



# Facilitating organisational change using an asset based approach

## LESSONS FROM RAPHAEL CENTRE, GRAHAMSTOWN

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*“you never change things by fighting existing reality. To change something, build a new model that makes the existing model obsolete” (R. Buckminster Fuller, 1981).*

*Imagine you have put heart, soul and years of your life into creating an organisation that is on a slippery slope. Your work has lost relevance and impact. There is less enthusiasm from community partners and loss of popularity amongst peers. Donors are questioning the quality of the work and financial insecurity is affecting staff morale. What would you do? Many NGOs and CBOs in South Africa may find themselves in this situation. Few have the insight and courage to transform the work that they do. We thank the Raphael Centre in Grahamstown, South Africa for their willingness to share a story of an asset based transformative process that is still underway...*

### 1. Background

Situated in Grahamstown in the Eastern Cape, the Raphael Centre started as an HIV and AIDS community initiative in 1998. At the time, the Anglican Bishop of Grahamstown encouraged the church to develop a project to assist people living with HIV. The Centre was initiated by local volunteers as a support group for about thirty adults. In 1999, the Centre formed a Committee, drew up a constitution and registered as a non-profit organisation. The name “Raphael” was chosen because St Raphael was a healer (although the committee chose to drop the “St” because they did not want the Centre to be linked with any particular faith).

As an NGO, the Raphael Centre could fundraise. Successful fundraising led to the appointment of some of the support group members as staff. Two of these original group members are still part of the staff today.

In 2002, the Centre staff realised it was not enough to support people living with HIV, that something should be done to prevent the spread of HIV infection. The Centre began offering voluntary counselling and rapid HIV testing (VCT) on an immediate walk-in basis becoming the first non-medical site to achieve accreditation as a provider of HIV testing and counselling services in the Eastern Cape. At the time this was an invaluable service because it was difficult for people to be tested due to stigma and lack of confidentiality at the hospital and government clinics. The Centre also provided information and support to anyone who had contracted HIV so that people could be given the best chance to live positively and protect others.

From about 2006 the Centre was still offering these two services – HIV testing and a support group. However, access to funding became harder and harder. This was partly because the funds were directed elsewhere but also because the Centre services were no longer addressing an urgent gap with government services improving. The Centre also did not always report well to funders who supported it.

Between 2008 and 2012 Raphael Centre was without a clear direction and almost closed several times due to a financial crisis. Staff tried to shift direction to offer support to children living with HIV or children whose parents had died (often referred to as Orphans and Vulnerable Children (OVC)) and funds once again became available for this work. Unfortunately, however, because the Centre made these changes in a rush and in a desperate attempt to stay open, interventions were not carefully nor wisely planned. Partnerships with other organisations such as Child Welfare were needed and such relationships were not properly developed. The Centre lurched from one crisis to another. At one stage, staff were on month-to-month contracts. The rent was not paid and operations became more and more chaotic leading to worsening relationships with funders and low staff morale.

In 2012, the Centre appealed to the Grahamstown public for help and R12 000 was raised - enough to pay two or three of the seven staff salaries. Staff were demotivated and tired, feeling the strain of working in the field of HIV coupled with the financial and organisational challenges they faced on a daily basis.

Staff realised that the welfare model adopted by the organisation had encouraged dependency and entitlement attitudes towards the organisation which was in turn dependent on an increasingly limited donor pool.

Mid 2013, staff made a courageous decision to reflect critically on their work in order to assess whether or not the Centre could still play a positive role. Research and hard, honest reflection led to the following realisations:

- Prevention efforts had failed (Abstain, Be Faithful and Condomise or 'ABC' did not work)
- HIV testing and HIV education do not equal prevention. To change anything, there would need to be a change of behaviour
- But what could the organisation do to change behaviour?

The organisation took a decision to change, not yet knowing what change would look like...

