



AIDSLink #65 – Making Projects Work

“Don’t be afraid of the enemy! Remember the Lord God who is great and glorious, and fight for your friends, your families, and your homes.”

Neh 4:14

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Given the enormous impact of HIV&AIDS, we can be easily discouraged into thinking that our small efforts are meaningless. Working together is key. This edition offers some tools to keep us thinking about administering projects well. You too are invited to contribute your views, articles, and web sources to AIDSLink by relying to: international.aids-consultant@sim.org

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SIM AIDS related ministries and HOPE for AIDS

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1. Working in community to achieve a common vision

Early Israelite society with its kinship structure of tribes, clans and extended households was socially decentralized and non-hierarchical. Unlike its neighbours, it was geared towards social health and economic viability of those at the bottom rather than to those with wealth, privilege and power.

Read Nehemiah chapter 3. Notice the community at work. Distinct family groups are mentioned by name, along with what they contributed, and the fact that they worked on a section of the wall near their homes. Rebuilding the wall was a major undertaking requiring skilled project management and cooperation. The whole community (with the exception of some of the nobles! Neh 3:5,27) was engaged in working together.

Rod Beckstrom and Ori Brafman in “The Starfish and the Spider” (2006) challenge leaders to develop their organizations to become more like a starfish than a spider: “Cut off the leg of a spider, and you have a seven-legged creature on your hands; cut off its head and you have a dead spider. But cut off the arm of a starfish and it will grow a new one. Not only that, but the severed arm can grow an entirely new body.” Their call is to decentralized organizations that spread authority and roles among the different members, who are then capable of meeting the challenges of a world in constant change.

As leaders and facilitators of HIV&AIDS projects, we need to ensure that each person knows that they have dignity and their work contributing to the task is valued. Rather than top-down authority, bottom-up accountability and rigid hierarchies, we need to encourage creativity, risk-taking, leadership ability and especially a learning attitude wherever we see these.

For discussion:

1. Nehemiah’s name is absent from the list in Chapter 3. What do you imagine that he was doing?
2. Note how many times the phrase “next to him” appears in Neh 3. What characteristics are required to work intensely and harmoniously next to people over a long period of time? Who might you need to get next to in order to tackle a particular task in your setting?

3. What distinctions, if any, do we see in Neh 3 between a) religious leaders and ordinary people, and b) men and women, in the rebuilding process? What can we learn from this?
4. Why do you think the nobles refused to work (Neh 3:5,27) and what were the implications of this for the men of Tekoa? How can you graciously deal with people who take a similar attitude?

Beckstrom & Brafman go on to say, “If you cut the starfish in half, you’ll be in for a surprise: the animal won’t die, and pretty soon you’ll have two starfish to deal with.” Imagine your organization replicating itself, again and again, because each member was empowered to go and grow. Sound exciting? That’s what is possible when God’s church gets the vision to work together for the Kingdom of God. Jesus said, “. . . but seek first God’s kingdom and God’s justice” (Matt 6:33).

2. Core costs in HIV projects: a risky business?

a. Core Costs: Some core costs will always need to be funded whether an organization is running 30 programs or just three. These are fundamental to the survival of projects but cannot be directly associated with any specific outcome.

The “British Overseas NGOs for Development” (BOND), a network of over 300 voluntary organisations working in international development, takes a close-up look at these costs and presents a series of core funding strategies. It makes the following suggestions:

- Plan your core funding models before you plan overall budgets.
- Ensure that all projects have accurate budgets and that all overhead costs are allocated and paid for.
- Where possible, invest in self-generated income from the beginning. Never stop experimenting.
- Never become too reliant on your own self-generated income. (One day it may collapse upon you or you may become too complacent.)
- Cherish your original donors but don’t expect them to fund your project’s growth.
- Diversify your donors but avoid being funding led
- Turn your key donors into advocates and collaborate with them to open up potential new donors
- Appreciate donor accountability as one way of retaining your relevance

For more information see the BOND Guidance Note 6 (335kb) available at:

http://www.ngomanager.org/cgi-bin/dcd/dcd.cgi?az=redirect&link_id=000001679&url=http%3A%2F%2Fwww.bond.org.uk%2Fpubs%2Fguidance%2Fcorefundingstrategies.doc

b. Project Budgeting: Also in the same collection of resources from BOND is “*Project Budgeting and Accounting*” (2003) by John Cammack. This short, simple 8-page guide to the process of budgeting explains what the jargon means and how to plan and monitor a budget. It also looks at, and gives helpful tips on, how to make sense of an income & expenditure statement or budget vs. actual statement. See www.bond.org.uk/pubs/ipw.htm

If you wish to keep learning beyond this introduction, see a list of publications by the same author at: www.johncammack.net/display.php?sectionid=13

3. Towards quality care: standards in working with OVCs

What measures are in place to ensure quality care in the project you identify with most closely with? Quality care of orphans and vulnerable children (OVC) is critical. But what do we mean by “quality”?

