



Lesotho Council of Non-Government Organisations

HIV and AIDS Technical Assistance Project (HTAP)

Mapping Exercise of all Non- Government Organisations (NGOs) to be supported in the project

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Abbreviations

AGM	Annual General Meeting
AIDS	Acquired Immune Deficiency Syndrome
ART	Antiretroviral Therapy
CBO	Community Based Organisations
CCAC	Community Council AIDS Committee
CGPU	Child and Gender Protection Unit
CSO	Civil Society Organisations
DA	District Administrator
DAC	District AIDS Committee
EGPAF	Elizabeth Glaser Paediatric And AIDS Foundation
FBO	Faith Based Organisations
HBC	Home Based Care
HIV	Human Immunodeficiency Virus
HTAP	HIV and AIDS Technical Assistance Project
ICAP	International Center for AIDS Care and Treatment Programs
INGO	International Non-Government Organisations
IPPF	International Planned Parenthood Federation
KYS	Know Your Status
LCN	Lesotho Council Of Non-Government Organisations
LENASO	Lesotho Network of AIDS Society Association
LENEPWHA	Lesotho Network of People Living With HIV
LGGA	Lesotho Girls Guide Association
LNGO	Local Non-Government Organisations
LPPA	Lesotho Planned Parenthood Association
LRSC	Lesotho Red Cross Society
M&E	Monitoring and Evaluation
MCP	Multiple Concurrent Partnership
MOH	Ministry Of Health
MOLGC	Ministry of Local Government and Chieftainship
NAC	National AIDS Commission
NGO	Non-Government Organisations
OVC	Orphan and Vulnerable Child
PLWHIV	People Living With HIV
PSI	Population International service
TB	Tuberculosis
WFP	World Food Program

Background

Lesotho has the third highest adult HIV prevalence in the world at twenty three percent (23.6%) and the impact of HIV epidemic is devastating on all aspects of society. Civil society and private sector are major players in the Lesotho's HIV and AIDS response. The prevalence rate is remaining constant despite efforts done by different sectors including civil society organizations. Review of National HIV and AIDS Strategic Plan 2006/2011 reflects gaps which are likely to be contributing to this situation. The gaps include; weak implementation capacity, weak coordinating capacity, and fragmented national HIV and AIDS M&E Systems. Without strengthening of Civil Society to be a meaningful player the situation will take decades to change to the positive. It is against this background that there is a compelling need to strengthen capacity of both government agencies and civil society organizations at both national and local level to address the identified gaps in implementing National HIV and AIDS Strategic Plan in an effort to contain and reverse the far reaching consequences of the epidemic.

Objectives

- To create awareness about the project to the district authorities and stakeholders in an effort to solicit support to the project and bringing understanding of Lesotho Council of Non-Government Organisation (LCN) activities at district level.
- To identify and locate the existing Non-Government Organisation NGOs or Community Based Organisations (CBOs) implementing HIV services
- To undertake capacity needs assessment with the aim of identifying capacity gaps
- To learn the capacity support provided to the Civil Society Organisations (CSOs) by other stakeholders in implementation of HIV interventions
- To learn what CBOs, NGOs and other government ministries are doing in response to HIV and AIDS in the district.

Study area

The exercise was conducted in the six project targeted districts; Maseru, Berea, Leribe, Thaba Tseka, Mafeteng and Mofokeng.

Methodology

Direct Interview

There are two methods that were applied during mapping exercise to identify the existing NGOs in each district, to gather detailed information about their operations. The first method that was applied was direct interviews to the organisations in the six (6) districts. The interviews were conducted to CSOs that are implementing HIV and AIDS interventions in different communities in different districts. The list of organizations implementing HIV Services in each district was already available with LCN, what was done in the exercise was to identify and map their location and contact persons to set meetings for assessment. After identification of the NGOs/CBOs, each organization was assessed according to its capacity with the aim of identifying both programmatic and organizational gaps that are likely to impact on the effective implementation of HIV interventions. The tool (Structured Questionnaire) was used to facilitate mapping while at same time assessing the capacities of the organizations. This activity was the most relevant as it was to inform project activities to be carried out thereof.

A team of five personnel from LCN head office was engaged to ensure a quick and effective process and the team was composed of HTAP Coordinator, Monitoring and Evaluation (M&E) Officer and three commission members from different NGOs. The rationale of engaging M&E Officer in this exercise was because the mapping and assessment tool (structured questionnaire) was developed as a collective collaboration between the offices. There was one day training on the mapping tool (Structured questionnaire) for the three (3) Commission members to ensure that they understood how to administer the questionnaire. Before the exercise was conducted a brief meetings were held with councillors, chiefs, District Administration and District Secretary Councils' offices, NGOs and government ministries at district level. This process was conducted

during the first day at each district to disseminate project information as well as to encourage stakeholders buy in and continual support.

The number of organizations that were mapped and assessed through direct interviews was one hundred and thirteen (113) in six districts as illustrated in table below.

Team composition

The exercise was conducted by a team composed of five people, who were divided into teams as follows:

Table 2: Team composition

Number of Officers	Districts
2	Mafeteng and Mohale's Hoek
3	Leribe, Berea and Thaba Tseka
5 (Combined team)	Maseru

Table 1: List of districts

District	Activity Details	Dates
Maseru	Interviews	07 th May 2012
Thaba Tseka	Interviews	04 th May 2012
Mohale's Hoek	Interviews	05 th May 2012
Mafeteng	Interviews	06 th May 2012
Berea	Interviews	03 th May 2012
Leribe	Interviews	04 th May 2012

Focus Group Discussion

The other method used was the Focus Group Discussion; In order to gather more in-depth information focus group discussion was applied. Focus group discussion is a small group of about six or more people led through open discussion by the facilitator. The group needs to be large enough to generate rich discussion but not so large such that some participants are left out. A set of carefully predetermined questions was developed to guide the flow of discussion. Participants in this activity were representation of local NGOs, international NGOs, CBOs and government departments supporting CSOs in implementation of HIV interventions. This was done with the aim of identifying both programmatic and organizational gaps of CSOs from

different bodies, learn the support that has already been provided to CSOs and facilitate implementation of the project. This approach helped in identifying the capacity needs of CSOs from the perspective of both the CSOs and other stakeholders. Each of the Focus Discussion exercise took a maximum of five hours.

In preparation of the exercise the Coordinator went to the districts for one day to liaise with members of NGOs in the districts for logistical arrangements and provision of the detailed programme for the exercise.

Expected output

- Mapping Exercise Report.
- Capacity needs of NGOs and CBOs identified.

Results

1. Direct Interviews

The mapping of organisations was conducted in six districts of the country. There are different organisations implementing HIV services that are located in different districts in Lesotho. Figure 1 illustrates the type of organisations that were involved in this study.



Figure 1.Types of Organisations

There are more (98) Community Based Organisations (CBO) that participated in the study as compared to Local Non-Governmental organisations (LNGO)s, International Non-Governmental Organisations (INGO) and Faith Based Organisation (FBO) respectively. There are more (25) organisations in Thaba Tseka as compared to Mafeteng(20), Leribe(19), Berea (18), Mohale’s Hoek (18) and Maseru (13) that took part in this study.

Dates of establishment of organisations had a very huge difference which denotes that the functions, coverage and impact of the organisations differ within the same district as well as cross different districts. The oldest organisation that took part in the study was established in 1924 – Lesotho Girls Guide Association (LGGA) which is found in Maseru while the young organisations which are Support Groups (Community Based Organisations) were established in 2012. Table 3 provides different dates of establishments of different organisations by districts.

Table 3: Establishments of organisations by districts

Maseru	Mafeteng	Mohale’s Hoek	Thaba Tseka	Berea	Leribe
1924 - 2010	1983 -2011	1949 -2010	1990 - 2012	2000 -2011	1999 – 2011

There are 102 organisations that have indicated that they are known in their areas of work and most of them were the CBOs because they are located in the villages and the services that are rendered are meant to assist members of the community.

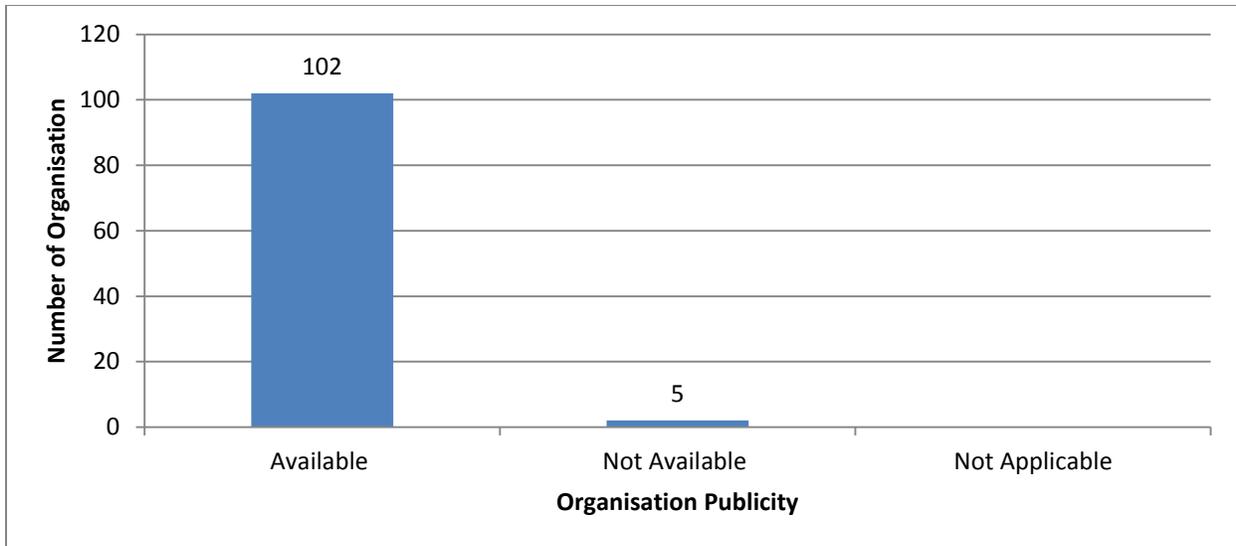


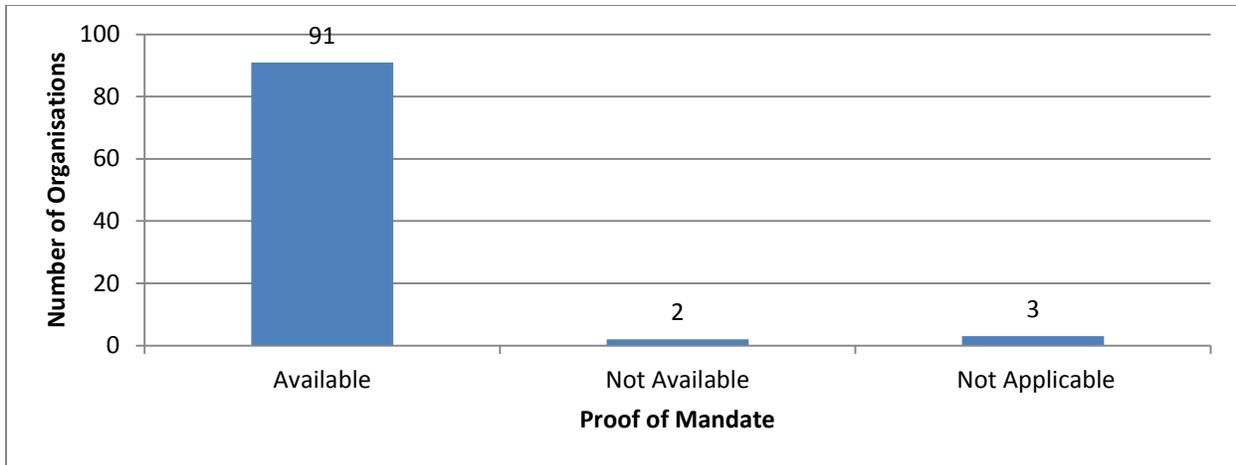
Figure2: Organisation publicity

The following are the organisations that have showed that they are not known in their working areas:

- Makoabating Support Group (2003) in Mafeteng
- Sekiring Youth Club (2012) in Thaba Tseka).
- Our Hope Organisation Support Group (2010) in Maseru
- Rets'epile Support Group (2009) in Mohale's Hoek

Figure 3: Proof of Mandate

There are only 91 organisations that have provided their proof of mandate for their existence as per figure 3. There other two organisations did not have proof of mandate while three did not have the proof of mandate of their organisation



Mission Statement

One of the most important components of the organisations is to have Mission statement which is the guiding principle of what the organisation wish to be. There were 45 organisations that have shown that they have organisational Mission Statement while the 17 indicated that they do not have mission statement. The other 18 organisation indicated that mission statement is not applicable for the type of their organisation as reflected in figure 4.

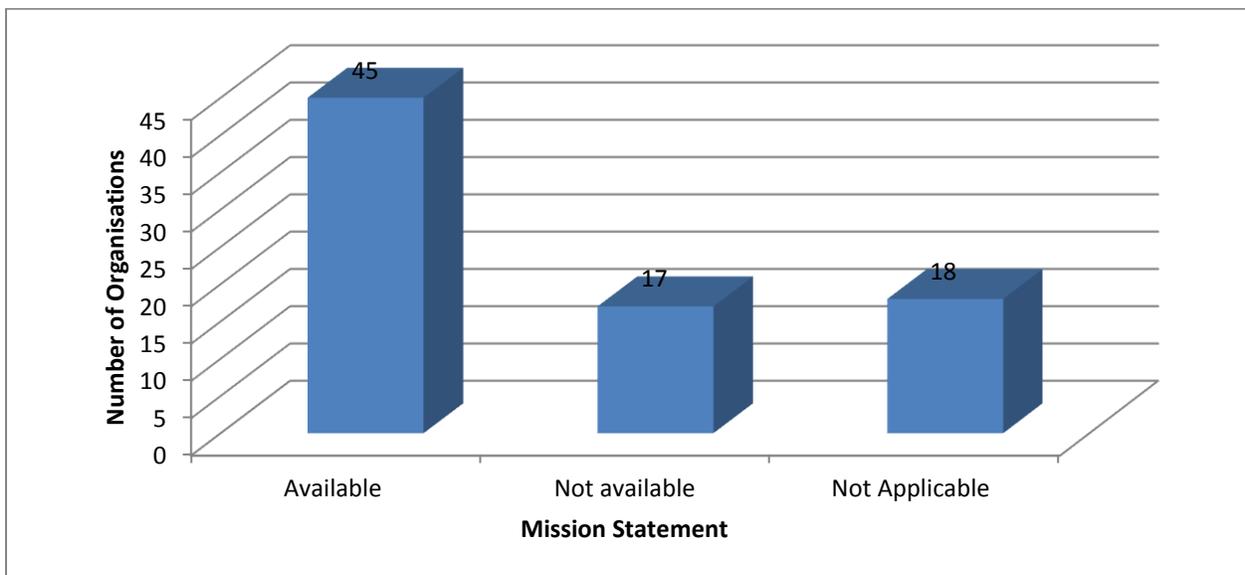


Figure 4: Availability of Organisations Mission statement

Organisation structure plays a major role as this provides the details on how the organization manages its operations, and what roles and responsibilities of member of the organisation. Table 4 provides the structure of organisations that took part in the study.

Table 4: Organisation or Management Structure

Districts	Yes	No	Not Applicable
Maseru	13	0	0
Mafeteng	11	6	3
Mohale's Hoek	6	3	8
Thaba Tseka	22	1	1
Berea	17	0	0
Leribe	19	1	0
Overall	88	11	12

There are 88 organisations that have indicated that they have organisational or management structures, 11 did not have management structure while 12 indicated that it was not relevant for them to have management structure in their organisations

There are some of the organisations that have indicated that there are board members in their organisations while others did not have at all. Figure 5 shows organisations with and without management board.

