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# MBN HIV/AIDS EVALUATION

## FINAL ORGANISATIONAL REPORT ON CORDAID

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## ABBREVIATIONS

ART	Anti Retro viral Treatment
ARV	Anti Retro Virals
CBO	Community Based Organisation
CFA	Co financing Agency
GIPA	Greater Involvement of People Living with HIV/AIDS
HBC	Home Based Care
NGO	Non Governmental Organisation
PLWHA	People Living with HIV and AIDS
ToR	Terms of Reference
VCT	Voluntary Counselling and Testing

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# 1. Introduction

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The five CFAs (HIVOS, ICCO, Novib, Cordaid and Plan) commissioned an evaluation of the quantity and quality of their support to counterparts in the fight against HIV/AIDS. The objective of this evaluation is to assess and analyse the relevance, efficiency and effectiveness of the Dutch CFA's funding strategies, policies and practices with regard to HIV/AIDS. This evaluation deals with four evaluation questions (according to the ToR):

- (1) To what extent and how successfully did the CFAs include HIV/AIDS in their funding strategy, policy and programmes?
- (2) To what extent and how successfully did each CFA perform in enabling the different counterparts to contribute to the fight against HIV/AIDS and to cope with the HIV/AIDS epidemic?
- (3) What was the contribution of the counterparts, particularly the AIDS-focussed organisations, to the fight against HIV/AIDS?
- (4) To what extent and how successfully did the counterparts, particularly the generalist organisations, (non-AIDS focussed organisations), cope with the issue of HIV/AIDS?

These organisation reports should be seen as an annex to the synthetic report of the joint MBN HIV/AIDS evaluation, executed from October 2005 till January 2006. These reports concern the analysis of the data collected to assess evaluation question 1 which has been reformulated as follows during the inception phase: *"To what extent did the CFAs respond to the HIV/AIDS epidemic and build up competence to cope with HIV/AIDS ?"*. Several activities were executed to collect relevant data:

- The evaluators visited the five CFAs (1 day per CFA) and had interviews and discussions with several staff members: the HIV/AIDS policy officer, HIV/AIDS focal points, head of regional departments (in particular African and Asia departments), gender officers and people responsible for human resources. In two organisations (HIVOS and NOVIB) senior members of staff were also interviewed (list of people met in annex 4, interview guide in annex 5).
- The CFAs were asked to elaborate a portfolio of counterparts who had received some funding related to HIV/AIDS, during the period 2001-2004 (this portfolio is added in annex 2).
- The CFAs were asked to collect financial data related to their HIV/AIDS programmes and activities (guidelines added in annex 5)
- Analysis of documents (list of documents consulted is added in annex 4)

The assessment of the evaluation questions has been based on a list of indicators formulated and approved by the coordination group during the inception phase of this evaluation. Information collected on the indicators formulated for evaluation question 1 is presented in a judgment criteria form, added in annex 1 to each organisation report. During the interviews with CFA staff the evaluators also tried to assess the involvement of programme officers in the dialogue and relationship with the counterparts they were monitoring. This information contributed to the assessment of evaluation question 2.

A separate organisation report has been written for every CFA. Based on these five reports, an answer has been formulated to evaluation question 1 and partially to evaluation question 2 in the synthetic report. Detailed information on every CFA can be found in the separate organisation reports. This information includes a description of the process of policy development and implementation in practice, particularly with regard to the four countries visited (South Africa, Malawi, Zimbabwe, India) and of the advocacy and lobby activities.

In the scope of the evaluation five counterparts of each CFA were visited (as well as counterparts who had been visited by ETC Crystal in the preceding phase). It is not the purpose of the evaluation to generally assess every counterpart visited. Programmes of counterparts have been dealt with as "cases" to feed information to the indicators developed for the three other evaluation questions. No general assessment of the Cordaid counterparts was planned and hence will not be found in this organisation report.

