

# **Report**

**For The**

**Evaluation of Nhlanguano AIDS Training, Information and  
Counselling Centre Programme**

**SUBMITTED**

**BY**

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## **Glossary**

AIDS .....Acquired Immuno deficiency Syndrome

AMICAALL ..... Alliance of Mayors Initiative against Aids At Local Level

ART    Anti-retroviral therapy/treatment

ARV    Anti-retroviral

DFEF

HIV ..... Human Immuno-deficiency Virus

HTC .....HIV Testing and Counselling

NATICC .....Nhlangano Aids Training, Information and Counselling Centre

LATICC .....Lavumisa Aids Training, Information and Counselling Centre

NERCHA .....National Emergency Research Council on HIV and AIDS

NGOs..... Non Governmental Organisations

VCT .....Voluntary Counselling and Testing

CD4

ARVs .....Anti retrovirals

HIV..... Human Immuno-Virus

FBO..... Faith Based Organisations



## Chapter 1

**Introduction:** Alf Solutions Consultancy was approached by the NATICC (Nhlangano AIDS Training and Information and Communication Centre) to undertake an evaluation of the organisation's work *with a view to conclude its programme funded in 2002 and 2006 through NORAD and other donors..*

NATICC is a faith based NGO with its sites in Nhlangano and Lavumisa. The organisation was started in 2002 with the support and in collaboration with the Free Evangelical Church. The Nhlangano Site was the first Centre to start operating and with the good and reputable work needs for services were called for in different parts of Shiselweni region, hence in 2007, a new centre was opened in Lavumisa and was called LATICC (The Lavumisa Aids Training, Information and Counselling Centre). The Nhlangano Site covers 25 communities (Chiefdoms) in 4 Tinkhundla, whilst the Lavumisa site covers 21 communities.

Since its inception, NATICC's main funds are from The Norwegian Agency for Development Cooperation (Norad) through Bistandsnemnda (The Norwegian Missions in Development commonly called BN). BN is an umbrella organisation which, on behalf of its members, enters into and administers a cooperation agreement with Norad. In subsequent years the programme started receiving support from other organisation including European Union through the Ministry of Health, Pact, NERCHA, SAFAIDS and others to name a few.

The first evaluation for NATICC was carried out during the first quarter of 2006. This evaluation was carried out during the last quarter of 2010 with an anticipation that the current programme will end on the 31<sup>st</sup> March 2011. This report is an outcome of many interviews with current staff and some ex-staff members, technical advisory board, beneficiaries of the programmes run by the NATICC and with other partners working with NATICC in the Shiselweni Region. It is also borne out of reading relevant documents including reports of work done by the organisation over the years

The purpose of this evaluation was to bring clarity and understanding to the work of the NATICC

Carrying out an evaluation process which involves reflection and review of a programme enables organisations to take a close, careful look at their achievements and challenges – so that the insights and understandings gained through this can help to shape the way forward.

Primary sources of information about the work of NATICC came through the beneficiaries, implementers and partners of NATICC with whom the evaluation team met. Secondary data has been derived from project reports. The review has given the evaluator an overall picture of the impact of the work of the NATICC.

This evaluation came at a critical time in the life of the NATICC when the current funding cycle ends at the end of March 2011.

## Chapter 2

**The Work of NATICC:** NATICC's Mission is to empower the people of Swaziland with relevant information and life skills in order to deal effectively with the problem and threat posed by the HIV and AIDS pandemic. And to reduce the risk of infection by promoting a change in behaviour; encouraging and supporting those already infected and affected and also giving them a message of faith, hope and love.

NATICC's programme comprises of four components, namely behaviour change communication as a prevention outfit, voluntary counselling and testing, care and support and HIV and AIDS impact mitigation. These programme are availed through the main sites at Nhlanguano and Lavumisa and part of the mitigation component at Ekuthuleni in the Shiselweni Region.

NATICC in collaboration with DFEF reached a decision to carry out an end of programme evaluation of the four components for the following reasons:

- To assess whether the project implementation was in line with the project design and goals as detailed in the project documents and whether both financial and other resources have been deployed accordingly;
- To assess whether programme targets were accomplished noting factors contributing to achievements and challenges faced by the programme;
- To assess where programme activities are now in terms of implementation when these are compared against the needs on the ground?( Is the project doing the right activities or having the right approach in relation to how the challenges look today?); and
- To provide lessons for learning for NATICC in her future work in the fight against HIV and AIDS.

At the time of the evaluation, NATICC was made up of the two Centres, namely NATICC Nhlanguano Site and NATICC Lavumisa Site. The overall programme for NATICC constituted four components: Prevention, HTC /, Impact Mitigation, Palliative Care.

### I. Description of Programme Components

- (a) Prevention : The objective of the prevention component is to reduce risky behaviours among sexually active people, largely young people ages 15-24 years, sex workers, truck drivers and couples. The expected result of the component is a reduction in the number of new HIV infections.

The key intervention is promote correct and consistent use of both male and female condoms.

Since 2008, a gender based violence pilot has been carried out under the prevention component. This pilot provides a forum for discussion of the many interlinkages between culture and religious beliefs in the contest of HIV and women rights. Men, women and youth discuss separately the issues and then later convene together to further analyse the issues and bring forth the various views of the three groups.

- (b) HIV Testing and Counselling: The objective of the HTC/VCT component is to increase the number of people who know their HIV status. It is hoped that people who know their status will be able to modify their behaviours and also access both care and prevention services.
  
