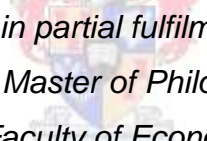# Critical factors in NACOSA's success as a network organisation in the HIV and AIDS Sector

by
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Assignment presented in partial fulfilment of the requirements for the degree of Master of Philosophy (HIV/AIDS Management) in the Faculty of Economic and Management Sciences at Stellenbosch University

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Declaration

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February 2015

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Abstract

NACOSA had an eventful history spanning 22 years. The first phase between 1992 and 2001 is labeled *Great Expectations* as the composite multi-sectoral structure started a groundbreaking initiative on HIV and AIDS in South Africa and believed that the first AIDS plan drafted by them would be implemented as planned. Expectations came to nothing as government struggled to find its feet through a decade of blunders leading to the demise of the structure by end 2001.

The next phase between 2001 and 2010 is labeled *Starting Over* as the Western Cape branch of NACOSA reinvented itself as a community mobilisation network for the province. Within a period of ten years Western Cape NACOSA developed into a successful national network with a large membership fully involved through its networking, capacity building and promoting dialogue functions.

The third phase between 2010 and 2015 is labeled *Rapid Growth* as NACOSA developed into a large training and grant management agency with strong systems providing funding to its members through sub-granting. Networking continued at a slower pace but is still highly important for the organisation. The network contributes to localised social capital through shared learning and collaboration.

NACOSA's sustainability has been developed through the ability to raise long-term funds for network activities, capacity building of members and coordinated service delivery on the ground. NACOSA also has a culture of identifying and acting fast on opportunities and adapting to change when it is needed.

Strategic factors attributing to the success of NACOSA are a sector based approach promoting diversity in its membership; a consistently focused and shared purpose throughout the years; a community agent approach believing in and advocating for community systems strengthening; obtaining a mandate from network members for main strategy changes; strategic partnerships; a strong capacity building approach focussing on organisational and programmatic competencies; not competing with network members but acting as main weaver; creating specialist networks for specific HIV-related causes; a committed representative executive committee and skilled staff; bringing groups together on a regular basis for discussions and strategising; a variety of social media; and a network mindset intent on a culture of learning and building trust between member organisations.

Opsomming

NACOSA het 'n gebeurtenisvolle geskiedenis wat strek oor 'n periode van 22 jaar. Die eerste fase tussen 1992 en 2001 word genoem *Groot Verwagtinge,* verwysende na die saamgevoegde multi-sektorale struktuur wat ontstaan het as die eerste groot MIV en VIGS inisiatief in Suid-Afrika. Hulle het verwag dat hul eerste VIGS-plan geïmplementeer sou word soos wat hulle dit beplan het. Hul verwagtinge het egter skipbreuk gely as gevolg van die regering wat oor die dekade heen hul voete gesleep en foute gemaak het wat uiteindelik gelei het tot die struktuur se ondergang in 2001.

Die volgende fase tussen 2001 en 2010 word genoem *Oorbegin* verwysende na die Wes-Kaap tak van NACOSA wat hulself herskep het as 'n gemeenskapsmobiliserings-netwerk. Wes-Kaap NACOSA het binne tien jaar weer ontwikkel in 'n suksesvolle nasionale netwerk met 'n groot ledetal wat volledig ingeskakel is by die organisasie se netwerk, kapasiteitsbou en bevordering van dialoogaktiwiteite.

Die derde fase tussen 2010 en 2015 word genoem *Snelle Groei* verwysende na NACOSA se ontwikkeling in 'n groot opleidings- en fondsbestuursagentskap met sterk stelsels wat befondsing aan hul lede verskaf. Netwerkskakeling het voortgeduur teen 'n stadiger pas maar is steeds baie belangrik vir die organisasie. Die netwerk dra by tot die bou van plaaslike sosiale kapitaal deur middel van samewerking en saam leer.

NACOSA se volhoubaarheid het ontwikkel deur hul vaardigheid om langtermynfondse in te samel vir netwerkaktiwiteite, kapasiteitsbou en gekoördineerde dienslewering op grondvlak. NACOSA het ook 'n kultuur om geleenthede vinnig te identifiseer en daarop te reageer, asook om aan te pas by veranderinge wanneer nodig.

Strategiese faktore wat bygedra het tot NACOSA se sukses sluit in 'n wye sektorbenadering met diverse lidmaatskap; 'n konsekwente gedeelde doelwit oor die jare; die bevordering van sterk gemeenskapstelsels; die verkryging van 'n mandaat by netwerklede vir strategie-veranderinge; strategiese vennootskappe; 'n sterk kapasiteitsboubenadering wat fokus op organisatoriese en programmatiese vaardighede; geen kompetisie met lede-organisasies maar eerder die rol van "hoofwewer"; skep van spesialisnetwerke vir spesifieke MIV-verwante kwessies; 'n toegewyde raad en vaardige personeel; gereelde bymekaarbring van groepe vir dialoog en strategie bou; 'n verskeidenheid van sosiale media; en 'n netwerk denkpatroon gefokus op 'n leerkultuur en die bou van vertroue tussen lede.

Acknowledgements

Thank you to all the previous and existing Executive Committee and staff members of NACOSA for their time and memories shared with me – it is an extraordinary organisation with a rich history.

Thanks for the support to all the staff of the Africa Centre for HIV/AIDS Management, University of Stellenbosch, in particular to my supervisor Professor Johan Augustyn for his excellent guidance.

Thank you to my husband and daughter for their love and support *and* the many cups of coffee.

"… social networks are required for the spread of good and valuable things, like love and kindness and happiness and altruism and ideas. … in fact, if we realized how valuable social networks are, we'd spend a lot more time nourishing them and sustaining them, because social networks are fundamentally related to goodness. … what the world needs now is more connections."

Dr Nicholas Christakis

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List of Abbreviations and Acronyms

AGM	Annual general meeting
AIDS	Acquired Immune Deficiency Syndrome
ANC	African National Congress
ART	Antiretroviral Therapy
CAT	Capacity Assessment Tool
CBCC	Community Based Care Coalition
CBO	Community-Based Organisation
CSO	Civil society Organisation
CHAiN	Children's HIV and AIDS Network
CHBC	Community Home-based Care
CSPRN	Civil Society Principal Recipient Network
DOH	Department of Health
DSD	Department of Social Development
HIV	Human Immunodeficiency Virus
HPCA	Hospice Palliative Care Association
HWSETA	Health and Welfare Sector Education and Training Authority
ICOH	Internal Coalition Outcome Hierarchy
IT	Information technology
JPHCF	Joint Primary Health Care Forum
M&E	Monitoring and Evaluation
MCC	Medicines Control Council
MRC	Medical Research Council
MSAT	Multi-sectoral Action Team

MSM	Men who have Sex with Men
NACOSA	National AIDS Convention of South Africa (1992-2001)
	Networking HIV/AIDS Community of South Africa (From 2007)
NAO	Network Administrative Organisation
NAP	South African National AIDS Plan
NAPWA	The National Association of People Living with AIDS
NCC	National AIDS Coordinating Committee of South Africa
NDOH	National Department of Health
NGO	Non-Governmental Organisation
NSP	HIV and AIDS and STI National Strategic Plan
OVC	Orphans and Vulnerable Children
PMTCT	Prevention of Mother to Child Treatment
PPHCN	Progressive Primary Health Care Network
RDP	Reconstruction and Development Programme
SANAC	South African National AIDS Council
SNA	Social Network Analysis
TAC	Treatment Action Campaign
TB	Tuberculosis
WC	Western Cape
WC-NACOSA	Western Cape Networking HIV/AIDS Community of South Africa (From 2001 – 2006)
WHO	World Health Organisation

Glossary

Alliance refers to a group of organisations, not necessarily official, that focuses on policy and strategy development and advocacy. Their coverage is often large and can span continents.

Coalition refers to "a specific form of network, in which a specific group of actors unite in a defined structure to achieve an agreed-upon agenda (usually involving changes in service, policies, institutions, systems, or social norms)" (Easterling, 2012).

Collaboration refers to "a more durable and pervasive relationship [than with cooperation]. Collaborations bring previously separated organizations into a new structure with full commitment to a common mission. Such relationships require comprehensive planning and well defined communication channels operating on many levels. Authority is determined by the collaborative structure. Risk is much greater [than with cooperation] because each member of the collaboration contributes its own resources and reputation. Resources are pooled or jointly secured, and the products are shared" (Mattessich and Monsey, 1992).

Member organisation refers to organisations that are affilliated to a network and may include specifically delegated staff members that attend network meetings. Membership are usually based on some form or registration, not necessarily linked to payment. Member organisations use the networking relationships to further their own goals and objectives. Member organisations never lose their independence while being a member.

Network refers to the pattern or structure that emerges from relationships between people and organisations. A network can be official with members or more loosely structured.

Networking refers to the actions of communication and collaboration between members of a network and may include physical conversations in processes such as meetings and workshops or electronically through social media. The networking is often about information or resource sharing, also lobbying and advocacy.

Network organisation refers to a social organisation/structure that is formally instituted as the lead organisation of a membership-based institution that have been formed to reach a social end – the organisation may have a small Secretariat administering the work of the Network or it may be a fully-fledged organisation with multiple functions including networking.

Network weaving refers to "the art of making connections among people in a group in order to strenghten existing ties, bring new peole into the fold and bridge divides" (Scearce, n.d.).

Partnership refers to a contractual collaboration between two or more (not more than five) organisations.

Social capital refers to "… the specific processes among people and organizations, working collaboratively in an atmosphere of trust, that lead to accomplishing a goal of *mutual social benefit*. The theory of social capital appears to be manifested by four constructs: trust, cooperation, civic engagement, and reciprocity." (Kreuter and Lezin in Ruderman, 2000)

Successful refers to effective functioning leading to achievement of stated goals and objectives.

Umbrella organisation "do not necessarily have members. They often act as intermediary organisations, providing financial and/or technical support to grassroots (HIV) organisations, thus functioning more a 'parent' organisations" (Sluijs-Doyle, 2009).

CHAPTER 1: INTRODUCTION

1.1 Background

Civil society organisations (CSOs) are often affiliated with or are members of broader network organisations with whom they share the aims of their work. In South Africa there are a number of such network organisations including the 17 Sectors of SANAC, the AIDS Consortium, the AIDS Foundation of South Africa and the Networking AIDS Community of South Africa (NACOSA). Network organisations in the HIV and AIDS related sectors are often unable to operate as successful sustainable organisations. This is evident from a number of SANAC Sector networks and umbrella organisations that are weak operationally and the closure of networks such as NOAH. Networks seem to form and operate for some time but then membership starts to dwindle and finding funding for the network activities becomes a struggle.

1.2 Research problem and question

It seems that network organisations have to put in quite an effort to balance serving their members as originally intended and giving attention to the survival of the organisation itself. Membership fees would not be sufficient to carry the core costs of the network organisation which means that there should be other factors that assist with sustainability. Networks might also battle to define their core business and over time deviate from their original coordination function and move into implementation, effectively competing with their members for resources.

NACOSA, however is a non-profit network organisation that has not only been effective over the past 20 years but has experienced much growth and development of its role over the years. While the success of the organisation is something to celebrate it is not clear what development phases the organisation has lived through and what contributed to the development of NACOSA and that resulted in them in becoming a successful and sustainable network organisation. There are probably a number of critical or strategic factors that can be pinpointed which assisted the organisation in strengthening its functioning as a coordinating structure for HIV and AIDS implementers in the country over the years. We do not know what these are and want to investigate further.

Research question: Which strategic factors in the development of NACOSA over time helped them to develop into a successful and sustainable network organisation?

1.3   Aims and Objectives

The aim of the study is to identify the strategic factors in the development of NACOSA into a successful and sustainable HIV and AIDS Network.

Objectives of the study include:

- To identify critical success factors for social change networks in general.

- To ascertain what the vision for creating the organisation was.

- To record NACOSA's history, label its development stages since inception and identify reasons for significant developments or changes.

- To analyse the funding and sustainability strategies of NACOSA since its inception.

- To identify the salient strategic and contributing factors to NACOSA's success and sustainability as a network organisation.

1.4   Significance of the study

The study will firstly contribute to NACOSA's institutional memory through a description of its history that captures the main phases in the organisation's development and the strategic thrusts that made it possible to operate as a successful and sustainable network organisation in the HIV and AIDS sector today. Comparison with existing literature on successful networks will also outline issues that need further attention for the organisation. The study may be used as induction for new staff members and its lessons can be integrated into NACOSA's organisational development training courses and mentoring programmes.

Evidence of impact and sustainability are non-negotiable deliverables for public and private donors of civil society organisations and networks today. This study may serve as a guide for civil society and network organisations in South Africa and globally, offering ideas and learning's on salient factors for effective functioning and sustainability.

The study will also add to the existing literature on the importance of networking and coordination of programming to impact on health at community and national level in general, and on HIV, AIDS and TB in particular.

CHAPTER 2:   LITERATURE REVIEW

2.1   Introduction

The literature have been sourced on networks and alliances, focusing on those formed by non-governmental organisations (NGOs). The literature covered existing networks as well as guides on how to build effective networks. In general, much has been written on the purpose and structure of networks, some on what makes networks effective and relatively little on performance evaluation of networks. This chapter provides an overview of the literature review starting with definitions of the concept and then using a framework that was developed for analysing the success factors associated with effective networks.

2.2   Definitions

Network is not a new concept, in fact networks have existed since the beginning of time and is normally formed on the premise that there is strength in numbers (social change is always associated with some form of network) and that a network can benefit everybody linked in the circle or structure. The cellphone and internet explosion over the last ten years have revolutionised people's and organisations' connectedness and have speeded up the formation of networks – however the effectiveness of network organisations in benefiting its members is not certain. Networks are sometimes called coalitions, alliances or collaborative groups which are also groups of bodies or organisations, structured in a variety of forms, working together towards the same goals. In the past individual NGOs were the order of the day but network-centric thinking, as in other sectors such as politics, economy, terrorism, etc. has become part of how organisations operate.

The definition of a "network" by Church, Bitel, Armstrong, Fernando, Gould, Joss, Marwaha-Diedrich, De la Torre and Vouhé (2002) is often quoted:

> "A network can be called a network when the relationships
> between those in the network is voluntarily entered into, the
> autonomy of participants remains intact and there are
> mutual or joint activities".

According to (Scearce, n.d.) networks are people linked through all sorts of relationships on a continuum between centralised and decentralised structures.

According to Holmén and Jirström (2000) a network is a communication mechanism that links people or organisations that share the same goal, but also that the objectives and way of functioning can change over time. In an effort to distinguish it from an organisation they say that an organisation usually networks and deals with information as part of their work but that the primary objective of a network is *disseminating* information. Haverkort's (in Holmén and Jirström, 2000:12) definition of an NGO network elucidates this very well:

> "any group of individuals and/or organizations who, on a voluntary basis, exchange information or goods or implement joint activities and organize themselves for that purpose in such a way that individual [or organizational] autonomy remains intact".

The concept "network organisation" in this study refers to a social organisation/structure that is formally instituted as the leading organisation of a membership-based institution that have been formed to reach a social end – this organisation may have a small Secretariat administering the work of the Network or it may (like NACOSA) be a fully-fledged organisation with multiple functions including networking.

Depending on the connectedness of staff within a network organisation, there are probably also a number of less formal sub-networks within the organisation, many of whom the network organisation's management structure is not even aware of. Cohen, Baer, and Satterwhite, (2002:3) mention that a "lead agency" does not control the other organisations and distinguishes between its own and other members' views. A member organisation on the other hand is an organisation that is affiliated to the lead organisation in some way.

2.3   Framework

In an effort to create understanding from the various types of literature on different aspects of networks and their success factors a broad and simple framework for analysis (See Addendum 1) was designed that follows a sort of logic frame of inputs in the world of networks: Purpose, Membership, Interaction, Governance, Management and Structure – each a component without which a network cannot function properly. The term "sort of" is used because no process in networks can be stated as logical or a hard and fast rule. Each of these components are dynamic, includes a number of processes and can change over time depending on the context of the network. They can also influence one another and not necessarily only in the order that they are presented. The component Governance, Management and Structure mostly develops out of or flows from the

aforementioned component processes and are more administrative by nature – it helps the other components to operate more effectively but in itself cannot guarantee success.

2.4   Critical success factors

2.4.1   Agreed Purpose

Rather than focussing on the definition of a network Liebler and Ferri (2004:15) find it easier to focus on the general characteristics of networks such as their various structures, shared purpose, and collaboration on issues. Forms of networks that are identified include sector-based networks, community groupings, knowledge creating networks, advocacy networks and service delivery networks. All these networks differ slightly from one another, especially with regard to structure and types of collaboration. Similarly, Engel (in Holmén and Jirström, 2000; ICCO, 2004)) states that NGO networks normally focuses on one or more of the following distinctive activities: service delivery, advocacy, learning together, and/or management.

Plastrik and Taylor (2006) linked the purpose of networks to one of three types namely Connectivity, Alignment and Production. A connectivity focused network's purpose would be to create connections and share information, an Alignment Network has more of a unique identity and shared value propositions while a Production network jointly implements specific actions. While a network can only focus on one of these purposes many, and most do, have all of these characteristics, often developing from one to the next.

A network's activities are also related to the level on which it is functioning: local networks are therefore often involved with coordinated service delivery while national and international networks are often more focused on lobbying, advocacy and policy development. There is much written on "inter-organisational networks" which seems to refer more to networks between for profit companies. A number of studies have also been done on "North-South" networks which are networks formed between organisations (mostly donors or international NGOs) in developed countries and NGO's in developing countries. Then there are state-civil society networks which are formed between a government and NGOs to plan and implement development programmes. Some literature also refers to nonprofit lead-organisation networks which are often formed when bigger programmes are funded and one organisation manages the funding and report to the donor.

Related to the above are the reasons for forming a network, Chen and Graddy (2010) distinguishes between programmatic needs and organisational goals as motivation for the development of a network. A network formed based on programmatic needs may include needs to have a wider coverage for service delivery and serving more clients, getting partners with local knowledge, and increased knowledge and expertise about programmes. Networks formed for organisational goals however, may want to satisfy donor requirements or increased legitimacy and/or strategic relationships. Easterling (2012) notes that although networks have the capacity to create/cause social and political change they mostly don't form for that reason and function more as collaborative information and learning hubs in the specific area of work.

Ashman (2003) states that there are differences between being effective as an organisation or being effective as a network and that initial expectations regarding the development of a network often don't materialise because they were based on underlying assumptions that were incorrect. Overall, she (Ashman, 2001b) defines a network as effective when it reaches its goals and operate to the satisfaction of the members. Similarly, Chen and Graddy (2010) uses (client) goal achievement, improved inter-organisational relationships and improved learning as indicators of effective lead-organisation service delivery networks, but they also showed that the rationale for creating the network in the first place (either for programmatic needs or for organisational goals) impact differently on these indicators. Through research Ashman (2001, 2003) found that networks develop in phases over a number of years and that strong short-term performance is unrealistic.

A strategic partnership refers to a partnership where the core business of both partners are involved in the partnership and where both parties find benefit in the relationship (Ashman, 2001a). Similarly, strategic fit with a network refers to the fact that the member organisations contribute to the activities of the network through their resources and capacities and they benefit from the shared network activities. Member roles are not only complementary but they also agree on programme methodologies and other important factors. (Ashman, 2001b).

A Network needs to have relevant goals and activities for a member organisation to join. The activities must be appropriate, offered at the right times and for the right duration of time (Østergaard and Nielsen, n.d.). It is no wonder that relevance came up often in an open question to people about the critical ingredients for effectiveness networks. Successful networks clearly communicate the value that they offer to members as well as

what would be expected from people in return (Scearce, n.d.). Holmén and Jirström (2000) maintains that networks always form in an effort to gain access to power, funding, information or such commodity that can assist the group to attain their goals. Therefore a network can also easily become less effective if it loses its stronghold in the community and becomes less interested in the value that it brings to the organisations on the ground.

Chen and Graddy (2010) showed that *shared vision* between partners contributed to effective learning and inter-organisational relationships, but not necessarily on service delivery outcomes for clients. This is an important observation for networks like NACOSA who have goals that are related to integrated service delivery.

In a recent study Ashman and Sugawara (2013) mention that the structures of networks determine their effectiveness but that there are too little research available on the inter-organisational networking mechanisms within networks. A new framework is proposed to classify different models of networks by applying two scales. The one scale measures interdependence of the members and the other measures the way in which the network is structured. Three models were identified from the findings: (1) Simple Purpose – Simple Structure, (2) Complex Purpose-Simple Structure, and (3) Complex Purpose – Complex Structure. A strong finding was that there is a significant relationship between the age and size of a network and its complexity of inter-relations and complexity of structure. It was found that organisations who were older than six years and had more than 26 member organisations were found to be more complex. In the same vein Brass, Galaskiewicz, Greve, and Tsai (2014) report that the longer a network has been in business the more skilled they are in forming more partnerships and working collaboratively but also the more dominant they become in the network. The size, as opposed to the age of the network, however had no association with the complexity of the network's purpose (Ashman, 2013). These findings suggest that the purpose and structure of network organisations become more complex as time marches on. Complexity is not necessarily bad because it facilitates improved networking between members, capacity to coordinate more members, growing trust between members and good relationships with donors. Interestingly, Ashman and Sugawara (2013) suggest that young networks should concentrate on collaboration and building relationships and that only the Complex Purpose – Complex Structure type of networks should think of constituting themselves as separate institutions. Holmén and Jirström (2000) report that developing a shared strategy and agenda becomes more complicated when a network starts to work at national and international levels because there are many other players and potential viewpoints or alternatives available and that

agreement on key issues such as financing and representation is essential before success can be expected.