The structure of this organisation report is as follows:

- Brief description of Cordaid's HIV/AIDS policy
- State of affairs regarding HIV/AIDS policy development, implementation and advocacy and lobby
- Conclusions

## 2. Brief description of Cordaid's HIV/AIDS policy

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The HIV/AIDS policy of the five CFAs can be situated in the overall framework developed by UNAIDS and will eventually contribute to the realisation of the global objectives set out by UNAIDS for 2015:

- To reduce the incidence of HIV/AIDS among 15-42 year olds by 25 percent
- 90 percent of young women and men aged 15-24 will have access to information, education and services to develop the skills necessary to reduce their vulnerability to HIV infection
- Orphans will have access to education and food on an equal basis with peers who are not orphans
- At least 75 percent of infected persons will access basic care, support at home, support in the community and treatment of opportunistic infections
- 50 percent of HIV-infected pregnant women will have access to interventions to reduce mother-to-child HIV transmission

The aim of all CFAs is to contribute to risk reduction (focus on direct HIV/AIDS prevention) and decreased vulnerability to HIV/AIDS (focus on poverty reduction, gender equity, etc.) of the constituencies they and their counterparts work with. All intend to contribute towards the mitigation of the impact of HIV/AIDS through care and support initiatives, or the strengthening of coping mechanism of households and communities. Against this background, this applies to all CFAs and every CFA has set out its own priorities. The focus of the HIV/AIDS policy of each CFA, in this case Cordaid, is described in the table below.

The strategy of all CFAs is similar (and stipulated by the co-financing system) and comprises (1) poverty reduction, (2) civil society building and (3) advocacy and lobby. In the context of HIV/AIDS, "poverty reduction" can be seen as the delivery of HIV/AIDS services, such as prevention, access to treatment, care and support initiatives. Civil society building concerns the support to emerging community organisations and peer support groups involved in HIV/AIDS-related activities and the capacity building of CBOs and NGOs, enhancing their role in the fight against HIV/AIDS. Advocacy and lobby is about the support to CBOs and NGOs who are involved in advocacy and lobby activities on HIV/AIDS issues, or the participation in networks and campaigns at a regional and international level to advocate and lobby HIV/AIDS-related issues, mostly involving the rights of PLWHA, access to treatment and increased funding for HIV/AIDS programmes.

**Table 1: Brief overview of Cordaid's HIV/AIDS policy**

<i>Cordaid</i>	<i>Strategy plan 2003 – 2006 and HIV/AIDS policy paper from 2005</i>
Themes in general	<ul style="list-style-type: none"> <li>- Quality of urban life</li> <li>- Access to markets</li> <li>- Health and Care</li> <li>- Peace and conflict</li> </ul> <p>HIV/AIDS added as a specific theme for the Africa division, since 2000.            Since the HIV/AIDS policy paper, elaborated in 2005, intervention strategies are also outlined for the other regions (Latin America and the Caribbean, Asia, eastern Europe and the Middle East) and for the emergency aid and rehabilitation programmes.</p>
Focus of the HIV/AIDS policy	<ul style="list-style-type: none"> <li>- Impact mitigation (incl. care, support and treatment): comprehensive HBC, pilot projects to introduce ART, formation and support of CBO's, OVC's</li> <li>- Risk reduction and decreasing the vulnerability to infection (two separate strategic issues): prevention in HBC activities, empowerment of women, education of young people, reproductive rights – access to health care services and combating sexual violence</li> <li>- Reorientation of development agencies and their programmes in the light of the AIDS epidemic (mainstreaming): 80% of all counterparts in Africa should have mainstreamed HIV/AIDS by the end of 2006</li> <li>- Lobby and forming strategic alliances: on access to ART, access to Global Fund money/transparency and OVC's</li> </ul>
Cordaid's internal policy on HIV/AIDS	A workplace policy has been developed with clear guidelines for education, support and access to treatment for Cordaid staff and field offices
Innovation	<ul style="list-style-type: none"> <li>- Role of the church in addressing HIV/AIDS: dialogue with the Catholic Church, in particular on the rigid rejection of condom use and its reliance on abstinence, gender and reproductive health</li> <li>- Access to treatment: pilot projects + elaboration of donor guidelines (SAN!)</li> <li>- How to reach marginalized groups (esp. OVC's): pilot projects and studies + OVC group within SAN!</li> </ul>

### **3. State of affairs regarding HIV/AIDS policy development, implementation, and advocacy and lobby**

#### **3.1. Policy development**

##### *HIV/AIDS policy paper since 2005*

In the period 2001-2004 Cordaid made considerable progress regarding its HIV/AIDS policy, leading to the appointment of an HIV/AIDS officer in 2004 and the elaboration of a HIV/AIDS policy paper in 2005.

In the period 2001-2004 much reflection was done by the OZA-desk (Oost en Zuidelijk Afrika). They had discussions on HIV/AIDS with their counterparts, organised workshops on HIV/AIDS in Southern Africa, became engaged in discussions with faith-based organisations and religious leaders. This process was not always easy as lot of resistance was experienced from religious leaders and/or faith-based organisation in the

South. It can be said that due to the insistent efforts of the Cordaid's officers some breakthroughs have been reported in the South (ex. Malawi). The efforts of the OZA-officers led to the identification of HIV/AIDS as a fifth theme in Cordaid 's strategic paper 2003-2006 (but only for the African department – and in particular for the Southern African countries).