## **2. Ikhala Trust offers support**

Bernie Dolley, the Director of Ikhala Trust was invited to give input on asset based community driven development (ABCD) as an alternative to a welfare model. Ikhala Trust has promoted ABCD since its inception through capacity-building and grant making programmes, seminars, training courses and inputs at public events. The seminar resonated well with the staff who felt that ABCD might offer a new framework to shift the direction of the organisation. Ikhala Trust contracted an Associate (Ninnette Eliasov) to facilitate an organisational development (OD) process to support their transition using ABCD as a methodology.

Conversations with staff who attended their first ABCD course in October 2013, highlighted a sense of urgency for the team to engage with the ABCD trainer/ OD facilitator before the Strategic Planning workshop that was scheduled for February the following year. Staff who were present had found the course to be inspiring and affirming of their decision to shift direction. Yet, they were feeling apprehension at the thought of communicating what they had learnt to the rest of their team and were in limbo not knowing how to proceed from now up until the strategic planning session. There were mixed feelings at the office about the change that was to come and some insecurity.

Ikhala Trust agreed to sponsor a one day preliminary review so that the facilitator could meet the team and assist them to map out a short term plan that would carry them through the next few months until concrete decisions could be made. The facilitator also sensed that there was a need for catharsis and healing as emotions and tensions seemed high.

Organisational accompaniment has taken place since October 2013 including this preliminary review (the day after the first ABCD course), a five day strategic planning workshop, and a subsequent review session. The full staff complement has also been trained by Ikhala Trust in ABCD over the past two years. The Organisational Development (OD) methods used to shift the paradigm and practice of the organisation are shared in more detail in the narrative that follows. It is hoped that by sharing our experience of ABCD in an OD context, other OD practitioners and organisational leaders will be encouraged to apply similar methods to their own work.

They are simple yet have had a transformative impact in a short space of time.

### 3. ABCD in an OD context

#### 3.1. Preliminary Review

Traditionally OD work within a needs or problem based paradigm would start with an 'Organisational Diagnosis' to identify the problems and critical issues facing an organisation.

The "Needs based" (or conventional) approach has been dominant in the development field since the 1950s. It arose out of earlier welfare work of colonial missionaries and technocrats in the post war and 'liberation' eras. Rising out of this paradigm, communities have been conditioned to articulate problems and needs in a clear way to attract interventions (mostly projects) that can address needs. Conflict and competition often arises as a result of problems being constantly highlighted.

Although there may be good intentions, the needs based approach has had some unintended consequences:

- Leaders become preoccupied with securing external resources;
- Leaders play up problems and needs;
- Members internalise what leaders are saying;
- Deficit mentality ('poverty consciousness') can develop;
- Funding tends to be directed towards artificial categories of needs;
- Most resources go to institutions 'filling' needs;
- Dependency develops on external rather than internal resources and relationships.

Raphael Centre had witnessed some of these unintended consequences arising from a welfare based approach to their work. Their relationship with community partners was becoming one of dependency rather than collaboration. The internal culture of the organisation had also become depressed with problem based thinking dominating.

Whilst not wanting to ignore and undermine the critical issues facing the staff, an organisational diagnosis with a focus on needs, problems, 'lacks' and 'deficiencies' would not be a useful starting point. The facilitator decided to rather start the review process with Appreciative Inquiry so as to shift attention away from problems and needs and surface 'life giving forces' which may have been hard for the group to see.

The programme for the one day review was as follows:

10h00 – 10h30	<i>Introductions</i>
10h30 – 11h00	<i>Appreciative Inquiry: What are we proud of?</i>
11h00 – 11h30	<i>Time Line</i>
11h30 – 12h00	<i>TEA</i>
12h00 – 14h00	<i>SCOT Analysis</i>
14h00 – 14h30	<i>LUNCH</i>
14h30 – 15h00	<i>Input: Life Cycle</i>
15h00 – 16h00	<i>Way Forward/ Action Plan</i>
16h00 – 16h30	<i>Check Out</i>

##### 3.1.1. Appreciative inquiry

Appreciative inquiry is a method of asking appreciative questions so as to surface 'life giving forces' within a living system like an organisation. Asking appreciative questions unlocks positive energy, for example: what are we proud of? Who inspires us? What have been our highlights and achievements? Sharing success stories and analysing factors that contribute to success can also shift the focus towards what is possible and inspire a renewed sense of motivation.

