
The Role of NGOs

An Evaluation

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Government alone, without the involvement of other role players, have not been able to cope with the HIV/AIDS pandemic. In most countries pressure had to be used to push for appropriate HIV/AIDS policies and strategies to be adopted. NGOs of different sorts have been formed and mobilised to tackle the issues. Apart from playing a watchdog role on the state, NGOs also have other important functions. They supplement state services through the provision of services and information. NGOs in some instances are better placed to reach out to communities which may not be easily accessible to state structures. They are not constrained by the bureaucratic obstacles inherent in state structures, and can make implementation of programmes move faster. Providing information on HIV/AIDS also requires openness with regard to sexuality and sex education. The government may find this difficult to achieve. More so because it must meet the conflicting interests and needs of society. NGOs may tackle this issue better.

In the South African context the illegitimacy of the state, adds another dimension to the issue. This has led to the formation of organisations fulfilling what should otherwise have been the function and responsibility of the state. The problem with this approach is that it can lead the state to absolve itself of responsibility. Thus, it is a source of great concern when state officials suggest handing over the government AIDS programme to NACOSA. NACOSA should influence the state programme, but the state should not be allowed to abdicate its responsibility.

Unlike the government, NGOs can reach communities effectively, while not substituting for the role of the state in providing an infrastructure and funding for prevention and care of HIV/AIDS patients. This article looks at a national effort by an NGO in HIV/AIDS work, evaluating its successes and failings, which may be of value to NGOs in general.

The Progressive Primary Health Care National AIDS Programme (NAP)

The NAP was formed on the basis of a mandate given to the PPHC at the Maputo conference of progressive health organisations in 1990. The mission

of the NAP is to empower communities to be active in preventing the spread of HIV. The NAP attempts to achieve this by promoting awareness; initiating and facilitating effective and credible community based educational training and media programmes; consulting community structures, progressive and educational organisations; and promoting appropriate support and care of people affected by HIV.

Our objectives are to raise awareness of AIDS and initiate and develop prevention programmes, to reduce the spread of HIV infection through education combined with other means of intervention; to develop a community-based AIDS intervention programme in the community through the training and support of credible community AIDS workers (CAWS); to improve the AIDS component in all primary health care delivery services (especially PPHC affiliated projects); to encourage and pressure government health services to provide good quality health services and curative care for people with AIDS, as well as to supply condoms as required to effect this intervention programme; and to develop community support structures for people with AIDS and promote community acceptance of these people.

Our strategy is to develop programmes and interventions in consultation with the community and work through existing community, political and other organisations; deal with the political nature of AIDS; build on existing organisational resources; network resources and skills; and develop on the inter-sectoral intervention approach to HIV/AIDS.

Community Consultation and Involvement

The key principle in the NAP strategy is community consultation and participation. This is realised through the CAWS and the formation of committees at local, regional and national levels. These community workers, who form the core of the NAP, are drawn from communities where they work. They are able to relate their work and the broader issues and struggles faced by their communities. It is their role to mobilise, educate and train members of their communities. The main function of committees is in planning and policy formulation. Composed of representatives of community organisations and concerned individuals they bring a sense of ownership of the programme to the community. Within these large communities, specific target groups are identified. Projects are then designed to address their needs with the full participation of the target group. An example of this is the project with Congress of South African students.

Before conducting any interventions, a community worker does extensive survey in the community, interviewing leaders and members of the



The future is in their hands. Scholars at the COSAS National AIDS launch. *Picture: Ismail Vawda*

community, identifying needs with regard to knowledge and information, and possible strategies. This helps in ensuring that the project addresses needs. This is not an easy process given the low incidence of the HIV/AIDS problem in most areas.

Central to community participation is the empowerment of the communities through the provision of knowledge and skills. Members of the identified target group are trained to enable them to develop strategies and to conduct campaigns and programmes in their constituencies.

Another key element of this strategy, is the decentralised nature of NAP projects and activities. All projects are developed on the basis of the needs and issues identified at local or target group level. Only the areas of finances and human resources management are centralised. The national office only plays a co-ordinating function. It does not control the projects and activities.

The approach defined above calls for strong ties with the community structures, where the NAP does not only provide HIV/AIDS services but becomes part of the community, engaging itself in the struggles and campaigns of the community. Through this approach the struggle against HIV/AIDS becomes an integral part of broader struggles.