With the appointment of a HIV/AIDS policy officer Cordaid gave the ongoing process an extra push forwards, resulting in the elaboration and approval of an HIV/AIDS policy paper (2005), the elaboration and approval of a workplace policy (2005), the organisation of internal workshops and training, active investment in strategic partnerships and networks (ex. SAN) and an increased effort in the elaboration of workshops and information packages on internal mainstreaming for counterparts.

### *Gender (and HIV/AIDS mainstreaming)*

The process leading to the integration of HIV/AIDS into the core business of Cordaid has some similarities with the gender mainstreaming process: the appointment of an HIV/AIDS officer, the instalment of an HIV/AIDS thematic group with HIV/AIDS "focal points" from different departments, participation in this group, the (recent) elaboration of info packages with guidelines on how to mainstream HIV/AIDS in an organisation. But the same difficulties or threshold compared to the gender process can be identified, so that the implementation of the HIV/AIDS policy still has its limits (few people with gender/HIV/AIDS expertise who have to give support to a lot of colleagues, focal points that are responsible for a big portfolio of counterparts, no smooth information flow to other colleagues, weak mandate of gender/HIV/AIDS thematic group and hence policy papers, danger of disappearance of the theme at the longer term, etc.).

## **3.2. Implementation of the HIV/AIDS policy**

### *Partner profile*

The implementation of the HIV/AIDS policy is characterised by an increased number of AIDS-focussed partners in the portfolio or organisations with a 'separate' aids programme, and a strong commitment towards (internal and external) mainstreaming processes with counterparts, but mainly limited to the African region. The implementation of HIV/AIDS-related projects in the other regions (Latin America, Asia and Eastern Europe-Middle East) is of a more recent date, with some exceptions mainly related to health care. Also in the African region one could see a difference between high prevalence and low prevalence regions, with HIV/AIDS mainstreaming in most of the programmes in the Southern African region and a limited attention to HIV/AIDS in the other African regions (HIV/AIDS is limited to certain themes but there is no overall mainstreaming).

Cordaid invests in innovative projects such as a pilot project on ART (ex. SACBC AIDS desk in South Africa, 2003-2004) and on OVC (SACBC-DWA-Siyabhabha trust, 2003-2005). The evaluators found evidence of the considerable impact and success of these ART pilot projects in South Africa, with the additional effect that other donors have become interested in investing in ART projects. In India the evaluators were able to visit an innovative project working with street children (APSA). Less evidence was found on the dissemination of the results of these innovative projects so far. Although the information on SACBC has been spread through the AFNG group and a conference was organised in Bangalore on the innovative marginalised groups trajectory.

### ***Mainstreaming***

As said, a lot of initiatives have been taken to support mainstreaming processes at counterpart level: the funding of organisations involved in organisational development processes, like CDRA and Olive in South Africa and Cadecom in Malawi; the availability of small project funds to support mainstreaming processes at counterpart level (since 2001 for the Southern Africa region), the funding of a research on mainstreaming, executed by Intrac (2002-2004), the funding of the elaboration of a booklet by CDRA (2004) and the elaboration and implementation of a mainstreaming programme for the whole Southern African region (2000-2004) that included situation analyses, capacity building workshops and a small project fund.

Although lots of efforts have been made regarding support to mainstreaming processes (which has even intensified in 2005 and is ongoing), not much results have been found at the local level in the South. Probably it is too early to see some achievements as mainstreaming processes are slow and only recently started. CDRA (South Africa) experiences that not many organisations are ready/prepared to integrate HIV/AIDS (also the distribution of the booklet on positive organisations is difficult). In India one interviewee quoted that *"gender mainstreaming had some successes due to the presence of women that took a leading role regarding gender mainstreaming within organisations. Concerning HIV/AIDS this leading role of PLWHA within organisations is lacking"*.

### ***Budget***

In 2001 the support of 30 AIDS-focussed counterparts (+ counterparts with integrated AIDS work) were mainly related to health. This number rose to 50 counterparts in 2004 (and apparently is growing in 2005), with a strong focus on Southern Africa and not limited to the health sector any more. The budget nearly doubled and constituted 3, 06% of the whole budget for funding of counterparts in 2001 and 6, 49% of the whole budget in 2004.

