AIDS Foundation South Africa

Developing Partnerships - Serving Communities

Culture and Health Programme

Living a Healthy Lifestyle
It's My Culture!

Date 31 May 2012

To Embassy of the Kingdom of the Netherlands

Attn Mr Ronald Goldberg
Coordinator Regional HIV/AIDS Programme Southern Africa

210 Florence Ribeiro / Queen Wilhelmina Avenue
New Muckleneuk
Pretoria 0181

E mail Ronald.Goldberg@minbuza.nl

AIDS Foundation of South Africa: Culture and Health Programme Narrative Report (plus Annexures) for the period 1 October 2011 – 31 March 2012.

Report Prepared by: **Deborah Ewing**
Culture and Health Programme Manager
E Mail dewing@aids.org.za

Report Submitted by: **Debbie Mathew**
Chief Executive Officer
AIDS Foundation of South Africa

Signature: Dell athew

Culture and Health Programme

Living a Healthy Lifestyle

It's My Culture!

Activity 19871: Narrative Report for the period 1 October 2011 to 31 March 2012

Contents

Acronyms

AIDS	Acquired Immune Deficiency Syndrome
AFSA	AIDS Foundation of South Africa
AVI	Australian Volunteers International
CBOs	Community Based Organisations
CHP	Culture and Health Programme of AFSA
HIV	Human immunodeficiency virus
IS	Initiation Schools
ISSA	Intersex South Africa
KPA	Key Performance Area
KZN	KwaZulu-Natal Province of South Africa
LGBTI	Lesbian, Gay, Bisexual, Transgender and Inter-sex people
MDGs	Millennium Development Goals
M&E	Monitoring and Evaluation
MMC	Medical Male Circumcision
MNN	Munna Ndi Nnyi? (Who is the real man?)
NSP	HIV & *AIDS* and STI Strategic Plan for *South Africa* (*NSP* 2007-2011)
OAH	Organisation for African Herbalists
PMER	Planning Monitoring Evaluation and Reporting
PMTCT	Prevention of Mother to Child Transmission (of HIV)
RMAPF	Rural Men as Partners and Fathers
SASI	South African San Institute
THP	Traditional Health Practitioners
UKZN	University of KwaZulu-Natal

1. Introduction and summary

This report covers the period 1 October 2011 to 31 March 2012, the final six months of programme activity under the contract between the AIDS Foundation of South Africa (AFSA) Culture and Health Programme (CHP) and the Royal Netherlands Embassy (RNE).

The format of the report differs from that stipulated in the contract since that envisaged the continuation of grant funding subject to performance and compliance for a further two years. Therefore, Activities 1 and 2 (assisting partners to develop workplans, budgets, M&E targets and indicators for the next financial cycle, and disbursing grants) fall away. Under Activities 4 (Monitor and evaluate the work of partners) and 5 (Manage and coordinate the implementation of the programme), the status of the CHP CBO partners and their capacity to continue culture and health programming, and the external evaluation process are reported upon.

The focus of this period has been on capacity building of CBO partners, legacy projects, finalising publications and policy influence as part of the exit strategy, and fundraising in the lead-up to the closure of the programme on 31 March 2012.

Highlights and achievements of the period included:

The highlights of the programme in the past six months have been:

Learning community

SAHARA Conference – the entire CHP team and three partners made oral presentations at the SAHARA conference hosted by the Human Sciences Research Council (HSRC) at the Nelson Mandela Metropolitan University in Port Elizabeth from 28 November to 2 December 2011. The presentations covered findings from research and interventions in all target groups. The team also co-hosted with a workshop on using media to communicate sensitive messages. One of the CHP partner delegates made an input in a plenary session that led to her being invited to deliver the World AIDS Day message to the conference on 1 December. Copies of the papers will be available on the AFSA website (www.aids.org.za/page/about-culture-and-health-programme)

DVD on collaboration between traditional health practitioners and biomedical doctors

A DVD was commissioned from an independent producer (following a competitive tender process) to document the work and achievements of CHP THP partners on HIV/AIDS prevention treatment and care, and efforts to improve working relationships with doctors and clinics. (A copy is included as Annexure 1)

Close-out function

Project managers and board members from 18 of the 20 CHP partners participated in a closing ceremony and dinner held in Durban on 29 March and attended by the Coordinator Regional HIV/AIDS Programme Southern Africa, Embassy of the Kingdom of the Netherlands, Mr Ronald Goldberg. The event provided an opportunity to reflect on and acknowledge the achievements of the CBO partners and the programme as a whole. Partners were presented with tokens of appreciation for their contribution to the programme and certificates listing training they had undergone through CHP.

