

# THE INTERNAL STATE AND EXTERNAL IMPACT OF THE TREATMENT ACTION CAMPAIGN IN THE MPUMALANGA PROVINCE: AN EVALUATION REPORT

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November 2006

## 1. BACKGROUND AND CONTEXT

- 1.1 The evaluation of the Treatment Action Campaign (TAC) in Mpumalanga was commissioned by the TAC's National Executive Committee. This evaluation was commissioned in September 2006. The evaluation was aimed at providing space for critical self-reflection, self-assessment and internal qualitative growth. It was envisaged that such a space would lay a good basis for optimising strengths, addressing weaknesses, maximising and exploiting opportunities and minimising threats facing the TAC in Mpumalanga. The evaluation was conceptualised as part of a formative developmental process which can lead to a stronger and more coherent organisation internally with maximum external impact in the Mpumalanga province.
- 1.2 Since its establishment in early 2003, the Mpumalanga province of the TAC has grown and expanded its organisation and programmes. The province was *initially* run by a corps of *volunteers* up to the *current stage* where there is a *fully functional* Provincial Executive Committee (PEC), operational provincial office with staff and office infrastructure, three district structures with executive committees and offices, and tens of branches across the province. To date, this growth has largely been due to hard work, dedication, commitment and self-organisation. The province is due for *further growth and consolidation* in light of the pending roll-out of the Treatment Literacy Project arising out of an agreement between the TAC National Office and Comic Relief (a funding agency). It was envisaged that the evaluation of the province must be used to consolidate and position the organisation of the TAC in Mpumalanga such that it is able not merely to meet the terms and conditions of the aforementioned project contract but to move the organisation onto a higher plane internally and externally.
- 1.3 As part of the context to the evaluation of the Mpumalanga TAC, it is also important to recall that the TAC nationally was evaluated by external consultants at the beginning of 2005 and the evaluation report was released at the end of June 2005. The report of the national (2005) evaluation provided a positive basis for many of the discussions and resolutions taken at the 2005 National Congress held in September 2005. Subsequent to these discussions the TAC NEC resolved that similar evaluations must be conducted in all TAC provinces within an 18-month period from the September 2005 National Congress. These evaluations would focus on the state and impact of the TAC in all provinces whilst also taking into account key organisational and other *findings and recommendations from the 2005 evaluation*.
- 1.4 In addition, during 2006, the NEC, National Secretariat and Head Office Management of the TAC have received several *reports on the state of the organisation* in the Mpumalanga province. These reports have focused on financial management, organisational leadership, the role of staff, and issues about ethical conduct of members, leaders and staff of the organisation. In March 2006, the Head Office Management also conducted an investigation into the financial affairs of the province leading to the dismissal of a staff member responsible for administration of the provincial office, as well as written warnings to other provincial office staff. Eventually, the NEC meeting held on 08-09 September 2006 formally adopted a resolution authorising an independent evaluation of the organisation in this province.

- 1.5 Finally, the process of evaluation which the province has undergone was partly called for by members of TAC who wrote letters and made phone calls to the TAC Head Office with information on the state of the province.
- 1.6 In other words, the evaluation was commissioned in order to better inform the TAC nationally and in Mpumalanga on how to plan and manage qualitative organisational growth and consolidation in light of the planned expansion of programme work in Mpumalanga, as well as to suggest ways and means through which to systematically address all the issues raised in the several reports received by the TAC NEC, Secretariat and Management about the TAC in the Mpumalanga province.
- 1.7 The evaluation was undertaken at a time where the relations between the TAC and government seemed to have improved directly as a result of ongoing TAC mobilisation. The TAC has met with the country's Deputy President several times and the TAC has been involved in the process of restructuring the SA National AIDS Council (SANAC). In this current phase of negotiations between civil society and government, the focus has been on the National Strategic Plan. The TAC is still not happy with this plan, and government has agreed that the plan will still be worked on by both parties over the next 3 months. On World AIDS Day 1<sup>st</sup> December 2006, government is going to have a national rally at eHlanzeni, Mpumalanga to announce a new partnership and direction on HIV/ AIDS. It is an exciting time as it is likely that by the end of March next year the country will have a new national plan for HIV. The TAC will convene Provincial Imbizos to discuss the contents of this plan.

