable staff and/or to cut costs to please donors. In the words of one retrenched employee in an interview: "It beats any logic why these key people should be retrenched". Staff raised questions about the failure to relocate regional office staff to the country offices where there was need for personnel. They cited the Mozambique and Tanzania offices as SAT offices that needed to be redeemed and the only logical move (according to staff) was to

strengthen these offices by technical staff from the regional office. Following this reasoning, for them, there was therefore no reason to retrench staff.

6.6 Synthesis

This chapter has demonstrated how SAT transformed from a capacity development agency to an organisation focused on direct delivery of projects to communities in partnership with selected strong CBCSOs that were strategic as partners in that process. The dramatic events that led to changes in SAT placed SAT in a compromised position where it was difficult for SAT to argue in support of its capacity development model that was delivering by-and-large appreciable results to communities and to CBCSO partners.

The process of change was thus involuntary and demonstrated the extent to which the decisions of donors influence intermediary organisations like SAT, their partner CBCSOs and the communities they serve. Likewise, there is the hamstringing and compromising of programmes that are appropriate and beneficial to communities because external ownership and control of the necessary resources exists. Also clear is the fact that dependence on external resources renders community development programmes sustainable only to the extent that these external resources remain available for such programmes. This places CBCSOs and communities in a weak position to choose and sustain programmes of their choice and for those that work for them.

CHAPTER SEVEN:
CONCLUSION

7.1 Introduction

Capacity development and capacity management are important aspects of organisational and community life as they are central to sustainability. As components of community capacity and contributors to community competence, community-based civil society organisations (CBCSOs) must have relevant capacity to run programmes that contribute to community action in response to community challenges. The methods of delivering capacity in communities and in organisations, contribute greatly to the form and levels of capacity achieved and its sustainability.

This thesis analysed the conceptualisation of SAT's capacity development model and its application and results among SAT's partner CBCSOs and the communities they served, highlighting how SAT's approach to development was in-sink with its capacity development model. It also demonstrated how CBCSOs are vehicles for delivering HIV and AIDS responses in communities. The various factors influencing the implementation of SAT's model were also identified and discussed against the issues of sustainability of both organisational and community capacity including community HIV and AIDS competences. In particular, I discussed issues of sustainability against issues of resource availability and donor dependence as factors that have impacts on long-term delivery of development programmes. This concluding chapter seeks to draw together the main arguments in the thesis.

7.2 SAT's model and delivery of organisational capacity and HIV and AIDS competence

The model was in the form of a partnership between SAT and CBCSOs to enhance the organisational capacity of the latter, so that SAT could reach communities through CBCSO programmes. In this case, CBCSOs were intermediaries to SAT's community programming just as SAT was also an intermediary to donors' work and reach in communities in southern Africa. SAT's model created a chain of interconnected partners with efforts directed towards community development and, at the lower (especially the community) level, relations and decision-making powers and influence were largely egalitarian and based on community needs. However, those who provided the necessary resources wielded greater control, first starting with SAT and then going upwards to the donors and their funders.

Analysing the implementation of SAT's model revealed that SAT partners were satisfied with the model and grateful of SAT's work among them. Their only concerns were the need for more efficient and improved disbursements and speedy funding proposal approvals. They also wished SAT could invest more in mechanisms for improving partners' capacity to raise additional funds on their own to improve their sustainability especially after graduation. SAT was basking in the warmth of the praises showered on it by both partners and other stakeholders for delivering a capacity development programme that had tangible results among CBCSOs and in under-served and resource-scarce communities served by its partner CBCSOs. At the community level and, because of the improved capacity of CBCSOs, increased and better service delivery to community beneficiaries were gains of SAT's work in community responses to HIV in southern Africa.

The major irony was that while this was happening, the donors were breathing on and down SAT's neck demanding a change to its approach to service delivery to communities – abandoning the enhancement of community HIV and AIDS competence through the building of CBCSO organisational capacity. Although this research did not engage the donors for their opinions on these changes, there did not seem to be any concern on their part about the loss of services among the communities served by SAT partners who could not continue to receive funding under the new SAT strategy, which was largely donor influenced.

7.2.1 Delivery of CBCSO capacity development/building

All CBCSOs recruited by SAT needed capacity enhancement, beginning with basic organisational development (OD). This included in many cases help with the establishment of organisational structures and systems, registration, programme design and implementation, and monitoring and evaluation. Improved CBCSO organisational capacity, knowledge of the epidemic and programming in response to HIV were some of the benefits cited by partners as accruing from SAT's work with them. The extent of the reach of partner programmes was also another indicator of improved CBCSO capacity and enhanced programming abilities.