2.4.2   Committed Membership

Ashman mentions *social capital* as an essential factor of effective networks, indicating the relationships that developed between people and organisations in the past and which formed a shared foundation and history over time. The best networks are those that build social capital by connecting people and places through community based and social media networking activities. Social capital can also play an important role in dealing with conflict and crises within a network's lifetime (Liebler and Ferri, 2004).

Effective networks, whether they have open or closed membership, have members that agree with the purpose of the network and contribute to it through their participation and actions. Members don't just join to learn new things but bring their own expertise to the party and are willing to cooperate and collaborate and adapt to group decisions – there is a give and take attitude and ability. Good membership means that organisations understand that it takes time and resources to belong to the network and they integrate it into their planning - they normally appoint one or two staff members to present the organisation at meetings. Østergaard and Nielsen (n.d.) found in their study that staff from member organisations often don't have time to take the information that they gained from a network further into the organisation. This points to networks' responsibility to devise ways (i.e. follow-up, communication with member leaders, portfolios of evidence) in which learning through capacity building and other network activities are integrated at member level.

Scearce (n.d.) refers to the term "social weavers" which beautifully describes the social ties that are being created by and between people. Networks are often initiated by a small group of like-minded and very committed individuals. However, it is also noted that creation of a network should be preceded by a feasibility study, especially if it is started in a top-down fashion (Holmén and Jirström, 2000).

An interesting effect of a network is that it can expand very quickly, especially connectivity-oriented networks, and as such also have quick diffusion of information irrespective of the distances between people and organisations (Plastrik and Taylor, 2006). There is no evidence of success linked to a certain structure of membership but most networks allow

organisations *and* individuals as members, some networks create different levels of membership linked to the commitment expected from members, other have payment as an entry requirement and some allow donors to become observer members.

Brinkerhoff (1999) writes about state-civil society networks which can be an effective mechanism through which citizens can oversee and participate in the implementation of government policies. Membership in such networks however, may be "forced" as they are almost always initiated by civil society and/or international donor organisations and not based on social capital as such. These networks may be fraught with challenges because of differing or hidden agendas, unequal power relations, limited participation by those who have to implement, limited management ability and networking capacity from government's side and limited conceptual policy-making ability by civil society. Factors that would make such networks effective include participative planning, agreement on objectives, role clarification and capacity on the side of both the state and civil society.

Although Holmén and Jirström (2000) states that one should be cautious about making generalisations about networks, one can probably say that a successful network would provide sufficient advantages for its members to retain their membership. Advantages to be gained from a network include legitimacy, credibility, influence through numbers, savings through combined resources, more ideas, shared information and learning, wider reach or impact on communities and building of trust and a culture of cooperation within a sector (Cohen, et al., 2002; Provan and Milward, 2001; Provan and Kenis, 2008). Other advantages are being acknowledged in the NGO sector and getting contacts for information or funding (Østergaard and Nielsen, n.d.).

Networks have strong and weak ties with long-time active members forming the core and strength of the network and weak ties hanging on the periphery. Weak ties are not unimportant because they might be contacted for linkage to resources at some stage. (Plastrik and Taylor, 2006).

2.4.3 Effective Interaction

2.4.3.1 Communication, trust and leadership
Holmén and Jirström (2000) states it clearly that a network is a means and not an end in itself. Networks may have huge social impact in today's changing world by providing infrastructure and arrangements for many role players to become involved in an issue, by being open and creating social links, allowing for diverse views, diverse leadership and

influences and by coordinating actions. The leaders of networks should value social cohesion, connectedness and sharing of resources. The idea of "distributed leadership" is important so that there are many leaders who feel that they have the right to voice their opinions and speak for the network where needed (Scearce, n.d.; Cramer, Atwood, and Stoner, 2006). This speaks to leaders' understanding that member organisations have valuable opinions, local expertise and links to important local stakeholders. The opposite is true when there are bottlenecks due to central decision-making and gatekeeping on certain issues. Leaders should be visible out there, spreading the word and building trust in what the network is trying to achieve. The commitment and contributions of the members are just as important – Holmén and Jirström (2000) talks about "hangers-on" that are not tolerated for long. They make the interesting distinction between members and participants revealing that while networks mostly refer to their "members" the true role of these members is rather that of participants. Plastrik and Taylor (2006) states clearly that the members of a network has the freedom to make decisions and to agree on issues, there is no authority at the top that have the final say. Acknowledgement for success is also attributed to the entire network. Network leaders should therefore be wary of abusing their dominance in a network and focus on promoting effective communication within the group.

Liebler and Ferri (2004) found that trust and adaptability were strong success factors for a network and that strong but appropriate leadership that allows participative decision-making is a key factor in sustainability. Similarly, in the open question to activists on key factors for strong networks, trust and all its facets were mentioned most often namely "openness, relationships, transparency, collaboration, commitment, inclusiveness, integrity, sharing" (Scearce, n.d.). Diverse membership makes for a successful network because it prevents the network from becoming too exclusive – the flipside is that communication and coordination becomes more complex to ensure that all contexts are taken into account and that the network stays meaningful to all (Holmén and Jirström, 2000).

Connectivity, Alignment and Action are three main network strategies, but creating connectivity is what networks are really about according to Ogden (n.d.-a) and where the most regular communication and learning should be taking place. He sees this as the most basic strategy and what should be happening at the periphery (see Figure 2.1). Alignment of vision and purpose results from all this intermingling develops into collective action on one or more issues. His point however, is that self-organised actions between two or more

members (which is referred to as "decentralised") *and* collective action between all members may form part of any of these strategies and that networks need to track these developments. Trust and cooperation is not very important in networks that don't develop further than the connectivity level, because organisations don't necessarily have to collaborate, but it becomes essential in
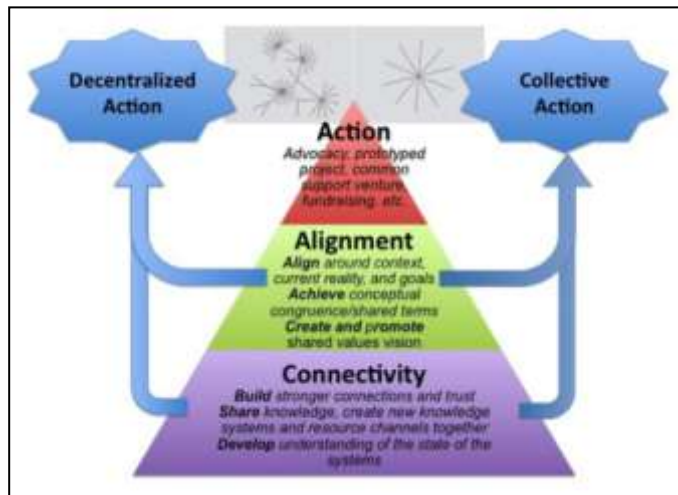
Figure 2.1: Ogden's levels of networking

Alignment or "Affinity" networks as the collective value proposition(s) or interest(s) define the identity of the group and the organisations really start to care for and assist one another through their endeavours (Plastrik and Taylor, 2006).

Linking to connectivity is the use of modern information technology (IT). Successful networks use IT wisely ensuring that all members know how to access and use IT appropriately to communicate about network issues. An aspect to give attention to is facilitating access to electronic networks (Perkin and Court, 2005) through sponsored equipment, software and training. Other forms of establishing connectivity is through directories of member organisations, e-mail listserves and resource libraries (Plastrik and Taylor, 2006).

A technique called Social Network Analysis (SNA) can be used to evaluate the existence and strength of linkages between members of a network. Mapping of network links showed that there are key components to a network namely the core of the network including people who keeps the network going, clusters of smaller networks that are linked more closely with one another and then the periphery which includes people that are somehow linked to the network but that may only become involved from time to time (Scearce, n.d.). Mapping of networks through SNA can be a good way to visually portray the inter-connectedness or fragmentation within a network.

Equally important is the way in which information flow and connectivity are being facilitated within the structure. Effective networks will have a range of venues in different geographic areas where people can meet. Social media will be used to its best effect. There will also be feedback loops and healthy networks will have processes for listening to members and making sure that they act on issues (Scearce, n.d.) and making time for joint monitoring

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and adapting of network operations (Ashman, 2000). Successful networks tend to be more localized providing practical information to members. The bigger and more heterogeneous a network becomes the bigger the chance that communication becomes irrelevant for some or most of the members, depending how far they are from the hub (Holmén and Jirström, 2000). Information sharing happens through shared knowledge and resources but also through making valuable connections and obtaining skills that organisations learn from one another (Plastrik and Taylor, 2006). Successful networks are skilled in designing and facilitating relevant and useful learning processes and they use the information that was created for advocacy, more dialogues with important stakeholders and writing funding proposals. An essential component is involving and extracting the untapped knowledge and solutions of local and indigenous communities (ICCO, 2004) – not only the hub is supposed to create and "teach" the rest of the network through its communication processes. A library or database of information can also be developed that is available to all members. The so-called weavers are important connectors of people that ensures there is on-going communication and creation of value for members (Plastrik and Taylor, 2006).

True representation of and speaking for community-based organisations is important factor in successful networks. Network organisations must have a process through which they create a mandate to act on behalf of the members and communicate the results of their activities. Holmén's (2002) cutting article on how representation should be backed up by true development and service delivery support at grassroots level and really demonstrate the alternative to what government can offer (in other words not only be lip service) is a stark reminder of how NGOs can abuse their power and basically only work for their own survival while feigning representation.

A multilevel research study on inter-organisational networks in the business world by Brass et al., (2014) indicated that networks provide tangible benefits to organisations including knowledge and information, resources, survival, impetus for innovation, etc. but that it also depends on trust and equity between firms and skills of senior managers in the business. Competition and profit incentives deter network effectiveness, resonating with notes elsewhere in this document about the tension that may be present between members when NGO networks become involved in managing funds for members. A fascinating finding was that business networks can also be used for unethical activities such as price fixing – it is an open question whether unethical mechanisms have been created in NGO networks.

The synergy between organisations that are part of a network or collaborative effort is not necessarily enough to lead to large scale impact (Easterling, et.al., 2013). But Perkin and Court (2005) argues that networks can achieve much with the three C's of Communication, Creativity and Consensus, especially in the field of policy change and governance (keeping government accountable). Linking with key actors and using informal links by members can also greatly enhance a network's capacity to reach policymakers.

2.4.3.2 Joint learning

This component of a successful network speaks directly to the reason why most civil society organisations decide to join a network. Joint learning and capacity building are mentioned in most literature on the relevance and benefits of networking (ICCO, 2004; (Østergaard and Nielsen, n.d.). It is closely linked to joint advocacy. The need for joint learning through networks partly comes from the complex and inter-related nature of most problems that need to be tackled in the developing world, it just is not possible to be addressed by one institution and organisations wish to do joint analysis and find innovative solutions together. There is also a need to make research results more relevant and useful to communities with development related needs (ICCO, 2004).

Successful networks provide opportunities, platforms and coordinated resources for joint action and learning on specific issues (Scearce, n.d.). The content must be relevant, offered at the right time(s) and practical/usable to members, but organisations must also have the staff capacity to network and culture of reaching out to others (Østergaard and Nielsen, n.d.). Holmén and Jirström (2000) talks of "social" and "mutual" learning and that networks are learning organisations. Local networks are more efficient because they rely more on personal communication which is more effective than written communication. There are a diverse mechanisms for facilitating learning of which workshops is only one – effective networks will include electronic "conferencing", listserves, competitions, funding, joint or interactive websites and the content or results can be communicated in a number of creative ways. Learning through active experimentation and feedback by members is a very practical way of learning that can be more beneficial than technical assistance (Liebler and Ferri, 2004). To quote ICCO (2004) "… learning oriented networks represent civil society's answer to the challenges of the emerging knowledge society" (p. 16).

Liebler and Ferri (2004) found that most networks identified themselves as key capacity building institutions and that much of the capacity building centered around specific

projects, programming, networking and advocacy. Interestingly, they found that most networks do not focus on organisational development capacities of their members. Taking it further they developed a set of competencies (they call it capacities) that NGOs generally would need to really become successful in their area of work. Standard competencies are those that one would immediately think of such as Visioning, Management, M&E (linked to Internal organisation skills), Networking and partnerships (External organisation skills) and Creating service delivery models, standards, quality assurance (Technical skills). An interesting comment by Plastrik and Taylor (2006) is that external institutions specialising in building capacity of NGOs may easily overlook the possible overlap and redundancy of some NGOs – doing this in a network and programme context makes more sense.

Zerounian, Shing and Hanni's (2011) depiction of phased network operations is very useful for conceptualizing how the functions of networks may develop over time and increase benefits for the network effectiveness, the members themselves and their targeted communities or programme goals. A repository or "warehouse" of learning is built up over time through sharing and learning and later develops into action and increased productivity and effectiveness. If the weaver(s) don't continue to consistently drive and encourage continued and new ways of sharing and learning the network may decline.

2.4.3.3 Generative capacities

Liebler and Ferri (2004) identified a set of "generative" competencies that networks should develop to take them to the next level (p.38). The skills are linked to mindfulness and ability to integrate and innovate. In their words

> "Learn how to learn; Lead in new ways; Act with agility; Manage cooperation and competition; balance autonomy with inter-dependence; Work across traditional boundaries; Create the Future; Access potential of Technology; Develop a systems view; Align Form with Purpose".

This links to Scearce (n.d.) who talks of a "network mindset" which refers to people being aware of the social context in which they live and work, and actively promoting the social connectedness for change by communicating and adapting the way in which the network operates if necessary. Motivation to upscale in terms of extra capacity and greater coverage were the two factors that had a positive impact on outcomes for clients in lead-

NGO service delivery networks (Chen and Graddy, 2010) which links to the idea of integrating and cooperating where necessary for the ultimate goal of the network.

Henderson and McAdam (2014) studied the deconstruction of business organisations into smaller independent units forming a network of business partners and found that quality planning and management is a key success factor that should be managed actively within the network. They argue that organisations need to be agile, flexible and very focused in its strategy, trying not to do too many things but making teams responsible for specific strategic goals. Learning between groups and self-assessment and measuring for further strategy development are all factors that will enhance quality and business success in the end. A noteworthy assertion is that standardised approaches across a business network are stifling success and learning and that diversity of approaches may better facilitate learning. These lessons from business can be equally applicable to civil society networks.

Scearce (n.d.) confirms the above sentiments by equating a new network mindset to actions such as less formal structures and decision-making, learning through doing, stimulating actions, making connections and linkages and, very importantly, measuring effectiveness against less concrete outputs such as trusting relationships and shared information. Ogden's (n.d.-b) elements of network thinking is diversity, adaptability, allowance for new emerging ideas vs. predictability, resilience in the face of adversity, valuing contributions from everybody without looking at credentials.

2.4.4 Action

Zerounian et. al.'s (2011) model in Figure 2.2 showed how sharing and learning based interaction may lead or evolve to a higher level of interaction namely that of actively implementing something together such as a campaign, project or programme.
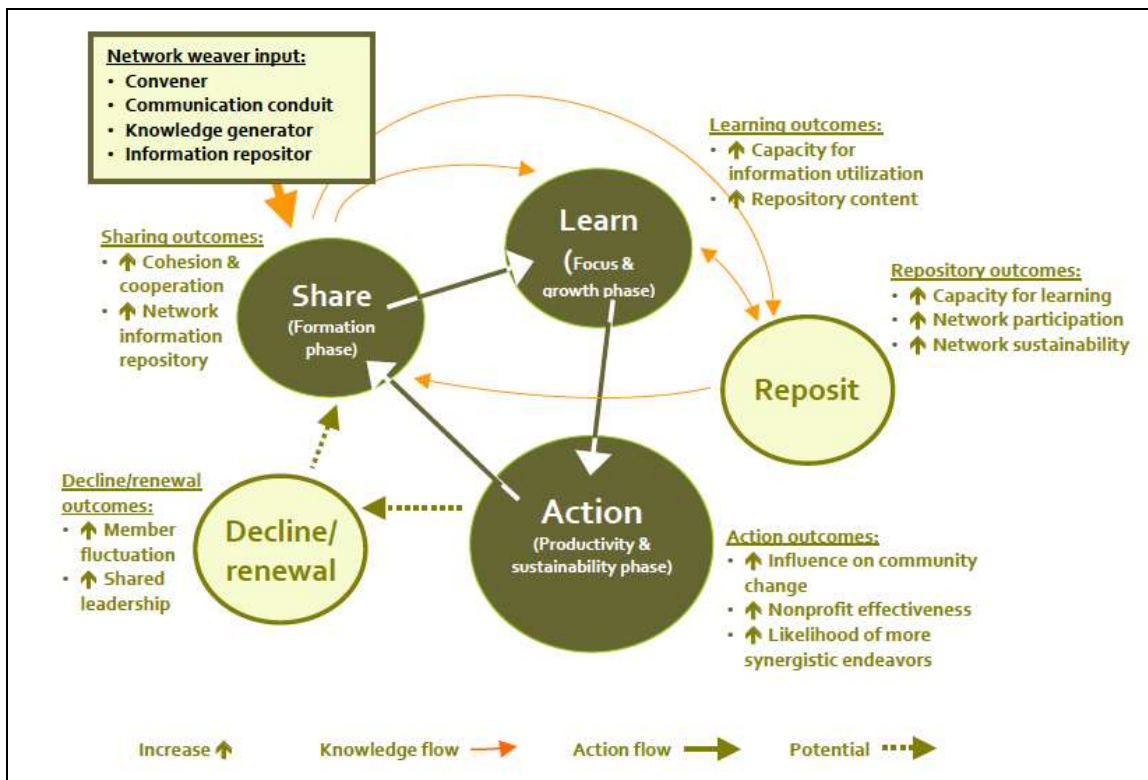
Figure 2.2: Zerounian et.al.'s Network phases and functions

Such interaction is eloquently described by (Kania and Kramer, 2011):

> "The power of collective action comes not from the sheer number of participants or the uniformity of their efforts, but from the coordination of their differentiated activities through a mutually reinforcing plan of action. Each stakeholder's efforts must fit into an overarching plan if their combined efforts are to succeed. The multiple causes of social problems, and the components of their solutions, are interdependent. They cannot be addressed by unco-ordinated actions among isolated organizations. (p.40)"

A successful network with the original purpose of social change through shared action or "production" (Plastrik and Taylor, 2006) would be able to coordinate tangible deliverables such as producing articles or services. In the process best practices would be shared and implemented in service delivery, organisations will implement joint campaigns and local organisational leaders will be trained. Policy development or change is an important action or outcome under this component and is discussed below.

2.4.4.1   Influencing policy

Many NGO networks want to contribute to, analyse, and/or implement the State's development policies or at least keep Government accountable for the implementation of their policies. According to Perkin and Court (2005) NGOs can interact with policy through the following stages, all four of which should be supported with capacity building of NGOs on how to influence policy at that stage:

Agenda setting: NGOs can collect evidence of a problem through a joint process and analyse it together. They can action an advocacy campaign on the matter to convince policymakers that it is a problem and they can link with researchers in the field to assist with formalising information and implementing communication efforts with policymakers. It is important that the target group (i.e. the poor, people living with HIV/TB, women affected by violence) is involved in supplying the evidence and that the data is of high quality – it is possible to do this through good networking and in the process build up information excellence that is valuable in advocacy and lobbying for policy change.

Formulation: A network can collect and use authentic evidence and work with others such as researchers to develop options for policymakers in terms of content. Through the network they can help with consensus building between government, business and civil society stakeholders.

Implementation: NGOs can assist with making people aware of the policy and with implementation of policy on the ground

Evaluation: NGOs can collect quality data on implementation and impact of policies and feedback to policymakers and in such a way ensuring that policies don't become lip service only.

2.4.5   Network Development and Structure, Management and Governance

2.4.5.1 Network development and Structure

Easterling's (2013) theory posits that networks develop over fives phases starting from no networking to implementing agreed upon strategies (refer Table 2.1). Networks often stay at the second phase and don't develop their work towards collective action, which is fine if the purpose is information sharing only.

Table 2.1: Easterling's Theory of 5 stages of network development

1. Organisations with common interests are disconnected from one another.
2. Organisations are informally networked.
3. Networked organisations start to envision collective action.
4. Networked organisations develop a strategic framework for collective action.
5. Networked organisations carry out coordinated strategies that produce collective impact.

According to Holmén and Jirström (2000) networks often start out as small informal groups and over time change into more formalised structures (i.e. an independent organisation) and arrangements as it gains more members and activities. A formal network, as opposed to an organisation, is set up to support the members of the network rather than people or groups external to the network. It seems that for networks to be managed well they need to be formally structured and coordinated centrally. The structure is not so important as the way in which communication flows and information is exchanged. But as more and more activities are added to the function of information dissemination, more skilled staff and means are needed. Provan and Milward (2001) are at pains to emphasize that the administrative organisation is not an agent for the members but rather an agent for the community that the network is aiming to serve and as such might need to make unpopular decisions for the network from time to time.

From their survey of networks Liebler and Ferri (2004) found that the structure of the network should always be dependent on its function and that the strategic goals of the network will determine the formal or informal nature of partnerships. (Scearce, n.d.) also maintains that a healthy network's structure will be dependent on its purpose and that the form and roles of the core and periphery may change over time. Most networks have a management unit or hub that are responsible for coordination and monitoring of activities (ICCO, 2004).

Haverkort (in Holmén and Jirström, 2000) illustrates the networks in Figure 2.3 according to their flow of information and level of development or sophistication.