### *Capacity of staff*

Discussion on integrating HIV/AIDS activities in health programmes is evident; discussions on (internal and external) mainstreaming HIV/AIDS in all sectors seem to be far more difficult. Apparently not all staff feels they are capable of becoming engaged in a discussion on HIV/AIDS mainstreaming. HIV/AIDS is not systematically discussed with counterparts by all programme officers, unless counterparts bring the issue up or the contract entails an AIDS-related programme. However lots of effort has gone into training and supporting programme officers, especially since 2004: in collaboration with PSO an internal workshop on how to dialogue with counterparts had been organised and follow up was secured through a lunch meeting and the organisation of another seminar (learning carousel) "capacity building in times of HIV/AIDS ". A workshop on workplace policy development was organised in collaboration with SAN!. Several in house information sessions have been organised since 2004. The Africa department organised several internal reflections and learning sessions on HIV/AIDS. "*Lekgotlas*" (internal reflection documents) have been produced on HIV/AIDS (more detailed information in judgment criteria form, annexe 1).

The following factors could explain the limited HIV/AIDS competence of many programme officers:

- HIV/AIDS is not included yet in the appraisal system, although the HIV/AIDS policy paper stipulates that HIV/AIDS commitment should be assessed with every new partner. Hence, this assessment is done in a rather implicit way and depends a lot on the personality of the programme officer.
- There are (still) no existing concrete tools for assessing the HIV/AIDS commitment of the counterparts (as there are for gender mainstreaming – indicators to assess the gender sensitivity of the counterparts).
- A lack of commitment (exc. Southern African desk) and/or capacity of programme officers to become engaged in a dialogue on a sensitive issue as HIV/AIDS.
- Participation in trainings and workshops is not obligated; hence one could assume that participants include officers already interested.
- There is an HIV/AIDS thematic group, with participation of officers from all different departments, but apparently the feedback from the thematic group to the different departments sometimes fails.

### *HIV/AIDS and the development practice of Cordaid in Southern Africa and India*

The CFAs were asked to develop a portfolio of HIV/AIDS counterparts in the four countries that would be visited during this evaluation. Listed organisations were (1) HIV/AIDS-specific organisations or (2) generalist

organisations who received funding for HIV/AIDS-related activities (integrated AIDS work or support of HIV/AIDS mainstreaming within the organisation). This overview is added in annexe 2.

**Table 2: Quantitative analysis of the portfolio of Cordaid's HIV/AIDS counterparts in Southern Africa and India**

	<i>Southern Africa (#22)</i>	<i>India (#5)</i>	<i>Total (#27)</i>
Generalist organisations	18	3	21
HIV/AIDS-focussed org.	4	2	6
Women's organisation	2	0	2
Organisations involved in advocacy and lobby	5	1	6
Networks	1	0	1
Grass root organisations/CBOs	2	2	4
Programmes started before 2003	9	2	11

**Table 3: Overview of the kind of activities Cordaid's counterparts are involved in**

	<i>Southern Africa (#22)</i>	<i>India (#5)</i>	<i>Total (#27)</i>
Prevention	12	5	17
Treatment	2	1	3
Care	12	3	15
Mainstreaming	9	1	10

Remark: (1) here mainstreaming means the involvement in mainstreaming processes within the organisation or offering capacity building services to other organisations. (2) One counterpart is a grant maker, establishing a micro project fund. No information is available on the type of projects funded.

The typology of counterparts lies in the scope of the policy paper. In the portfolio of counterparts the evaluators can recognize a strong presence of HBC initiatives, prevention activities aimed at risk reduction and support to mainstreaming processes. There seems to be a trend for counterparts becoming more and more involved in care for OVCs. The portfolio shows some pilot projects on ART. Women-focussed organisations explicitly involved in the fight against HIV/AIDS are supported to a limited degree..

Concerning mainstreaming one can identify two categories of counterparts:

- Organisations engaged in the capacity building of CBOs and NGOs: Gujarat AIDS Prevention (India), Olive and CDRA (South Africa) and Intrac (Malawi).
- Organisations involved in mainstreaming HIV/AIDS into their core business and linking HIV/AIDS to other themes: The Black Sash – social grants (South Africa), Public affairs committee – democratisation and good governance, Cadecom – access to markets, Centre of social concern-research on the position of the church, Concern Universal Malawi - food security and the Episcopal Conference of Malawi – strategic planning, the last five counterparts are all based in Malawi. These counterparts try to enhance the link between their core programmes and HIV/AIDS, having impact on

the vulnerability to infection. Unfortunately, none of these counterparts were visited in this evaluation.