Since SAT partners were mostly located in remote and under-served areas and had no other funders, CBCSOs were in desperate need of funding for organisational survival (core grant for basic items like rentals, utilities, staff salaries and volunteers' stipends and transport) and for

programme implementation. SAT's grant making and finance monitoring processes ensured partner financial sustainability during the partnership period. In short, the SAT capacity enhancement programme meant everything to the CBCSOs, including opportunities for networking with other organisations in and outside the SAT family, and serving in the HIV and AIDS responses in other communities in southern Africa.

7.2.2 Organisational capacity management, sustainability and dependence

Under partnership with SAT, CBCSOs received much needed core and programme funding. SAT's technical support to its partners contributed to CBCSOs' capacity enhancement, and ensured their management of programmes delivered at the community level. This included monitoring and evaluation processes delivered through SAT's M&E; information delivered through SAT's publications which were deliberately fashioned to meet specific partners' needs; and the SAT SWW modalities and especially the skills training and information sharing workshops. After graduation, SAT hoped that, with the capacity gained under the CDC partnership (and in some cases, new donors found during the same period or after graduation), graduated partners would be able to manage and sustain their capacities to meet their programming needs at the community level.

However, as this study has demonstrated, sustainability was problematic for graduated SAT partners and was a matter of concern for both current and graduated SAT partners during the study. The SWW partnership never really served as a means for capacity maintenance or enhancement in its current constitution and implementation. Monitoring and evaluation support from SAT ended at the same time as the capacity development contract. There was no phase-out of these processes to ensure that partners were implementing and benefiting from them. The absence of a strong fund-raising component in the SAT capacity development model or an active networking programme to link mature CBCSOs and market them to potential donors remained a yarning gap in SAT's capacity development model and a weakness that compromised the organisational sustainability of those graduate partner CBCSOs that were not lucky to secure funding from other sources. In the main, the model left the sustainability issues of graduated partners to chance, and so indeed those graduated partners who were fortunate to find other funding were doing better than those that were yet to find funding outside the SAT partnership.

SAT partners were generally as keen to expand their funding base and reduce their dependence on a single source of funding, as they were to have the capacity of their organisations generally improve. However, remote and resource poor locations predisposed these CBCSOs to depend on SAT as there was usually no other source of funding. Their major predicament of general lack of opportunities to secure new and alternative resources, exacerbated by internal instability due to staff mobility, continued to render CBCSOs weak and therefore unattractive for funding from other donors – even SAT had to sever relations with many of them for the same reasons when it was changing its programme delivery model.

The funding insecurity surrounding the partners and the general unwillingness of other funders to come to the party, pushed most of SAT's partner CBCSOs into dependence on SAT but one which proved disastrous for those that were dropped from the partnership when SAT was changing its model. For most CBCSOs, SAT was everything and graduation was not an attractive option as it meant the end of their own organisational sustainability. In addition, the lack of prospects for them to secure funding after graduation discouraged them from pushing for graduation. In these circumstances, the absence of prospects to secure new funding seemed to generate dependence rather than that being an inherent characteristic of CBCSOs.

7.2.3 The model and the delivery of services to communities

The SAT capacity development model provided an opportunity for communities to receive a wide range of services and benefits through CBCSOs and indirectly from SAT. Chapter 5 presented a wide range of areas covered by SAT funded activities – VCT, HBC, HIV information, advocacy, knowledge of the epidemic and responses to it, and increased facilities and networks to support the local response. I classify the services received into five categories listed in Box 7.1. The existence of CBCSOs delivering these services to their communities presents a strong case for enhanced community capacity to deal with the epidemic. The strong link between CBCSOs and their communities and the involvement of community members in these programmes epitomised a certain level of community HIV and AIDS competence even though it is difficult to attribute such competence directly and fully to SAT as capacity development agency in this case.

