



# **A Process Evaluation of Thuthukisa Abantulayo Community Development Organisation**

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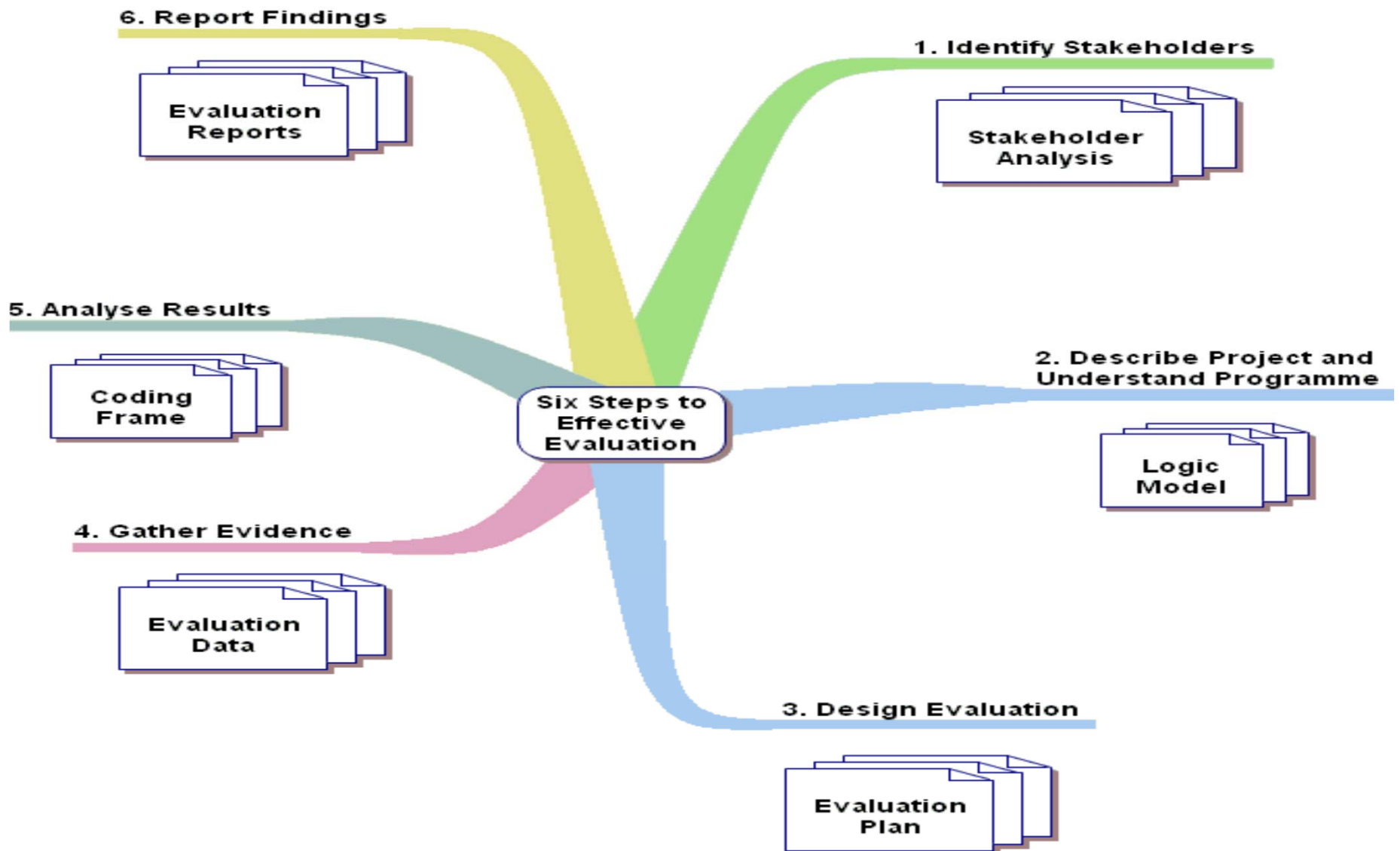
How can rural community-based organizations (CBOs) better contribute to delivery of combination HIV prevention in hard to reach communities?



