



PEPFAR/USAID SWAZILAND HIV /AIDS PROGRAM

Advancing PEPFAR Swaziland's HIV and AIDS Community Engagement Program

“Male Involvement Game Changer”

June 2017



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Disclaimer

The views contained in this report are those of the participants interviewed and cannot be generalized to the whole community and should solely be used for programming purposes. They do not represent views of USAID / PEPFAR.

Acronyms

DREAMS	Determined, Resilient, Empowerment, AIDSfree, Mentored and Safe
HIV	Human Immuno-deficiency Virus
AIDS	Acquired Immuno-Deficiency Syndrome
PA	Program Assistant
GBV	Gender Based Violence
HC3	Health Communication Capacity Collaborative
HTS	HIV Testing Services
IPCF	Interpersonal Communication Facilitator
IHM	Institute of Healthcare Management
MTAD	Ministry of Tinkhundla Administration and Development
NGO'S	Non-Governmental Organization
NERCHA	National Emergency Response Council on HIV/AIDS
PEPFAR	President's Emergency Plan for AIDS Relief
USAID	United States Aid for International Development
PLWHIV	People Living with HIV
RA'S	Regional Administrators
RDT	Regional Development Team
SAFAIDS	Southern Africa HIV and AIDS Information
SHAPMOS	Swaziland HIV and AIDS Monitoring Services
SHIMS	Swaziland HIV Incidence Measurement Survey
SWAAGA	Swaziland Action Against Abuse
TSP	Technical Support Program
ACAT	African Co-Operative Action Trust
AMICCAL	Alliance of Mayors
MSF	Medicins San Frontieres
OVC	Orphans and Vulnerable Children
PSI	Population Services International

**“IF THE COMMUNITY
ENGAGEMENT PROGRAM
BEGAN 20 YEARS AGO,
COMMUNITIES WOULD
HAVE ACHIEVED A LOT IN
THE PREVENTION OF HIV
AND AIDS IN SWAZILAND.”**

HRH Prince Mancibane II Chief of Lundzi, April 2017

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Executive Summary

The report covers the implementation on the 10 months of the work plan, a period dating from the 1st August 2016 to the 31st May 2017. The first stage was the mapping of 12 Tinkhundla and 46 chiefdoms that were not involved in either DREAMS, non-DREAMS, Global Fund or other PEPFAR programs. Population data for the 12 Tinkhundla was populated with the support of the PEPFAR Strategic Information team. This included a map of the Tinkhundla centres and health facilities located therein. Sensitization meetings followed the Government of the Kingdom of Swaziland Community Engagement Guidelines. Meetings were organized in all the regions through the office of the Regional Administrator beginning with the sensitization of chiefs followed by that of inner councils. Of the 46 chiefdoms 34 were reached with sensitizations meetings. Out of the 34, 17 were grouped into phase one of the implementation.

An alternative to performance based grants was agreed upon and implemented due to the time limitations in designing and implementing performance based grants. IHM provided support for Information Technology including computers for top 10 performing chiefdoms in the first phase of the “Game Changer” implementation. Entry to the communities was gained through a process involving approval from the MTAD headquarters, Regional Administrators and Chiefs. During implementation at community level community leaders provided support. This process involved documenting stories from the communities supported through USAID funds in the past four years. The process included consultations with HC3 and they provided a list of chiefdoms in which they worked. These included traditional leadership, DREAMS, non-DREAMS and “Game Changer” chiefdoms.

A total of 81 people were interviewed in 24 communities. The exercise commenced during the harvesting of Royal fields. This resulted in most chiefs were not available for the exercise as meetings are barred when the King has called the nation to royal duties.

Findings

- Male engagement program is working well in almost all the communities
- Demand and access to HIV testing services is increasing with men accessing services but limited linkages to other services like treatment
- Chiefs and inner councils are playing an important role in getting men to services
- Men above 49 years are feeling left out as they are sexually active as well
- Poverty, unemployment and lack of knowledge are driving HIV
- Economic empowerment for adolescent girls and young women is helping and young men want to be included
- NGO support for communities to build sustainable programs is needed
- NGOs that follow community structures in their programs are more successful
- No evidence of skill development for traditional leaders

Background

Current Situation in Swaziland

In Swaziland more than a quarter of adults and an estimated 40% of pregnant women are HIV positive and AIDS, unlike in most of Africa, is the leading cause of death in children under 5. The infant mortality rate in Swaziland is fifth highest in the world. Ninety percent of all new infections occur through heterosexual contact. Deeply entrenched social, cultural and gender norms create barriers to the uptake of and adherence to high impact services including testing, treatment and male circumcision. In addition, late treatment among men, inconsistent condom use, intergenerational sex, income inequality, and high levels of sexual violence are some of the drivers of the HIV and AIDS epidemic. This epidemic is also fuelling the TB epidemic with about 80% of TB patients testing positive for HIV.

The Swaziland HIV incidence Measurement Study (SHIMS 2014) provides insights into the sub populations facing higher risk of HIV acquisition and or transmission. While overall prevalence has stabilized and survival rates among people living with HIV has improved, the rate of new HIV infections is a major threat to realizing an HIV free generation.

With a generalized epidemic, about one in three (31 percent) adults aged 18-49 years live with HIV in Swaziland. Among adult men, new HIV infections rise from a low of 0.84 percent among those aged 18 to 19 years to 1.66 percent among those 24 to 25 years. This rate doubles to 3.12 percent among 30 to 34 year olds before tapering off to near zero among those 45 to 49 years.

Among the many risk factors, low HIV testing rates, low access and adherence to ART, low condom use, and low male circumcision rates are the most critical. Only about one in every three men have been tested for HIV and know their status. One in every two men with an HIV positive test are aware of their status. Of those that know their HIV status, 58 percent are on ART. The risk of HIV infection is four times greater for men who do not know their partner's HIV status.

Social norms around masculinity lead to poor health seeking behaviour and a low reporting rate of GBV. Men generally regard medical help as the last option and, as such are less likely to seek health services. These factors put men at an increased risk of HIV acquisition and transmission.

The “Game Changer”

The PEPFAR support in 2016-2017 is designed to activate the traditional and official local government leaders' involvement in expanding access to HIV prevention, treatment and care services in their populations – especially males 15 and older. This will include targeted HIV education and risk assessment and access to HIV testing services, voluntary medical male circumcision, HIV/TB diagnosis treatment, care, follow up and adherence counselling. Regional authorities (RA's) and Chiefs raised concerns regarding how partners are

coordinated and who they are accountable to. They want to be informed of the life span of the projects, provided with partner Matrix to understand who is working where, with whom, doing what.

Chiefs want ownership at the community level including getting feedback on the results of interventions / progress reports etc. Chiefs and community leaders want involvement in the design of the interventions through a community consultative process to tailor programs to local needs and address the issues of targeting. Community activities supporting HIV and AIDS have not been comprehensive or well-coordinated from chiefdom, Tinkhundla, Regional and National level.

Support to chiefdom structures for an improved HIV response have been limited to HC3 activities in a few Tinkhundla in the Manzini Region.

PEPFAR leadership approved a pilot program (“Game Changer”) for Swaziland in their 2016-2017 annual plan to support increased engagement with traditional leadership including the following:

- To provide targeted HIV support to 12 Tinkhundla and 45 chiefdoms (non PEPFAR DREAMS or Global Fund Supported) to strengthen chiefdoms capacity to lead and monitor the HIV response in their community.
- To be facilitative/catalytic to MTAD for long term planning and budgeting for health as part of development for long term sustainability of health activities at community level.
- To support local community uptake of HIV services (especially men) at chiefdom level to support the country’s direction to achieve UNAIDS 90, 90, 90 and to avert new HIV infections.

Methods

a. Selection of chiefdoms

After a consultation meeting with MTAD senior staff, Regional Administrators and chiefs, a mapping of 12 Tinkhundla and 46 chiefdoms were selected. These were mainly Tinkhundla that were not participants in DREAMS, Global Fund and other PEPFAR support.

Table 1: Regions and Tinkhundla

Region	Inkhundla
Hhohho	Madlangamphisi
	Timphisini
Lubombo	Hlane
	Lubuli
	Lugongolweni
	Matsanjeni North
Manzini	Nkilongo
	Lamgabhi
	Mangcongco
	Mhlambanyatsi
	Nhlambeni
Shiselweni	Sigwe

b. Participants

From the 12 Tinkhundla chiefdoms 34 chiefdoms were reached with sensitizations for inner councils and 17 targeted for phase one. These were selected on a first come first serve basis to participate in phase one of the implementation. A total of 17 chiefdoms were enlisted for the “Game Changer” phase one.

Table 2: Phase One Participating Chiefdoms

Region	Inkhundla	Chiefdom
Hhohho	Madlangamphisi	1. Bulandzeni
		2. Kagucuka
		3. Ekukhulumeni
Lubombo	Matsanjeni North	4. Maphungwane
		5. Lukhetseni
Manzini	Mangcongco	6. Dwalile
	Mhlambanyatsi	7. Lundzi
Shiselweni	Sigwe	8. Kazondwako
		9. Mlindazwe
		10. Dingizwe
		11. Ezenukeni
		12. Nhlambeni
		13. Ekuphumleni
		14. Ekuthuleni
		15. Elulakeni
		16. Kandunayithini
		17. Enyatsini

For this consultancy and the documentation of stories of the USAID support to HC3 in the past four years, the following chiefdoms and municipality zones were selected. These included DREAMS, non-DREAMS and “Game Changer”.

Table 3: Regions and Tinkhundla Profiles

Region	Inkhundla	Umphakatsi	Programme Implemented
Manzini	Mhlambanyatsi	Lundzi	“Game Changer”
	Mangcongco	Dwalile	“Game Changer”
	Mtfongwaneni	Gundvwini	PP Prev.
		Ndlandlameni	PP Prev.
		Vikizijula	PP Prev.
	Kukhanyeni	Bhekinkhosi	PP Prev.
		Nyakeni	PP Prev.
	Manzini North	Mnyenyweni	PP Prev.
		Mangwaneni	PP Prev.
Manzini South	Mjingo	PP Prev.	
Kwaluseni	Mhlane	PP Prev.	
Mkhiweni	Dvokolwako	Swazi Men	
Hhohho	Ndzingeni / Madlangamphisi	Bulandzeni	“Game Changer”
	Ntfonjeni	Mshingishingini	PP Prev. Traditional Leaders
	Motjane	Sgangani	Swazi Men
	Mbabane East	Sidwashini	Young Women
			Swazi Men
	Lobamba	Ezulwini	Swazi Men
PP Prev. Traditional Leaders			
	Elangeni	Swazi Men Traditional Leaders PP Prev.	
Lubombo	Mpholonjeni	Mpholonjeni	Swazi Men
	Matsanjeni North	Maphungwane	“Game Changer”
Shiselweni	Maseyisini	Vusweni	Swazi Men
	Sigwe	Ekuthuleni	“Game Changer”
		Enyatsini	“Game Changer”
		Elulakeni	“Game Changer”
		KaNdunayithini	“Game Changer”
	Ekuphumleni	“Game Changer”	

c. Procedures

Consultation meetings were held with MTAD Director of Decentralization and Under Secretary to sensitize and solicit their views and direction on implementing the “Game Changer” including steps to be followed to receive buy in from the Ministry, Regional Administration and Chiefs. Meetings were held with MTAD senior staff, Regional Administration offices in the four regions that culminated in meetings with chiefs.

d. Data Collection

The intended finishing date was 12th May 2017, however two of the community headmen were hesitant about their knowledge of the implementation of programs in their communities these are headmen from Elangeni and Sgangani. The documentation followed pre-approved talking points that were followed in all the communities.

Data Analysis

e. Ethical considerations

i. Potential bias

Three types of bias can be anticipated in the report. These are social desirability, sponsor bias and interviewer bias. Community members may have responded and provided socially desirable responses as well as being suspect of the sponsor’s motive for the assessment.

Interviewers had worked with HC3 in implementing the “Game Changer”.

ii. Limitations

This report is limited to the respondents that participated in the story telling and cannot be generalized to the whole community as it was intended to collect their views. It is not meant to be an assessment of NGOs working in the community but to collect best ways of community engagement to support future programming.

Results

f. Description of participants

i. MTAD

Participants from the MTAD included the Director of Decentralization, Under Secretary, Regional Secretaries from the four regions, legal advisor and community development officers from the four regions.

ii. Regional Administrators

Regional Administrators from the four regions participated and organized meetings for the chiefs.

iii. Chiefs

In Manzini and the Hhohho chiefs that were invited to attend the sensitization meetings were those that were mapped to participate in the “Game Changer”. The Shiselweni and Lubombo Regional Administrators invited all chiefs in their respective

regions to participate. The rationale for this was that all chiefs need to know the activities taking place in the region and understand the justification for the selected ones.

iv. HC3

The Senior Technical Advisor at HC3 was the key link person between the TSP team, MTAD and the Regional Administrators.

g. Chiefdom Analysis

Chiefdoms were drawn from the four regions. For Phase one of the “Game Changer” implementation: five were from Sigwe Inkhundla in the Shiselweni Region, two from Matsanjeni North Inkhundla in the Lubombo Region, three from the Hhohho region’s Madlangamphisi Inkhundla and nine came from the Manzini region – Mhlambanyatsi, Mangcongco and Nhlambeni respectively.

h. Consultative Meetings

These were in three phases; for the start-up of the “Game Changer” sensitizations consisted of meetings with MTAD senior staff, RAs and chiefs between August and October 2016. The second phase was the sensitization of inner councils between November 2016 and February 2017, and lastly the consultations for the documentation of community stories between March and May 2017.

i. Top 10 Performing Chiefdoms

Although this was still too early in the implementation of the “Game Changer”, HC3 was able to provide a tentative list of top ten performing chiefdoms subject to change later on in the implementation process to be supported with IT equipment as agreed upon between USAID, TSP and HC3. This list is annexed.

Findings

The narratives are those elicited by talking points approved by USAID for use in documenting the stories from the communities.

All the communities acknowledged that HIV is a challenge they face. The root causes of HIV in the community include, poverty, unemployment, and abuse of substances mainly alcohol, lack of knowledge and education of HIV issues resulting from inconsistent information dissemination at community level. Some people do not go for HIV testing for fear that after testing irrespective of the result stigma will follow and for those who test positive it is worse. In some communities’ belief in use of traditional medicine as a cure as opposed to going to clinics and testing centres is somewhat common. Elderly mention that youth don’t heed what they are told and ignore guidance given to them. This was contrary to the observation we made in places where services we being provided during our visit. There were more young men than older men and the demand for services was high including HIV testing.

The most effective way of addressing HIV is still education, according to the communities interviewed. Communities believe that education and information dissemination should not be a one-time event, but must continue for people to be constantly reminded of what they need to do. The economic empowerment activities HC3 started are beginning to bear fruit in those communities and strengthening of these will help adolescent girls and young women in the commercial sex working areas. Community leader empowerment to address issues in their communities is important; it is lacking at present. Inviting community leaders for advocacy workshops is not enough, skills building is essential. One other activity that has become important for communities is the door-to-door initiative that some NGOs have initiated. HC3 did a good job in some communities with the door-to-door initiative. Both genders should be addressed with initiatives. In some communities HC3 was the only active NGO so excluding women in the interventions was not welcome. Alcohol and substance use at community level affect the success of programs – these need attention paid to them at government level. Bringing services closer to where clients are is proving to be a success. The men’s program is a shining example.

Traditional leaders are contributing towards the health of their communities. They provide time slots for health education before meetings, others have allocated a separate day for community health and development meetings. Chiefs have instructed their inner councils to ensure HIV is prioritised in the community as the Head of State has commanded towards an AIDS free generation by 2022. The call by the King is taken seriously. When they are invited to attend workshops they do diligently and they report back to their communities and thus support NGOs implementing HIV interventions at community level.