Box 7.1: Categories of areas of service delivery by SAT funded CBCSOs

Prevention	Treatment	Care and support	Impact mitigation	An enabling environment
✓ HIV Information dissemination ✓ Advocacy & Networking ✓ Promotion of gender right ✓ Prevention of gender based violence ✓ HIV awareness campaigns	✓ Provision of ARVs ✓ ART management (treatment buddies)	✓ Home-base care ✓ Home visits ✓ Spiritual support visit ✓ supporting older carers	✓ Income generation for PLWHIV ✓ School fees programmes for orphans and vulnerable children ✓ Social re-integration of street people ✓ orphan care	✓ Advocacy and Networking for: - policy changes - Improved facilities - Improved funding for treatment

Source: Compiled from SAT (2012a:69 -75) Annual Report 2011 – 2012.

The *2011 Scalway Mid-term Evaluation* criticised SAT's model and suggested that there was a sense in which SAT treated CBCSOs like communities. This research did not find any data that supports this opinion, but an overall analysis of the model and its implementation demonstrated that SAT did enhance social agency in CBCSOs so that they could work with communities to drive HIV and AIDS responses. However, the choice of CBCSOs as vehicles for change in communities only works to the extent that CBCSOs remain viable and dedicated to working with communities. Responses organised around CBCSOs dissipate with the disbandment of CBCSOs; but, where effective knowledge and resources transfer has reached communities, they become more sustainable. Therefore, in the main, the most sustainable responses remain those run by communities and not monopolised by a few CBCSOs or NGOs.

7.2.4 SAT contribution towards community HIV and AIDS competence

As already noted, the aim of SAT's capacity development programmes among CBCSOs was to enhance community HIV and AIDS competence. One of the questions raised in this study was the extent to which this was realised and could be attributable to SAT. All partner organisations interviewed reported increased knowledge of HIV and AIDS and the response to the epidemic. They also reported improved and greater participation of local communities and leadership in the response to the epidemic, decreased stigma and discrimination of people living with HIV (PLHIV) and improved quality of life of women and children especially those infected and affected by HIV. As well, SAT partner organisations reported greater focus on the enhancement

of the rights and equality for those most-at-risk in communities and higher resource mobilisation for community responses to the epidemic.

In this regard, although these organisations greatly appreciated SAT's input, there was no concrete evidence of the extent to which any of these improvements could be exclusively attributable to SAT's work. Rather, community capacity enhancement by SAT was part of a broader response to the pandemic, driven by a multiplicity of players in the private and public sector including other regional and international NGOs and donors. Thus, in all areas where SAT worked, there were other organisations that were doing similar work and, in some cases, more focussed and likely to achieve greater impact than SAT's work which was scattered throughout the region. For this reason, it is difficult to conclude that SAT's capacity development programme really enhanced community HIV and AIDS responses except to the extent that SAT's partner organisations' capacities to operate in communities were enhanced by SAT's organisational capacity development work among them.

7.3 Graduation and community HIV and AIDS competence

The SAT partner graduation programme was an exit strategy for SAT's capacity development grants (CDG) partners considered mature and able to sustain themselves. Limitation of resources also left SAT with no choice but to graduate partners, as SAT was dependent on donations controlled by funders whose funding priorities were subject to changes influenced by their sources of funding. Therefore, the purpose of graduation was to create room and opportunity for increasing numbers of CBCSOs to come through SAT's capacity development mill, with the limited resources SAT had; and to receive capacity strengthening and move on as strengthened bodies that could better deliver programmes to communities, while new and more CBCSOs went through the same capacity development process. SAT's vision of establishing community HIV and AIDS competency took place within this process through the creation of a continually increasing number of CBCSOs with enhanced capacity delivering HIV and AIDS programmes in communities and with communities.

The rationale to develop the capacity of increasing numbers of CBCSOs that can deliver better and more programmes to communities was noble and important in adding more players to the response to the epidemic. However, the number of CBCSOs strengthened during the over

twenty years of SAT capacity development work were few and perhaps not particularly convincing to be a significant contribution to community competence in the grander scheme of things. Considering the fact that quite a significant number of CBCSOs struggled to sustain themselves for various reasons already discussed, and by extension the undercutting of their service delivery occurred, graduation did not always add to enhancing community HIV and AIDS competence that, under SAT's model, was supposed to be dependent on the enhanced capacity of CBCSOs. In this case, if SAT's graduation was to contribute more effectively to community HIV and AIDS competence in a sustainable manner, it needed to facilitate the sustainability of CBCSOs after graduation to enable them to continue delivering services to communities.