- (c) Care and Support: The objective of the care and support component is to improve the quality of life for NATICC clients. The main target population are people living with HIV, TB and other terminally ill clients and their family members.
  
- (d) Impact Mitigation: The objectives of the impact mitigation component are
  - (i) To restore the lives of ovc to a state that a normal child would have, i.e access to school and being able to perform his or her chores.
  
  - (ii) Capacitate beneficiaries, particularly women to be able to generate income using skills they have developed.

## II. Administration

## III. Governance and leadership

## Chapter 3

### **The Evaluation Process:**

a. The objectives of the evaluation are:

- To assess whether the project implementation was in line with the project design and goals as detailed in the project documents and whether both financial and other resources have been deployed accordingly;
- To assess whether programme targets were accomplished noting factors contributing to achievements and those limiting success; and
- To assess where the project is in terms of project implementation when compared against the needs on the ground?
- To provide lessons for learning for NATICC in her future work in the fight against HIV and AIDS.

In line with the reasons outlined above, five questions are answered by the Evaluation;

- i) Was there a need for programme?
- ii) Did the design of project fitted the needs
- iii) How was implementation process carried out?
- iv) What are the results of the implementation process?
- v) Were the cost of activities worth the money?
- vi) What are the lessons learnt?

The evaluation was carried out by an external consultant with an assistant in November and December 2010.

#### b. Methodology

The Evaluation process included a project briefing with NATICC management, project officers, development of evaluation tools, site visits to interview project beneficiaries, service providers, stakeholders, community leadership and partners. A draft report was prepared and reviewed by the client. Upon receipt of comments from client, a final report was prepared.



### **Approach:**

- i. For all the programme/project components the evaluation employed largely the qualitative approaches of data collection in a quest to answer the evaluation questions and meet the purpose of the evaluation. However, quantitative data was also collected to capture mostly the project's outputs and benefits in comparison to the inputs and in ascertaining efficiency of project rollout.
- ii. A desk review of all programme documentations and other relevant materials;
- iii. A one day discussions and reflection sessions with representatives of NATICC staff, and representative of beneficiaries was held.
- iv. In-depth interviews with key informants and focus groups with relevant beneficiaries at community level and implementers were conducted.
- v. Consultation with the community and other organisations working on HIV issues were also made.

### **Justification for the processes**

#### **(a) Desk Review**

The desk review was conducted with the aim of gathering existing secondary data that already exist and to get a good understanding of the projects concept and activities that are being implemented. Documentation including project documents and reports were reviewed to contextualise the project objectives, understand the project theory and the dynamics of the initiatives during their evolution of the programme up to the time of the evaluation.

Additionally, the review of such documents also helped to identify key achievements, the needs, gaps and other pertinent issues that were followed up during the key informant and in-depth interviews.

#### **(b) Discussion and reflection session during planning**

This session is meant to provide space for implementers of the projects to inform, reflect on the larger programme and also be part of the design process for the assessment instruments to be used in the field. The session will also provide an opportunity for the external evaluators to get a holistic briefing on the different projects in respect of objectives and focus, processes and models for implementation, different activities and perceived outcomes and challenges by the people involved in the implementation.

#### **(c) Key informants and focus group discussions**

Key informants and focus group participants were interviewed to ensure that the evaluation reflected different views from beneficiaries and stakeholders, hence it was necessary to ensure that respondents are selected from all relevant areas. A semi-structured standardized questionnaire was developed. Site visits to communities were conducted simultaneously with interviews.

### **II. Site selection**

A purposive selection of sites was done by consultants in collaboration with the NATICC management. Site visited are reflected in appendix ....

### III. Analysis of data

The qualitative data was analysed based on the narratives from key informants and focus group discussions using an inductive approach. Field notes from the FGDs were electronically transcribed to carry out an in-depth analysis of the narrative obtained from the focus group discussion. The transcripts were reviewed for accuracy and completeness and then coded according to key themes related to the study objectives. Selected quotes were captured from the interviews.

## Chapter 4

### Findings

#### a. Programme

- i. **Prevention :** The Objective of this component is to reduce risky behaviours among sexually active people, largely young people ages 15-24 years, sex workers, truck drivers and couples. The expected result is a reduction in the number of new HIV infections.

The component carries the following activities; door to door dissemination of information, community dialogues, condom distribution and prevention campaigns. Intro) The objectives of the prevention component are to reduce risky behaviour among sexually active groups by promoting consistent and correct usage of both male and female condoms. The ultimate aim of the intervention is to reduce the incidence of new infection as per the National aim of the HIV prevention goal. The target group for NATICC in recent years has been young people between 15 and 24 years, commercial sex workers, truck drivers and couples. The prevention component of the programme provide services including training, information on HIV/AIDS and gender based violence with peer educators carrying out door to door services as well as small group discussions. Campaigns on various topics are also carried out through this component. Also, within the prevention programme support groups are established. This component is run by peer educators in different communities.

**Achievements :** Respondents noted the following **achievements:** (i) there is a decrease in number of people who are getting HIV as the component has increased its outlets by using HTC sites and peer educators in the different communities; (ii) there is an increase in the number of condoms distributed and their demand by community members is said to be a sign of increased use of condoms.

**The challenges** of the prevention programme entails the following; (i) there has been a decrease in the number of peer educators as component has been forced to reduce this group given the lack of funding; (ii) there is no transport or allowance for peer educators, hence radius covered by each peer educator are shorter than expected; (iii) the stipend provided to the peer educators is said to be too little; (iv) there are periods when condoms run out of supply; and(v) there is no mechanism to monitor whether people are really using condoms every time they engage in sexual acts.