Community engagement has resulted in large attendances at community meetings, higher demand for HIV testing services, men beginning to attend local clinics for services, reduction of stigma and discrimination, and condom uptake at community level. Some communities are seeing teenage pregnancies lowering in some communities. Economic empowerment activities are bearing fruit in seeing adolescent and young women take up other forms of income generating projects as opposed to commercial sex work. Young men also feel that economic empowerment must not be directed to young girls; they can also benefit from such activities as well as the unemployment takes its toll. Communities applaud HC3 for putting gender based violence as an agenda on the table. Communities are now discussing these issues openly. Leaders are participating in the sessions with their communities. Engagement is creating communities that care and resultant decrease in numbers of AIDS related deaths. Condom uptake has increased. Condoms are available in many places throughout the communities. Community leaders are beginning to participate and monitor the activities as they are implemented in the community. Adolescent commercial sex workers is coming down resulting from economic empowerment activities in the urban communities targeted. Lowering numbers of

teenage pregnancies at St Theresa's Primary school resulting from collaborative work of the Catholic Church, NGOs and municipality. Gender based violence is being addressed by community leaders at community level. Compared to the previous 5 years, communities are observing a decrease in the numbers of AIDS related deaths from four per weekend to one per weekend. Hands on participation of leadership in the training sessions for the community groups is common now.

When leaders were asked about the essentials for a community program to be successful they emphasized that the NGOs must respect traditional authority of the indlunkhulu. NGOs must follow the lines of command and fulfil promises they make to communities. Bullying NGOs do not get the support they need and participation of community that is desired. Communities felt bullied when their view was not considered by the Program Assistants wanting to stick to their activity when the communities felt the suggested activity by the program was not working for them or satisfactory. Donors must also follow up on the NGOs they fund. This builds trust in the community leaders. Leaders also indicated that monitoring of the activities in the community is essential as this makes NGOs accountable. Chiefdoms can increase support for NGOs if given time, but short notices will not work for everyone. Some NGOs tend to give short notices for their activities, making planning on the part of communities difficult. Leaders prefer NGOs avoid giving cash to community members; food is preferred. NGOs should avoid bullying communities.

Contrary to common thought, men stood up to be included in the community programs outside the age targets specified by PEPFAR. This was a surprise to community leaders. Men above the age of 49 said that they were still sexually active and custodians of the orphans and vulnerable children in the homes they should not be excluded. Older women also joined to participate in the sessions. The response of these community members overwhelmed the leadership and they urge that they should not be left out of the interventions where they are not targeted.

Challenges

Community programs face some challenges. The lack of skills in community leaders lead to a lack of follow up on activities from Chiefdom headmen (Tindvuna TeMcuba). They don't demand reports from the implementers of programs at community level. In some communities NGOs don't keep their word. They have in some instances asked community mobilizers to organize groups and fail to turn up and fail to answer the phones when called. They have sometimes been quite disrespectful to inner council members in the instances noted herein. Soccer balls have not been delivered to most communities that met their targets. Some communities organized more than one group and program assistant (PA) told

them to cut the numbers at the last minute, ignoring the fact that mobilizers walked long distances to get people for the exercise. This resulted in shortages of food for the participants.

At service points the time spent by NGOs was too short to complete the activity. Testing became a challenge when people wanted to test. Counsellors were limited for a group of 25 one counsellor did not finish the group. In some areas community people outside the age group 15-49 were excluded even when a NGO is the only service provider in the community. In most of the communities NGOs started programs and they disappeared when communities were in the engage mode. Skilled staff shortages in some facilities, the staff is not NARTIS trained leading to people having to travel long distances to receive services.

Successes

HC3's approach was to sensitize leadership and train interpersonal communication facilitators and motivators selected by community leaders from the community. This has resulted in an increase in demand and uptake of HTS in all the chiefdoms. As a result of good programming in some constituencies teenage pregnancies have decreased. HIV positive people are getting support from community based organizations. Community leaders are observing the rights of HIV positive people in their community. Before community meetings many communities provide space for education on HIV. As a result of education an increasing number of young people including children are looking after their parents when sick and seek services for them.

Discussion of Findings

Communities welcome the community engagement process HC3 does and are willing to have HC3 continue implementing activities considering all genders and ages, the PP Prev. model is most welcome at community level. The age disaggregation is worrisome, however. Communities are open to host implementers to avoid the movement back and forth between communities and Mbabane during the implementation process. Bringing services closer to men is working well. Linkages to treatment needs improvement.

Looking at the future, the men's engagement program is giving hope to most communities. Bringing services closer home has been the greatest achievement in trying to get men to access services. Communities are beginning to open up and discuss gender issues, gender based violence and inheritance are on the agenda of community leaders. This includes frowning at women inheritance. Protection of vulnerable children and orphans and land issues relating to these is being taken care of. Gender based violence has been a cause of concern with the education from HC3 all communities have received awareness such that incest "tibi tendlu" is being addressed at community. Stigma and discrimination has gone down.

The men's program is catalytic to bringing stigma and discrimination down as men were seen as a barrier and instigating GBV when female partners reported being HIV positive.

The leadership of chiefs is playing an important role in getting men to access HIV services in the community. When chiefs lead men follow.

Recommendations

- Organizations must spend enough time in communities working to allow for sustainability.
- Build the community capacity to implement their programs and drive the response.
- Build the capacity of community leaders to be able to lead, implement, monitor, resource mobilise and report their activities.
- Funders should follow up on funded organizations.
- NGO support for communities to build sustainable programs is needed.
- NGOs need to follow laid down community structures for their programs to be successful
- Community engagement guidelines must be implemented by all NGOs.
- Coordination of NGOs needs to be improved at community level.
- Door to door works very well as it targets the whole family.
- Explore possibilities of camping in communities during implementation to avoid movement back and forth to Mbabane daily.
- Traditional healers, spiritual leaders and churches need attention to support vision 2022.
- Traditional leaders must respect human rights especially the rights of people living with HIV and respect the people they lead.
- Leadership should look for support and not wait for NGOs to come.
- Address health issues in all community meetings.
- Lead by example and avoid substance abuse themselves.

Interviews

i. Transcribing

These were recorded in Siswati and transcribed into English on a daily basis after each session with the community.

ii. Archive of photos and videos

Before interviews and discussions were held permission to take photographs and videos was sought and granted by the participants. These have been stored for future reference and use as the case may be.

References

1. Ministry of Tinkhundla Administration and Development, National Guidelines for Community Engagement.
2. The Government of the Kingdom of Swaziland, NERCHA, Core Packages for HIV Prevention, Guidelines for Implementers.

Annexure A: Traditional Mapping Engagement

Region	Inkhundla	Chiefdoms	Name of Chief	Total Population	Male	<15 Male	>15 Male	Female	<15 Female	>15 Female	80 Percent of Population
Hhohho	Madlangamphisi	Bulandzeni	Chief Ndlaluhlaza	18107	8625	4177	4448	9482	3963	5519	14486
		Buhlebuyeza	Chief Ndlaluhlaza								
		Dvokolwako	Chief Malamlela Magagula								
		Gucuka	Chief Malamba								
		Zandondo	Chief Mahloma								
		Mzaceni/Ekukhulumeni	Chief Mdvuba Magagula								
		kaMncina / Maguga	Chief Mathutha								
Timphisini	Mashobeni	Chief Matsafeni	9037	4317	1860	2457	4720	1892	2828	7230	
		Ndlalambi	Chief Magudvulela								
		Ludzibini	Chief Magudvulela								
		Emvembili	Prince Solani								
		kaHHohho East	Chief Mvelase								
Lubombo	Hlane	KaKhuphuka	Chief Hadane Magagula	7388	3527	1591	1936	3861	1659	2202	5910
		Mnjoli	Ndvuna Saraphina Tsabedze								
	Lubuli	Lubuli	Chief Ntunja	15019	7728	3205	4523	7291	3143	4148	12015
		Mbutfu	Chief Siphike Myeni								
	Lugongolweni	KaLanga	Chief Mlimi Maziya	16165	8487	3023	5464	7678	2987	4691	12932
	Matsanjani North	Mambane	Chief Mvimbi Matse	16710	7920	3660	4260	8790	3622	5168	
		Lukhetseni	Chief Lusekwane Dlamini								
		Tikhuba	Chief Tikhuba Magongo								
		Maphungwane	Chief Loyiwe Maziya								
	Nkilongo	Gamula	Chief Mbekwane Matsenjwa	16569	8532	2875	5657	8037	3010	5024	13255
Manzini	LaMgabhi	LaMgabhi	Prince Ndzimanye	12949	6227	2648	3579	6722	2659	4063	10359
		KaLuhleko	Chief Mfanawenkhosi								
		Emhlangeni	Shishi II								

		Dvudvusini	Mandanda								
		Engwenyameni	Ndvuna Lusendvo								
		Enhulweni	Ndvuna Lusendvo								
	Mangcongco	Ezenukeni	Mashwayi	7167	3549	1528	2021	3618	1493	2125	5734
		Mabhukwini	Prince Mvelaphansi								
		Ekuthuleni	Prince Madzela								
		Dwalile	Chief Maphokela								
	Mhlambanyatsi	KaZondwako	Chief Velamuva	9747	4922	1760	3162	4825	1857	2968	7798
		Mbangave	Mandanda								
		Mlindazwe	Chief Nhloko Zwane								
		Lundzi	Mancibane								
		Dingizwe	Prince Mtsentfwa								
	Nhlambeni	Nhlambeni	Prince Matatazela	13531	6656	2479	4177	6875	2543	4332	10825
		Dwaleni	Prince Matatazela								
		KaShali	Prince Matatazela								
		Njelu	Prince Matatazela								
Shiselweni	Sigwe	Lulakeni	Prince Gasawangwane	12118	5716	2792	2924	6402	1946	4456	9694
		Ndunayithini	Prince Gasawangwane								
		Nyatsini	Prince Mbilini								
		Ekuthuleni									
		Kuphumleni	Prince Gasawangwane								
				154,507	76,206	31,598	44,608	78,301	30,774	47,524	110,238

Annexure B: List of Top 10 Performing Chiefdoms in the Game Changer

Inkhundla	Chiefdom
Mhlambanyatsi	Lundzi
	KaZondwako
Madlangamphisi	Bulandzeni
Nhlambeni	Mphankhomo
Sigwe	Lulakeni
	Ndunayithini
	Ekuphumleni
	Ekuthuleni
	Nyatsini
Mangcongco	Dwalile

Annexure C: Technical Specifications Template

TECHNICAL SPECIFICATIONS TEMPLATE
Desired Technical Features
Desktop Computer: LENOVO E73
3.50ghZ Intel Core i3-4150 Processor
Intel HD Graphics 4400
4 GB DDR3 SDRAM
500 GB Hard Drive
DVD-Writer
4 x USB 2.0 Ports, 2 x USB 3.0 Port(s)
VGA - DisplayPort
USB Key board and Mouse
Windows 7 Professional 64-bit Upgradable to Windows 8.1 Pro
Printer: CF378A HP Color LaserJet Pro
Print, Copy, Scan, Fax, 3-10 Users
Print up to 27 ppm, A4
Copy up to 28 cpm
Scan up to 1200 x 1200 dpi
Fax up to 400 pages
Hi-speed USB 2.0 printing port
Built-in 10/100/1000 Ethernet
Automatic Duplex printing, HP ePrint, Apple Airprint, Mopria-certified, Google Cloud Print 2.0
Multipurpose tray 1: up to 50 sheets, Tray 2: up to 250 sheets
HP 410A Black Toner – CF410A, Cyan – CF411A, Magenta – CF413A, Yellow – CF412A
Surge Protector
APC essential Surge Arrest 5-outlet Surge Protector
Modem: Huawei E5331
Communication: HSPA+ 900/2100MHz

GSM/GPRS/EDGE850/900/1800/1900 MHz
Speed: High-speed DC-HSPA+ packet DL 43.2Mbps High-speed HSPA+ DL 21.6 Mbps High-speed HSPA (HSUPA/HSDPA)/UMTS DL 14.4 Mbps EDGE/GPRS DL236.8 KBPS
Battery: capacity:1500 mAh Maximum working time: 5 hours (depending on the network) Maximum standby time: 280 hours (depending on the network)
External Antenna: 1 micro USB interface 1 Power button 1 Reset button 1 WPS button 1 SIM card slot
WI-FI Protocol: IEE 802.11b/g/n
WI-FI Connection Number: Up to 5 simultaneous users/devices
Supporting Windows XP, Windows Vista, Windows 7, Windows 8, Mac OSX 10.5,10.6, 10.7, and 10.8 with latest upgrades

Annexure D: Talking Points

Talking Points

1. Introduction

- a. Introduce yourself and or team. We are part of the Technical Support Program working for USAID documenting your community's response to the HIC epidemic and the support and training that you may have received over the past three years from various US supported projects.
 - b. Thank you for participating in this important work among the many you do for the chiefdom and the community. Your presence and contributions will assist in future plans to deliver the best service to you and other communities that will participate in the program.
 - c. We will be asking you broad questions and asking for your opinions please feel free to share as much as you feel will be useful.
 - d. We would like to assure you that what you say will not be linked to you and your community in name but will be used in telling the story and influencing and improving future work in the country. I will also be taking some photos and recording your story but will not use any photos of any individual without your agreement.
2. His Majesty the King has given the country a vision to achieve an AIDS FREE GENERATION by 2022. PEPFAR USAID through HC3 has implemented different programs in the community. The objective of this meeting is to document your experiences particularly how you have managed the HIV epidemic with your inner council here in your community. Based on your experience please...
 3. What do you see as the root causes of the HIV problem in your community? What ways do you think would be effective to address this problem with your community's resources?
 4. Tell us about your specific role and contributions in this project. Let's start with the first thing you did. What was it? (Use lots of prompting questions to get the story out and keep it focused on what they did.
 5. Were there any key turning points for your community work on HIV? Probe changes that occurred as a result of the engagement.
 - Were there any surprises?
 - What are the lessons for someone who might be embarking on a project similar to this one?

- Do you view your contributions as successful? In what ways? What specifically was accomplished?
 - What were the skills you had to have to do the work you just told me about? Where and how did you learn those skills? Who in your community has been the most actively involved in addressing the HIV and AIDS problem?
 - When you think of the future of the kind of work you've talked about here, what gives you a sense of hope? What makes you concerned or worried? What message would you like to send the leadership in our country working on HIV and AIDS?
6. Thank the participant for their story and if needed request that they identify other influential men and women in their community who have worked on HIV and AIDS or have an important story to share.

Annexure D: Video Transcripts from the Community

Video Transcripts from the Community

1. Death rates have come down.

DWALILE Umphakatsi: As a result of His Majesty's government efforts to prevent HIV and AIDS in the country, vision 2022 will come to a reality in the community of Dwalile because residents are taught regularly about HIV prevention methods and what to do when negative as well as positive.

This was disclosed by the Community Headman of Dwalile Chiefdom in an exclusive interview with Patrick Kunene TSP Senior Community Engagement Consultant. "According to my view, there is HIV in our community, fortunately, the King, government and NGOs are helping us about HIV prevention, such as knowing our status and not infecting others as well as starting HIV treatment as soon as one tests positive", he said. He also said that through education they receive from Non-Governmental Organizations and Community based Organizations, the situation is better in terms of HIV as compared to previous years. "Residents are attending HIV and TB testing in the local clinic".

The headman Mr Maseko went on to say that as the headman of the community he makes sure that in each time community meetings are held, each Saturday, Rural Health Motivators and other NGOs, now the IPCFs, are given the chance to teach about health issues. He also said that he decided to have his wife join the Rural Health Motivators to highlight and show support to the health issues in the community and encourages them to visit other residents in the community to know how people are living and show support. He said this has helped him acquire first-hand knowledge because he keeps on asking her about new developments in health issues in the community.

"The death rates have come down and we have seen people who have lived with the virus for more twenty years," he said. He stated that this is because residents are testing for HIV and know their HIV status. "Furthermore, I lead by example, check my status when I get a chance, he said. I don't wait to be reminded."

The Community Headman revealed that the male programme is progressing very well in his community. Talking about surprises the headman said, "We were surprised to see men above the age of 49 joining the discussions led by HC3". "This age group felt left out and insisted that they be allowed to participate since they were also affected and infected by HIV.", he said. This showed us the commitment the elderly have for their families and themselves. Some are still sexually active and need the teaching. He went to say that the old aged group needs the knowledge because they have lost their children in the previous years due to AIDS related issues so they want the knowledge so that they can teach their children about the pandemic.