The continued need for capacity, characteristic in all organisational and community life, means that graduation should never mean disengagement but movement into a new relationship that should still allow for monitoring, review of capacity needs and maintenance of relevant capacity. This is because it is only when organisations have relevant capacity that they can continue to deliver on their mandates. The SAT partner graduation into SWW partnership was two if not three steps shy of this for its lack of a proper and consistent graduated partners' capacity monitoring, evaluation and maintenance programme that responded to current needs of these partners. It also did not offer any opportunity for considering re-engagement of graduated partners that were failing to sustain themselves after graduation. SAT's new project-type focus was actually worse in the sense that the major target was not OD for the entire CBCSO but project-specific skills development – regardless of what was a priority to the CBCSO.

The project-type focus introduced a new dynamic to community competence development under SAT's programming. SAT's choice to partner with established and strong organisations did not only spell doom for its partner CBCSOs in remote, under-served and resource source areas, whose contracts were terminated following the partner prioritisation process. It removed the possibility of all hopeful nascent CBCSOs in these communities to receive similar funding and the possibility of community HIV and AIDS competence enhanced in the same way SAT sought to do. This spelt a huge human cost to communities that failed to secure similar support because, while donors stopped the funding, the problems persisted and possibly intensified in the context of compromised service delivery.

7.4 Organisational sustainability and donor dependence

This study is yet another case that confirms that dependence on donor funding for organisational and programme sustainability is risky but unavoidable in many cases. The general resource scarcity in areas like southern Africa leaves CBCSOs with little option other than to secure donor funding (even as they may already be aware that such money may dry up). The lack of viable alternative sources of funding makes it appear as if CBCSOs prefer to be dependent yet, in most of these cases, they just cannot help it.

Organisational dependency will continue to occur with the provision of project-specific funding or such conditionalities as would not allow development partners to use donor funding to engage in activities that ensure long-term financial security. The fact that the CBCSOs in this study found only organisations such as SAT (before the change) more supportive of their cause, and in the course of their partnership with SAT failed to secure other sources of financial support, should be a cause for concern and an indication that local non-donor funding is still unavailable. Perhaps this is also a wake-up call for local resources to be developed and mobilised if development appropriate to communities in southern Africa is to happen.

7.5 Community responses and donor influences

This study demonstrated the ability of CBCSOs and their communities, with the assistance of an intermediary, to engage and roll out community response programmes beneficial to those infected and affected by HIV and AIDS. Also clearly illustrated is the fact that these responses remain dependent on donor funding thereby exposing them to any turbulence that may occur in the donor camp that may alter the course of events. In addition, the study also demonstrates that while donors have been the major drivers of community HIV and AIDS responses in southern Africa and the rest of the developing world where resources continue to be a challenge, time may have come for local resources to be mobilised intensely to finance local development and especially responses to HIV and AIDS. SAT's model and the programmes that its partners were running largely seemed to be appropriate to the communities served. The only 'crime' that was committed was that events in the donor camp overtook these responses – namely, a change of focus. In these circumstances, it seems that for as long as CBCSOs and local communities do not have the means to supplement donor resources with local funding to reduce donor dominance,

donors will continue to dictate the course and pace of development and in the process derail responses that may be more useful to communities.

7.6 Some theoretical highlights of the study

Premising the analysis of SAT's capacity development model on a hybrid of organisational and community capacity development theories provided an opportunity for a contextual analysis of SAT's approach to capacity building for community HIV and AIDS competence. In that process, I highlighted the nature of communities and organisations as well as the relationships between communities and organisations as agents of development, and the impact such relations have on community development.

First, using the hybrid framework made it possible to demonstrate that in each case SAT was working with communities and CBCSOs that had some level of capacity to the extent that they were already involved in responses to HIV and AIDS. Local community organisations were active agents of development working closely with their communities, and giving some measure of capacity and competence to communities to manage HIV and AIDS. Such baseline capacity was the basis on which SAT could initiate discussions and programmes for continued capacity development of these organisations so that they could deliver HIV and AIDS response services to their communities.

Secondly, it was possible to examine SAT's capacity development model in the context of organisational and community needs for capacity and competence development. SAT's recognition of the vision, values and capacities of community members and their organisations made way for the development of partnerships that allowed for the active and meaningful involvement of community players in processes of capacity enhancement and HIV and AIDS responses. This cemented relations between SAT and the community players, creating a sense of community at the partnership level. The result was the high level of collaboration between SAT and its partner CBCSOs in organisational capacity development of these organisations and in working with communities to roll out HIV and AIDS responses that were acceptable and beneficial to communities.