## **2. METHODOLOGY**

- 2.1 The evaluation team consisted of an external consultant (Mazibuko K. Jara) and the TAC Deputy National Chairperson (Nkhensani Mavasa). The team received support from the TAC National Secretariat, the TAC Head Office, the TAC Mpumalanga Provincial Office and the Centre for AIDS Research, Development and Education (CADRE). The evaluation was conducted during October and November 2006.
- 2.2 The methodology used in the evaluation was as follows:
- i) collation and review of relevant documents (see appendix 1 for the list of documents reviewed);
  - ii) interviews with key national staff and NEC members, PEC members, provincial staff, districts and branches, allies and other relevant stakeholders (see appendix 2 for the list of people interviewed - a total of 18 interviews were conducted); and
  - iii) focus group discussions (FGDs) with TAC districts, branches and volunteers in Mpumalanga (conducted with a total of 3 districts, 8 DEC members, 20 branch leaders many of whom were also part of the Treatment Literacy team)
- 2.3 Following the interviews and FGDs, the evaluation team met to discuss each of the areas being evaluated, each interview and each FGD. From this analysis, the team prepared and submitted an interim report to the TAC Secretariat and National Management. Following comments from the Secretariat, the evaluation team drafted and submitted a draft evaluation report with findings and recommendations to the TAC NEC and for distribution to the Mpumalanga provincial structures. The NEC sent a delegation to Mpumalanga between 21 and 23 November in order to complete the evaluation process.
- 2.4 The draft evaluation report was discussed with the Mpumalanga provincial structures in the following meetings:
- 2.4.1 A teleconference with the PEC Secretariat held on 14 November 2006;

- 2.4.2 With each individual staff member in the provincial office on 21 November 2006;
  - 2.4.3 With all staff members in a staff meeting held on 21 November 2006;
  - 2.4.4 In special district councils held on 22 November 2006 in the Gert Sibande, eHlanzeni and eNkangala district attended by at least 3 delegates from each branch in each district
  - 2.4.5 In a Special Provincial Council held on 23 November 2006 and which brought together all delegates to the district councils and sought to consolidate a common discussion of the draft evaluation report, its recommendations and the way forward for the province.
- 2.5 The draft evaluation report was generally endorsed by all the district councils and the special provincial council. The PEC discussion of the report was defensive and less willing to engage with the content of the report.

### **3. FINDINGS**

#### **3.1 The External Impact of the TAC in Mpumalanga**

- 3.1.1 Externally, the evaluation assessed the impact of the TAC by focusing on what the TAC has achieved or not achieved in Mpumalanga, its strategy and external effectiveness, its policy role and impact, its mobilisational role and impact, its broader political and social role, its status in Mpumalanga civil society, its relationships with the state and other role-players/stakeholders, its potential and opportunities, as well as seek to identify potential external threats which may face the TAC in the province.
- 3.1.2 With regard to the TAC's external impact in Mpumalanga, the key achievements and strengths are:
  - i) The well-respected presence of the TAC in the province which is highly regarded amongst civil society organisations;
  - ii) Pressure and social mobilisation on the provincial government for an HIV/AIDS treatment programme;
  - iii) Start of the ARV roll-out programme in public hospitals partly due to TAC pressure and social mobilisation;
  - iv) A good level of networking and alliance building by the TAC in the Mpumalanga province;
  - v) The presence and utilisation of well-trained and well-informed Treatment Literacy Practitioners and Trainers who represent the TAC excellently and provide excellent treatment literacy training to outside bodies;
  - vi) Nascent participation in other broader social and political issues in the province (access to justice in the main);
  - vii) A level of active TAC participation in provincial government and municipal-level forums, meetings and activities.
- 3.1.3 However, many delegates from branches felt that these strengths and achievements are not commonly understood, shared and processed in the province to the extent that some branches are not able to use them effectively to address local problems and challenges.
- 3.1.4 Further, the above achievements and strengths are mitigated by the failure of the province to adapt national TAC policy positions and campaigns into a clearly conceptualised provincial strategy and programme which can effectively impact on government policy processes and other external sites of struggle. This also includes the failure to translate resolutions of the provincial and district congresses into programmes of action. Specifically, this key strategic failure manifests itself as the following key failures and

