



– AIDSLink #63 – Leadership & HIV

Then I said to them. “You see the trouble we are in ... come let us rebuild ... I also told them about the gracious hand of my God upon me and what the king said to me. They replied, ‘Let us start rebuilding.’”

Neh 2: 17,18

August/September 2007

This current edition continues to explore what it means to grow effective and innovative leadership. AIDSLink is intended to be a tool for resource sharing, networking, and mutual encouragement for ministering in the context of HIV&AIDS. Please do take advantage of this communication tool to let others know of events, resources, tips, successes, current challenges and even questions which may be relevant to others in similar work - after all “why re-invent the wheel”? Let’s learn from each other.

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1. Leadership and innovation

Nehemiah is a leader distinguished by action, innovation, and vision; his personal example and ability to engage others; and his perseverance in the face of obstacles and challenges. He has the ability to understand the situation from the perspective of both an “insider” and “outsider. Read Nehemiah 1-3. He sees at a situation that is desperate: the City of Jerusalem has no wall The city is defenceless and the people of God are dispirited. They feel vulnerable to all enemies. In 140 years, no leader has been able to rebuild the walls. But Nehemiah is different:

1. He is a man of God – notice his prayer, fasting and passion for God’s cause (1:4-11)
2. He is a man of preparation – when the king asks him what he needs, he knows just what to say (2:2-9)
3. He is a man of innovation – his focus is on rebuilding the people of God, and as he does, the wall gets built (2:17-18; ch.3; 4:6, 21-23)

Nehemiah demonstrates the critical importance of good leadership. He is no engineer, but in 52 days the wall is finished, largely due to Nehemiah’s connection with God, innovation, strategic thinking, and perseverance. Among his many qualities, Nehemiah thought “outside the box.” Though lacking in training for the task, he applied principles of leadership, such as we see in chapter 3: encouragement, involving people as teams, and setting a personal example. He gives us a good model for working in the area of HIV & AIDS. Strong and committed leadership is key to responding effectively to HIV.

For reflection and discussion:

1. What issues (problems, challenges, discouragements, disappointments) are you and your team or project facing that leaves you feeling vulnerable and dispirited?
2. Think “outside the box.” What innovative approaches could you take that you haven’t tried before?
3. What is your “comparative advantage”? What is working well in your ministry? How can you work more effectively with your strengths?
4. What leadership skills – vision, innovation, creativity, strategic planning – could be added to your team? How?

2. Growing leadership: but what about mistakes?

The following reflection rooted in practical experience in Zambia was presented by Martha McDonald on a panel addressing “Good Practice – Leadership Development” at a HOPE for AIDS consultation and workshop, Johannesburg, 20 August 2007. For more information contact Martha and the team involved in the “AIDS Prevention Plus Life Education (APPLE)” in schools at: martha.mcdonald@sim.org.

“The best advice I have received so far in the way of leadership development was from a colleague in Scripture Union. I had just started the Life Skills program and was not confident in my position. His advice to me was, “Make a decision – if it’s the wrong one we’ll deal with it”. That simple statement was so freeing for me. It told me that he was leaving things in my hands, that he was confident in my abilities but if I did make a bad decision I wasn’t on my own, and that he would be there with me to work things out. That is a principle that we continue to use in our Life Skills program.

“As Life Skills Coordinators we all have our individual leadership styles, so there is no set formula to growing peer educators into leaders. It is also hard to teach someone what comes naturally (not that we are “the ultimate leaders” but some aspects we often do without first thinking them through). We have however learned (in simplified form of course) that ...

1. We need to lead by example – are we practicing what we are preaching?
2. Encouragement is crucial
3. Huge amounts of patience are required. Each peer educator learns at a different pace – usually much slower than we think they should
4. As leaders we need to be willing to admit our own mistakes and shortcomings, allowing others to see our imperfections
5. Leadership is about servanthood, not power! – a challenge where titles are very important
6. Emerging leaders need to have room to prove themselves, to make mistakes and to learn from them

“We have faced disappointments in our program, in ourselves and our leadership abilities, and in our peer educators when they have made unwise decisions in their leadership positions. We must remember however, that developing leaders is a process – it takes time and sometimes mistakes are the best teachers.”

3. Seeking justice for all

“*Seeking Justice for All*” by Isabel Carter, Ruth Alvarado and Alfonso Wieland (792kb) is the latest TEAR Fund PILLAR guide providing practical, discussion-based learning on community development. It presents a number of common situations of injustice, based on the UN Universal Declaration of Human Rights. It allows people to learn about their human rights and to discuss ways of promoting these in different local situations. Each topic includes Bible references that examine God’s compassion and passion for justice. In contrast, human laws are rarely perfect – they need to be continually improved. This guide challenges us to identify and do something about unjust laws, to become familiar with “human rights,” and to promote and defend the rights of others.

It is available at: <http://tilz.tearfund.org/Publications/PILLARS/Seeking+justice+for+all/>

4. Managing a community-based organization

“*Community-based Organization Management*”, October 2006 is a 27 page (15KB) fast-track overview on management for a community-based organizations (CBOs).