Highlights from each target group

Rural Men as Partners and Fathers (RMAPF)

The Rural Men's Policy Forum held in Durban from 16th-17th November 2011 brought together the 5 RMAPF partners with other men's organisations and representatives of the gender machinery in the Office of the Premier of KwaZulu-Natal. Local LGBTI partners were also invited, to engage on how men's programmes could include gay, bisexual and MSM.

Partners identified and discussed shared policy concerns. These included xxx. This was the first opportunity for most of the delegates to examine how policy impacted upon and needed to be informed by the experience of rural men. Most had not previously been exposed to policy development processes and were not aware of the channels for policy influence at provincial level.

***Radio Riverside**, Community radio station and RMAPF partner in the Northern Cape, reported more listener engagement on CHP programming (drama, dialogues, guest speakers and phone-ins) and outreach (through Community Dialogues) than on other areas of programming. They attributed an increase in listenership to the CHP based on levels of listener feedback. In addition to behaviour change communication, the station partnered with clinics to offer HCT during outreach (and outside broadcast) activities. Radio Riverside reports having observed increased uptake of HCT during community dialogues and is negotiating with the health department for access to statistics on uptake within its broadcast area. The station listenership over the year increased from 56 000 in February 2011 to 169 000 in March 2012, which is largely attributed by the station to the culture and health programming.*

Initiation Schools (IS)

The Charter on Good Practice in Circumcision for HIV Prevention, developed by CHP partners, traditional surgeons, biomedical doctors and health officials at the CHP Initiation Schools Policy Forum, has been reviewed, adopted and translated for local use by the IS partners.

***Munna Ndi Nnyi**? (MNN) organised a symposium from 9th – 10th March 2012 in Limpopo that was well attended by the Provincial Departments of Health, Environmental Affairs, Social Development, the South African Police Service (SAPS), four traditional leaders, traditional surgeons and Legal Aid. The Charter was translated by MNN and presented in English and Venda and the language was reviewed and corrected and the Charter was adopted by the Symposium for presentation for endorsement by Province. There was consensus on the need to adopt it in both Traditional Circumcision and the rollout of MMC.*

This symposium led to moves to improve synergy with female initiation practices, which stakeholders felt had been neglected. It was agreed that cultural instruction of females and males regarding sexual and reproductive health should be complementary.

Issues of consent and protection of young initiates have been addressed by MNN with all the traditional and provincial government stakeholders, assisted by Legal Aid.

***Kopanang Babolotsi**, in the Free State, received several requests from municipalities to mediate in disputes between local government and traditional circumcision practitioners over the requirements for establishing initiation schools. They have increased their monitoring role. Using CHP top-up funds, they held mini symposia in 4 municipalities to present the Charter and then a district symposium to launch the Charter. The Charter was translated into Sotho but is not finalised for publication. The challenge was that there are different practices within the community and they do not practice full circumcision so it was not straightforward for all practitioners to endorse all the points relating to circumcision. Main principles were agreed and areas that were contested or not applicable noted.*

Ubuntu Bethu (UB) *and* ***People Fighting Gender-based Violence.*** *UB has teamed with Walter Sisulu University to produce a booklet for peer educators on circumcision. They are also assisting someone with PhD research on traditional circumcision. Traditional leaders requested UB to convene a large-scale opening ceremony for each initiation season. They are requested to assist on initiation issues by community members, traditional leaders and government departments.*

PFGBV has managed to develop a close working relationship with government departments and has received promises of assistance.

Traditional Health Practitioners (THPs)

At the 2nd THP policy forum held last year, healers from a range of organisations expressed the wish to be able to engage with the THP Act, a piece of legislation on the registration and recognition of THPs that has been passed but not implemented. CHP had summarised this Act into plain language Zulu for purposes of the forum and thereafter published this summary and held a launch of the booklet in Durban.