According to the HIV/AIDS policy the formation and support of CBOs or grassroots organisations is one of the strategies of the HIV/AIDS policy. However, according to this portfolio "direct" support and funding to CBOs is very limited. Nevertheless many counterparts are involved in home-based care programmes or counselling, activities that often include support to peer groups of PLWHA. Furthermore, Cordaid has been supporting the Huairou commission (lobby partner) since 2003, a network of and for grass roots women's organisations that has also developed an HIV/AIDS campaign.

30% of the portfolio concerns faith-based organisations, many of them strong organisations offering a comprehensive package of HIV/AIDS services. Cordaid always has addressed the role of the church in the fight against HIV/AIDS. Particularly in Southern Africa, Cordaid's programme officers report considerable success at local level. Faith-based organisations that were reluctant to integrate HIV/AIDS are now becoming more engaged. Research has been funded to investigate the position of the churches towards HIV/AIDS in Malawi, and the Episcopal Conference of Malawi has been assisted in their strategic planning process. Less impact is visible at a higher level within the churches. Cordaid aims to become engaged in a genuine debate with the church, in particular on the firm rejection of condom use and its reliance on abstinence. Cordaid collaborates with the Catholic Relief Service, but addressing these issues appears to be difficult as it has become very polarised and sensitive and depend on personalities.

One of the strategies of Cordaid's HIV/AIDS policy is to reduce vulnerability to HIV/AIDS, in particular for young girls and women. In the portfolio only two counterparts are recognised that directly focus on women's rights and reproductive rights, notwithstanding the assumed gender sensitivity of all the other counterparts. The evaluators did not analyse the portfolio of women-focussed organisations, and looked for women's organisations who could address issues directly influencing the vulnerability of women (ex. lobbying inheritance laws, income generating projects for women, life skills training, etc.). According to the gender policy, Cordaid is focussing (besides mainstreaming) on gender-based war crime, reproductive health, women's leadership and access to markets. All sectors that have a major impact on the vulnerability of women to HIV/AIDS; Gender issues also appear to be sensitive issues to discuss with faith-based organisations. As far as collaboration with specific women's organisations is concerned there are probably still a lot of missed opportunities where Cordaid could make a difference. The MBN evaluation on women's organisations (2003?) learned that women's organisations play an essential role in the enhancement of rights of women, the participation of women in development processes and their role and position in the public

space. Unfortunately the number of women's organisations appears to have decreased in 2004 from 10% to 6% of the Cordaid's portfolio (based on the interviews with staff members). Hence there are no marked increased efforts on women and gender. The HIV/AIDS policy might be too vague on the link between gender and HIV/AIDS. The HIV/AIDS policy entails some general guidelines focussing on gender mainstreaming, but apparently it is difficult to put this in practice.

**3.3. Lobby and networking**

Through their lobby strategy Cordaid focuses on access to treatment, increased attention to OVCs in the HIV/AIDS policies of other donors, facilitating access to the global fund and the inclusion of HIV/AIDS in the PRSP. Cordaid is not involved in direct lobbying around HIV/AIDS-related issues, but is member of some important networks and funds several partners involved in lobbying. The latter tend to be partners who enhance the lobby capacity of grass roots organisations (dissemination of information, elaborate of policy papers).

*Table 4: involvement of Cordaid in networks and campaigns*

<i>Level of networks</i>	<i>Name of network/organisations/conferences</i>
The Netherlands	- SAN! - Sharenet - WEMOS – Health for All
Sub regional level in the South	- HASAP- HIV/AIDS Support and Advocacy Group (Africa)
International level	- Huairou commission
Catholic movement	- Cidse - AIDS Funding Network Group

Most of the attention goes to advocate and lobby the role and position of the Catholic Church. Cordaid has joined hands with CAFOD, the Catholic Relief Service, Trocaire and Miseror in support of programmes and/or advocacy, with particular attention to supporting the process for a more conducive role of the Catholic Church in HIV/AIDS.

Cordaid participates in international networks with Catholic sister organisations, such as Cidse and Caritas International AIDS taskforce; Cordaid is also a member of the AIDS Funding Network Group (information sharing, policy development and awareness raising within Catholic Church).

Impact at an international level is not known so far but the involvement of Cordaid in these networks or partnerships may be regarded as strategically important. It is not clear to what extent Cordaid or its counterparts have achieved successes related to other lobby issues, such as access to treatment and OVCs.