He also said that he is impressed by the male programme because when the teachings are conducted there is cooperation as the attendees freely ask questions, share ideas and check their HIV status without being intimidated by those who are scared. He also suggested that

these teachings must be on going and regular, children should be taught at tender age and such teachings should be up to date.

When asked about stigma, the indvuna disclosed that stigma is history in Dwalile because through the teachings they are getting, people have learned to accept one another. On another note prevention measures including condom use are encouraged. He went on to add that there is hope for the future in his community as a result of health activities which are happening and residents are adjusting to the standard of making their lives better. What worries him more is the boundary disputes. Some residents living within the Dwalile chiefdom claim to belong to neighbouring chiefdoms and do not participate in the health education activities in this community nor do they participate in the in activities of their so called areas. They however engage in sexual relations with people belonging to Dwalile. "This is a challenge as we do not know what they do", he said. He said such behaviour will derail their efforts in the fight against HIV. He advised other community leaders to show fruits of repentance and be like the King and the Queen Mother, to lead by example. He emphasized that community leaders should share services with others and be united to make vision 2022 a reality.

A service recipient from the same community went on to applaud HC3 for giving them the teachings about HIV. 'We were taught to call 'a spade a spade', he said. He also recalled some of the teachings they got. He said they were taught that people should know their HIV status and always attend counselling. 'We were also encouraged to take health precautions seriously and if found HIV positive we should take ARVS accordingly', he recalled. He went on to say that they were also taught about the importance of accepting anyone found positive and encouraged those found negative to take good care of themselves. 'Always condomize and if you are positive and in need of a child, always visit a doctor for advice', he said.

2. Poverty, rural – urban migration exacerbate the spread of HIV

EBULANDZENI Umphakatsi: Even though HIV-AIDS is regarded as a national disaster, there are still those who believe that this pandemic is a town disease. The Community Headman of Ebulandzeni Chiefdom Mr Malindzisa said that rural - urban migration as a result of poverty are the main factors that contribute to the spread of HIV –AIDS in his community. "People engage in sexual practices due to poverty and others move from here and go to stay in towns. When they return they bring the virus with them. Some are being influenced by drugs', he said.

The Headman disclosed that his main responsibility is that of making sure that the community is informed about HIV and AIDS and other health issues. He does this in all community meetings by allowing community based organizations to teach about HIV and other health issues. This is a decision of the chief and the inner council implements it. HIV is important to be discussed whenever there is a meeting. He decried the fact that other NGOs do not heed the call to be known in the indlunkhulu. "You just meet them in the community in their uniforms – Mothers to Mothers for instance". As they are not known in the Umphakatsi and they don't report their activities when they leave as well, how can they be supported?" He

lamented the lack of cooperation between Ministry of Health, Ebulandzeni Clinic and the chiefdom. The clinic has been closed to patients because nurses were transferred without consultation and informing the chiefdom of this act. Residents were forced to go too far away clinics. His main worry is that some residents have no money to go to these clinics because of the distance. Those that went to the local clinic were turned back because there were no nurses. There is only one clinic servicing a very large community.

Male engagement programme by HC3 is useful at Ebulandzeni, but slowly progressing. The community headman revealed that there is no good communication and there must a technique to be used to win the people. He suggested that the person who teaches in the communities should be of good attitude, trustworthy and friendly to the people. He went on to state that even though there are challenges, many people do check their HIV status. He encouraged other community leaders to stand up and teach people about HIV-AIDS.

HIV-AIDS teachings were good. This was revealed by a service recipient who attended the HC3 sessions at Ebulandzeni. He said the teachings were interesting because they were taught about sex and encouraged to use condoms during sexual intercourse. They were even taught to be open to their partners and if tested positive and in need of a child, they should seek advice of health care providers. Those taking ARVs must not default.

3. Traditional healers cannot diagnose HIV.

LUNDZI Umphakatsi: The chief of the area HRH Prince Mancibane II leads his community by example, he encourages his people to seriously heed the HIV teaching issued to them by HC3. "I also encourage them to know their HIV status before they engage in sexual activity", he said. As far as the current male program is concerned, the chiefdom has not received any progress reports except that the two active mobilizers and IPCFs are doing all they can to reach all the corners of the chiefdom. It is still a new program.

If such a program as the HC3 program was introduced long time ago, there would be less numbers of infected people in the country. There would be no such levels HIV related deaths. It engages the community from bottom up and top down, everyone is involved. These were the words of Lundzi Chief Prince Mancibane II, when appreciating the good work done by HC3 in his community. He said through the program, they were impressed by the teachings of community leaders they got at Esibayeni Lodge where chiefs and their spouses and other community leaders were taught about HIV-AIDS and their role as leaders in the initiative. He went on to say that even when HC3 arrived in his community he was over joyed by seeing his people attending the meeting in their large numbers especially the youth. He went on to say that his community is in the process of inviting HC3 again because his people are yearning for more services. "Through these teachings, I have learnt that everyone must be involved and participate because there are useful and people should stop going to traditional healers, this virus is not traditional. Traditional healers cannot diagnose HIV", he said.

His main worry is that people who come for ARVs in clinics are not protected however suggested that immediate actions to stop that should be taken. Moreover, the chief

encourages everyone to seriously adhere to HC3 teachings and advised people about the importance of knowing their HIV status. HC3 is the only active NGO in the community except for the work done by RHMs. Prince Mancibane II encouraged other community leaders to be exemplary in the leadership, test for HIV when these services are brought to the community. He said they must be the light so that people can see.

Drugs and alcohol still perpetrate HIV. Some people once influenced by drugs and alcohol engage in unprotected sex after alcohol and drug use.

The community engagement exercise should be on going until the communities own it as part of their life. HC3 should come at least three times a year to the community. This motivates the community to know that someone outside the community is monitoring their efforts. He applauded HC3 about the male program which is currently progressing very well.

The community of Lundzi has a shortage of community mobilizers as they currently have only two in such a vast community for the men engagement program. “My main worry is that there are few health teachers in such a big Umphakatsi, in my community they have visited few areas yet the community is too big”, he said. He went on to reveal two community mobilizers who are active in the male engagement program. He said these two mobilizers are going a good Job in getting men into the program.

Rural Health Motivators are not active, they just assist when there is food distribution in the community, by selecting those who are eligible to receive food donations, he said. They also perform other minor activities like visiting the sick and distribute tablets to them. The Indvuna said HC3 is the only health organization that has come for health teachings in his community and he raised concern that there are few IPCFs and community mobilizers in Lundzi as this is a very big community. He went to say that as long as they get the teachings, he is hopeful that they will conquer the virus.

4. ‘Tibi tendlu’ no more

EGUNDVWINI Umphakatsi: If there were no HC3 teachings, we would not have achieved much. Gender issues and sexual violence (known as tibi tendlu) was our motto. These are the words of a Mgrs. Mabuza who is inner council member community of Gundvwini. He said HC3 helped them desist from hiding gender issues especially gender based violence and sexual violations in the community. She said many children were abused and infected by HIV under that instance. She expressed his appreciation of the good work done by HC3. She said they were taught about several health issues such as condom usage, accepting one another no matter what the status the person is, encourage one another to test HIV, stop pointing those who are HIV positive, comfort one another and practice safe sex all the time.

She went on to reveal that they were taught about condoms especially condom for females. She said they didn’t know that a condom expires and that condoms should be handled with care. She went on to suggest that HC3 should also teach at primary school because some pupils start to practice sexual intercourse at an early stage. Asked about stigma and discrimination

she said, “there is no stigma as now we eat together, sit together with those who are HIV positive’. She also expressed her gratitude that teachers now understand if a pupil is HIV positive and they show support if the pupil is in need to go to the clinic. However, she said as a result of the teachings there are active individuals in the community and they formed their own organization (known as Scelimpilo). Through this organization s they are able to make contributions to their organization to help those who are sick by giving them bus fare and some food parcels. She also applauded other organizations such as ADRA, UNICEF, RHM’s, and Community Counsellors. She implored them to continue with their good work. To community leaders she implored them to stand up for those in need in the community. “Let’s be sweet fruits to the people and when people need help, leaders should stand sick up and help them. We need leaders who care,” she said.

She went on to suggest that when health teachings come in the, community leaders must not be left out they should be taught about their role and importance of supporting the community.

If health teachings would keep coming to the communities, vision 2022 will be a reality. This was disclosed by a health care giver of Egundvwini. She said her people are fully encouraged and engaged by HC3. They are checking their HIV status now and then, without intimidation by others. Her words were echoed by her colleague who is a beneficiary of the services brought by HC3. She disclosed that there is a great change in their social lives in their respective homes. Their mothers in law (bomaketala) now understand and support their HIV infected daughters in law and take their responsibility in supporting breastfeeding. She said they were very happy about the teachings directed to their mother in laws because now there is peace in their homes.

The community health care giver however, suggested that government should stop allowing the sale of alcohol in the communities because they perpetuate HIV spread and she failed to hide her pain that they lose so many people due to carelessness after getting drunk. She added that that HC3 must come regularly and such teachings should not be stopped.

5. HIV related deaths coming down

ENDLANDLAMENI Umphakatsi: HIV-AIDS is no longer killing people at here. They die due to natural death and old age. This was disclosed by Mr Mamba, Indvuna of Endlandlameni Umphakatsi. He said his residents have a positive attitude about HIV because seeing people sleeping on a mat critically sick is now history in his community. He expressed his sincere gratitude to HC3 for bringing such useful health teachings and residents in understanding the importance of the teachings because they stand up for their lives.

The indvuna went on to say that his people are checking their HIV status and other diseases such as sugar diabetes and blood pressure. He said HC3 visited their homes door to door with education and testing and gave the community hope. The indvuna disclosed that when schools close they were to embark on a male circumcision program for the males especially boys. This campaign was introduced by PSI in joint meetings with parents and their boys, where they discussed the importance of circumcision.

He went on to praise HC3 mobilisers, IPCFs and other organizations such as PSI and Rural Health Motivators. He urged them to keep up the good work. Indvuna Mamba said that their biggest challenge was the distant clinic but they are in the process of building a clinic to cater for the areas around the umphakatsi. He encouraged people to start at the clinic whenever they are sick and emphasized that if such health teachings should stay forever they will reach to 2022.

The Umphakatsi's secretary expressed her excitement that HC3 has immensely opened their minds in terms of HIV because nothing was hidden during their sessions. She said she liked the way they were grouped during the teachings because everyone felt free to ask any question. She went on to say that the program of visiting them door to door had a great result because so many families tested. She revealed that stigma is no longer a challenge, those who are infected freely take ARVs and are being supported and thanked her Umphakatsi for showing leadership and support to the improvement of health issues in the community.

Community leaders should support the work done by health organizations and should protect them in what they are doing. This was revealed by a beneficiary of the services who is also a member of HC3 Engagement Group. She suggested that community leaders should invite more and more organization to teach about health issues because people like to listen to people they are not familiar with in comparison with to someone they live with. She also revealed that while they were teaching, they touched several life issues like circumcision, condom usage, and openness about one's status. She said she sees a positive response in the community because people still want to know more and more, and they go to the clinic for testing.

6. ARVS now like any other tablets

KABHEKINKHOSI Umphakatsi: Residents of kaBhekinkhosi feel that ARVs are now like any other normal tablet because of HC3 teachings. Residents mainly women said death is gradually declining in the community because many people are not scared to take ARVs and they are not hiding their status. They went on to say that they were encouraged to test HIV and start ARVs. People do not stop taking ARVs and we see a reduction of HIV related sicknesses, one of the woman revealed. The women went on to say that they were also taught about eating a balanced diet and condom usage. Furthermore they revealed that these teachings were helpful, they test without fear and they take care of their sick relatives.

The Indvuna of kaBhekinkhosi Mr Izwe Masika expressed his happiness about the good work done by HC3 in his community and praised his people for the great attendance. This was evidenced by the attendees to the documentation process, over 15 community members attended with the Indvuna Masika. The Indvuna went on to say that there is a great change in health related issues in his community because he always see long queues for people in the local clinic when he visits. He said this shows that his people are concerned with their lives. He went on to say that his people always eat a balanced meal because most of them have home gardens and taught about water serving methods. The indvuna hopes that 2022 vision will be

a reality if people only if people will stick to HC3 teachings. Lastly, he advised other community leaders to cooperate to make people have better life.

7. People are changing their behaviours

ELUSHIKISHINI Umphakatsi

The Indvuna Yemcuba of Elushikishini said many people understand that traditional medicine and ARVs are not simultaneously used. He went on to say that his people have repented because they visit clinic and hospitals now and again.

‘We had a very good working relationship with HC3, we were greatly helped especially men because man usually remain behind. I assure you that everyone in my community heard the teachings of HC3 and they helped us greatly’, he said. He also suggested that health teachings should be always delivered at the umphakatsi because it is where men are always found. To win men, the Indvuna suggested that the programme ‘kudla inhloko’ should be brought back to the communities because it was helpful. The indvuna however, expressed his excitement about the community because his people are changing and understand that going to the hospital is the key to life such that they are not even scared to take ARVs at the local clinic. Thus, HIV-AIDS related death has gradually reduced. He went on to appreciate organizations such as HC3 and TASCH for bringing back hope to his community. He also appreciated community health motivators for their continued support in health issues when the organizations left and say they always report to the umphakatsi.

Mr Dlamini further disclosed that there is a shortage of HIV- testing equipment in their local community clinic. He said that is the challenge faced by the community and that will let down the efforts which are done in the community in the fight against HIV because people are forced to go for HIV testing at a faraway hospital in Mankayane. He pleaded that health services should be brought to the clinic. There are hopes for the future in this community and also advised church and community leaders to teach about HIV-AIDS where ever they go.

IPCF member who is also the Umphakatsi’s Gogo Centre Manager revealed that she was pleased about HC3 engagement program because they are useful in the community. She said they were taught about the importance of HIV prevention, testing with your partner, if tested positive start on ARVs and if tested negative take good care. In all these instance whether negative or positive, use condoms. She went on to appreciate the good work done by umphakatsi for allowing NGOs to work in the community. “Our Indvuna leads and shows the way,” she said.

8. Poverty is the continues to drive HIV

MAPHUNGWANE

Poverty seems to be the main root cause for HIV in the community of Maphungwane. The Indvuna Yemcuba revealed that their specific role in HIV programs in the community is to make sure that residents are testing and who so ever test positive gets special support and counselling. He said as the Inner Council they decided to involve the youth in the Umphakatsi’s activities and plans in order to make them feel that they are part of the community.

He went on to reveal that due to poverty and high unemployment rate in the country it is not easy to deal with HIV epidemic because some young people fall in love with old people (known as blessers) to get money. He said this lead them into unprotected sex as they have no words to defend themselves to the old people. On the other hand, the Inner Council member seconded the Indvuna Yemcuba on the point of poverty. He said as a community they are worried about the unavailability of a High school because some school going girls fall in love with bus drivers and conductors just to get free ride to school.

As to attain vision 2022, the council members of Maphungwane encouraged people to come out about their HIV status stating that there are still those who hide themselves until engage into sexual intercourse. 'We should cooperate to make vision 2022 a reality and all people must test for HIV', he said. He further warned traditionalists and spiritualists about giving sick people traditional medicines without knowing their status. He encouraged them to encourage their clients to test for HIV before endorsing them with other medication.

In ensuring a better future, there is a huge change in Maphungwane in health issues as compared to previous years. The council members appreciated the work done by HC3 and other organizations for uplifting the standard of living in the community. They disclosed that such organizations have helped them open their minds and encouraged the councillors to proceed until everyone adhere to the teachings.

9. The Chief is showing us the way

EKUTHULENI Umphakatsi: There is a reduction in HIV-AIDS related death in Lavumisa and the community of Ekuthuleni. People who are HIV positive always go to the clinic. This was disclosed by the indvuna Yemcuba of Ekuthuleni and Lavumisa at large. He said the leadership shown by Prince GasawaNgwane is a shining example for all the tindvuna to follow. The Chief has urged all communities to participate in the health initiatives provided by government and other implementing partners. This has resulted in a huge uptake of services in the Sigwe Inkhundla and the chiefdoms. The tindvuna are leading their communities and the men engagement program by HC3 is going well. As they are leaders of the community, health issues are their priority hence whenever they have a community meeting, they always start by addressing the residents on health issues encouraging them to test for HIV. Seeking help from traditional healers for HIV related issues should be discouraged. Start at the clinic and then you can visit your traditional healer knowing what you status is" he said.