The **gender based violence initiative** (attached to the prevention programme) seeks to address the inter-linkages that seem to fuel HIV and violence towards women. The vulnerability of women due to their status in society and .. in relationships and their dependency on men in an environment of poverty are explored together with religious beliefs. The approach is one whereby groups are enabled to discuss these issues in open discussions with a focus in influencing deep thinking and resolve regarding behaviours

The project started with sensitisation of community leadership including church leaders on gender based violence and its negative impact in fuelling HIV. The next target population were community volunteers in the chiefdoms who play roles of being community police and Lihlombe Lekukhalela. These volunteers are left in the community to steer discussions among community members and also to guide against such violence and provide preventive counselling and refer those affected to the relevant authorities. The volunteers are encouraged to report to the SAFAIDS focal person on a monthly basis on their activities in the field.

In view of the fact that this pilot has been most welcomed it is anticipated that the project will be expanded to cover 84 communities in ... chiefdoms.

- ii. **HIV Testing and Counselling:** The objective of the HTC/VCT component is to increase the number of people who know their HIV status. It is hoped that people who know their status will be able to modify their behaviours and also access both care and prevention services.

The VCT/HTC services are offered through the two centres, namely Nhlngano and Lavumisa. This component reaches its target population through the centres, outreach sites and campaigns. NATICC is the only organisation providing scheduled mobile VCT (through its sites) in the Shiselweni Region.

All the respondents in both Nhlngano and Lavumisa sites i.e community members, technical board, partners and staff had no doubt of the need for NATICC services now and in the future as they view beneficiaries to be vulnerable due to the poverty that currently prevail in the communities and the recent developments being brought by Jozini constructions in Lavumisa.

The activities of the HTC/VCT component are carried out by counselling officers. On a weekly basis outreach services are taken to the community three times in both Nhlanguano and Lavumisa sites. The services include HIV counselling, testing, adherence counselling for those taking ARVs, positive living for clients who are positive and general prevention of HIV infection. The NATICC VCT is the only outreach service that is available to the different communities. Previously, in 2008 CD4 count services were offered, but with the coming of MSF (Doctors without Borders), this service is no longer provided. The centres most important attraction are said to be the client care and confidentiality of information on each person serviced.

In Lavumisa, HIV information is disseminated by the peer educators next to the boarder post on a daily basis during the afternoon and evenings. Most of the clients are truck drivers who usually spend time at the board gate before they proceed with their trips. This centre is well situated in view of the fact that a number of trucks use this route to travel between South Africa (particularly Natal), Mozambique and Swaziland to capture clients who may need testing services.

**The main successes of NATICC in both sites** are two fold namely , (i) being main services providers for HTC services in the most remote areas and addressing populations who are in transit. Respondents noted that clients have so much trust in the work of the centre and feel comfortable using the services. (ii) The availability of HTC services through NATICC (both at the centre and through the mobile VCT) has made a break through in enabling rural community people who did not know of their status and could not access HTC services due to ignorance and distance to know their HIV status. By knowing their status it is said community members are changing risky sexual behaviours and access treatment services. From anecdotal reports there is a reduction in the number of people who are getting new HIV infection.

Challenges: The challenges faced by the HTC component consist the following

- The HTC component lacks resources, particularly to support additional personnel and availability of reliable transport.
- The staff usually find themselves working long hrs as they have to go to outreach sites and communities that are in the remote parts of Shiselweni region.
- There is a number of vehicle breakdowns

The main partners of the NATICC Center are Lavumisa AMICAALL, the community leaders and the police. There is health collaboration between the Centre and the local clinic and the Doctors without Borders Programme particularly on matters related to CD4 count, TB screening and

ART services. Whilst the main partner for Nhlanguano Center are AMICAALL Nhlanguano, Regional NERCHA Office, Ministry of Health HIV Programme. However, joint interventions have been done with other organisations working in the region.

The respondents to the evaluation team asserted with certainty that the current HTC services should be retained if the people of Shiselweni are to be helped in addressing the HIV infection. They further suggested that pre-ART and ART initiation classes should be added as essential services for the Centres and mobile HTC services. They reckoned that given that the centres and sites are usually the first point that get clients to know their status, then the onus was on the centre to further prepare clients for the ART intervention. It was further suggested that support groups should be established in the communities where HTC services are provided.

- iii. **Care and Support:** The main objective of the care and support component is to improve the quality of life for NATICC clients. The target population are HIV positive and terminally ill patients and their immediate families. The services include taking samples for CD 4 cell count, screening for TB and other opportunistic infections and managing patients in their homes for terminal illnesses.. Home visits are carried out by care givers on a regular basis. Nursing support for clients is provided at the Nhlanguano centre. The Home based care and palliative services are provided in the 6 Wards in Nhlanguano

There are 25 care givers that are operating in the 6 Wards of Nhlanguano town. The operation started in 2006 as an AMICALL initiative, but was quickly shared with NATICC, in view of the benefits for synergistic partnership that the two organisations were to realise. The need for home care services was established following a survey that revealed that many people were sick at home without any assistance other than that provided by their relatives. The services provided by the care givers is holistic including nursing care and palliative drugs, Napkins, HIV testing and counselling and bereavement counselling. Support to care givers provided to NATICC is an incentive provided through PACT financing.