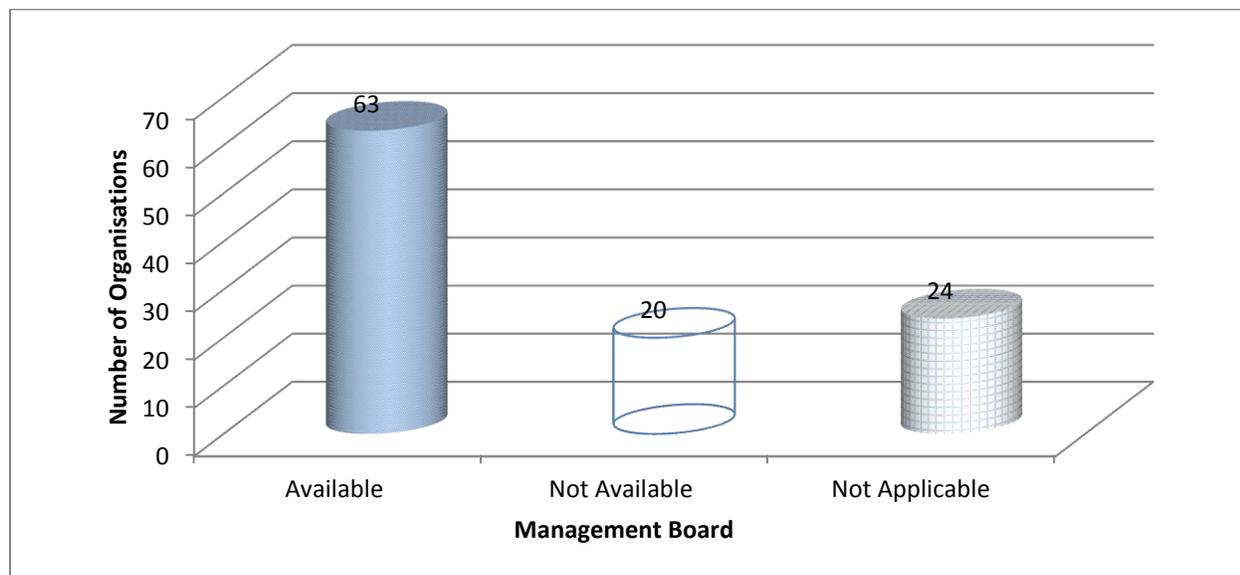


Figure 5: Board Formation

Sixty three of the organisations that took part in the study indicated that they have management board in their organisations while twenty indicated that they do not have board and twenty four showed that board members are not applicable for their organisations. Table 5 illustrates the processes that were followed during the formation of the boards of the organisations that took part in this study. Majority (31) of board members were elected, nominated and appointed respectively while fifty two organisations indicated that board members are not applicable to their organisations especially Community Based Organisations.

Table 5: Board Constitution

District	Elections	Nominations	Appointment	Not Applicable
Maseru	4	6	1	2
Mafeteng	0	3	0	17
Mohale's Hoek	1	4	1	12
Thaba Tseka	7	1	9	8
Berea	10	1	0	6
Leribe	9	1	3	7
Overall	31	16	14	52

Table 6: Selection Criteria

Districts	Expertise	Experience	Both	Not Applicable
Maseru	5	2	3	3
Mafeteng	2	3	0	15
Mohale's Hoek	1	2	0	16
Thaba Tseka	3	8	6	8
Berea	3	8	1	5
Leribe	3	5	4	7
Overall	17	28	14	54

There are procedures that are followed when the members of the board are put in place in different organisations. With the organisations that took part in the study, a lot of members of board (28) were elected because of their experience, expertise (17) and both (14). There are other organisations especially Community Based Organisations (CBOs) that showed that due to the nature of their organisation they do not have board members. The roles of board members in the

organisations have been defined differently in the six districts where the mapping exercise was conducted. The general responses are as follow:

- Oversee executive committee and Organisations
- Administration and Management of the Organisation
- advice executive committee
- aligning with international assignment
- Strategic planning
- Collect information to build on the support group success
- Disputes and finance reporting
- Financial management, strategic planning, Human Resource management
- Governance
- Caring for clients
- Staff recruitment and termination
- Make sure the group does its work
- Board does nothing
- No specific role
- Monitoring
- Make sure rules are followed

There are different times when the board meetings are held in different organisations depending on the mandate of the organisations and the scope of their work. There are some organisations that do not hold the meetings at all due to the nature of their organisations. There are fifty organisations that indicated that they hold regular board meeting to review financial issues, ten indicated that they do not hold regular meeting while fifty one indicated that board meeting are not applicable to their organisations as they do not have such board member.

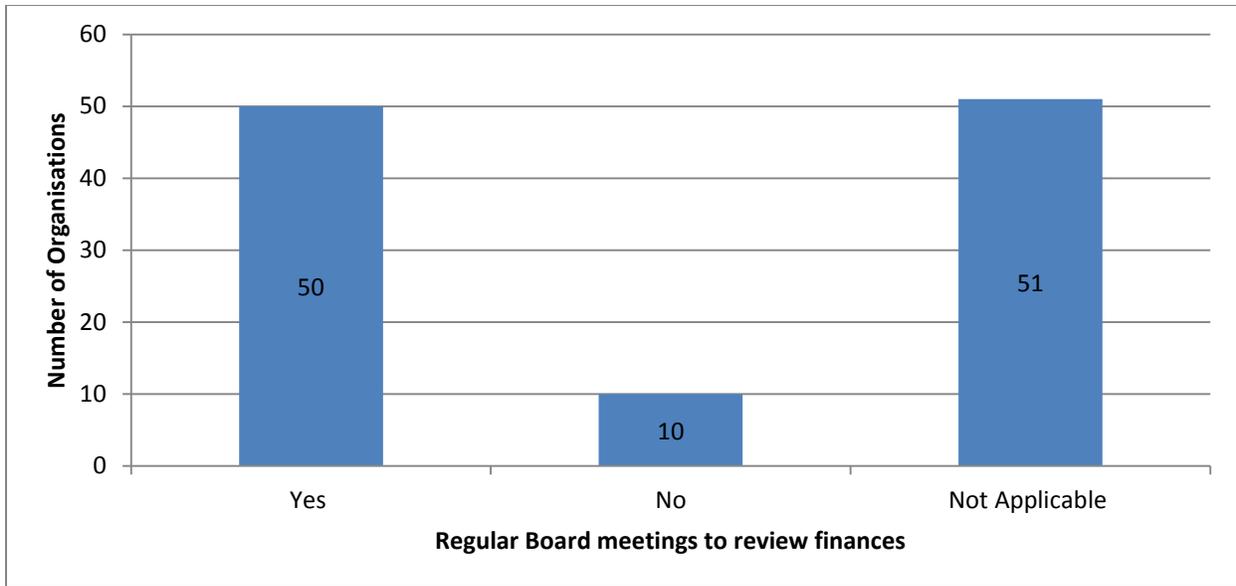


Figure 6: Board meetings

The twelve (12) organisations that indicated that they hold regular meetings showed that they in invite experts in such meetings; thirty nine showed that they do not include experts in their meetings. Sixty organisations showed that board meeting with expert are not relevant to their organisations

In Maseru district, It was discovered that the board renewals vary by organisations from yearly renewal to five (5)years and the process of renewing board members is done during Annual General Meeting (AGM) of the organisations. In Mohale’s Hoek it was found out that, the board renewal is conducted after two (2) to three (3) during AGM depending on organisations time frames. In Leribe the renewal of members of Board do vary by organisations from three (3) months to three (3) years while in Thaba Tseka the board renewal varies from five (5) months to two (2) years. In Berea, organisations illustrated that renewal of board members is done annual during AGM by election and nominations while in Mafeteng, board memberships varies from three (3) months to two (2) years by being elected or nominated.

Frequency of Board meetings also do vary from organisations to organisations due to the nature of the organisations. In Maseru district, the meetings of board members varied from weekly monthly, quarterly , bi annually to annual depending of the nature of the organisations while in Mohale’s Hoek, the meetings are held on monthly bases while in Leribe organisations indicated that meetings are being held from weekly, bi weekly, monthly and quarterly. In Thaba Tseka,

the organisations indicated that meetings are being held on bi weekly, monthly, quarterly, after every four (4) months and bi annually. In Mohale's Hoek organisations indicated that they hold meetings on weekly, monthly and quarterly while in Mafeteng meetings are being held on weekly, bi weekly and monthly.

Constitution is the guiding document for the organisations as it stipulated what the organisations want to achieve over a certain period of time. Figure 7 shows that sixty eight of the organisations that took part in the study indicated that they have organisational constitution; eighteen indicated that they do not have constitutions while twenty five showed that due to the nature of their organisations, they do not have such documents.



Figure 7: Organisation Constitution

Constitution Development defers from organisations to organisation and the following are the categories that were involved in process:

- Consultants,
- Group members through brain storming
- Board (committee & partners)
- Experts
- District committee and a consultant
- National board

Constitution Update: Frequency

- Not updated
- When needed
- Every two months
- Every 6 months
- Annually
- Bi annual
- After 5 years
- Decade

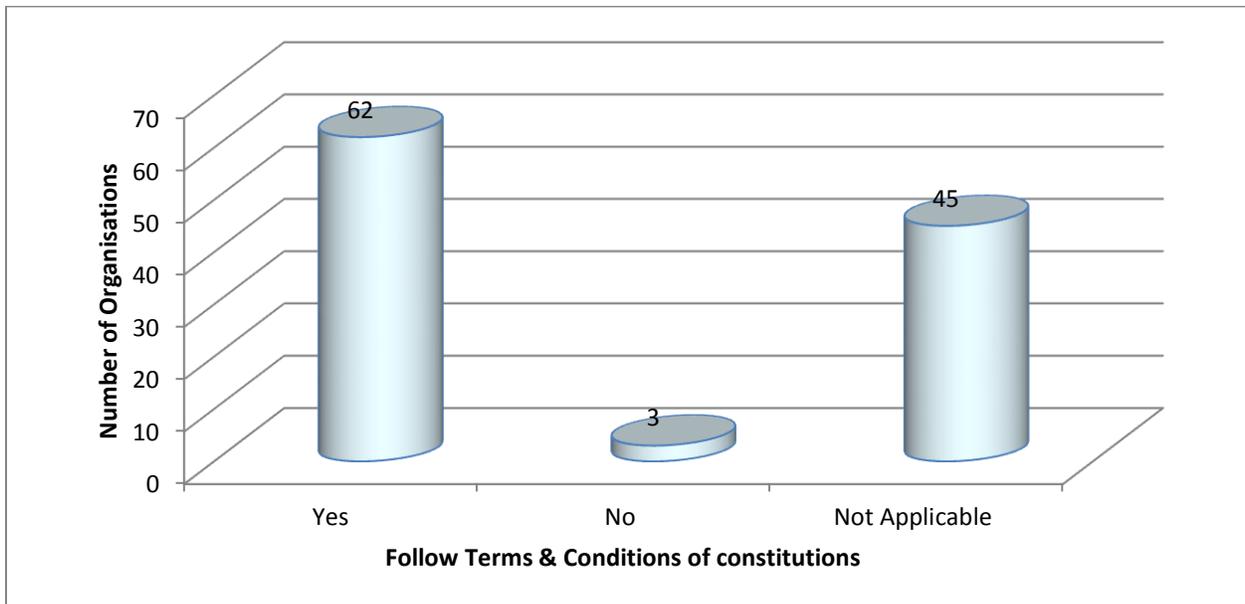


Figure 8: Follow the constitutions

Sixty two of the organisations indicated that they are following the terms and conditions that are in their constitutions because those are the guiding principles for the existence of the organisations. There are three (3) organisations that showed that they are not following the terms and conditions in their constitutions while forty five (45) showed that they don't have constitutions at all.

Strategic Plans of organisations provide the guidance on what the organisations need to do as long term guiding strategies. Strategic plans also provide the time frame of implementation of

some activities and responsible implementing partners or other collaborating partners. Figure 9 illustrates organisations with strategic plans

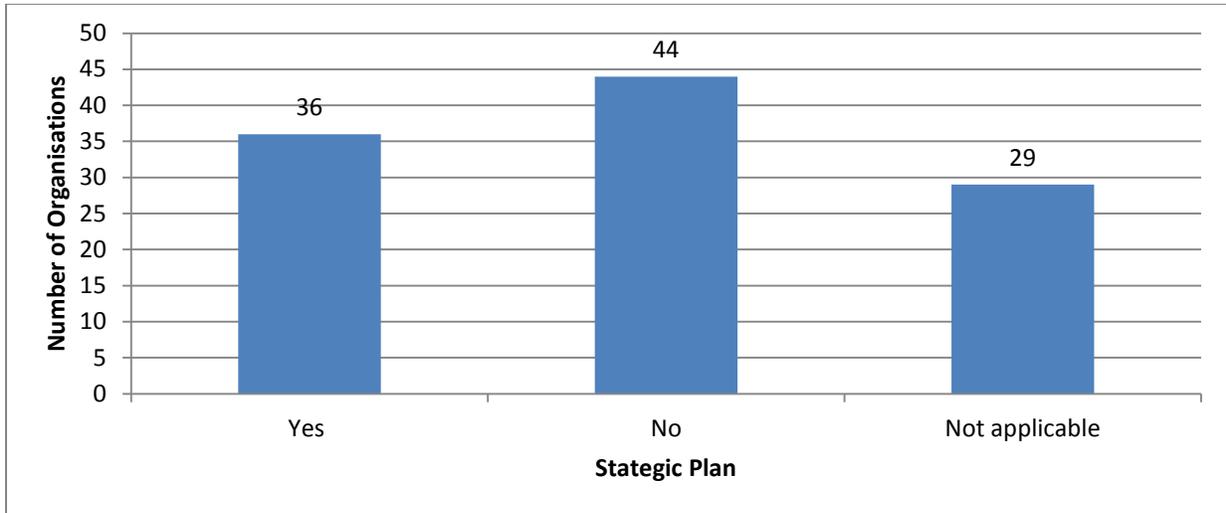


Figure 9: Availability of Strategic Plans

The process of developing the strategic plans is always participatory whereby all members of the organisation, board members, other stakeholders, experts (consultant) do take part.

There are thirty one (31) members of the organisations who indicated that their organisational strategic plans are aligned with their organisational visions. Five (5) organisations showed that their organisational strategies are not aligned to the organisational visions while seventy one (71) organisations indicated that they do not have both strategic plans and organisational visions as illustrated in figure 10.

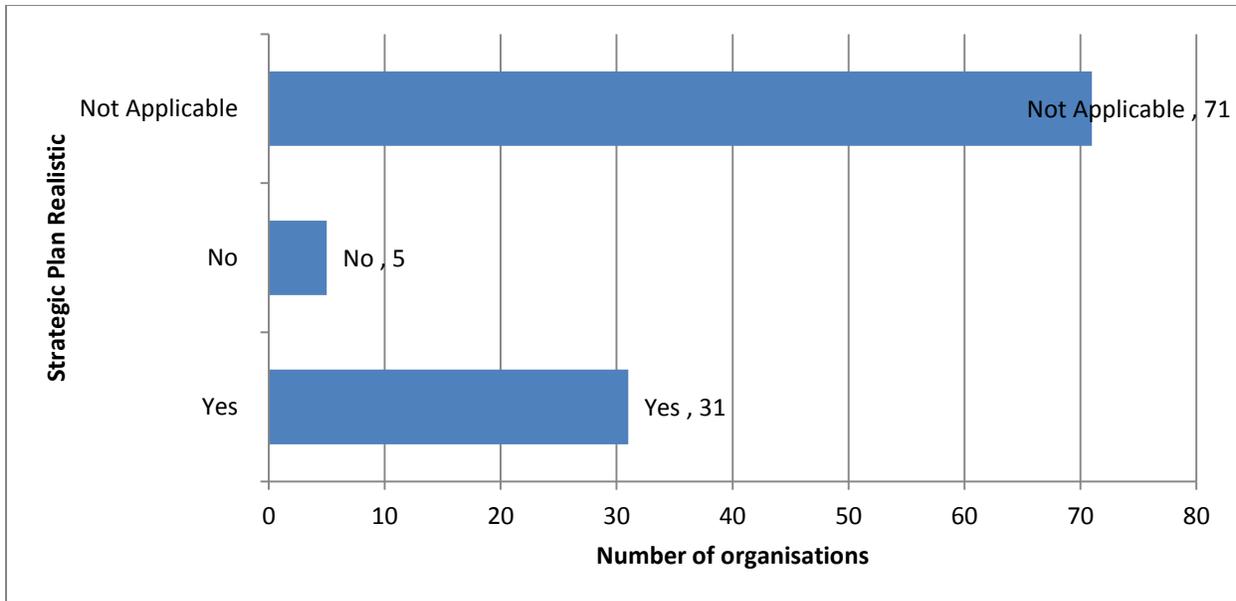


Figure 10: Realistic of the strategic plans Organisational Vision

In relation to implementation of the strategies as they are guiding document for every organisation, twenty nine organisations indicated that they are guided by the strategic plans on their daily basis. Two organisations showed that they have strategic plans but they are not being used to guide the implementations of their activities while seventy seven showed that they have no plan.