Pairs were asked to reflect on what they are proud of about the Raphael Centre. Although some initially had struggled to think of something positive to say, everyone managed to contribute.

Staff comments were:

- Committed and caring staff (team / family) – willing to help each other
- Making a difference
- Support to fieldworkers and (willing) volunteers
- Interface with public – we have exposure and are known
- We have done so much with so little (new opportunities, new offices)
- Innovative/ we take initiative
- Faith/ prayer – spiritual strength
- Improving/ growing
- Reaching out/ uplifting people/ doing important work
- Hardworking
- The people we work with e.g. children

There were many times in the OD process when the group energy dropped and negativity set in. These were opportunities to again reflect on an entrenched culture of problem based thinking in the group and to use Appreciative Inquiry to revive the team's spirit and energy.

### **3.1.2. Time Line**

An historical overview is an important aspect of a review process as it helps to locate an organisation within a context and identify patterns and themes that may be recurring. Often these are the critical issues which need to be addressed.

Within an ABCD approach, it is also important to highlight the strengths and achievements over time to balance the critical issues. Holding the tension when bridging these two types of thinking (asset based and problem based) is not always easy and requires skill, particularly when a group is fixed on problems. The 'ABCD' sandwich seems to work well:

- Focus on positive aspects;
- Reveal what has been difficult and challenging (so that these can be discussed and tensions relieved);
- End on a positive note so that the group does not stay stuck in negativity.

A Time Line was collectively developed using this approach to trace the roots of Raphael Centre and its evolution over time (see Appendix 1). The Time Line revealed a number of interesting trends which were further clarified in group work.

### **3.1.3. SCOT Analysis**

Using an adapted SCOT Analysis (Strengths, Challenges, Opportunities, Threats), staff discussed in two small groups: the Strengths of the organisation, Challenges (things that need to shift or change); and Lessons Learnt. This method again highlighted the key strengths and critical issues which were arising so far. It also encouraged staff to think about the lessons they have learnt and share these openly.

The exercise confirmed the priority areas, especially the importance of attitudinal shift as a basis for changing the culture and practices of the organisation.

### **3.1.4. Input: Life Cycle**

The facilitator felt that many of the challenges articulated by Raphael staff were typical for an organisation in a pioneering stage of formation. An input on the Life Cycle of an organisation would help to reveal these universal aspects and bring in a framework for fresh thinking. The input highlighted different stages that an organisation may experience, i.e.: a Pioneering Phase (dependence on pioneers, impulsive, intimate); Rational Phase (independence – structures, policies, systems to contain the work) and Integrated Phase (interdependence through

interconnected and professional self managing teams). The characteristics and crises inherent in each phase were explored showing how an organisation can outgrow a phase and be pushed through 'crisis' into a transition. A development crisis' can be a natural part of organisational growth and an important indicator that it is time for change.

The input resonated well with the staff who could identify with what was presented. Whilst acknowledging the challenges experienced by Raphael Centre, it also brought a sense of comfort. It was suggested that Raphael Centre is reaching the end of its pioneering phase and needing to refine its identity and professionalise its structure (i.e. consciously enter the 'rational' or independent phase). It has outgrown the informality of its early years and needed to professionalise. The group agreed and could see that although the need to shift was actually identified a few years before, the group was only now ready to embrace it.