Though men always remain behind in terms HIV testing, HC3 programme has helped them change their mind-sets. The Indvuna said mobilisers and IPCFs are working very hard to encourage people test for HIV and other diseases so the whole community knows about HIV. Those that test positive are linked to care at the JCI clinic. He also applauded health organizations like HC3 and Elizabeth Glazier Paediatric for bringing hope to those who lost their friends and loved ones due to HIV related death. Furthermore, the indvuna expressed his worry that health organizations should not stop their community campaigns too soon. Communities need constant reminders on the messages. He advised other community leaders to seriously adhere to all health teachings and counselling.

Service recipients trained by HC3 are excited about the teachings. They revealed that they were taught to trust the condom and the importance of HIV testing. They said they were taught about early testing and the importance of ARVs and, encouraged that those people on ARV must be adherent to these. Through the teachings they got they will see vision 2022 and encouraged other people about the importance faithfulness to their partners.

10. Young people turn out in big numbers

ENYATSINI Umphakatsi: 'We see a great future for this community in terms of HIV because now we can prevent it', he said. Furthermore he applauded the youth for showing up in their numbers whenever there is a health gathering in the community. He also suggested that health teachings should be conducted on weekends because it is when many people are available.

Lastly, the indvuna advised other community leaders to lead people truthfully and lead people with facts.

11. Community leaders should respect the rights of HIV positive people

ELULALAKENI Umphakatsi: Before the start of every chieftom meeting in the community, there are always health teachings which are tabled for the people, according to Indvuna Yemcuba. He expressed his excitement about his people saying whenever there is a health gathering they attend in their large numbers.

Though some young people are not attentively listening, the inner council tirelessly encourages them to have safe sex. The indvuna disclosed that condoms are distributed in all the shops and butcheries around the community and he said he always make a follow up on that. Whenever there is a sick person at Elulakeni, other residents advised that particular person to go to the clinic for testing diseases including HIV. The indvuna went on to say that he keeps on encouraging his people especially men to test because they are always difficult when it comes to going to the clinic however, he advised them to test both traditionally and use modern methods.

The Indvuna revealed that the community is happy about HC3 programme. He said mobilisers and IPCFs are actively hard working. He expressed his concern that they should be given a reasonable incentive for their excellent job. He said the initiative of HC3 for first reporting at the umphakatsi is excellent and he encouraged other health NGOs to follow suit. He said it is inappropriate to see NGOs at the streets stopping people without reporting their mission to the umphakatsi. Furthermore he revealed that umphakatsi has opened their hands to welcome any NGO provided it is of help.

The indvuna advised other community leaders in the country to respect HIV positive people. He said in order for the country to attain first world status, HIV positive people should be respected and supported. Lastly, he advised them to lead in respect and encouraged people to always listen to their chiefs.

12. People are standing up for their lives

KANDUNAYTHINI Umphakatsi: The community of Ndunaythini hopes to be AIDS free by the year 2022 due to the reduction of AIDS related DEATHS from 2005 to date, according to the inner council member. People are more concerned about their health because they are testing for HIV and other diseases. 'People are standing up for their lives, they visit to the clinic to test and they are encouraging one another', he said. Getting many health teachings continuously and promoting abstinence the inner council said are the major ways of preventing HIV. After HC3 teachings and other programmes, people are not intimidated to test and free to ask help whenever they need it. He also suggested that health NGOs should come after every three months to conduct health teachings and should not stop coming. He went on to express his worry about the youth who fall in love with old people. He said that perpetuate HIV-AIDS because they end up engaging in unprotected sex. He further warned them about liking fancy things and advised other community leaders to call upon health NGOs to conduct teachings in their communities all over the country.

A service recipient indicated that those who participated in the teaching programme benefitted. He revealed that the community at large also benefitted. He said, "It is unlike in the previous years where HIV was feared. People including young people freely test for HIV and take condoms freely because they have vast knowledge about HIV and condom usage. He added that after testing positive, they were taught to take good care of themselves and take ARVs accordingly and whenever need a baby, they should consult doctors.

13. Health issues are always the first

EKUPHUMLENI Umphakatsi: Health issues come first in the community thus the chief and the inner council fully support all health programmes coming to the community. There is no doubt HIV will be conquered. This was disclosed by the Umphakatsi's secretary Mrs Sibongile Masuku who is also actively involved in health issues in the community. She said she is happy that even men have changed their mind-sets in terms of HIV and are actively seen testing in the local clinic. Maseko revealed that HC3 programmes brought hope in the community hence residents understand that HIV positive living is not strange as they thought before.

The fact that HC3 first reported at the umphakatsi, she said that lessened the intensity work for the umphakatsi to pass the message to the people. She however applauded other organizations such as Khulisa Umntfwana, Doctors Without Borders and many more for their kind gesture in bringing life to the community and encouraged them not to give up.' We see a bright future in our community and we will conquer because we cooperate. HIV will be a thing of the past.

The secretary further urged other community leaders to involve women in community positions mainly in health issues because HIV is for everyone. She said women's views on HIV-AIDS however should be respected.

Young people found in the umphakatsi attending a session with their IPCFs said HC3 health educators touched on somethings they were never taught at home. They said they didn't know how to use a condom nor the importance of circumcision. They further disclosed that they were also encouraged to test and if test positive, they should start ARVs and take good care of themselves.

14. HC3 failed the community

KAVIKIZIJULA UMPHAKATSI: Like some communities in the country the community of Vikizijula is well informed about HIV-AIDS issues due to efforts by Health NGOs. There is a community support group who looks after the HIV positive people. This was disclosed by two active health motivators of the community Mrs Thabsile Mavimbela and Mrs Shabangu who are also members of the inner council. They said there are challenges which they believe are the causes of HIV. Among some of the challenges they disclosed are drugs and alcohol. They however expressed their concern on the high number of unemployed youth that they are the ones actively involved in the drugs and alcohol abuse due to stress and frustration. This leads to unprotected sex. Men and youth are still in a snail pace in terms of HIV testing while women are open and they test.

While other communities are applauding the work done by HC3, the inner council members felt a shoddy job was done by the (program assistant) assigned to their community. The community is disappointed after HC3 had introduced the program well. "this young man never kept his promises, failed to answer his phone, kept us waiting for them to come to some community events, eventually failing to come altogether with no apology", they lamented. "HC3 failed us", they said. "There is nothing they did, we think that they sent us a wrong person, the PA is not respectful, and he needs to be taught to respect communities", she said. Furthermore, the women went on to say that HC3 had turned them into failures and must restore their dignity in the community.

Despite the challenges faced with implementation of the program, the community of Vikizijula still needs the health workshops, according to the inner council members. They said that targeting the youth and men is the only solution to conquer HIV. "HC3 must come back, we were excited about their new programme though they did nothing for us," she said.

According to the councillors, Vikizijula community leaders are hard workers and whenever an NGO comes with a programme, they support the programme to achieve that certain goal brought by the NGO. They revealed that they have worked with many different organizations such as SAFAIDS, Zondle, SWAAGA, ACAT, Women and Law and many more. They disclosed that all the programmes brought by these organizations are successful and shine with bright colours however this issue of HC3 has overwhelmed them.

The community of Vikizijula is ready and willing to work with HC3. "HC3 has a good initiative of raising awareness to the males however they should consider widening their schedule to cover females as well" They suggest that HC3 should come back to the community and reintroduce the programme.

15. Young girls are turning their lives around

EMNYENYWENI UMPHAKATSI: The community of Mnyenyweni is among several communities surrounding the urban city of Manzini, faced with the challenges of communities in the urban areas. Mnyenyweni males benefited from the HC3 program workshops. They went on to

express their concern on the high unemployment rate and poverty in the country which drives the youth into commercial sex work. This is one of the key drivers of HIV in this community. “We have benefitted a lot from the HC3 workshops as we see some of the girls turning their lives around.

There is a hope for vision 2022 hence residents are well informed about HIV and AIDS related issues. People are now open about their status. Furthermore they disclosed that people are not afraid to talk about HIV and are freely taking their ARVs. Giving a message to other community leaders; they advised that leaders should support the non-governmental organizations and the community to make King Mswati the III’s vision for health and AIDS free generation by 2022. Cooperation and support for each other which make vision 2022 a reality.

16. We are challenged by the high turnout of job seekers

EMHLANA Umphakatsi: This is a community found in Matsapha, the most densely populated town in the country due to industries which attract people from all corners of the kingdom. There is a development of health facilities including MSF, Phocweni and the mobile clinic provided by partners. Both structurally and in health issues hence people have now changed their life style as a result of effort from the ministry of health and NGOs, according to the community headman.

The headman disclosed that health organizations have brought a tremendous impact in terms of health issues because people are now concerned with their lives as compared to previous years. ‘ we are going to 2022 because in the previous years we used to have 2-4 funerals per weekend but now death rate is declining’, he said. He further appreciated the goal achieved in the community because there is no stigma to those tested positive. Organizations which left the legacy in the community include HC3, AMICCAL, TASC, Khulisumntfwana, SAFAIDS and many more. He disclosed that without the organizations, there would be no life in the community as it consists of all kind of people. He also warned that NGOs must desist from giving the community short notice when they want to visit communities.

The community headman of Mhlane has advised community leaders to lead by example. “When testing services are provided in the chiefdom I am the first in the queue”. “Community leaders should respect themselves and should avoid sharing drugs and alcohol with residents at drinking spots”, he said. “The Community greatly benefited from HC3 workshops”. He said. The headman said the biggest challenge in the community is the influx of job seekers. This means that the community educators must keep at their work day in day out without ceasing.

Inner council members of Mhlane chiefdoms expressed their appreciation of the work of HC3. They disclosed that whenever there is an NGO they are responsible to announce and people show up in their numbers. They are facing the challenge of abuse head-on after being taught to respect each other as partners and communicate in a good manner to avoid gender based violence. They disclosed that everyone knows about HIV and ways of preventing it thus HIV-AIDS related death is now low. They advised other community leaders in the country to welcome NGOs, adhere to their teachings and support them.

17. One roomed flats and poverty promote HIV

Mangwaneni/Manzini Central Zone: As a result of poverty and high unemployment rate in the community, people mainly youth engaged in prostitution in order to make ends meet. They fall in love with old people for money to pay rent. This was revealed by the zone members and chairperson. They disclosed that there is a slight difference after HC3 workshops. They said men were so reluctant to stand up for their lives but now they freely ask questions, go for testing in the clinics and make a follow up on ARVs if tested positive. The headman said that brings hope that their community. He raised a concern on why HC3 directed their effort on males leaving out the females and older men in the programme because they fall in love with them and have sexual intercourse with them. They also pleaded to HC3 to involve children from age of 12 in the programme. They suggested that if these teachings should at least start from the ten year old aged group, such would have a great impact to the community because it is not easy to teach old dog new tricks.

“What worries more is that we always have to start afresh with the workshops trying to engage those who are new in the community as soon as we discover that the old ones have left to relocate somewhere else”, she said.

As far as the workshops are concerned, the community has benefited, according to one of the beneficiaries. He disclosed that there is a reduction of commercial sex work which has been a main challenge in the community just because they were taught to take good care and condom usage. He appreciated the effort done by Hc3 saying that they have opened their minds.

18. Cooperation of stakeholders a success for our community

MJINGO Zone: The community of Mjinggo is well vest in HIV –AIDS issues because HIV is taught everywhere and at any given opportunity. This was revealed by Ms Gloriosa Zwane who is also a teacher at St Theresa Primary School, a Catholic mission school. According to her, the community is very busy and very active in terms of HIV issues. She said they teach about HIV in the school, youth is taken to Lamvelase clinic for health workshops and even church leaders call health educators for the community to conduct HIV teachings. They have a very good working relationship with local clinics and the community such that the orphaned and vulnerable children (OVCs) are always taken to Enjabulweni to get counselling and other health related issues.

“There is a change because even young children know about AIDS, they understand ARVs and get support from those responsible,” she said. “Good news is that we don’t have teenage pregnancy in our school because we are feeding the pupils with knowledge”, she said.

However, she expressed her worries on the unemployment rate in the country mainly for the youth, thus leading them to lose focus and engages themselves in love affairs with older people.

All the teachers tirelessly work for a betterment of the children such that school bags are checked to find out if there are drugs and alcohol. This is to ensure that the children are also

monitored in drugs and alcohol. She said though the community is facing a challenge of living with unknown people, some of them are sick and have nothing to eat nor someone to look after but the community health motivators try hard to visit them in their flats and homes to support them through counselling and food.

The community of Mjingo applauds and appreciates the support and services they get from NGOs. The council member urges them to proceed and provide some incentives to motivate those who are working, however to other community leaders she applaud them for allowing health workshops and advised them to recognize those who are infected. She further advised them to support and respect rights for the infected.

19. **KADVOKOLWAKO, EMVELO Umphakatsi:** The community of Dvokolwako has the bright future to vision 2022 where there will be no HIV in the country. According to the inner council member in the community there is hope for the future but they need some strategies in addition to what HC3 and other NGOs did. He disclosed that he has noticed that men and boys need more workshops because statistics show that they are not going to clinics.

He went on to express his worries that people are not showing up nor participating in health issues. He said it is difficult to collect people but the umphakatsi always announces whenever there is an organization which is coming for workshops but number of the attendees is always disappointing.

'I urge other community leaders to work hard, combine people and invite NGOs to bring light to the people', he said.

20. Our Chief leads and we follow

MSHINGISHINGINI Umphakatsi: Residents of Mshingishingini have no worries as they have good working relationships with NGOs, urge other community leaders to follow suit and encourage people to participate in the health workshops. The community headmen Jeremiah Skhosana disclosed that there are no HIV-AIDS related death and sickness because residents are now well vest about HIV and are adhering to the teachings they always get from NGOs. He said condoms are distributed all over and the umphakatsi and they also conduct health teachings in the absence of the NGOs.

" I assure you that all over our communities there is nowhere to find a critically sick person because health issues come first in the umphakatsi and residents are positively responding to our efforts", he said. He said NGOs workshops are helping them, He also encourages parents to warn their children about unprotected sex.

There is a bright future in the community of Mshingishingini, according to the inner council member Johannes Aaron Sibandze. He said looking at the current situation people are gradually changing and not afraid to talk about HIV however he applauds the IPCFs and mobilizers for working hard. Among many organizations that brought services to the community are PSI, PEPFAR AIDS FREE and HC3. He said they were taught about the importance of circumcision and condom usage as well as women breast-feeding. "Our chief leads the community initiatives and for us we have to follow and support him".

Majaha Dlamini of a community worker recommends economic empowerment for youth. He said that due to the high rate of unemployment in the country, there should projects to be established in the communities around the country. He said these projects can help the youth who are found sitting in the shops because they have nothing to do hence some of them have completed school but not admitted to universities and colleges. He highlighted that the project can keep them busy as they can at least do something for the communities instead of sitting in shops and roaming along the roads. He made an example of vegetable garden project. The profit according to Majaha can be used to buy shoes and other, toiletries and some other things for the orphaned and vulnerable children in that community. He said such organizations should be established by the umphakatsi with assistance from NGOs. He stated that those vulnerable children, who cannot do anything for themselves mainly in the rural areas should at least get something.

21. Poor rains fail the community

EMPOLONJENI Umphakatsi: As a result of poor rains, poverty is widespread in the community. This is according to inner council members Gcina Sabelo Gwebu and Joseph Mokoena. They expressed their concern noted that though organizations are teaching them about good health and HIV prevention and care, some residents have nothing to eat. Mr Gwebu disclosed that situation is better as compared to previous years when people died like flies,” our people are gradually changing because they understand about the disease”, he said. He disclosed that the inner council ensures that meeting rooms around the areas are in good condition to host health workshops or any other event.

In the issue of stigma, HIV positive people have realized to associate themselves with people instead of hiding. He said there is hope because HIV positive people have accepted themselves. They also advised other community leaders to make a follow up and check if health teachings left by the NGOs are taken seriously. NGOs should not desert the community. He said they should follow up their work through monitoring what communities do on their own.