Thuthukisa Abantulayo Community  
Development Organisation

IMPROVING THE LIVES OF THE POOR

# Steps involved in process evaluation (JISC, 2007)



# I. Stakeholders

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1. Community Leadership- Izinduna, Amakhosi, Councillors
2. Department of Social Development
3. Department of Health- Local Clinics
4. Department of Education – Students and teachers
5. Futures Group personnel- Technical Officer (M&E), Technical Officer (Health Implementation)
6. Community Members

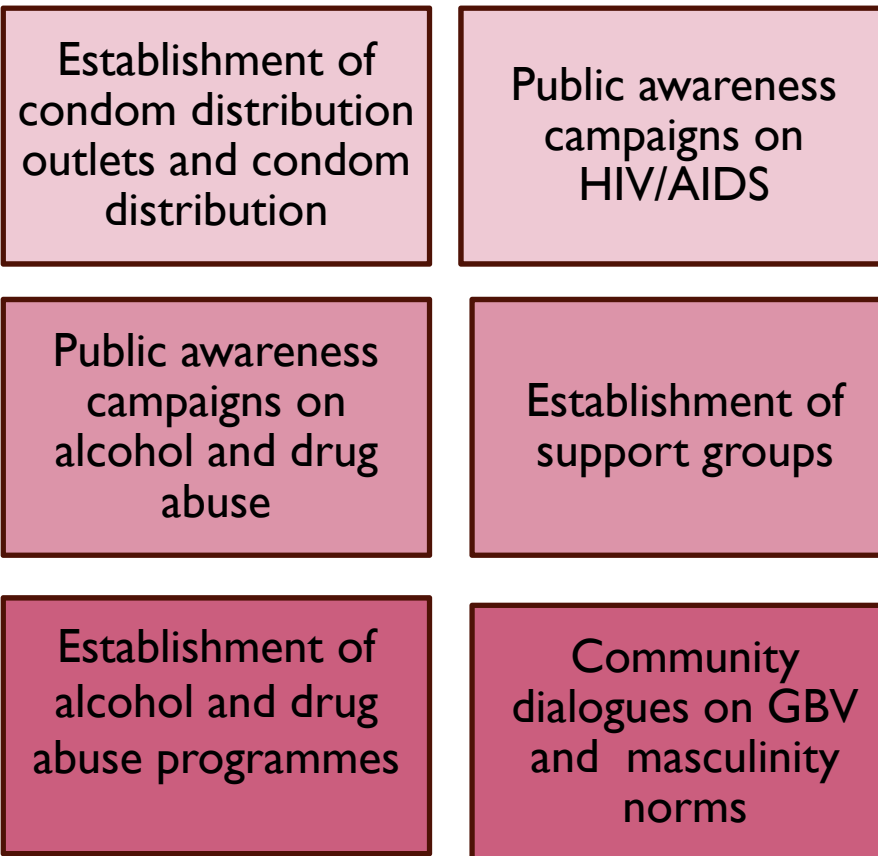
## 2.1 Project description

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- TACDO is a non-profit organisation established in 2003, operating under Ulundi Local Municipality.
- Through SHIPP funding, the project aims to strengthen advocacy and intensify demand creation of HCT, TB, VMMC, STI screening and early treatment to contribute in reducing new infections as well as related deaths.
- Locally, TACDO works in collaboration with the other stakeholders including: Department of Social Development, Department of Health and Department of Education.
- Target groups: - Youth, women, people with disabilities and the general community of KwaCeza.

## 2.2 Project components



## 2.3 Project area







## 2.4 Description of context

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- Zululand District is situated in the north-eastern part of KwaZulu Natal.
- It is divided into five municipal areas: eDumbe, Pongola, Vryheid, Nongoma and Ulundi.
- This district is predominantly rural with a population of about 954 020 living in 866 dispersed rural settlements and six urban areas.
- Besides the challenge of poor accessibility to basic services and facilities, the district experiences high incidence of HIV/AIDS infection. The Ulundi Municipality has a population of approximately 340 157 of whom 11.7% (39 798 people) is already infected with HIV/AIDS.

## Description of context continued

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- Income levels are very low with 20.5% of households receiving no income and a further 10.5% with annual income of below R200.00 per month.
- The rural areas, especially the Hlahlindlela and Khambi areas, are the most poverty-stricken.

## 2.5 Understanding the programme



Key Objectives	Activities	Outputs	Outcomes	Indicators	Sources of information
<b>I. To assist 480 community members of KwaCeza in becoming aware of their HIV status by end of October 2014.</b>	I.(a) Establish referral arrangement with local health facilities for people to easily access HCT services. (b) Refer residents of KwaCeza to local health facilities for pre-test HIV Counseling; HIV Testing; and post – test counseling	I. (a) Partnership agreement (b) A database of KwaCeza residents who have been issued with HCT referral letters.	Enhanced accessibility and usage of HCT services for community members	A total of 120 people per quarter pre-test counseled ; tested for HIV and post-test counseled in a health facility.	HCT Registers, HIV prevalence reports; Interviews Behaviour Change Communication ( BCC)

## 3.1 Purpose of evaluation

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The **purpose** of this evaluation was:

- To assess whether programme activities are occurring as expected
- To determine the barriers encountered by all stakeholders in the implementation process
- To identify areas in which the programme needs improvement so as to reach the intended outcome

Therefore this evaluation would need to provide answers to the following **questions:**

- Who did the programme reach? (*i.e. coverage*)
- How well was the programme delivered? (*i.e. quality of implementation*)
- How satisfied are the people involved in the programme? (*i.e. satisfaction*) R2
- What got in the way of success? (*i.e. barriers*)

**Slide 12**

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**R2**

Can this be captured better?