In diagram A the network is new with few members and communication flows from the one to the other. In B a hub is visible and information becomes a two-way process through the hub – this is typical of an early phase of networking. In C communication happens in all directions without a hub, either through choice or because of very successful networking. D represents a well functioning network with information flowing from and through the hub while some communication also happens directly between members. In E the network has expanded into sub-networks or multi-hubs that function relatively independently but still keeps contact with the hub. These and similar visualisations are mostly theoretical and may help with analysing a network's functioning rather than categorising it in

Figure 2.2: Haverkort's typology of networks according to the flow of information

the narrow sense of the word, as networks vary greatly from one another and internally over time (Holmén and Jirström, 2000).

A study by Huggett, Milway, and Kramer (2009) examining the success factors of international network organisations such as Medicines Sans Frontiers (MSF) and World Vision provides food for thought about its application to national networks. Successful international NGO networks, referred to by the authors as "integrators", have branches in many countries that function semi-independently but they are in constant contact with the "mother" body which facilitates shared understanding of certain concepts and standards. The brand name of the organisation stays the same but there is ample flexibility for local branches to develop their own expertise and take the lead on an issue that is relevant to them. Emerging best practices and learning are then shared in various ways among the branches or units. The study notes that the integrator approach seems to be a good one when there is duplication in field programmes, or when advocacy on issues become

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inconsistent and when there is internal competition for fundraising. Networks should be organised to take full advantage of what the members are able to do together.

2.4.5.2   Network Management

The jury is out whether a network needs a separate unit or organisation to coordinate the functions of a network. In fact much of the literature mentions a number of alternatives to a separate organisation such as using a member volunteer or recruiting a coordinator from among or outside of the membership, sometimes assisted by a working committee of representatives. If a network does what it sets out to do there should not be a situation where the hub or the coordinator does all the work, in Plastrik and Taylor's (2006) words "Make the Network Do the Work". They also mention that it is important for network builders or coordinators to assist with identifying specific skills among the membership so that all added value is untapped and productivity increased. A hub (node/organisation with many links to other nodes) is an ideal coordinator for a network. With "network builders" they recognize a number of roles that are needed to effectively build and manage a network including that of <u>organiser</u> who normally starts the network, knowledgeable "<u>weavers</u>" who make connections between members, <u>facilitators</u> who steer processes such as collective planning, <u>coordinator</u> who keep the ties together around flow of information or activities. Additional roles could be that of <u>coach</u> who helps members or people to do their work and that of <u>steward</u> who are normal members who just assist with building the network over time.

Kania and Kramer (2011) specifically mentions that an effective a network needs a separate organisation with skilled staff to coordinate and manage the collaborative efforts – they call it having "backbone support" and states that networks often fail because they do not have this support. Expert staff is needed that can guide members without them feeling dominated, create a sense of urgency and agency, applying pressure where it is needed and handling conflict. Provan and Milward (2001) have similar views calling such an organisation a "network administrative organisation" (NAO).

The Internal Coalition Outcome Hierarchy (ICOH) model (Cramer et al., 2006) which is steeped in group theory provides a useful framework for evaluating the effectiveness of network organisations. It is based on the notion that effective coalitions (or networks) have active member organisations that collaborate along a hierarchical route leading from practical processes right through to a shared vision and supported by the leaders. In broad strokes the model highlights the essential *internal management* and organisation efficiency

or infrastructure that should be in place at the network leadership to enable networks to function well and learn continuously in order to reach their goals and become sustainable. This internal network effectiveness will result in sufficient resources, activities implemented as planned, diverse and participative membership, rewarding relationships within the network, improved knowledge and skills through capacity building, efficient practices across the membership and finally a shared vision and mission by all that results in impact at community level.

Skidmore (2004) states that organisations that want to lead networks are taking on a difficult task because they need to make a mind-shift about leadership – it is not about "saving" other organisations but about guiding members on how to adapt the way in which they work. They must harness the knowledge of member organisations and "lead between". Lead-organisations have at least seven areas of operations and management in which they need to excel to make networks effective (Cohen et al., 2002), these are:

- Administrative functions related to communication and meetings. This may include developing and managing a network information management system and assessing the infrastructure for communication in the network (Plastrik and Taylor, 2006).
- Facilitating meetings including preparation, report writing, feedback.
- Membership recruitment, development and maintenance, including pulling in uninvolved members through linking them with influential members. Membership is key to influence policies which means that the hub must be skilled in bringing large number of members together to agree on issues (Perkin and Court, 2005; CIVICUS, n.d.).
- Research on programme areas
- Public relations keeping all stakeholders informed
- Coordination of activities and stimulating connectivity by "knowing" and "knitting" the network and using the prominent members to assist. The coordination structure should be clear to all and there must be clear objectives which are monitored (Perkin and Court, 2005).
- Fundraising and donor liaison (Cohen et al., 2002; Plastrik and Taylor, 2006).

To this list can be added

- Facilitating network planning. This could be viewed as part of the second point above but important enough to mention that long-term planning is not necessarily

needed because the context changes constantly and many plans only need to be temporary. Also holding members to their promised deliverables (Plastrik and Taylor, 2006; CIVICUS, n.d.).

- Capacity building through mentoring, training and other means.
- Facilitating monitoring and evaluation of the network performance. Data on the problem in the community that are consistently collected by members helps everybody to align to the purpose of the network and to keep one another accountable (Kania and Kramer, 2011).

Linked to these, operations staff working for networks or "network officers" needs specialised training because building and implementing strategies and management processes are done differently than in normal NGOs (Easterling, 2012). Harbin, et.al. (in (Mattessich and Monsey, 1992) list some critical skills for lead agency managers: Knowledge about state systems and dialogue skills to convince political decision-makers, experience in working with a variety of organisations, facilitation skills that elicit participation, knowledge about funding processes and donors, ability to communicate vision. Ritchie (2002) notes that the funding needed for network organisers is often substantial because it is linked to staff remuneration and administration costs such as meeting costs and transport. He also suggests that network coordinators should not be paid more than the equivalent level posts in member organisations as it can create much tension in networks – the books of networks should be open to scrutiny.

Holmén and Jirström (2000) warn that networks often become exlusive or elitist over time excluding people or organisations that are not part of the initiating or inner group. When a network becomes a formalised institution that takes on a number of functions for the members the issue of representation and accountability becomes very important, and vice versa, the policy makers and stakeholders that are being lobbied or fundraised from should also understand the mandate that the network operates from. In effective networks the hubs acts more like a facilitator and coordinator than the "leader" with all the power. This links back to facilitating real interaction which manages to bridge the divides between NGOs functioning at different levels and having access to various resources (Perkin and Court, 2005).   Ashman (2001b) mentions that members/partners should share control by their presence at policy and decision-making or executive level. A network functions best where there is equitable collaboration and this becomes quite difficult when the hub holds the purse, Ashman (2003) recommends that the roles and arrangements should be very

clear within a network to negate the negative impact of hierarchical programme control arrangements and facilitate effective performance.

Responsiveness in partnerships are undervalued (Ashman, 2000) and should form a key building block of a successful network organisation – a good idea is to incentivise staff for focused open and responsive network coordination. Member involvement and subsequesnt sustainability of networks hinges on a good coordinator or coordinating team (Perkin and Court, 2005).

2.4.5.3 Governance

To date little has been written about network governance. Governance structures are often created some time after the establishment of the network. Decision-making take place through mechanisms such as representative committees, voting or efforts to reach consensus. Important decisions made by the governance structure could include the overarching vision, goals and values of the network, issues of membership, strategic planning, and budget decisions (Plastrik and Taylor, 2006). Network leadership, according to Tremblay (2012), is a collective process that is identifiable by eight charateristics: Scale (many organisations), Cross-sector coordination (no boundaries), Capacity building, Collective action, Long-term mentality, Collective communication, Reframing challenges (thinking in a new way), Process (joint action).

Specific forms of network governance may be more relevant or successful depending on the characteristics or development stage of a network. Provan and Kenis (2008) postulate that the form of network governance (for example shared governance, lead organisation governance or NAO governance) is a function of the network's required level of trust, the size of the network, the required level of consensus on stated goals and the competencies needed for effective network level functioning. A NAO governance form would be best when there is less trust between organisational members, when the membership is large, when there is moderately to high consensus about stated goals and when increased network-level competencies are needed to manage the network.

2.4.5.4 Donor relationship

Effective networks are successful in raising funds for shared programme activities without direct control from donors (Ashman, 2001b). Networks registered as organisations are more successful in raising funds from donors as they are institutions with accountability mechanisms and donors find it easier to work with one organisation than a large group or similar organisations (Holmén and Jirström, 2000).

Networks need to cost the running of the network and not underestimate the running costs. Organisations would fundraise for their own functions first and then for network activities from the same donor which could leave little for the network. If funding is moved to one coordinating NGO, it is important that there is agreement on the budget and how resources will be spent (Plastrik and Taylor, 2006). Although funding from donors who understand the specific needs of networks is very important, a successful network will also have the capacity to mobilise its members to provide resources such as meeting spaces, materials, catering, talent, etc. to save costs (Scearce, n.d.).

Lead-NGO networks who have partners based on funding requirements from donors have shown to impact effectively on organisational learning and inter-organisational relations (Chen and Graddy, 2010). However, Rosenfield (in ICCO, 2004) found that sub-granting is not a good foundation for networking because organisations receiving funding are not prone to continue with the networking after the grants come to an end. Funding for training of network staff is essential (Liebler and Ferri, 2004).

Sustainable networks have all managed to consolidate their structure and processes after an initial period of trial and error. It can take up to seven years for a network to mature. Networks seem to all go through stages of crises which can ultimately lead to its undoing if not dealt with decisively. In successful networks links between organisations are created in such a way that effective communication doesn't hinge on key individuals (Holmén and Jirström, 2000).

2.4.5.5 Monitoring and Evaluation of Networks

Monitoring and evaluation of networks is not easy because of networks' dynamic in- and outflow of members, many changes in the environment and strategies, many different stakeholders as well as the difficulty in deciding when to evaluate to establish any sort of impact. However, it is essential to assess the effectiveness of networks for the benefit of the members making up the network, the communities that are supposed to benefit by it and for funders investing in it (Provan and Milward, 2001).

A network's impact on the change that it wants to create can often take a long time and it is very difficult to measure or attribute change to the network's activities. Therefor the management of networks needs to measure their impact and effectives in creative ways and look at aspects such as meaningful contribution to impact, the inter-connectness between partners, changes in policies or health outcomes at local level, etc. (Scearce, n.d.). A network's connectivity should always be monitored and evaluated as this is the

golden thread that needs to lead to other outputs and impact. However, it is also necessary to guage the overall effectiveness and results of the network from time to time (Plastrik and Taylor, 2006). Holmén and Jirström (2000) mentions increased knowledge and effective project design as indications of impact.

Learning in the network context can refer to formal learning opportunities through training and workshops on specific issues but there should also be opportunity for reflecting on what has worked for the partnerships within the network and for the development of the network (Ashman, 2003). There should be accountability to one another and to communities for whom work is being done and to donors who are funding network processes. Although this is an important factor for success there is limited literature on how to evaluate networks. Provan and Milward (2001) suggest three levels of assessing a network's effectiveness: their impact on the targeted community, their effectiveness of the network (member interaction and activities) and effectiveness of the member organisations on their own as well as that of the hub/administrative organisation.

Easterling, Arnold, Jones, Smart and Reynolds (2013) take the idea further and recommend that a group of collaborators should do a detailed systems analysis (assisted by experts if necessary) to really understand the broader context of the field in which the network is operating. The rationale for going through such a big picture exercise is that people and organisations start noticing overlaps and gaps and even instances where member organisations might work against one another. It is important that the group is diverse and not necessarily closely associated with the specific health problem. Improved systems thinking and planning emerge from the such an analysis which always lead to better outcomes.

Evaluation should include looking at process outputs, capacities and value add to organisations (ICCO, 2004). Jarosewich, Mir and Simkin (2013) developed a Network Survey in which they measured Network Management, Sustainable service systems, Data-driven decision-making, Policy expertise and Advocacy and Knowledge development and dissemination, all key components of an effective network. The survey can easily be adapted for various types of networks and helped members to analyse their successes and points for further development. Plastrik and Taylor's (2006) conditions for the overall health/effectiveness of a network are similar:

- "The membership is growing.
- An increasing proportion of members is actively involved in the network.
- Members are engaging in multiple kinds of activities in the stewardship and management of the network.
- The network membership is increasingly diverse.
- Members are coming together in different combinations in the network (for example youth and adults, members with different social and ethnic affiliations, new members and more experienced members, leaders and others).
- Members are making and taking advantage of both strong and weak ties in the network. (p.92)"

The Network Mindset survey may help donors to assess whether a network is ready to be funded and making a success of the programme. This instrument measures members' understanding of the dynamics and power of networking and the quality of interaction between members (Zerounian, et.al., 2011).

2.5   Risk factors

While not the focus of this study salient risk factors highlighted in literature are listed below:

- When networks become formalised there is a definite risk that the secretariat turns into a service provider and starts doing all the work and organisations don't participate as they should (Sluijs-Doyle, 2009).
- One-way communication which may stifle sharing of information and joint learning (Holmén and Jirström, 2000). The network basically becomes a mailing list with no iteration between members. The biggest risk is to become so cosmopolitan that the diversity of local inputs are sidelined and the network becomes unproductive (Ivanov, 1997).
- Networks are often not sustainable because the network either doesn't have a clear purpose or is not clear about what they want to sustain and how it is to be done (Holmén and Jirström, 2000).
- Gatekeeping
- Depending on external funding and closing down when funding comes to an end (Holmén and Jirström, 2000).

- Absence of mechanisms for facilitating agreement on issues (Holmén and Jirström, 2000).

- Relying on individuals to do the networking can affect the network badly when people leave the organisation.

- External funding may push a network in a particular political direction (Holmén and Jirström, 2000). There is a very real risk in networks dancing to donor tunes all the time as stated by Easterling (2013) "Some of these initiatives have left a wake of dashed hopes, strained relationships, weakened agencies, and even damaged communities" (p.69).

- Responding swiftly on issues of negotiation can be problematic due to the time it takes to get agreement across the network if there is not a formalised process or mandate.

- Network hubs raising and managing funds for their members can usurp the original purpose of the network and attract many funding seeking organisations that do not necessarily agree with or care about the network (Holmén and Jirström, 2000).

- A network organisation that manages funds for members may inherently disadvantage their sub-recipient members in the same manner and through the same structural factors that skew the power relations between North and South partnerships (Ashman, 2000), i.e. funding policies and procedures, procurement and supply management chains, funding conditions, accounatbility rules and regulations. The network can become like its Northern donors in the negative sense of the word.

- Network hubs should guard against networking overload and "representing" their constituencies at every possible opportunity causing overlap, or advantaging some member organisations above others. Hubs can easily become a law unto themselves with staff who are more interested in boosting their careers than in the real purpose of the network. Similarly, an over-concentration on policy work at national and international level risk losing the ground-level component of the network's work (Holmén and Jirström, 2000).

- Becoming a dominating force with access to contacts and funding and in the process marginalising smaller organisations.

- Disallowing members to be involved in policy-making or the executive of the network (Holmén and Jirström, 2000).

2.6   Conclusion

This chapter has provided an overview of the characteristics of successful networks. It was highlighted that a shared purpose or vision by the members is an essential ingredient as it determines strategy, process and action within the network. Committed membership that understands what is required of them and that make the time and effort to participate and share is important. The role of network "weavers" within the hub(s) and member organisations that make the connections and identify opportunities between organisations are significant. Effective interaction is of critical importance and is impacted on by the structure and information flows in the network. Trust, respect and reciprocity between members seems to be a fundamental requirement. There are various types of networks, some which only share information and knowledge, others that align on a specific issue that they take further and others that implement programmes in a coordinated manner. Some networks develop from the one type to the other over time but there are no logical steps that can be identified as the purpose, structure, processes and context within which networks operate are too dynamic to package into a neat framework.

Proper governance and management of a network is vital for good results. Some networks survive without a hub although it is then often based on a very loose structure and membership. Governance should make use of "distributive leadership" to ensure that there is shared decision-making on important issues. Organisations that are acting as the hub should have committed and skilled staff to facilitate processes and keep members involved. Fundraising for network activities is also important.

The success of a network organisation clearly lies in its ability to bring together like-minded organisations and then to use that synergy (Easterling, et.al., 2013) to create a much bigger impact than what the organisations would have been able to do on their own.

Ivanov's (1997) quote on the use of networks is spot on:

> "It should be explicitly stated that even in its widest sense, networking is nothing but a purely utilitarian strategy. It is always networking for some purpose and the more adequately the principles of networking suit the purpose, the more successful is the final result. Networking for the sake of networking is a nuisance.(p. 31) "

CHAPTER 3:   RESEARCH METHODOLOGY

3.1   Research Design

An exploratory study was conducted through a qualitative research design using both semi-structured and in-depth interviews with previous and current governing body members and staff of the organisation.

3.2   Research Instruments

A review of research was done related to networking, focussing on literature related to networking and collaboration among civil society organisations and more specifically those that had information on effectiveness or successful networks. Archival documents of NACOSA such as annual reports, programme evaluations and annual financial statements were reviewed and analysed. The literature study provided insight for the development of the questions asked during the interviews.

Interview sampling was based on the three main phases of the organisation's history that could be identified from the literature. In-depth open-ended question interviews were conducted with a member of the original national NACOSA, with two people who served as Chair of the Executive Committee and with the three people who were in position of Director since inception. Open-ended questions were prepared, including probing questions to get as much information as possible. The interviews provided an oral testimony of the organisation's development since its inception and supplemented the information gleaned from the literature. The assumption was that Directors and Chairpersons will have the most relevant and direct information about strategic developments or changes that took place within the organisation during their tenure.

Semi-structured interviews were also conducted with an Executive Committee member and two staff members of the organisation who have been with NACOSA for many years. These interviews were based on the prompting open-ended questions used for the in-depth interviews aimed at gathering data on the organisation's history, strategies followed, inter-dependence between members, structure and demographics (regions, sectors, age and size of network).

The selection of people (see Addendum 2) interviewed was based on accessibility within the short space of time and resources available to do the study.

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Information from the organisational literature and interviews were sorted into qualitative themes linked to the literature review on network characteristics. Responses that kept repeating indicated themes for analysis but contradictions and differing views were also noted. Data from the interviews were checked for accuracy against the annual and other reports of the organisation. As the picture unfolded the emerging patterns were linked to the research question, the research objectives, the conceptual framework and the research methodology used. Generalisations and assertions were made where possible and linked to the relevant findings.

3.3   Limitations

This study is based on a personal assumption that NACOSA is successful as well as two evaluation studies that found some aspects of the organisation to be effective and successful. The notion that it is successful is based on the fact that the organisation has been in existence as an NGO for 18 years already and that it has been able to withstand political and funding crises, in fact it has grown from strength to strength and reconfigured itself to a national organisation after being narrowed down to a provincial unit when the original national body dissolved in 2001.

The informal nature of personal face-to-face interviews have the advantage of getting and checking information straightaway and vague or interesting responses can be explored through further prompts. However, as noted by Opdenakker (2006) this immediate interactivity means that the interviewer must be able to focus on the questions and be aware of the answers at the same time. Questions and the order in which they had to be asked were therefore prepared very well.   Interview venues were comfortable and interruptions were prevented. Interviews were recorded if approved by the interviewee and notes were taken on important responses in case something goes wrong with the recording. Deshano, Gibbons and O'Kane (n.d.) talks about jotting or making quick understandable notes without losing too much eye contact with the interviewee and recommends techniques such as circling interesting quotes. A disadvantage of recordings is the time that it takes to transcribe, but this was done soon after every interview.

The fact that interviews were conducted with people who acted as the Executive Director or Chairperson of the organisation at some stage had potential for bias through people wanting to settle old differences or exaggerate the role they played in making the organisation successful. However, interviewees have been orientated towards it being a descriptive study and not a measurement of individual performance at any time. The

questions were also designed to get the story of the development of the network and the structural factors that impacted on the network rather than a description of the individuals who made it work well.

Another factor to keep in mind is time, especially when an interviewee is prone to digress from the point. Prompting questions have been used to get the conversation back on track. The Work Group for Community Health and Development (n.d.) cites that some interviewees may want to edit the final copy – this however was not allowed in the study. A short summary was made of the background of each person to be interviewed and considered possible factors that might influence the interview and how to deal with these through prompting questions and other techniques.

A limitation of the study is that only governance or staff members related to NACOSA have been interviewed. Interviews with member organisations might have provided more information.

3.4   Ethics

Permission for the study was sought from the current Executive Director of NACOSA.

The aim of the study was explained to all persons and they were assured of the confidentiality of their responses. All interviewees signed a consent form. Interviewees were be informed that they may refuse and withdraw from the study at any time without consequence. Interviews were indexed by date and person interviewed and transcribed interviews and notes will be confidential and stored appropriately.

No beneficiaries or persons living with HIV have been interviewed as the study is purely descriptive of the history and strategic and operational processes of the organisation over time.

3.5   Conclusion

The study is based on qualitative research methods using in-depth and semi-structure interviews with people supported by a literature research on networks in general and NACOSA as a network organisation.

CHAPTER 4:   FINDINGS AND ANALYSIS

4.1   Introduction

This chapter tells the story of NACOSA since its birth in 1992 until 2015. The story spanning 22 years is told through three broad phases: the first ten years when the organisation was a broad network with a wide range of state-related and civil society members, the middle years when it was reduced to a provincial NGO, and the last five years when it blossomed into a national organisation again.

4.2   Great Expectations: 1992 - 2001

The Progressive Primary Health Care Network (PPHCN) formed in 1982 was the first network in South Africa which initiated activism on HIV in the country. This network was made up by health workers whose initial focus was on fighting for primary health care for all in South Africa. PPHCN groups formed in Durban and the Western Cape and as time went on became involved in awareness raising about HIV and human rights issues for people living with HIV (Mbali, 2013).