“*Standards-Based Quality Improvement: A process report from organisations working with vulnerable children in Namibia*” (Sept 2007) is produced by DeeDee Yates (Family Health International) Yates in conjunction with Lucy Y Steinitz. It looks at Namibia’s draft standards with local and international partners and encourages others to embark on similar steps to improve the quality of care of OVCs. It includes a

helpful explanation of quality, and addresses specific quality guidelines in the areas of psycho-social intervention, education services (such as a day care centre), health services, supplemental feeding, home visits, awareness raising for child protection, and economic strengthening. This resource (750kb) is available at:

www.cindi.org.za/files/StandardsBasedQualityImprovementHV.pdf

4. A networking toolkit: the CINDI model

“Starting a journey together as a network can be a rewarding experience. Together you can reach places you would never reach by yourself. Networking is a way of sharing resources and building one another up. Being part of a network journey can also help you to grow as a person and as an organization, and can help you to feel less alone as you work in the demanding fields of HIV and AIDS or development.”

A “Networking Toolkit” (May 2007) based on the Children in Distress (CINDI) Networking Model hopes to inspire people to work together more effectively. It provides practical tools for starting your own network. CINDI is a Network founded in 1996 which now has more than 150 members NGOs, CBOs, government agencies and individuals - who collaborate in the interests of children affected by HIV and AIDS in KwaZulu-Natal, South Africa. Downloadable (2.2MB) from:

www.cindi.org.za

5. Making it known – How far should they walk? + rethinking strategy

a. “How far should they walk? Increasing antiretroviral therapy access in a rural community in Northern KwaZulu-Natal, South Africa” (221 kb) by SIMer Dr Victor G. Fredlund and Jenny Nash is published in *The Journal of Infectious Diseases* 196 Supplement 3, December 2007 devoted the scale up of anti-retroviral treatment in developing countries, particularly in South Africa. See:

www.journals.uchicago.edu/JID/journal/contents/v196nS3.html

The abstract reads: “Mseleni is a rural community located in northern KwaZulu-Natal, South Africa. As in most rural regions in sub-Saharan Africa, Mseleni’s health care facilities are short staffed and suffer from significant resource constraints. Although these barriers exist, Mseleni’s clinic-based antiretroviral therapy (ART) program is currently estimated to be meeting the needs of 60% of individuals who require therapy within its catchment area. To increase ART coverage, close attention must be paid to staffing levels and to collection of the appropriate data to inform improvements in clinical care. A number of reviews and interventions have been undertaken to fine-tune the system. The integrated team approach is key to programmatic development and should lead to strengthening of both primary health care and the ART program. Furthermore, to meet a greater percentage of treatment needs, full use of community networks is needed to draw asymptomatic patients into voluntary counseling and testing.”

b. “*Rethinking AIDS strategy.*” For a quick and easy-to-read but thought provoking overview of prevention and ways forward, see Craig Timberg’s article in the Washington Post Foreign Service, Thursday, November 1, 2007 “*Rethinking AIDS strategy after a string of failures in wake of canceled vaccine study. Some experts are reemphasizing proven, low-tech prevention methods.*” It comes recommended by Allison Herling Ruark, MSPH, Research Fellow, AIDS Prevention Research Project, Harvard Center for Population and Development Studies.

Available at: www.washingtonpost.com/wp-dyn/content/article/2007/10/31/AR2007103102919.html

6. Tip of the Month – Writing an executive summary for your project

The following outline on how to write an executive summary was presented by Yvonne Mildred, SIM International Projects and Community Services Coordinator, yvonne.mildred@sim.org at the HOPE for AIDS Consultation and Skill Building Workshop, Johannesburg, South Africa, August 2007.

Why have an executive summary? It presents very briefly and succinctly, the key parts of a project so that a potential partner and investor can quickly determine whether to get involved or not. A good executive summary will include:

- Basic information on the host country
- Country context: Three sentences which show why the context requires the project
- Project Name: No more than five words
- Project Objective: One or two sentences
- Target Group (beneficiaries)
- Expected Results: In one paragraph with maximum of five bullet points, explain the transformational results expected from the project. Specify physical indicators
- Time: start date & project duration
- Project implementation plan: Three to five sentences explaining the tasks of the project
- Budget: the total and the break down into the key activity components
- Partner Agencies
- Contact details: Project Manager, e-mail, phone, postal address and website



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Championing HIV & AIDS ministries and helping SIM and its partners respond more effectively to growing epidemics in Africa, Asia, and South America

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