The HASAP programme only recently started an ARV programme. The evaluators could not assess the role of WEMOS in achieving cheaper medicines and greater access to medicines.

## 4. Conclusions

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Cordaid did manage to integrate HIV/AIDS in its core functions and installed jobs and structures to support the HIV/AIDS integration into the organisation. This process is still ongoing. The HIV/AIDS policy is mainly driven by the African department, in particular the OZA desk. At the OZA desk one could say that there is a great commitment and ownership by all staff, enhanced by reflection workshops, seminars and consolidated by the fact that HIV/AIDS has been added as a fifth theme for this region. HIV/AIDS has not yet been integrated to the same extent in the other departments. Many efforts have been undertaken, such as the organisation of several trainings and workshops on HIV/AIDS for staff. But not all staff have become HIV/AIDS-competent yet.

Although many counterparts are involved in home-based care activities, Cordaid has managed to broaden its HIV/AIDS policy (and move away from the health and care perspective) by focussing on support to internal and external mainstreaming by Cordaid's counterparts. To date, concrete targets have only been formulated for the African department (in particular for South Africa, Zambia and Malawi) but this does not mean that the other departments are not committed to discuss HIV/AIDS mainstreaming with their counterparts. To that end, tools (or info packages) are and will be elaborated and workshops have been and will be organised in the coming years (in The Netherlands and in the South). This process is still in the early stages and is evidently slow. Not many results can be documented so far.

A comparative advantage of Cordaid is the fact that Cordaid is working with organisations in several domains who can mitigate the impact of HIV/AIDS and/or reduce risks and decrease the vulnerability of individuals: health and care, quality of urban life (addressing vulnerable groups in urban settings where there is often a lack of social networks), peace and conflict (reduction of the vulnerability of women and children to sexual violence), access to markets and finance (food security at a household level, access to micro-finance institutions, etc). Mainstreaming HIV/AIDS is the message. In this context it is of utmost importance for Cordaid's programme officers to be convinced of the importance of HIV/AIDS mainstreaming and to feel capable of addressing this issue with their counterparts as in many countries there is considerable reluctance against HIV/AIDS mainstreaming, especially within faith-based organisations. Some examples in Malawi show the leading role that programme officers can play in convincing faith-based organisation to take up their role in

the fight against HIV/AIDS. It will be important to analyse in what way the HIV/AIDS capacity of staff can be enhanced. Will capacity building of staff be enough? The evaluators are of the opinion that additional research and experiments are needed to link several themes with HIV/AIDS. Some efforts have been taken so far, interesting innovative projects have been developed and additional research has been funded. It would increase efficiency to collaborate with other CFAs who are involved in the same themes and who have already elaborated some research, for example research on the link between microfinance sector and HIV/AIDS, supported by Hivos.

Cordaid has played a pro-active role through its involvement in innovative pilot projects, such as on treatment and OVCs. It would be a challenge to look for innovative approaches in home-based care as well, as all these initiatives are facing new challenges. However, it is not yet clear to what extent these cases have been documented and information and lessons learned have been shared. The evaluators are of the opinion that overall learning and linking could be enhanced: in relation to pilot projects, in relation to Catholic networks and initiatives on the commitment of churches worldwide and not at least, in linking grass roots organisations (supported by Cordaid's counterparts) to regional and international networks.

Another comparative advantage of Cordaid is its close relationship with the Catholic churches. This link should be valued more. Several efforts have been undertaken, independently or in collaboration with Catholic sister organisations and networks, but this had brought about little change of attitude within the church. As Cordaid has the possibility to take up a more progressive attitude in the fight against HIV/AIDS compared to the Catholic Relief Service and Caritas, there is an important role and responsibility for Cordaid. The evaluators wonder why Cordaid is not member of the Ecumenical Advocacy Alliance, which is very much engaged in a genuine debate with all kinds of churches on the role of the churches in the fight against HIV/AIDS. Collaboration between these networks could have a major impact on the commitment of the churches.