Then in April 1990 the *Maputo Conference on Health in Southern Africa* was held during which exiled and in-country progressive health workers and their supporters met to discuss a new health dispensation for post-apartheid South Africa. Dr Ivan Toms, who later became an office bearer within NACOSA, also attended the conference and the African National Congress (ANC) presented a paper on their view of the urgency for an HIV and AIDS programme in South Africa. The Maputo Statement on HIV and AIDS in Southern Africa resulting from the conference stressed the importance of networking between sectors and a community-based response for the development of an effective strategy to fight HIV and AIDS (Mbali, 2013).

During January 1992 the Department of Health and Population Development started discussions with the ANC health desk on HIV and community-based responses. An international conference on the topic was discussed but at the time political issues made this impossible which led to the idea of a committee with about 50-50% representation from the ANC or progressive organisations and government (Mbali, 2013; NACOSA, 1994). This led to a national AIDS consultation in August 1992 to seek a mandate for a national AIDS Programme and to prepare for a national AIDS Conference. The conference titled "South Africa United against AIDS" took place on 23-24 October 1992 and was

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opened by Nelson Mandela. It was during this conference that the National AIDS Convention of South Africa (NACOSA) saw the light. It was established as a multi-sectoral body of stakeholders including politicians, government, NGOs, trade unions, faith-based organisations born out of a realisation among all that the disease was growing exponentially and that a political and practical national strategy had to be created (Van der Vliet, 2004).

The conference ended with the establishment of a representative AIDS Council and a Steering Committee who would develop regional structures (see Addendum 3 for structure). The constitution read that NACOSA was a composite organisation that included all organisations working in the HIV and AIDS field as members. The objectives were to coordinate HIV and AIDS activities in South Africa and to lobby and advocate for people living with HIV (NACOSA, n.d.). The Steering Committee members included Dr Manto Tshabalala-Msimang, Dr Nkosasana Zuma and Ralph Mgijima from the ANC, Nathalie Stockton from the Department of Health and Population Development, representatives from the Chamber of Mines, the South African Chamber of Business, the National African Federated Chamber of Commerce, the South African Council of Churches, COSATU and the National Council of Trade Unions. Shan Ramburuth (from the PPHC) and Edwin Cameron (then from the AIDS Consortium) were both elected onto the NACOSA Steering Committee to represent the NGO sector. The influence of these civil society networks contributed to the inclusion of a strong human rights approach in the first National AIDS Plan of South Africa (Mbali, 2013). Disclosure by gay activists such as Shaun Mellors during NACOSA activities highlighted stigma and discrimination issues linked to the disease and the importance of a human rights approach in dealing with it (Mandisa Mbali, 2005). The organisation had the following regional branches: Border/Kei Region, Eastern Cape Region, Eastern Transvaal Region, Free State region, KwaZulu-Natal Region, Northern Cape Region, Northern Transvaal Region, North West Region, PWV Region, Western Cape Region (NACOSA, 1994) which started to convene regional meetings to discuss an HIV and AIDS Strategy (Mbali, 2013).

The Steering Committee was later renamed to the National AIDS Coordinating Committee of South Africa (NCC) (NACOSA, 1994). The first national AIDS strategy was drafted during 1993 by the NACOSA Strategy Subcommittee with working committees which included inter alia Mary Crewe, Dr Nkosazana Zuma, Quarraisha Abdool Karim, Rose Smart, Prof Edwin Cameron and Dr Liz Floyd. Six areas (Counselling, Education and Training, Health care and Preventive Strategies, Human Rights and Law Reform,

Research, and Socio-economic Reform) were identified with 3-5 priorities linked to each as well as the means by which it would be carried out (NACOSA, 1994). The strategy was good organic plan and written in such a way that it would have been implementable by organisations at the time. The draft was discussed at a national consultation in September 1993 (Crewe, personal communication, 4 December, 2014.) The NACOSA National Council approved an AIDS Task Team in January 1994 who finalised the implementation plan with input by the World Health Organisation (WHO) in June 1994 (Mbali, 2013). According to Mary Crewe (Personal communication, 4 December 2014) the 1-year plan became unrealistic as its balance between prevention and care were wrong, it was too ambitious and lost some of its original drive because of the lapse of time and external WHO work done on it. Nevertheless, when Dr Nkosasana Dlamini-Zuma became the Minister of Health the strategy became the first South African National AIDS Plan (NAP) (Van der Vliet, 2004) and the AIDS Programme became a Presidential Lead Project with the Reconstruction and Development Programme (RDP) of Government (Fröhlich, 1997). Provinces had to write their own AIDS Plan and 20 AIDS Training, Information and Counselling Centres (ATICs) were formed to assist with training of government staff. The Steering Committee stated that NACOSA will remain a networking and oversight body for the national AIDS policy (NACOSA, 1994).

It seems that NACOSA as a grouping still functioned after the forming of the new government in 1994 but albeit as a loosely structured, less unified and productive committee, battling with conflict amongst members and with government (Kariem, personal communication, 4 February 2015). Clarence Mini and Edwin Cameron co-chaired NACOSA between 1994 and 1996 (Mbali, 2013) but the structure was losing members and NACOSA's original purpose of coordinating AIDS structures in the country was starting to be questioned as government structures at all levels emerged (Schneider Stein, 1997). In 1996 when collaboration between NACOSA and government came to a near standstill a workshop was held in October where it was decided to transform the structure into an independent NGO (Marais, 2000). The members reviewed the functioning of the organisation within the changing context of the epidemic and politics. There was agreement that an independent structure would better facilitate collaboration with the State and the following important foundational descriptions were formulated for the organisation:

"**Vision**

The National AIDS Convention of South Africa (NACOSA) is a non-discriminatory networking organisation whose vision is to ensure the implementation of the National AIDS Plan (NAP).

Philosophy

The values of NACOSA embrace a consciousness of empathy, non-discrimination and acceptance in response to the goals of the National AIDS Plan, namely Education and Prevention, Counselling, Care, Welfare, Research as well as Human Rights and Law Reform.

Mission

Recognising the magnitude of the AIDS epidemic. NACOSA will provide a proactive, dynamic and accountable intervention process to meet its vision by :

• Facilitating and monitoring the implementation of the NACOSA NAP.

• Collaboration and co-operation of all intersectoral stakeholders.

• Empowering and mobilising society.

• Fostering awareness and acceptance of the needs of the infected and affected persons.

• Advocacy." (Fröhlich, 1997).

NACOSA's coordination role was seen to only be possible through extensive networking and it was facilitated through the appointment of a liaison officer in each province. It was emphasized that although NACOSA would be able to administer funding for smaller organisations its role was not that of funding or implementation but rather an umbrella body holding together organisations who want to see the NAP implemented (Fröhlich, 1997). There was a small secretariat and Pooven Moodley was the national lobbyist attached to the parliamentary office. Each branch had their own structure. The Western Cape (WC) branch had a Steering Committee with a member represented on the national NACOSA. The branches fundraised independently but they also received funding from the national office. The regional coordinators all had different strengths, some were completely dependent on national while others had more success in raising funds. Their roles were to build the network but Western Cape branch had the best network. Clayton Wakefield was the national Director just before NACOSA collapsed in 2001 (Hatane, personal communication, 16 December 2014).

According to Dr Ashraf Grimwood (personal communication, 5 December 2014) who acted as national NACOSA Chairperson from 1996 to 2000 it was a bad time for NGOs who had to try and deal with hundreds of sick people while Government was not engaged at all. NACOSA was still a network of activists, many infected or affected by AIDS or who have been working in the primary health care field for a long time. Nikki Schaay from the PPHCN became the WC Coordinator and volunteers from across the country became part of the network lobbying for an effective national coordinating

Figure 3.1: Dr Ashraf Grimwood

mechanism or AIDS Council to drive the fight in a focused, coherent and strategic manner. A number of organisations were involved, including the National Association of People Living with AIDS (NAPWA). People had a common agenda – the whole idea was to bring HIV to the forefront of the health sector. At that time it really was only civil society who could try to ensure there was a continuum of care for people living with HIV.

Although internal documentation on the newly constituted national NACOSA between 1996 and 2001 seems to be scarce the annual reports of its WC region (NACOSA, 1998; NACOSA, 1999; NACOSA, 2000) reflect the organisation's strategies:

- Supporting the development of HIV, AIDS and STD policies and programmes in government departments and Monitoring policies and their implementation
- Strengthening the inter-ministerial, inter-departmental and inter-sectoral response to HIV/AIDS and STDs (within the Western Cape)
- Lobbying relevant policy makers and Raising the profile and visibility of NACOSA (in the Province) so that its "pressing voice" would be acknowledged and considered by decision-makers.
- Ensuring an effective system of communication between the NACOSA (provincial office) and its membership.
- Promoting capacity and closer partnerships between HIV/AIDS service providers to enhance the inter-sectoral response to HIV/AIDS within the community.
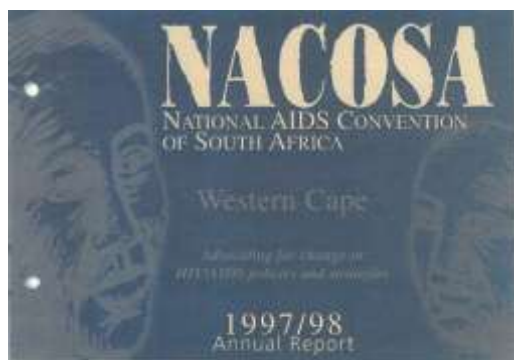
Figure 4.2: Cover of WC-NACOSA 1997/98 annual report

Networking and lobbying was mostly about prevention because there was no treatment in the beginning. The network focussed on issues of testing, life-skills in schools, and lifestyle change education but also end-of-life care. The confluence of political change and the HIV disease created the perfect storm: freedom on the one hand and multiple entry points for the virus on the other - porous borders, miners coming in from everywhere, no testing happened, sex workers being liberated. At that stage already NACOSA was lobbying for messaging to truck drivers and sex workers but the Health Department wasn't prepared to do this yet and so "men, money and movement" became the perfect vector for the rapidly growing disease (Grimwood, personal communication, 5 December 2014). NACOSA was also a resource base for Parliament (Fröhlich, 1997) helping members to discuss the issues with more background and knowledge. Much lobbying was done to outlaw pre-employment HIV testing, strengthening the role of the Presidency with regard to HIV and AIDS coordination, and promoting the role of parliamentary committees.

There was also a great deal of capacity building of NGOs going on in those years focussing on HIV knowledge, home-based care and, after 1996, also on treatment guidelines. Efforts included addressing the delegation of neglect and change the nihilistic attitudes of doctors in the health facilities who were not too interested in saving the lives of people "who brought it onto themselves" (Grimwood, personal communication, 5 December 2014).

While members were still hopeful that the NAP would be implemented a "comedy of errors" (Fourie and Meyer, 2010) characterised the AIDS sector for the rest of the decade. Matters started heading south with the huge scandal in 1996 about the expensive Sarafina II AIDS education musical which not only limited the flow of funds to AIDS organisations but which also seemed to confirm harmful gender norms. NACOSA addressed Parliament on 3 September 1996 reporting how the tendering process for the play was not transparent and that it impacted negatively on the ability of NGOs to deliver services in the field. This and other criticisms from all sides caused much harm to the original solidarity of people belonging to NACOSA (Van der Vliet, 2004). Dr Clarence Mini (in Oppenheimer and Bayer, 2007:75), a leader within NACOSA recalls the wider implications of Sarafina:

"I think that the *Sarafina* debate, the passions that were aroused, was kind of the end of an era of innocence. Everybody thought that everyone would work together. The government was going to carry on in this lovely consultative South African way and listen to everybody and do what they wanted. I think *Sarafina* blew that apart. Because what you saw was a government turning in on itself, defending itself, not open to criticism. The communication lines were completely broken down. Nobody was talking to anybody. From that time on, there was a move by government to sideline NACOSA." (Oppenheimer and Bayer, 2007, p.75).

After the Sarafina scandal NACOSA struggled to continue as an effective coordinating network of like-minded government, civil society and business organisations in the HIV and AIDS sector (Mbali, 2013). Grimwood (personal communication, 5 December 2014) agrees "After Sarafina NACOSA was a lame duck, we couldn't maintain the networking. In the dying days of NACOSA it was horrible, people were dying and we couldn't do anything". Not only was the working environment challenging but the politics impacted negatively on everything. Funding for prevention work that was relatively available between 1992 and 1995 suddenly came to a standstill with much international money now flowing to Government for the Reconstruction and Development Programme (RDP) and the Health Department stopped its funding to NACOSA. The organisation tried to raise funding but there wasn't enough to pull everybody through, there was no Global Fund or Pepfar around at the time (Grimwood, personal communication, 5 December 2014). Schaay (1997) commented that Government seems to be uncertain about the purpose and role of NGOs in the fighting the disease and that it was time that Government utilised the unique contribution that networks and NGOs could make to the AIDS sector through their access to communities.

NACOSA saw perhaps the worst couple of years in the South African AIDS history when in 1998 Health Minister Dlamini-Zuma announced that AZT was too expensive and toxic to make available to pregnant mothers. The growing number of deaths of mothers and babies worsened the rift between HIV activists and the Department of Health. NACOSA advocated that "for the cost of a T-shirt you can save a child" because PMTCT cost about R50 per treatment per child at that time but the Department of Health was not ready. NACOSA knew already from 1996 that treatment was available and privately NGO doctors started using it through drugs that entered the country through alternative channels. The

results of treatment could be seen immediately but Government was still in denial. The clinic in Khayelitsha was started in 1999 with the WC Department of Health (DOH), with NACOSA WC offering much education around it. NACOSA's strategy was not to attack Government but to help seeking solutions constructively, even so it was only the WC DOH that were prepared to work with civil society. (Grimwood personal communication, 5 December 2014). NACOSA's Western Cape branch fully supported the WC DOH in 1999 when they implemented an AZT and free formula feed to positive mothers (Van der Vliet, 2004).

By 1997 the Medical Research Council (MRC) reported in their STD/HIV/AIDS Review that although NACOSA had a broad membership including a wide range of stakeholders its regional branches were too weak for community mobilisation, that there was role confusion but that if it could be supported financially they would be able to coordinate the NGO sector and act as the link between civil society and Government (Fröhlich, 1997). Adler (1997) wrote a detailed article in the same review on the lack of a government model of NGO funding at the time and recommended a number of actions to create a new system of funding and monitoring of NGO efficiency. The monthly meetings between the DOH Directorate of HIV/AIDS and STDs and NACOSA came to a standstill (Cavanagh,1997). Ironically, the White Paper on the transformation of South Africa's health system stated that the national AIDS Programme would still collaborate with NACOSA and its regional structures (Department of Health, 1997). From NACOSA's audited financial statements it is clear however, that the years between 1995 and 2000 was a financial struggle. Funding received (from Oxfam for example) during the mid-1990's was more for parliamentary work through the national office and not networking. As money dwindled regional office staff started resigning and the offices closed down. The national office was maintained however and received funding to call the NCC meetings in the regions. Volunteers would come to the meetings. The original local AIDS committees fell under the NACOSA structure who attended the meetings and tried to carry on with their work in their respective towns. Grimwood (personal communication, 5 December 2014) mentioned that the idea of grant management by NACOSA was born in the late nineties already. He pushed for NACOSA to become a single repository for funding to manage its own survival and to help other organisations with funding. There was no strong organisation at the time that could serve as an umbrella grant manager and acting as a mechanism to keep the mission going of what the South African National AIDS Council (SANAC) is today.

Between 1995 and 1998 two major issues pushed civil society and government further apart, effectively making it almost impossible for NACOSA to function according to its original mandate. Virodene, a new drug tested through trials without MCC approval by Olga and Zigi Visser, was pushed by Health Minister Zuma and President Mbeki as a new treatment for HIV. Even in the face of results, from an enquiry into the drug by the University of Pretoria, showing no evidence of effect on the virus and repeated refusal by the Medicines Control Council (MCC) for further trials the Minister kept on supporting the drug. AIDS activists lost their trust in the DOH who were insisting on a South African miracle drug "sold" to them by unethical health practitioners raising the hopes of HIV positive people without the slightest evidence that it could treat the disease effectively (Mbali, 2013). Ironically the drug that could save lives, AZT, was not supported by government. NACOSA and the AIDS Consortium made a media statement in 1997 that HIV prevention education was also not getting sufficient attention in the midst of the Virodene hype (Marais, 2000).

In 1999 the new Health Minister Dr Manto Tshabalala-Msimang started toeing the line with President Mbeki preaching about the toxicity of AZT and in 2000 a government heavy SANAC was launched which did not include the main civil society organisations such as Treatment Action Campaign (TAC) and the AIDS Law Project. President Mbeki continued questioning the viral nature of HIV in Africa and emphasized the poverty link leading to much derision at the Durban 2000 AIDS Conference in Durban and a verbal war between government and AIDS scientists (Van der Vliet, 2004). NACOSA's co-chair at the time, High Court Judge Edwin Cameron, received a rousing applause at the conference when he confronted government's irresponsible way of dealing with the disease.

Another issue commented on by NACOSA and other activist organisations during 1999/2000 was the envisaged notification of AIDS cases to the DOH and even worse the plans that people might be obliged to notify their partners of their disease should they test positive failing which they could be charged criminally (Mbali, 2013). Organisations voiced their issues about doctor-patient confidentiality and the very real possibility of partners, mostly women, standing to lose everything (even their lives as shown in a couple of cases already) should they disclose their status to partners (from whom they contracted the disease in the first place!).

Between the years of 1997 and 2001 the DOH and pharmaceutical industry was at loggerheads about the price of HIV drugs. 39 pharmaceutical manufacturers challenged legislation drawn up by government to allow compulsory licensing and importing of

cheaper drugs. Organisations such as the TAC advocated tirelessly against intellectual property rights that drive the costs of drugs. But not even the withdrawal of their case by the industry could move government to immediately implement a treatment plan in 2001. Even worse, Dr Tshabalala-Msimang discredited the 2001 MRC study results showing that 40% of deaths for the 15-49 year age group was due to AIDS-related causes. She denounced the MRC, a state body, for being hostile towards government (Van der Vliet, 2004). Dr Ashraf Grimwood, NACOSA's Chairperson at the time is quoted by the Financial Mail in 1999 as saying "South Africa's history of addressing AIDS is the most appalling debacle. We have shot our allies, knifed our neighbours, and instead of attacking the enemy, attacked each other" (Van der Vliet, 2004: 80).

Nikki Schaay became the Western Cape Coordinator for national NACOSA in 1996 and stayed with the organisation for the next five years. Gary Adler was the Western Cape region's Chairperson and people like Monty Berman, Kevin Osborne, Ashraf Grimwood, Anna van Esch, Ivan Toms and Marguerite Ward were involved and volunteered a lot of their personal time. She was the only paid worker for the group based at Community House and later moving to Hout Street. She confirmed that

Figure 4.3: Nikki Schaay

although the NACOSA structure was very loose at that time the Western Cape branch with its strong political and health activists were able to make progress with their advocacy objectives (Schaay, personal communication, 4 February 2015). The quarterly WC-NACOSA Newsletter between 1996 and 2000 cites much advocacy work that the organisation and its members have been doing, for example a campaign titled *On Trac: Towards resources, Action and Commitment* was launched in 1997 to encourage key public leaders to recognise the impact that HIV/AIDS was having in their constituencies, an evaluation report of the 1997/98 Provincial HIV/AIDS and STD Provincial Plan was introduced, and a response to Chapter 9 and 10 of the White Paper on the transformation of the Health Service was developed in March 1998. Much work was done with the Inter-Ministerial Committee in the WC. In the Editorial Kevin Osborne (1999) warns that Mbeki's African Renaissance will become an "African Tragedy" and Hatane (2000) stressed the fact that NACOSA is an "advocacy and alliance building organisation working to ensure an expanded response to HIV/AIDS and to enhance the implementation of the country's AIDS Plan". In 2000 a consortium was formed between the MRC, NACOSA, AIDS Legal Network (ALN), Centre for the Study of AIDS at the University of Pretoria and NAPWA aimed at raising awareness about HIV/AIDS vaccine development (NACOSA Western

Cape, 2000). Dr Ivan Toms, WC-NACOSA's Treasurer and a government physician, warned about the crisis for young girls being raped due to the myth that sex with a virgin would cure AIDS. The Parliamentary Joint Standing Committee on the Improvement of the Quality of Life and Status of Women chaired by MP Pregs Govender released a report in November 2001 recommending urgent implementation of antiretroviral therapy (ART) for rape survivors and pregnant women to prevent transmission from mother to child (Van der Vliet, 2004).

The non-governmental efforts on HIV and AIDS in South Africa during the nineties consisted mainly of a core group of NGOs, (including the AIDS Consortium, ALN, NAPWA, TAC and NACOSA) and academic institutions such as the MRC. Regular networking took place between these groups and individuals linked to them who have been close allies for years (Schneider, 2002). Their combined actions certainly led to the beginning of the end of AIDS denialism which started in December 2001 when the Pretoria High Court instructed government to implement a nation-wide Prevention of Mother to Child Treatment (PMTCT) programme. As government was denied an appeal to the Constitutional Court more and more politicians, state bodies and trade unions started to support the roll-out of HIV/AIDS treatment. In 2002 a conspiracy theory document titled "Castro Hlongwane, Caravans, Cats, Geese, Foot and Mouth, and Statistics: HIV/AIDS and the Struggle for the Humanization of the African" did the rounds among ANC politicians. The argument against ART was again touted as an effort to enrich pharmaceutical companies. Van der Vliet (2004) refers to a New York Times article in which Dr Saadiq Kariem, the ANC's Health Secretary and also NACOSA's Chairperson at the time was quoted as saying that the document was not reviewed by the ANC's Health Committee and that there was only a small minority of very senior people in the party who supported the dissident view. He said that it posed huge dangers to safer sex AIDS education messages and that the implications are devastating. Peter Mokaba, an ANC NEC member attacked Kariem in the media eluding that he was not a true ANC supporter and that his membership will be reconsidered. Kariem (personal communication, 4 February 2015) says that he was in the very invidious and frustrating position of being a senior ANC member, a medical practitioner who led the implementation of the successful PMTCT programme in the Western Cape and being on the governance structure of a civil society organisation (after his resignation from the Department).