Rhoda Goremuचेचे, 6/26/2015

## 3.2. Evaluation plan



Timeframe	Tasks
04 - 07 March 2014	Meet with the stakeholders and review of documents
31 March 2014 – 08 April 2014	Development of the Logic Model and the Theory of change.
14 – 18 April 2014	Evaluation design and Evaluation plan
21 -25 April 2014	Securing appointments with prospective interviewees
29 April – 16 May 2014	Gather data; interviews and further review of project reports
26 May – 13 June 2014	Analysis of findings
16 June - 04 July 2014	Reporting of results



### ***Documentary review***

TACDO programme documents such as funding proposals, contract agreements, SoW, departmental reports, statistics reports, templates of registers including referral letters and SOPs were reviewed.

### ***Semi-structured interviews***

A semi-structured interview schedule was used

## 4.2 Interviewees



Organisation	Designation
TACDO	Programme Manager
TACDO	Project Coordinator
TACDO	Field Worker
TACDO	Field Worker
TACDO	Field Worker
KwaCeza Traditional Leadership	Councillor
KwaCeza Traditional Leadership	Induna
FG-SHIPP	Technical Officer-Monitoring & Evaluation
Health Facility-KwaCeza	Professional Nurse
FG-SHIPP	Technical Officer- Health Implementation



## 4.3 Coding frame



Thematic analysis was used in this process evaluation.

Braun and Clarke (2006:79) define this type of analysis as “A method for identifying, analyzing and reporting patterns within data.”

### **Steps involved:**

1. Familiarizing oneself with one’s data by reading and re-reading the data and taking note of initial ideas.
2. Generating initial codes - production of initial codes for one’s data takes place during this stage. Data that is identified by the same code should then be collated together.
3. Searching for themes – different codes are sorted into potential themes
4. Reviewing themes – This stage involves refinement of themes thus subsequently generating a thematic ‘map’ of the analysis.
5. Defining and naming themes - Each theme is continuously analysed until clear definitions and names for each theme.
6. Producing the report – Final analysis of selected extracts, relating back to the research question and literature and finally producing a report for analysis.

## 5. Results

Component	Findings	Example of Quotes
Coverage	Full coverage as targeted	“We are managing to reach them because they attend our weekend events and we also work closely with schools to access youth in schools”
Quality of Implementation	The implementation of the programme was good as they had developed successful community engagement strategies	<p>“It’s because people who are implementing the programme are local people and the community is therefore very receptive to them”</p> <p>“... effective community mobilization strategies had a key role to play in the success of these activities...”</p>
Areas for improvement	<p>There are no alcohol/substance abuse rehabilitation centres</p> <p>Attendance of training is low because of fear of fear of stigma</p>	<p>“... lack of training, unavailability of rehabilitation centres for referral purposes...”</p> <p>“People just don’t want to attend because they think they will be labelled as drunkards. I can just say they fear stigmatization.”</p>

## Key findings continued



General Implementation Barriers		
Component	Findings	Example of Quote
Socio-economic	Resource constraints	<i>“Money problems limit us. Some places are far and we have no transport of our own to get there”</i>
Psychosocial	Prevalence of HIV/AIDS stigma within the community	<i>“Stigma is still rife around here especially when it comes to HIV/AIDS. They think if they attend our HIV prevention events, community members will think they are HIV+”</i>
Geographic	Geographic location of intended beneficiaries	<i>“,, and there are many areas to be covered and some of them are hard to reach”</i>

## 6. Recommendations



Recommendation	Example of Quote
<b>Community entry and consultation have to be considered</b>	<i>“..... people indicated that they were not told by the traditional leaders that there would be such a programme. We therefore learned that community entry is critical especially in rural areas.”</i>
<b>Programme staff development is essential</b>	<i>“Staff should be equipped with more skills to address other community issues and to manage other diseases that are prevalent in communities.”</i>
<b>Situational analysis has to be conducted</b>	<i>“Situation analysis of each community should be conducted to identify priority needs. The community was asking us about gardening because their priority is food.”</i>



Understanding the **socio-cultural** context of the community is crucial (it affects both implementation & evaluation)

### Challenges:

1. Securing appointments with interviewees
2. Interviewing community members
3. Data triangulation is usually not feasible when evaluating HIV prevention programmes due to stigma, sensitivity and confidentiality surrounding the epidemic
4. Transcribing and analysis is a lengthy process and requires some expertise