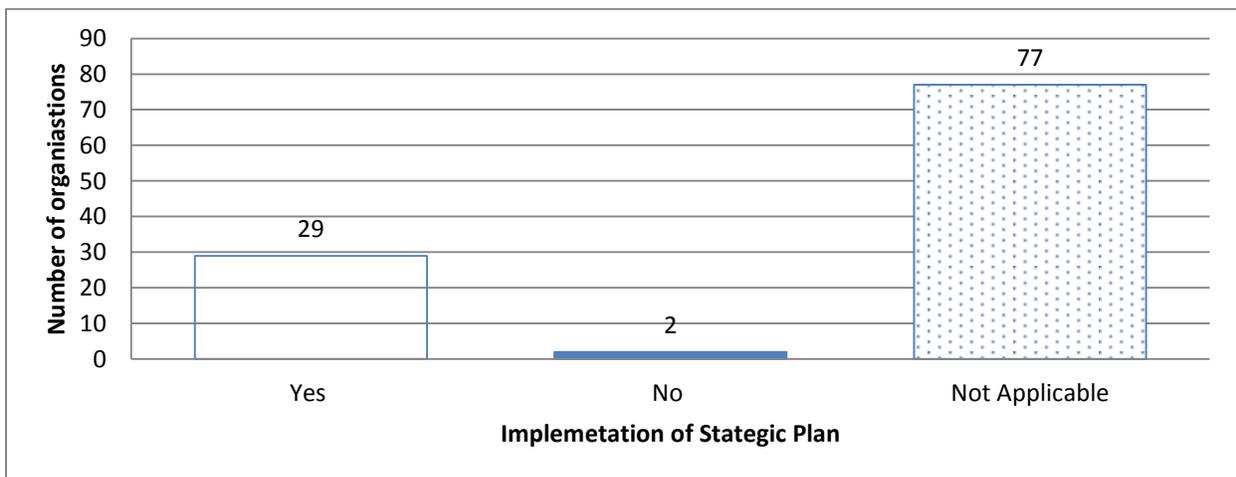


Figure 11: Implementation of strategic Plan

Operational Plans are the short term guiding principles that are derived from the long term strategic plans. These plans can be implemented over a period of three to twelve months and be

monitors to track the performance of the organisations. There were forty seven organisations that showed that they have operational plans, thirty six showed that they do not have such plan while thirty showed that they are not applicable for their organisations, refer to figure 12.

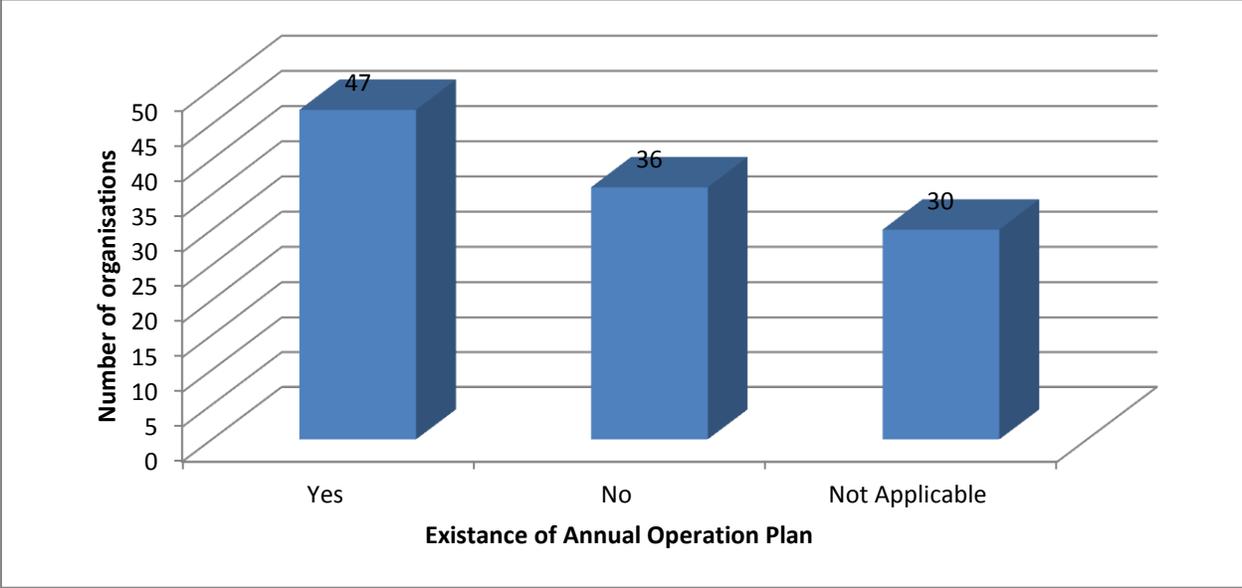


Figure 12: Existence of annual Operation Plans

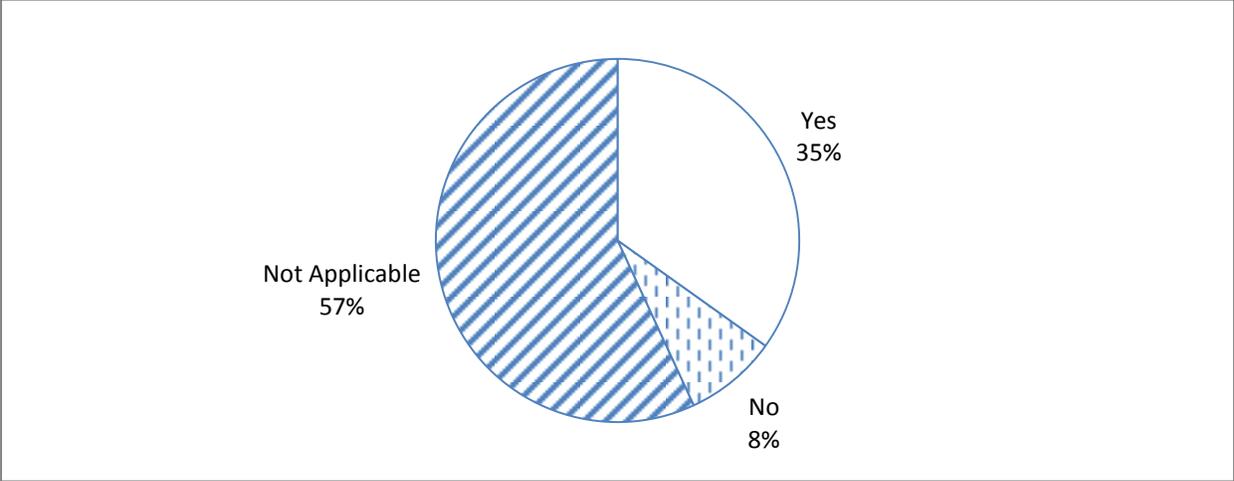


Figure 13: Plan Implementation: Realistic implementation

Thirty five (35%) percent of the organisation showed that their operational plans are realistic as they are being implemented on the short period of time. Eight (8) percent showed that their operational plans are not realistic while fifty seven (57%) percent indicated that they do not have

operational plans. In relation to conducting the performance review, thirty five showed that they do conduct performance review while ten indicated that they have never conduct the performance reviews and sixty five indicated that performance reviews are not applicable to their organisations are they do not have the operational plans.

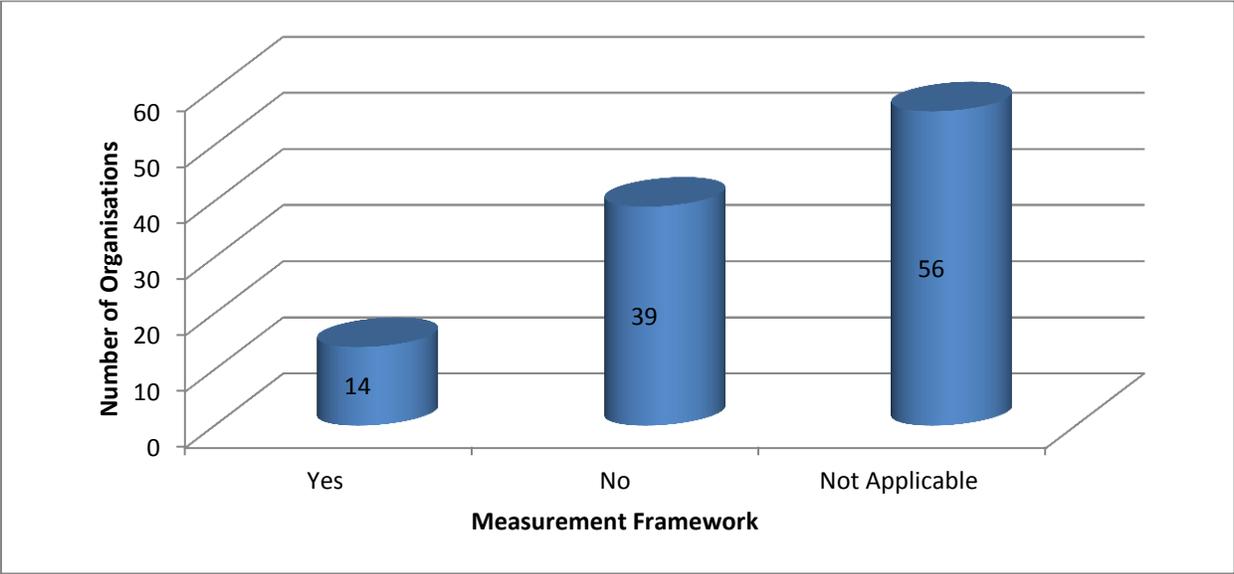


Figure 14: Measurement Framework Vs goal and strategic objectives

Fourteen (14) organisations showed that they have measurement frameworks that are aligned to their goal, strategic objectives, while thirty nine (39) showed that they do not have such frame works. Fifty six (56) organisations showed that measurement frameworks are not applicable to their organisations.

Table 7: Projects and beneficiaries

Maseru District

SaFAIDS HIV&AIDS: 2010/11. EGPAF 2010/11, Tabitacare- Herd boys Education Support	HIV prevention through provision HTC, ART program: MOH commodities, MOH-testing kits, Male circumcision	Support of PLWHIV - Support OVC-US\$ 70000 Maintain cleanliness and provide meals. Fire light foundation 2004-2011-OVC education support, training of HIV to different groups : school fees	Behavioural change activities through public gatherings. HIV education to young people especial OVC LENASO- education support 2011.	HIV Awareness- youth. Support PLWHIV to ensure adherence. HIV awareness among youth- LCN 2012-200000. TRA 2007- OVC support education, food security project.	Youth education on HIV. It has never been funded.
Vulnerable Group : Semonkong	men, women, youth, sex workers,	OVC, PLWHIV = Naledi lenkotong Uniforms. Nthaba Masimong Letsatseng	Mabote, Khubetsoana, Sekamaneng, Phopholetsa, Boinyatso, Rastimela OVC sick people Elderly	Khutsong Youth, OVC 7500-65000	Youth & women

Mohale's Hoek

Awareness Adherence Condom distribution Nutrition support	Condom distribution Awareness Facilitate referrals	Awareness on this importance of testing. Facilitate referrals. Nutrition support from individual members. Support PLWHIV and OVC	LCS Supported with blankets given to OVC. Awareness thru dramas, visit the aged. TB	Awareness HTO, Referrals, facilitate adherence, OVC Support	Facilitate referrals (located near Morifi Clinic), Nutrition Support, homestead gardening. Activities not donor funded.	Health, HIV & AIDS Preventio n care, OVC and support. WV USA: US\$160	Treatment & Care, facilitate adherence. Nutrition. Activities not donor funded.	PLWHIV Support by nutrition and counsellin g. Not donor funded	OVC Support, Support PLWHIV. Activities not donor funded.	OVC Support, Support PLWHIV. Facilitate adherence. Activities not donor funded.	Awareness (testing though have a problem with males). Youth OVC & Adults of Litengteng, Matlapaneng, Lekhalong, Ha Makuili
PLWHIV & OVC Ha Setotoma	PLWHIV & OVC	Thoteng, Matsoapong, phuthing, Paballong, Ha Mothebesoane targeting adults	The elderly & OVC (Clothing Support)	PLWHIV & OVC	Adults: Braakfontein	Mpharane Thaba Mokhele	OVS & PLWHIV. Ha Tale, Libataolong, White City, Moreneng, Matlapeng	PLWHIV- Peli and Ramololi	OVC, PLWHV, Metsi Masoana	OVC, PLWHIV- Tsoaling, Polateng	HIV Awareness

Leribe

Adult care support	Giving orphans food by LENESO	Community outreach but no funding	Community Outreach with no donor	Adherence HBC	vegetables	2005-12 Collects Artisans, GRO Autralia-Aus AID, Lesotho Advancemnt Prog,Canada fund for local initiatvs, Family Scholarship Pro-lyf skills & HIV AIDS. Continuous program 2010	Donating to the OVC	Donating HBC by care. OVC care supported by care and world vision	Given to OVC , Given support to HIV Patients in the community	Red cross on HBC. Livelihood on seeds
PLWHIV	All age groups	youth, adults, males to males	All age groups	youth girls	OVC, Vulnerable youth and adults	Women affected & infected &VC	OVC & HIV/AIDS & TB	OVC & HBC to HIV/AIDS patients	Milk producers in Peka	HIV/AIDS & TB

Thaba Tseka

Donations to the OVC supporters by (ATRA) Counselling and adherence sessions. Chickens donated by Action Aid	Condom programming, self-supported.	No projects	Training herd boys about HIV	No specific HIV/AIDS Projects	PSS, Anti AIDS Club,	Plants for OVC and vulnerable groups	Training of youth about HIV. KYS, alcohol abuse	HIV training & HBC	Carry HBC, Clothing for people	Distribution of clothes for the needy but also try to reduce poverty	Action Aid- give kits	MOH,: gloves and condoms.
OVC and HIV/AIDS Patients	youth	OVC, Students and old people	youth in Thaba Tseka	Students and farmers	OVC, Elders	vulnerable groups, OVC, PLWHIV	Town for youth	PLWHIV, Vulnerable groups & OVC	PLWHIV, Vulnerable people	men and women	All age groups	kids under 18 years

Berea

American embassy, LENEHWA, RSDA	Give school uniforms to needy children and orphans	HIV & AIDS education not donor funded	Fight stigma & discrimination. Fighting denial in the community and HIV education not donor funded.	HIV & AIDS, Condom use. Youth behavioural change and comm. MCP, abstinence	Refer to the paper
All age groups including orphans	Orphans, needy children and PLWHIV	youth and adults	NA	youth: Ha Thaba mpholo, Majoeng, Khafung, Boss	Refer to the paper

Mafeteng

Stigma and discrimination on HIV education	OVC support. Sew uniforms. food parcels from individuals	HTC, Adherence, poultry project from LENEHWA (each person 5 chicks) which did not work	Adherence for TB patients	Has had funds from Phela in 2010 which were used to buy chickens though not yet delivered	Gardening, OVC support	One Love, Homestead gardening	VCT.CDC. Interpersonal communication- condom social marketing. UNFPA	Gardening, piggery	Only seeds and things used for ploughing are distributed
Adults	Ha likupa OVC	PLWHIV Paballong	TB/ HIV persons, OVC	NA	Makoabating	Ha Khobotle	Males 25-35 and every person above 12 in Mafeteng	Ha-mohlathane	orphans, the vulnerable and sick

Monitoring the implementation of organisation’s activities plays a significant role for tracking the progress that is being made toward achieving the organisational goals. The development of Monitoring and Evaluation plans need to be aligned to the strategic plan objectives. Twenty six (26) organisations have indicated that they have Monitoring and Evaluation plans in their organisations that are being used to track the implementation progress of the strategies. Forty three (43) have indicated that they do not have Monitoring and Evaluation Plans while the other forty two (42) indicated that Monitoring and Evaluation Plans are not relevant to their organisations, refer to figure 15.