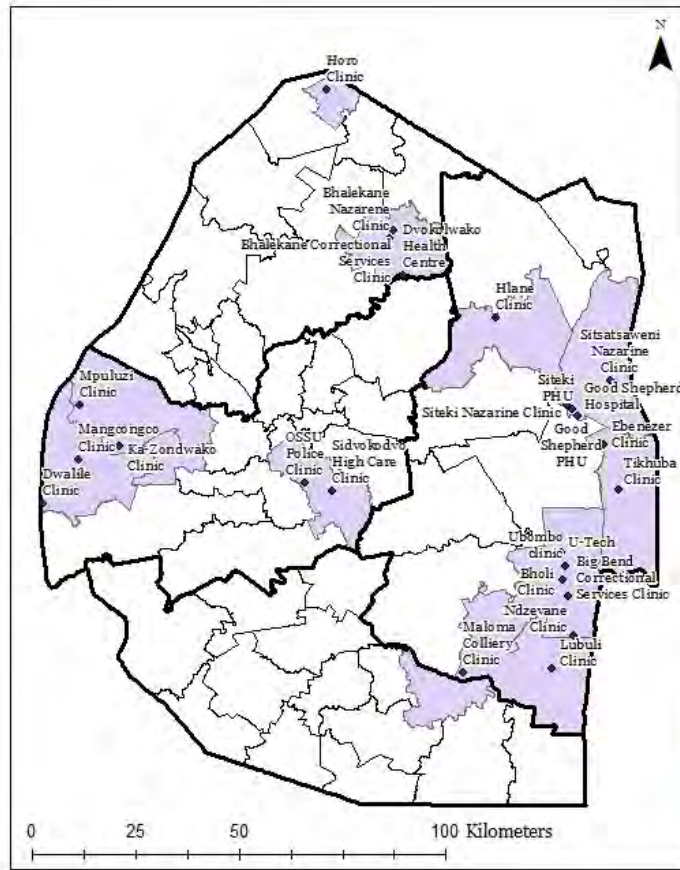
Annexure F: List of Participants for the Documentation of Community Stories

List of Participants for the Documentation of Community Stories			
Inkhundla	Umphakatsi	Person interviewed	Date of Visit
Mhlambanyatsi	Lundzi	Chief Indvuna YeMcuba Inner Council Chairman Inner Council Member	10 April 2017
Mangcongco	Dwalile	Indvuna YeMcuba Inner Council Member Service Recipient	11 April 2017
Madlangamphisi */ Ndzingeni	Bulandzeni	Indvuna YeMcuba Gogo Centre Clerk Service Recipient	12 April 2017
Mtfongwaneni	Gundvwini	Inner Council Member RHM Service Recipient	18 April 2017
	Ndlandlameni	Indvuna YeMcuba Inner Council Member Service Recipient	18 April 2017
Kukhanyeni	Bhekinkhosi	Indvuna YeMcuba Service Recipients (~15)	19 April 2017
	Nyakeni	Inner Council Member	19 April 2017
Ngwemphisi	Lushikishini	Indvuna YeMcuba Service recipient	20 April 2017
Sigwe	Ekuthuleni	Indvuna YeMcuba Inner Council Member 3 Service Recipients	26 April 2017
	Nyatsini	Indvuna YeMcuba 1 group of service beneficiaries in training (~40)	26 April 2017
	Lulakeni	Indvuna YeMcuba	27 April 2017

List of Participants for the Documentation of Community Stories			
Inkhundla	Umphakatsi	Person interviewed	Date of Visit
		2 Service Recipients 1 group of service beneficiaries (~30)	
	Ndunayithini	Indvuna YeMcuba Inner Council Member Service Recipient 3 groups of service beneficiaries (~75)	27 April 2017
	Kuphumleni	Inner Council Member & Secretary 3 Service Recipients	27 April 2017
Matsanjeni North	Maphungwane	Indvuna YeMcuba 4 headman responsible for Tigcuma	24 April 2017
Manzini North	Mnyenyweni	Indvuna YeMcuba Inner Council Member Service Recipient	02 May 2017
	Manzini Central / Mangwaneni	Chairman Secretary Service Recipient	02 April 2017
Manzini South	Mjingo	Chairperson	02 April 2017
Kwaluseni	Mhlane	Indvuna YeMcuba 5 Inner Council Member	02 April 2017
Sphofaneni	Vikizijula	2 Inner Council Members	03 April 2017
Maseyisini	Vusweni	Did not visit due to chieftaincy dispute	04 April 2017
Mkhiweni	Dvokolwako	Inner Council Member	04 April 2017
Ntfonjeni	Mshingishingini	Indvuna YeMcuba Inner Council Member Service Recipient	04 April 2017

List of Participants for the Documentation of Community Stories			
Inkhundla	Umphakatsi	Person interviewed	Date of Visit
Mpholonjeni	Mpholonjeni	2 Inner council members	05 April 2017
Motjane	Sigangeni	Did not participate	09 April 2017
Mbabane East	Sidwashini	Chairperson of the zone	09 April 2017
Lobamba	Ezulwini	Indvuna YeMcuba Inner Council Member 3 Service Recipients	09 April 2017
	Elangeni	Did not participate	09 April 2017

Annexure G: Game Changer Tinkhundla and Facilities



Selected Tinkhundla and Facilities

Legend

- ◆ Facilities within selected Tinkhundla
- ▭ Region Boundaries
- ▭ Selected Inkhundla



Data Source: CSO Swaziland, PEPFAR Sw
 Author: PEPFAR Swaziland SI Team
 Date: 26 September 2016
 Usage: Internal Use Only

Annexure H: Gogo Centre Assessment Report

GOGO CENTER ASSESSMENT REPORT

Introduction.

The Game Changer is currently being implemented in 17 chiefdoms by HC3. In preparation for the top 10 performance chiefs, TSP embarked on the Gogo Centre Assessment exercise to find out the centres are suitability for data management storage and reporting, infrastructure space, security, availability of electricity, and human resource availability and computer skills

The team that carried out the assessment was led by Mr Patrick Kunene and three support staff.

Chiefdoms visited

Inkhundla	Umphakatsi	Date of Assessment
Nhlambeni	Mphankhomo	April 4
Mhlambanyatsi	Kazondwako Mbangave Mlindazwe Dingizwe Lundzi	April 5 April 10
Mangcongco	Dwalile	April 11
Madlangamphisi	Bulandzeni	April 12
Sigwe	Ekuphumleni Ekuthuleni KaNdunayithini Lulakeni Nyatsini	April 6
Matsanjeni North	Maphungwane Lukhetseni	April 7

Summary

Inkhundla	Umphakatsi	Availability of electricity in the chiefdom	Availability of electricity in the Gogo Centre	Space	Human Resources	Computer Literacy
Nhlambeni	Mphankhomo	Yes	No	Yes	No	No
Mhlambanyatsi	Kazondwako	Yes	No	Yes	Yes	Yes
	Mlindazwe	Yes	No	Yes	Yes	Yes
	Dingizwe	Yes	No	Yes	Yes	?
	Mbangave	No	No	Yes	?	?
	Lundzi	Yes	No	Yes	?	?
Mangcongco	Dwalile	No	No	Yes	Yes	Yes
Madlangamphisi	Bulandzeni	Yes	No	Yes	Yes	Yes
Sigwe	Ekuphumleni	Yes	No	Yes	Yes	Yes
	Ekuthuleni	No	No	No	No	No
	Kandunayithini	No	No	No	No	No
	Lulakeni	Yes	No	Yes	Yes	No
	Nyatsini	Yes	No	Yes	Yes	No
Matsanjani North	Maphungwane	Yes	No	Yes	Yes	Yes
	Lukhetseni	Yes	No	Yes	No	?

These chiefdoms were prioritized as they form part of HC3 top 10 performers.

In summary, all the Gogo Centres are used by the chiefdoms for various chiefdom work including as a centre for feeding orphans and vulnerable children. In all of them they serve as an office for the chiefdom where their records are kept. They have enough space but a majority of them have nor burglar proofing to keep them safe. Some have been broken into a couple of times. The majority of them have a makeshift desk, filing cabinet and chairs. In all of

them the Gogo Centre Clerk sits as a member of the inner council. The majority of imiphakatsi have electricity and plans to electrify the Gogo Centres have been discussed at inner council level.

Nhlambeni Inkhundla

Mphankhomo Chiefdom

Date of assessment: 04.04.2017

Electricity: The Gogo Centre structure is not electrified but there is electricity in the royal kraal main house.

Security: The Gogo Centre is located within the royal kraal and fenced as part of the indlunkhulu. Two doors are lockable but not burglar-proofed. The structure is in good condition but all the windows are not burglar-proofed.

Space Availability: The Gogo Centre has two lockable offices which are currently used as a storeroom. Inside the office, there is a filing cabinet and twenty plastic chairs.

Human Resource Capacity: The Indvuna of the royal kraal indicated that they do not have a clerk servicing the gogo centre.

Mhlambanyatsi Inkhundla

KaZondwako Umphakatsi

Date of assessment: 05 April 2017

Electricity: The Gogo Centre is not electrified. According to the centre clerk, there is a hope that the Gogo Centre will be electrified in the near future because the Inner Council has discussed this in their meetings. The royal kraal has electricity in the main house.

Security: The Gogo Centre is fenced together with the royal kraal but it is not safe. Two doors are lockable but not burglar-proofed. Windows are also not burglar-proofed as well. Its structure is in good condition.

Space: The centre has two lockable offices. One is currently used as a storeroom while the other is used by the gogo centre manager. In the office there is only one makeshift wooden desk with some drawers. There is also a filing cabinet where documents for the centre are being kept.

Clerk/ Human Resource: Nobuhle Tsabedze was elected by the community and has a good working condition with the inner council. She always attends meetings with the inner council. According to her, the gogo centre is highly appreciated in the community. Tsabedze was trained by NERCHA to do the required job in the gogo centre. She gives reports to NERCHA

and SHAPMOS through a tablet gadget. Lastly, she is has IGCSE certificate and not computer literate but she can type using a computer.

Mlindazwe Chieftdom

Date of assessment: 05 April 2017

Electricity: The Gogo Centre structure is not electrified but the royal kraal's main house is electrified. There are no plans for electrifying the centre in the near future because the inner council has never discussed the latter. This was disclosed by the centre manager Hloniphile Hlatjwako in an interview with TSP USAID crew. She also disclosed that the gogo centre is highly appreciated in the inner council and the community at large. It is also used as a meeting place for the inner council.

Security: Structure is not in good condition because there are leakages in the roof. Doors are lockable but not burglar-proofed. Windows are also not burglar-proofed. The main challenge is that the structure is not fenced. It is located outside the indlunkhulu

Space: The centre consists of two lockable offices and a storeroom. There is a school desk, plastic chairs and benches. There is only one filing cabinet where documents of the gogo centre are kept.

Human Resource Capacity: Hloniphile Hlatjwako was elected by the community to become the gogo centre manager. She was trained by NERCHA and gives reports through a tablet gadget. She is a holder of IGCSE and AAT level 1 certificates. She is computer literate.

Dingizwe Chieftdom

Date of assessment: 05 April 2017

Electricity: The Gogo Centre is not electrified but the royal kraal main house is electrified.

Security: The structure is not fenced. The roofing is not in a good condition. Doors and windows are not burglar-proofed but within the indlunkhulu compound.

Space Availability: There are two lockable offices and a storeroom. One office desk, a filing cabinet, plastic chairs and benches are kept in the offices.

Human Resource Capacity: Not available at the time of the assessment as she was attending a NERCHA training at Mphophoma.

Mbangave Chieftdom

Date of assessment: 05 April 2017

Electricity: There is no electricity in the Gogo Centre and the Indlunkhulu is in a state of dilapidation.

Security: The Gogo centre is not fenced but has two lockable doors and a storeroom. There are no burglar-proofs at the doors and windows.

Space Availability: The Gogo Centre has two lockable offices and a storeroom.

Human Resource Capacity: We were not appraised if there is a clerk in this chiefdom as there was no one to meet us when we arrived at the scheduled time.

Lundzi Chiefdom

Date of assessment: 05 April 2017

Electricity: There is no electricity at the gogo centre but the royal kraal has.

Security: The Gogo Centre is well structured but not fenced nor burglar-proofed at the windows and doors.

Space availability: There are two lockable offices and a storeroom. Inside the offices, there are plastic chairs and a filing cabinet.

Human Resource Capacity: this chiefdom does not have a clerk.

Sigwe Inkhundla

Ekuphumleni Chiefdom

Date of assessment: 06 April 2017

Electricity: There is no electricity in the gogo centre due to the community scheme disputes. The royal kraal has electricity. The Gogo centre serves both Sigwe and Matsanjeni Tinkhundla posing the challenges noted above as both must contribute to its improvement. There is an Umphakatsi office that is currently being used for all activities of the Umphakatsi.

Security: The Gogo centre is not roofed but there are plans of roofing it soon. The roofing material is available. According to the Centre manager, the community is waiting to get a volunteer carpenter within the community. The structure is fenced together with the royal kraal.

Space Availability: Currently, the royal kraal office is being used to carry out duties for the gogo centre. In the office, there are plastic chairs, two filing cabinets and benches.

Human Resource capacity: Mr Vusi Mavimbela who was elected by the community is the gogo centre manager. He has Level certificate and computer literate. He attends meetings with the inner council. According to him, the gogo centre is valued in the royal kraal and the community at large.

Enyatsini Umphakatsi

Date of assessment: 06 April 2017

Electricity: There is no electricity in the gogo centre. The Royal Kraal has electricity but the inner council has not planned to electrify the centre. This was revealed by Bongiwe Magagula who is the Gogo centre Manager

Security: The Gogo Centre is fenced but not burglar-proofed at the doors and windows. It is grass thatched for its roofing. There were visible leakages at the roof.

Space: There are two lockable offices and a storeroom in the centre. In the offices there is a filing cabinet, plastic chairs and benches.

Human Resource Capacity: Bongiwe Magagula is the Gogo Centre Manager. She has a junior secondary certificate. She reports to NERCHA and SHAPMOS through a tablet. She is not computer literate.

Elulakeni Umphakatsi

Date of assessment: 06 April 2017

Electricity: There is no electricity in the Gogo Centre. The royal kraal has electricity.

Security: The Gogo Centre is poorly fenced. Two doors are lockable. There are no burglar proofs at the doors and windows. The structure is in good condition and very clean.

Space: The Gogo Centre has two offices and a storeroom. In the offices, there is a filing cabinet and plastic chairs. The vacant area is being used as a meeting place for the inner council

Human Resource Capacity: Mr Muzi Dlamini is the Gogo Centre Manager in Elulakeni. He has level certificate but not computer literate. He disclosed that the Gogo Centre is highly valued in the royal kraal and in the community at large.

Ekuthuleni Umphakatsi

Date of assessment: 06 April 2017

There is no Gogo Centre as this Umphakatsi is still new.

NDUNAYITHINI (Old eKuthuleni)

Date of assessment: 06 April 2017

Electricity: There is no electricity in the Gogo Centre. There are no plans of electrifying the centre in the future due to the inkhosikati and chief disputes, according to Inkhosikati LaNdwandwa.

Security: The Gogo centre is poorly fenced. There are no burglar-proofs at the doors and windows.

Space Availability: There are two lockable offices and a storeroom in the Gogo Centre. There are only four chairs in the centre. The other chairs are kept into another homestead.

Human Resource Capacity: Inkhosikati LaNdwandwa is in charge of the Gogo Centre for the past two years. The one who was elected by the community decided to leave. She is working in Matsapha.

Matsanjeni North Inkhundla

Maphungwane Umphakatsi

Date of assessment: 07 April 2017

Electricity: There is no electricity. The surrounding structures do have electricity. The community is in the process of enhancing the gogo centre.

Security: The Gogo centre structure is not fenced nor burglar-proofed at the doors and windows. Doors are lockable.

Space Availability: There is one lockable office. In the office, there is a filing cabinet, two office desks and one chair.

Human Resource capacity: Mr Themb'nkhosi Langa is the Gogo Centre Clerk. He was elected by the community. Langa has an O' Level certificate and other additional certificates for HIV trainings. He revealed that the Gogo Centre is highly valued in the inner council and the community at large. It is sometimes used as a meeting place for the inner council and NGOs who come in the community. He also revealed that the Gogo Centre was once broken into.