The launch was hosted in association with Muthande, a Durban based NGO that provides HIV/AIDS training for THPs. As a consequence of this collaboration, one of the CHP THP partners, ***Nyangazezizwe***, hosted Muthande supported healers from KZN for an exchange visit to the Eastern Cape, thus strengthening networking among healers.

Standerton Traditional Healers Forum *has been recruited as a partner in the DOH home-based HCT campaign, which it attributes to the reputation they have established through the CHP. Siwela Sonke has established an educational herb garden and Nyangazezizwe has linked issues that healers deal with in terms of protection of children and older people to the mandates of various government departments.*

San Peoples

CHP fieldworkers researched a booklet on nutrition that includes indigenous knowledge on foods and their nutritional value. This has been published by ***SASI*** in Afrikaans and will be placed in libraries.

LGBTI

The LGBTI Policy Forum took place from 8th-9th March 2012 in Pietermaritzburg. It had a particular focus on T&I issues and brought together partners who were more familiar with policy issues and channels of influence. The challenge was that policy makers failed to attend despite invitations and holding the forum in the provincial capital, where government departments and the legislature are based. Several academics, including a group from a theological college, social work professionals and the SA Police Service (SAPS) participated. The forum identified violations of TI children's rights and proposed recommendations for inclusion in the good practice guidelines for T&I children.

Gender DynamiX (GDX) *conducted training of CHP partners from other target groups on transgender issues. They have also printed materials on transgender issues in relation to health and HIV, in Xhosa and Zulu. They also hosted a transgender conference and included CHP LGBTI and THP partners.*

Intersex South Africa (ISSA) *has linked with the LGBTI desk of the Dept of Justice to review the 'Victims' Charter' and incorporate intersex issues.*

The Gay and Lesbian Network (GLN) *has secured free office space alongside other community organisations in the township where they piloted their outreach programme, facilitated by a municipal councillor who was previously homophobic and has been sensitised.*

Legacy projects

RMAPF – Realising Millennium Development Goals (MDGs) 4 and 5 (reducing maternal and infant mortality). Partner: Umdoni Vulamehlo HIV/AIDS Association (UVHAA), Amadoda Aqotho (Faithful Men) CHP project

This project, arising from UVHAA's success in mobilising rural men to form support groups to address issues of health, gender relations and HIV prevention, exists to promote a local model of family health in which men play a leading role in identifying and responding to causes of preventable deaths in their partners and children. CHP worked with UVHAA, district health officials and a public health research specialist to design and implement a baseline survey on family health in 10 areas where UVHAA operates. Rural men were trained to administer the cellphone-based questionnaire, the findings were analysed and fed back to the participating households and leadership through community dialogues (CD) and to the district Department of Health. The DOH is working with UVHAA to pilot an intervention to improve maternal and infant health through government's Re-engineering of Primary Health Care and Sukuma Sakhe programmes. A booklet on the preliminary findings from the baseline survey has been produced and is attached as Annexure 2.

Initiation schools – A Charter of Good Practice for Circumcision to Promote HIV Prevention; Guide to Male Circumcision, Health and HIV, development of HIV prevention training programme for IS. Partners: all IS partners

The Charter developed at a CHP policy forum was circulated for endorsement by participants and then published in Xhosa and English in November 2011. It was distributed at the SAHARA conference. It has been adopted by the CHP IS partner organisations and is in use in training with initiation schools and government schools in Limpopo, Eastern Cape, North West and the Free State.

'Male Circumcision, Health and HIV: a Guide' was drafted and sent for review to experts on traditional and medical circumcision by the end of March. Feedback from the biomedical reviewers was not received until May and so the book has been on hold pending consultation on a revised draft to ensure that it will be endorsed by as wide a range of stakeholders as possible for circulation through MMC sites and clinics as well as through CBOs and in bookshops. The print order was secured before the end of the programme and it is anticipated that the book will be ready for distribution by the end of June.

CHP staff were involved in training on MMC in the Eastern Cape at the request of the DOH.

San peoples: indigenous language development in schools project. Partner: SASI.