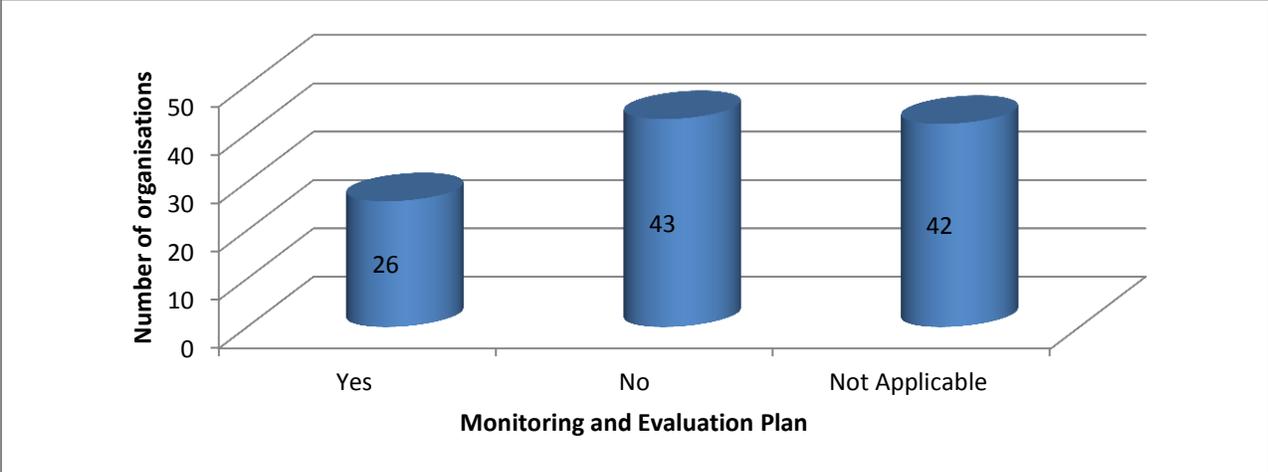


Figure 15: Monitoring and Evaluation Plans

Nineteen percent (19%) of the organisations indicated that they have undergone assessment or evaluation (internal and/or external) of their program or project. Thirty eight percent (38%) indicated that they have not undergone any evaluation while the other forty three percent (43%) indicated that evaluations are not applicable to them

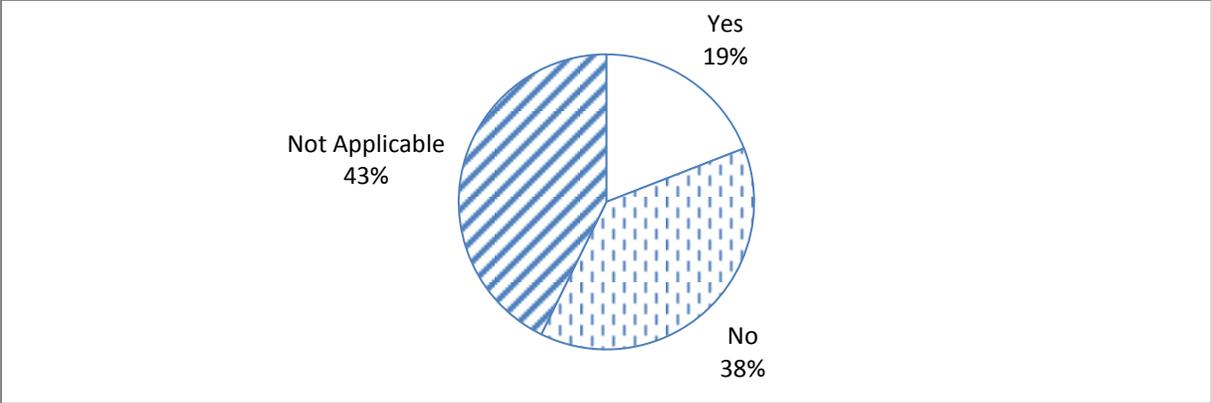


Figure 16: Evaluations conducted

There are thirty five (35) organisations that have showed that they have employees with contracts while twenty three (23) organisations showed that their staff do not have contract, refer to figure 17.

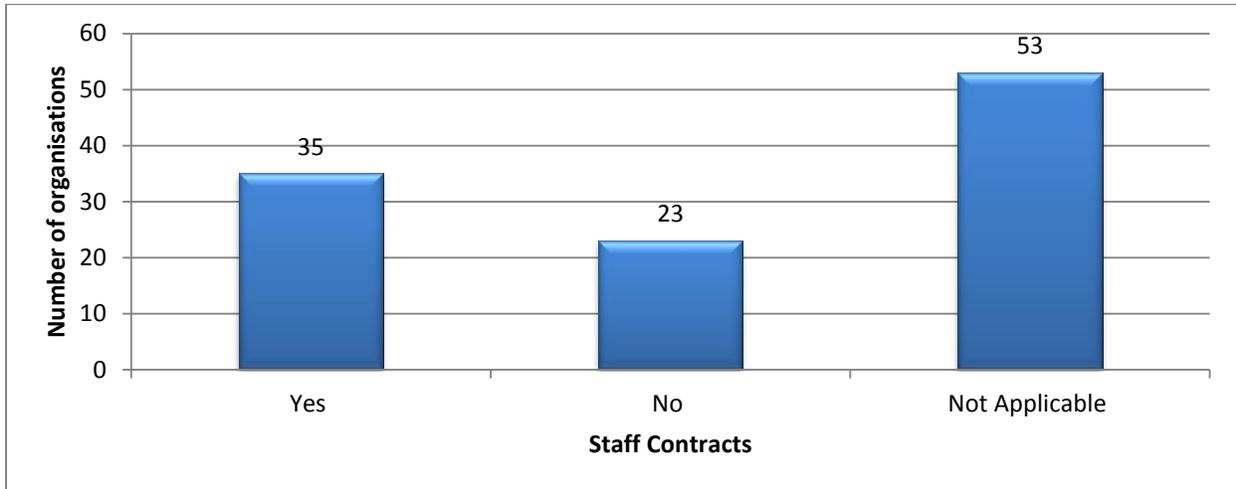


Figure 17: Staff Contracts

One of the ways of retaining the staff in the organisation is to build their capacity and improve the working environment. Thirty one of the organisations that took part in the study indicated that they have training plans for their staff while forty one and thirty seven indicated that they do not have any training plans and training plans are not applicable to their organisations, refer to figure 18.

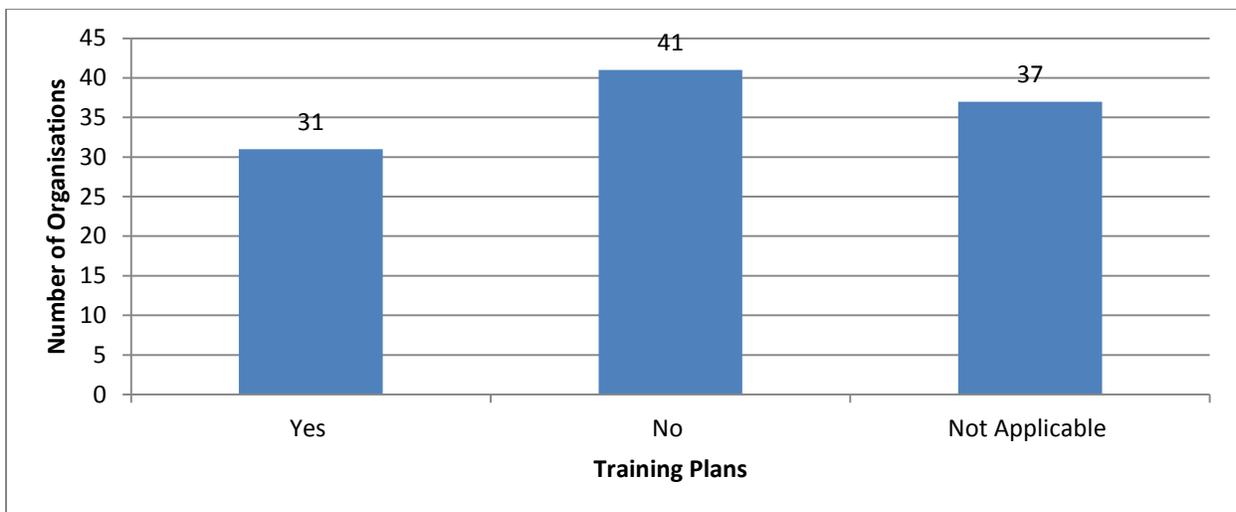


Figure 18: Training Plans

The training plans have included the training on policies as part of motivating staff about the knowledge of the organisations and the ultimate goal to be working towards as one team. Figure 19 shows that twenty six (26) organisations have skills for developing the proposals to funding institutions as well as to donors. Forty one (41) organisations indicated that they have no skills in developing the proposal while the other forty two (42) organisations explained that proposal development skills are not applicable to them.

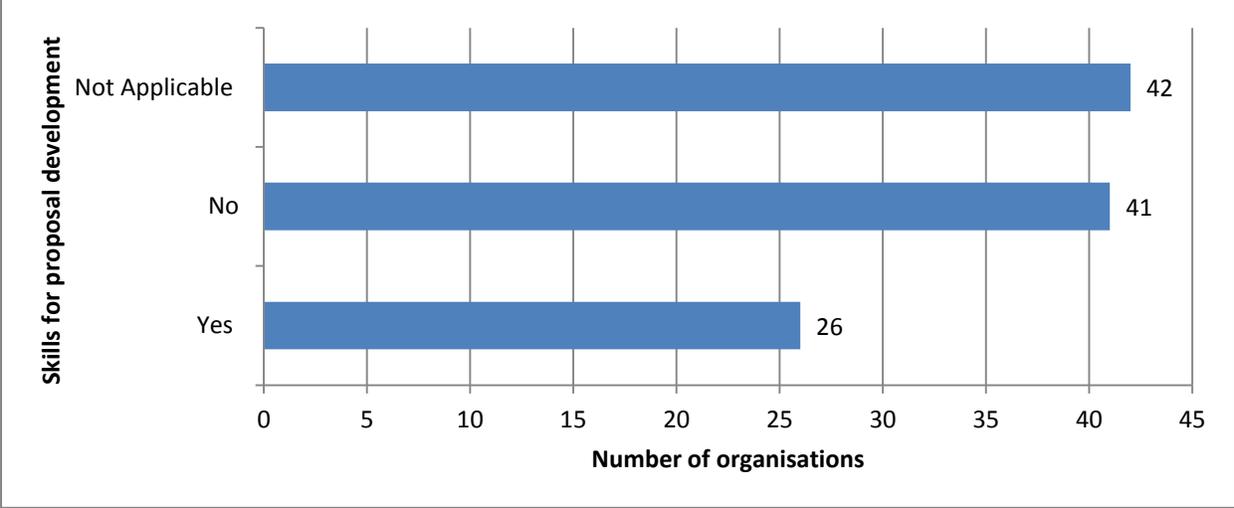


Figure 19: Skills for Proposal development

Existence of the organisations (Local NGOs, International NGOs, FBOs, as well as CBOs) depends mostly of the foreign donors which are funded restricted. Most of the organisations (64) that took part in the study indicated that they have income generating activities while thirty two indicated that they do not have income generating activities and seventeen (17) showed that income generating activities are not applicable to their organisations.

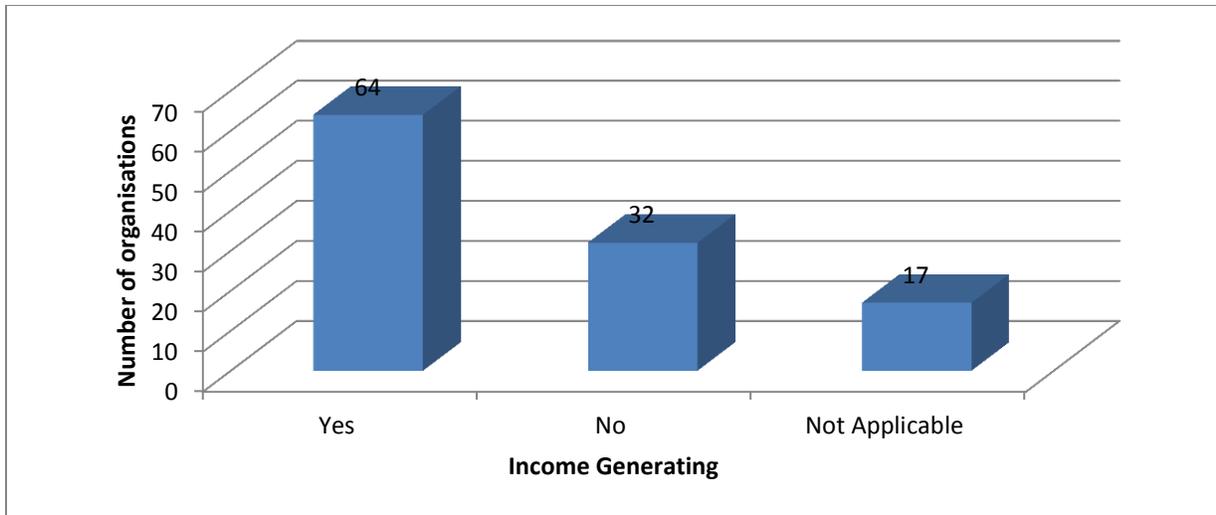


Figure 20: Income generation activities

Capacity development plays the major role in sustaining the life span of the organisation. Eighty three (83) organisations indicated that they need capacity development on how to generate income for their organisations while two (2) organisations showed that they do not require capacity development in that area and the other twenty seven (27) indicated that capacity development is not applicable to their organisations.

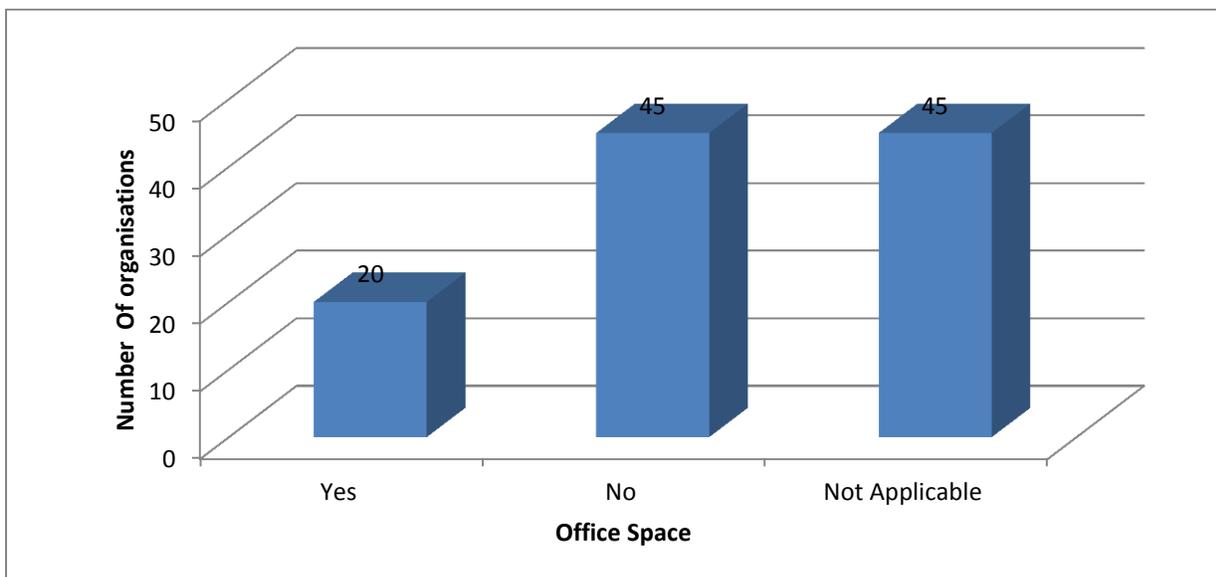


Figure 21: Office Space

There are twenty (20) organisations that have indicated that they have office space where they operate from on daily basis. There other forty five (45) organisations indicated that they do not

have office space while the other forty five (45) organisations showed that office space is not applicable to them as they move from house to house when they render their services. Table 8 illustrates the equipment and other material that are available in the organisations that took part in the study in six (6) districts.

Table 8: Equipment

Equipment	Yes	No	Not Applicable
Communication equipment (telephone, fax or email)	11	26	76
Any other relevant materials and equipment	6	27	79
Transport/ vehicles	7	28	78
Security of assets (General office security, location, insurance etc))	8	23	81

Provision of security to organisations property is regards as an important component in risk management. Eight (8) organisations indicated that they have security of assets and eleven showed that they have assets registers. Twenty three (23) have indicated that they do not have security and asset registers for organisations. Eighty one (81) organisations indicated that security of assets and asset registers are not applicable to their organisations, refer to table 8.

Table 9 provides administrative capacity that has been identified in the organisations that took part in the study. Majority of the organisations that took part in the study indicated that administrative issues are not applicable to their organisations as they offer the services to sick people in the communities as Community Based Organisations.

