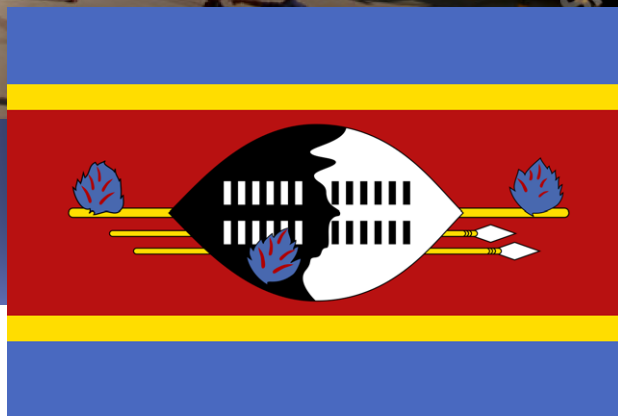


# TECHNICAL SUPPORT EFFECTIVENESS ASSESSMENT OF CIVIL SOCIETY AND COMMUNITY GROUPS IN BOTSWANA, LIBERIA, SIERRA LEONE, SOUTH SUDAN, SWAZILAND AND TANZANIA



## SWAZILAND COUNTRY REPORT





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## ABBREVIATIONS

<b>AIDS</b>	Acquired Immunodeficiency Syndrome
<b>CANGO</b>	Co-ordinating Assembly of Non-Governmental Organisations.
<b>CCM</b>	country Coordinating Mechanisms
<b>CG</b>	Community Groups
<b>CRG-SI</b>	Community, Rights and Gender Special Initiative (CRG-SI)
<b>CS</b>	Civil Society
<b>EANNASO</b>	Eastern Africa National Networks of AIDS and Health Service Organizations
<b>FGD</b>	Focus Group Discussion
<b>FLAS</b>	Family Life Association
<b>GFATM</b>	Global Fund to Fight AIDS, Tuberculosis and Malaria
<b>HIV</b>	Human Immunodeficiency Virus
<b>KII</b>	Key Informant Interview
<b>KVP</b>	Key and Vulnerable Populations
<b>LGBTI</b>	Lesbian Gay Bisexual Transgender and Intersex
<b>M&amp;E</b>	Monitoring and Evaluation
<b>NERCHA</b>	National Emergency Response Council on HIV and AIDS
<b>NSP</b>	National Strategic Plan
<b>OD</b>	Organization Development
<b>PLWHA</b>	People Living with HIV and AIDS
<b>PR</b>	Principal Recipient
<b>REMSHACC</b>	Regional Multi-Sectoral HIV and AIDS Coordinating Committee
<b>SAFAIDS</b>	Southern Africa HIV and AIDS Information Dissemination Service.
<b>SR</b>	Sub-recipient
<b>TA</b>	Technical Assistance
<b>TB</b>	Tuberculosis
<b>TS</b>	Technical Support
<b>UNAIDS</b>	The Joint United Nations Programme on HIV and AIDS



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EANNASO appreciates the support of Dr. Tim Rwabuhemba, of the Joint United Nations Programme on HIV/AIDS (UNAIDS)-Swaziland Country Director, for coordinating the visit in Swaziland and supporting the exercise by linking the consultant to other UN agencies and implementing partners. Ms. Thembisile Dlamini, the Community Mobilisation and Networking Adviser-UNAIDS, is appreciated for her time in providing some useful insights into the CS and CG engagement at the national and regional levels.

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# EXECUTIVE SUMMARY

## Introduction:

In 2016, Swaziland had an estimated population of about 1.3 million. In 2016, HIV prevalence for adult (15-49 years) was 27.2%.<sup>[1]</sup> Swaziland is among 30 high-burden countries in the sub-category TB/HIV co-infection and notified about 5,400 TB patients with an estimated TB incidence of 398 TB patients per 100,000 population as in the year 2016.<sup>[2]</sup> Swaziland is the low transmission area for malaria. However, it only reported 350 malaria cases in 2016.<sup>[3]</sup>

To respond to AIDS, TB and malaria epidemics, effective response needs also to address the barriers related to human rights, gender and other inequalities and exclusions by involving capacitated civil society (CS) and community groups (CG). Therefore, CS and CG need the right capacity to assume such roles as planners, programmers, implementers, and representing constituencies on the national CCMs and watchdogs in the Global Fund processes.

## Aim:

To assess the TA Effectiveness to CS and CG as they engage in the national and Global Fund processes in South Sudan. The results will then help to improve the TA delivery to CS and CG in South Sudan.

## Methods:

TA Effectiveness study for Swaziland was done in Mbabane and Manzini, Swaziland between 12th and 13th February 2018. CS and CG and Key Informant Interviews (UN agencies and Implementing partners) and were involved in the study. We used SurveyMonkey, and interviews and Focus Group Discussion to collect data. A validation meeting was done on the 13th of February to present the findings to stakeholders working with CS and CG responding to HIV, TB and Malaria epidemics.

## Summary of findings:

CS and CG are the main stakeholders in addressing the AIDS, TB and malaria epidemics in Swaziland. CS and CG are involved in the national processes and Global Fund processes at different levels. The key findings are:

- Diverse focus of the beneficiaries of the CS which include Key and Vulnerable Population, and overall there over representation of CS and CG working in the HIV field.
- Co-ordinating Assembly of Non-Governmental Organisations (CANGO) coordinates CS and CG in Swaziland as well as the Global Fund Principal Recipient (PR) for CS and CG.
- TA is delivered to CS and CG as part of the project implementation and has address a fraction of the TA needs of the CS and CG.
- The organization development plan (OD) by Pact Swaziland and CANGO demonstrate the need for an objective assessment of the CS TA needs, how to develop TA plan and assess CS performance as the measure of TA effectiveness.
- CANGO does assess the capacity of the CS and CG for all its members to gauge the level of TA needs in Swaziland.
- There is a need to increase the visibility of the TA resources under Anglophone Africa to ensure full utilization of such resources by the CS and CG.