Elukhetseni Umphakatsi

Electricity: The Gogo centre has no electricity but some homesteads do have electricity.

Security: The Gogo Centre structure is not fenced nor burglar-proofed. Doors are lockable.

Space Availability: There is only one lockable office.

Human Resource Capacity: there is no clerk.

Mangcongco Inkhundla

Dwalile Umphakatsi

Date of assessment: 11 April 2017

Electricity availability: There is no electricity at the gogo centre but the surrounding areas have electricity. The umphakatsi is wishing to install electricity at the gogo centre in the near future but delayed by reconstruction of the new umphakatsi.

Security: The Gogo centre is not fenced but in good condition. Three doors and windows are burglar-proofed.

Human Resource Capacity: Ms Vuyisile Motsa is the gogo centre manager. She has matric certificate and computer literate. Like any other gogo centre managers, she reports to NERCHA through the tablet gadget. The Gogo centre is called Gogo Centre of Dwalile and Vuyisile is sharing it with the Umphakatsi's secretary. She is part of bandlancane.

Space Availability: There are two lockable offices and a store room. In the offices there are plastic chairs, a filing cabinet and two desks.

Madlangamphisi Inkhundla

Ebulandzeni umphakatsi

Date of assessment: 12 April 2017

Electricity: The Gogo centre has no electricity. There are hopes that electricity will be installed at the in the near future because the Inner Council (Bandlancane) has discussed this issue.

Security: The Gogo centre is not fenced nor burglar-proofed in the windows and doors but are lockable.

Human Resource Capacity: Ms Nokuthula Imorgan Nxumalo is Gogo centre manager of the Gogo centre. She has Level certificate and computer literate. She attends meetings with Bandlancane. She also reports to SHAPMOS through a tablet gadget.

Space Availability: There are two offices and a storeroom. In the office there is a filing cabinet, two steel tables, plastic chairs and three cooking pots. They sometimes cook when they have food.

Conclusion and Recommendation

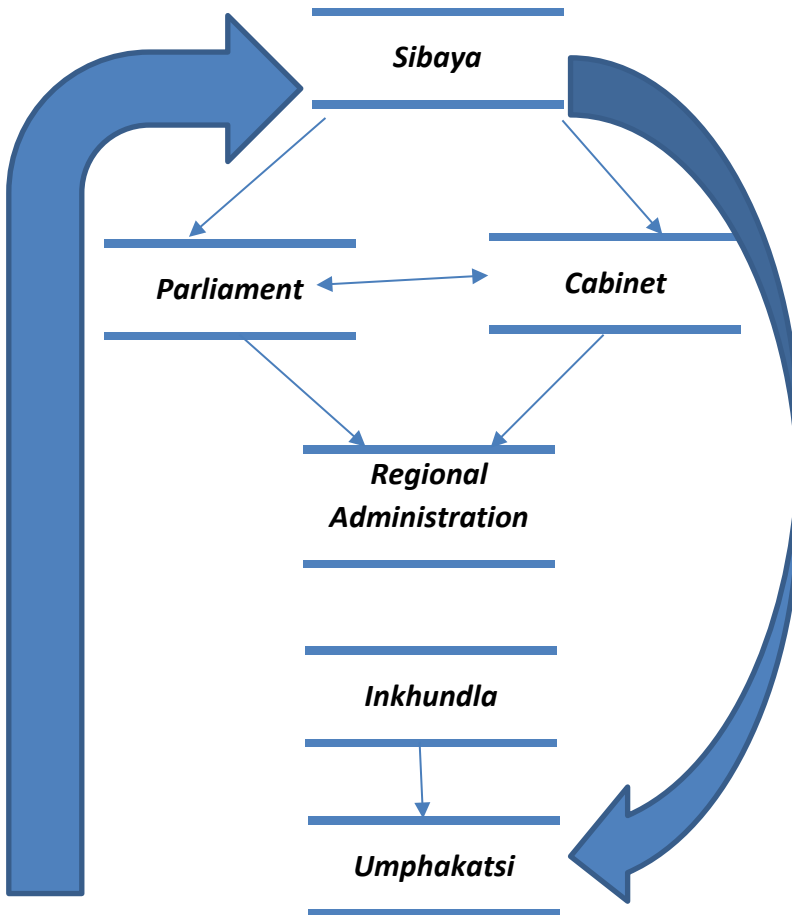
While most of the Gogo centres do not have electricity and necessary security for safe keeping they have safe space in the chiefdom for their safe keeping and use. Most headmen indicated that they had no pressure to upgrade the Gogo centres at present. Availability of the office equipment and computers would be a great asset and motivator to the chiefdoms who will receive them as they have shown great enthusiasm in implementing the project.

Annexure I: Community Structure: The Kingdom of Swaziland's Administrative Hierarchy

The Kingdom of Swaziland's Administrative Hierarchy

The Tinkhundla based system of government is a four-tier structure. At the top tier there is National Government, followed by Regional Administration, Tinkhundla Administration and Chiefdom (Umphakatsi) at the lowest tier. Each of the tiers has its own leadership structure and responsibilities with all tiers inter-linked and cohesively feeding into one national development objective.

Tinkhundla in Governance and Development



National Government Tier

The national government tier is responsible for creating legislation and policy instruments for the governance and development of the country. This tier is also responsible for the

adjudication on people's conflicting interests and aligning those citizens who deviate from established laws and conventions. This tier is represented by Parliament, the Executive (Cabinet and Government Ministries) and the Judiciary. The Executive establishes various programmes through government Ministries to executive government policy and development imperatives. Parliament makes laws and exercises oversight on the executive to see to it that the agreed programmes and development imperatives are implemented as stated in the government action plan. The executive outlays its programmes in each of the four regions and support implementation of the programmes at that level.

Regional Administration Tier

The regional tier is the lower sub- national level. All national government ministries except for foreign affairs are represented in each of the regions to execute the government programmes and development imperatives. The Regional Administration has the Regional Administrator as the head of government operations and is for all intents and purposes the leader of government business in the region. He/she is assisted by the Regional Secretary who is the administrative head of the region. The position of the Regional Administrator is equivalent to that of deputy minister. She/he therefore assumes the responsibility of being the political head responsible and accountable for all government ministries' operations in the region. The Regional Administrator co-ordinates the administration of the region through several committees including the Chiefs of that particular region, the Members of Parliament of that particular region and the Heads of Government Departments and Non- State Actors operating in the region (RDT). The Chiefs in the region discuss all issues including development and Swazi law and custom issues that require the collaborative efforts of all of them. The Members of Parliament co-ordinate funding of development projects, particularly those projects funded under the Regional Development Fund and may also discuss other projects and programmes that require the collaborative efforts of all the politicians in the region. The government heads of departments and non- state actors provide technical support to government service delivery and development programmes implemented in the regions. The Region Administrator exercises oversight on implementation of all projects and programmes implementation in the respective Tinkhundla, in consultation with the line Ministry implementing the project or programme.

Tinkhundla Tier

Tinkhundla are the political centre stage of the system. At this level there is the Indvuna Yenkhundla, Member of Parliament and Bucupho. These are all elected representatives of the community. They are collectively responsible for equitable and fair allocation of available resources to the competing needs of the community. The Bucupho is a community mobilizer. He or she assists the community in their umphakatsi to identify, plan and prioritize its needs and subsequently implement the development projects. They represent the chiefdom and articulates its needs and priorities to the Inkhundla Council and takes resolutions of the Inkhundla Council back to the community. The Indvuna Yenkhundla is the Chairperson of the Council. They preside over all meetings of the Council and supervises the work of Bucupho in the respective Imiphakatsi. The Indvuna also oversees the implementation of all projects and programmes implemented in the Inkhundla. They are assisted by the Inkhundla Secretary and

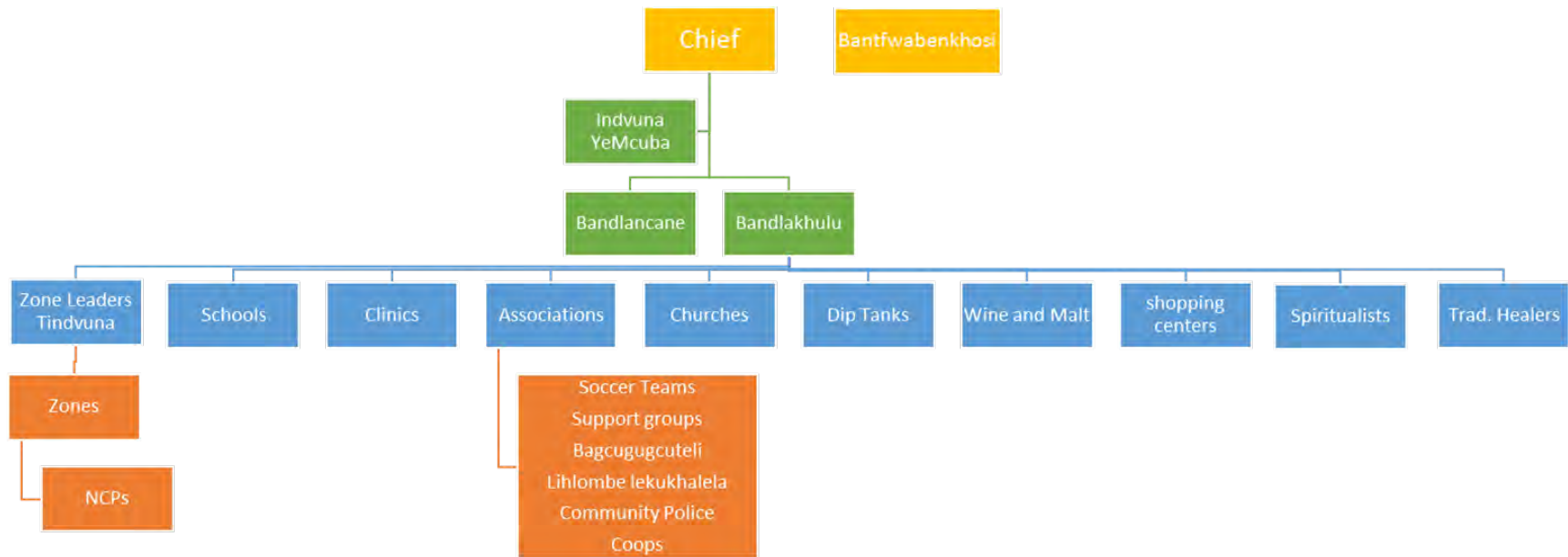
other government staff for technical support. The Member of Parliament is the community representative to Parliament. The Member of Parliament works hand in hand with the Bucopho and traditional leadership in getting people's views and needs on local and national issues of interest. The Member of Parliament sits in the Inkhundla Council to advise on Government policy direction and national priorities. They represents the Inkhundla in the regional committee meetings. He may also use their networks to solicit support for the Inkhundla development programmes. All support that the Member of Parliament gets is channelled through the Inkhundla Council. Most importantly the Member of Parliament represents and advocates for the interests and development aspirations of the Inkhundla community in the National Parliament and other national forums.

Chieftdom- Umphakatsi Tier (Operational on Swazi Nation Land)

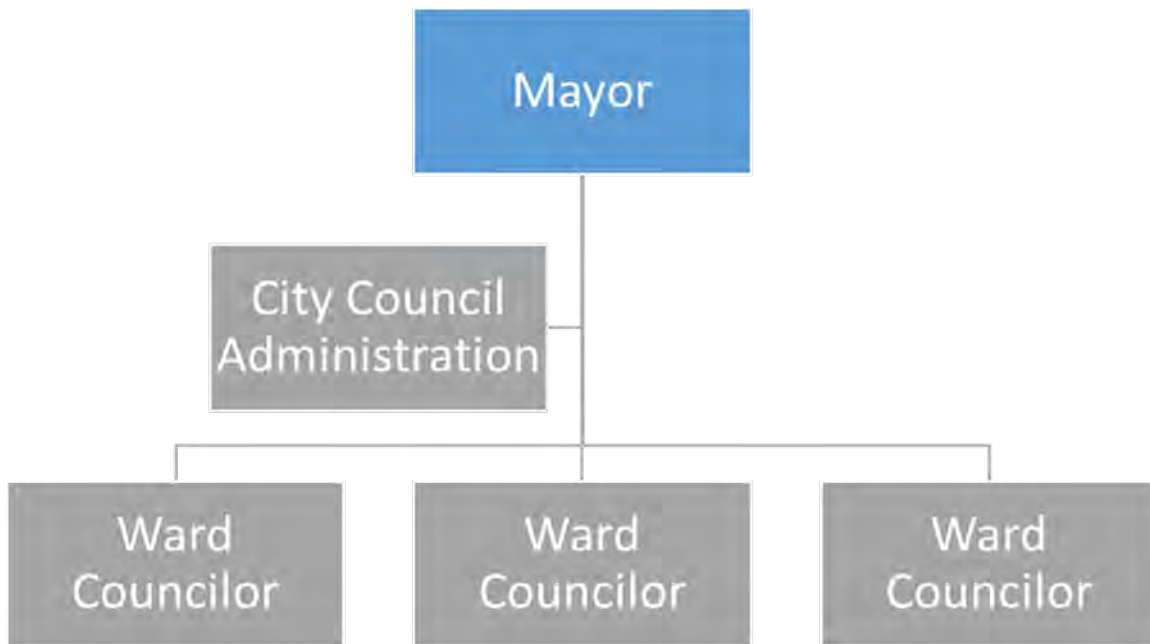
The Umphakatsi is the lowest level of socio-political organization. The Chief as duly appointed by His Majesty the King is the leader of all social and economic development programmes in the chieftdom. The Chief runs the affairs of the Umphakatsi through a council, called Bandlancane (Inner Council). Indvuna Yemcuba is the Chairperson of Bandlancane and he coordinates through his libandla and other support committees the overall governance and development of the umphakatsi. The duties of bandlancane include among others, land use control, adjudication on petty community conflicts, trying petty community crimes, socio-economic development planning and implementation of projects. Bandlancane establishes various committees to execute its mandate. It may have several committees. Some of the committees that most bobandlancane have are "Land Allocation Committee", "Community Policing Committee", "Community Crime Prevention Committee", and "Community Development Committee". All these committees report to bandlancane on regular basis and Bandlancane reports to the Chief in turn. The Bucopho serves in the community development committee, which is the source for development projects and the main link with the Inkhundla on the planning and development of community projects and programmes.

No project is expected to be implemented in any chieftdom without the active involvement and approval of Bandlancane and the chief through the approved community structures.

Chiefdom Organization (Operational on Swazi Nation Land)



Municipal Organization (Operational on Title Deed Land)



Regional Co-ordination

Each region has a Regional Secretary who is the administrative head of the region. The responsibility of the Regional Secretary include among others to co-ordinate all heads of public sector departments, Non- governmental organizations and service organizations operating in the region. They also review programs and performance of each sector and ensure complementarities of the programs. They are responsible for the co-ordination of the development and implementation of the regional integrated development plans. A structure called the Regional Development Team (RDT) was established through which the Regional Secretary performs these functions. The Regional Development Team is a formal structure comprising heads of government departments, agencies, business and non- profit organizations operating in the region.

The Mandate of the Regional Development Team

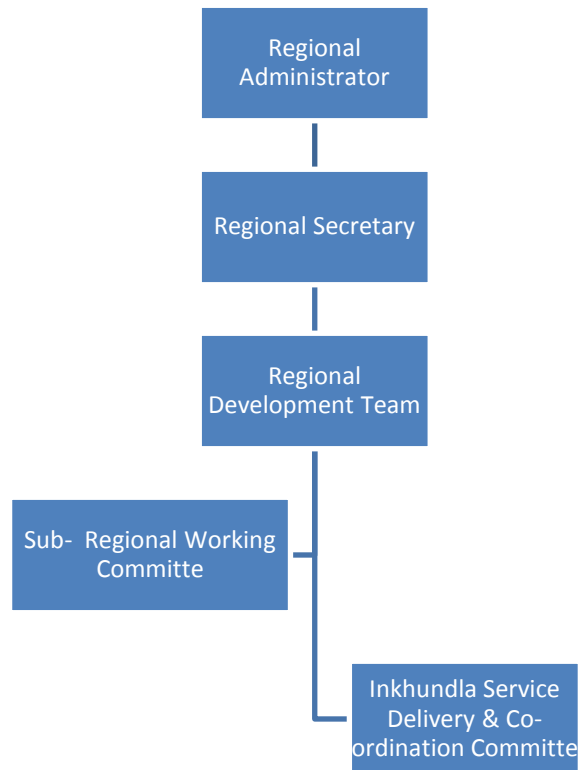
The following are the duties and functions of the regional development team: -

- ❖ Co-ordination of national events in the region.
- ❖ Co-ordination of development programmes and projects in the region.
- ❖ Ensuring efficiency and equity of service delivery within the region.
- ❖ Identifying development gaps and proposes corrective measures.