This project was designed and agreed with SASI, the !Xun and Khwe language boards in Platfontein and the local primary school. R75 000 was allocated to SASI for its implementation. SASI's request to make revisions to the budget was accepted on the understanding that all documentation needed to be finalised before 31 March. However, the revised budget was never forthcoming despite assurances and consequently it was not allowable to transfer the funds.

Traditional Health Practitioners DVD, THP Act Summary. Partners: all THP CBOs

The legacy project for the THP target group was the production of a DVD to showcase the work and achievements of the THPs. The aim was for THPs to have a product that they could use for education and advocacy (about their role in the response to HIV/AIDS and the benefits of collaboration with biomedical practitioners), and for fundraising. The film is available on the AFSA website as well as in DVD format.

In response to demand from healers and health officials, a plain language English summary of the THP Act was produced (this is attached as Annexure 3).

LGBTI – Transgender and Intersex Perceptions and Attitudes Study; Local language materials for transgender people, Good Practice Guidelines for Services for T&I children. Partners: all

Transgender and Intersex Perceptions and Attitudes Study

Data analysis is in advanced stages and a final report will be released in June 2012. What is evident from the preliminary analysis is that across all communities levels of understanding of the labels lesbian, gay, bisexual, transgender and intersex are low, that respondents confuse one label for another and perceive gay/lesbian to be the same thing as transgender while showing a slightly better ability to distinguish intersex from the other labels. In general, the findings suggest that a lot of negative perceptions and attitudes exist towards sexual and gender minorities, but show that a significant proportions within each community hold positive attitudes.

This project is one of few, if any studies in the country that has included transgender and intersex in demographic profiling at a household level (0.9% and 1.3% of respondents identified as intersex and transgender respectively). While the proportions are small, this work provides support to the work of organisations such as GenderDynamix and Intersex South Africa in advocating for inclusion of transgender and intersex categories in other fields where sex and gender demographics are gathered. The broader implications of the study are that it will provide a basis for CBOs to incorporate sexual and gender minority interventions in their work while also providing a foundation for curricula development for educational institutions.

A central feature of the study design was the transfer of research capacity to community based organisations. At each of 20 CBOs 10 staff members were selected for training in research design and implementation. These 200 fieldworkers proceeded to administer the survey questionnaire, collecting data over mobile handsets, from 2877 respondents located in 8 of the 9 provinces of South Africa (Gauteng excluded). Fieldworkers also assisted the AFSA research team in the facilitation of focus group discussions.

Gender DynamiX was given a top-up grant to produce information and educational materials on HIV prevention and SRH for transgender people in various languages. Some of these materials are attached as Annexure 8 and others are still at print and will be forwarded on receipt.

Impact of the programme

The external evaluation of the CHP by Creative Consulting and Development Works found tht 'significant progress' had been made in terms of capacity-building, networking, and organisational development. 'Capacity-building has resulted in the exposure to new ideas, the development by some CBOs of research projects, and skills-building in important areas such as financial management and accountability to donors. Through networking opportunities, CBOs have entered into formal and informal alliances with other civil organisations and with government institutions. CHP-facilitated organisational development has precipitated the formation of some CBOs into independent organisations with clearly defined agendas, and the development of organisational structures such as financial management systems.'

The report highlights key outcomes and impact for each target group as follows:

Rural Men as Partners and Fathers

Creating safe spaces among men for discussion of cultural practices and attitudes; increasing acceptance of formerly marginalised people such as HIV positive patients and LGBTI; improving inter-genertional relations, and increasing respect for elders; increasing awareness of and interest in health issues such as HIV/AIDS; promoting adherence to treatment and visits to the clinic for VCT; and challenging gender norms, as demonstrated by a reduction in cases of domestic abuse in tribal courts.

Initiation Schools

Increased awareness among THPs of how to treat HIV and STIs and when to make referrals; a reduction in harmful outcomes for initiates undergoing circumcision, including botched circumcisions and mortality; improved conditions within initiation schools, with fewer young boys undergoing circumcision; increased cooperation between THPs and biomedical practitioners, particularly in the form of referrals; partnerships with government.

THPs

Respect for traditional healing in communities through the promulgation of culturally sensitive curricula; increased cooperation with biomedical practitioners in the form of referrals and joint workshops; a reduction in the incidence of harmful practices used by THPs; increased uptake of VCT services, and increased usage of Anti-retroviral drugs; and a reduction in the prevalence of harmful beliefs such as bewitchment [as a cause of AIDS].