Thirdly, it was also possible to investigate and establish a link between SAT-supported CBCSOs' capacity needs and community capacity in response to the epidemic, while

highlighting the fact that organisational capacity-building is not only a pre-requisite for delivering services to communities but for contributing to the overall wellbeing of community members. Once SAT supported CBCSOs, they began to deliver important HIV and AIDS services to their communities by improving the health of community members.

Fourthly, in analysing organisational and community needs, the framework made it possible to demonstrate that while one of the key capacity needs was funding, the scarcity of resources in most communities served by SAT and the unwillingness of most funders to assist embryonic CBCSOs created dependence on SAT. Even though for the most part SAT did not abuse its power, such dependence gave SAT control over CBCSOs and their communities. As well, SAT's own dependence on donor funding proved disastrous for all when SAT had no choice but to change its model.

Fifthly, the framework made it easier to understand and analyse the influence of power relations in development and particularly the ways in which powerful external agents (especially donors who control funding) influence development in poorer countries. In this vein, using the framework made it possible to establish a case for the mobilisation and development of local resources as a basis on which local agents of development could enhance their bargaining power in determining development programmes as well as the terms and conditions for use of development assistance.

7.7 Synthesis

SAT's capacity development model for the enhancement of CBCSOs as a mechanism for delivering community HIV and AIDS competence was a success. It delivered organisational capacity to CBCSOs who, utilising their newly acquired capabilities, were better able to work with their communities in delivery HIV and AIDS responses that benefited the HIV positive, AIDS patients and many others affected by the epidemic. SAT as a capacity development agency was highly regarded among CBCSOs working in communities in southern Africa (Zimbabwe, Zambia, Tanzania, Mozambique and Malawi). It was hailed particularly for the nature of its partnerships, which ensured an all-round organisational capacity enhancement and provided core funding in a context where no other donor and capacity development agencies were prepared to

take the risk of forging partnerships with embryonic organisations that in many cases were neither registered nor had any recognisable formal structure and systems.

The location of CBCSOs with which SAT partnered and the scarcity of resources in these areas did not only predispose the CBCSOs to dependence on SAT funding but exposed them to instability once SAT funding ended after graduation. It also exposed them to the consequences of financial turmoil in SAT, which resulted in SAT terminating a number of the partnerships. The absence of a strong resource mobilisation component in SAT's capacity building model exacerbated the partner CBCSOs' financial insecurity, as many SAT partner CBCSOs were unable to fund-raise and secure additional funding. Therefore, changes in SAT's fortunes had a direct and immediate impact on its existing partners and the communities they served.

This illustrated that the appropriateness of the SAT model to the needs of the CBCSOs it partnered and their communities, and 'a sense of community' resulting from the partnerships, were inadequate to bargain for the continuation of a suitable and appropriate model. Money and the power that it bestows on those who have it played a more predominant role in determining changes to the SAT model, the partners it could choose, the nature of partnerships and the content of development programmes delivered to communities. Intermediaries such as SAT and their development programmes, and beneficiaries such as CBCSOs and the communities they serve, for lack of money and other necessary resources to sustain themselves are forced to play second fiddle and dance to the tunes of those who own the purse, even though the tunes they play may not really please them. Therefore, it seems that time is now for local resources to be developed and made more accessible for community development and to provide bargaining power to communities as they counterbalance the influence of external funders so that meaningful development partnerships may be forged and sustained.

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APPENDICES

Appendix 1 - Consent forms

Explanatory note

Thank you for accepting to meet with me.

The interview questions are intended to collect information for a Master's thesis. I will treat all information I collect confidentially and I will not use it for purposes other than the study. Executive directors or their deputies, directors, deputy directors, managers, department heads, coordinators, programme officers, finance monitoring officers, of SAT and its partners; graduated or current may respond to the relevant questions if they have good knowledge of their organisation, access to the relevant information and have authority to give it on behalf of their organisation. Participation in this interview is voluntary and consenting respondents are requested to sign the agreement below before the start of the interview as an indication that they agree to be interviewed.

Agreement to offer interview

I ..... having read and understood the explanatory note (having had the explanatory notes explained to me and understood) voluntarily offer informed consent to participate and offer answer to the interview questions below.

Organisation:.....

Your Position:……..

Signed: .....

Date:.....

Place:.....

Counter signed:.....

Date:.....