[1] [WWW.UNAIDS.ORG](http://WWW.UNAIDS.ORG)

[2] WHO (2017). GLOBAL TUBERCULOSIS REPORT 2017.S

[3] WHO (2017). WORLD MALARIA REPORT 2017.



**Recommendation:**

The following are proposed recommendations to increase the number of CS and CG in the national and Global Fund processes.

- Adopt the CANGO Membership application form for Sub-Recipient (SR) assessment tool to develop a simple tool to access TA needs for all CS and CG.
- Promote TA resources under Anglophone Africa regional platform especially the CRG-SI.
- Develop a mentoring program to measure the TA Effectiveness, a lesson learnt from the CANGO TA workplan.
- Ensure Swaziland collaboration whereby the best performing CS and CG could help to mentor another CS and CG.
- CS and CG should complement their efforts and join resources when seeking for TA.
- Encourage healthy competition for the scarce resources through smart partnerships between CS and CG.

**Conclusion:**

Swaziland CS and CG have coordinating body engaged several partners to become PR in Swaziland through demonstrable TA plan. The CRG-SI resources are still undersubscribed in Swaziland with none of the organizations interviewed had received support in any of the three components of CRG-SI. Deliberate efforts are needed to increase the CRG-SI resource visibility to CS and CG in Swaziland to respond effectively to the three epidemics.





# 1. INTRODUCTION

Swaziland has an estimated population of about 1.3 million as of 2016. The country estimates adult (15-49 years) HIV prevalence rate is at 27.2% and by 2016, an estimate 220,000 adults and children living were living with HIV.<sup>[1]</sup> Swaziland is among 30 high-burden countries in the sub-category of high TB/HIV co-infection. Swaziland notified TB cases notified 5,400 TB patients and had a TB incidence of 398 TB patients per 100,000 population.<sup>[2]</sup> Swaziland is the low transmission area for malaria. However, it reported 350 malaria cases in 2016 .<sup>[3]</sup>

To effectively respond to AIDS, TB and malaria there is a need to also address the barriers related to human rights, gender and other inequalities and exclusions by involving equipped civil societies (CS) and community groups (CG). The Global Fund supports Swaziland since 2005 and addresses the gaps in health care delivery, including financial management, procurement, supply and management of medical and pharmaceutical products, health information systems, monitoring and evaluation, and service delivery.<sup>[4]</sup> To date the summary of the achievements of Global Fund in HIV, TB and Malaria are shown in the box below.

The Global Fund funding circle also known as “allocation periods’ is available for every three years (see Figure 1). CCM which is a national committee oversee the Global Fund application and implementation in Swaziland. CCM has the representatives from all sectors such as government, development and implementing partners, CS and CG.

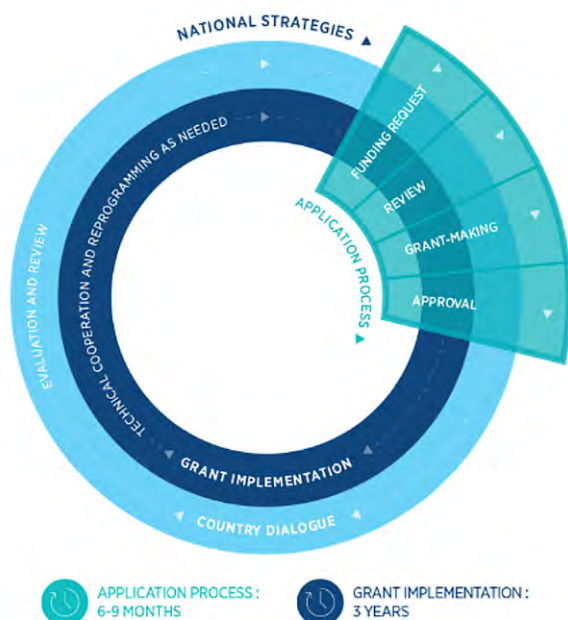


Figure 1. The GF application and implementation processes

## Summary of GF achievements in Swaziland

### HIV/AIDS:

People currently on antiretroviral therapy — **92,000**

### TUBERCULOSIS:

Laboratory-confirmed pulmonary TB detected and treated (cumulative) — **17,600**

### MALARIA:

Insecticide-treated nets distributed — **16,400**

### INVESTMENTS:

To date in health — **US\$ 238,103,347**

[1] [WWW.UNAIDS.ORG](http://WWW.UNAIDS.ORG)

[2] WHO (2017). GLOBAL TUBERCULOSIS REPORT 2017.

[3] WHO (2017). WORLD MALARIA REPORT 2017.

[4] [HTTPS://WWW.THEGLOBALFUND.ORG](https://WWW.THEGLOBALFUND.ORG)

Therefore, CS and CG are important stakeholders in the national responses especially for HIV, TB and Malaria. CS and CG require long- and short-term technical assistance and capacity development initiatives to enable them to effectively take on the roles of the roles as planners, programmers, implementers, and representing constituencies on the national CCMs and watchdogs in the Global Fund processes.

In November 2016 the Global Fund Board approved \$15 million for Community, Rights and Gender-Strategic Initiative (CRG-SI) scheme for the period 2017-2019 to support the following three components:

1. Short-Term Technical Assistance Program;
2. Long-Term Capacity Development and Meaningful Engagement of Key and Vulnerable Populations;
3. Regional Platforms for Communication and Coordination.

Figure 2 shows examples of the TA to CS and CG through CRG SI which may include, but not limited to the following areas.