weaknesses of the TAC in Mpumalanga:

- i) The lack of a clear strategic political framework with clear objectives, strategy, tactics and monitoring and evaluation mechanisms;
- ii) Absence of clearly conceptualised provincial campaigns arising out of a general failure to use local problems and grievances as a basis to adapt national policy positions and campaigns to local demands around which to mobilise, undertake campaigns, apply social and political pressure and win local demands;
- iii) The lack of a coherent strategy and programme on how to engage with and influence government and municipal policy processes – this amounts to the lack of collectively conceptualising and implementing a provincial policy lobbying and advocacy strategy, and how to relate to the state. This also leads to a reactive TAC which waits for crises to develop or is triggered by national campaigns rather than a pro-active and strategically active and influential TAC. As a result, it is not clear how the good relations with the provincial government and municipalities have been used to ensure an effective HIV/AIDS programme in the province. In fact, the ARV roll-out is slow in Mpumalanga and is faced with many problems. Yet it is not clear how the TAC understands these problems and how it proposes to address them in terms of policy and other interventions.
- iv) The lack of clarity on the relationship between, on the one hand, lobbying and advocacy, and, on the other hand, social mobilisation - there is uneven understanding of this relationship. The campaign for water service delivery in Delmas was a good intervention where social mobilisation addressed a policy crisis. There was another case of social mobilisation leading to the start of ARV roll-out in KwaMhlanga hospital. However, there are several significant cases reported where social mobilisation could have helped to address policy failures (implementation problems unaddressed in the ARV roll-out in Themba Hospital and other ARV sites, the massive human resource crisis facing the provincial Department of Health, the slow ARV programme, and poor health facilities in rural areas); and
- v) The lack of a collective and shared understanding of the TAC's broader political and social role in broader civil society on other social, political and economic issues.

3.1.5 There are many opportunities for the TAC to be stronger, strategic and more effective in Mpumalanga. These include the extensive goodwill in civil society towards the TAC, some of the TAC achievements in the province, the non-hostile relationship with the provincial government and municipalities, the commitment of health workers and their unions to health service provision, and the presence of a sizeable TAC organisation. If these are used effectively, many of the failures and weaknesses discussed above can be minimised.

3.1.6 The key external threats facing the TAC in Mpumalanga are the rural nature of large parts of the province, the lack of health services in rural areas, the widespread use of traditional medicines without scientific medical counsel, and growing HIV infections. These threats are not extreme and can be minimised if the TAC is able to be more strategic, decisive and effective as implied in paragraph 3.1.4 above.

## **3.2 The Internal State of the TAC in Mpumalanga**

3.2.1 The internal evaluation reviewed the internal factors that account for the TAC's successes and failures in Mpumalanga. In this regard, the evaluation focused on the state and functioning of organisational structures at all levels (province, district and branch), organisational leadership, programme implementation, human resources, internal communication, intra-organisational relationships, content of organisational policies and

procedures, assessment of adherence with organisational policies and procedures, the state and functioning of organisational systems, and the ethical conduct of members, leaders and staff.