Appendix 2 - Schedules of Interview Questions

a. Graduated Partners

1. What do you understand by capacity development and your experience with the SAT capacity development programme?
2. What was the nature of your partnership relations with SAT from the start of the CDC partnership through to the SWW relations after graduation?
3. What are your impression of SAT's capacity building and graduation, and was it what you expected?
4. What areas did you particularly need to improve your capacity as you joined the SAT capacity building programme?
5. What was your impression of the SAT capacity development process with you in terms of your expectations and what you achieved at the end?
6. What are your impressions and comments regarding SAT's graduation process and contribution to your capacity sustainability after graduation?
7. How did improved your contribution towards community HIV and AIDS competence after capacity building?
8. How can you describe your preparedness for graduation and satisfaction with your capacity development needs?
9. What are the strong points of SAT's capacity building and graduation processes and what would recommend for SAT to improve?
10. How usefulness is the continuation of relations with SAT under the SWW programme especially in its current constitution, contribute towards your sustainability?
11. What has been your experiences regarding fund raising and how do you think SAT could have assisted in improving your funding situation?
12. How did SAT prepare you for graduation and especially on how to manage and maintain your capacity and to adapt your capacities to new challenges to remain sustainable?
13. How did you manage your organisational capacity to ensure that you remained sustainable and relevant?

b. Current SAT Partners

1. What is your organisation's understanding of capacity development process and your experiences with the SAT capacity development programme so far?
2. Does the focus on community HIV and AIDS competence deviate your initial organisational focus?
3. What are your main expectations from your partnership with SAT?
4. What is the nature of your partnership relations with SAT from the start of the CDC partnership up to now?
5. How did SAT explain community HIV and AIDS competence and how are you contributing towards this goal?
6. How did SAT explain graduation to you in relation to your sustainability and continued relations with SAT in the post-graduation SWW partnership?
7. How is preparing you for graduation especially with regard to your organisational financial sustainability?
8. What are you on your own doing to raised extra funds to ensure your financial sustainability and how is this shaping?

c. <u>SAT Country Programme Officers (CPOs)</u>

1. What is your understanding of SAT's concept of community HIV and AIDS competence and the SAT capacity development model?
2. What is your role as CPO?
3. What is the nature of the SAT capacity development model? Does it focus on OD? Programme activities etc - explain?
4. What is the process of initiating and carrying out capacity development under the SAT model?
5. What are SAT's considerations for determining a capacity development package for a partner?
6. Does SAT have different capacity development packages for different partners or the approach is a "one size fit all"?
7. How does SAT recruit its partners?
8. How does SAT's partner recruitment link to the achievement of community HIV and AIDS competence?

9. What determines the period of partnership between SAT and its selected partner?
10. What is graduation and how does it contribute to the SAT's capacity development model and the achievement of community HIV and AIDS competence?
11. How do you measure an organisation's progress in capacity building and what determines whether or not a partner should be graduated?
12. How does SAT prepare its partners for graduation and especially in managing their capacities after graduation?
13. What value can SAT accrue in re-engaging its graduated partners and what would be the nature of this new partnership?

d. <u>SAT Country Programme Managers (CPMs)</u>

1. What is the SAT capacity building model and how does it related to community HIV and AIDS competence?
2. What do you do and with who to enhance community HIV and AIDS competence as the ultimate goal of SAT's capacity building process?
3. What is the nature of relationship between SAT and its partners, specifically who does what?
4. What happens at the country level in partner capacity building including partner recruitment and determining the capacity enhancement package?
5. How does SAT describe its concept of partnership and especially in relation to rights and obligations of each part?
6. Can partners determine their own programmes and ask SAT to funds or does SAT determine the programmes?
7. How do you determine the period of partnership for capacity building?
8. What is partner graduation and what is its intention in relation to organisational capacity and community HIV and AIDS competence?
9. What informs SAT's decision to graduate a partner organisation and how does SAT prepare its partners for graduation and life after graduation?
10. What could SAT have done better to prepare its partners for graduation to ensure sustainability of partner capacity and programming?