Strengths and Shortcomings of the NAP

A strength of the NAP is its application of the principle of community participation. However, there has been a lack of national effort to work with PHC programmes, despite the aim of the NAP to improve AIDS services in PHC projects. One of the causes of this was the lack of clarity on the relationship between NAP and PPHC. Clarity was achieved earlier this year. The NAP is therefore poised to become a model of an integrated AIDS/PHC approach which links AIDS services to PHC projects through a nationally co-ordinated approach.

Policies and strategies of the NAP will be integrated with the PPHC through the newly established PPHC National Council which has substantial NAP representation. Also, at all levels of NAP/PPHC staff structure, meetings are held to ensure co-ordination between the two programmes.

At a local level, there has been close links between NAP community workers and primary health care workers from other NGOs, state structures, and local clinics. Examples of these are to be found in the western Cape



People's experiences should be documented. Photo: Afrapix

(Khayelitsha); southern Transvaal (Soweto clinics) and various areas in the north eastern Transvaal. Another project planned is at New Hanover in Natal Midlands. This envisaged project aims to meet the health and welfare needs of this community through a PHC and development programme. Within this project, the NAP aims to help co-ordinate AIDS programme development, including placing a salaried PHC co-ordinator in charge of the AIDS projects.

The NAP has, in two years of its existence, achieved a national infrastructure composed of community structures, staff, offices, and other resources put together to fight the spread of HIV/AIDS. At the core of this force are CAWs, presently totalling 53, working within grassroots structures. These CAWs have conducted numerous educational activities in their respective communities to raise awareness and change attitudes. A workshop held earlier this year, attended by a delegate from each region shared experiences, identified common approaches in dealing with the community and also produced national guidelines to CAW training so that standard training could be implemented.

The formation of committees in eleven regions, bringing together individuals and organisations from different sectors is also an achievement. A national workshop on care held in June identified the alarming situation in the country with regard to the care and support of people with HIV/AIDS. This workshop produced strategies and policies to deal with the issue of care.

A media programme with the objectives of producing and testing media that will be used to support and reinforce the work of the CAWs is being implemented. The programme also aims to ensure that CAWs are trained to produce various media to meet their local needs by being culturally sensitive.

Response to Evaluation

The NAP undertook a major evaluation exercise at the end of 1992. External and internal evaluation teams carried out the evaluation. This process promoted reflection in the organisation. The NAP did not, however, accept some of the issues raised in the evaluation process. It also felt that the evaluation report over-emphasised our weaknesses, and said little of our strengths. In some instances the evaluation process tended to be counter productive, as it discouraged staff who had put a lot into the activities of the programme.

However, most of the recommendations of the evaluation have been accepted and implemented. As a result a major process of restructuring the organisation is underway at all levels.

The evaluation process identified shortcomings in the programme's

inter-sectoral approach. Among those highlighted was the need to place more emphasis on the needs of women. It also recommended that a welfare perspective be developed within the organisation. Its sole purpose would be to provide support for people with AIDS. This has since been addressed. A care training centre has been established in Pietermaritzburg.

A national care workshop was run there in June 1993. The evaluators also noted, with great concern, the absence of a sufficient documenting system for the programme's experiences. The evaluation encouraged the establishment of a close working relationship with other AIDS organisations in southern Africa. The rationale was to share similar experiences "so that the wheel is not completely re-invented" in South Africa.

The evaluation also showed administrative inadequacies at national office. It was noted that the national office ought to give more support to weaker regions.

The current situation in regions is that committees (volunteers) are responsible for developing the basic infrastructure before staff can be employed. In most regions, a regional committee had been in place long before staff were employed.

Contradictions are inherent in this system. In some regions, staff felt that the system unnecessarily slowed progress in implementing the activities of the programme. It is clear that in regions where staff is more active and allowed to be more creative in their work, they are more effective in doing AIDS work.

To counteract this situation, the evaluators recommended the professionalisation of the programme. When the new structures are in place after the employment of a national director, staff would be more accountable to the director than to committees.

The evaluators also identified a number of teething organisational problems in the human resources and personnel areas. The main concern among staff was the low salary scales and unstable work environment. Although the organisation has since taken steps to redress this adverse situation as portrayed by those interviewed by evaluators, the rest should be done by the director.

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