The carers have clients with different conditions and the numbers vary from time to time. In the past two years patients with TB conditions have increased and carers provide health education and motivate clients and relatives to go for TB screening. Carers act as treatment buddies for those clients taking ARVs.

The strength of the care givers programme is that clinical services (including palliative drugs) are made availability at the NATICC site or through arrangement for the nurse to visit a patient at his or her place of abode. Most patients view

the service as confidential and more caring, a thing that is not usually available in public health facilities.

The care givers are able to move to all the households within the six wards as per their allocation and where they find someone sick with terminal illness in particular, they recruit that individual and visit him or her on a regular basis. When clinical care is required they call upon the service of the Palliative Care Nurse at NATICC.

In trying to ensure that the carers are able to have some income, in early 2010, they establish a credit and savings scheme which allows each member to save and also to have access to credit. During the time of the evaluation, the scheme had in excess of E30,000 that was going to be divided to members by the during December 2010.

Challenges faced by the care and support component relate to relationship between NATICC and the Health Centre as there appear to be some misunderstanding and bad blood between care givers and service providers at the Health Centre which impact on the quality of service to clients referred or accompanied by the care givers.

The component sometimes faces lack of supplies particularly palliative drugs.

**iv. Impact Mitigation:** The objectives of the impact mitigation component are (i) to restore the lives of ovc to a state that a normal child would have, i.e access to school and being able to perform his or her chores and (ii) to capacitate beneficiaries, particularly women to be able to generate income using skills they have developed

The following are the services provided:

- i. Sewing : the sewing project objective was to create and strengthen skills among women so that they can have income to ensure food security among members of community in Ekuthuleni, Dwaleni and Nzongomane.
- ii. Pre-school and feeding- providing feeding scheme for pre-school children. This project objective is to provide early education preparation for vulnerable children. The project is widening access to children whose parents would not necessarily afford pre-school fees and feeding of children while they are at the preschool.
- iii. Support group – Car wash
  - a) Three members of the Car Wash Support group were interviewed regarding the groups establishment, activities and success and challenges over the past year. It was gathered that the group was originally formed in 2009 and started a car wash operations in 2010 with a membership of 30 women who had been previously doing sex work around Lavumisa

boarder. The group had started with a vegetable garden which they operated within the LATICC site and also operating the information desk in the afternoon and evenings under the supervision of AMICAALL and LATICC. The car wash came up as one of four projects including sewing, hair saloon and restaurant. Due to limited resources that were mobilised the group could only be supported for the car wash by NATICC. However, it was hoped that in due course with additional resources raised, the other three project were to be started. The plan was that the 30 members would divide themselves into the four project according to preference and skills.

As additional resources could not be mobilised, the entire group has remained with one project, the car wash. During the time of the evaluation it was found that there were 18 active members who have divided themselves in to 4 groups to operate the car wash on a shift basis. While providing cleaning services for the vehicles who come on site, the women also distribute male and female condoms and discuss their correct use. The respondents reported the demand for male condoms is high and the most preferred ones are those branded red with a love emblem. According to the group, there is an increase of usage of condoms.

The following is a list of achievements realised by the component:

- The respondents expressed that they were very fond of the car wash with so much appreciation. The project can be best described using the words of the respondents “this is our baby which we gave birth to because we have needs and NATICC took us from the street to do a worthwhile activity that we can be proud of”.
- The group has a site which is very attractive for washing the vehicles with a car shed, ancillaries for cleaning cars including water.
- A core team of about twelve members are enthusiastic about the project and have received on training on business management
- The project has a potential of generating income

By the time of the evaluation, the car wash had been operation for 10 months with an accumulated resources of E,.... The respondents noted that the daily income has gone down over the period due to the following reasons:



- a. Some of the group members have a bad attitude towards the customers, hence some customers no longer use the car wash service
- b. Some members steal from the cars they wash
- c. Sometimes the car wash run short of the supplies such as car polish and soap.
- d. Also, it appears that other members are not having an interest in the car wash services, but would preferred another type of project for their involvement.
- e. The group do not have protective clothing to use when carrying out their duties.

Additional challenges faced by the group were articulated as follows:

NATICC has not abided by the original agreement to involve the group fully in running and administering the group. Despite the fact that there is a support group committee, the respondents felt they were not given full responsibility for managing the funds and were not given up dates on money in the bank on a regular basis.

Some group members are ill disciplined and do not take instructions from their fellow colleagues, hence some conflict arise.

The supervision of the project by NATICC was also compromised as the supervisor was given other duties including driving the LATICC staff to outreach sites for HTC.

There is little interaction between the LATICC staff and the support group in running the car wash.

Also, the car wash project was found to be operating without a licence and the site itself is in the name of the group by a gentlemen's agreement without any documentation between the Town council and the support group. The group also did not have a constitution as the draft that was presented to them in 2009 had a number of clauses that were not according to the wishes and objectives of the group members.

The above conditions have resulted in some members losing the enthusiasm they have always had as it can be noted from the words of one respondent. " I have been very active in the groups activities and particularly the car wash, but now I am in slow motion and I am just following".

## b. Administration

### i. Accounts

The finance division is run by two officers who carry out all the functions necessary to ensure that funds for the organisation are effectively managed.

For Norad resources, the accountant sends each quarter's expenditure and anticipated resources required for the next quarter to the programme coordinator who in turn ascertain resources available. The resources are on a quarterly basis sent to the NATICC bank account.

In the last two years most of NORAD resources seem to have been used to support administrative and logistic budget lines whilst a substantial percentage of the other partners resources financed programme activities.