## **5. Annexes**

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Annexe 1: Judgment criteria form

Annexe 2: Portfolio of counterparts funded in Southern Africa and India

Annexe 3: Financial and quantitative data

Annexe 4: List of documents consulted and people met

Annexe 5: Guidelines for interviews and quantitative data collection

## Annexe 1: Findings from the interviews – judgement criteria form

EQ no. 1	To what extent did the CFAs respond to the HIV/AIDS epidemic and build up competence to cope with HIV/AIDS?
<b>Judgement Criterion no. 1.1.</b> The CFA internalised HIV/AIDS in all its core functions	
<p><i>Indicator 1.1.1 Process to develop an internal workplace policy and action plan has commenced.</i></p> <p>Process to elaborate an internal workplace policy has started in 2003. The need for an internal workplace policy was for the first time mentioned during an internal workshop on mainstreaming of HIV/AIDS in 2003. The policy paper has been developed in a participatory way. The HIV/AIDS officer was responsible but did consult staff in the Netherlands and staff at the field offices. The process was guided by the workgroup “veiligheidsbeleid”. A HIV/AIDS internal policy and management guidelines have been adopted by May 2005. Every two years this policy will be revised.</p> <p>The policy is a comprehensive one, taking into account prevention and educative matters, confidentiality and non discrimination rules, treatment and care and rules for recruitment. The policy also differentiates between staff at head quarters, expatriate staff and local staff. Treatment for local staff is foreseen (including relatives in the first grade and covering treatment costs until 6 months after having left Cordaid).</p> <p>Human resources department is responsible for the implementation of the policy. In the workplace policy some implementation guidelines are stipulated. This implementation process is going on. The field offices have to elaborate their own implementation plan. They can ask support from the HIV/AIDS officer and/or HR officers at Cordaid national office. An information package will be made for the field offices. In 2006 workshops about the implementation of workplace policy are foreseen at the field offices, with support of the HIV/AIDS officer. At the moment the HR officer responsible for the field offices is collecting information on the additional costs. Cordaid agreed in principle to cover these additional costs.</p> <p>In the Netherlands: HIV/AIDS is not included yet in the introduction sessions for new expatriate staff. Access to PEP is secured. Staff in the field can call an emergency number. If necessary (when PEP is not available locally) the access to PEP can be organised from the Netherlands and will be available in time.</p> <p>Cordaid’s workplace policy is used as example by ICCO.</p> <p>Workplace policy is not known by all staff. Staff does know it exists but it is up to them to actively look for information on this workplace policy on the intranet. Not every staff member has done this so far.</p> <p><i>Note: evaluation team did not visit field offices from Cordaid in the five selected countries.</i></p> <p><i>Indicator 1.1.2. Evidence of senior staff commitment</i></p> <p>Commitment to mainstream HIV/AIDS into all its core functions has grown over the years. In the early days (2000) HIV/AIDS – treated as a development issue- was especially a matter of the African division. The commitment was taken to mainstream HIV/AIDS into 80% of the counterparts in Southern Africa and into a large number of programs in West and Central Africa. A small amount of funds was foreseen for HIV/AIDS related initiatives in that region (3900 EUR in 2003 till 6.100EUR in 2006).</p> <p>In 2004 a specific HIV/AIDS policy officer was recruited and in 2005 the HIV/AIDS policy has been officially adapted, including policy guidelines for all the departments. Head of departments, especially African and Asian department, are strongly committed to integrate HIV/AIDS in all Cordaid programmes and policies. These people do participate in the management team.</p> <p>Senior staff also supports the elaboration and implementation of the internal workplace policy as this document is subject of the workgroup “veiligheidsbeleid” in which participate the director, the head of departments and</p>	

the human resources staff.

Staff is permitted/encouraged to invest time in networks such as Share-net and SAN! (see leading role in OVC workgroup)

**Indicator 1.1.2.** *Existence of HIV/AIDS policy paper and HIV/AIDS policy paper is known by all staff*

HIV/AIDS policy for Cordaid since 2005.

Before:

- Until 2000 HIV/AIDS interventions within the health sector
- Since 2000 HIV/AIDS is seen as a development issue. The Africa department took the leadership. They developed a regional HIV/AIDS programme for Southern Africa, based on the experiences of their counterparts (esp. Malawi, South Africa and Zambia – country strategies in West and Central Africa integrate HIV/AIDS at different extent into their programmes: ex. Uganda HIV/AIDS special attention in health programmes; Angola HIV/AIDS in relation to urban livelihood programmes) . For the Southern Africa region the programme addressed HIV/AIDS as a development issue and focused on internal and external mainstreaming of HIV/AIDS (ambition that 80% of the counterparts should have started mainstreaming HIV/AIDS)
- Cordaid's strategic plan for 2003-2006 concentrates on four thematic issues (peace and conflict, urban quality of life, health and care and access to markets). The Africa department added a fifth theme, namely HIV/AIDS

HIV/AIDS policy paper is known by all staff interviewed. Ownership (and thorough implementation knowledge) is higher amongst staff of the Africa department than staff from the Asia department.