San people

Personal growth of peer educators, improvements in the understanding of HIV/AIDS on the part of some elders and THPs; and the promotion of nutritional outcomes through the establishment of 22 home food gardens as part of the ECD programme.

LGBTI

Established safe spaces for LGBTI people and visibility intersex people; provided vital support to hate crime victims; and achieved some (at least short-term) transformations in myths and stereotypes through workshops. The development of relationships with traditionally hostile groups (i.e. police, clergy, tribal chiefs) has resulted in some notable changes in attitudes and behaviour.

Not surprisingly, given that the programme was intended to run for 5 years, the evaluation did not find evidence of significant and attributable behaviour change.

Implications of closure

The evaluation found that 'CBOs will for the most part will likely remain open (at least in the short-term), but will operate in a significantly reduced capacity. Many staff members will continue to work on an unpaid basis until 'volunteer fatigue' hits. Staff members fear that reduced programme operations will result in a negative backlash from beneficiaries. Wherever relationships with government are strong, CBOs hope to rely on these relationships to secure them access to funding and support; approximately 60% of CBOs visited have established some connection with a government institution. Around 70% of CBOs have applied for or are planning to apply in the near future.

For beneficiaries, much of the momentum gained with regard to incipient transformations in attitudes and behaviours will be lost. Support groups, workshops, and other programmes (particularly those in outlying areas) will likely shut down, and therefore there will be a reduction in safe spaces for discussion. Beneficiaries may be discouraged, and there could be an outpouring of frustration on the part of community members. THPs entering into practice may lack access to education programmes, initiation schools may deteriorate, and biomedical practitioners may drop their involvement with workshops. Developing microenterprise programmes will likely shut down.'

A status report on the CBO partners is attached as Annexure 5, which indicates that the majority of CBOs will continue to operate in some form, as noted in the evaluation albeit with much reduced capacity and outreach, since few have managed to source additional or alternative funding.

Exit strategy

Since notification was received in January 2011 RNE that grantmaking to South African partners would cease in 2012/13, CHP management and staff worked on an exit strategy to try to reduce the negative impact on CBO partners. This comprised briefing the partners on the funding situation, running training on advocacy and fundraising, incorporating fundraising opportunities into the fortnightly e-newsletter circulated to partners and intensifying capacity building and training inputs.

The capacity building and training is covered under 2. Progress against activity plan below.

Staff changes:

- Ms Precious Greehy, Research Support Officer – left CHP to take up a position as Programme Coordinator for a CDC programme in AFSA but coordinated the production of the THP DVD
- Ms Sne Vilakazi, Administrator – left to CHP to take up a position as PA to the CEO, AFSA in January 2012
- Ms Justine van Rooyen, Research Assistant – secured a post as an MSM Project Coordinator with the HSRC an hour before she left CHP!
- Ms Nancy Sias, Project Support Officer – redeployed within AFSA
- Mr Zakhele Msomi – replaced Ms Vilakazi as temporary Administrator
- Mr Kyle Leadbeatter, international volunteer – completed his internship on 23 March 2012

The remaining staff ended their contracts with CHP on 31 March 2012 but were retained on a part-time consultancy basis to assist with the close-out and reporting tasks until 31 May. Mr Andrew Miti (Research Officer) and Mr Moeti Lesuthu (Senior Project Officer) will be redeployed within AFSA.

Challenges and responses

The main challenges in this period were:

Challenge	Response	Outcome
Finalisation of research reports ahead of the due dates in order to maximise dissemination of findings before programme closure.	Prioritisation of analysis and finalisation of reports	Initiation Schools report finalised and sent to print (attached as Annexure 7) RMAPF report undergoing final edit LGBTI report being prepared for editing
Improve data collection by partners	Simplification of template and introduction of online reporting	Some improvement but several partners still submitting reports late and incomplete
Staff attrition as closure approaches	Involve all staff actively in SAHARA input, closure activities and legacy projects	Staff remained motivated and determined to go out on a high note; several staff able to move on to new roles within or outside AFSA
Loss of funding from sole donor to the programme	Identify funding opportunities and submit proposals Take up opportunities presented by donor to present CHP innovations and achievements to other agencies	Two funding proposals were submitted to USAID, including one in March to continue CHP in a similar form, building on the innovations established. The outcome is not yet known.