For Pact resources, the management processes based on the grant notification and implementation plan. On a monthly basis a financial report is prepared for PACT to show expenditure, grant size, remaining balance, and to requisition advance funds. A modified budget is compiled on a quarterly basis, often reflecting savings on expenditure which can be contributed to additional activity under the project.

The Financial Officer provides fiscal oversight for all resources received by NATICC. Funding commitments are renewed on a yearly basis for both NORAD and Pact activities. NATIC has benefited from the training provided by Pact to build its capacity to manage grants successfully. .

The components supported by Pact are HTC, palliative care including carers and the prevention activities including the peer educators.

SAFAIDS support the pilot on gender based violence and top up the salary of the officer facilitating this activity. During the evaluation it was also gathered that Swiss Foundation has also pledged some funding for piloting gender based violence.

The account department is responsible for the depositing of income made by the car wash project. The money is deposited in NATICC account, but reflected in the documents to be for the car wash project. Whilst the evaluation noted that there were some couple of months where resources from the car wash were not balancing against what was deposited, it was difficult for the evaluation to ascertain if there was any foul play in view of the fact that the team did not have competency to carry out an accounting audit and such was outside the scope of the assignment.

The challenges faced by administration since late 2008 include the following :

- Changes in the position of directorship – since the departure of the founding director. The position has been having acting directors with the current director servicing the organisation on a part time basis ( 2 days per week). He also lacks technical competency in programme management.
- A number of staff has left the organisation as they felt that there was no job security as the organisation was viewed as not stable.
- The absence of a fulltime director to represent the organisation in high level meetings, to provide strategic thinking, to develop proposals and negotiate with partners for viable agreements and collaboration has also compromised the organisation.
- Lack of clear roles of the registered Directors of NATICC, the Technical Board and the church which is also complicated by the absence of communication guidelines among these overseeing structures and lack of defined guidelines regarding financing and finances of the organisation, job descriptions and clear understanding of ownership of the organisation.

## ii. Staff issues

The following articulates concerns of staff currently working for NATICC.

- i. The job security among staff is shaken as a result even the work performance is not at peak as moral for most of staff is down.
- ii. Almost all the staff members that are currently with the organisation do not have the capacity to write proposals, hence not much resources have been raised in the past two years except those provided by Norad and Pact. SAFAIDS has come to pilot Gender Based Violence intervention with limited resources so far.
- iii. The organisation lacks clear vision and direction and this is more a result of not having a full time director who can steer the organisation to greater heights.
- iv. Some staff have fear of their jobs as they feel that they are not secured as there has been different information regarding the future of NATICC in the past twelve months preceding the evaluation. These fears have been further corroborated by non renewal of some contracts including one for a staff member and some volunteers.
- v. Contracts have been 12 months as opposed to the usual 24 to 36 months

- vi. There have not been any review salaries and adjustment for cost of living for the past three years.
- vii. The organisation has failed to appoint a full time Executive Director for the organisation, but has used part time services of acting directors.
- viii. The programmes of NATICC are becoming weaker and the image of the organisation is losing its statue that it held some three to four years back.
- ix. We believe that Pefpar support will continue as long as NATICC exist. Currently there are preparations to write a proposal to be submitted for PEPFAR funding.
- x. There is some information that a new programme will come into existence, but we are not sure when and how many staff members will it accommodate
- xi. There is also a concern that the there are no joint meeting between LATICC and NATICC Centre staff, yet these employees are all under one organisation.

c. Partnerships

In the past couple of years AMICALL and NATICC have formed a formidable partnership in providing palliative care services to the 6 wards within Nhlngano Town. The partnership has resulted in delivery of quality services through the care givers who are receiving a stipend through NATICC and back –up technical support from the NATICC Nurse. The carers are so much motivated and wish that NATICC should also be able to do refill for ARVs for their clients.

The collaboration between NATICC and AMICALL Nhlngano also extends in running of campaigns around Nhlngano Town and surrounding areas including the Sidla Inhloko initiative which allows community discussions on issues of HIV and AIDS and the male circumcision campaign. In the make circumcision campaign NATICC provided the site, counselling and testing for HIV before circumcision. The strength of NATICC is identified by partners as that they have resources and some skills that are unique to them particularly in preparing people for HIV testing.

d. Lessons

The following list provides an insight of lessons learned by the respondents while implementing the programme;

- It is hard to change adult behaviour, but young people are open to ,change of their lifestyle. Our programme had high ambitions
- Working with the church on social and health issues require long term and need patience. The programme had high hopes that there would be deeper involvement of the church, but it has taken us time. Today, the church has a better understanding and attitude to HIV issues as opposed to when we started the programme.
- Government can make promises, but taking over a programme they also depend on other partners support
- A church based organisation will always have an advantage as they view issues with compassion and offer a holistic approach to services including spiritual support
  - The project has amplified my understanding and importance of partnership and collaboration with other team members in implementing activities as there are many interlinkages.
  - I have learnt that the implementation of project activities does not just give jobs to the NATICC employees, but is an imperative for the lives of the people of Shiselweni.
  - It is important to plan your activities within a defined timeframe with clear target that are to be met and deadline must be set early before the process of implementation. When target are met you become accountable not only to the funders, but to the people you serve as well.
  - Team work is most important when working on issues of HIV and also with communities as there are inter-linkages in the different interventions that are being implemented.
  - Communities are not the same as some are very cooperative when interventions are brought to them, however some have their own infighting problems that can throw off your plans. It is important to work with local leadership such as the inner council members (Bucopho) and other local structures including Rural Health Motivators.
  - “In the field of HIV and AIDS you don’t ‘preach a gospel’ that you do not live. If you teach abstinence to other people you should also practice it”.