3.2.2 Overall, the key positive findings are:

- i) A generally well-networked TAC which uses some of its networks, e.g. with COSATU and the SACC, fairly effectively;
- ii) Generally well-informed, trained and educated TAC staff and treatment literacy volunteers;
- iii) Generally committed individuals at the various levels of the TAC;
- iv) A functional provincial office;
- v) Presence of TAC structures in branches and districts;
- vi) The existence of a Provincial Executive Committee (PEC) and a PEC Secretariat which have attempted to focus on their mandates; and
- vii) The start of a women leadership programme working with COSATU.

3.2.3 Overall, the key weaknesses are:

- i) Extreme levels of distrust and lack of cohesion between the various components and structures of the organisation displayed through:
  - a. The PEC feeling insecure, marginalised and undermined by the provincial staff/ Strong perceptions that the provincial staff is extremely disdainful towards the PEC;
  - b. Some members of the PEC feeling marginalised by leading PEC members;
  - c. Extremely strong perceptions amongst volunteers of bad treatment, being undermined and under-valued by provincial staff;
  - d. Strong perceptions that provincial staff are seen as a class above volunteers, districts and branches;
  - e. A striking and definite lack of trust of, and confidence in provincial staff and the PEC by a large number of TAC members in districts, branches and in the TL programme;
- ii) General perceptions amongst TAC members at all levels of poor financial management by the provincial office;
- iii) General perceptions amongst TAC members at all levels of unethical conduct, including favouritism, sexual harassment and abuse of positions by provincial staff;
- iv) General unwillingness to talk about and address sexual harassment, and the impact of personal relationships on the functioning of the organisation.

### **3.2.4 The state and functioning of the PEC**

3.2.4.1 The current PEC was elected at the second Provincial Congress in August 2005. In terms of the TAC Constitution, it is made up of 5 directly elected office bearers, sector representatives (representing COSATU, SACC, PWA sector, NGOs, women, and children) and representatives from the 3 districts in the province. Since its election, the PEC has held at least three formal meetings in which it has essentially discussed and dealt with a wide range of issues including provincial plans, reports from districts and reports from staff. However, only two sets of minutes were made available to the evaluation team. On this basis it is not possible to verify the holding, discussions, decisions and quality of other PEC meetings which may have been held. It must be noted that despite the fact that the PEC received formal induction on its role, responsibilities, organisational policies, etc. the PEC conducts itself in a manner which appears as if it is not conscious of its work and responsibilities. The General Secretary and the National Organiser ran one workshop with the PEC where the TAC constitution, the relationship between PEC and other organs of the

organisation and TAC policies were workshopped. Further, a 3-day strategic planning meeting was held early in 2006 which included a specific commission on the strategic focus of the PEC. However, it does not seem that the strategy agreed to at this planning meeting is commonly shared, understood, implemented and collectively evaluated.

#### 3.2.4.2 They key strengths of the PEC are:

- i) Significant presence of, and active participation by women in the PEC;
- ii) Active and keen participation by some stakeholders in the PEC;
- iii) The establishment of a PEC Secretariat composed of the office-bearers and provincial staff;
- iv) Regular meetings of the PEC Secretariat; and
- v) Attempts to focus the PEC on its core work.