Table 9: Administrative Capacity

Administrative Capacity	Yes	No	Not Applicable
Does the organization have a qualified administrative officer with book keeping skills?	21	34	55
Does the organization have a filing system?	12	34	67
Does the organization have a petty cash system? What is the limit of money considered as petty cash?	17 (M20 – M5000)	32	61
Are there organizational policies? If yes please state them.	16	20	76

There are eighteen (18) organisations that have indicated that they have payment systems in their organisations while the other twenty six organisations showed that they do not have payment systems and sixty seven indicated that payment system is not applicable to their organisations as they are volunteers

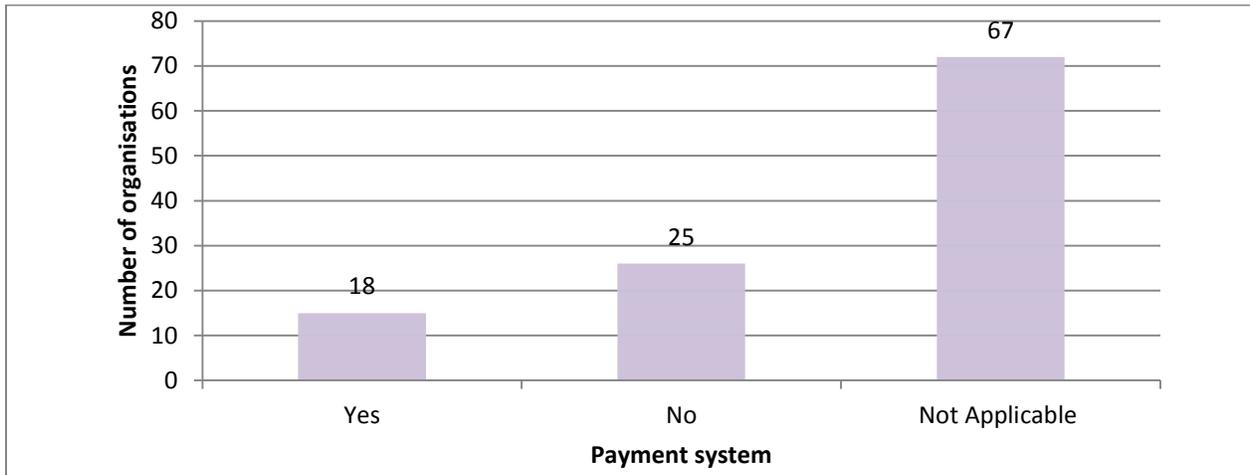


Figure 22: Payment System

There are fifteen (15);Five(5) in Maseru, four(4) in Leribe, one(1) Thaba Tseka, four (4) Berea, and one(1) in Mafeteng) organisations that have indicated that they have procurement procedures in their organisations that are followed when the want to buy or engage external service providers. The other twenty six (26) organisations showed that they do not have procurement procedures and seventy two (72) indicated that procurement procedures are not applicable to their organisations as they are volunteers, refer to figure 23.

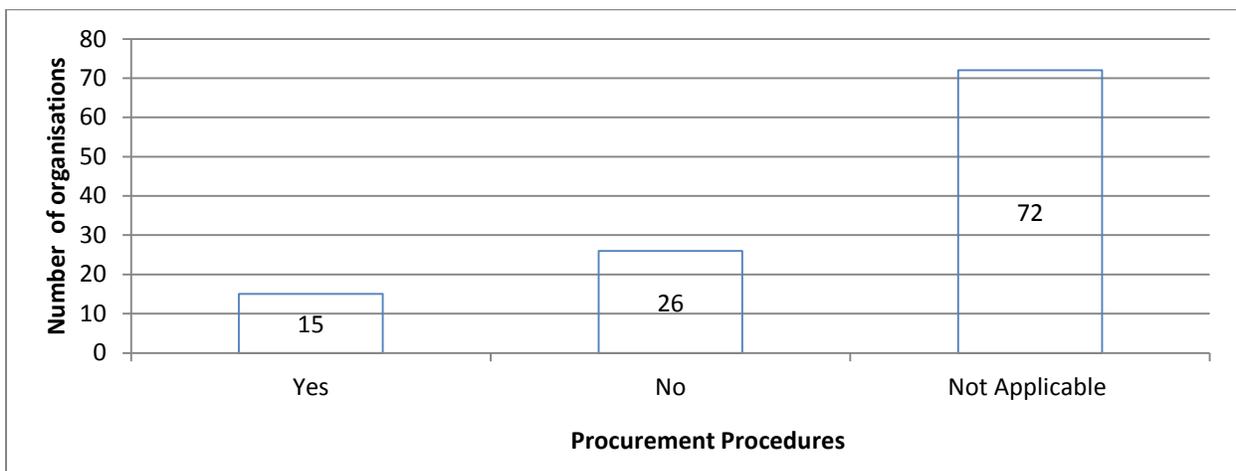


Figure 23: Procurement Procedures

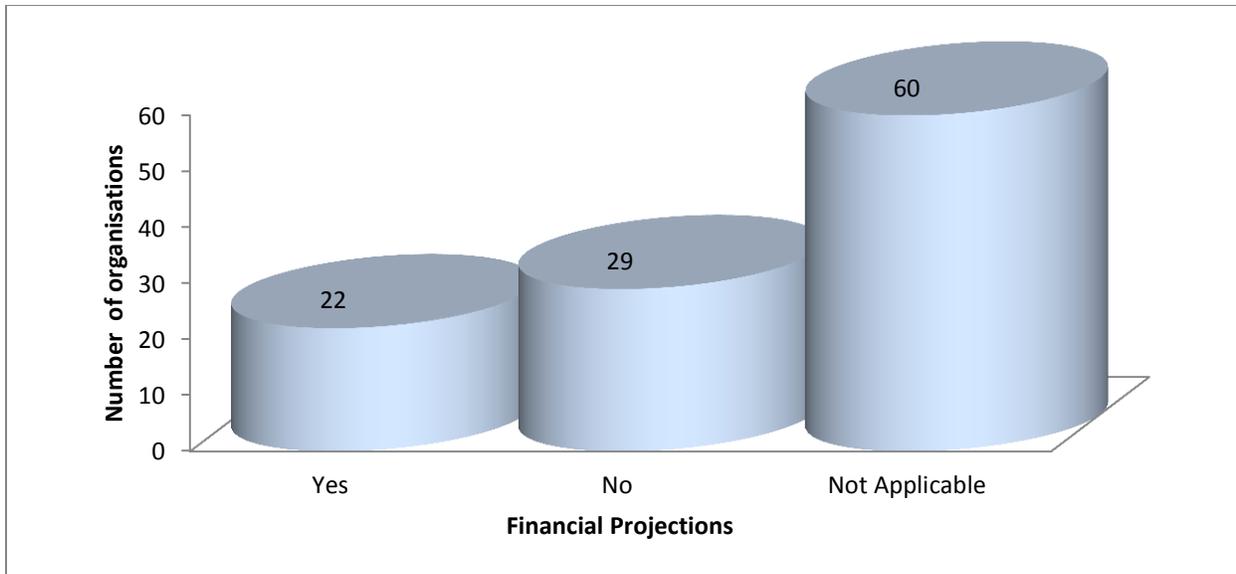


Figure 24: Financial projections

Twenty two (22) organisations showed that they do financial project regularly while twenty nine showed that they do not prepare financial projections. Sixty (60) organisations indicated that financial projections are not applicable to their organisations due to the nature of their organisations. In relation to chart of accounts, only twenty eight (28) organisations showed that they have charts of accounts while thirteen organisations indicated that they do not have charts of accounts as well as seventy one organisations that indicated that charts of account are not applicable to their organisations. Majority of the organisations that took part in the study are not well equipped with financial administrative issues (Charts of accounts, Accounting systems, Short term Budget and cash flow tracking systems, as well as financial reporting procedures) they do not have huge funds to assist their operations, refer to table 10 and figure 25.

Table 10: Financial administrative

Financial Issues	Yes	No	Not Applicable
Does a chart of accounts exist (a document that describes the codified accounting system)?	8	26	78
Are the information/reports generated by the accounting system accurate?	13	16	82
Do short-term operating budgets and cash flow tracking systems exist?	16	23	71
Does the organization have an appropriate financial reporting procedure?	21	15	76

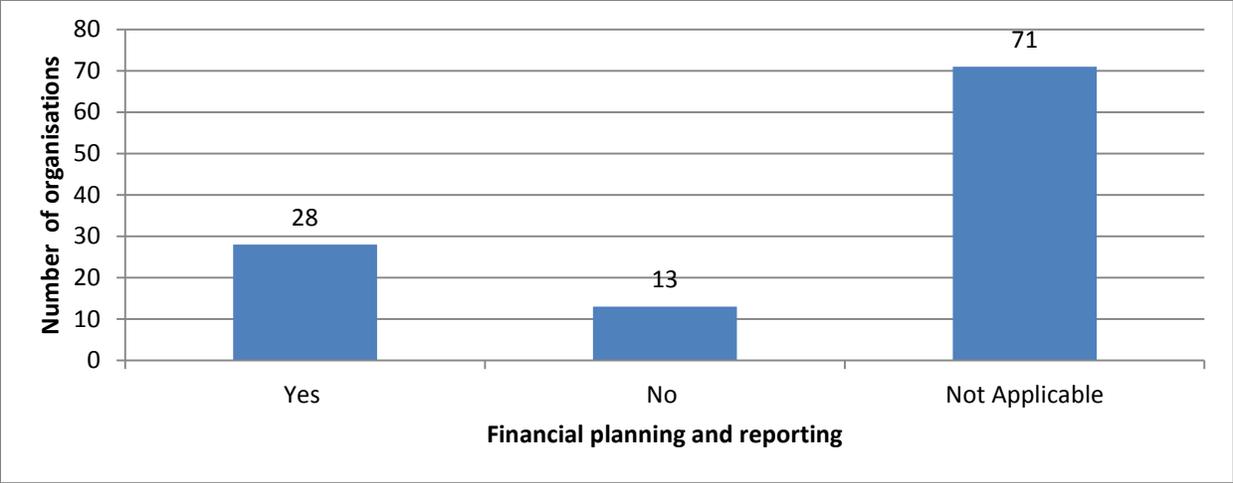


Figure 25: Financial Planning and report

Production of Financial reports is very important in the organisations as it reflects on how the projects are performing and information sharing in the organisation informs all the relevant stakeholders about financial matters. Twenty eight (28) organisations indicated that they have financial planning reports and twenty six of them indicated that they receive financial information. Thirteen (13) organisations have shown that they do not have financial report and therefore there is no information sharing among the members of the organisations while seventy one (71) organisations have indicated that financial planning and production of reports are not applicable to their organisations.

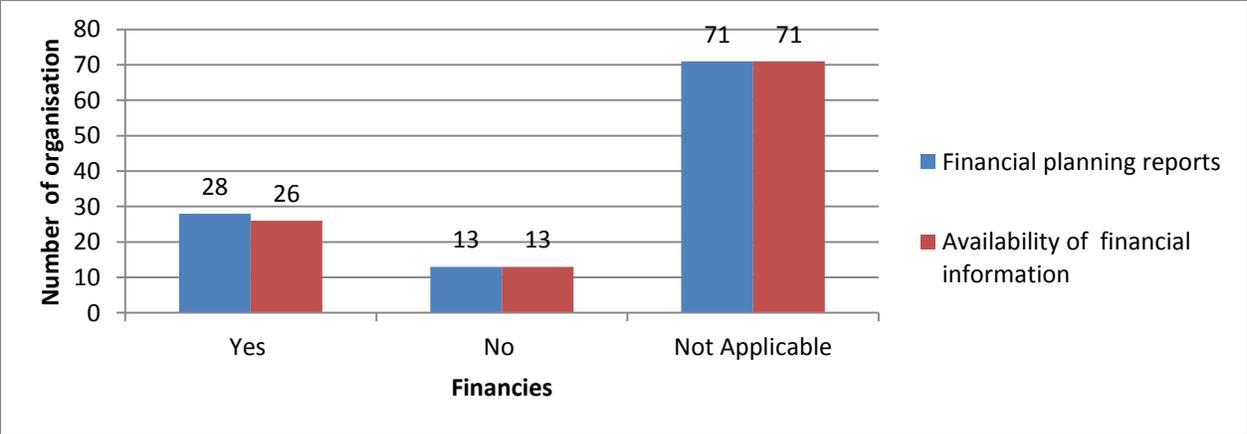


Figure 26: Financial matters

There are fifty (50) organisations that have indicated that they have bank accounts with Local banks and financial institutions like Boliba, while only one organisation has a South African

bank account. Twenty four (24) organisations have indicated that they have back-up systems or records of financial implementations, while the other thirty six (36) organisations indicated that they do not have any back-up system for finances and the other fifty three (53) organisations showed that financial issues are not applicable to their organisations.

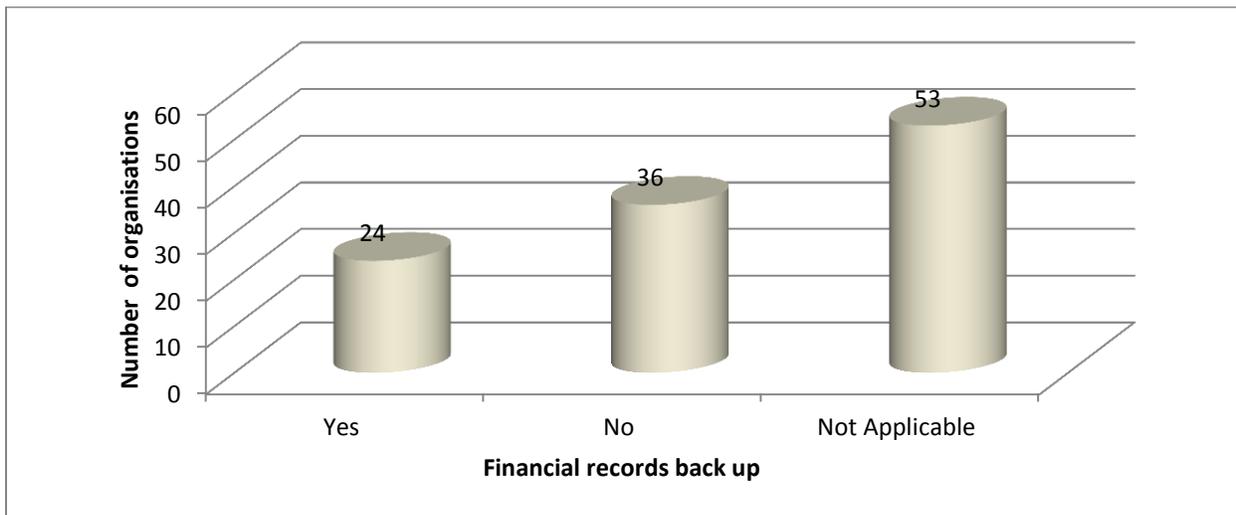


Figure 27: Back-ups of finances

Finances also have the policies and regulations that are used to avoid over spending or under spending during the implementation of the project in every organisation. There are only thirteen (13) organisations that have indicated that they have written financial policies for management of the funds and five (50 of them showed that the policy provides the limit of the amount that can be authorised without approval of the board members. The other thirty eight organisations indicated that they do not have such financial management policies and the other sixty (60) showed that financial management policies are not applicable to their organisations, refer to table 11.