- ❖ Aligning the regional development activities to the national development policies and programs.
- ❖ Mobilizing and advocating for resource allocation for Regional Development Team programmes.
- ❖ Joint planning, implementation and monitoring and evaluation of regional programs.
- ❖ Preparing regional quarterly and annual progress reports from all regional operations and present reports to Regional Administrator and respective parent Ministries.

The Governance Structure of the Regional Development Team

- ❖ The Regional Administrator is the political head of the region and responsible for all public sector programs and projects implemented in the region.
- ❖ The Regional Secretary is the administrative head of the region and co-ordinates all development programs and projects in the region.
- ❖ The Regional Secretary may delegate the Senior Regional Officer to convene selected senior government officers in the sub-region to perform specific functions and/ or co-ordinate service delivery specific to the sub-region.
- ❖ The heads of government departments, agencies and non-state actors are responsible for their respective sectors but co-ordinate the implementation of their programs with the rest of the team members at the RDT forum.
- ❖ Each Inkhundla shall have a Service Delivery and Development Co-ordination Committee comprising service providers and development partners operating at the Inkhundla.
- ❖ The structural relationships of the leadership and committees is as detailed below:-



Membership of the Regional Development Team

- ❖ The Regional Secretary is the Chairperson of the Regional Development Team
- ❖ The Regional Planner is the head of secretariat of the RDT.
- ❖ The composition of the Regional Development Team is as follows: -
 - Regional heads of government departments.
 - Regional heads of parastatals.
 - Regional heads or designated representatives of NGO directors
 - Regional heads of development partners.
 - Regional representatives of business federations (two)
 - Ndabazabantu.
 - Other members may be invited by the RDT as and when such is deemed necessary.
- ❖ A member of the Regional Development Team shall be the most senior officer within that Ministry and will have a letter signed by the Principal Secretary of the ministry concerned designating him/her as the regional representative of the ministry. Each representative must have an alternate member. The letter shall be submitted to the Regional Secretary within reasonable time after assumption of duty of the relevant officer in the region. The Regional Secretary shall notify a

- government department, agency or NGO which is not represented yet operates in the region
- ❖ The Sub- Regional Working Committee shall comprise officers whose duty station is within the precincts of the sub- region. The committee members of the Sub-Regional Working Committee shall be appointed through a formal letter by the sector/department head of department in the region. The issues for discussion of the working committee shall be delegated by the Regional Secretary or approved by it in the case where the Senior Regional Officer originates such issues.
 - ❖ Members of the Inkhundla Service Delivery Co-ordination Committee are appointed by the relevant regional heads of departments (Members of the Regional Development Team) and shall be officers physically located or working in the Inkhundla area.

Reporting and Accountability of the Regional Development Team

- ❖ The Regional Development Team reports to the Regional Secretary who in turn reports to the Regional Administrator.
- ❖ The Regional Development Team meets at least once in a month in pre-designated dates. At the commencement of each calendar year, the Regional Secretary issues out dates for RDT meetings in that year. Other meetings may be held in the year as may be requested by members or necessitated by an assignment.
- ❖ The Regional Development Team may have a smaller sub-committee to processes urgent matters in between the monthly meetings.
- ❖ The Regional Planner is the secretary of the Team, however there will be established in each region a secretariat who will be responsible for the administrative work and tracking of resolutions of the RDT.
- ❖ The sub-regional working committee shall meet at least once a month on a date at least one week earlier than that of the regional team to allow for preparation and submission of minutes to the RDT.
- ❖ The Senior Regional Officer presides upon the sub-regional working committee. This committee deliberates issues, prepares minutes and sends reports of the deliberations through the Senior Regional officer to the Regional Secretary.
- ❖ The Inkhundla Service Delivery and Development Co-ordination Committee Team shall meets once in a month on a date at least one week earlier than that of the sub-regional team to allow for preparation and submission of minutes to the RDT.
- ❖ The Indvuna Yenkhundla presides upon the Inkhundla Service Delivery and Development Co-ordination Committee. This committee deliberates issues, prepares minutes and sends reports of deliberations through the Inkhundla Secretary to the regional development team.

- ❖ The Regional Development Team shall have a standing generic agenda every month, which may be altered if there are any special events requiring discussion.
- ❖ The standing generic agenda shall be as follow: -
 - Chairperson opening Remarks and Announcements
 - Apologies
 - Reading of Previous Minutes
 - Matters Arising from Minutes
 - Reports from Sub- Region
 - Reports from Tinkhundla
 - Consolidated Summary Reports from RDT members (in a prescribed format)
 - Chairperson’s Special Reports (M&E and others)
 - Members’ Special Request for Support and Collaboration.
 - Special Assignments/ Events.
 - Closing Remarks.

- ❖ The Regional Secretary and the secretariat shall be responsible for compiling the regional report and submitting it to the Regional Administrator and Principal Secretary of the Ministry of Tinkhundla Administration and Development. The Regional Secretary and secretariat shall also be responsible for tracking in consultation with the relevant RDT member implementation of issues resolved in meetings.
- ❖ Any member of the RDT who unreasonably fails to attend meetings or fails to submit reports or submits poorly prepared reports shall be firstly be called to order by the Regional Secretary or sub-regional officer and if such order fails the officer will be reported to his/her immediate line supervisors at head office. Such instances will form part of the report to be submitted to the Regional Administrator and Principal Secretary MTAD by the Regional Secretary.
- ❖ The Principal Secretary of MTAD shall compile reports of the regions and report to Cabinet on quarterly basis.

Regional Development Team Service Delivery Standards and Performance Measurement

- ❖ There shall be established in each region service delivery standards and charters. For purposes of national uniformity of such standards the Ministry of Tinkhundla Administration and Development at national level shall coordinate these. Once the standards are finalized, systems will be put in place to ensure that each service provider gets to know the public perception on the standard and quality of service it provides on regular basis.

- ❖ The envisaged service charters will be underpinned by international public value principles including but not limited to citizen- centric service delivery, professionalism, and human rights based service delivery and respect of time.
- ❖ There shall be established for each region a monitoring and evaluation mechanism fashioned along the Government performance targets reporting system to track and measure performance of each department, agency or NGO providing development support and services in the region. The reports of this M&E mechanism will form part of the RDT monthly meetings.

Regional Development Team Action Plans and sustained effective resources collaboration.

- ❖ Each region shall endeavor to have a Regional Development Plan. Developing a regional development plan is an elaborate process and requires information such as physical development plans, socio-economic status index, land use maps etc. The RDT shall make development of this plan one of its priority areas and solicit support from the Tinkhundla parent Ministry solicit funding for the preparation of the plan.
- ❖ The Regional Development Plan shall be the blue print for the strategic development vision of the region and all efforts of development partners and government agencies should be towards implementation of the plan.
- ❖ The RDT shall at the commencement of the financial year develop a consolidated action plan detailing meeting dates and action plans with specific deliverables.
- ❖ The RDT shall have two budget co-ordination forums in a year. One budget forum shall be held in August/September of each year to discuss and share budget requests that each government department will be submitting for the coming financial year. Parastatals and Non- State Actors will also at this forum share their proposed programs and projects for the coming year. The other budget co-ordination forum shall be held in April/ May of each year. At this forum the members of the RDT including those from parastatals, development partners and Non- state actors will brief other members on approved expenditure for programs and projects in the region. Status of implementation of the various projects and programs will be discussed in the monthly meetings.
- ❖ It is not expected that any project of whatever scale will be implemented in the region without such project having gone through the RDT structure.

Supports from National Government Ministries, Agencies and NGOs

The co-ordination framework requires the approval of Cabinet, the Head of Public Service and endorsement of all Principal Secretaries, National Heads of Departments, Chief Executive Officers of service oriented parastatals and the Co-ordination Assembly of Non-Governmental Organizations. Once approved and endorsed accordingly the framework will be widely distributed to government departments, agencies and NGOs. The

appropriate officers will then be appointed in terms of this framework as members of the respective development committees.

Annexure J: TSP 2.5 Months Work-plan

Task	Activity	Deliverable	Budget & Source	Timeline		Responsible
				Start Date	End Date	
Deliverable 4	1. A. Assessment of Gogo Centers in all 18 chiefdoms for: <ul style="list-style-type: none"> • Electricity availability • Security • Space B. Human Resources Capacity <ul style="list-style-type: none"> • Kagogo Center clerk presence • Computer literacy of clerk 	<ul style="list-style-type: none"> • Assessment report of the 18 chiefdoms 	TSP Consultant budget Transport required	22 March	31 March	Patrick
	2. Develop guidance and a list of specifications for office equipment including desktop computers valued at up to \$4,000 each for 8-10 top-performing	<ul style="list-style-type: none"> • List of equipment and specification for procurement. • Consultations meeting minutes 	TBD USAID	TBD 14 March	TBD 20 March	Patrick

Task	Activity	Deliverable	Budget & Source	Timeline		Responsible
				Start Date	End Date	
	<p>chiefdom, as identified by HC3.</p> <p>3. Secure quotations for equipment and place order in consultation</p>	<ul style="list-style-type: none"> Quotations 	TSP administration costs	24 March	TBD	Procurement officer at Baylor College of Medicine
Deliverable 5	1. Develop introductory talking points, purpose of visits and interview outline	<ul style="list-style-type: none"> Talking points and interview outline shared with HC3 and approved by USAID 	Nil	14 March	March 22	Patrick
	2. Hire transport and recorders/transcribers.	<ul style="list-style-type: none"> Transport available 	TSP Consultant budget	March 21	20 May	Patrick
	3. Organize meetings for interviews with chiefs, select inner council members and potentially a beneficiary if feasible in select game changer chiefdoms and other chiefdoms supported	<ul style="list-style-type: none"> Interview schedule developed 	TSP consultant	March 27	May 12	Patrick

Task	Activity	Deliverable	Budget & Source	Timeline		Responsible
				Start Date	End Date	
	over the past 4 years DREAMS and non-DREAMS.					
	4. Transcribe interview narratives from SiSwati to English	<ul style="list-style-type: none"> • Transcribed narratives in English 	TSP consultant Budget	March 27	May 10	Patrick
	5. Compile interview stories into short format PowerPoint	<ul style="list-style-type: none"> • Report 	TSP consultant budget	May 15	May 26	Patrick
Deliverable 6	1. Develop a short document with diagrams succinctly describing chieftdom structures roles and responsibilities; reporting structures	<ul style="list-style-type: none"> • 	TSP consultant budget	March 27	May	Patrick
Deliverable 7	1. Create an archive of photos and video footage organized by theme for use by USAID/Swaziland in future briefing materials.	<ul style="list-style-type: none"> • Archive of Photos and videos 	TSP consultant budget - Thumb Drives -	May 27	May 30	Patrick

Task	Activity	Deliverable	Budget & Source	Timeline		Responsible
				Start Date	End Date	
	2. Transfer the narratives, pictures and videos to USAID.	<ul style="list-style-type: none"> Folder of narratives, pictures and videos 	TSP consultant budget - Thumb drives -	May 22	May 30	Patrick
	3. Present Findings to PEPFAR	<ul style="list-style-type: none"> PowerPoint Presentation 	TSP consultant	May 31	May 31	Patrick

Annexure K: TSP Interim Progress Reports

Technical Support for PEPFAR Programs in Southern Africa Region (TSP) Technical Assistance Consultancy Process Report

Country:	Swaziland
Engagement Objectives:	<ol style="list-style-type: none"> 1. To provide targeted HIV support to 12 Tinkhundla and 45 chiefdoms (non PEPFAR DREAMS or Global Fund Supported) to strengthen chiefdoms capacity to lead, implement, and monitor the HIV response in their community. 2. To support local community uptake of HIV services (especially men) at chiefdom level to support the country's direction to achieve 90, 90, and 90 and to avert new HIV infections. 3. To activate the traditional and official local government leaders' involvement in expanding access to HIV prevention, treatment and care services in their populations – especially males 15 and older, through targeted HIV education and risk assessment and access to HIV testing services, voluntary medical male circumcision, HIV/TB diagnosis treatment, care, follow up and adherence counselling.
TA Consultant:	Patrick Kunene
Start of Engagement:	August 1, 2016
Reporting Period for Report:	Analysis Report of mapping and data gathering for un attached chiefdoms
TA Start Date:	13 August 2016
Date Report Submitted:	30 August 2016

Summary of Overall Engagement:

The consult serves as PEPFAR Swaziland's imbedded interim community engagement support to launch the PEPFAR Country Operational Plan 2016 community engagement activities including the "game changer" to establish performance based grants for chiefdom structures that will increase the uptake of core HIV services especially for men and reduce gender based violence. The consult will catalyse the support of the chiefdom structures, head men and the other relevant government structures at all levels to increase male participation in HIV response including promotion of positive male norms that are protective.

Progress Report on Overall Engagement Deliverables:

<i>Deliverable</i>	<i>Status</i>	<i>Notes</i>
1 [List each deliverable from work plan here]	[Current status]	[Updates or comments on the status]

2	Presentation of an approved work plan to USAID with timelines for completion of the assignment	complete	Work plan will be affected by national activities – Incwala Ceremony which takes men away from their communities for its duration, which is over a month long.
3	Complete and submit to USAID Swaziland un attached chiefdom mapping/analysis developed in consultation with relevant government stakeholders for USAID’s approval.	Complete	This will be improved after the consultation with the chiefs
4	Hold a series of consultative workshops/meetings to get input into the potential design of the grants and to share data and information at local levels regarding the HIV and TB epidemics and the resources available to them through PEPFAR and other partners and prepare a report on the findings, observations and lessons learned.	Pending	
5	Develop guidance and parameters for the performance grants including eligibility and evaluation criteria and application procedures.	Pending	
6	Document lessons learned from the first round of grant funding and support revision of guidance.	Pending activity implementation	
7	Document and provide substantive feedback to NERCHA and the MTAD on successes, challenges and opportunities for sustainability including public private partnerships and greater central government support for this approach	Pending activity implementation	
8	Make formal Power Point at the conclusion of the assignment covering the highlights and major findings to key stakeholders and other donors.	Pending activity implementation	
9			

Recommended/Supported TSP Service Delivery Models/Activities

	<i>TSP activity/ model</i>	<i>Sustained through adaption into MOH strategies/plans?</i>	<i>Notes</i>
1	[List each activity/model here]	[Current status]	[Updates or comments on the status]
2			
3			

4			
5			
6			
7			

Meetings/Site Visits/Trainings

<i>Implementing Partner(s)/ Agency(ies)</i>	<i>Description and Purpose of meeting/ technical area: e.g. PMTCT; HTC; ART provision; TB/HIV; etc.</i>	<i>Date/Venue</i>	<i>Brief description of event/ action points/ challenges</i>
<i>USAID Country Director and PEPFAR Team</i>	Meeting with USAID Director to discuss Game Changer and draft work plan process	<i>2nd August 2016</i>	Discussion on traditional structure mapping and population analysis, discuss linkages with national partners like NERCHA, MTAD and other PEPFAR partners HC3, PACT and IHM.
PEPFAR TEAM	Meeting with PEPFAR team to discuss Game Changer	<i>8th August 2016</i>	Agree on the list of Tinkhundla and names of chiefdoms to participate in the game changer
HC3 Senior Technical Advisor	Meeting with HC3 to receive briefing on their activities and how they can interface the game changer	<i>22nd August 2016</i>	Consultant was briefed on HC3 activities and how they can support the game changer
	Meeting with PEPFAR SI to work out	<i>16 September 2016</i>	Work on denominators for participating Tinkhundla to establish indicators for each chiefdom
	Meeting with MTAD Director of Decentralization and Hhohho RS to discuss mapping		Consultation on the game changer and discussion on the mapping of the Tinkhundla and chiefdoms and a way forward.
USAID HQ and Regional Office Staff Pretoria	Meeting USAID HQ and Regional Office Pretoria Staff		Consultant briefed Pretoria team on the organization of the traditional structures in Swaziland.