4.2.1 Summary

The first eight years of NACOSA's history started on a high and ended on a low. In terms of strategies the initial structure consisted of political and health activists concerned about the growing signs of an HIV problem in South Africa and its purpose was to develop a national HIV and AIDS Strategy. This was accomplished together with an Implementation Plan that was accepted by the first Government of Unity in 1994. As the new government was trying to find its feet the implementation of the Strategy fell by the wayside and HIV and AIDS quickly developed into a huge challenge for the country. When the national NACOSA structure started to fulfil its new watchdog role of monitoring policy implementation it fell out of favour with government. The implementation of NACOSA's strategies depended on vibrant networking and joint action across its regions pulled together by a strong national secretariat but this sadly became less and less feasible towards the end of 2000. Builder's, et al. phrase of social capital effectively turned into "sour" capital (as cited in Schneider, 1998, p.10) is very apt.

The Western Cape branch of NACOSA seemed to fare better, capitalising on historical relationships and collaboration. The branch managed to raise funds supplementing their income from national NACOSA and forging relationships with provincial government departments. In the poignant words of the Nikki Schaay, Coordinator of the WC region from 1996 to 2000:

> "Within this [political turmoil] context, an advocacy organisation like NACOSA Western Cape has an interesting role to play: we are called on to pose 'difficult' questions; to follow up on agreements that are not being honoured; and to speak up on behalf of other non-governmental organisations. At the same time, NACOSA is called upon to provide guidance on HIV/AIDS policy issues, train and support community-based organisations and facilitate local working groups. Having to be both facilitator and an advocate means one often has to assume the role of a juggler – keeping an eye on the overall sequence while making sure that each part falls into place. It is often (like juggling) a process of constant alertness, re-directing and learning from your mistakes!"

4.3   Starting Over : 2001 – 2010

4.3.1 Governance and Leadership

After being a NACOSA member for a couple of years Luanne Hatane joined NACOSA in July 1998 following up Nikki Schaay as the Western Cape provincial coordinator for NACOSA. Based at the African Market in Long Street, Cape Town, she continued to be the only staff member for some time while Nikki acted briefly as the WC Chairperson. But nationally NACOSA was in crisis. Clayton Wakeford joined the national office in a bid to save it but it was too late - the WC branch was more or less sustaining the national office which were in a state of disarray and debt. Pooven Moodley, the national lobbying manager, moved to Cape Town to be near Parliament and in April 2000 Shirley Strydom was appointed for administrative support (Hatane, personal communication, 16 December 2014).

In 2001 the writing was on the wall and Dr Saadiq Kariem wrote the following:

> National NACOSA closed down shortly after December 2001 as it was felt that the original mandate given to NACOSA at the national level in the early 1990's had been achieved and it was time to dissolve the organisation. The closure of national NACOSA leaves behind a rich history of a convention of people who through wide consultation developed the NACOSA National AIDS Plan, which was later adopted by government." (NACOSA Western Cape, 2001).

Figure 4.4: Dr Saadiq Kariem

Figure 4.5: Dr Ivan Toms

Figure 4.6: Luanne Hatane

The new organisation was reregistered as the Western Cape *Networking AIDS Community of South Africa* (WC-NACOSA) which meant that the acronym NACOSA stayed intact and so conserved the multi-sectoral and committed activist history of the organisation. Luanne Hatane became the Director of the organisation, Dr Saadiq Kariem the Chairperson and Dr Ivan Toms the Treasurer. The new WC-NACOSA Executive Committee included people from Government who were ANC/HIV activists before and on the whole consisted of remarkable human beings that supported the organisation throughout its troubling times. Representation from the WC regions were brought on board and meetings were like a homecoming to people (Hatane, personal communication). Although the executive Committee had a primitive governance framework at the time there was claity about what the organisation set out to do and how the funding they had should be used (Kariem, personal communication, 4 February 2015). The first recorded members of the WC-NACOSA are listed in Addendum 4.

Luann left WC-NACOSA to work more regionally after she directed the network for nearly five years. She was followed up by Dr Maureen van Wyk who became the Executive Director in August 2005. Dr Van Wyk stated that it was clear from the beginning how the political history of the organisation assisted in legitimising the network and what it wanted to do. The newly constituted Western Cape based organisation established itself successfully and was ready to take the next step. Dr Van Wyk's brief was to structure and operationalise the Executive

Figure 4.7: Dr Maureen van Wyk

Committee's ideas for further growth and expansion of the network. Dr Saadiq Kariem who became the Chairperson in 2001 remained in the position providing continuity of governance and leadership. Additional strategic Executive Committee members appointed together with Dr Van Wyk or some time later included Rev David Galetta (representing one of the Multi-sectoral Action Teams [MSAT] and also Vice-Chair since he started in 1996), Dr Pren Naidoo (TB expert), and Dr Liz Gwyther (CEO of the Hospice Palliative Care Association). The Western Cape Departments of Health, Education and Social Development were also represented on the Executive Committee over the years (Van Wyk, personal communication, 19 December 2014). The Chair works in the health field and knows what is happening in the field. The leadership style is accommodating which resulted in a good relationship between the Director and the Chair and Executive Committee. There has been disagreements about matters from time to time but the Executive Committee always managed to keep differences about the issue and not the

person (Galetta, personal communication, 27 November 2014; Kariem, personal communication, 4 February 2015).

Difficult issues that the Board had to decide about included expansion to other provinces. The Executive Committee was sceptical in the beginning and organisations were fearful of the change. Nobody expected the economic changes in the world and it greatly affected NGOs and Community-based Organisations (CBOs). The Board took it step by step and allowed gradual changes, especially because of what happened to the national network before (Galetta, personal communication, 27 November 2014). In terms of leadership the Executive Committee followed a consultative approach, always getting a mandate from the membership but also providing strong unambiguous leadership for the organisation – in the words of Dr Kariem (personal communication, 4 February 2014) "Leadership means you have to lead, you cannot be so democratic that nothing gets done".

4.3.2 Membership

Member organisations initially included small rural CBOs but also bigger ones from urban areas in the Western Cape. The small member organisations were the most participative. As NACOSA grew so did the membership – from 205 members in the Western Cape in 2005 to around 1200 members scattered over the country in 2014. The defining and recording of members and maintenance of the database have been a struggle and an effort all the time (Van Wyk, personal communication, 19 December 2014; Davis, personal communication, 27 November 2014). The organisations including CBOs, faith based organisations and NGOs saw NACOSA as the platform where they could relay their concerns with things that were happening (Galetta, personal communication).

4.3.3 Strategies

The key strategies of the new WC-NACOSA was still to establish an integrated response to HIV, AIDS and TB but there was a gradual move in focus from lobbying policymakers to the implementation role and responsibilities of civil society organisations on the ground (Kariem, personal communication, 4 February 2015). It became more inward looking with an eye on capacitating the member organisations (Schaay, personal communication, 4 February 2015). The four main strategies were:

- Developing a strong HIV/AIDS CBO and NGO Forum in the WC Province
- Promoting communication with other provincial, national and international initiatives that have similar objectives to our own

- Advocating for the effective implementation and development of policy and programmes in relation to the changing and emerging challenges of the HIV/AIDS epidemic
- Lobbying and mobilising govt, public, private and civil society sectors for an inter-sectoral approach to HIV/AIDS

As will be shown in the next sections much more time was spent on networking, mobilising communities and building capacity. Much work was done with the WC Department of Health and Local Authorities but the dialogue was about implementation. NACOSA started packaging its strategies as a new 3-tier model of Networking, Capacity Building and Promoting Dialogue. The strategy of Promoting Dialogue included advocacy and lobbying on important issues but cleverly emphasizing dialogue and

Figure 4.8: NACOSA logo used on the 2006/07 annual report

communication with policy makers. Around 2005 additional strategies aimed at strengthening internal systems, measuring of impact and expanding the small grants programme were added and in 2006 acting as a conduit for funding became a definite strategy (Kariem, personal communication, 4 February 2015). In 2007/08 the Board and membership approved the progressive strategy of expanding nationally again which led to a newly stated vision of *Collectively turning the tide on HIV, AIDS and TB* in 2008/09. NACOSA's mission now inlcued TB and reached much wider than the Western Cape:

> "NACOSA seeks to reduce the impact of HIV/AIDS through capacity building, networking and strengthening the multi-sectoral response to HIV, AIDS and TB in Southern Africa." (NACOSA, 2009)

4.3.4 Networking

As stated above the first big strategy change when WC NACOSA became an independent organisation in 2001 was to return back to being a network because during the last years the national NACOSA mostly played a parliamentary watchdog role and gradually lost its links with communities. The focus was on building the network through being out in the field mobilising communities. In terms of communication and information sharing NACOSA arranged quarterly forum meetings in all the Western Cape regions. The meetings covered different themes and created a platform for discussions – Government staff were often pulled in to participate or give account of what was happening in the HIV and AIDS field (Hatane, personal communication, 16 December 2014).

An exciting development was the Masibambisanes, which were large conference-type meetings that took place over a number of days in 2002, 2004 and 2006 and which people from all over the province could attend. Good speakers, also from government, were invited and enjoyable activities such as learning how to use the media (using the camera and writing articles) were included (Hatane, personal communication, 14 December 2014). There was a lot of interaction, capacity building and strong input from the members about challenges in the sector and actions that needed to be taken in terms of implementation (Davis, personal communication, 27 November 2014).

Member organisations felt that they were heard and given a voice. In these years NACOSA was more like a good friend than the leader of organisations. While NACOSA was able to build strategic alliances at provincial and national levels and knew the HIV developments in the country the organisation itself was small and could manage intimate and caring relationships with members. There was a lot of trust which was generated through the shared cause, passion, interest, making the members feel heard, represented, and honoured. Communication happened inter-structurally and also inter-personally. In Luanne's own words "I always had a sense of where things were moving to and tried to get there before everybody else, and to get the network there" (Hatane, personal communication, 14 December 2014).

Sydney Davis (personal communication, 27 November 2014) remembers that NACOSA had three definite strategic objectives when he joined the organisation in 2006: Networking, Capacity Building and Promoting Dialogue (which included advocacy and lobbying). In 2006 NACOSA consisted of about 15 staff members and it was still only operating in the Western Cape. There was a metro and a rural programme.

Looking at the three strategic objectives, most of his time at that stage of the network's history went into capacity building – the advocacy and lobbying was not a big priority except for some issues that were brought about by the consultative meetings (Davis personal communication, 27 November 2014). Networking was still very important and during 2007 and 2008 the quarterly consultative meetings continued in every district. The network was structured using the district health system of the province. Figure 4.9 reflects the extent of the consultative structure that was formed in the Western Cape. Every sub-

district within a district had a health committee. The chair of every sub-district committee had a seat on a District Advisory Committee. Quarterly consultative forum meetings were preceded by a meeting between the NACOSA facilitator and the Advisory Committee to discuss pertinent issues. The following day the broader network meeting would take place which many organisations from across the sub-districts would attend. The Chairperson of each District Advisory Committee represented the district on the Executive Committee of NACOSA. Not only were summarised quarterly reports submitted to the Executive Committee on the issues from the various districts but the district representatives were there themselves to make recommendations and partake in decision-making. Unfortunately after 2006 when NACOSA expanded to other provinces the Masibambisane conferences stopped because of cost (Davis, personal communication, 27 November 2014).
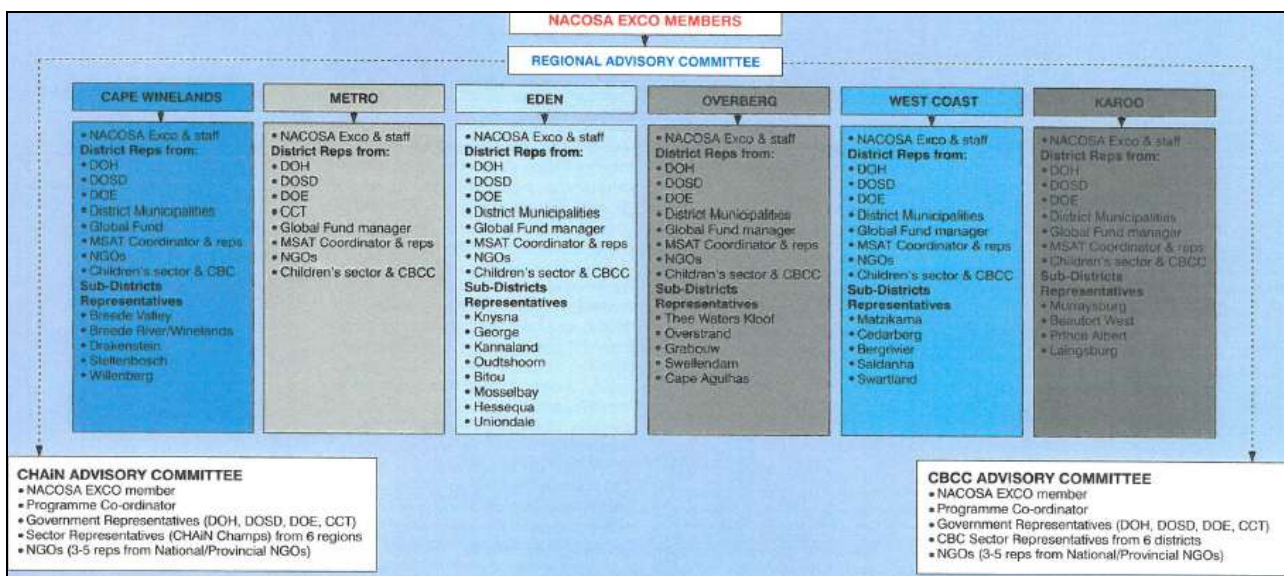
Figure 4.9: NACOSA Consultative Structure in WC 2008

The NACOSA quarterly newsletter that started in April 1996 already supplemented the physical networking and information sharing. A website was also developed (Hatane, personal communication). Every newsletter contained an article or two on specific member organisations which confirmed their status as valued members.

Specialist sub-networks also developed during this phase of NACOSA's network development. In 1999 NACOSA became the coordinator of the Children's HIV/AIDS Network (CHAiN), a network for service providers working with children infected and affected by HIV and AIDS. By March 2006 the network had over 400 members from NGOs, CBOs, government departments, local communities, faith-based groups, business,

academia, hospitals and home-based carers. As with the bigger network the purpose of CHAiN was to share information, to advocate for children's rights and needs and to develop a coordinated response to the specific needs of children. Quarterly meetings were held and children's issues were integrated in the broader activities of

Figure 4.10: CHAiN logo

NACOSA (NACOSA, 2007). An external review of this network in 2009 indicated that the network strengthened community-based organisations working in the field but that more networking was required in the rural areas of the province. It was also found that the various ways in which information was shared was effective. This included newsletters, email updates, CHAiN quarterly meetings, smaller discussion forums on issues of interest, sharing of best practice models, cluster trainings, and focus groups (Insideout, 2009).

In 2001/02 the Home Based Care Coalition (HoCC) was created together with partners Hospice Palliative Care Association (HPCA) and The Caring Network (WC-NACOSA, 2002). While the HoCC was first located within The Caring Network it became part of WC NACOSA in 2004 (WC-NACOSA, 2004). It was established as a specialist networking platform for organisations offering community home-based care (CHBC). Objectives of the CBCC included to share information about home-based care, capacity building, and linking with and lobbying stakeholder decision-makers on pertinent issues around CHBC. Quarterly meetings are arranged and issues discussed included the Community Caregivers Policy Framework formulated by the NDOH. In 2008 the name of the body changed to Community Based Care Coalition (CBCC).

The prompt for NACOSA to start spreading its wings came through the NDOH who announced to their regular partners in 2007 that they were only going to fund national organisations going forward. A national organisation was one working in at least three provinces and in a meeting with NDOH it was decided that NACOSA would expand to the Northern Cape and the Eastern Cape in 2008. The decision was discussed and approved by the Board and a mandate was received at the next annual general meeting (AGM) after which the WC was taken out of the title (Davis, personal communication, 27 November 2014).

As the HIV and AIDS arrangements and stakeholders increased in the country and the context became more complex NACOSA became more of the leader in the network, a type of mother body and the member organisations were extremely appreciative of NACOSA (Davis, personal communication, 27 November 2014). NACOSA started to play less of an advocacy role and moved its focus to capacity building and then grant management.

Although the CBOs could not operate on an equal footing to NACOSA as an organisation, the quarterly consultative and annual general meetings were still the place where members gave their input. NACOSA often collated information from these meetings and relayed it to the provincial AIDS Councils. Up to this day the consultative meetings are essential as a platform for NACOSA to get people together and from where issues of community systems strengthening may be launched (Van Wyk, personal communication, 19 December 2014). The regular meetings with members at sub-district level contributed to the success of the network, in Davis' words "The network wasn't just a pie in the sky, it was very tangible, people connected with us, they got to know the NACOSA style, (we) built a relationship, (we) built trust." (personal communication, 27 November 2014). Galetta (personal communication, 27 November 2014) agrees that the value of the network was that it gave a voice to members, a sense of belonging, in addition to the mentoring and training that was offered.

An external evaluation of NACOSA's programmes in 2009 had a number of interesting comments on the networking function of NACOSA. Overall Wills (2010) found that:

- Member organisations experienced the network as adding value to their activities, and that social capital and solidarity has been created through it.
- Joint planning prevented overlapping of services .
- Cross-referral systems made possible through relationship building is of great value to members and their clients.
- Networking was done at national, provincial and local levels creating unity in the HIV and AIDS sector.
- Links between networking and promoting dialogue is not always well understood by the members and that there seems to be a need for more joint advocacy.
- Other models of networking could be investigated to lessen the time burden on NACOSA staff.

4.3.5 Capacity building

One of NACOSA's important new strategies in the Western Cape was capacity building of CBOs. Organisations were doing a lot of work on the ground but needed guidance in terms of basic organisational functionality.   Some had structure

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Figure 4.11: NACOSA's main   strategic pillars depicted in its 2009 annual report

but did not function very well. Cavanagh (1997) noted the immense need of knowledge and skills by communities for active participation in HIV and AIDS programmes. NACOSA's capacity building initiative started by developing basic training materials about meaningful engagement, finance management, fundraising skills, etc. (Hatane, personal communication, 16 December 2014). From the mid 2000's it was realised that the capacity building function of NACOSA needed to be upscaled. The financial management needs of organisations which were discussed at MSAT levels and relayed to NACOSA (Galetta personal communication, 27 November 2014). contributed to the development of a number of more formal organisational development training courses. Additional (Sydney Davis, Maxine Oppelt, Priscilla Andrews) trainer/mentors were appointed in 2006 to work with the network members (Davis, personal communication, 27 November 2014).

Later on the need for more technical programmatic skills training became evident and courses such as HIV counselling and testing, home-based care, treatment adherence were also developed but it was a gradual process that couldn't be finished in a year (Van Wyk personal communication, 19 December 2014).

NACOSA often worked with nascent organisations, some not even registered, who had weak systems and structures. The capacity building approach was that member organisations are trained and mentored by the same NACOSA officer to build a relationship of trust and continuity. A baseline was always done first to assist the organisation to determine their training needs. Initially everybody who had the capacity in the organisation helped with the development of training materials but in later stages additional staff (Hannerie White) was appointed to focus on materials development. In some cases government departments requested specific training for organisations that they funded (Davis, personal communication, 27 November 2014).

The capacity building function really became professionalised when NACOSA was granted the status of accredited training provider by the Health and Welfare Education and Training Authority (HWSETA), a process that started in 2008 and took five years to accomplish (Van Wyk, personal communication, 19 December 2014).

Linked to the strategy of capacity building is that of sub-granting and mentoring. Initially the small grant initiative came from a point to help small organisations to start up and learn how to work with funding. NACOSA partnered with and received funding for small grants and mentoring through the Mentoring Resource Network which was a group of capacity building organisations. The Oprah Winfrey Foundation's Angel Network also provided

funding for small grants. Although Luann Hatane was never in favour of NACOSA being a grantmaking organisation in addition to its being a network, she feels that the provision of small grants (R15,000) to assist CBOs with small scale initiatives such as World AIDS Day events was a very good investment for the cause and for building trust. (Hatane, personal communication, 16 December 2014). Small grants and cluster or individual mentoring continued for the rest of the decade and it created a lot of cohesion and trust within the network. An assessment in 2006 of potential channels for funding to support HIV and AIDS activities at community level showed that NACOSA's model of sub-granting together with networking and capacity building is both replicable and scalable. The organisation's long history and development of its model through trial and error showed to be the success factor and it was noted that replication would not be easy in a short space of time. While funding was important for organisations the huge need for networking and learning was also highlighted by CBOs (CADRE, 2007).