“CBOs play an important and relevant role in providing services at the local level. They work in a variety of different fields, such as education, health, the rights of the disabled, and gender issues. Wise management of the organization can contribute significantly to ensuring the effectiveness of the work that it does. This notebook will provide basic and comprehensive definitions of what organizations are, what a

CBO is and what management is. The definitions will help you to understand the concept of CBO management, highlighting management skills, different types of managers and the main functions of managers. It also examines different topics that need to be managed to ensure the effectiveness of the organization, such as tasks, time, meetings, human resources, and employee performance.”

Written by Marta Chechetto-Salles and Yvette Geyer for the Institute for Democracy in South Africa (IDASA), it is available at: www.idasa.org.za/gbOutputFiles.asp?WriteContent=Y&RID=1701

In a similar vein is *"How to build a good small NGO"* is a 79 page (MB) guide available at: www.networklearning.org/books/build-ngo.html

Throughout this manual you will find best practice theory and appropriate exercises which apply ideas and theory to particular situations (e.g. Does this project seem relevant for the problems?). These exercises can be done individually, or better by a group discussing the text. The manual is particularly helpful in the way it compares and contrast Western versus non-western approaches to developing NGOs. Check out www.networklearning.org in particular, the "Resources" page at www.networklearning.org/directory.html

5. Training adherence support workers

Adherence support workers (ASWs) are important members of the antiretroviral therapy (ART) clinical team. They help improve patient adherence, knowledge, and understanding; provide education and counselling in the patient's own language; and free nurses and doctors to focus on other clinical needs. This two-week intensive curriculum produced by Family Health International teaches community volunteers to work alongside nurses and doctors. ASWs learn to interact with patients in clinical, community, and home settings where they provide HIV education, treatment support, and ART adherence counselling. They are also taught to participate in the referral network and to re-engage treatment defaulters. The material includes technical information and techniques for relationship building and counselling. Modules include didactic sessions, role plays, and group exercises.

View or download facilitator presentation materials including the facilitator's guide (5 MB) and participant's guide (2 MB) at www.fhi.org/en/HIVAIDS/pub/res_ASW_CD.htm

6. Making it known – the AIDS Cube: rapid unforgettable learning

The HIV/AIDS cube is rapidly taking its place amongst leading educational tools. When an educator picks up the cube, their face lights up. They can't help smiling as they flip over the sides: what is AIDS? how do you get it? How can you not get it? The size of a rubic cube, it is a clear simple tool that presents the facts about HIV/AIDS, how to prevent its contraction and spread, how to care for people living with HIV and AIDS. Once the cube has been demonstrated to someone, they never forget the messages of its pictures.



Useable in any country, every country in West, East & Southern Africa where it has been demonstrated so far has ordered copies. The HIV/AIDS cube produced by E3, makers of the EvangeCube is available from SIM. Contact john.barnshaw@sim.org The cube has a maximum price of US\$7, with significant reductions for quantity orders. Also available: oversized demonstration cube; a pictorial powerpoint, a evaluation sheet and a manual on HIV/AIDS.

7. Tip of the Month – Courage to change

'Courage to change' is a participatory tool that helps:

- provide a non-threatening way to identify the changes that people need to make in their lives
- assess how people feel about those changes, including which changes are easy or hard and why.

The tool involves participants standing at points along a line to show how easy or hard it is to make changes. This activity is about the changes that people like them can make. It is not necessarily about the changes that they, personally, must make. It is particularly useful for exploring what individuals need to do to reduce their vulnerability to HIV and what communities need to do to reduce stigma about HIV&AIDS. It can also be adapted to identify changes that may be needed in project strategy or implementation.

How to use it:

1. Ask the participants to identify a way in which individuals, the community or the program needs to change
2. Mark a line on the ground. One end means 'easy' and the other end means 'hard'
3. Ask a volunteer to stand on the line that you have drawn, according to how easy or difficult they think it would be for individuals, the community or the program to make the change
4. Ask why they have chosen to stand where they are and what support individuals, the community or the program would need to make the change easier
5. Ask the other participants if they agree
6. Ask the participants to identify another way in which individuals, the community or the program needs to change. Repeat the process for another six to eight changes
7. Record for all to see what is easy and what is hard to change
8. When the activity is complete, encourage the participants to discuss what courage to change has shown

An alternative approach that can be used if participants find it difficult to talk about change is to use a 'secret vote' Instead of a line This involves participants having voting cards and using a scale of one to five dots to show how easy or hard a change is. For example one dot (•) would show that it was very easy and five (•••••) that it was very hard. Read out an example of a change that is needed and participants vote by putting dots on a card and putting it into a box or basket. Count up the votes and discuss what the total says about how easy or hard the change might be.

This tool has been adapted from Tools Together Now, 2006, p116 (250 pages) by AIDS Alliance and is available for downloading (2.9MB) at: www.aidsalliance.org/sw36326.asp



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