Technical guidelines / SOP's supported by TSP

<i>Technical Guidelines/ SOP</i>	<i>By technical area: PMTCT; HTC; ART provision; TB/HIV; etc.</i>	<i>Number of HCWs trained</i>	<i>Number of HCWs that received passing score on post-training assessment</i>
[List training topic here]			
Core package for prevention care and treatment		Not yet applicable will be done when training chiefs, inner councils, interpersonal communication teams and community mobilizers	Not yet applicable

Progress Report on Engagement Activities

Key Achievements:

- Mapping: the game changer will be implemented in 12 Tinkhundla and about 45 chiefdoms. The number of chiefdoms will be verified during the sensitization meetings with Regional Administrators and chiefs. This will be done to avoid duplication in the case where the desk review has more than one name for a chiefdom or a chiefdom has been left out of the published list. With the mapping done the Ministry of Tinkhundla
- The selection of these Tinkhundla and Chiefdoms is based on areas that are not participating in PEPFAR DREAMS and are not receiving any support from Global Fund.
- Game changer takes into consideration His Majesty King Mswati III's vision of an AIDS Free Swaziland by the year 2022.
- Game changer will build chiefdom capacity to lead and implement the HIV response in their community with special emphasis on men 15 to 49.
- PEPFAR through a selected partner will build the capacity of chiefs to lead implement and report on their activities following a plan with targets in line with the UNAIDS 90-90-90.

Challenges/Next Steps/Action Points:

- Chiefdom lists are only found in the region where they belong making it difficult to cross check from a central list if all are included or not. Regional offices were not too sure if they could share the list of chiefdoms in their region.

- Chiefs' sensitization has been developed and will be shared with Regional Administrators to schedule meetings with chiefs in their respective regions.
- A sensitization plan meeting for MTAD senior staff, regional secretaries and community development officers is planned to have their input on the game changer implementation.
- Consultant will finalize the work plan after meeting with HC3.
- Data management, collection, storage and sharing consultations to be carried out with NERCHA, IHM, HC3 and PEPFAR Team.

Technical Support for PEPFAR Programs in Southern Africa Region (TSP)
Technical Assistance Consultancy Process Report

Country:	Swaziland
Engagement Objectives:	<ol style="list-style-type: none"> 4. To provide targeted HIV support to 12 Tinkhundla and 45 chiefdoms (non PEPFAR DREAMS or Global Fund Supported) to strengthen chiefdoms capacity to lead, implement, and monitor the HIV response in their community. 5. To support local community uptake of HIV services (especially men) at chiefdom level to support the country's direction to achieve 90, 90, and 90 and to avert new HIV infections. 6. To activate the traditional and official local government leaders' involvement in expanding access to HIV prevention, treatment and care services in their populations – especially males 15 and older, through targeted HIV education and risk assessment and access to HIV testing services, voluntary medical male circumcision, HIV/TB diagnosis treatment, care, follow up and adherence counselling.
TA Consultant:	Patrick Kunene
Start of Engagement:	August 1, 2016
Reporting Period for Report:	Deliverable 3
TA Start Date:	13 August 2016
Date Report Submitted:	21 February 2017

Summary of Overall Engagement:

The consult serves as PEPFAR Swaziland's imbedded interim community engagement support to launch the PEPFAR Country Operational Plan 2016 community engagement activities including the "game changer" to establish performance based grants for chiefdom structures that will increase the uptake of core HIV services especially for men and reduce gender based violence. The consult will catalyse the support of the chiefdom structures, head men and the other relevant government structures at all levels to increase male participation in HIV response including promotion of positive male norms that are protective.

Progress Report on Overall Engagement Deliverables:

<i>Deliverable</i>	<i>Status</i>	<i>Notes</i>
[List each deliverable from work plan here]	[Current status]	[Updates or comments on the status]
1 Presentation of an approved work plan to USAID with timelines for completion of the assignment	complete	Work plan was affected by national activities – Incwala Ceremony which takes men away from their communities for its duration, which is over a month long. Due to this

			national activity about a quarter was lost. Refer to Annex 1
2	Complete and submit to USAID Swaziland an attached chiefdom mapping/analysis developed in consultation with relevant government stakeholders for USAID's approval.	Complete	This has been improved after the consultation with the chiefs and visits to the chiefdoms Refer to Annex 2
3	Hold a series of consultative workshops/meetings to get input into the potential design of the grants and to share data and information at local levels regarding the HIV and TB epidemics and the resources available to them through PEPFAR and other partners and prepare a report on the findings, observations and lessons learned.	Complete	Follow up meetings at chiefdom level requested by chiefs to brief inner councils for them to prepare for the engagement at chiefdom level is complete for all the chiefdoms recommended by the Regional Administrators. Lubombo region has more challenges delaying engagement of some chiefdoms; i.e. disputes A total of 17 chiefdoms will participate in the first phase. Design of grants is being redefined as the consultations brought up an urgent need for leadership training among the levels of the traditional leadership sector – chiefs and all the levels of local government. The grants support to all the chiefdoms will take the form of leadership training for the local level. A concept paper for this support is being written in consultation with the relevant authorities. The view is that since the chiefdoms are at different levels the leadership, management and governance support should be first and prioritized ahead of any other form of support. Indicators for the chiefdom implementation are being developed in consultation with IHM to be able to be reported through the national monitoring system SHAPMOS. Due date is February 28. Refer to Deliverable 5 Refer to Annex 3
4	Launching of the first round of performance based grants	Date set for 27 th February 2017	Launching of the first round of performance grants will be launched by Her Majesty and His Majesty the King at Hlane Royal Palace. To be attended by senior government officials, NERCHA, USA Ambassador to Swaziland,

			Chiefs and other PEPFAR Partners. Agenda is still under discussion. It is anticipated that USA Ambassador to Swaziland will make remarks.
5	Develop guidance and parameters for the performance grants including eligibility and evaluation criteria and application procedures.	On going	A concept note for leadership, management and governance is being written as the performance support of choice among leaders and USAID. This should be completed by 28 th February 2017.
6	Document lessons learned from the first round of grant funding and support revision of guidance.	Pending activity implementation	Training for implementation is ongoing. The Due date for this activity is anticipated to be April 30, 2017
7	Document and provide substantive feedback to NERCHA and the MTAD on successes, challenges and opportunities for sustainability including public private partnerships and greater central government support for this approach	Pending activity implementation	Planned for May 15, 2017
8	Make formal Power Point at the conclusion of the assignment covering the highlights and major findings to key stakeholders and other donors.	Pending activity implementation	May 30 for key stakeholders

Recommended/Supported TSP Service Delivery Models/Activities

	<i>TSP activity/ model</i>	<i>Sustained through adaption into MOH strategies/plans?</i>	<i>Notes</i>
1	[List each activity/model here]	[Current status]	[Updates or comments on the status]
2	National Guidelines for Community Engagement	Guidelines are approved and used by stakeholders.	Guidelines are approved and used by stakeholders.
3	Core Package for HIV Prevention: Guidelines for Implementers	Guidelines approved by NERCHA for use by Prevention Partners in the country	At the rolling out stage by prevention partners.

Meetings/Site Visits/Trainings

<i>Implementing Partner(s)/ Agency(ies)</i>	<i>Description and Purpose of meeting/ technical area: e.g. PMTCT; HTC; ART provision; TB/HIV; etc.</i>	<i>Date/Venue</i>	<i>Brief description of event/ action points/ challenges</i>
Consultant	Sensitization and consultation of MTAD senior staff from the four regions	13-14 October, 2016 Lugogo Sun	Meeting to sensitize and consult MTAD senior staff on the implementation of the game changer as well as getting their views on the game changer and how to implement it.
Consultant	Sensitization and consultation of Shiselweni RA and Chiefs	25 th October 2016 Shiselweni Vocational Training Center	Meeting to sensitize and consult local leadership on the implementation of the game changer as well as getting their views on the game changer and how to implement it.
Consultant	Sensitization and consultation of Lubombo RA and Chiefs	26 th October 2016 Esibayeni Lodge	Meeting to sensitize and consult local leadership on the implementation of the game changer as well as getting their views on the game changer and how to implement it.
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Consultant	Sensitization and consultation of Manzini RA and Chiefs	3 rd November 2016 The George Hotel	Meeting to sensitize and consult local leadership on the implementation of the game changer as well as getting their views on the game changer and how to implement it.

Technical guidelines / SOP's supported by TSP

<i>Technical Guidelines/ SOP</i>	<i>By technical area: PMTCT; HTC; ART provision; TB/HIV; etc.</i>	<i>Number of HCWs trained</i>	<i>Number of HCWs that received passing score on post-training assessment</i>

[List training topic here]			
Not applicable			

Progress Report on Engagement Activities

Key Achievements:

- Local leaders approved the game changer and appreciated the support they will receive to lead the HIV response at the local level.
- MTAD senior staff welcomed the initiative as a first for their ministry to support chiefs lead the response
- All chiefdoms in the game changer have been reached and inner councils sensitized.
- Training of the first phase of chiefdoms began on 24th January 2017 by the training of IPCFs. This training is being conducted by HC3.
- HC3 led Training of Inner Councils commenced on the 8th to 10th February. This covered 7 chiefdoms in 3 Tinkhundla – Madlangamphisi, Nhlambeni and Mangcongco. The second round of training commenced on the 15-17 February. This covered 10 chiefdoms in 2 Tinkhundla – Sigwe and Mhlambanyatsi. The last round will cover 2 chiefdoms in 1 Inkhundla – Matsanjeni North in the Lubombo Region.
- Chiefdom Development Plan process began during the training of inner councils.

Challenges/Next Steps/Action Points:

- Chiefs have no budget to support home grown initiatives from government. However the services mapping in each chiefdom has revealed local resources for chiefdoms to direct towards sustainability of the activities.
- Capacity building for community trainers and interpersonal communication personnel at the local level is being supported by HC3 to ensure sustainability of interventions when the health systems strengthening partner's term is over.
- Launching of the game changer by their Majesties the Queen Mother and His Majesty the King scheduled for 27th February 2017
- Training of Chiefs on a date to be confirmed by HC3
- Training of community mobilizers to be confirmed by HC3.

Technical Support for PEPFAR Programs in Southern Africa Region (TSP)
Technical Assistance Consultancy Process Report

Country:	Swaziland
Engagement Objectives:	<ol style="list-style-type: none"> 7. To provide targeted HIV support to 12 Tinkhundla and 45 chiefdoms (non PEPFAR DREAMS or Global Fund Supported) to strengthen chiefdoms capacity to lead, implement, and monitor the HIV response in their community. 8. To support local community uptake of HIV services (especially men) at chiefdom level to support the country's direction to achieve 90, 90, and 90 and to avert new HIV infections. 9. To activate the traditional and official local government leaders' involvement in expanding access to HIV prevention, treatment and care services in their populations – especially males 15 and older, through targeted HIV education and risk assessment and access to HIV testing services, voluntary medical male circumcision, HIV/TB diagnosis treatment, care, follow up and adherence counselling.
TA Consultant:	Patrick Kunene
Start of Engagement:	August 1, 2016
Reporting Period for Report:	End of Chiefs Sensitization Meetings Report
TA Start Date:	13 August 2016
Date Report Submitted:	23 January 2017

Summary of Overall Engagement:

The consult serves as PEPFAR Swaziland's imbedded interim community engagement support to launch the PEPFAR Country Operational Plan 2016 community engagement activities including the "game changer" to establish performance based grants for chiefdom structures that will increase the uptake of core HIV services especially for men and reduce gender based violence. The consult will catalyse the support of the chiefdom structures, head men and the other relevant government structures at all levels to increase male participation in HIV response including promotion of positive male norms that are protective.

Progress Report on Overall Engagement Deliverables:

<i>Deliverable</i>	<i>Status</i>	<i>Notes</i>
[List each deliverable from work plan here]	[Current status]	[Updates or comments on the status]
1 Presentation of an approved work plan to USAID with timelines for completion of the assignment	complete	Work plan will be affected by national activities – Incwala Ceremony which takes men away from their communities for its

			duration, which is over a month long.
2	Complete and submit to USAID Swaziland un attached chiefdom mapping/analysis developed in consultation with relevant government stakeholders for USAID's approval.	Complete	This has been improved after the consultation with the chiefs and visits to the chiefdoms
3	Hold a series of consultative workshops/meetings to get input into the potential design of the grants and to share data and information at local levels regarding the HIV and TB epidemics and the resources available to them through PEPFAR and other partners and prepare a report on the findings, observations and lessons learned.	Complete	Follow up meetings at chiefdom level requested by chiefs to brief inner councils for them to prepare for the engagement at chiefdom level is complete for all the chiefdoms recommended by the Regional Administrators. Lubombo region has more challenges delaying engagement of some chiefdoms; i.e. disputes A total of 17 chiefdoms will participate in the first phase. Deign of grants on going with consultations with PEPFAR USAID and HC3
4	Launching of the first round of performance based grants	Date set for 27 th January 2017	Launching of the first round of performance grants conducted by the Hon Minister of the Ministry of Tinkhundla Administration and Development. Well attended meeting with representatives of government ministries including the Ministry of Health, NERCHA and chiefs from selected chiefdoms in the game changer and in the country.
5	Develop guidance and parameters for the performance grants including eligibility and evaluation criteria and application procedures.	On going	Selection criteria based on the World Bank criteria for governance has been developed and is under discussion with relevant stakeholders.
6	Document lessons learned from the first round of grant funding and support revision of guidance.	Pending activity implementation	
7	Document and provide substantive feedback to NERCHA and the MTAD on successes, challenges and opportunities for sustainability including public private partnerships and greater central government support for this approach	Pending activity implementation	
8	Make formal Power Point at the conclusion of the assignment covering the highlights and major findings to key stakeholders and other donors.	Pending activity implementation	

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Recommended/Supported TSP Service Delivery Models/Activities

<i>TSP activity/ model</i>		<i>Sustained through adaptation into MOH strategies/plans?</i>	<i>Notes</i>
1	[List each activity/model here]	[Current status]	[Updates or comments on the status]
2			
3			
4			
5			
6			
7			

Meetings/Site Visits/Trainings

<i>Implementing Partner(s)/ Agency(ies)</i>	<i>Description and Purpose of meeting/ technical area: e.g. PMTCT; HTC; ART provision; TB/HIV; etc.</i>	<i>Date/ Venue</i>	<i>Brief description of event/ action points/ challenges</i>
Consultant	Sensitization and consultation of MTAD senior staff from the four regions	13-14 October, 2016 Lugogo Sun	Meeting to sensitize and consult MTAD senior staff on the implementation of the game changer as well as getting their views on the game changer and how to implement it.

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Technical guidelines / SOP's supported by TSP

<i>Technical Guidelines/SOP</i>	<i>By technical area: PMTCT; HTC; ART provision; TB/HIV; etc.</i>	<i>Number of HCWs trained</i>	<i>Number of HCWs that received passing score on post-training assessment</i>
[List training topic here]			

Progress Report on Engagement Activities

Key Achievements:

- Local leaders approved the game changer and appreciated the support they will receive to lead the HIV response at the local level.
- MTAD senior staff welcomed the initiative as a first for their ministry to support chiefs lead the response
- All chiefdoms in the game changer have been reached and inner councils sensitized.
- Training of the first round of performance grants chiefdoms begins on 24th January 2017

- Training of inner councils will commence after the meeting with chiefs to set targets. The meeting with chiefs will take place on 1st to 3rd February, 2017.
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Challenges/Next Steps/Action Points:

- Chiefs have no budget to support home grown initiatives from government.
- Capacity building for community trainers and interpersonal communication personnel at the local level must be supported to ensure sustainability of interventions when the health systems strengthening partner's term is over.
- Support for Chiefdom Development Plans will commence in February after targets have been set with chiefs
- Launching of the game changer by the Hon. Minister of MTAD is scheduled for 27th January 2017
- Training of community cadres to support the game changer will begin on the 24th January 2017