#### 3.2.4.3 The key weaknesses of the PEC are:

- i) Weak organisational leadership at the top levels of the PEC;
- ii) The lack of a coherent political and organisational strategy;
- iii) Sexism displayed openly by key PEC leaders;
- iv) The lack of advanced strategic, organisational and political skills and experience in the PEC;
- v) Tensions and mistrust between PEC members based on power and turf battles;
- vi) Poor internal PEC communication;
- vii) Poor handling of minor issues such as the issue of whether branch leaders can have dual roles as also TLPs;
- viii) Lack of clarity on the roles of the PEC in relation to the role of the provincial staff;
- ix) The tendency on the part of key PEC leaders (the chairperson in particular) to misunderstand and overstate their roles, responsibilities, control and powers in ways which go beyond what any elected position does in the organisation;
- x) Inability to report effectively and thoroughly to the PEC, districts, branches and TLPs on national decisions;
- xi) The presence in the PEC and tolerance by the PEC of conservative ideological outlooks which may be contrary to the aims, objectives and general progressive orientation of the TAC (on issues such as gender equality, non-sexism, the position and role of women in the TAC, lesbian and gay rights, and virginity testing);
- xii) General unwillingness to talk about and address sexual harassment, and the impact of personal relationships on the functioning of the organisation;
- xiii) The poor coordination of sector representatives in the PEC through poor communication, lack of involvement in organisational work other than PEC meetings and lack of submission of key reports to PEC meetings in particular on work performance, finances and campaign plans.

### **3.2.5 The state and functioning of the Provincial Staff**

3.2.5.1 Taken collectively, the key strengths of the provincial staff are to be found in their ability to run and operate the provincial office and infrastructure, networking ability, being well-trained and informed on TAC policy positions (in particular treatment literacy), and their ability to respond to urgent issues and campaigns.

3.2.5.2 Taken collectively, the key weaknesses of the provincial staff are:

- i) Poor coordination and communication given the irregularity of staff meetings which seem to be convened only at the discretion of the provincial coordinator and without a consistent basis upon which, and clear reasons why they are convened;
- ii) Poor integration between organising work and treatment literacy work;

- iii) Poor integration between policy work and treatment literacy work;
- iv) Weak strategic and organisational ability of staff members – shown by uneven participation in PEC meetings, resistance to account to PEC meetings, uneven participation in branch and district programmes and activities;
- v) Lack of monthly planning as shown by the lack of planned monthly or even bi-monthly staff planning meetings;
- vi) No clear conceptualisation of a lobbying and advocacy strategy;
- vii) Lack of sufficient supervision of volunteers in the Treatment Literacy (TL) programme
- viii) Lack of sufficient and effective support to volunteers in the TL programme
- ix) Effectively, a non-existent system of staff performance appraisal leading to a lack of feedback and interaction on monthly staff reports and plans;
- x) Evidence of downward delegation of work by programme staff to administrative staff and volunteers;
- xi) Inappropriate relationships entered into with the One Vision One Hope network without sanction of the PEC and clear terms and conditions determined and agreed to by the PEC – there is confirmation of evidence that a TAC volunteer used TAC office facilities to set up and raise funds for this network. This was done with the knowledge, approval and instruction of the provincial coordinator.
- xii) Inequitable treatment of districts and branches with signs of staff bias towards certain branches and districts;
- xiii) Inability to report effectively and thoroughly to the PEC, districts, branches and TLPs on national decisions;
- xiv) Strong perceptions of unilateral decision-making without having worked out a system with the PEC of how to deal with what may cause disagreements – this includes issues about key deployments of TAC representatives in the province, the planned office move and dealing with important correspondence.

3.2.5.3 There are specific and further findings concerning each staff member which are serious enough to warrant the invoking of the TAC's staff performance appraisal system and disciplinary procedures. These findings are about ethical conduct, financial management, work performance. These findings are confidential and are attached herein as appendix 3 only for the information and action of the TAC Secretariat and concerned staff members. This confidentiality is in terms of labour law.

### **3.2.6 The state and functioning of the eHlanzeni District**

3.2.6.1 Key strengths of the district are:

- i) The existence of a large number of branches (10 branches) spread across the district;
- ii) The sustained work of the large number of TLPs;
- iii) The provision of TL training and information to allies and health sites;
- iv) Local networking with churches; and
- v) Local initiatives by branches focusing on problems in local health sites.

3.2.6.2 Key weaknesses of the district are:

- i) A weak DEC until it was replaced in August 2006;
- ii) Inability of the district and branches to self-organise around campaigns;
- iii) The weak presence of TAC structures in rural areas;
- iv) A defensive attitude which seeks to blame all problems in the weaknesses of provincial staff and the PEC.