Figure 2. Example of TA areas under Global Fund CRG-SI

## 1.1 CS & CG PROFILES IN SWAZILAND

The national responses for HIV, TB and Malaria needs multiple stakeholders including CS and CG as previously eluded. To note, Swaziland is one of the countries in the world with the highest HIV prevalence. It is therefore not surprising to see over representation of the CS and CG working in controlling the HIV epidemic. TB activities and programmes by CS and CG are gaining the momentum because of the need to address TB/HIV co-infection. Malaria is also being done by CS and CG but in a rather small case, considering the low prevalence of the disease.

The CS and CG have been involved in the Global Fund program implementation since 2005. The general overview of the CS and CG in the national response in Swaziland is as follows:

- CS and CG are regarded to be the key stakeholders in the national responses for AIDS, TB and Malaria.
- The mandate of the CS and CG has mainly been advocacy and community awareness of diseases and programmes. Though some of the CS also provide clinical health services and some provide also provide TA to CS and CG.
- The CS and CG beneficiaries include HIV patients, and other Key and Vulnerable Populations (KVP) such as Lesbian, Gay, Bisexual, Transgender/Transsexual and Intersex (LGBTI), Men who have Sex with Men (MSM), Intravenous Drug Users (IDU) and Female Sex Workers (FSW), Transgender and prisoners and Adolescent Girls and Young Women (AGYW)
- CS and CG efforts in Swaziland are coordinated by several fora of which their subscription is based on sharing common interventions or religious beliefs. Examples of such fora/coordinating organization include the Church Forum<sup>[1]</sup>, Swaziland Business Coalition on HIV and AIDS (SWABCHA)<sup>[2]</sup> and Coordinating Assembly for NGO's (CANGO)<sup>[3]</sup>.



## 1.2. LEGAL AND POLICY FRAMEWORK OF CS & CG

The CS and CG are legally registered in the country and operate under legal limits of the act and the constitution of Swaziland.

CS and CG working with KVP are increasing and are guided by the laws of the country. The National Multisectoral HIV and AIDS policy addresses the meaningful involvement and participation of PLWHA and other vulnerable groups in all issues affecting them.

The protection of KVP under HIV multisectoral policy

- Protection, non-discrimination, non-stigmatization of people living with HIV and AIDS and other vulnerable groups;
- Respect for human rights
- Universal access to HIV and AIDS related health services

[1] [SWAZICHURCHFORUM@SWAZI.NET](mailto:SWAZICHURCHFORUM@SWAZI.NET)

[2] [HTTP://WWW.SWABCHA.ORG.SZ/](http://WWW.SWABCHA.ORG.SZ/)

[3] [HTTPS://CANGOSWAZILAND.WORDPRESS.COM/](https://CANGOSWAZILAND.WORDPRESS.COM/)



### 1.3. CS & CG ENGAGEMENT EXPERIENCES IN COUNTRY PROCESSES

There is a general consensus that the CS and CG are the key stakeholders in the national responses to HIV, TB and Malaria. The engagement of the CS and CG group are in the following areas as summarized in Figure 1.

National processes: CS and CG are involved in the i) development of National Strategic Plans (NSP) and ii) they serve in various committees and Technical Working Groups (TWG).

- They also implement project and provide services on behalf of the government programmes especially in areas where government health systems do not have a geographical reach of population reach (KVP).
- CS and CG participate in the formulation of the NSP (2018-2022) where they have participated in the community response of the NSP.
- CS and CG participate:
  - » Participate in the national dialogues for national priorities in the NSP.
  - » Quarterly forum which is the Directors forum of all organizations for planning and review of implementation of HIV programmes which is organised by National Emergency Response Council on HIV and AIDS (NERCHA)<sup>[1]</sup>.
  - » Regional development forums which is for implementers forum providing feedback to the activities the CS and CG are implementing.
  - » CS and CG also participate in the Regional Multi-Sectoral HIV and AIDS Coordinating Committee (REMSHACC).

GF processes: CS and CG are engaged extensively in the GF processes from country Fund request development process country dialogue to oversight but are also engaged as.

- Part of the National Strategic Plan development and review processes.
- CCM members: they play the oversight role in the Global Fund monitoring role of the programmes.
- Implementing partners: CS and CG are implementing several Global Fund programmes. CANGO which is the PR for CS and CG.
- Engagement in community monitoring: there is no knowledge of organization in Swaziland that is doing community monitoring of Global Fund programmes.



[1] [HTTP://WWW.NERCHA.ORG.SZ/](http://www.nercha.org.sz/)

## 2. OBJECTIVES

### 2.1. BROAD OBJECTIVE

To assess effectiveness and innovations in provision of TA to CS and CG in the implementation of Global Fund Grants to end HIV, TB and Malaria in Swaziland.

### 2.2. SPECIFIC OBJECTIVES

1. To evaluate if the technical assistance that has been provided to civil society has supported CS and community groups involved in country processes related to GFATM including NSP review and development, GFATM fund request development and grant making process, Implementation and as CS/CG representatives on their country coordinating mechanisms (CCM).
2. To identify existing knowledge challenges/gaps and lessons on technical support and capacity building delivered to CS and CG in Swaziland.
3. To determine recommendation on improving technical support to Civil Society and Community Groups engage in implementation of Global Fund grants in Swaziland.
4. To identify TS needs and opportunities to support improved engagement of CS and CG in GF processes in Swaziland.
5. To document national case studies in Swaziland on how CS and community groups have been able to access TA and its effectiveness in country GFATM related processes.