## Chapter 5

### Analysis and way forward

#### (a) Programmes

Whilst there is some lethargy among some staff there is hope that the organisation is still having enough clout and capacity to regain its place. The staff believe that with enough resources and a leader appointed to lead the organisation, viable projects could be implemented and more partnerships will be developed.

The HTC programme appears to be the life blood of NATICC and its existence has provided services that the hard to reach would not normally access. All respondents especially the mobile VCT to be non-replaceable as no other organisation is doing it in the region. For the HTC component to function optimally it is important that the challenges it face are addressed. These include availability of reliable transport as there are greater distances travelled to the most remote areas. Currently the vehicles that are used are too old and break down more often resulting in withholding of services to the communities. The working space in the community is a challenge in providing the services, given that the mobile VCT is just a van without any much space, and hence services are provided under trees even during very hot days.

#### ii. Prevention

#### iii. The home based care and palliative care component is Care and support

#### iv. Impact mitigation

Preschool: The humble efforts by NATICC are making needy children feel at home at the pre-school and community members are less stressed regarding money to get access to preschool education for their children.

Whilst the Car Wash Support group has high energy to perform, the number is too high to be managed effectively and to be able to generate funds that can be shared among those participating. There is obviously some members who are keen on the car wash project than others. The existence of this

difference appears to be the one that is causing conflict and poor performance in delivering services. The little involvement of the group members in managing the project is not building any capacity among the car wash support group, but creating dependency and discontent among the group regarding the transparency of the operations. It also overburdens NATICC in terms of support it has to provide.

One need to cut down the number of people who can remain with the car wash and find alternative project or projects for the rest of the team. A group of no more than 6-8 people could be manageable and likely to benefit handsomely from proceeds of the project. The group that remains with the car wash need to be given more chance for involvement, including scheduling of their shifts, managing resources such as keeping a bank book and also having a member (chairperson and or treasury being signatory for their account).

The car wash operation is vulnerable to many risks including closure by the licensing authorities as it has never applied and held a licence for operating. Having no formal agreement for use of the land as a car wash site by the group from the Town Council pose a risk of uncertainty of the time the group has for usage of the land and this can be a compromising factor in planning future developments and improvement of the site.

The group appear to be almost fully supported and depended on NATICC for their operation, including areas such as managing the bank book and purchasing supplies. Currently each group member is provided with an allowance of E300 per month.

#### Administration

Project activities are relatively low-cost because of the way NATICC has designed the implementation process. Volunteers such as care givers and peer educators and the support group members are given minimal stipends not exceeding E300 per month covering personal costs. The activities of NATICC are not dependant on technology or sophisticated equipment or materials and are, instead, driven by the discussion, delivery of HTC services and clinical services and care by care givers. In this way, resources are largely focussed around administrative personnel, minimum project infrastructure.

Interviews with the coordinator and Financial Officer, and comparisons with the financial reports, funding requisitions and project activity plan, show that NATICC is on-track with meeting agreed programme milestones, in terms of numbers of targets set.

## Leadership and strategy

While NATICC has and does achieve an enormous amount, and is without doubt one of the most important civil society organisations in Shiselweni and as well as in the whole country, there are, within the NATICC, indications of some great challenges

### Leadership

Perhaps the most critical challenge facing the NATICC is that of leadership. There has not been a full time Director for the last 2 years and this has posed a number of problems and compromised the effectiveness of the organisation not only in terms of its stability resource wise and programmatically , but also its position in the region and the country as one of the leading NGOs. The absence of a full time director has robbed the organisation from benefiting in the skills and tactics of an officer who would have provided strategic directions, looking ahead anticipating what is coming and leading NATICC with this orientation and insight.

Some frustration was expressed at the lack of visibility of the NATICC management in important regional and national meetings where important decisions are made by important partners such as Ministry of Health and NERCHA.

### Strategy

It was clear from the findings of the evaluation that there was no strategic document for NATICC: there is not sufficient evidence of ongoing *strategic thinking* within NATICC including the technical board other than at the Coordinators level. There seemed to be an 'understanding' that the organisation is closing down. Even if that were the case, which most partners, beneficiaries and staff think would be a tragedy, an exit strategy should have been developed and transparently communicated to all stakeholders.

### Resources

The important challenge for NATICC regarding resources is to think more holistically about its own programming in terms of clearly ensuring that donors are mobilised to provide support to different components and to have an understanding that support to one component is one building block of the holistic programme that NATICC wants to deliver to ensure that prevention and care and support are intertwined to ensure effectiveness of the larger intervention delivery.

The other issue is that of building of capacity of staff to be able to develop fundable projects so that the organisation is able to complement its resources and not depend on a few donors. It is understood that capacity is not built overnight and hence there is a need for the organisation to address the staff attrition by giving contracts longer than one year. This can be effectively dealt with and articulated within a long term strategy of the organisation. All organisations need human, financial and material resources. Without an appropriate level of these an organisation will always remain incapacitated.



## Partnerships

The partnership established by NATICC with other organisation is bring in good dividends. For instance (i) the collaboration between the NATICC sites (Nhlangano and Lavumisa) and the two branches of AMICAALL in Nhlangano and Lavumisa has resulted in a wonderful synergy in ensuring that the organisations meet their objectives and targets. For instance in Lavumisa NATICC brings on board the counselling and testing, while AMICAALL mobilises residents of Lavumisa and the passing traffic to access the services; (ii) the care givers in Nhlangano managed by AMICAALL are receiving back-up from the NATICC nurse and also stipend.