### **3.2.7 The state and functioning of the eNkangala District**

3.2.7.1 This was the most disorganised district in terms of the numbers of people met, the depth of the discussion with the evaluation team.

3.2.7.2 Key strengths of the district are:

- i) The formation of sub-districts clustered around six key hospitals in the district;
- ii) Strategic and organisational ability of the district organiser;
- iii) Mobilisation which led to the start of ARV roll-out in at least 2 hospitals in the district;
- iv) Mobilisation which addressed water service delivery in Delmas arising out of the 2005 typhoid crisis; and
- v) The provision of TL training and information to allies and health sites.

3.2.7.3 Key weaknesses of the district are

- i) The unilateral and unconstitutional dissolution of TAC branches which has had the effect of destroying the basic unit of the TAC organisation;
- ii) Lack of clarity on the system of "TAC Communities" which is supposed to replace TAC branches;
- iii) Lack of strategic coherence on the part of the DEC;
- iv) The presence of only 1 branch in the main centre of the district (the eMalahleni area which covers Witbank and Middelburg);
- v) Male domination of the organisation;
- vi) Absence of a collective approach to work leading to the domination of organisational work and programmes by a small core and the marginalisation of others;
- vii) The poor participation of the TAC in the eMalahleni HIV/AIDS NGO Forum specifically, and generally the lack of a networking strategy.

### **3.2.8 The state and functioning of the Gert Sibande District**

3.2.8.1 Key strengths of the district are:

- i) Presence of a small core of branches in key areas of the district (Standerton, Evander and Secunda);
- ii) New expansion of TAC branches in rural Eastern parts (Ermelo and Piet Retief);
- iii) The sustained work of the large number of TLPs;
- iv) The provision of TL training and information to allies and health sites;
- v) Clear targeting of wellness clinics by TLPs;
- vi) Local initiatives by branches focusing on the use of uBhejane and problems in local health sites.

3.2.8.2 Key weaknesses of the district are:

- i) The new rural branches are not effectively supported;
- ii) The reactive nature of TAC work; and
- iii) A defensive attitude which seeks to blame all problems in the weaknesses of provincial staff and the PEC.

## **3.3 Financial Management**

3.3.1 With reference to financial management, the evaluation only paid brief attention to the daily management and implementation of the TAC's financial systems, policies and procedures in the Mpumalanga province. This is different from a thorough and complete

financial audit. The aim was to assess the extent to which current financial systems are understood and actually followed in practice, to ascertain the level of financial transparency and accountability of TAC structures in the province, and to identify existing problems in the operation of the financial system, policies and procedures.

3.3.2 Key findings in this regard are:

- i) It is questionable whether the current financial system is effective against possible fraud. In essence, the mere fact of involving an independent bookkeeper in co-signing cheques is not sufficient to prevent fraud. The bookkeeper has no basis upon which to verify the validity of claims and invoices submitted.
- ii) Widespread allegations of false claims being allegedly made by provincial staff, districts, branches and volunteers. To verify the allegations, evidence needs to be submitted by those making the claims and an audit of all claims made needs to be conducted. However, the allegations are strong enough for a case to be answered against whom the allegations are made.
- iii) Confirmation of the provision of catering services for TAC events by a person with whom an employee of the TAC has a close personal relationship. In fact the TAC has paid for these catering services and the payments were processed and approved by the actual staff member involved in the close personal relationship. The explanation given by the staff member concerned confirmed this finding and was not adequate to show sufficient steps were taken on anyone's part to ensure a transparent, above-board and consistent procurement of catering services, and declaration of interests by affected staff members.
- iv) Confirmation of 1 false claim in respect of money paid for the transport costs of transporting 5 volunteers from Nelspruit to Johannesburg to attend the funeral of the mother of a former staff member. This was in September 2006. The claim submitted stated that the money claimed was for door-to-door work in the eHlanzeni district.
- v) The provincial administrator, responsible for daily financial administration, has been trained in the TAC financial policies and procedures since she started in the position in March 2006. However, it is clear that the training was not sufficient as she has been absorbed to operate the system on the basis of existing practices which are not necessarily in line with TAC policies.
- vi) Problematic procurement of external services and goods – procurement is not done on the basis of a common and consistent set of policies and procedures. Procurement is done at the discretion of the provincial coordinator and administrator.