## 3. METHODS

### 3.1. SETTING AND STUDY POPULATION

TA Effectiveness study was done in Manzini and Mbabane, Swaziland between 12th and 13th February 2018. The online data collection was conducted between 01st February to 31st March 2018. The participants of the TA Effectiveness Study came from CS, CG, UN agencies, Ministry of Health officials, implementing partners. The findings of the TA effectiveness study in Swaziland collated from the SurveyMonkey, KII and FGD. The list of study participants interviewed are shown in Appendix 1. The interviews were conducted between 12th and 13th February 2018 in Mbabane and Manzini. The consultant shared the preliminary findings of the TA Effectiveness study in a validation meeting with stakeholders on the 13th February 2018 in Manzini.

## 3.2. DATA COLLECTION AND MANAGEMENT

Data collection combined several data collection tools to capture quantitative and qualitative data.

Table 1 below summarizes the data collection tools and the target population.

Type of data collection tools	Description	Target population
ONLINE SURVEY (SURVEYMONKEY)	The tool was circulated to CS and CG identified by the coordination organization.	TA Provider TA users (CS & CG) Technical partners
KEY INFORMANT INTERVIEWS (KIIS)	KIIs were done and the findings are presented in this report.	TA Provider TA users (CS & CG) Technical partners CCM secretariats
FOCUS GROUP DISCUSSION (FGD)	The FGD was conducted with CS or CG to further explore the TA assistance experience.	TA users (CS & CG)
VALIDATION MEETING	Presented the summary of preliminary findings	TA Provider TA users (CS & CG) Technical partners

Table 1. Summary of the data collection tools used in a TA Effectiveness Study in Swaziland

## 3.3. DATA ANALYSIS

We used mixed-methods approach to analyse the collected data:

Qualitative data: we used both thematic and content analysis of the data.

Quantitative data: we used Stata version 14 to produce frequency tabulation tables. In addition, we used Microsoft Excel to create figures.

## 3.4. STUDY LIMITATION

The TA Effectiveness Study employed several data collection tools to minimise the bias in selection of the CS and CG group. However, we would like to mention the following limitation attributed to our methods:

Sampling bias: The KII and CG and CG were only included based on their availability to take part in the study. Therefore, we might have missed other stakeholders who might have different experience on TA especially those living in the rural area.



## 4. FINDINGS

### 4.1. GENERAL FINDINGS

The results of the SurveyMonkey online consultation tool are written in a separate report entitled “Technical Assistance Needs Assessment of Civil Society and Community Groups in Botswana, Liberia, Sierra Leone, South Sudan, Swaziland and Tanzania: Summary of Findings from Online Consultation Tool.” The report combines the responses of the CS and CG in Anglophone Africa.

We interviewed 16 people in Swaziland as shown in Figure 3. We conducted one FGD involving the CS and CG. The validation meeting involved all the stakeholders and additional views and opinions on TA in Swaziland were collected.

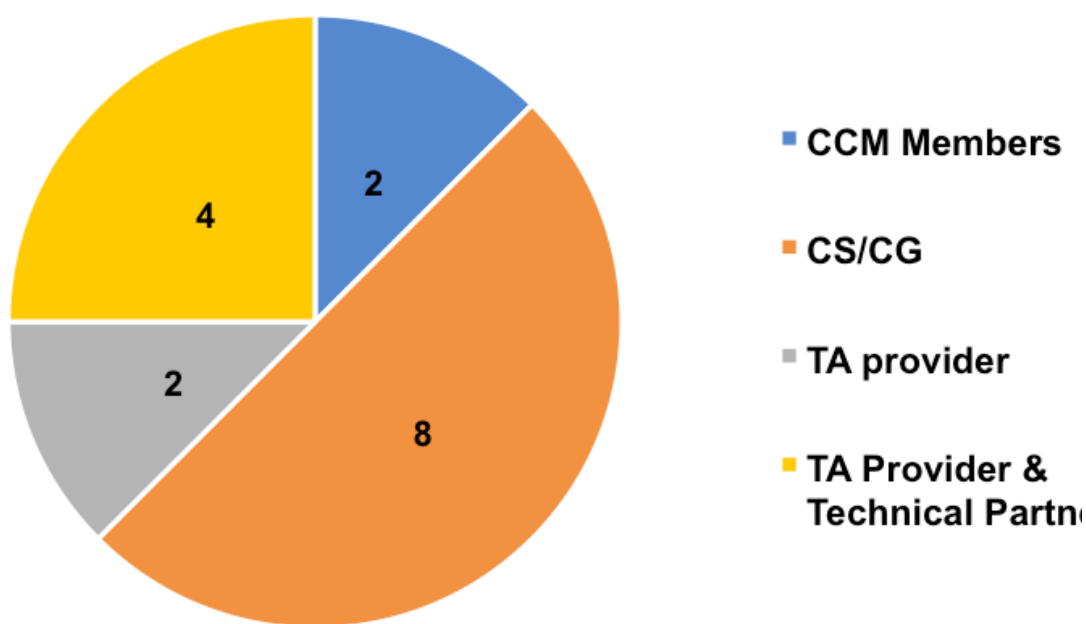


Figure 3. The study participants in TA Effectiveness study in Swaziland



*Figure 4. Pictures with some of the participants of TA Effectiveness Study in Swaziland. From top left clockwise: Consultant with FLAS Executive Director, UNAIDS-Swaziland Country Director and Community Mobilisation and Networking Adviser, SWABCHA Executive Director, and Group Discussion.*

## 4.2 SWAZILAND CS & CG ACCESS TO TA

TA provision is biased more towards the implementation of the programmes/project compared to other GF processes. Here below are the reactions of stakeholders with respect to TA sources in Swaziland.

“We get invited to attend TA with our collaborating partners for a certain project we are implementing together. We appreciate their support in capacitating our CS in project implementation.”

- CS representative

The following organizations were reported to provide TA to CS and CG. It is worthwhile to note, the TA provided were not necessary intended for organizations implementing Global Fund programmes. However, these TA had contributed to the CS and CG their effective engagement in the Global Fund processes.