Staff were asked to indicate how they personally felt about tightening policies and systems in the organisation, an important part of moving into the rational phase. Connecting with personal feelings was an important parallel to the OD process as ultimately it is people and their attitudes that drive an organisation. It was also important to not just assume that everyone was on the same page but to give space to hear how each person felt about change and their own position in the organisation. A simple 'vote' was used where each person was asked to indicate how they felt about professionalising their work on a scale of 1 to 5 using their fingers to indicate a position (with 1 being resistant/ unsure and 5 enthusiastic/ excited). Allowing time for personal stocktaking also helped to slow the process down before hasty decisions were made. Using this method, everyone had to individually take a position which can also help to surface undertones of dissent that may be masked by the group. Most of the staff indicated that they embraced some 'bureaucracy' ('order') but not in the extreme as they wished to maintain creativity and some flexibility. A few felt comfortable with a tighter management system as they thrive in an ordered environment.

The pioneering Director was resistant and realised through her own introspection that it was time for her to leave and allow the organisation to make this shift. Pioneers typically resist the shift to the 'rational phase' as they often enjoy a great deal of creative freedom in the formative years. Some pioneers choose to leave, others may adapt. In this instance, the session helped to validate her decision to resign in October 2014 and take early retirement. This was a surprise for the group but there was overall support.

The facilitator can be an important neutral mediator for sensitive conversations such as these. Creating a safe space where people can honestly voice out their responses is important as well as maintaining the group's focus on progressing the organisation forward. The day concluded with a feeling that some consensus had been reached. Although the new paradigm was not yet defined, there was a sense of direction about where the Centre was heading internally.

The facilitator could now assist the team to map out an action plan for the next three months to bring structure and stability to the interim period. The facilitator recommended that transitioning time could be particularly useful for reflection/ consultation; documentation and celebration of the organisation's journey up until now.

The group were pleased with the day and felt it had been important exercise in team building. It had given space for people to share their thoughts and feelings and had started to shift perceptions. The use of appreciative inquiry was important and some felt a sense of relief.

### **3.2 Strategic Planning**

The much anticipated strategic planning process took place from 3 – 7 February 2014. The purpose was:

- To assist the group to analyse the current context;
- To clarify the mandate of the organisation including its identity and strategic direction (vision, mission, logo);
- To clarify programme objectives for the next 2 years and an operational plan/ budget for 2014 / 15;
- To complete an organogram and redefine roles;
- To align the budget to activities.

On the first day, the facilitator decided to start with a personal 'solo' exercise to explore how staff were feeling. Solo time encourages introspection in a non-threatening way. Each person was given two different colour cards, one to write down what they felt the group should hold onto and the other for what should be released. Such open and non-directive questions can help the facilitator bring out what is most immediate in people's minds and take stock of where everyone is at. The exercise was confidential in that the facilitator read out the contributions and scribed them independently. This also helped to encourage openness.

Interestingly, whilst some people referred to programmes and practices in the organisation most of what was written down related to staff attitudes. Attitudes are shaped by our paradigms/ belief systems and it is only by shifting thinking at this level that other changes can be sustained. Strategies, policies and structures can be redefined but attitudes are usually harder to discuss and align. These attitudes create culture which can drive the group dynamic and enable or obstruct organizational progress. The exercise helped to name the helpful and destructive attitudes present in the group and gave a baseline from which to measure attitudinal change in subsequent reviews.

#### **WHAT WE SHOULD KEEP**

*Team spirit; Being available to assist each other; Re-organising strengths; OVC programme (child centeredness); Mutual care/ staff; Children we support/ Programmes; Passion; Honesty; Staff development and training; Children we support/ Programmes; Passion; Honesty; Transparency; Independence/ allow growth; Comradeship; Sustainability; Outreach/ community service; Testing and counseling; Positive things; Support – appreciation of individuals; Love; Building inner strength; Leading in the right direction.*

#### **WHAT WE SHOULD LET GO**

*Providing food parcels; Pre-school funding; Testing onsite everyday; Bad energy and negativity; Waiting for instruction; Wasting resources; Second guessing decisions; Lack of trust in each other's ability; Fear of venturing into an unfamiliar place; Poor work ethic; Attitude of entitlement; Complacency; Belief/ attitude that some are just here for a job; Carelessness about what we do; Not being trusted; Dance of deception; Negative attitudes and behavior; Fear*

There was clearly a sense of excitement and anticipation in the group, but also trepidation and fear. The organisation had been through a tough restructuring process and the way forward was still unclear. An interim Director was in place and the organization had also moved offices which was another adjustment. Fear of the unknown also translated into job insecurity with some questioning whether they would still be relevant to the organisation in its new form.