3.3.3 It must be noted that in February 2006 there was an investigation into the finances of the province. Key findings from this investigation were as follows:

- i) Signing of blank requisitions by responsible staff members;
- ii) Lack of regular meetings with the former provincial administrator to reconcile finances;
- iii) Incorrect use of the requisition book for cash received and invoices returned;
- iv) Signed volunteer forms and per diem forms (signed by volunteers) with no details in them – i.e. signing of blank claim forms by volunteers thus making it possible for staff members or any other person to complete the form with any information and cash amounts they choose; and
- v) Cash advances outstanding from individual staff members.

3.3.4 It is clear that the recommendations of the February 2006 investigation have not been adhered to. Decisive action is required in this regard.

### **3.4 Findings pertaining to the National Office**

- 3.4.1 TAC members across the province feel that the National Office is providing inadequate support to the province. The lack of visits by NEC members and heads of national departments is mentioned as a practical manifestation of this. Concerns were also expressed about the lack of media coverage and support for Mpumalanga TAC activities in both internal (Equal Treatment) and external media. It is generally felt that the national office is focusing its support on the Eastern Cape, Gauteng, KwaZulu Natal and the Western Cape. The view of key National Programme Managers is at variance with this perception. It is important that there is a common understanding of the extent of national support to provinces. The National Office acknowledges that there has definitely not been enough support by the secretariat as a whole, but the support provided by the General Secretary and the National Organiser should be understood as a form of support. In addition, guidance provided by the national office through annual planning, monthly reports and regular contact is critical.
- 3.4.2 There are also strong perceptions that national staff are a class on their own without any accountability and responsibility to provinces, districts and branches. This perception is largely shaped by the lack of effective reporting of NEC decisions and communication from the national office to lower structures. This perception, therefore, cannot be tested in reality and could have the effect of generating misinformed feelings about the National Office.

## **4. WAY FORWARD AND RECOMMENDATIONS**

- 4.1 It is important that the key issues of leadership and the accountability of staff and how the province can be transformed for it to work the way it should are addressed before the injection of new funding. These recommendations seek to address this central concern. Many of these recommendations were also endorsed by the District Councils and the Special Provincial Council which discussed and adopted the draft evaluation report.
- 4.2 On the basis of available evidence, the TAC National Management took decisions to suspend the Mpumalanga Provincial Coordinator and the Mpumalanga Treatment Literacy Coordinator pending an investigation and disciplinary hearing on all matters relating to misconduct, performance and possible fraud. At an appropriate stage, the Management will consider whether there are any grounds to lay criminal charges.
- 4.3 The TAC National Management has already taken steps to investigate the financial management and administration of the Mpumalanga province for the period from January to November 2006.
- 4.4 The TAC National Management has already taken steps to immediately replace the organiser on the basis of an open process which includes simultaneous internal and external advertising, agreed and shared process and criteria for appointment, a joint interviewing panel involving both the head office and the PEC;
- 4.5 The National Treatment Literacy Coordinator will spend concerted time in the Province working with the TL team in order to address all existing problems in the TL programme. This will include a two-phase strategic and operational planning meeting of two days each with all the TLTs and TLPs of which the first meeting will take place on 29-30 November 2006 and the second in January 2007. The focus of the first meeting will be to reflect on the programme's

first year in Mpumalanga, the challenges and the successes, and begin to plot a way forward. As part of the planning meeting, a re-evaluation will be conducted of where the need for Treatment Literacy and our practitioners is greatest. This will be based on the prevalence of HIV, accredited ARV sites, waiting lists, already existing active TAC branches and partnerships with other organisations, Government and other stakeholders. This will lay the basis for a decision to be made then on how many additional TLT/Ps to add to the programme bursary for 2007.