The practical CBO House Framework reflected in Figure 4.12, originally developed by the Barnabas Trust, was used to conceptualise the various features of organisational development and management for emerging member organisations. Mentoring would typically start with the Foundation elements and follow through all the components over the contracted mentoring period (Wills, 2010).
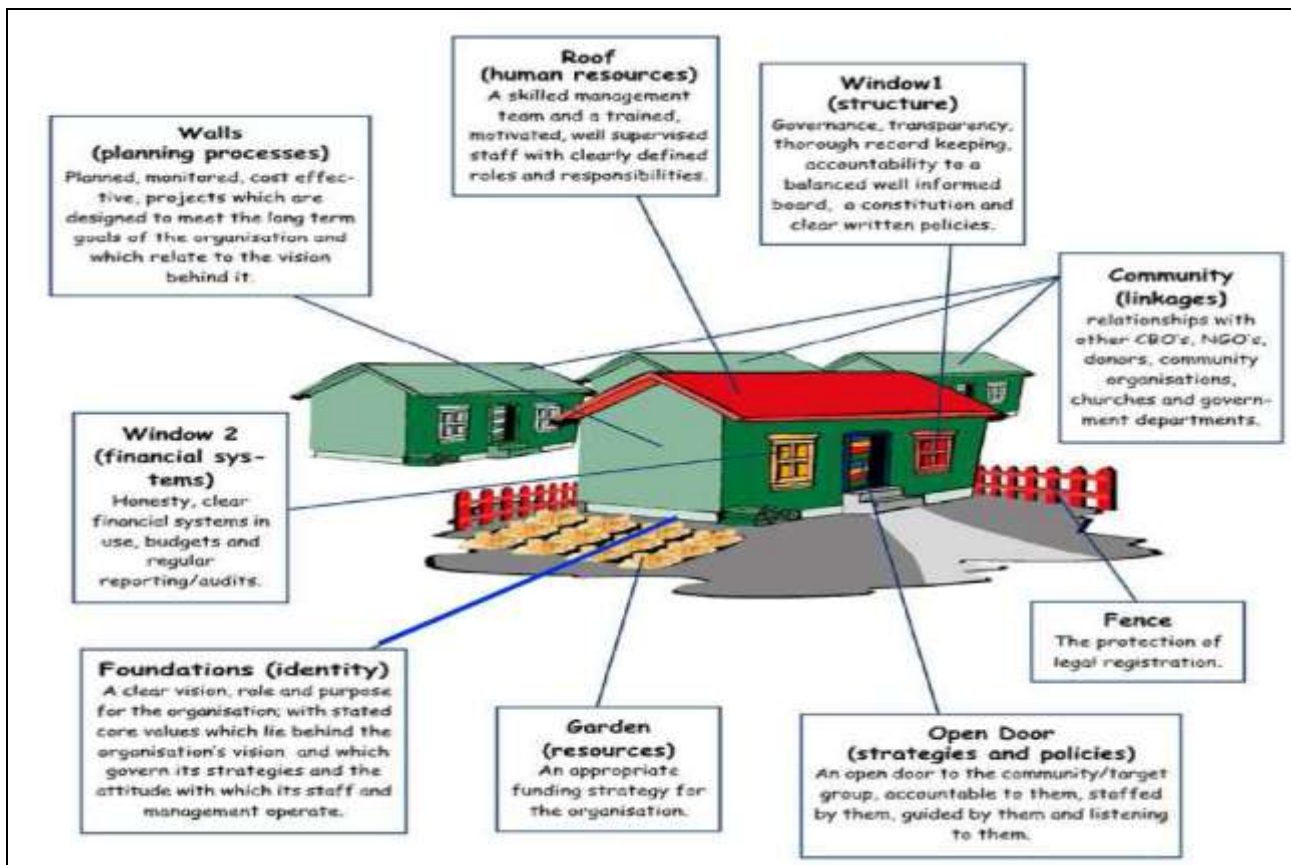
Figure 4.12: CBO House Framework used in organisational development training

In the Eastern Cape it was found that the hospices had good systems but that the smaller organisations needed much guidance. NACOSA started with training and mentoring in this province with six organisations in the OR Tambo District and four in the Cacadu District with financial support from the Barnabas Trust (Davis, personal communication, 27 November 2014). Organisations in the same cluster had the opportunity to learn from another. A Capacity Assessment Tool (CAT) was developed to assess the organisational and programmatic level of the organisation and form the basis for mentoring plans (Van Wyk, personal communication, 19 December 2014). In 2008 NACOSA assisted with a baseline survey of HIV support group facilitation amongst its members in the Western Cape. A research finding was that lay counsellors needed capacity building in counselling skills, communication skills and support group facilitation skills (Akridge, Kawakyu, and Garad, 2008)

NACOSA's mentoring of member organisations have grown from 25 per year in 2004 to 59 per year by 2009 and their small grants ranged between 15 to 22 per year over the same period. (NACOSA Annual Reports). With the growth in membership, networking and training also came staff changes. In the beginning the NACOSA staff were more like

advocates whereas in the later years they became more corporate focused. Earlier sustainability was not really the focus but with the recessions and economic instability the organisation had to rethink its staffing and way of operating (Galetta, personal communication 27 November 2014).

An external evaluation (Wills, 2010) of NACOSA's capacity building programme in 2010 had the following findings:

Figure 4.13: Growing NACOSA staff in 2007

- The combination approach of training and mentoring is a winning recipe and very beneficial to member organisations. Seed funding linked to this is even better and highly prized by organisations.

- Training courses provide further opportunities for members to network and build relationships.

- There was a need for more technical training for example in stigma mitigation, counselling skills and peer education.

- Training was pitched at the right level for community-based organisations and mentoring was practical. A need was expressed for a greater variety of levels in training so that organisations with staff at higher levels could also benefit. Some members suggested longer periods of mentoring (18-36 months instead of 12-24 months).

4.3.6 Service delivery planning and coordination

In terms of civil society service delivery NACOSA initiated actions such as geographical mapping and discussed identified overlaps with member organisations working in the same area. This was done in an effort to be strategic as a collective and to drive the purpose and end result of the network. NACOSA's role was to support planning processes and challenging and encouraging people to work together (Hatane, personal communication, 16 December 2014). An Executive Committee principle was that NACOSA will never compete with member organisations in terms of programme implementation but to always play the role of coordinator and facilitator.

A process was started in the Western Cape in 2009 called **Sub-district planning** – this strategy was a combination of joint work on networking, advocacy and service delivery. The purpose of the strategy was to ensure that organisations at grassroots level

understand national and provincial level HIV policies and are able to deliver on their roles. A NACOSA staff member led the process facilitating many network meetings at sub-district level culminating in integrated civil society HIV/AIDS plans at sub-district level (Van Wyk, personal communication, 19 December 2014). The work was funded by the WC DOH and was/is critical to get district plans in place and have the right external players and key people involved. There are many plans being drawn up but if the key people are not involved it will never be implemented (Galetta, personal communication, 27 November 2014). The process is yet to start in other provinces but is dependent on very skilled staff to facilitate and coordinate the activities (Van Wyk, personal communication, 19 December 2014).

4.3.7 External relationships

NACOSA liaised with many other civil society organisations such as the Policy Project, NAPWA, the AIDS Consortium and the Treatment Action Campaign (TAC). Even though most civil society organisations were in the same boat with regard to the HIV challenges in South Africa during the first half of 2000 there was also much politicking and conflict between them nationally. There was huge conflict between the TAC and NAPWA and TAC always felt that NACOSA as a network was not confrontational enough with Government. Although NACOSA supported the TAC in many campaigns and relationships were relatively good, the NACOSA network never followed a similar or equally agitating route than the TAC. The network always tried to influence government through constructive talks and inviting officials and politicians to meetings (Grimwood, personal communication, 5 December 2014; Hatane, personal communication, 16 December 2014; and Van Wyk, personal communication, 19 December 2014). This strategy worked for NACOSA, especially in the Western Cape where the network became quite powerful – it was possible to criticise government in meetings but also keep relationships going to further the HIV programme in the Western Cape (Hatane, personal communication, 16 December 2014). WC NACOSA even drafted the WC DOH's first HIV and AIDS Plan for them (Kariem, personal communication, 4 February 2014). NACOSA built good relationships with national, provincial and local Government, this was the key to its success. NACOSA thought about how to challenge the issues and not the partner, building a dialogue was important. There has always been some disagreement or differing opinions but agreements would be found along the way. There was shared decision-making in the past and it is continued today with NACOSA linking with SANAC and serving on the AIDS Councils (Galetta, personal communication, 27 November 2014). NACOSA's success could be attributed to the common purpose it shared with its members and stakeholders,

its credibility and accountability at different levels, and teamwork and trust between people (Kariem, personal communication, 4 February 2015).

4.3.8 Funding

Funding was always a challenge. NACOSA was poor in the beginning years when funding was still only trickling in and Luann Hatane had to work very hard to establish renewed funding relationships - by 2005 the situation improved. NACOSA started to work with the National Health Department again and received funding from them. Although it was all very positive NACOSA's work started to become less about building the social movement and more about national level arrangements and funding. NACOSA participated in writing the first South African Global Fund (Round 6) proposal and while it never received funding from this grant, had to vet the organisations that was going to be included in the proposal – this led to much politicking, positioning and tension (Hatane, personal communication, 16 December 2014). In the latter part of the decade NACOSA was still able to keep NDOH on board as a funder and most donors funded the network over a couple of years - sometimes it was discontinued because the donor decided to exit South Africa or they changed their funding focus (Van Wyk, personal communication, 19 December 2014). An analysis of NACOSA's annual financial statements indicated that it was consistently funded by DOH and the City of Cape Town since 2002, the Rockefeller Foundation funded the organisation for nine consecutive years while donors such as the Department of Social Development (DSD), DG Murray Trust, Oprah's Angel Network and Anglo American all funded NACOSA for at least five years.

By mid-2003 government has still not rolled out a national treatment programme with civil society and government still at loggerheads. TAC started with their civil disobedience campaign and Minister Tshabalala-Msimang attacked civil society at a number of events and employed the racism argument to hide government's delays in implementation.

4.3.9 Summary

In 2000 the national office of NACOSA closed down and the Western Cape branch took over the acronym but registered as an independent NGO called the Western Cape Networking AIDS Community of South Africa.   The focus of the organisation gradually changed from advocacy and lobbying on policy matters to working with grassroots organisations on matters of programme implementation. The relationships that have been formed with organisations in the province pre 2001 were strengthened through a number of activities such as consultative forums, joint planning and strategising, Masibambisanes. A strong regional representative structure was formed with member organisations having

representation on NACOSA's Executive Committee. While membership grew exponentially NACOSA developed an array of training courses and mentoring support as part of a strong capacity building strategy. Much dialogue was arranged and facilitated with government departments, especially DOH and DSD. NACOSA became a trusted partner offering training to MSAT organisations and facilitating sub-district planning processes in the Western Cape. In 2007 NACOSA started working in the Eastern Cape and Northern Cape and later opened offices there while also working in the Free State. NACOSA also represented the network on the SANAC structure and facilitated input into the development of the National Strategic Plan (NSP). An important development in this phase of NACOSA's history was that it started to act as a conduit for funding for organisations. Funding was received and small grants were allocated to organisations while assisting them in proper financial management systems. Two external studies highlighted the benefits of NACOSA activities to its members.

4.4   Rapid growth : 2010 – 2015

4.4.1 Introduction

During the last five years NACOSA experienced a growth spurt that took the organisation to the next level in terms of funding and coordination of programme implementation. This section describes the history of this period and some content on the vision for going forward.

4.4.2 Strategies

NACOSA's strategies during the last five years have remained more or less the same as during its previous decade of operations:

- Promoting capacity and providing technical resources to NGOs, CBOs and the public.

- Acting as conduit for small grants to promote the development of CBOs.

- Mentoring and training HIV and AIDS and related health and developmental NGOs and CBOs to enhance the effective implementation of HIV and AIDS programmes.

- Lobbying and mobilising government, public, private and civil society sectors for a multi–sectoral approach to HIV and AIDS.

- Advocating for the effective implementation and development of policy and programmes in relation to the changing and emerging challenges of the HIV and AIDS epidemic.

- Developing strong HIV and AIDS community forums and sub-district plans for the HIV and AIDS NGO sector.
- Promoting communication with other provincial, national and international initiatives that have similar objectives to our own.

Some of these strategies received more attention than others as discussed in this section leading to enormous growth with the organisation.

4.4.3 Governance and Management

Around 2011 the Executive Committee decided that NACOSA needed expanded representation from the other provinces in which NACOSA now operated (Van Wyk, personal communication, 19 December 2015). The King Report had new requirements and NACOSA's capacity had changed drastically, the personnel employed had to be competent and accountable to manage the considerable risk that the organisation became exposed to. A new development was the establishment of an internal audit committee (Galetta, personal communication, 27 November 2014). The Executive Committee structure changed in that Provincial Advisory Committees were formed in every province with one representative serving on the Executive Committee. This structure struggled to become effective against the high cost of bringing members to the quarterly meetings in Cape Town. Moreover, it was found that the new members did not have the same level of expertise than the existing Executive Committee members which resulted in less than the strengthened and representative Executive Committee hoped for (Van Wyk, personal communication, 19 December 2015).

During its 2013 AGM NACOSA received a mandate from its members to change its constitution from a voluntary association to a non-profit company (NPC). An NPC has a different set of rules to adhere to in the country and the Executive Committee is currently considering alternative ways of provincial and/or sectoral representation which will probably result in changes to the governance structure. The Executive Committee also regularly create visions for the future expanding NACOSA's focus on wider health-related issues such as TB, sexual and reproductive health care and gender-based violence (Kariem, personal communication, 4 February 2015).

4.4.4 Grant Management

NACOSA as an organisation went through a dramatic change when it applied and was selected as the first civil society Global Fund principal recipient for the country. The mandate received at a Masibambisane to raise and manage funds for the sector has come

to fruition. NACOSA's management and financial systems were assessed and found to be sufficient to manage large-scale funds through the Global Fund's dual finance tracking mechanism. This means that funds are moved directly from the Global Fund to NACOSA and not through government. The first grant started in August 2010 through which NACOSA financed over 60 NGOs to implement HIV prevention and care programmes. The grant was successfully managed with consistent A1 ratings throughout Phase 1 leading to a huge increase in its Phase II grant. NACOSA currently re-grants and manages Global Fund investments over a 30-month period to over 100 organisations, including universities and research institutions, to the value of R750 million. The grant focuses specifically on key populations such as sex workers, men who have sex with men, and women affected by gender-based and sexual violence. Other important programmes include HIV prevention for youth, orphans and vulnerable children (OVC) and treatment adherence support for people living with HIV.

In addition to the above the organisation won a R120 million USAID/Pepfar grant for a five-year community systems strengthening programme aimed at strengthening the safety net for OVC made vulnerable by HIV benefiting 30 organisations.

Both the above-mentioned and a number of other smaller grants (NDOH, Department of Social Development, Anglo American, etc.) are implemented by partner organisations across South Africa. NACOSA not only serves as a conduit for the funding but is responsible for coordinating the programme implementation, ensuring quality service delivery and building the capacity of sub-recipients through training, mentoring and technical assistance. Coordination activities include regular group/network meetings with implementers of every programme, site visits and programme evaluations.

The magnitude of grant management not only affected the systems of the organisation but also its staff components and the way in which it relates to member organisations. NACOSA's staff increased to 70+ requiring a Human Resources Manager and its management systems and processes became more complex and rigorously audited by the Global Fund's local funding agent and external auditors. Organisations are contracted to receive funding against definite deliverables and conditions. Relationships have become more corporate and technical and sometimes strained when organisations don't comply with grant requirements. Despite this, consultative forums have continued in the provinces where NACOSA have offices and information is shared as described under 'Networking' below. With grant management things changed drastically. Organisations were allowed to experiment before but with the GF type of funding getting funding would get management

letters. The organisations are encouraged to network with another. (Davis personal communication).

Although the overall objectives stayed the same, NACOSA's operations have changed, it has now become more of a conduit and an oversight organisation for financial allocations to service providers nationally. While there have been many challenges when organisations received money, NACOSA strengthens the service provision in South Africa and provides guidance for accountability. The structure has become more complex - at one stage NACOSA had one financial person and now there is a whole finance team to ensure compliance to financial requirements of donors. Previously, the ethics involved were not so rigorous, today it is a different story and organisations can quickly lose their credibility. There is such a lack of funding and even more important that you have systems in place.

4.4.5 Networking

NACOSA continued with its quarterly consultative meetings, now in five provinces including the Free State and sticking to the recipe of focussing on themes selected by the members such as gender-based violence, norms and standards for places of care, medical male circumcision as HIV prevention strategy, and infant feeding. An interesting theme that was discussed in the Northern Cape was the power of partnerships and joint campaigns. The specialised CHAiN and CBCC meetings also continued (NACOSA, 2010) and NACOSA became a founding member of the Joint Primary Health Care Forum (JPHCF) in 2011, a specialised network formed with the purpose of engaging with government on its new Reengineering of Primary Health Care strategy in South Africa. NACOSA established an office in the Eastern Cape in 2010 and another in KwaZulu-Natal in 2011 and by 2014 the network has grown to 1,400 members. In 2011 much work was done to facilitate network meetings to discuss and create input to SANAC on the new NSP for the period 2012 to 2016, and the sub-district planning meetings in the Western Cape continued with a whopping 48 meetings facilitated in 2011 (NACOSA, 2011). As a network the organisation kept on advocating for the recognition of home-based carers emphasizing four main issues: Recognition and respect, clear roles and responsibilities, training and development and fair conditions of employment (NACOSA, 2013).

A development within the network was the hosting of the SANAC Women's Sector from August 2014 (NACOSA, 2015). The Women's Sector is a SANAC-affiliated network of organisations working in the HIV and AIDS sector focussing on women and girls. The Sector is governed by five Office Bearers and two full-time staff members are located at

NACOSA functioning as a Secretariat. The Secretariat and work of the Sector is funded by Irish AID while SANAC has provided funding to establish Women's Forums in provinces. Many of the organisations affiliated to the Sector are also members of NACOSA which resulted in excellent synergy for the NACOSA Women's Programme going forward.

Figure 4.14: Women's Sector logo

With networking in its blood NACOSA also became involved with and served as the co-chair of the global Civil Society PR Network (CSPRN) which consists of civil society principal recipients receiving funding from the Global Fund. NACOSA hosted a CSPRN meeting in Cape Town in 2012 with more than 40 PRs from across the world attending to discuss matters of grant management and implementation. During this meeting the difficulty of obtaining funding for community systems strengthening through networking, capacity building and human rights work have been discussed at length, also with the top management of the Global Fund who attended the last day of the weeklong meeting (NACOSA, 2013). This probably contributed to the Global Fund's increased focus on these areas with their new funding model.

Factors such as the capacity building focus, becoming a national organisation and managing large-scale grants affected the way in which NACOSA implemented its networking functions. Whereas it was easier to run a network in one province, coordination in a number of provinces became more complicated. The member organisations' sense of belonging has been lost somewhat. On the other hand, strong "specialised" networks have been formed through the grant management function. Davis (personal communication, 27 November 2014) relates that the quarterly grant meetings with sub-recipients are also places where networking is done. Discussions are not always just related to the grant as organisations become more open to discuss a wide range of issues that are affecting them. "Even in the situation with the Global Fund in the Eastern Cape now, we also have a relationship of trust, there is no fighting and bickering at the meetings, people come there to add value and to receive value. The capacity building added a lot of value, they got funding and capacity building and they contributed by learning from one another. Organisations also contact one another." The aim of the organisation for 2015 is to strenthen its focus on the network and its activities because NACOSA needs to keep the personal links with its members and make time for people (Galetta, personal communication, 27 November 2014). The Executive Director's vision is that NACOSA

must not follow the money but rather keep its focus on the work because "the network is our legitimacy". A Network Secretariat was established in January 2015 to formulate a strategy for reinvigorating the network and devise a variety of instruments to encourage

joint sharing, learning, advocacy and service delivery. Provincial Managers have also been freed up from grant management to concentrate on networking, promoting dialogue and stakeholder relations. Figure 4.15 depicts a visual that will be used in new media about the network (Van Wyk, personal communication, 19 Dec 2014).
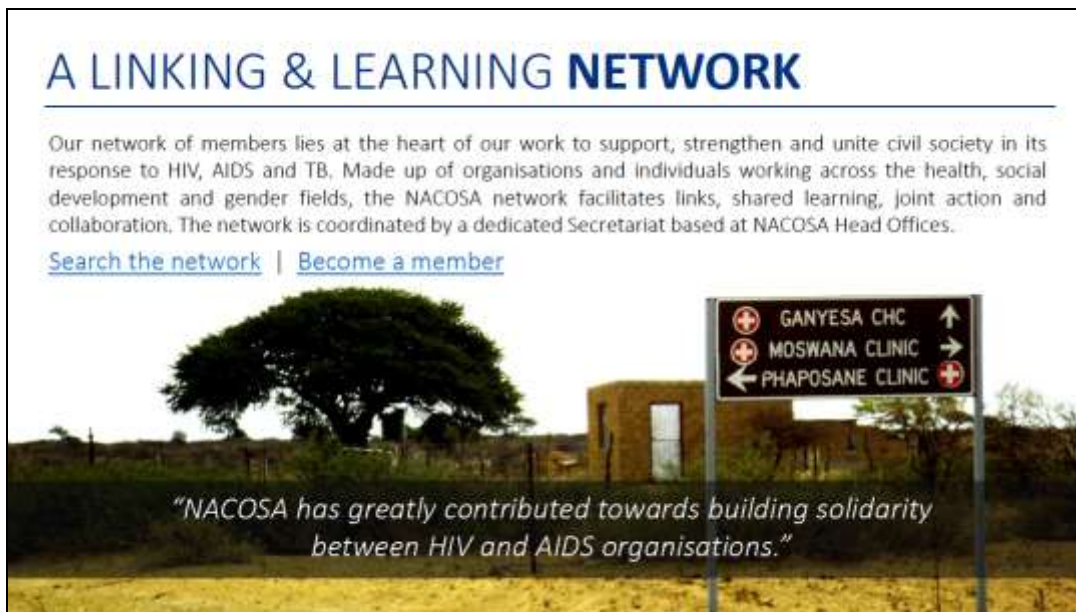

Figure 4.15: New material designed towards furthering the NACOSA Network

4.4.6 Capacity Building

NACOSA's training courses and mentoring described in the previous section continued without interruption since 2010. However, the level and variety of training increased substantially, now also offering accredited certificate training to child and youth care workers, accredited training in HIV counselling and testing including the finger-prick test procedure, technical procurement and supply management skills, etc. A recent development is the implementation of accredited training on gender and dealing with sexual violence for police officers. The CAT has been updated and is applied to organisations before contracting them as well as mid-term through the grant period to assess development and possible remaining skills gaps.