The strategic planning workshop proceeded over five days:

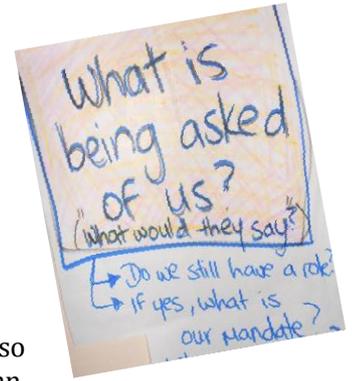
- Day 1: Context Analysis
- Day 2: Strategic Direction (Vision and Mission)
- Day 3: Programmes and Projects
- Day 4: Programmes and Projects
- Day 5: Year Planner, Organogram and Budget

#### **3.2.1. Day 1: Context Analysis**

The history of the organisation was recapped and because the environment and HIV field had changed much over the past 10 years, the facilitator felt that a context analysis would be a necessary starting point. The group was divided into three and asked to do a force field analysis looking at enabling and disabling forces (locally, nationally and internationally). Each group presented their views and the facilitator also gave some input.

It was clear that Raphael Centre was launched at a time when there was a lack of confidential and supportive HIV testing sites. Now testing and prevention education were prevalent and there were many more home based care groups and NGOs working in the field than before.

In the afternoon, the group was asked to reflect on the context and their mandate using the question 'what is being asked of us?' In order to bring the voice of learning partners (clients/ beneficiaries) into the process, four groups looked at what toddlers; children/ youth; affected adults and the general public might say if they were present – what are the desired impacts? Groups were also given an ABCD tool for mapping human assets: 'Hand, Head and Heart' to provoke discussion. Each group presented depictions of health and wellbeing - the change they wished to see.



The day ended with another critical question for everyone to think about: *Are we still relevant? Do we still have a role to play?*

Connecting personal and organizational decisions was important throughout the process so that individuals do not get left behind or become passive. The use of guiding questions can help to simplify the range of issues being discussed focusing on what is core. Open ended questions also give space for deeper reflection and a richer discussion as we experienced the next day.

### 3.2. Day 2: Strategic Direction

The next morning each person shared their thoughts. Everyone felt that the organisation still has a meaningful role to play particularly as HIV and AIDS and the drivers behind it still affect families. There remained a need to curb HIV infection, support affected children and promote longevity and healing. The group also acknowledged the importance of addressing risk factors like low self esteem, alcohol and drug abuse and teenage pregnancy.

With a sense of purpose confirmed, a vision statement could now be crafted. Again we used using solo time and small group discussions. Art / drawing was encouraged and each group created a 'leading image' for the organisation which could then be summarised. Combining discussion, art and writing helped to broaden the thinking of the group in a light hearted and creative way. The exercise also built consensus and a new vision statement was adopted.

The same steps were followed for the mission statement. The group worked hard throughout the day to redefine a mission that would capture an ABCD paradigm. The day was long and exhausting as the group struggled to redefine its core business and found itself caught in a conundrum:

The needs or problem based approach of the past was a reaction to the HIV and AIDS pandemic. Although the organisation had given a lot of thought to prevention and treatment it had never really looked in detail at what a healthy person or community might look like as the antidote. An asset based approach would focus attention more on the ideal, the change that the group would want to see if HIV was addressed. If the desired change could be encouraged then one can assume that the problem would inadvertently be solved.