Organization	Description of the TA
UN AGENCIES	UNAIDS <sup>[1]</sup> overall is hugely involved in the TA provision to the CS and CG for their engagement in the HIV response.
MINISTRY OF HEALTH	Swaziland National AIDS Programme involves CS and CG and offers TA mostly on HIV programming at the community level.
CCM	Provides TA to CCM members on the Global Fund processes especially grant writing processes.
IMPLEMENTING PARTNERS	Implementing partners offer various TA to CS and CG. For instance, PACT Swaziland is one of the key IP providing TA to organizations it is working with on areas of governance, project and financial management.
OTHER ORGANIZATIONS	Institute for Development Management providing the training in management, human resource and financial management.

Table 2. List of organizations and a range of TA provided to CS and CG in Swaziland

## 4.3 ACHIEVEMENTS IN ACCESSING TA IN SWAZILAND

The success of accessing in TA is largely driven by development and implementing partners. The case study of CANGO will exemplify the TA Effectiveness in Swaziland.

[1] [WWW.UNAIDS.ORG](http://WWW.UNAIDS.ORG)



## 4.4. CHALLENGES & GAPS IN TA

CS and CG have had raised several issues that are challenging to them to access the TA. But also, the modalities at which the TA is planned and delivered raises concerns from the CS and CG.

1. Lack of knowledge of where to access TA: “I think it’s my first time to know that Global Fund has some funds to support CS and CG to access TA”, one the CS representative said during the interview. The CRG SI funding for TA to CS and CG, has got minimal coverage, and this is the challenge to capacitate many CS and CG.
2. Funding: “We normally have no specific funds to get TA for our stuff, considering these TA are rather expensive”, CS representative.

To further underpin the point that the TA are expensive if the CS is small, one TA provider explained why the TA may seem expensive as she said “We think arranging a five days course will need a lot of printing of course materials and bringing in international experts who are costly. These are some of the budget items that would easily cost the CS about US \$ 6000-7000 for a single course, and you know there are more than one course to arrange and offer to CS.”



3. Project driven TA: Once asked about the TA already received previously, the CS and CG said “The TA we receive are because of implementing a certain program/project. So, we just get those skills to implement that project only. We have more needs like establish governance and financial systems that may help in strengthening our organizations.”
4. No complementarity: One Ministry of Health official said “CS and CG work in silos, thus making it difficult for each individual to organise TA for their staff, because they are expensive. If CS and CG could jointly organise the TA careful, then they could combine resources to organise jointly a TA that could benefit both organizations.”

## 4.5. CS & CG TA NEEDS

The study participants in this study in Swaziland have acknowledged the contribution of the different partners in providing TA to CS and CG. However, there are still TA needs to i) transform CS and CG to be better performers and also ii) grow in their responsibilities from being SSR to SR and finally PR.

Building capacity to CS and CG is a process and is summarized in the Figure 5. Such transformation will need to build the systems that runs the organization such as governance and technical skills to contribute to grant making and implementation.

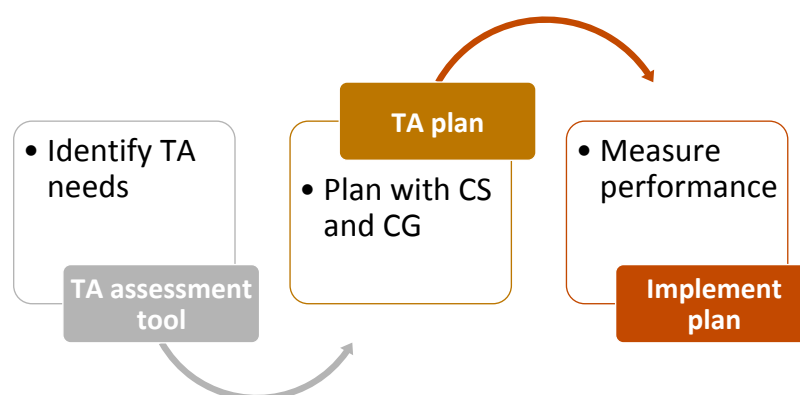


Figure 5. TA needs assessment and TA implementation plan.

We have pragmatically grouped TA needs into i) grant writing, negotiations and monitoring, and ii) implementation as shown in Table 3. These are merely suggestions, as they will need stakeholders to validate such TA needs by such a grouping.

Priority ranking	Grant writing & monitoring	GF implementation
HIGH PRIORITY	Project management Disease specific grant management	Organizational Development Governance Strategic Plan Project management Financial Management Grant management Strategic planning M&E Proposal development
LOW PRIORITY	Project management	Advocacy Resource Mobilization Documentation e.g. assessments or evidence Policy development and analysis Operational research

Table 3. TA needs and prioritization for CS and CG in South Sudan for GF processes.

## 5. RECOMMENDATION ON IMPROVING TA TO CS & CG

The current TA (capacity building) to CS and CG is not formalized and therefore needs some concrete action steps. The following are proposed recommendations to improve TA to CS and CG in Swaziland.

### 5.1. TA PRIORITIES FOR CS & CG IN GLOBAL FUND PROCESSES

The need to improve access and delivery of the TA is key to capacitate CS and CG in South Sudan. The current study was focused self-assessment of the CS and CG on their capacity and technical needs to enable them to engage fully in the Global Fund processes. We observed the modalities of delivery is driven by the funding agencies who may be the PR.