New partnerships with regard to training were formed in 2014 adding to the ethos that NACOSA would like to see in all coordinated programmes. Linking with Synergos will lead

to capacity building of OVC organisations in how to grow social connectedness between staff members, organisations, families and children. The partnership with Health Development Africa will capacitate NACOSA to up-skill supervisors in supporting and caring for the care workers in their organisations (NACOSA, 2013).

In 2011 the Board approved a strategy for NACOSA to develop a formal training institute to serve as a centre of excellence for the training of frontline workers and managers in technical skills. The comprehensive strategy includes plans for expansion of training at different levels, a training centre based at Head Office in Cape Town with satellites throughout South Africa. The training institute is foreseen to contribute to NACOSA's core costs as an NGO and so strengthen its sustainability. NACOSA also applied for and received a Level 2 B-BBEE status in 2012 allowing it to bid for relevant training tenders that would benefit its network members (NACOSA, 2012).

4.4.7 External relationships

As previously NACOSA liaised extensively with public stakeholders and development partners. The organisation serves on the executive structures of the SANAC LGBTI Sector, National Sex Work Working Group, NGO Sector, Children's Sector and Women's Sector. It is also representing the network on three provincial AIDS Councils and continue to work closely with the MSAT structures at district level in the Western Cape. Through the grant management processes NACOSA has collaborated extensively with national and government departments such as Department of Health, Social Development, Basic Education, National Prosecuting Authority, and South African Police Services (SAPS). Other partners include UNAIDS, the Alliance for Access to Palliative Care and in late December 2014 NACOSA was selected through a bidding process to become the first Gender Linking Organisation for the International AIDS Alliance. This will strengthen the gender-related content of its programmes considerably and in particular the networking with organisations working in the gender-based violence field.

4.4.8 Media

NACOSA designed a new logo in 2010 and refined it further in 2014. The tri-annual newsletter received a facelift, indicating an increased focus on brand consciousness and creating a recognisable image. The newsletter covers HIV, AIDS and TB related themes and topics with regular features on Youth, Positive Living, Health & Diet, Environment and Motivational content.

Figure 4.16: NACOSA's new logo in 2011 and slightly updated in 2014, and example of newsletter
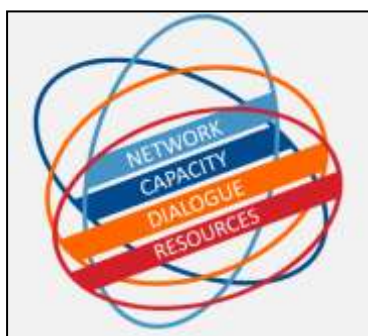
NACOSA now has a 4-tiered model of networking, capacity building, promoting dialogue and grant management. The visual in Figure 4.17 as well as the metaphors used in annual reports (see Table 4.1) over the years speak of NACOSA's drive to acknowledge the importance of partnership and group functioning:

Figure 4.17: NACOSA's four-tiered model

Table 4.1: NACOSA's network themes for annual reports

Financial year	Theme for annual report
1997/1998	Advocating for change in HIV/AIDS policies and strategies
1999/2000	South Africa united against HIV/AIDS
2002/2003	Western Cape coming together, uniting in action against AIDS
2006/2007	Connecting people – turning the tide
2007/2008	Expanding to meet the need
2008/2009	Power of partnerships
2009/2010	New horizons
2010/2011	Kaleidoscope – creating cohesive strategies
2011/2012	10 Years of turning the tide
2012/2013	Conversations
2013/2014	Stronger together

4.5   Summary

The last five years from 2010 – 2015 has proved to be a dramatic growth period for NACOSA as it became the principal of major donor grants. Much emphasis was placed on the development of internal systems and processes to enable good grant management and adhere to donor requirements. NACOSA is currently providing funding to about 150 organisations per year nationally. The organisation also became an accredited training provider with a list of training that are on offer to members and sub-recipients. The new responsibilities had a detrimental impact on NACOSA's network activities. Although consultative meetings and networking continued in all provinces the content and results of the networking have stagnated somewhat – NACOSA has put strategies in place to revive network activities in an effort to grow and invigorate the structure again going forward.

CHAPTER 5:   CONCLUSION

5.1 Summary of Findings

The history of NACOSA as a network organisation is closely knitted with that of the political history of AIDS in South Africa. As such one cannot easily disentangle its story from the story of AIDS denialism of the South African government which dogged AIDS programme planning and implementation for roughly fifteen years between 1990 and 2005. Fourie and Meyer's (2010) recent book *The Politics of AIDS Denialism* offers an excellent analysis of the contributing factors that created the HIV and AIDS horror story in which NACOSA and other civil society organisations had to find their way.

The research on NACOSA indicated that NACOSA lived through three broad phases. The organisation was more of a composite structure or convention of people and organisations that was brought together to draft South Africa's first HIV and AIDS Strategy and to coordinate its implementation. The political processes that accompanied the wonderful initiative killed it in the end, first forcing the structure to become an NGO in 1996 and then to closed down at the end of 2001. In its place came the Western Cape NACOSA, the only branch of the structure that was able to survive and formed its own independent NGO. The WC NACOSA focused on building a strong network in the WC for its first seven years, reaching much success with CBOs and forming close relationships with DOH and other public stakeholders. Around 2007 NACOSA spread its wings to three other provinces also building up a network of HIV and AIDS organisations. NACOSA also focused on capacity building of its members and became an accredited training provider along the way. In 2010 NACOSA became the first civil society Global Fund principal recipient in South Africa changing the organisation into a strong grant manager. NACOSA is lasting NGO network organisation that managed to survive its ups and downs through passionate leaders and staff members and shrewd decision-making. Two independent studies recorded NACOSA's model of networking, capacity building, promoting dialogue and funding. The organisation is currently in the middle of its third decade with a vision of re-invigorating its national network.

The contributing factors to the success of NACOSA is consistent with the salient factors for effective networks found in the literature. The strategic factors that played an important role in the development of the organisation are discussed in the following sections.

5.2 Key factors contributing to NACOSA's success

5.2.1 Structure

NACOSA's network structure fluctuated from a nationally managed multiple hub structure to a single hub and spoke structure in one province back again to a multi-tiered and specialised national hub structure.

The original NACOSA was a national structure with provincial hubs, each responsible for coordinating the role players in that province. The provincial hubs operated differently but eventually all came to an end when the national structure collapsed at the end of 2001. Only the Western Cape hub was able to continue as an independent NGO which became the central hub creating links to single nodes/organisations in the province. As the network

warmed up in the Western Cape regional forums were created which changed the structure to hubs per District and even sub-district. Over time other provinces were added forming separate hubs with their own nodes and patterns. Some hubs formed wheel structures with all nodes connected to the hub and to each other and in others the hub connected with single nodes, some of which formed a cluster linked to a project or specific service delivery. And at the same time specialised hubs (such as the CHAiN network) formed from the central hub. Figure 5.1 attempts a
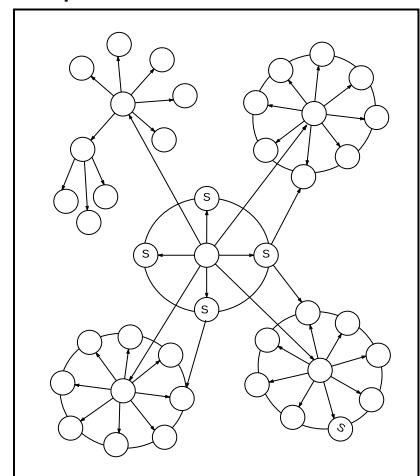

Figure 5.1: NACOSA multi-tiered hub structure

visual structure where specialised hubs are marked with an S and may link with or involve nodes/organisations in other regional hubs depending on the topic that they might interact on. The suggested structure enables an efficient flow of information for NACOSA and is serving the network well.

NACOSA should not be confused with an umbrella organisation because it accesses funding and builds capacity for specific HIV and AIDS programmes. It is a multi-sectoral HIV and AIDS network organisation successfully brokering an integrated response to HIV, AIDS and TB in South Africa.

NACOSA falls into the Complex Purpose – Complex Structure model considering its 22-year history and multiple interests and partners. The conceptual framework developed by Ashman (2013) may assist NACOSA in its strategic planning for the future, especially looking closer at its structure to facilitate coordination, funding and communication with members. In this sense, NACOSA is operating as a social organisation with an Executive

Committee, an Executive Director and a stable hierarchical structure to facilitate the implementation of the organisation's purpose. The strategies of the organisation (capacity building, promoting dialogue and grant management) is strongly linked to the concepts and structuring of networking and coordination and which is a strategy on its own. NACOSA as an organisation drives, organises and identifies itself as a network "owner" or main hub and features the function of networking in its organogram through the positions of provincial managers and the new Network Secretariat. It also promotes the formation of new network clusters where it is needed and partners with similar networks from time to time.

5.2.2 Shared Purpose

Right in the beginning of NACOSA's history its purpose was to coordinate the writing of South Africa's first National AIDS Plan and to then function as a coordinating struture for its implementation and further development. Writing the plan was successful through excellent collaboration amongst a large group of people but coordination of implementation sadly failed, despite the best efforts of members who remained part of the structure after 1994 - all due to the political factors described in Chapter 4.

However, the social capital that existed among AIDS activists who were part of the original group enabled NACOSA to continue as a network until 1996 when it was transformed into an NGO. The purpose of the network was still to get a unified response to HIV and AIDS in South Africa and to coordinate the implementation of strategies. The purpose of this organisation became one of acting as a government watchdog and conducting joint advocacy on identified policy and implementation issues. The members of the organisation had a shared vision and a common agenda but a lack of funds for regular meetings and joint planning, loss of original membership from government, business and unions, as well as the general context of mistrust and even conflict between members at times marred the effective functioning of the Convention. Although the organisation played a crucial advocacy role in the nineties it had no other resolve than to close down in 2001.

It was a very good decision to keep the NACOSA acronym when the still active Western Cape branch of NACOSA converted into an independent NGO in July 2001. Whilst retaining the original essence of NACOSA the new name *Western Cape Networking AIDS Community of South Africa* aptly refers to all the individuals, communities and organisations that are infected or affected by HIV, AIDS and TB or who are working together towards a solution. The new networking organisation's purpose was similar to that of the original NACOSA in that it wanted to mobilise government, business, religious

organisations and civil society to follow an inter-sectoral approach towards combatting HIV, AIDS and STD prevention and care. Specific goals of networking and capacity building were added for implementation in the Western Cape only. This purpose stayed the same for years even with a change in executive leadership in 2005. The newly developed stated vision of "*Collectively turning the tide against HIV, AIDS and TB*" which was developed in 2008 not only strengthened the shared vision of the members but also reinforced the collective strategies of monitoring policies, lobbying policy makers, forming closer partnerships and promoting dialogue.

It is remarkable that the organisation has maintained its vision and mission over its 22-year history full of upheaval and changes. There was a strong strategic fit of purpose among the start-up organisations but it is also true for members who joined along the way. Member organisations of the network today are normally specialists in one or two areas such as HIV prevention or treatment adherence or gender-based violence but they still share the understanding of the importance of inter-sectoral work and how the disease can only be addressed through partnerships and collaboration.

The purpose of the NACOSA network over the years became more complex but are currently characterized by Connectivity, Alignment and Production, all three of the main network types identified by Plastrik and Taylor (2006). Connectivity and Alignment of purpose were there from the beginning while Production moved in strongly from 2010 when NACOSA became a principal recipient for large HIV and AIDS grants. The broader network was definitely based on community needs while the specialist smaller sub-networks for grantees were more based on organisational needs for discussions on finance, monitoring and evaluation, and coordination.

5.2.3 Membership

Over the years organisations and individuals could register formally to become a member of NACOSA but some organisations have entered the network through receiving funding for implementation of specific programmes. There were some fluctuations in membership. NACOSA started out as a multi-sectoral convention or bond consisting of nominated members coming from political parties, government, NGOs, trade unions, faith-based organisations and research institutions. Most members had strong leaders with a history of advocacy and service delivery experience who wanted to structure the HIV response in South Africa. This social capital is perhaps the main factor that kept NACOSA alive for its first decade, and continued the legacy in the second.

From 1996 the members were largely non-profit organisations addressing the disease at different levels from policy and advocacy actions through to service delivery level. A success recipe of NACOSA Western Cape was to focus on community based organisations to become members. These members who were operating in a vacuum before were able to voice their challenges and become part of a broader community of actors. The WC network was able to create excellent forums for dialogue with the provincial and local government involving members across the board.   From time to time "specialist" sub-networks formed to address specific issues for example the CHAiN network for members focussing on children infected or affected by HIV and AIDS. It seems that the success of being a network of networks is a draw card to NACOSA as evidenced by CHAiN, the recent hosting of the Women's Sector and becoming the International AIDS Alliance's Linking Organisation for GBV.

Sub-recipients of funding through NACOSA operates as a special form of membership and networking. While these members may attend broader consultative meetings they also regularly meet to discuss matters of implementation and coordination. These members may "lose" their membership when they do not conform to the grant rules which has the potential to cause tension and conflict within the network and in communities. It is an aspect that should be discussed in great detail with sub-recipients and their governing boards in the beginning of a grant period.

NACOSA membership has never been strict with porous boundaries. In fact, deciding on issues such as eligibility and fees have always been difficult for the organisation. A rule that seems to have been in place for some time is that only paid up members may vote at the annual general meeting (AGM). Today the network has over 1,400 members with relatively stable resprensentation by organisations. While consultative network meetings are still happening regularly in NACOSA's main provinces, indications are that the dialogue is perhaps not focussed enough or necessarily having any tangible results other than information sharing or very specific grant deliverables. The size and scope of the network resulted in members not being able to see the "horizon" (Plastrik, 2006) of or understand the network in depth any longer, hence the feeling within the organisation that some of the old magic needs to be recaptured. While there has already been action to establish a focused network secretariat extensive strategising with members is needed to clarify membership and to aid effective and communication going forward.

NACOSA has grown up in its second phase becoming even more purposeful after 2010. The organisation is able to conceptualise very well what it offers to members (see Figure 5.2). Some work is needed to take this further to make it clear what is expected of its members.

Figure 5.2: Conceptualising the network's offerings to members

5.2.4 Effective Interaction

Membership interaction have been regular and strong across the network over the years resulting in thriving relationships and productive joint undertakings. The literature reflects an immense number of meetings and forums attended by members indicating real involvement and joint decision-making by members.

The early years of the network was about information sharing and relationship-building. Later on the network generated much joint advocacy, especially during the nineties when AIDS denialism and political commitment have been huge challenges. From about 2001 the network interaction was about coordination of service delivery. NACOSA assisted organisations to map services and plan jointly for service delivery at sub-district level. In the Western Cape in particular the face-to-face meetings at sub-structure level, including in deep rural areas, resulted in commitment, mutual trust and team spirit. The network's advocacy role has diminished as government and NGOs started working together again.

Other aspects that contributed to succesful interaction between members were feedback loops created by NACOSA programme officers and representitives. Quarterly consultative meetings would start with feedback on how joint input to documents were taken upstream and feedback from SANAC and AIDS Council meetings were provided. NACOSA's AGMs

have also always been utilised as a space for consultation. The conference-type Masimbambisane's for members between 2002 and 2006 created huge opportunity for members to connect and to communicate with government. Similar meetings in provinces should definitely be considered again by NACOSA.

Results from networking reports and two external evaluations indicate that the value proposition for members were closely linked to the purpose of the network namely access to information and learning through dialogue with others as well as training, making connections between partners including government. Additional value add include increased legitimacy as NGOs working in the field, solidarity, and access to funding.

NACOSA has made great strides in the development of its capacity building function over the past five years. Training and mentoring of members in organisational development and technical programme skills are probably the most significant value add for members belonging to the network. In 2012 the organisation became an accredited training provider under the HWSETA and started to expand its training to programmatic and technical areas such as HIV Counselling and Testing, Child and Youth Care, Preventing Gender-based Violence, etc. The external evaluation of 2010 showed clear evidence of the capacity building programme's contribution to the successful management and programme implementation by organisations. Hundreds of member organisation staff already mastered new competencies and obtained sector acknowledged skills certificates. Cluster mentoring also reportedly strengthened social cohesiveness of organisations working in the same district/sub-district. However, the generative competencies proposed in the literature as essential for survival have not been addressed fully in training offerings and could be identified for further attention in NACOSA's capacity building supply chain. Such competencies will assist NACOSA and its members in taking its organisational functioning to a new level. NACOSA can report that generative capacities are still in short supply at organisational level and should be the focus of training and mentoring.

Capacity building of member organisations expanded to coordination of service delivery programmes through funding of its constituency and large-scale grant management. NACOSA has started to focus more and more on sharing best practices through training and measurement of implementation quality within its funded organisations. In some combination prevention programmes innovative new models are encouraged, for example where child and youth care organisations are not only trained to mobilise community structures to join in the programme but where carers are trained to perform HIV tests on children themselves. Community mobilization and dialogue aimed at community systems

strengthening is a central theme for the network. Coordination of service delivery programmes also go hand in hand with regular feedback on performance within the programme and joint discussion of dealing with implementation challenges.

A strategy mentioned by all executive committee members who were interviewed was NACOSA's approach of constructive engagement and dialogue with government. Although this is never and easy feat and goes along with much tension at times, the strategy contributed to the success of the network and its members. NACOSA has legitimacy at local, provincial and national levels as a network of value.

The above-mentioned functions implemented by NACOSA no doubt ensured the success and sustainability of the network. NACOSA clearly has a network mindset evidenced by its accommodating membership management style, the wide range of activities in which members are involved, the open way in which communication and capacity building take place and the promotion of partnership and collaboration through network branding and annual reporting. However, currently the NACOSA network is more about information sharing than collaboration, excluding in the Western Cape where there has been much working together on policies and planning. More thought should be put into how the network can use the diversity and expertise within its membership to test implementation models and create sharing and learning opportunities across the board.

5.2.5 Governance and Management

5.2.5.1 Good Governance

The initial NACOSA was overseen by a national co-ordinating committee with a secretariat and sub-committees to coordinate specific tasks such as writing the first AIDS Plan for the country. Gauging from the literature the co-ordinating committee was mostly made up by politicians and government officials who did not offer much governance after 1994 when the Plan was taken up by government as the official HIV and AIDS Strategy. When the organisation became an NGO NACOSA was governed by an Executive Committee consisting of NGO AIDS activists from 1996 until the demise of the original structure in 2001. The office bearers contributed much to the advocacy actions implemented by the national advocacy manager and the regional coordinators.

From 2001 Western Cape NACOSA was governed by an Executive Committee that had network member representation from the Western Cape regions. In this sense NACOSA promoted shared leadership and decision-making about network matters and it certainly built trust among the members. The Chairperson, Dr Saadiq Kariem, who started in 2001

is still the Chair and the Vice-Chair has served since 2005. Both office bearers are staunch supporters of civil society interventions in HIV and AIDS programmes and provided continuity to the leadership of the organisation.

Regional representation took the form of provincial advisory committees when NACOSA expanded again from the Western Cape to KZN, EC and NC in 2011. This structure was not very active in terms of network affairs and is being reviewed currently in favour of a Board of Directors when NACOSA will change its constitution to that of a non-profit company. Two strategic decisions made by the Executive Committee was to allow expansion of NACOSA to other provinces and to act as a conduit for funding to member organisations. The Executive Committee allowed the network to steer itself under the management of NACOSA staff and focussed more on risk management for the organisation in regard to the large donor funds that had to be administrated. An important success factor was that NACOSA always obtained a mandate from its members before venturing into a new direction (Kariem, personal communication, 4 February 2015). Appreciation for the role of the network members are also expressed at all AGMs and in all annual reports.

In summary, using Provan and Kenis' (2008) theory, NACOSA's network administrative organisation form of governance is suitable based on the large size of the network, the lower level of trust that is required between all the members, the high consensus between members around goals and the highly skilled staff that is necessary to manage the national network.

5.2.5.2 Management

In the original national NACOSA each province had an employed coordinator whose role was to mobilise the various sectors to become part of the AIDS network for coordinated advocacy and implementation. From 2001 Western Cape NACOSA was managed by a Director and in 2010 the position changed to that of Executive Director.

Although the participation and involvement of members were evident throughout the literature search and mentioned in personal communication with the researcher it is clear that NACOSA became the definite leader and organiser of the network over time. In the early days of advocacy, organisations were more on an equal footing but soon after the WC NACOSA was established the management and staff of NACOSA became the hub that drove the strategic direction of the network. Community-based organisations highly appreciated NACOSA's leadership and there is no indication that members felt threatened

or sidelined – in fact there is much evidence that members formed part of work groups or sub-committees and benefited from NACOSA's actions. NACOSA's success can therefore be explained by its "lead weaver" style without being controlling and a definite strategic decision to not compete with its members – NACOSA's only implementation is its member capacity building component. The network promotes multiplex ties between the funded organisations so that it may benefit communities linking to Provan's (2001) idea that a network leader should act as an agent for communities and not for its members.