The group was encouraged to think about a responsive and proactive way that they could promote the desired state rather than react to what can seem to be an insurmountable problem. In order to make this shift from the known to the unknown, it was necessary to brainstorm an understanding of prevention (which had been core business up until now) and wellness as the ideal. It would also be important to show a link between the two.

It was finally agreed that if there is wellness, people will more likely protect themselves and others from HIV infection. **Wellness** would be the core mission in an asset based paradigm.

This was a key turning point as the group's decision to shift its paradigm was now becoming tangible. The next major hurdle would be to design programmes that could support this mission, unlock assets and stimulate community driven development.

### 3.3. Day 3: Practice

Change is not easy. It is a process of dismantling the old and phasing in the new. A change in paradigm is completely transformative as it affects all aspects of an organisation including its programmes, structure and needed skill set. It was difficult for staff to think of new activities outside of the old modus operandi and there was a tendency to stay in comfort zones. The first attempt at programme design produced a strategy that looked very similar to the old one – a strategy that the organization had realized had failed. The facilitator pushed the group to think out of the box and stay true to its intention to promote asset based and community driven development through its work. The group was tasked to repeat the programme planning exercise until they had aligned their strategy to their intended mission.

### 3.4. Day 4: Programmes and Projects

The next morning, after a heavy check in and an appreciative exercise to clear the air (*'what we appreciate about each other'*), the workshop regrouped and stock was taken of the work done thus far.

Finding moments to pause and refocus can break the intensity of an OD process. The appreciative exercise had also re-energised the group who had felt some despondency.

The facilitator commended the group for enduring a challenging and intense process thus far and encouraged them to pursue activities that are most life giving for community partners and themselves as development facilitators. This would also mean shifting mindsets and creating an organisational culture that could support 'Wellness'.

The facilitator pulled together different fragments of work done thusfar and the earlier conversations held with the group. They had already resolved to adopt a child centered model and it was suggested that the model be pursued with toddlers, children and youth as well as their parents/ caregiver to intensify impacts in households. The ability to hold the different threads of conversation and the highlights/ strengths previously mentioned is part of the facilitator's task. In a way, the group had already formulated an integrated framework for moving forward but needed to see all of the outcomes of the OD process summarized so that the pieces could be put together. It was most effective to now draw together the key elements that had been agreed to over the few months when the group felt most at a loss. The facilitator was also able to affirm that the group has been listened to over the past few months and has all the answers it needs already within itself.



The workshop was again divided into four groups now more strategically according to broad programme areas and each was asked to develop an action plan with time frames for the next one to two years. Groups presented in the final session and the next morning a strategic framework was adopted and later refined. Earlier aspects that were working well were retained in the design and new elements incorporated allowing a gentle transition to take place. It was an important principle not to 'throw the baby out with the bathwater' and reject everything that had been done until now. Retaining what was important and what has been working was also part of appreciation. A gentle approach to change would also be less dramatic.

The strategic framework adopted by Raphael Centre is captured in Appendix 2.

The final session aligned the structure and budget of the organisation to its new strategy and there was a sense of coherence and alignment between all the elements. An inventory of the human assets in the organisation was also done showing that many of the skills needed for the work were already present. Refocusing attention on the human assets within the organization helped to leave the process on a positive note and encourage people to match their strengths and passions to their newly defined roles.

## 4. Reflections

The closing exercise brought back the sharing of the first day of the preliminary review about what the group should keep and what it should let go of. The facilitator had kept the written statements and held them back as the group had not yet seemed ready to let go of old ways of thinking and being. Now that some of the shifting had already happened, it seemed timely to bring these reflections back. Each statement was read aloud and those papers describing things that could be released were literally burnt. Those aspects to hold onto were put safely in a 'gratitude jar' that now sits in the group's meeting space. These symbolic gestures can be cathartic and bring out more of the healing elements of an ABCD process.

The group was encouraged to appreciate and grow what they have and provide a supportive environment for each other and for the work that is to come. Everyone expressed their appreciation to Ikhala Trust and the facilitator for providing much needed guidance and assistance during a critical moment in the life of the organisation.