The future:

Almost all respondents when asked about the relevance and need for NATICC services in the future, a unanimous affirmative response was expressed. The following are some of the articulations by stakeholders;

- NATICC's role and services are still required by many people in the Shiselweni region and NATICC is still a major player in the national fight against HIV and AIDS.
  
- As The Ministry of Health we are of the opinion that NATICC should be repositioning herself and starting to refill ARVs and later proceed to initiate clients, particularly for clients that are serviced by the outreach sites. The view expressed noted that the approach and manner in which NATICC deal with clients would draw many people who require to access ARVs, but currently not benefitting due to stigma or defaulting as a result of not so good care they are currently receiving. In the same vain there was a call for an expansion of home based care services beyond the Nhlangano town.
  
- Without NATICC we can have our programmes and projects compromised. We need each other. Also, we should realise that NATICC has a wider reach to the larger Lavumisa community as they provide mobile vct to the remote communities . Despite the fact that there are other organisations that are also coming to provide services, they neither have the same reach and approach as NATICC in providing counselling and testing services.
  
- According to NERCHA regional officer, the space and need for NATICC services still exist as NATICC has been viewed at regional level

as a stop-gap to services that are supposed to be delivered by the Ministry of Health. NATICC services are not just at the centre, but permeates the most remote areas in the various communities of the region. She confessed that the existence of NATICC at the regional level has ensured the up-scaling of services in particular prevention and HTC services. In her view, NATICC used to be the best service delivering organisation in the region.

Despite what has already been articulated above, the current NORAD funding is ending at the end of March 2011. And there is a suggestion that in order to be able to apply for new funding from NORAD a proposal with different interventions from what NATICC was focusing on would need to be developed and perhaps under a different outfit.

With regard to programming there are opportunities for NATICC or the new outfit proposed to bring on board unique value to the following components by using the comparative advantage of the past programme:

- (i) There are prospects for the HTC component to integrate and to add unique value to what is already being done by this component. Provision of CD4 count service and carrying ART refills by the outreach (mobile VCT).
- (ii) The gender based violence initiative can be strengthened to become a link for HIV prevention and care. And at the same time become a catalyst for addressing issues faced by women and children particularly poverty

## Chapter 6

**6. Recommendations:** The evaluation guided by the many articulation of stakeholders regarding the future of NATICC is of the view that closure of NATICC was not desirable as it would not only have a number of bad consequences to the staff and their families but most importantly to the people of Shiselweni region who are reached by NATICC services.

The way forward for NATICC is

- “employing a full time director for the organisation who can dedicate his or her time to the duties of NATICC and be mandated to rebuild the organisation, expand partnerships and mobilise resources to support the organisation’s programmes” as articulated by one board member.
- Developing an appropriate structure to run either a strengthened NATICC programme or a consortium of projects.

The HTC and palliative care services and the gender based violence initiative are seen to be highly successful, and highly relevant contributions within the Shiselweni Region context, which is stricken by poverty and a high rate of HIV infection with a number of people already requiring care and support. The car wash project promises to have a great potential but requires that the challenges that it faces be effectively addressed.

The specific recommendations are as follows:

### **6.1 Strengthen Leadership**

#### **6.1.1 Founding Board**

The founding board members should be visible in the organisation work through regular meeting that are held two to three times a year

#### **6.1.2 Technical Advisory Board**

Provide clear direction on the roles of the technical advisory board and establish a communication linkage between it and the NATTIC Founding Board Members (registered).

The technical advisory board should be capacitated on how to become an oversight body and assist in the governance of the organisation. This can be carried out by running a two day induction training.

### 6.1.3 Executive Director

Employ a fulltime director that will lead, provide a clear strategic direction and bring up visibility for the organisation

## 6.2 Strengthen Programming

Pact support for HTC should be maintained and no breakdown of services should take place while the new proposed arrangements are being discussed and developed. This will require that at least staff for HTC services and palliative care be supported and provided supervision by an interim outfit created by 'NATICC/NORAD' during the interim period between April and December 2011.

There is a danger in allowing inactivity of NATICC operations as (i) other organisations are most likely to take over sites and communities where NATICC currently operates and that (ii) there would be a big outcry from communities that are serviced by NATICC and the organisation may lose support currently extended by Pact

### Key components of programme

Based on the findings of this evaluation, the key components of future programming for the organisation should include

- 6.2.1 HTC/VTC services accompanied by CD4 cell count and ART refill services
- 6.2.2 Home based care and palliative care services
- 6.2.3 Gender Based Violence interventions. The interventions can build on the work done with the support group in Lavumisa and the car wash project.

The above services should be accompanied by an M&E framework to ensure monitoring of progress against set targets

## 6.3 Resource mobilisation

The organisation need to carryout a robust resource mobilisation guided by a strategic plan with relevant programme and clear targets. The current funding agencies need to buy- in on the programme activities and not lost out , before jumping on new potential funding entities.

## 6.4 Organisational Strengthening

### 6.4.1 Structure

The future structure may be comprised of a consortium of projects that are may be jointly or separately funded but implemented and administered under one roof in the current NATIC Centres.

This outfit would have a common administrative, finance and secretarial services, but separate staff, particularly the coordinating officers.

Each project would contribute for logistic back-up and support including transport, secretarial support, communication and connectivity.