Finances

The financial report, comprising the report for the six-month period under review, a consolidated report for the 3-year programme period and notes thereto, is attached as Annexure 5. This report shows a final surplus of R462 798.20, which is mainly accounted for as follows:

R329 985 - allocation to Munna Ndi Nnyi? for the financial year ending 31 March 2012, which was not disbursed as the organisation could not be contracted due to non-compliance with financial reporting requirements. Several visits were made to the organisation to train and mentor them in maintaining proper records of receipts, requisitions, authorisations and payments, but procedures were still not followed.

R75 000 - allocated to SASI for a top-up grant, which could not be transferred as the organisation failed to submit a budget for use of the funds.

2. Progress against activity plan

302: Second Period Year 3: 1st October 2011 – 31st March 2012

Main Activity 1: Plan for Effective Programme Implementation

- Sub-Activity 1.3 Assist CBO partners to develop work plans, budgets and M + E targets and indicators – for the next financial cycle commencing in April 2012

This was not carried out due to the grant ending in year 3 instead of year 5.

Main Activity 2: Conclude financing agreements & disburse financial grants and mentor 20 NGOs/CBOs to implement community culture and health projects

- Sub-Activity 2.2: Disburse Grant Funds to CBOs in tranches
- Sub-Activity 2:3 Monitor and mentor CBO grantees – through quarterly site visits and review and assessment of CBO quarterly reports

No financing agreements were concluded apart from the top-up grants to Kopanang Babolotsi, Amandla Madoda, UVHAA and Gender DynamiX, due to the early closure of the programme.

Disbursement of grant funds to CBOs continued as scheduled throughout the period under review. Disbursements to several partners were suspended on occasion due to late receipt or inadequate content of reports. Payments were reinstated upon receipt and acceptance of the reports.

The contract with Munna Ndi Nnyi? was not renewed following its termination in July 2011 as a result of non-compliance with the financial reporting requirements. CHP was satisfied from site visits, attendance at MNN events, activity reports, media coverage of activities and interviews with staff and stakeholders that activities had been conducted as planned but documentation was not available to support some expenditure (transport in particular). As a result, the decision was taken to support MNN project activities through direct payments to staff and service providers in the past six months.

Similarly, CHP was unable to renew the contract with Mwelela Kweliphesheya. The organisation's Board and management put in place a range of measures, in consultation with AFSA to ensure improved supervision of staff and rigorous compliance with agreed financial management procedures, to prevent unauthorised expenditure as discovered towards the end of the previous contract (and as a result of which 2 MK staff were dismissed). MK continued to participate in training, policy and learning community events (including presenting at SAHARA) and on the basis of evidence of the value of their continuing, unfunded work in the community and schools, it was agreed to cover some of their activity costs through direct payments to staff and service providers.

Quarterly site visits took place as scheduled. A continued focus on data collection and reporting, which remained a challenge to many of the partners was anticipated but in view of the CBO concerns around the impact of closure of the CHP, more attention was paid to capacity building and development of partnerships.

Main Activity 3: Facilitate learning; develop the project implementation skills and organisational capacity of the 20 NGO/CBO partner organisations:

- Conduct skills /capacity building workshop/s for partner organisations
- Conduct on site training for CBOs when and where necessary
- Update the research portal

Residential and on-site training was provided in the following areas by the CHP trainer and Project Officers, on occasion in partnership with external trainers:

- Basic Human Resource Management for CBOs
- Basic Project Planning and Monitoring
- HIV and AIDS Counselling
- Basic Business Skills
- Behaviour Change Interventions
- How to form and conduct support groups
- Heterosexism workshop

Research portal: The research portal is a dedicated area of the AFSA website at www.aids.org.za/page/about-culture-and-health-programme

A considerable volume of publications and research papers has been produced in the past six months and these are all available electronically. However, there is a backlog of documents to be uploaded to the site. This is due to the departure of the Research Support Officer (who took over the task from the previous Publications Officer) to take up another job within the organisation pending closure of the CHP. A Research Assistant took on the task of compiling and disseminating the e-newsletter but could not maintain the website due to the demands of completing the TI study. It is anticipated the outstanding documents will be uploaded before the end of June.