Table 11.. Financial Policies and management

Financial policies and management	Yes	No	Not Applicable
Are there written policies for financial management such as revenues, expenditures, advances issues, fixed assets	13	38	60
Does the policy include a limit on the amount of money that management can authorize without requiring approval of the Board?	5	34	72

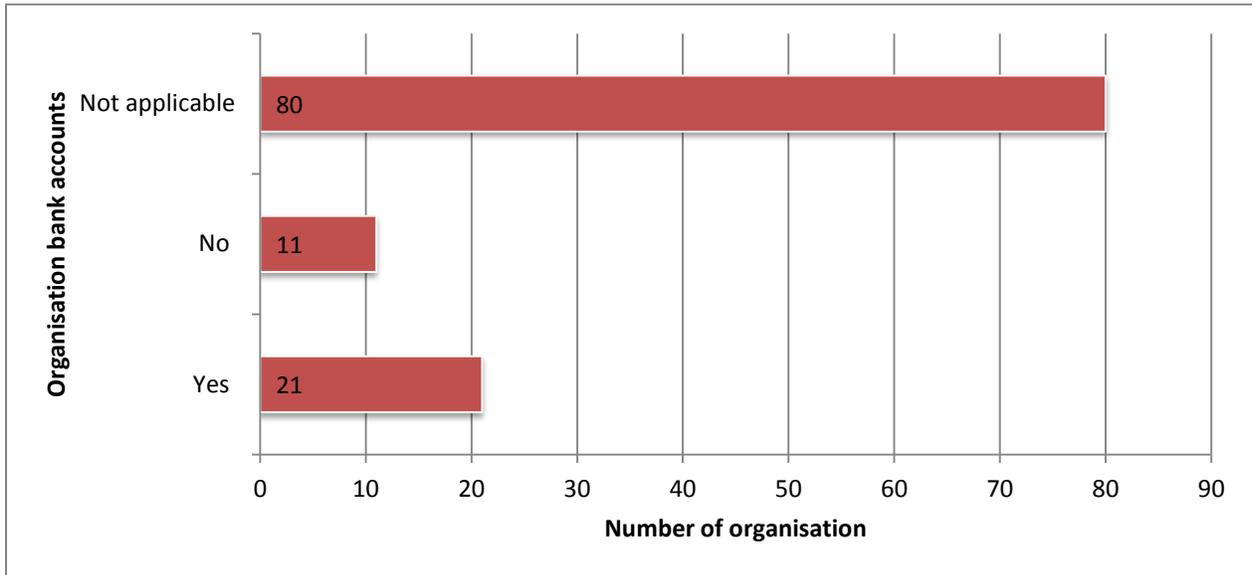


Figure 28: Bank Stability

Twenty one (21) organisations that took part in the study showed that the banks which they use their services are stable and eleven (11) showed that they banks are not stable. The other eighty (80) indicated that banking issues are not applicable to their organisations. Duration of banking with the organisation bank differs depending on the establishment of the organisation. The duration range from 1924 when Lesotho Girls and Guides Association was established to 2012 when Matla ke Kopano Mats'ekha opens it bank account. The number of Account signatories differs from organisations to organisations with two to three members either , Treasurers, Chairpersons or Vice Chairpersons, Secretaries, Human Resource, Project manager or director, Matron,

Frequency of reconciliation differs from organisation to organisations depending of the amount of the fund that is being managed by the organisation, which is from monthly basis to two (2) years. Others have indicated that they do reconciliation only when necessary while others have indicated that reconciliation of funds is not applicable to their organisations.

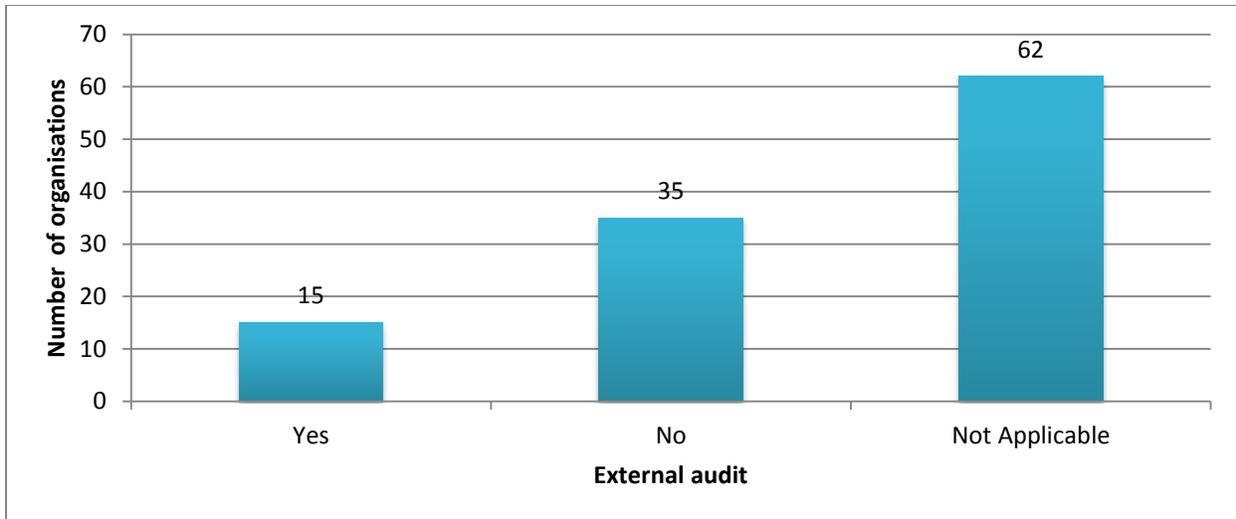


Figure 29: External Audit conducted

Fifteen organisations have indicated that they have been audited by external audit to check if the funds have been used for what they were meant for. The other thirty five organisations indicated that they have not been audited by external auditors while the other sixty two organisations (Community Based Organisations) indicated that auditing is not applicable to the nature of their organisations and the funding that is provided to them comes as material things not cash. The following are the organisations that have gone through audit:

- LPPA Maseru
- KHUTSONG SEKAMANENG WOMEN AGAINST POVERTY Maseru :TRA
- LGGA Maseru : and Association
- Lesotho Red Cross Society Mohale’s Hoek: Head quarters
- PHELISANANG BOPHELONG Leribe Donor
- LOANTS'ANG HIV/AIDS LeribeLENASO
- GLOBAL RELIEF OUTREACH Leribe Rolan & Mores
- ICAP Berea: New York
- BANA BA RONA (WELLNESS CENTRE AND SOCIAL WELFARE) Berea: globe management consultant
- Lesotho Red Cross Society Mafeteng - Head quarters

Payment of the tax is one of the obligations of the registered organisations that are rendering the services in the country. There are seven (7) organisations that are paying the tax and thirty two (32) have indicated that they do not pay any tax for the services they provide. Seventy (70) organisations indicated that tax obligations are not applicable to their organisations as Community Based organisations.

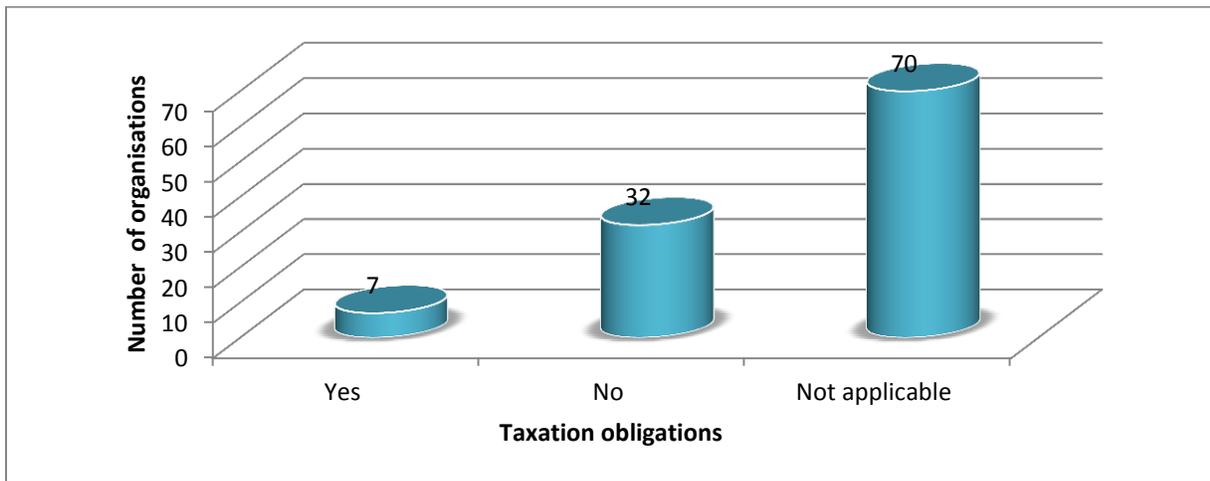


Figure 30: Tax obligation

There are fifteen (15) organisations that have indicated that their grant agreement with donors have a comfortable period of time. This mean the period of funding the project is long enough. There are forty three (43) organisations that have indicated that their grant agreement with donors is not long enough while fifty one (51) organisations indicated that they do not have any grant agreement with any donors.

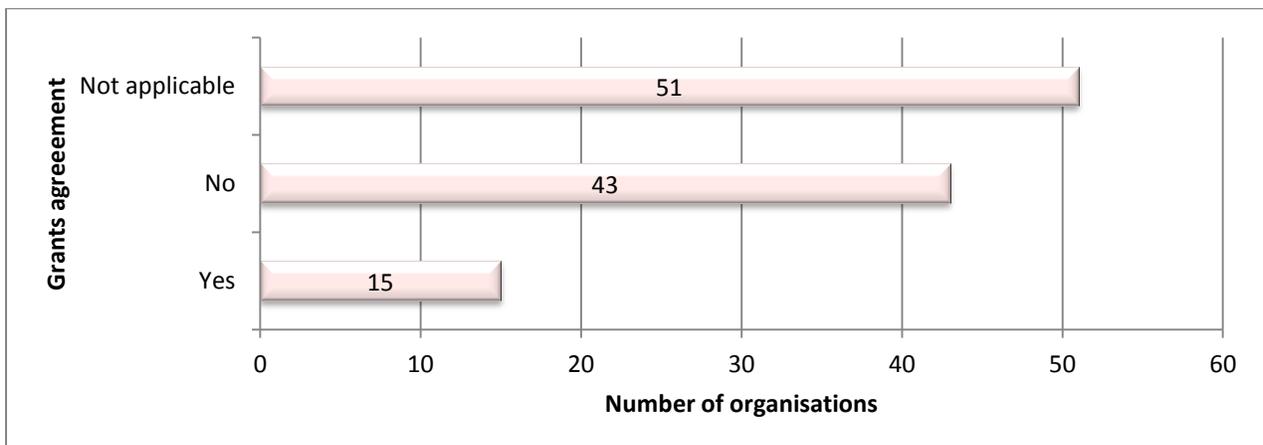


Figure 31: Current Grant Agreement

Proposal Development to international donors and government and self-contribution by members of the organisations are the only prospects that have been identified by some of the organisations for mobilising funding. There is only one (1) organisation (MAMALEFANE E WALL LENEPWHA in Berea) that has indicated that it has debt of phone bill. There are fifty nine (59) organisations that have indicated that they do not have any over draft or debt with any bank or any other institution, while the other fifty two (52) organisations indicated that the over draft and debts are not applicable to their organisations refer to figure 32.

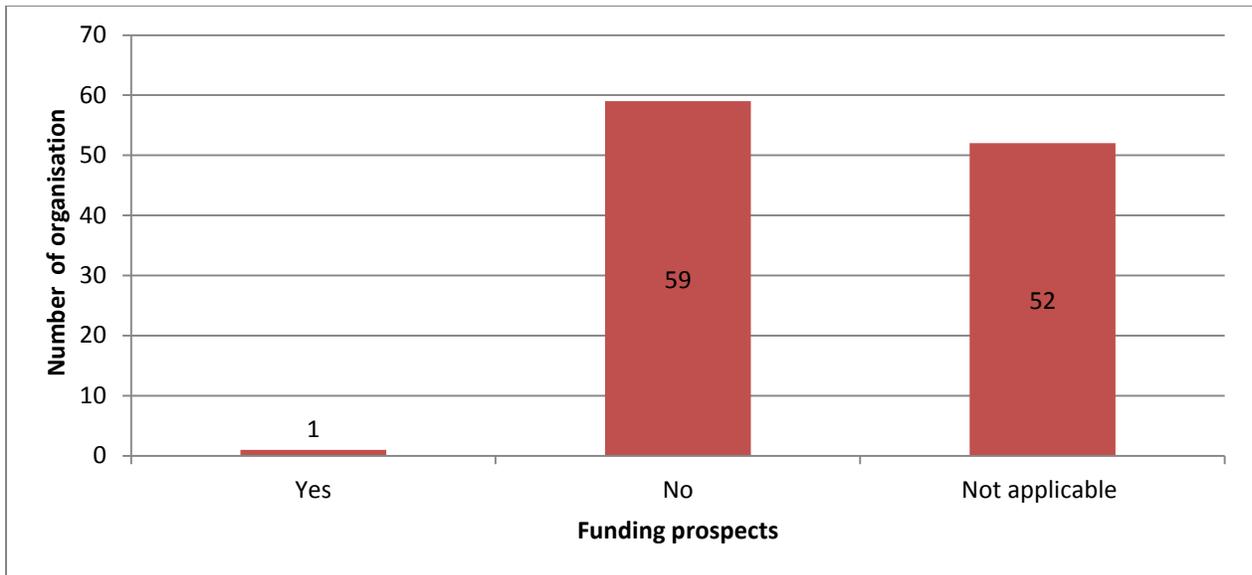


Figure 32: Organisational Debts or overdraft

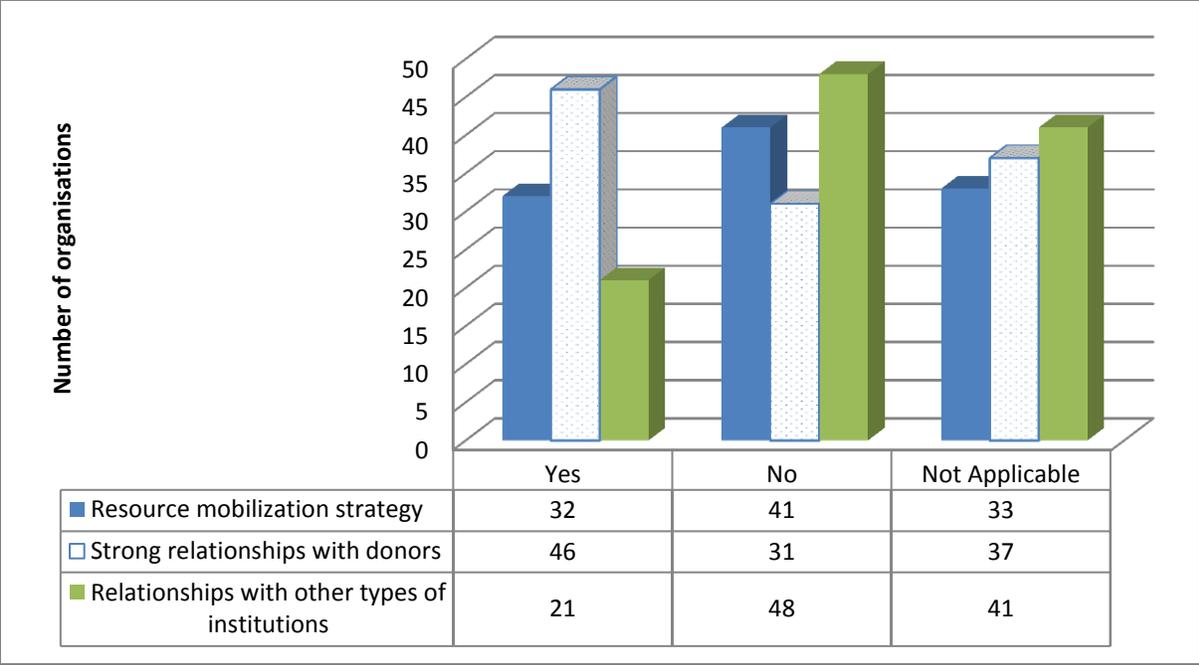


Figure 33: Resource Mobilisation

Forty six (46) organisations indicated that they have strong relationships with donors or funders and thirty two (32) of them showed that resource mobilisation strategies for their projects and twenty one (21) indicated that they have other relations with other types of institutions. Forty eight (48) organisations indicated that they do not have any relationships with other types of organisations, no resource mobilisation strategies and no strong relationships with donors refer to figure 33.

There are some of the organisations that have indicated that they have networks and linkages with other organisations that are rendering similar services within the same district as part of improving the service and gathering more knowledge and skills. Sixty two (62) organisations indicated that they have networks and Linkages with other organisations that are offering services or projects and their collaborations have contributed to improved services that are being offered to their beneficiaries. The collaborations are on the issues like:

- Training on relevant areas of work
- Health Issues: HIV and AIDS: counselling & job creation
- Agricultural issues
- Information sharing on administrative skills

- Help in facilitation of workshops
- Resource mobilizing

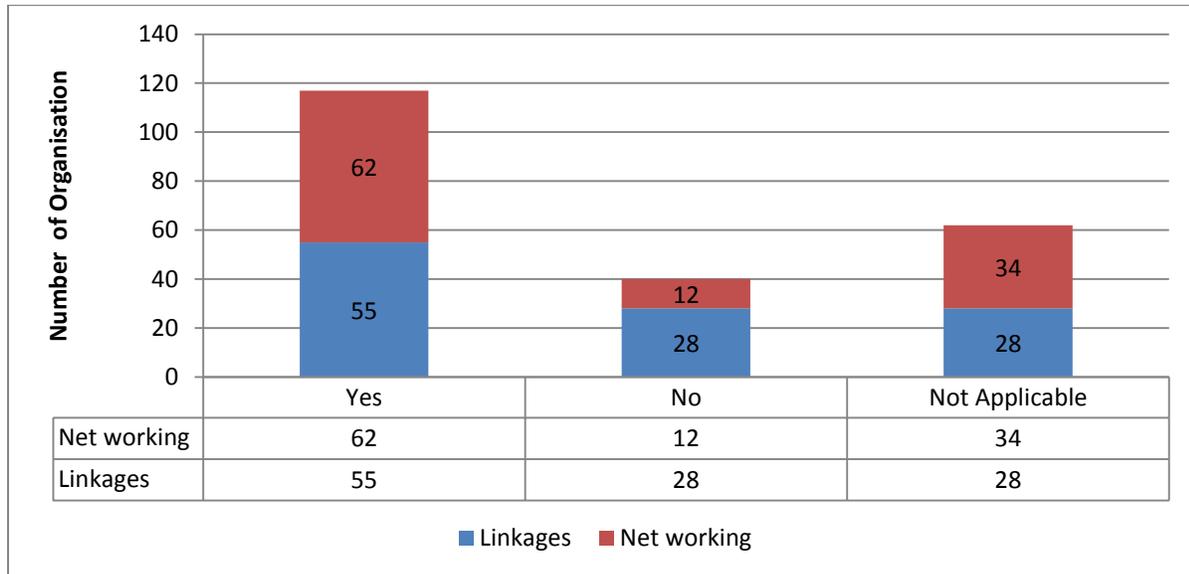


Figure 34: Linkages and networks

There are many reasons for collaborations and network establishments by organisations at different levels. Table 12 illustrates the organisations that have collaborative relations and networks with the organisations that were part of the study.