The strategic planning workshop was intense, challenging, difficult at times but also a great achievement for the group who managed to define a strategic framework that can rebirth the organisation. It will however take time for the collective to let go of negativity and build confidence and trust in their work together. Change after all does not come overnight.

## 5. The Raphael Centre today....

Since February 2014, the Centre has begun phasing in a new strategy. The group has learnt that HIV-prevention needs to be more than testing, counselling and awareness campaigns. Prevention work requires teaching about and encouraging alternative options to health threatening behaviours and promoting a culture of Wellness.

Wellness means the holistic condition of physical, spiritual, emotional, social realm of a person, but also the environmental, occupational and intellectual wellbeing. A happy and purposeful person is much less likely to involve herself/ himself into destructive behaviour.

There is a growing confidence amongst the team that wellness will take its natural (and sustainable) course if they recognise and appreciate the gifts, capacities and talents that individuals, families and communities have and find ways to unlock these. This way of thinking is also helping the team to be appreciative of one another and grow their confidence.

With only six months into implementation, some fruits are already showing...



*“I think what ABCD training and coaching first and foremost did to us was providing a philosophy of appreciation and caring, something that we live as a team and outside the team when we are at our homes, with families, neighbours and friends. ..In the course of this, we came to realize that as an organization with the intention to have positive effects on the community you need to leave yourself some space for growth and adaptation. This, of course, only may happen within a frame of accountability... This year, I see a lot of changes within the team spirit (positive, living appreciation and allowing listening to “callings” of growth) and in our work. It has been relieving to be able to support new partner organisations in the form of ABCD and not as patrons anymore. And being enabled to see and appreciate natural dynamics in the community and supporting growth is even better! However, we also faced resistance especially from people we worked with before (parents of our children, one of our ECD centres and some members of our former support group). I think here we need to learn how to unblock creativity, vitality and initiative. It is a long process but in the set-up that we have right now (team and programme-wise) we are ready to go for it.” (Anne Loffler, Operations Manager)*

*“We now have a connection (with each other) and are working together with other organisations which was not happening before. Last year, we didn’t know our roles, but now we have job descriptions and know what we are supposed to do.” (NomfundoThobi, Volunteer)*

*“Since we moved from Donken to Bathurst Street I see a lot of love and change amongst the staff. There is a sense of togetherness and hard work. ABCD has changed most of the things in the programmes and in us personally although we are struggling to get most of the preschool parents involved in the change – it is very challenging.” (Hope Dimbaza, ABCD Intern)*

*“We are more involved, attending meetings and workshops... (but)our older clients, when they see us on the streets, they will ask: “when can I come to the Raphael Centre to get food? to get clothes?” They still need to shift” (Ndumi Pinyana, Children and Youth Wellness).*

*“We have learnt to cut down on our costs by planning and organising programmes and time better and are already starting to see the benefits of our work” (Charlene Heynes, Administration and Financial Manager).*

*“We didn’t know the difference between a vision and mission, didn’t know the importance of a logo and of the brand. After strategic planning we changed a lot...We are also trying to educate people about ABCD instead of just receiving and receiving and receiving (food parcels).... We have this picture (in our office) which says: ‘be true to yourself and learn’. Every now and then I feel guilty because I know I am not (being) honest enough with myself and if I am not honest enough with myself it will be difficult to be honest with another person. But at least I am getting there....” (Zodwa Goje, Community Wellness)*

*“The biggest change for me has been in the staff. They are lighter, much more proactive, more responsible and far more creative. Staff also seem happier. We laugh more and there is a sense of unity.” (Mary Humphreys, Director)*