Main Activity 4: Monitor and evaluate the work of the CBO/NGO partners and the impact of the programme.

- Monitor and ensure CBO partners are correctly collecting and collating data for submission to AFSA;
- Capture data onto AFSA project tracking and data base software systems
- Document experiences, findings and lessons learnt from the field and disseminate to a wider audience
- Plan for the second "process evaluation" of the programme cycle.

Reports including statistical data were received from all partners, albeit with delays in many cases. The partners continued to face challenges in accessing surveillance data (HIV incidence/prevalence, take up of HCT, PMTCT, reports of GBV etc) at municipal level. Their own data was often inconsistent and incomplete. As the end date for the programme drew closer it became increasingly difficult to secure additional information from partners who were preoccupied with completing activities and using up funds, as well as seeking alternative sources of support.

Most partners succeeded in documenting their experiences, findings and lessons from project activities. These were disseminated through local media reports, radio broadcasts, community dialogues (E Cape, N Cape and KZN), policy forums, meetings and workshops, newsletters, research reports and booklets.

The second process evaluation was converted to the end-term External Evaluation within the same budget allocation. The evaluation report is attached as Annexure 6.

Main Activity 5: Manage and coordinate the implementation of the programme

The following sub-activities will be carried out in respect of Main Activity 5

- Management of staff
- Monitor implementation of programme
- Manage and account for receipt and expenditure of programme funds
- Commence preparation of 2nd periodic report for year 3.

The CHP managed to retain a core team of skilled and committed staff to implement the programme in its closing phase. Management focus was on ensuring the timeous implementation of the legacy projects and supporting and mentoring staff and partners to develop their presentations for the SAHARA conference. For most of the staff this was their first opportunity to draft a paper and give an oral presentation at an international conference. The challenge and the sense of achievement helped to keep staff motivated as they prepared for the close-out activities in March. However, during the period under review the CHP staff complement was depleted (as reported above) as some staff left to take up new opportunities or were redeployed and could not be replaced due to the short time remaining. Several staff were involved in the development of two USAID funding proposals, the outcome of which is still not known.

The programme implementation was monitored by the Programme Manager through reports from project officers, review of reports and financial statements from partners, a limited number of site visits and attendance at training sessions, and participation in policy fora.

The Programme Manager liaised with the Finance team over the request for the final tranche of funding from RNE and the reallocation of funds within some programmatic areas to take account of changing needs and priorities and new developments with partners. For example, additional funds were allocated to capacity building and publications to ensure that partners gained maximum benefit from training before the closure and that the lessons from the CHP were disseminated as widely as possible. The expenditure of programme funds was managed according to the contract between AFSA and RNE and in line with the agreements made on reallocations.

As indicated above, wherever CBOs did not comply, grant payments were suspended until such time as problems were rectified and adequate explanations and reports were received. Several partners had surpluses at the end of the financial year, for various reasons (ranging from late receipt of grants due to delays in submission of IEV reports by auditors to savings made on budgeted expenditure such as venue costs). Partners were required to submit plans and budgets for the approval of expenditure of these surplus funds in line with their contracts and KPAs.

This report serves as the second periodic report for year 3 and the final report of the programme.

3. What was achieved, what was not achieved and why

All the following activities planned for the period under review, as identified in the previous report, were successfully implemented:

Priority	Status	Comments
Facilitate external evaluation of the CHP	All tasks completed on deadline. A competitive tendering process involving AFSA supply chain management committee staff and RNE resulted in the awarding of a contract to a Cape Town consultancy who delivered a draft report on 1 March and a final report, after some engagement with CHP and RNE, on 31 March.	The external evaluation report is attached as Annexure 6. The research and the findings drawn from it were comprehensive and balanced. There is a concern that even in the final report the achievements are not fully captured in the executive summary and recommendations but there are no major contentions.
Implement the legacy projects for the target groups, as per the proposal to RNE.	RMAPF – the project to involve men directly in improving maternal and infant health, in line with MDGs 4 and 5 has made good progress and will continue independently of CHP. IS – the Charter has been adopted by all initiation school partners and has been taken up by traditional leaders and health officials in 3 provinces	More detail on all of these is supplied in the section on legacy projects above.
Preparation of papers for SAHARA and support of presenting partners	All CHP staff and three partners (Standerton Traditional Healers Forum, Mwelela Kweliphesheya and the Gay and Lesbian Network) made oral presentations at the SAHARA conference covering the lessons from research and interventions with all 5 target groups.	The papers are on the SAHARA website and will be loaded onto the CHP research portal by the end of June.
Finalisation of publications	The Initiation Schools Baseline Research Report was finalised. Finalisation, endorsement and publication of *Male Circumcision, Health and HIV: a Guid*e was scheduled by end of May. The draft was completed, along with illustrations and laid out for print. However, reviewer feedback was received later than expected and necessitated some amendments. These are in process and the book should be printed by end of June.	It was decided to engage further with the reviewers after incorporating their feedback, in order to ensure that key stakeholders would be able to endorse it to improve its reach and accessibility. The book will also have a cover price so that it can be sold to cover costs of future print runs if required after the CHP closure.

Policy influence	Maximising policy influence of lessons from partner interventions. The SAHARA presentations went some way to achieving this, as did presentations to the Share-Net circumcision conference and the RNE Regional Advisory Group, and presentations made by the Research Officer to SIDA and to the Eastern Cape MMC stakeholders. The Rural Men as Partners and Fathers and LGBTI Policy Forums were conducted as reported above. The use of the Charter is intended to influence policy but the impact of this cannot be assessed before the next circumcision season.	
Promoting the CHP approach to good practice in traditional and medical circumcision	As noted above, the Charter has been published in Xhosa and English and translated by partner organisations into Venda and Sotho for use in training. The content of the Charter is regularly broadcast in Tswana throughout the North West province by CHP partner Vaaltar FM.	Partners are being encouraged to liaise directly with their provincial Depts of Health to seek support for their interventions with initiation schools and to offer their services as training providers to scale up their models of HIV prevention education and tracking of initiates.
Consolidate M&E data across all target groups	Due to the diversity of the target groups, their beneficiary constituencies and the nature of their activities, the consolidated M&E data is not very meaningful. For example, some groups conduct regular Community Dialogues and others only work with small support groups or individuals. Further, CBOs have been inconsistent in their reporting and do not provide comparable statistics over time.	It is hoped the final reports from CBOs will supply more complete data. A table will be supplied before the end of June with all available data including beneficiaries reached with HIV prevention and attitude and behaviour change programming.
Managing reduced capacity of programme due to loss of staff who cannot be replaced by consultants.	This is addressed in the section on staff changes.	
Source funding to continue the programme	Funding proposals were submitted as noted in the section on challenges but the outcome is not yet known.	Capacity to fundraise was severely constrained by the demands of the programme closure, particularly in terms of finalising publications.

Outstanding tasks

- Printing of the following publications:
    - LGBTI baseline research report and the TI attitudes and perceptions survey
    - RMAPF baseline research report
    - Good practice guidelines for services to TI children (drafted but not edited)
    - Circumcision, health and HIV book.

4. Post End-term Activities

- The external evaluation report is attached. Programme partners have been notified of its availability in hard and soft copy.
- The books were submitted for external audit at the end of March and the audit report is expected by the end of June, and will be forwarded upon receipt.
- CBO partner Income and Expenditure Verification reports were due by 31 May and many are still awaited. They will be reviewed upon receipt.
- Dissemination of final research reports was not scheduled until year 5 of the programme. There are two reports outstanding pending further analysis – the LGBTI baseline and the TI study. The Rural Men baseline report was disseminated within the programme but not published. It is anticipated these will be completed by the end of June. Due to the shortened timeframe of the programme, it has not been possible to do sufficient further analysis of the research findings from the 5 focus areas in order to prepare papers for publication in journals.

5. Annexures

1) THP DVD
2) Preliminary report on the Rural Men and MDGs survey
3) THP Act Summary (English)
4) CBO partner status update
5) Financial reports

i. Financial report year 3
ii. Consolidated financial report

6) External Evaluation report
7) Initiation Schools Baseline Research Report
8) Resources for transgender people