Table 12: Networks by districts

Maseru	Mohale's Hoek	Leribe	Thaba Tseka	Berea	Mafeteng
CARE, IFO lapeng, Kick4life, MOH, WILSA, CGPU, LCN	Only LENPWHA	Khothala Linare	MOH – HIV & AIDS Unit	young Mats'ekha	Government and NGOs
Lesotho Red Cross Society	World Vision and LENASO	Lesotho Red Cross Society	Ministry of Agriculture	MOH – HIV & AIDS Unit	LENPWHA
LENPWHA	LSMHP- registration of OVC	CGPU	Other CBOs	Likoangkoetla and Young mats'ekha	D.A. Harmonization, PSIMOEF
IPPF	DPE, LSHMP	Lepoqokong Care givers	Action Aid	Sentebale, The king and individuals	MOH – HIV & AIDS Unit – Karabong Clinic
LCN,	LCN	LFA, LENASO	LENASO	LENASO,	LCN

LENASO, NGO's, Touch Africa				Maluti Hospital	
Sentebale, LENASO, Economic Justice Network Private Sector Foundation		Phelisanang bophelong	LENEPHWA	DAC	Other CBOs
LCW		LENEPHWA	Thaba Tseka youth net work	LENASO	
World YWCA		LENASO	Phela	LENEPHWA	
Lanje, Campaign for education forum.		Sentebale children, NADL, LNFOD, Disability, MOET, MOHSW	Farmers and feeders	LETSEMA	
LENASO		MOH – HIV & AIDS Unit	FTC	LCN	
		TRC, Lesotho Society of mentally Handicapped Person	Lesotho Red Cross Society	World vision, ADRA	
		Letsema Forum			

Partnerships play a crucial part in organisations when it comes to information sharing and equipping each other with new skills. There are thirty nine (39) organisations that have indicated that they have strong partnerships with other organisations and donors in implementing some joint projects. The other fifty five (55) organisations indicated that they have no partnership or joint project with other organisations while nineteen have showed that partnerships are not applicable to their organisations

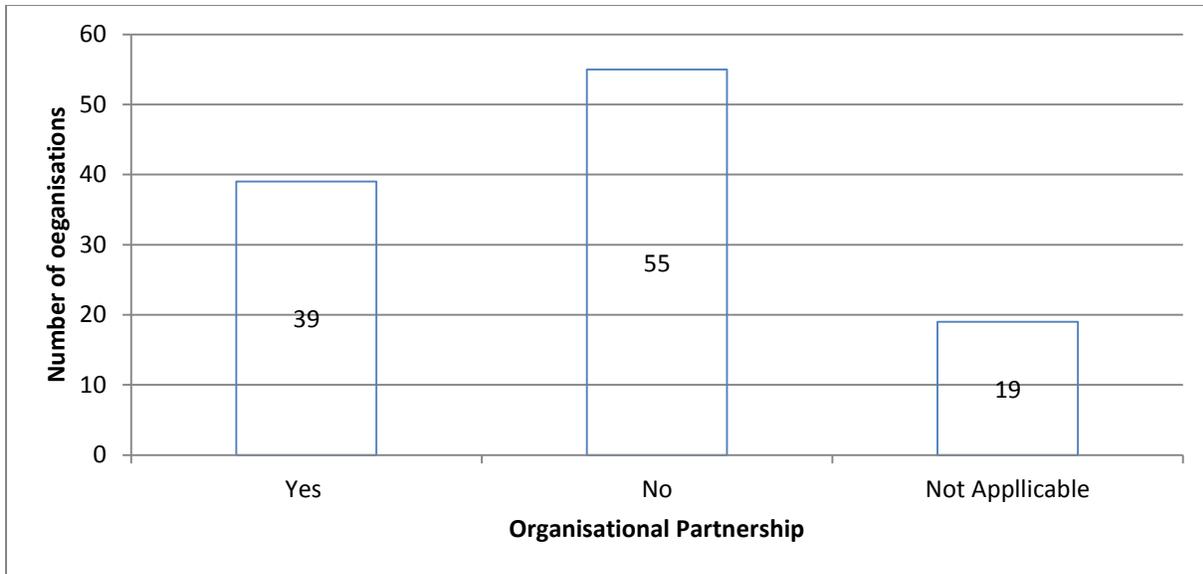


Figure 35: Partnerships

Information Sharing is one of the main components of data management process which informs not only the implementing organisations about the progress but also the beneficiaries and donors do value information sharing. There are different ways that could be applied when sharing information either internally or externally. The following are some of the means of communication that have been identified by some of the organisations:

- Internet
- Workshops
- Pamphlets
- Newsletters
- Books and Booklets
- Journals and networking
- Meetings
- Reports

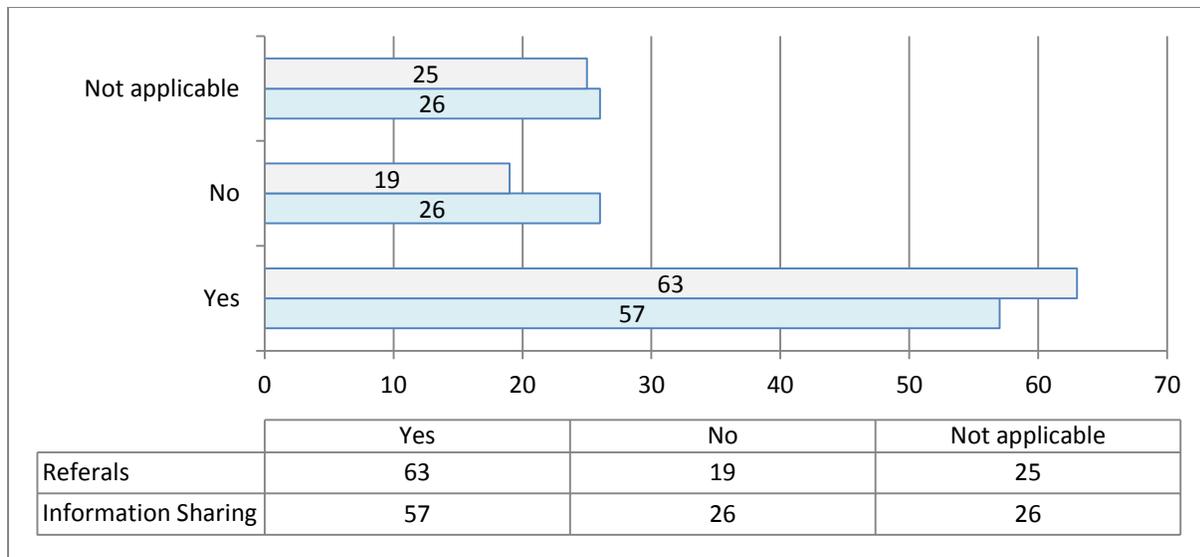


Figure 36: Information Sharing and referrals

There are some organizations that established relationships with other organizations which it can refer clients to for improved services or other services that are not offered in the organisations especially health related matters. Sixty three (63) organisations have indicated that they have built relationships with the following institutions:

- Ministry of Health through different departments,
- Ministry of Gender and Youth, Sports and Recreation,
- CGPU,
- Other Private practitioners.
- Lesotho Counselling Unit,
- Beautiful gate(for children under 3yrs)
- Kick for life
- LENASO
- Village Health Workers
- Lesotho youth federation
- EGPAF
- Baylor Clinic
- Lesotho Red Cross Society
- WFP
- UNICEF

These organisations are also sharing the information about the service that they provide in order to avoid duplication of efforts as well as to explore other collaborative efforts that could be put in place. Fifty seven organisations have shown that they do share the information about their services with others

There are different commissions within LCN that different organisations are affiliated to. The following are the commissions that have been identified by districts.

Tables 13: Commissions by districts

Maseru	Mohale's Hoek	Leribe	Thaba Tseka	Berea	Mafeteng
HSDC, Economic Justice.	Economic justice, women and children, health and agric	AENRS, HSDC	Agric, Health, Economic justice	HSDC,AENRC	Agric, Financial management, health and social development
Agric, health, women and children economic justice, democracy	Agri, Health, disaster, women and children.	HSDC, AENRC	Health, women and Children	Health, disaster, agric, woman and children	Health &social development and Women and children.
	Democracy, human rights and Health	Agriculture	HBDC and AENRC	Agric, human rights, health and social development	Disaster and agric
		Health, HSDC, AENRC	Health, woman and children and democracy	Agric, Disaster, Health and economic justice	Agric, health, women and children and disaster management.
		WCC, EJ,MSD	Disasters		
		DMHC,HSDC, AENRC	WCC, HSDC		

2. Focus group discussions

Focus group discussions were conducted in three (3) districts; Maseru, Berea and Leribe. The guiding questionnaires were used during the discussion to provide the guidance and probe further questions during the discussions.

Participants - Focus Group

There were different stakeholders who took part in this exercise which included different CSOs and government ministries operating in the districts. The following is the list of participants who took part in this study:

- District Administrator
- District Council Secretary
- Different NGOs and government ministries
- Representatives from CBOs
- Chiefs and Councillors

The focus group discussion in all the districts started with the introduction about the purpose of conducting the discussions. The group was provided with the introduction on HIV and AIDS Technical Assistance Project (HTAP). This introduction included discussion on the collaboration between Ministry of health (MOH), Ministry of Local Government and chieftainship (MOLGC) and LCN. The HIV and AIDS Strategic Plan 2006-2011 review was discussed with indication that most of CSOs implementing HIV services are characterised by:

- Unclear organisation mission
- Unclear plans of organisations
- Poor monitoring of implementation for lesson learning
- Lack of project management

They were also highlighted about the role of the following LCN departments:

1. Health and Social Development Commission which focus on:
 - a. Health
 - b. Welfare
 - c. Education
2. Agriculture, Environment and Natural Resource
3. Economic Justice
4. Women and Children
5. Democracy and Human rights
6. Disaster Management and Humanitarian relief

After the introduction to the larger group that gathered for focus group discussion, participants were divided into three groups which were engaged into discussions.

2.1 Maseru District

There were two groups that were involved in the focus group discussions in Maseru. There are two themes that were main focus of the discussions.

Group 1.

Theme one: Challenges faced by organisations

Table 14 presents the challenges that were identified by group 1 which was composed on the following organisations in Maseru:

Table 14: Challenges of Group 1

Codes	Challenges
1	Lack of collaboration among implementing partners
2	Inadequate resource
3	Poor Coordination at district level

4	Hard to reach areas
5	Inappropriate resource / support for district
6	Lack of participation in planning and decision making
7	Lack of administrative support / human resource
8	Corruption – nepotism

Theme two: Skills development

The following are the areas on skill development that were identified by members of the organisations that took part in the group one

- Strategic and operational planning
- Monitoring, Evaluation and reporting
- Program design and management
- Network and advocacy

Group Two

Theme one: Challenges faced by organisations

Table 15 presents the challenges that were raised by members of group two.

Table 15: Challenges of Group 2

Codes	Challenges
1	Lack of resource mobilisation
2	Lack of support from government
3	Lack of technical expertise
4	Lack of trainings for skills development
5	Ill-defined governing structures

Important Skills for organisational development and sustainability

Skills development play major role in daily operations of the organisations. These are some of the skills development that were highlighted to be essential in the organisation management by member of group two:

- Training of Trainers
- Advocacy skills
- Networking
- Monitoring, evaluation and reporting
- Conflict management
- Policy development skills
- Strategic planning development
- Social Mobilisation
- Financial management for non-finance managers:
 - Budgeting skills
 - Grants management
 - Proposal writing
 - Project management

Theme 2

Capacity on Skills needed for effective HIV Programming

In addition to the skills development mentioned above, the skills development for HIV program were highlighted as follow:

- HIV Management skills
- Strategic planning for HIV program
- Curriculum development
- Culture competent approach

Important Skill for CSO's organisational development and sustainability

- Grants management for HIV program
- Financial management and planning
- Communication
- Sustainability strategies or Monitoring and Evaluation
- Technical Skills

Group three

Theme one: Challenges faced by organisations

The third group discussion that was held in Maseru identifies the following challenges:

Table 16: Table 14: Challenges of Group 3

Codes	Challenges
1	Resource mobilisation
2	No Baseline
3	Poor coordination
4	Lack of support from government

Important Skills for organisational development and sustainability

The following are some of the strategies that were suggested by the members who participated in the third group discussions:

- Development of skill in resource mobilisation
- Advocate for enabling environment
- Advocate for social responsibility component for CSO from both government and private sector
- Publicity to sustain networkers and to lure resources
- Concretise Monitoring, evaluation and reporting in CSO activities
- Advocate for strong national Monitoring, evaluation and reporting.
- Built and sustain strong networks
- Acknowledge existing structures
- Revival of coordinating bodies at all level. e.g. CCAC, DAC, NAC
- Advocate for establishment of research institute within coordinating body
- Coordination within organisation: Communication strategies
- CSO advocacy for government support.e.g. establishment of commission for CSO
- Building relations with government
- Identification and advocate for HIV prevention focal persons.

2.2. Leribe

Participants were divided into two groups which were engaged into discussions.

Group 1

Theme one: Challenges faced by organisations

Table 17: Challenges of Group 1

Codes	Challenges
1	No access to funding
2	Resources – vehicles, personnel etc
3	Implementation strategic plan: involved grassroots level in every step (ownership)
4	Proposal writing unit at Umbrella bodies
5	Information sharing (On going programs)
6	Terrain
7	No understanding between coordination and implementation
8	Migration of organisation members due to unemployment

Important Skills for organisational development and sustainability

After identification of challenges, the group members were requested to suggest the solutions to address those challenges. These are the solutions that were discussed:

- Monitoring and Evaluation
- Conflict Management
- Leadership skills and Good governance
- Planning and reporting
- Training of psycho-social support groups
- HIV on-going training
- Proposal writing skills
- Financial Management

Theme 2

Capacity on Skills needed for effective HIV Programming

- Coordination and good governance
- Resource mobilisation (proposal writing, office set up etc.)
- Organisational system (policies, strategic plan)
- Monitoring and evaluation tools development (Clear reporting mechanisms)

Group two

Theme one: Challenges faced by organisations

Table below presents the challenges that were identified by participants in group two:

Table 18: Challenges of Group 2

Codes	Challenges
1	Community members have no trust on organisation members
2	No resources to assist sick people
3	Organisation members forces more on their enrichment than assisting community members
4	Organisations are not legally registered
5	Poor attendance of meetings
6	Not follow the plans
7	Lack of expertise
8	Patients do not take medication well
9	Advertisement of other medication (against TB and ARV)
10	Use of drugs

Important Skills for organisational development and sustainability

- After identification of the challenges that are faced by members of the organisations, they also came up with the suggestions on how to overcome those challenges.
- To educate other members about confidentiality
- To encourage members and patients to disclose their status to eradicate stigma and discrimination

- Donors need to support organisations with the needs that were required by individual organisations. e.g. sawing machines not chickens.
- Government needs to create enabling environment (market) for organisations products
- Incentives for volunteers as motivation mechanism.

Theme 2

Capacity on Skills needed for effective HIV Programming

The capacity needs that have been identified by members of the organisation

- Skills on health issues (HIV and AIDS, Nursing, Counselling, education on correct use of medication)
- Approach to patients
- Read and write
- Project and financial management
- Training skills

2.3.Berea

The participants were divided into three groups.