Improving TA to CS and CG will enable:

- Productive dialogue during the concept note writing
- Submit good quality proposal to Global Fund during concept note writing
- Increase the number of CS and CG to implement Global Fund programmes.
- Effective implementation of Global Fund programmes.
- Facilitate growth in responsibilities of CS and CG from SR to PR

Here below are some of the statements of the respondents in the TA Effectiveness study in Swaziland on recommendation of the way forward:

“I would recommend that CS and CG jointly request for the TA, so that they don’t become expensive for them. As you know resources are scarce, so we need to be smart on how we work”

**A technical partner view of moving forward with TA.**

“The idea of having an objective assessment, like what we use at CANGO may help standardize how we assess TA needs and better way to plan for TA for our CS and CG.”

**CANGO member**

“We need a way to make resources for TA visible in Swaziland and may be CANGO could be a good platform to collate all the information so that its members know about them.”

**CS member**



The following recommendations are ranked by priority for CS and CG in Swaziland. The recommendations are directed to government and other stakeholders that work with CS and CG.

Priority	No.	Category	Descriptions of possible outcomes
HIGH PRIORITY	1	Objective assessment of TA needs of CS and CG	<ul style="list-style-type: none"> <li>Conduct an objective assessment of the TA needs based on the robust tool developed.</li> <li>The TA assessment tool can adapt the CANGO membership application form <sup>[1]</sup> and SR Assessment Tool. <sup>[2]</sup></li> </ul>
	2	Increase the number and access to local, regional and international TA providers.	<ul style="list-style-type: none"> <li>Disseminate the list of TA providers especially that produced by EANNASO for Anglophone Africa.</li> <li>Build capacity to local CS and CG to provide TA to another CS and CG.</li> <li>Explore modalities at CANGO becomes the local TA provider.</li> </ul>
LOW PRIORITY	3	Mentoring program	<ul style="list-style-type: none"> <li>The mentoring program should be included in the priority. Mentoring program will ensure TA are utilized by the CS and CG.</li> </ul>
	4	Engage with regional platform	<ul style="list-style-type: none"> <li>The CS and CG need to engage with the regional platform for Anglophone countries coordinated by EANNASO (www.eannaso.org). Through the platform, the CS and CG will know and have access to TA providers and have access to additional information that may be useful in TA resources.</li> </ul>
	5	CS and CG coordinated efforts.	<ul style="list-style-type: none"> <li>CS and CG should coordinate their activities especially on seeking TA so that it becomes less expensive to them.</li> </ul>

Table 4. Prioritized recommendations of TA to CS and CG in Swaziland

## 5.2. GENERAL RECOMMENDATIONS

The implementing partners, CG and CG recognize the importance of government support in improving CS engagement in national response by increasing their capacity through TA. The political commitment should be reflected in the following areas:

- Funding:** CS and CG to explore funding from the government to fund the National TA Plan so as to capacitate the CS and CG to engage in the national response and Global Fund processes.
- Platform for CS and CG:** CANGO should i) strengthen its coordination role for CS and CG, and ii) consider be a local organization that can offer TA to its members.
- South-South Collaboration:** improve the South-South collaboration to ensure maximum impact of TA as there are similarities in challenges.
- Assign tasks and timelines:** “We need to assign tasks in all these recommendations, so that we can move forward and implement them, without that we run into trouble of forget these recommendations”. This was said by the UNAIDS Country Coordinator to encourage actionable items of the findings of this report.

[1] CANGO MEMBERSHIP APPLICATION FORM.  
[2] CANGO SR ASSESSMENT TOOLS

## 6. CONCLUSION

Swaziland CS and CG have coordinating body engaged several partners to become PR in for CS and CG through demonstrable TA assessment, implementation and mentoring after TA was given to CANGO. The CRG-SI resources are still undersubscribed in Swaziland with none of the organizations interviewed had received support in any of the three components. Deliberate efforts are needed to increase the CRG-SI resource visibility to CS and CG in Swaziland.

## NOTES

## 7. CASE STUDY ON TA

### 7.1. CANGO

CANGO is the Coordinating body for Non-Governmental Organizations in Swaziland. CANGO was established in 1983 and commissioned to:

- provide a forum that facilitates capacity building
- facilitate dialogues to identify issues for advocacy especially targeting the marginalized groups
- facilitate a coordinated NGO response
- receive, process and share information to benefit stakeholders
- engage, advocate and lobby decision makers, government and cooperating partners on issues of national interest and foster strategic partnerships to benefit our stakeholders.

CANGO in 2014, was selected to be a PR for CSO for Global Fund. The process requires to have minimum financial and programmatic capacities and systems that will allow for them to be accountable for the successful management of the grant. CANGO and Pact Swaziland made an Organization Development roadmap<sup>[1]</sup> from the assessment which had the objective to: “utilize a self-reflective, evaluative process in order to assess their performance. The OD Roadmap measures the organizational capacity in the following areas: Purpose and Planning; Human Resource Management; M&E; Networking; Governance; Organizational Sustainability; Financial Management; Grants and Compliance; Operations Management; and Umbrella Grants Management.”

CANGO had undergone a series of milestones with mentorship to become the PR for CS and CG (see Figure 6). It is worth noting, CANGO had constant mentorship program with the Pact Swaziland for since 2011 as seen in Figure 7.