As described under Section 5.2.2 NACOSA's strategies as developed by its management and governance structure were more or less the same over its entire history. One of the strategies was always to create a strong network through effective communication processes. In 2006 the strategies were packaged into a 3-tiered model called Networking, Capacity Building and Promoting Dialogue, grant management was added later. NACOSA got it right in focussing on information sharing, alignment of purpose between members and coordinated service delivery, therefore spanning the main types of activities that a network may promote. They also make a habit of ensuring that member organisations understand how central they are in the model.

In terms of network management NACOSA initially employed a skilled facilitator(s) per region who could facilitate network meetings and train and mentor CBOs over a period of time. Later on a distinction was made between trainers with formal facilitation skills and programme officers who worked in the regions and who convened consultative forms and community dialogues. Even later, when grant management became an important task NACOSA proceeded with appointment of programme specialists with technical expertise on programmes. Today NACOSA's major grants are managed by programme management units including highly skilled finance and M&E staff who have very little to do with the networking functions of the organisation.

In summary, the two executive leaders that NACOSA had since 2001 were both grounded in community mobilisation and participation and were able to successfully build on the foundation that was developed by the original NACOSA. A strong Western Cape network and reasonably reliable funding was established before moving to other provinces. As the network grew additional strategies aimed at strengthening internal systems, measuring of impact and expanding the small grants programme were added and in 2006 acting as a conduit for funding became a definite strategy. From both leaders it was evident that they knew who the relevant government decision-makers were and how to approach them. NACOSA's leadership and its staff also has a long-term vision and mentality, actively

seeking partnerships and encouraging cross-sectoral integration without structural boundaries to limit connectivity.

With its grant management function operational in all nine provinces of South Africa, NACOSA has to rethink its network management function. The envisaged Network secretariat together with NACOSA management and members will have to review the purpose and functioning of the network going forward. Is it possible to manage a national network successfully in nine provinces? If NACOSA manages its network in five or six provinces where it has provincial staff what are the processes to be followed to achieve social connectedness in the context of very different local situations? As HIV, AIDS and TB are viewed more and more as a chronic illness what is the role of a network and how do the members ensure that the continuing service delivery challenges at local level are addressed in the upcoming 2017 – 2021 NSP? What is the value proposition for members – what value do they still see in the network and what value can they add? And finally, how can NACOSA promote responsiveness internally and across the network?

5.2.6 Effective Fundraising

One of the main reasons for the original national NACOSA's closure was lack of funding. But over the years as NACOSA became a strong network administrative organisation it created the ability to attract long-term funding. As its network and membership grew and the organisation became adept in creating trust and cohesion in its network it became possible to request funding for networking and later joint programme implementation. Networks are notorius for battling to get funding as donors as focussed on short term projects or programmes that can be finalised in a year or two. NACOSA has the ability to convince donors of the importance of community systems strengthening through sharing of information, capacity building and resourcing civil society organisations.

5.3   Conclusions

In the words of Van Wyk (personal communication, 19 December 2014) "Developing and leading a network is not an easy thing and success is at best uncertain. Networks are not projects with a life-cycle."

On the face of it the NACOSA network is successful because it has been able to reach its goals most of the time. Initially NACOSA was a state-civil society type of network which was dogged by unequal power relations and limited networking capacity by government. Since 1996 though, networking has taken place consistently, there are relatively good ties

and collaboration with government and grant sub-recipients are contributing to service delivery on the ground. There is however no real evidence that an integrated response to HIV, AIDS and TB has happened in provinces as a result of network activities. In the Western Cape there has been much progress on this issue due to the facilitation of sub-district planning processes through the MSATs but in other provinces the network activities are not strong enough to take credit for this lofty goal.

The strategic success of NACOSA as a network organisation has been created through:

- A sector based approach promoting diversity in its membership.
- A consistently focused and shared purpose throughout the years supported by joint actions around policy development, information and knowledge sharing, joint localised planning, capacity building and programme implementation at the same time.
- A community agent approach believing in and advocating for community systems strengthening through an integrated response.
- Obtaining a mandate from network members for main strategy changes in the network.
- Constructive and strategic partnerships with various government departments and other role players.
- A strong capacity building approach focussing on organisational and programmatic competencies through training, mentoring and technical assistance.
- Not competing with network members but rather playing the role of main weaver.
- Becoming a network of networks creating or hosting smaller specialist networks focusing on a specific cause related to HIV, AIDS and TB.
- Being a strong backbone organisation with a committed representative executive committee and skilled responsive staff who have job descriptions related to networking, capacity building and creating dialogue as well as an administrative team that can help with communication and meetings.
- Bringing small and large groups together on a regular basis depending on the purpose of the meeting, using consolidated group input to inform policy development and national and provincial levels.
- Social media including a quarterly printed newsletter, facebook, twitter and e-newsletter keeping all stakeholders informed
- Ability to raise long-term funds for network activities, capacity building and coordinated service delivery.

- NACOSA not only has a network mindset intent on building trust between members but also has a culture of learning, acting fast on opportunities and adapting to change when it is needed.

5.4   Recommendations

NACOSA may indeed be proud of what it has accomplished since its rocky beginnings in 1992. The organisational development since 2001 was outstanding. The following recommendations are made against the organisation's current focus on revitalizing its networking in all provinces:

- Sign formal or special cooperation agreements with member organisations so that they are aware of their roles and responsibilities within the network.

- NACOSA's membership has grown exponentially over the last ten years resulting in members not all being able to understand or see the horizon of the network – this has implications for communication that NACOSA needs to investigate.

- Place much more focus on decentralised and local networking (without standardising processes in provinces), creating shared visions, exchange of information, liaison with local policy-making authorities etc. This will create a multi-hubstructure that facilitates information flow and a small-world effect (information flowing fast and spreading connectivity).

- Put energy into learning about the member organisations in every province. Focus more on their visions to ensure that NACOSA partners with like-minded organisations. This seems like an unnecessary thing to say but does the organisation know what its members are working towards and will they help NACOSA reach theirs? Make sure that the number of members per province is manageable.

- Strategise on how various levels of management in member organisations may be involved in the network.

- Practice responsive management and coordination, not doing everything *for* members but dealing quickly with queries and tapping the added value of other members to assist where needed. Identify more weavers in members and use them to create more connectivity.

- Brainstorm on the various ways in which organisational resources may be shared to benefit the network and rethink the practice to fund transport of members to network meetings.

- Review the underlying structural factors that might impact on the relationships, collaboration and effectiveness of the NACOSA network development and develop strategies to deal with it.

- Review the underlying assumptions about the future development of NACOSA as a network, especially with regard to who determines the strategies of the network. This may lead to new ways of communication, new ways of involving members and new structures at local level.

- During the revitalisation period focus more on information sharing and coordination and less on joint programme implementation. Encourage participation through various techniques to ensure dynamic contributions and the formation of a critical mass of members.

- Determine clear goals and objectives for networks together with members to guide activities for a specific period.

- Invest in an effective knowledge management system with a user-friendly database on network members and which captures information collected and shared by member organisations.

- Start with regular evaluation, however small.

- Find ways of measuring the sense of ownership, value and relevance by members of the NACOSA network. Use Ashman's (2003) Revised Framework of Factors to Consider when Monitoring and Evaluating Network Development and adapt where necessary to assess effectiveness in future. Link up with universities in provinces to assist with network development evaluation.

- Use the open source Netdraw software by Analytic Technologies (or Inflow or Netminer) to analyse the density of NACOSA's provincially based networks – such analysis will identify non-involved members, prominent members, influential members and bonding members which will assist greatly with building strategies to develop the network. Other aspects that could be mapped is the flow of funds between organisations and funders, and the broadbased skills within the membership.

- In coordination with the above methodology to use the Internal Coalition Effectiveness instrument (based on the ICOH model) to evaluate the effective functioning of the NACOSA network at provincial levels.

- For NACOSA's internal network management functioning, follow the "integrator" route in managing its provincial offices. This works on the geographic distribution of leadership and developing a team at head office level with complementary

experience. Also focus clearly on impact, making regions accountable for impact and define clear roles and decision-making margins for HO *and* regions and develop clear processes about who's doing what. At Head Office level it is important to define the meaning of impact, the way in which the brand is to be used and adminstrative processes to be followed (Huggett et al., 2009).

- Use NACOSA's new training institute to supplement the networking pillar in a coordinated fashion that supports resource rich institution-building processes at local level.

- Create a resource base with tools for member organisations on how to do things

- Focus on smaller groups of cluster mentoring for members with similar skills needs.

- Create more specialist or strategic sub-networks when needed and ensure strong links with the broader network.

5.5   Summary of Contributions

- The vision for creating NACOSA initially was to draft South Africa's first HIV and AIDS Strategy and to coordinate its implementation. When NACOSA became an NGO in 2001 its vision shifted somewhat from HIV and AIDS policy development to civil society strengthening aimed at an integrated response to HIV and AIDS on the ground.

- NACOSA had an eventful history spanning 22 years. The first phase between 1992 and 2001 may be labeled *Great Expectations* as the composite multi-sectoral structure started a groundbreaking initiative on HIV and AIDS in the country and believed that the first AIDS Plan would be implemented as planned. Expectations came to nothing as government struggled to find its feet through a decade of blunders while people died by their thousands.

- The next phase between 2001 and 2010 may be labeled *Starting Over* because the national NACOSA closed down and its Western Cape branch reinvented itself as a community mobilisation network for the province. Within a period of ten years Western Cape NACOSA developed into a successful network with a large membership fully involved through its 3-tiered model of networking, capacity building and promoting dialogue.

- The third phase between 2010 and 2015 may be labeled *Rapid Growth* as NACOSA developed into a large training and grant management agency with strong

systems providing funding to its members through large grants. Networking continued at a slower pace but is still highly important for the organisation.

- NACOSA's sustainability has been developed through the ability to raise long-term funds for network activities, hard selling of the importance of capacity building of members and coordinated service delivery building on the social capital that is formed through shared learning and collaboration. NACOSA also has a culture of identifying and acting fast on opportunities and adapting to change when it is needed.

- Strategic factors that attributed to the success of the NACOSA network are:

  - A sector based approach promoting diversity in its membership.

  - A consistently focused and shared purpose throughout the years supported by joint actions around policy development, information and knowledge sharing, joint localised planning, capacity building and programme implementation at the same time.

  - A community agent approach believing in and advocating for community systems strengthening through an integrated response.

  - Obtaining a mandate from network members for main strategy changes in the network.

  - Constructive and strategic partnerships with various government departments and other role players.

  - A strong capacity building approach focussing on organisational and programmatic competencies through training, mentoring and technical assistance.

  - Not competing with network members but rather playing the role of main weaver.

  - Becoming a network of networks creating or hosting smaller specialist networks focusing on a specific cause related to HIV, AIDS and TB.

  - Being a strong backbone organisation with a committed representative executive committee and skilled responsive staff who have job descriptions related to networking, capacity building and creating dialogue as well as an administrative team that can help with communication and meetings.

  - Bringing small and large groups together on a regular basis depending on the purpose of the meeting, using consolidated group input to inform policy development and national and provincial levels.

- Social media including a quarterly printed newsletter, facebook, twitter and e-newsletter keeping all stakeholders informed
- A network mindset intent on building trust between members and a culture of learning.

5.6   Future Research

More research is needed on the continuous assessment and evaluation of networks. It would be helpful to do a study with a few networks over a period of time during which new tools for self-assessment at different periods are tested by the network themselves and to determine whether it is a useful method that assists networks in reflecting about their effectiveness and efficiency.

The structure and effectiveness of governance models for various types of networks would also benefit from more research.

"*Our strength lies not within ourselves as an organisation but in our network of NGOs and CBOs – working together as partners in the fight against HIV and AIDS*"

Dr Saadiq Kariem, Chairperson, NACOSA

Addendum 1

## Analysis framework for review of literature on effective networks

	PURPOSE	MEMBERSHIP	INTER-ACTION	STRUCTURE MANAGEMENT, GOVERNANCE
Ashman	Strategic fit	Social capital Leadership commitment	Mutual trust, relationships and communication Joint learning	Donor relationship Governance and management
Kania & Kramer	Common agenda		Continuous communication Mutual reinforcing activities	Backbone support organisation Shared measurement
Mattesich & Monsey	Shared vision Unique purpose Goals are cost effective Regular planning sessions. Clear attainable goals & objectives.	History of collaboration Self interest – members know what they will gain from participation In-kind support available. Network seen as a leader in community. Various levels of leadership in member orgs are involved. Planning transition in leadership. Cross-section of members. Stable representation.	Mutual respect, understanding and trust. Open, frequent, Informal & formal communication links. Communicate short-term successes. Adaptability Ability to compromise Favourable political & economic climate – if not able to change it to be so.	Sufficient funds available. Multiple layers of decision-making. Members feel ownership in structure. Clear policies. Skilled & fair conveners with process abilities who are respected. Work groups. Structure & methods are flexible.
Easterling, et al.	Develop systemic solutions that address root causes of problems.	Using diversity to see the big picture.	Collaborative problem solving through broad system analysis.	System analysis
ICCO	Focus on a few priority issues, not large number of topics.	Members work within the network, not *for* it. Leaders to drive. Member orgs have ability to share, ability to contribute skills, time, money, and commitment to networking.	Ability to overcome establishing phase. Become spaces for innovation, experimentation and advocacy	Have long-term donors who act more like sponsors and don't interfere or manipulate the agenda. Driving the *vitality* of the network. Excellent planning of communication and learning. Network managers must have skills to convene, to stimulate, to drive delivery of plans. M&E Framework that measures the success factors but also impact of the network's goals.
Liebler & Ferri		Generative capacities, Mindfulness		

Scearce	Provides range of value propositions and what is expected from members.	Members are weaving connections	Participation, reciprocity, trust.	Structure is related to purpose of network.
			Distributive leadership and responsibility.	Shared leadership.
	Involves members in developing indicators to track progress and condict evaluation.		High connectivity and much opportunity for face-to-face and internet communication. Feedback loops that facilitate learning and keep the network dynamic.	Systems to identify capacity, expertise and assets within the network.
Sluijs-Doyle, 2009	Can be to share information; conduct research, policy development; advocacy; service delivery, capacity building, social change, experimentation. Beneficiaries are clearly identified.	Networks often have highly committed core group that are participative and set agendas of the network. Periphery members mostly use the information that is available. Members' capacity must be built. Capacity assessments are important.	Members learn from one another through connectivity. Range of participation but transformative participation empowers. Mutual trust and respect. Exchange visits work well. Advocacy topics must be agreed. Capacity building programmes.	Management must ensure inclusion of all members in activities. Partnership agreements with clear roes and responsibilities. M&E is important. Leadership is responsible for strategic and action planning. 2nd line leadership to be developed in Secretariats and member organisations.
Provan & Milward, 2001		Growth in members. Range of services. Less duplication of services in an area. Strong relationships – multiplexity. Coordination of services. Member commitment. Survival.	Social capital is built Communities perceive that the network makes a difference . Noticeable change in the problem that is addressed. Client well-being. Enhanced legitimacy. Client outcomes	NAO is in place. Funding for network maintenance.

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Addendum 2

LIST OF PEOPLE INTERVIEWED FOR THE STUDY

Interviewee	Position
Mary Crewe	Co-Director of The Centre for the Study of AIDS, University of Pretoria. Member of the drafting committee of the first National AIDS Plan for South Africa, 1994
Dr Ashraf Grimwood	Chief Executive Officer, Kheth'Impilo. Chair of NACOSA between 1996 and 2001.
Nikki Schaay	Senior Researcher, School of Public Health, University of the Western Cape. NACOSA member early years. Executive Committee member of WC-NACOSA and provincial Chair 1999 to 2001.
Luann Hatane	Provincial Coordinator of NACOSA from 1996 to 2001. Director of WC-NACOSA from 2001 to 2005.
Shirley Ilunga	NACOSA Staff member between 1999 and 2006, and again from 2012.
Dr Saadiq Kariem	Chief Director, Department of Health Chair of NACOSA from 2001 to date.
Dr Maureen van Wyk	Executive Director, NACOSA from 2005 to date.
Rev David Galetta	Chair-person of City of Cape Town MSAT. Vice-Chairperson of NACOSA from 2005 to date.
Sydney Davis	NACOSA Provincial Manager, Eastern Cape. Staff member since January 2006.

Addendum 3

NACOSA ORGANOGRAM 1994[1]

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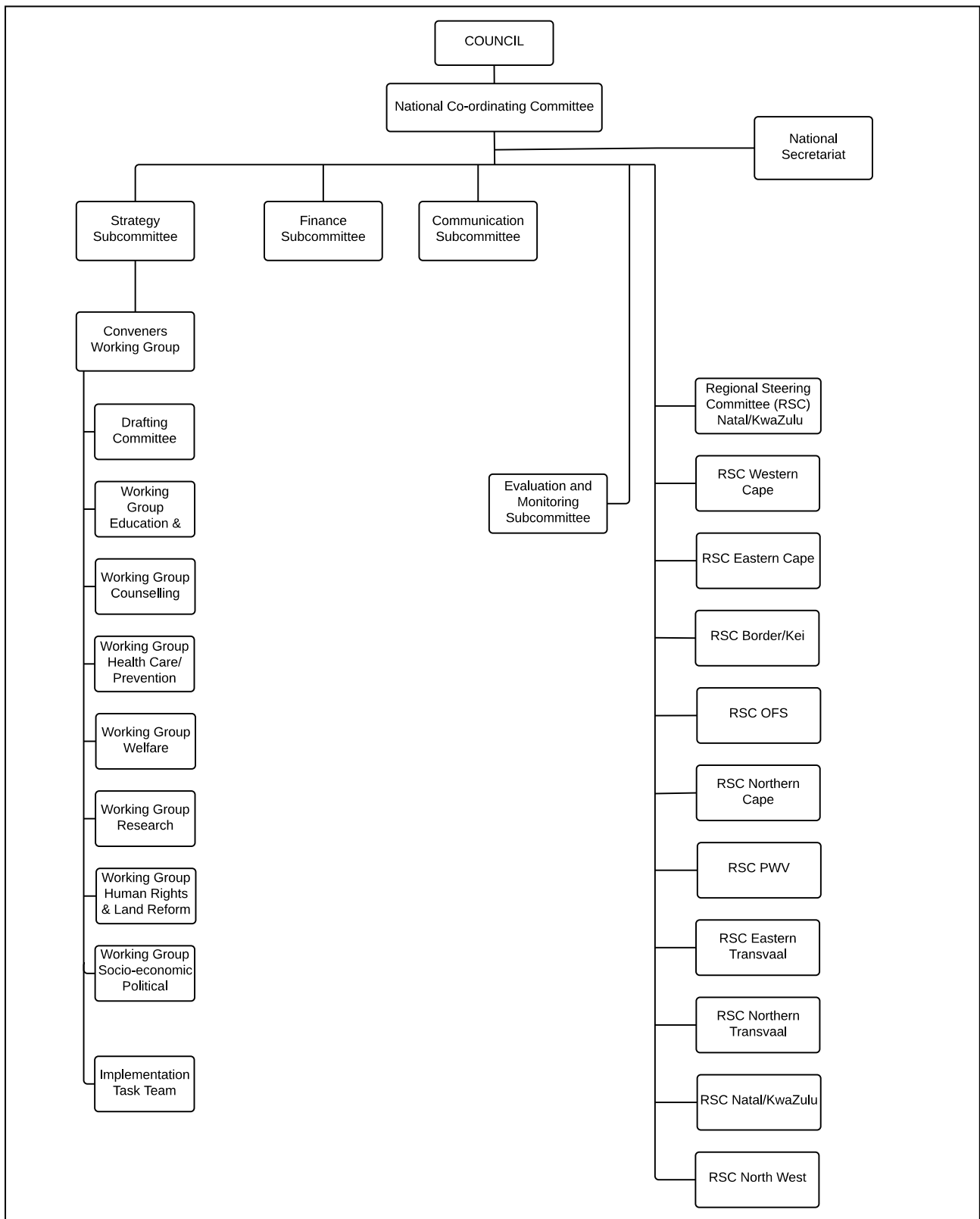
[1] NACOSA. (1994). *A National AIDS Plan for South Africa 1994-1995*. Sunnyside, Pretoria. Author.

<div align="right">**Addendum 4**</div>

FIRST MEMBERS OF WESTERN CAPE NACOSA[2]

1. Dr Saadiq Kariem
2. Dr Ivan Toms
3. Anne Mabena
4. Nikki Schaay
5. Núr Samuels
6. Yvonne Daki
7. Brett Anderson
8. Zelda Fortuin (AGAPE)
9. Kayce Meulenbroek (Robertson & Worcester AIDS Action)
10. Ralph Mcgregory (Oudtshoorn AIDS Forum)
11. Martha Louw (Beufort West AIDS Action)
12. Lionel Pedro (Knysna AIDS Council)
13. Isaac Dokter
14. Dr Louis Petersen
15. Pat Francis (Wola Nani)
16. Mary Ceasar (ALN)
17. Sian Hasewinkle (CWS)
18. Graham Phippen (Leadership South)
19. Jane Arnott (SWEAT)
20. Anna Slabbert (Triangle Project)
21. Clarissa Arendse (PPASA)
22. Stephanie Schutte (Lifeline)

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[2] Constitution of the Voluntary Association known as Networking HIV/AIDS Community of South Africa and also known by the acronym Western Cape NACOSA, 1991

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