Group 1

Theme one: Challenges faced by organisations

Table presents the challenges for Berea group one:

Table 19: Challenges of Group 1

Codes	Challenges
1	Trainings in relations to organisations focus
2	Resources to assist patients e.g Gloves,
3	No incentives for organisations members
4	People fear about status (positive) of members of organisation

Important Skills for organisational development and sustainability

- Resource mobilisation (Private sector, government department e.g MOH, chiefs, Councillors)
- Regular trainings on HIV and AIDS issues for HIV positive patients to encourage them to accept their status

Theme 2

Capacity on Skills needed for effective HIV Programming

- Counselling through education
- Approach to patients
- Correct use of medication and protection
- Healthy life style : training, eating health food
- Encourage people who don't know their status to do so

Group 2

Theme one: Challenges faced by organisations

Table 20: Challenges of Group 1

Codes	Challenges
1	People who are on denial
2	Financial issues
3	Failure of projects
4	No confidentiality among organisation members
5	Lack of knowledge on HIV and AIDS competence

Important Skills for organisational development and sustainability

- Regular trainings on HIV and AIDS competence
- Training on counselling
- Training on income generating activities

Theme 2

Capacity on Skills needed for effective HIV Programming

Training on the following areas:

- HIV Testing and Counselling (HTC)
- Prevention of Mother to Child Transmission (PMTCT)
- Partners testing
- Medical Male Circumcision (MMC)
- Advocacy issues
- Leadership and governance
- Project management
- Network and collaboration
- Proposal writing skills
- Financial Management
- Report writing
- Planning
- Reporting
- Conflict management
- Mentorship

Group 3

Theme one: Challenges faced by organisations

Table 21: Challenges of Group 1

Codes	Challenges
1	Lack of HIV and AIDS Competence in remote areas that are far from health facilities
2	Lack of resources e.g testing resources
3	Myths and misconceptions. private doctors who cure HIV
4	Discouraging Community members who refuse to be educated on HIV and AIDS issues
5	Lack of confidentiality among organisation members about patients status

Important Skills for organisational development and sustainability

- Support groups with trained members in remote areas
- Resources need to be availed closed to communities.
- Procurement of scales for weight taking
- Village Health Workers should taking weights
- Regular training to private practitioners (regulatory body for advertising HIV and AIDS products: improved commercialisation)
- Involvement of chiefs and other stakeholders
- Confidentiality among care providers about patients status

Theme 2

Capacity on Skills needed for effective HIV Programming

- Establishment of organisation
- Training on management or governance
- Management skills
- Incentives to encourage participation
- To have constitution

Important skills for CSOs organisational development and sustainability

- Long term plan
- Short term plan
- Operational plan
- Financial Management
- Training of Trainers

Conclusions

Given the findings of the study the trainings that are planned to be conducted for CSOs implementing HIV and AIDS services will be strategically guided. The organisations that took part in this special study are operating at different levels, being communities (Villages), community councils, or at district level. Out of the two (2) methods that were applied being direct interviews and focus group discussions, LCN has identified the challenges and skills that are required for sustainability and programing. The common challenges that have been identified have been summarised as follow:

Codes	Challenges
1	Lack of collaboration among implementing partners
2	Inadequate resource
3	Poor Coordination at district level
4	Hard to reach areas
5	Inappropriate resource / support for district
6	Lack of participation in planning and decision making
7	Lack of administrative support / Human Resource
8	Corruption – Nepotism
9	Lack of resource mobilisation
10	Lack of technical expertise
11	Lack of training for skills development
12	Ill-defined governing structures
13	No baselines
14	No access to funding
15	No strategic plans
16	Proposal writing
17	Migration of organisation members due to unemployment
18	No trust between organisation members
19	Not Legally registered
20	Poor attendance of meeting
21	Patients who do not take medication as prescribed
22	Not follow plans
23	Many confusing advertisements (Patients default)
24	Use of drugs
25	No Incentives for volunteers
26	Lack of confidentiality of group members
27	Lack of competence of group members on HIV and AIDS issues
28	Myths and Misconceptions

For effective programming on HIV and AIDS the organisations have identified development skills that are required as follows: training of trainers and refreshers trainings, advocacy, network and linkages with other organisations, Monitoring and evaluation and reporting, conflict management, policy development, strategic plan development, social and resource mobilisations, financial management for non-finance managers, grants management, coordination and communications strategies, relations and advocacy for focal persons, stakeholders involvement , incentives for organisational members and constitutions development.

In addition to the skills for organisational development and sustainability, organisations have identified the skills that are required for organisational HIV programing as follow. Strategic and operational planning, Monitoring and evaluation and reporting, reporting tools development, program design, financial management, HIV management skills, curriculum development on HIV, culture competent approach, coordination and good governance, resource mobilisations (proposal writing, office set up) organisational system establishment (policies and structures), health related issues (Nursing, lay counselling, Health education, Prevention of Mother to Child Transmission of HIV, medical male circumcision), care and support of the chronic patients, planning, conflict management, mentoring and trainings on HIV and AIDS competence. These required skills development have been identified during both direct interviews and focus group discussions.

Annex 1: interviewed organizations

Maseru	Mohale's Hoek	Leribe	Thaba Tseka	Berea	Mafeteng
LASLAM Semonkong	Rets'epile support group	Li akhele teu	Liphokoane youth	ICAP	Bots'ephehi support group
LPPA	Leseli ke bophelo support	Likhaka health project	Holisang basotho	Khubetsoang youth club	Itumeleng support group
TS'OSANE SUPPORT	Ha re pheleng support	Phelisanang bophelong	Thabana mahlanya support group	Bana ba molemane	Paballong support group
Mabote women empowerment	Ratanang support	Loants'ang hiv/aids	Mohau oa molimo ke koetsa support grou	Ramakoro youth club	Panda support group
Khutsong sekamaneng women against poverty	Khanya peer support group	Ikamoheleng likharumela	Thabong youth group	Tharollo ea balisa	Lerato support group
Lesotho young women Christian association	Lekunutu no2	Seli la malapa	Sekiring youth club	Bophelo pele	Makoabating support group
Lesotho network development of blind	Mpolokeng ha ts'olo	Tlohang meriting natefelaong ke temo	Lesotho Red Cross Society	Thusanang support group	Itjareng support
Unlash it in raw	Paballong no1	Bophelo ke ba rona	Action Aid	Mapoteng youth development organisation	PSI
Paki PLWHIV support group	Lesotho Red Cross Society	Tsepang bophelong support group	Mpora support group	Rorisang morena	Rea o boka morena
Lesotho home makers association	Ithateng morobong	Kopanang likhaka	Help Lesotho	Thusang ngoana	Kopano ke matla support group
Centre for the poor &	Khothalang bakuli	Women in vision	Ikaheng ponts'eng support	Selekane sa bophelo	Llehcoop support group

less privileged		association	group		
Lesotho Girls Guide Association	Taung adp mparane adp	Phelisanang leratong	Thaba tseka youth reunion society	Matla ke kopano mats'ekha	Tsoha o iketsetse support group
our hope organisation	Paballong no2	Global relief outreach	Thabong 2 hill top	Haeo khomo ea boroko	Boiteko khaumang support group
	Kopanang mohlakana no 2	Maputsoe filter support group	Saole	Majaheng youth club	Ba lumetse morena support group
	Itekeng bacha	Khomo lia oela support group	Mots'oloane support group	Maranatha mosikung	Lebohlang support group
	Ipolokeng boleikomo	Khomo lia oela support group	Majakaneng youth club	Mamalefane e wall lenepwha	LENEPWHA
	Itekeng tsoating support group	Mafokotsana a moqethoa milk producer	Thabong 2	Bana ba rona (wellness centre and social welfare)	red cross
	Ithabeleng no 1	Iphe khotso support group	Hiiside youth group		matelile tajane
		Falimehang support group	Ipheliseng bacha		ba moreneng batho support group
		Tsebo ke lesili	Phomolong youth group		mafeteng world vision
			Leseli support group		
			Itumeleng support group		
			Boitlamo support group		
			Mohlakeng support group		
			Mohlakeng youth club		

Annex2: The Questionnaire

Institutional mapping and assessment tool

World Bank support HIV and AIDS Technical Assistance Project (HTAP) implemented by LCN, Ministry of Health and Social Welfare and Ministry of Local Government and Chieftaincy. The project aims at building capacity of government agencies and civil society organizations (CSOs) at both the national and local level to address the identified key gaps in implementing National HIV and AIDS Strategic Plan in an efforts to contain and reverse the epidemic. LCN implement a component of capacity building of CSOs thus the need to map and assess organizations to be involved in the project. This institutional mapping and assessment tool will allow LCN to locate the CSOs and analyze the following organisational aspects of potential partners: legal constitution, governance, management and financial capacity, experience, resource base, sustainability, capacity to implement and achieve objectives and results. The instrument below facilitates the assessment process (NB not all questions may be relevant to the organization under assessment but they do serve as a guide):

District.....Constituency.....

Name of Institution:

Name of Interviewer:.....

Name of Interviewee:.....

AREAS AND INDICATORS		Yes/No	Comment
1.	Is the organization a: a Local NGO? International NGO? Regional NGO? Community based Organization? Community group? Private Organization? Umbrella Organization?		
2.	When was the organization formed?		
3.	Is the organization known in the area?		
4.	Is there proof of mandate to operate in the area?		

5.	Does it have a mission statement? If yes does it encompass any of the LCN key areas of focus?		
7.	Are there clear management structures in place? (Organizational chart)		
8.	Is there a management Board?		
9.	How was the board constituted? (Elections, nominations, appointment)		
10.	What criterion used for selection of members? (expertise, expérience)		
11.	What is the role of the board? (e.g. financial management, strategic planning, staff recruitment and termination)		
12.	Does the Board Regularly review the financial position of the organization based on the budgeted figures?		
13.	Does the board include a member who has professional financial management experience or a professional accountant?		
14.	How and when is the board renewed? (e.g. AGM)		
15.	Does the board hold regular meetings? (How often?) Sight minutes of meetings?		
16.	Is there an existing constitution? (ask for a copy)		
17.	When, how and by who was it developed? (constitution)		
18.	How often is it updated and through which process?		
19.	Is the constitution followed? How?		
STRATEGIC AND OPERATIONAL PLANNING		Yes/No	Comment
20.	Does a long-term strategic plan exist? For how many years?		
21.	What process was used to develop it? Did staff and board participate?		
22.	Is the strategic plan realistic? Does it reflect the organizational vision? And does it define specific measurable goals?		
23.	Is the plan being implemented?		
24.	Is performance regularly reviewed in comparison to the plan and the plan revised accordingly? How often is it reviewed?		
25.	Does an operational annual work plan exist?		
26.	What process was used to develop it? Did staff and board participate?		
27.	Is the operational annual work plan realistic? And does it define specific measurable goals?		

28.	Is the plan being implemented?		
29.	Is performance regularly reviewed in comparison to the plan and the plan revised accordingly? How often is it reviewed?		
30.	Does the organization have results measurement framework that reflects the goal and strategic objectives?		
PROGRAMMING CAPACITY		Yes/No	Comment
30.	List all HIV and AIDS successfully completed donor supported projects implemented by the organization and state \$ value of projects and when implemented.		
31.	What target groups and geographical areas does the organization work with?		
32.	In what sectors is the organization working?		
33.	How does the organization integrate crosscutting themes such as gender equity and poverty into its programs?		
34.	Do monitoring and evaluation plans and systems exist for projects currently being implemented? Sight documents.		
35.	Are these M&E plans being followed and routinely reviewed/updated?		
36.	Have any assessments/evaluations (internal and/or external) been done of the organization or specific programs/projects? If yes, by whom? If possible get copies of the reports.		
INSTITUTIONAL CAPACITY		Yes/No	Comment
38.	List number of staff by position, gender, qualification and project.		
39.	Do all staff have current contracts and clear job descriptions?		
40.	Does the organization have a training program?		
41.	Are there systems and policies within the organization that motivate staff? If so, which ones?		
45.	Does the organization have skills for proposal development?		
46.	Does the organization have any income generating activities that are meant for its sustainability?		
47.	Are there any capacity development needs?		

PHYSICAL CAPACITY			
46.	Adequacy of Office space and furniture(observe)		
47.	Office equipment (computers, printers, photocopier)		
48.	Communication equipment (telephone, fax or email)		
49.	Any other relevant materials and equipment		
50.	Transport/ vehicles		
51.	Security of assets (General office security, location, insurance etc))		
53.	Does the organization have an asset register?		
ADMINISTRATIVE CAPACITY			
54	Does the organization have a qualified administrative officer with book keeping skills?		
56	Does the organization have a filing system?		
57	Does the organization have a petty cash system? What is the limit of money considered as petty cash?		
58.	Are there organizational policies? If yes please state them.		
59	Does the organization have a clear system of payments? (Requisitions, approvals, cheques vs. cash, payment vouchers, etc).		
61	Does the organization have procedures for procurement of goods and services?		
FINANCIAL CAPACITY, VIABILITY AND SUSTAINABILITY		Yes/No	Comment
Systems			
62.	Are financial projections (projected income/expense statements and balance sheets) prepared regularly?		
63.	How are donor funds disaggregated?		
64.	Does a chart of accounts exist (a document that describes the codified accounting system)?		
65.	Are financial planning reports and statements prepared regularly, how often?		

66.	Is financial information available on a timely and regular basis?		
67.	Are the information/reports generated by the accounting system accurate?		
68.	Do short-term operating budgets and cash flow tracking systems exist?		
69.	Does the organization have an appropriate financial reporting procedure?		
70.	Does the organization keep a back up copy of financial records to be used in the event of a crisis? (theft, fire etc)		
Financial Policies			
71.	Are there written policies for financial management such as revenues, expenditures, advances issues, fixed assets		
72.	Does the policy include a limit on the amount of money that management can authorize without requiring approval of the Board?		
Finance Personnel			
73.	Is there a professional accountant managing the finances? What qualification?		
Banking			
74.	How many bank accounts does the organization have?		
75.	Where are the organizations bank accounts? (Name and branch)		
76.	Is/are the bank(s) stable and reputable?		
77.	How long have you banked with that bank?		
78.	Are there two or more signatories? Who are they?		
79.	How often are bank statements reconciled?		
Audit			
80.	Has the organization been audited by an external auditor? When? Name and contact of auditor. Obtain copy of audit report or management letter.		
Legal			
81.	Is the organization meeting its taxation obligations, if any?		

Viability			
83.	Do current grant agreements, if any, with donors assure operational/core funding for a comfortable period of time?		
84.	What are the prospects for obtaining further operational funding?		
85.	Does the organization have any debts or overdrafts?		
Sustainability			
86.	Does the organization have a written fundraising plan and/ or resource mobilization strategy?		
87.	Has the organization developed strong relationships with actual and potential donors?		
88.	Has the organization developed relationships with other types of institutions that could increase its funding potential such as government bodies or financial institutions?		
LINKAGES AND NETWORKING		Yes/No	Comment
90.	Does the organization have linkages with other partners, & in what areas?		
91.	Is the organization a member of any networks that serve as a mechanism for practitioners to learn from each other?		
92.	Is the organization working with any other organizations in joint program or project implementation?		
93.	Does the organization regularly receive information, which may help it to improve its work (e.g. newsletters, journals or email networking)?		
94.	Has the organization established relationships with other organizations to which it can refer clients for services provided by the organization?		
95.	Which LCN Commissions is the organization interested in?		

General comments and recommendations:

.....

Date of assessment.....

Contact Person.....Position of the Contact person.....

Tel:.....Cell Number:.....

Email Address.....

Annex 3: Focus group Discussion or guiding Schedule

Guiding Questions for Focus Group Discussions

Theme 1:

1. List challenges facing CSOs implementing HIV interventions (List in order of severity)
2. What skills are important for their organizational development and sustainability

Theme 2:

3. List 4 skills that CSOs need for effective HIV Programming (List in order of priority)
4. What skills are important for CSO's organizational development and sustainability

Lipotso tse tataisang lipuisano tsa lihlopha (Sesotho Version)

Lipotso tsa Sesotho

1. Bolela liphephetso tseo mekhatlo e sebetsanang le toants' o ea kokoana hloko ea HIV e tobaneng le tsona.
2. Bolela na li ka fenyoa joang
3. Ke litsebo li fe tse hlokoang ke mekhatlo ho ntlafatsa ts'ebetso ea eona toants'ong ea kokoana hloko ea HIV (Etsa lenane o qala ka ea bohlokoahllokoa)
4. Ke litsebo li fe tse mekhatlo e li hlokoang ho holisa le ho intlafatsa .