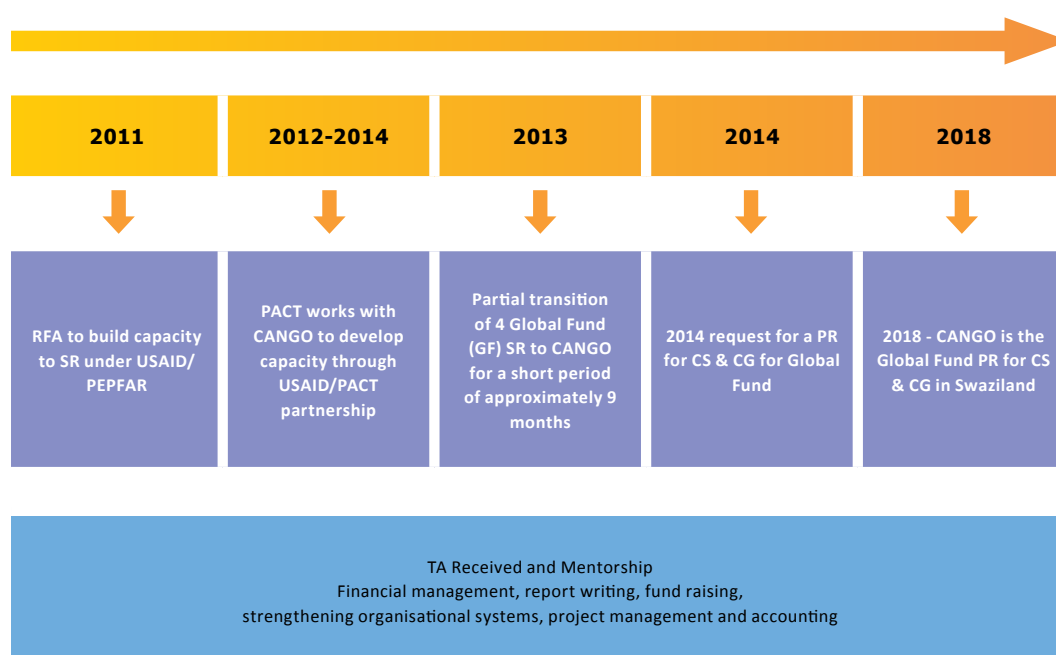


Figure 6. CANGO's milestones in transitioning from SR to PR for CS in Swaziland.

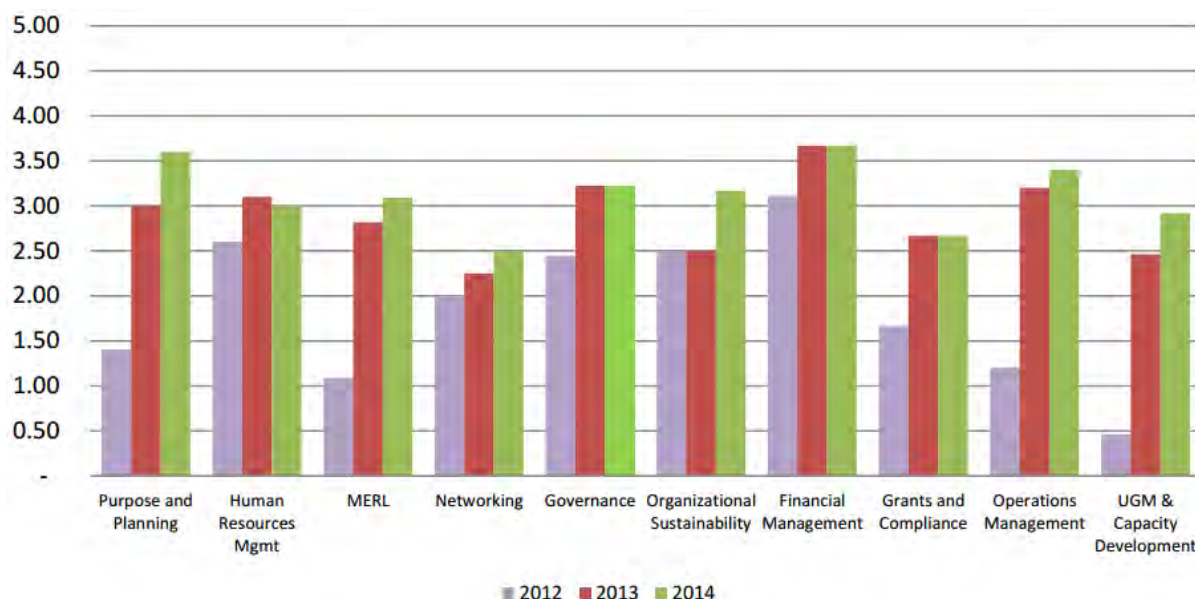


Figure 7. Cumulative Performance Change of CANGO from 2012-2014

## 7.2. FLAS

FLAS<sup>[1]</sup> is hereby presented as the case study for TA Effectiveness improve their engagement in Global Fund processes. FLAS is a Swazi NGO that has been successfully operating in the country since 1979, championing access to quality, pro poor, rights-based, gender-equitable, youth-focused and non-discriminatory sexual and reproductive health information and services, especially for vulnerable and marginalized populations. FLAS provides integrated SRH

(sexual and reproductive health) and HIV services at both its static clinics and mobile clinics.

FLAS is a long-term partner of International Planned Parenthood Federation<sup>[2]</sup> (IPPF). The Executive Director of FLAS credits IPPF in consistently receiving TA and mentorship FLAS. Thus, seeing FLAS evolve its roles in its participation in several programmes by different partners including being the SR for Global Fund programmes.