One organisation (such as NATICC) would manage the partnership and rent out services as indicated above.

### 6.4.2 Capacity strengthening

The new director should have capacity for developing funding proposals and resources should be availed to develop a core team of staff in proposal writing

Provide training and updates on a continuous basis to staff in their different areas of focus to enable them to remain competitive and to deliver quality services with current information and upgraded skills.

### 6.4.3 Oversight

Provide a clear terms of reference for each of the bodies that are providing oversight to the organisation i.e advisory technical board and the NATICC Board

The technical advisory board should carryout periodic monitoring of work carried out by the organisation and also the extent to which the organisational strategic direction is followed. This should include monitoring of resource needs and also develop plans to monitor resource mobilisation initiatives

### 6.4.4 Strategic Plan

The organisation need to develop a 3-5 years strategic plan that would provide clear direction for the organisation. This strategic plan should also be used as a resource mobilisation tool.

#### 6.4.5 Partnerships

Maintain and expand partner base that would provide opportunities for joint planning and financing of projects. The Pact, SAFAIDS and NORAD partners need to be nurtured and maintained by all possible means. Ensure that organisation leadership (Director) is in touch with partners at least on a quarterly basis to understand the environment and the direction that the national HIV programme is taking. Also, the director will need to establish a very good relationship with NERCHA and Ministry of Health

#### **6.5 Monitoring and Evaluation**

Strengthen the existing data recording facet supported by Pact to become a Monitoring and Evaluation unit include a more comprehensive focus on measurement of process and outcomes (quality, quantity, analysis, interpretation) in order to generate evidence that can be applied to future programming.

## Appendices

### 1. Documents referenced

### Evaluation Schedule

Date	Activity	Comments
15 Nov	Meeting with NATICC Management	
15 /16 Nov ongoing	Literature Review and preliminary notes for evaluation	
17 Nov	Discussion and Reflection meeting with Staff and representative of programme implementers	
18 Nov	Development of Evaluation tools and submission of Inception Report	
19 Nov	Scheduling of appointments with respondents and conduct interviews with Management including review of finances, administrative issues	
22 -30 Nov	Conduct Field Interviews	
1 -7 December	Writing of Report	
End of December	Submission of Draft Report to NATICC	
1 day	Inputting comments made by client	



## EVALUATION QUESTIONS

- a) Was there a need for the project?
  - i. Could you share what this project has done which was not there or could not be done by other organisation or government?
  - ii. What two or three factors or examples you can share that signify the need for such intervention?
  - iii. Who else is doing such work in this community?
  
- b) Did the design of project fitted the needs (Project Theory)
  - i. How would you characterise the project activities or support?.
  - ii. How was the support or activities relevant to the felt needs by the beneficiaries?
  - iii. Anything you feel was not included which could have benefitted or facilitated implementation of the project. Why or how?
  
- c) How was implementation process carried out?
  - i. Describe how was the implementation process carried out
    - a. Who was implementing?
    - b. What was implemented?
    - c. How frequent ?
    - d. What were the successes and
    - e. What were the challenges
  - ii. What are the results of the implementation process?

- d) Was the cost of activities worth the money?
- e) Where are you now in terms of project implementation when you compare against the needs on the ground?
  - i. Is the project doing the right activities or having the right approach in relation to how the challenges look today?
  - ii. What direction is the project supposed to take to make a positive impact in the future
- f) What are the lessons learnt from the implementation of this project?
  - i. What have you learned as an individual from implementing this project?
  - ii. What lesson(s) can NATICC learn from this experience? How can NATICC use this lesson.
  - iii. What lesson(s) can other development agencies or groups can learn from NATICC's experience?

## 1. People interviewed

Name	Organisation and designation	Contact
Mr Dlamini	Chairperson of NATICC Technical Committee	
Dr Mitchel MacCubin	Member of the NATICC Technical Committee	
Mr Mkhombe –	Acting Director	
Benjamin Nxumalo	Accountant	
Sibongile Simelane	NATICC Programme Coordinator	
Busangani Lukhele	Accountant Assistant	
Per Weiby	Programme Coordinator	
Sisana Gamedze	Counsellor and Programme Officer HTC	
Zanele Xaba	Ekuthuleni Pre-school Carer	
Mandla Simelane	Prevention Assistance coordinator	
Sibusiso Dlamini	Counsellor and Pastor	
Setsabile Hlophe	Palliativ care Nurse	
Zandile Hlatshwayo	Data officer	
Thandazile Nkosi	HIV Counsellor	
Mduduzi Ntofontofo Nkwanyana	Peer Educator and support group facilitator	
Cynthia Mhlanga	HIV/AIDS counsellor & educator	
Princess Phumelele Dlamini	HIV/AIDS counsellor & phlebotomist	
Ncane Dlamini	Receptionist	
Pearl Matsenjwa	HTC Counsellor	
Nikiwe Hlophe	HTC Counsellor	
Mr Malinga	AMICALL Officer (Nhlangano)	
Khetisiwe Dlamini	AMICALL Officer (Nhlangano)	
Thobile Jele	AMICALL Site manager (Lavumisa)	
	NERCHA Regional Coordinator	
Pitso Manana	Regional SNAP Coordinator	
Thulile Dlamini	Home based care giver	
Sibusiso Dlamini	Home based care giver	
Make Zulu	Lihlombe Lekukhalela	
Make Mndzebele	Pre-school Teacher	

Babe Mhlanga	Chief Inner Council Member	