## APPENDIX 1: TIME LINE

- 1999/ 2000 NPO Registration  
Existing HIV support group (mobilising own resources)  
Sewing and beadwork projects
- 2001 Director appointed  
Needs assessment (awareness/ education), testing and counselling, support group  
Registered as first non medical testing site in EC  
DRIVEN LEADERSHIP, ACTIVE AND RESPONSIVE
- 2002/3 Intake of children more than doubling (11 – 31 children), escalation  
Rhodes students as volunteers  
ARVs, memory books, drama initiative  
Interference/ ‘competition’ from other NGOs for children  
OVC programme initiated focusing on material support  
REACTIVE TO PROBLEMS/ NEEDS), CRISIS INTERVENTION
- 2005/6 Admin staff in place  
Manual / simple systems  
Nikithemba (outreach programme), pre-school and OVC programme (food parcels, camps),  
Staff willing to engage, learn, help  
QUESTIONING ROLE / RESISTANCE FROM MANAGEMENT / WITHDRAWAL OF CORE FUNDING /  
DIOCESE ACTS AS CONDUIT, RESOURCE SHARING (e.g. cars owned by them), LIMITED  
AUTONOMY, SOME EXPECTATIONS/ PROMISES NOT DELIVERED, STAFF ASSERTIVENESS,  
GOVERNANCE ISSUES/ MEETING DONOR REQUIREMENTS, MAINTAINING INTEGRITY, CHANGING  
ROLES AND POSITIONS, COMPLEX INTERNAL DYNAMICS, DEALING WITH STIGMA,  
FRAGMENTATION BETWEEN LEADERSHIP AND MANAGEMENT, LEARNING CULTURE
- 2006/7 - 10 ‘Drifting years’ – reactive, paying lip service to trends, loss of direction/ identity, ‘surviving’
- 2011 REALISATION THAT WELFARE MODEL INVITED DEPENDENCY, ENTITLEMENT ATTITUDES,  
UNSUSTAINABLE  
Shift to increasing prevention work and social asset inventory, environmental, strategic  
planning  
PIONEERING WORK/ INNOVATION/ DRIVERS FOR CHANGE
- 2012 ABET, volunteer support. Training, life skills (OVC)
- 2013 Depletion, stress, confusion (Jan – July R120 000 spent on OVC groceries)  
Hard decisions (e.g. closing support group)  
Time for change/ readiness – rebirthing (no more ‘business as usual’), shared responsibility  
Unknown/ scary (what next?)  
MAINTAINING INTEGRITY/ EMBRACING CHANGE/ CUTTING EDGE/ TREND SETTING

## APPENDIX 2: STRATEGIC FRAMEWORK

### Vision Statement

*"People believing in themselves, working together to create healthy and caring communities".*

### Mission Statement

*"We recognise health as a state of complete physical, mental and social well being. Our mission is to strengthen healthy living for people in Makana working together with community members and organisations. We believe this will enable citizens to protect themselves and others from HIV infection and inspire positive living and hope".*

*(Previous: To provide all people living in Makana the ability to protect themselves from HIV infection and to enhance the development of those living with HIV through the expansion of self-agency and skills development"..)*

### Logo



Previous



New

### Programmes

#### Child and Youth Wellness

To encourage and assist our children and youth to make positive life choices and develop into purposeful and responsible citizens who contribute towards HIV-prevention.

- Life skills and creative arts
- Fun and celebration
- Siyaphumalela Youth Groups
- Masiphakamisane Group (for youth on ARV treatment)
- Pre-school development

#### Asset Based Community Development

Instead of focussing on what is lacking, Asset Based Community Development focuses on the strengths and capacities communities already have and builds from there.

- ABCD Programme
- ABCD Training and Process facilitation
- Advocacy and new learning partners

#### Community Wellness

We believe that early intervention, holistic care and social protection through asset based community development (ABCD) are key to an HIV free generation and the creation of healthy, caring communities.

- Responsive combination prevention
- HIV testing and counselling services
- Advocacy and care management

*(Previous Programmes: HIV Prevention (Information and education sessions; HIV Counselling and Testing offsite) Support Group and OVC Support (support staff at pre-schools, food parcels, HIV education and youth life skills)*