## NOTES

[1] [HTTP://WWW.FLAS.ORG.SZ/](http://www.flas.org.sz/)

[2] [HTTPS://WWW.IPPF.ORG/ABOUT-US/MEMBER-ASSOCIATIONS/SWAZILAND](https://www.ippf.org/about-us/member-associations/swaziland)



## NOTES

## 8. APPENDICES

### 8.1. LIST OF PARTICIPANTS IN THE STUDY IN SWAZILAND

S. NO	ORGANIZATION	CONTACT PERSON	CONTACT
1	<b>THE JOINT UNITED NATIONS PROGRAMME ON HIV AND AIDS (UNAIDS)</b> 5TH FLOOR LILUNGA HOUSE, SOMHLOLO ROAD P. O. BOX 261, MBABANE, SWAZILAND	Tim M. Rwabuhemba UNAIDS Country Director	<a href="mailto:twabuhembat@unaids.org">twabuhembat@unaids.org</a> <a href="http://www.unaids.org">www.unaids.org</a>
2	<b>THE JOINT UNITED NATIONS PROGRAMME ON HIV AND AIDS (UNAIDS)</b> 5TH FLOOR LILUNGA HOUSE, SOMHLOLO ROAD P. O. BOX 261, MBABANE, SWAZILAND	Ms. Thembisile Dlamini Community Mobilization and Networking Adviser	<a href="mailto:dlaminit@unaids.org">dlaminit@unaids.org</a> <a href="http://www.unaids.org">www.unaids.org</a>
3	<b>SWAZILAND NATIONAL AIDS CONTROL PROGRAMME, SWAZILAND</b>	Muhle Dalmaini Programme Manager	<a href="mailto:muhledlamini@gmail.com">muhledlamini@gmail.com</a>
4	<b>FAMILY LIFE ASSOCIATION OF SWAZILAND</b> 1228 MBHABHA STREET, P.O. BOX 1051, MANZINI. M200. SWAZILAND.	Zelda Nhlabatsi Executive Director	<a href="mailto:znhlabatsi@flas.org.sz">znhlabatsi@flas.org.sz</a> <a href="http://www.flas.org.sz">http://www.flas.org.sz</a>
5	<b>SWAZILAND BUSINESS COALITION ON HEALTH &amp; AIDS</b> P. O. BOX 636, MATSAPHA, MATSAPHA CRESCENT, MATSAPHA INDUSTRIAL SITE, SWAZILAND	Thobile Dlamini Chief Executive Officer Member-CCM Swaziland	<a href="mailto:thobile@swabcha.org.sz">thobile@swabcha.org.sz</a> <a href="http://www.swabcha.org.sz">www.swabcha.org.sz</a>
6	<b>CHURCH FORUM ON HIV AND AIDS</b> P. O. BOX 278, MANZINI M200, SWAZILAND	Rev. Zwanini Shabalala Director Manzini, Swaziland Vice Chairperson-CCM Swaziland	<a href="mailto:zashaba@gmail.com">zashaba@gmail.com</a> <a href="mailto:swazichurchforum@swazi.net">swazichurchforum@swazi.net</a>
7	<b>SOUTHERN AFRICA HIV AND AIDS DISSEMINATION SERVICES (SAFAIDS), SWAZILAND</b>	Sithembile Dlamini Project Office	<a href="mailto:sithembile@safaid.net">sithembile@safaid.net</a> <a href="mailto:sthixsd@yahoo.com">sthixsd@yahoo.com</a>
8	<b>SOUTHERN AFRICA HIV AND AIDS DISSEMINATION SERVICES (SAFAIDS), SWAZILAND</b>	Mandisa Zwane-Machakata Country Representative	<a href="mailto:mandisa@safaid.net">mandisa@safaid.net</a>
9	<b>THE ROCK OF HOPE SWAZILAND</b>	Sindisiwe Dlamini Finance Officer	<a href="mailto:sindid@therockofhopes.com">sindid@therockofhopes.com</a>
10	<b>MOTHERS2MOTHERS, SWAZILAND</b>	Wiseman Mngometulu National Trainer	<a href="mailto:Wiseman.mngometulu@m2m.org">Wiseman.mngometulu@m2m.org</a>
11	<b>MOTHERS2MOTHERS, SWAZILAND</b>	Nabuliso Nkambule	<a href="mailto:Njabuliso.nkambule@m2m.org">Njabuliso.nkambule@m2m.org</a>
12	<b>SAVE THE CHILDREN INTERNATIONAL SWAZILAND CANGO</b>	Dumisani Mnisi Board Chair-CANGO	<a href="mailto:Dumisani.mnisi@savethechildren.org">Dumisani.mnisi@savethechildren.org</a>
13	<b>HOUSE OF OUR PRIDE, LGBTI ORGANIZATION</b>	David Maseko Program Manager	<a href="mailto:davymaseko@gmail.com">davymaseko@gmail.com</a>
14	<b>CCM-SWAZILAND</b>	Vulinolbela Msibi	<a href="mailto:vmsibi@ccm.org.sz">vmsibi@ccm.org.sz</a>
15	<b>INTSIKA HEALTH CARE</b>	Wendy Nkumalo	<a href="mailto:wendy@intskahealthcare.org">wendy@intskahealthcare.org</a>



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The Eastern Africa National Networks of AIDS and Health Service Organizations (EANNASO) is a regional network bringing together civil society and community voices to inform policies and improve the programming of HIV, TB, malaria and other health issues present in our communities.

As of September 2017, EANNASO was re-selected by the Global Fund Community Rights and Gender Strategic Initiative (CRG SI) to host the Regional Communication and Coordination Platform for Anglophone Africa for the period of December 2017 to December 2019 covering 25 Anglophone African countries.

The regional platform for communication and coordination has a key role in engaging civil society organizations and community networks in Global Fund processes. It is responsible to foster regional dialogue, exchange knowledge and good practices among civil society and community actors and networks, as well as to disseminate information on technical assistance opportunities across all Anglophone countries where the Global Fund has grants countries.

## CONTACT THE REGIONAL PLATFORM

Regional Platform for Communication and Coordination for Anglophone Africa  
Hosted by EANNASO, Arusha, Tanzania  
**Tel:** +255 739 210 598  
**Email:** [eannaso@eannaso.org](mailto:eannaso@eannaso.org) | **Website:** [www.eannaso.org](http://www.eannaso.org)  
**Facebook:** [www.facebook.com/eannaso.org](https://www.facebook.com/eannaso.org) | **Twitter:** @eannaso