11. How can you describe the contribution of your graduated partners to community HIV and AIDS competence and the achievement of the SAT goal in the context of 2010 Graduation Report?
12. What do you see as strengths, weaknesses of the SAT model and suggestions do you propose for improvement?

e. <u>Country Finance Monitoring Officers (CFMOs)</u>

1. What is your role in SAT's partner capacity building and community HIV and AIDS competence enhancement work?
2. What is SAT's capacity development model intended to achieve among SAT's partners and how does it relate to community HIV and AIDS competence?
3. What do you consider to be a partner with capacity from a SAT finance point of view?
4. What capacity building package does SAT's provide and what determines the package for a partner?
5. When you monitor partner progress as an FMO, what things do you look for which tell you that a partner is either progressing or regressing?
6. What determines whether or not a partner should be graduated and how do you how prepare partners for graduation?
7. What is it intended to achieve as part of the SAT capacity building modalities?
8. What provisions exist in the SAT capacity building model for partners to receive any further assistance especially in the SWW partnership?

f. <u>Regional Finance Monitoring Office (RFMO)</u>

1. What is your role as the SAT regional finance monitoring officer (RFMO) and especially in the SAT's capacity building and community HIV and AIDS competence work?
2. What is your understanding of capacity building in the SAT context?
3. What is the SAT package for capacity building including the financial component?
4. How is this package determined?
5. What is partner graduation and what criteria do you use to determine graduation from a finance point of view?

6. What is the aim of partner graduation and what are the factors that are considered in determining partner graduation?
7. What does the graduation process involve and how do you prepare partners for graduation?
8. What are SAT's plans for its partners after graduation to ensure their financial sustainability?

g. <u>SAT Monitoring and Evaluation (M&E) Unit</u>

1. What are monitoring and evaluation (M&E), and what is the role of M&E in SAT's capacity building and community HIV and AIDS competence work?
2. What are the uses of a SATCOMP the SAT's capacity development model and do you think that it accurately measures SAT's contribution to increased community HIV and AIDS competence?
3. How far can SAT go in attributing progress in Community HIV and AIDS competence to itself?
4. How achievable is SAT's goal of increasing community HIV and AIDS competence?
5. What is the use of a SOCAT in SAT's capacity building work?
6. What are the uses of the data collected through your unit?
7. What is the contribution of your unit in deciding levels of partner development, preparation and determining the graduation?
8. What determines whether or not a partner should be graduated and what is your role in preparing the partner for graduation?
9. What role do you play in the capacity management of partners once they have graduated into SWW partners?

h. <u>School Without Walls (SWW) Unit</u>

1. What are the functions of the SWW unit in SAT and its contribution to capacity building and community HIV and AIDS competence?
2. What is community competence and what is capacity building?

3. What are SAT's considerations for determining a capacity building package for a partner? Are there different packages for different partners or it's a one size fit all situation?
4. What constitutes a capacity development package for a SAT partner and how is it determined?
5. How are periods of partnership determined between SAT and its selected partner?
6. What is graduation and what is it meant to achieve in the entire capacity development programme and partner sustainability?
7. What does graduation mean to SAT in terms of SAT's major goal of achieving community HIV and AIDS competence?
8. What determines whether or not a partner should be graduated?
9. How does SAT prepare its partners for graduation?
10. How does the SWW partnership for graduated partners as currently constituted contribute to partner capacity management and sustainability?
11. How does SAT assist its partners manage their acquired capacities for sustainability after graduation?

i. <u>Communications and Publications Unit</u>

1. What is the role of the SAT communications and publications in the SAT capacity building process and community HIV and AIDS competence?
2. How are the SAT publications aligned to contribute both to capacity building and community HIV and AIDS competence?
3. How does the unit support SAT graduated partners?

j. <u>SAT Deputy Executive Director: Policy</u>

1. What is SAT's concept of community HIV and AIDS competence in relation to community development generally?
2. What is the SAT capacity development programme and how is it related to community HIV and AIDS competence?
3. What is SAT's strategy in working to enhance community HIV and AIDS competence?

4. What is the difference between community competence and community capacity and in pursuing the goal of increasing community HIV and AIDS competence, what does SAT hope to see among communities as a result of its efforts?
5. What exactly is the nature of relationship between SAT and its partner organisations? What governs this relationship?
6. How does SAT ensure that its partner are accountable to the communities they work in terms of service delivery and to SAT as a partner?
7. How is SAT able to accurately measure and attribute its progress towards achieving increased community HIV and AIDS competence in this context?
8. What is the impact of the current changes in SAT in relation partnerships, (present and future) and in relation to the future mission, vision and SAT's goal of achieving HIV and AIDS competence?
9. What do you see as strengths, weaknesses of the SAT model and suggestions do you propose for improvement?