- 4.6 The TAC National Management is also dealing with complaints by volunteers – there were up to 5 volunteers with personal complaints about their contracts as TLPs which need to be addressed urgently (see appendix 4 for details).
- 4.7 The Special Provincial Council held on 23 November 2006 decided not to go ahead and convene an early congress wherein the PEC would be replaced. Instead, it decided to implement the recommendations below. The district councils also decided against convening district congresses given that many of the district committees are new and that they need support.
- 4.8 The NEC delegation which visited the province emphasised that the province needs to pay attention to the quality and kind of leadership needed in the province, how that leadership is built and supported, what the provincial strategy is and how to ensure that the TAC focuses on its goals and social mobilisation. There is still confusion in this province about what kind of leadership it needs and over the role of the PEC and the staff. It is necessary that these are addressed. These are ongoing challenges which require vigilance and action. The NEC committed itself to work with the province to meet these challenges. The NEC delegation also related these challenges to the issue of leadership in HIV/AIDS. The leadership of people living with HIV and the leadership of women is critical in the TAC struggle and movement. The TAC is a mass based organisation that welcomes everybody, but particularly importance has been given to the question of leadership of these groups which are the majority of the organisation. In the next year, the NEC will facilitate political education and further induction for the PEC, DEC and branches on many of these issues.

### **Further recommendations**

4.9 Based on the above findings, recommendations are as follows:

- 4.9.1 Political education of the PEC, each DEC and each branch focusing on the TAC's aims and objectives, its progressive orientation, key political policy positions, gender equality and non-sexism and non-homophobia. This can be done through political schools at the provincial and district level, educational material and induction. This political education would be for the current PEC and DEC and the new PEC and DEC following congresses in the next year. The induction must focus on the TAC Constitution, roles, responsibilities, policies and procedures, leadership development, strategic planning, lobbying and advocacy, and relevant political education. In addition, it must be emphasised that organisational learning is ongoing and thus the need for advanced training on an ongoing basis for all levels of the organisation.
- 4.9.2 In electing the new PEC and DEC at next congresses, there must be targets set for women leaders in the PEC and DEC. In the meantime, the NEC and the PEC must jointly consider the co-option of additional women as PEC members.

- 4.9.3 A branch revival programme to include AGMs for lapsed or weak branches, consolidation of weak branches and reorientation of branches to undertake TAC campaigns in local areas. In the immediate period, it is critical that all branches and districts are refocused around District Imbizos on the National HIV/AIDS Strategic Plan, local campaigns (Scaling up treatment, mother-to-child-prevention, a prevention plan), organisational building and political education. This needs the mobilisation of existing human and mental resources from the branches and these must be supported by additional resources from the provincial and national offices. These programmes can be used to mobilise and rebuild lapsed branches to prepare for AGMs over a three month period. A major focus is als the World AIDS Day given that the government's national event will be in eHlanzeni District in Mpumalanga.
- 4.9.4 Retraining of district organisers to focus on branch support, campaigns, lobbying and advocacy, and social mobilisation.
- 4.9.5 Review of financial procedures in light of the findings made in section 3.3 above;
- 4.9.6 A complete systems audit and improvement;
- 4.9.7 Staff induction;
- 4.9.8 Staff training on lobbying and advocacy;
- 4.9.9 Addressing concerns about support from the national office; and
- 4.9.10 The TAC NEC must formally meet and consider this report, the way forward and recommendations, and take further action to address all the issues raised in the report. The NEC must specifically focus on the problems affecting the PEC including the problems of sexism and violations of the TAC's progressive policies.