**Indicator 1.1.4.** *Job(s) on HIV/AIDS at head office and/or regional offices*

- Since 2004 Cordaid recruited a HIV/AIDS policy officer, attached to the policy department.
- Existence of a thematic group on HIV/AIDS, with participation of staff of several departments (programmaverantwoordelijken-PV). The PV's can be seen as focal points and have to give feedback of the work in the thematic group within their own department. This does not happen always in all departments.
- It is foreseen in the workplace policy to point a HIV/AIDS focal person at every field office.

**Indicator 1.1.5.** *HIV/AIDS is integrated in strategy papers and annual plans*

HIV/AIDS is integrated in the Cordaid's strategy paper 2003-2006, but as a theme for the African department. Hence there exists a separate policy document "HIV/AIDS in Africa.

To date HIV/AIDS does not seem to be integrated in the other regional strategy papers? (Stan?)

Concerning the country strategies, HIV/AIDS is dealt with in a different way: most attention for Malawi, South Africa and Zambia, to a lesser extent (meaning more related to one or more themes) in the other African countries.

Country strategies Asia?

It is foreseen in the HIV/AIDS policy of 2005 that all departments have to report separately on HIV/AIDS in their annual plans.

**Indicator 1.1.6.** *Staff have received adequate training and/or support to implement the HIV/AIDS policy in their own work*

Lot of information on HIV/AIDS is available. The HIV/AIDS officer informs colleagues through mail and documentation is available.

When a particular contract contains a HIV/AIDS component, the advice of the HIV/AIDS officer is appreciated.

Several workshops/training have been organised:

- In collaboration with PSO: PSO organizes internal workshops on how to dialogue with counterparts. HIV/AIDS is one of the issues: example “*Programmamedewerkers*” learn how to discuss HIV/AIDS with counterparts (see also CD-ROM Personal or business, discussing HIV/AIDS with partner organisations elaborated in 2005 by PSO in collaboration with SAN! And with support from Cordaid and Novib). In February 2005 a lunch meeting was organised to discuss a PSO workshop “capacity building in times of HIV/AIDS” In June 2005 6 “programmamedewerkers” participated at the PSO learning carousel “capacity building in times of HIV/AIDS” (with participation of counterparts). But the approach in this workshop (mainly through role play) is not always appreciated by all “*programmamedewerkers*” as being adequate.
- In collaboration with SAN!: workshop on workplace policy in October 2004 (participation of 7 “*programmamedewerkers*”)
- Organised internally:
- The Africa department (OZA division?) integrates HIV/AIDS in their internal reflection processes, such as the “home week” The same department has organised several “beleidsmiddagen” = learning session on HIV/AIDS. The division for Eastern and Southern Africa has organised 6 “lekgotla’s” (reflection on current practice and discussion on counterparts) in the last three years on HIV/AIDS
- 2003 – workshop in house on internal mainstreaming
- In 2004 one information session for all staff was organised by the HIV/AIDS officer. An other session is planned in 2006 for all staff, about HIV/AIDS mainstreaming.
- In 2005 several meetings/workshops have been organised to discuss mainstreaming (internal and external) in programmes in Central and West Africa (meeting in January 2005- training in November 2005), Eastern and Southern Africa (meeting in March 2005)
- In the near future other workshops are planned, among others, on how to discuss HIV/AIDS with counterparts and on mainstreaming HIV/AIDS.

Some comments of staff:

- Information is not the problem, emotional intelligence is required.
- Not all PV have developed yet the capacity to integrate HIV/AIDS into their work. It is a difficult issue to discuss with religious leaders. Staff needs to be strengthened to confront this people. Staff has to learn how to confront Catholic Bishops with HIV/AIDS

**JUDGEMENT CRITERION 1.2.** In the elaboration of programmes, the assessment of funding proposals and the identification of partners the CFA regards HIV/AIDS as a cross-cutting issue

**Indicator 1.2.1.** *Appraisal systems have been adapted and HIV/AIDS analyses of current programmes have been conducted.*

Appraisal system has not been adapted neither a HIV/AIDS analysis of current programmes has been done (except the Southern Africa strategy – but HIV/AIDS is not a criterion for exclusion).

Nevertheless, the HIV/AIDS policy (2005) stipulates that new counterparts should be checked for their willingness to mainstream HIV/AIDS and if necessary specific support to mainstreaming activities can be integrated in the contract.

HIV/AIDS analysis is only asked to AIDS focussed organisations. Generalist organisations are not asked for an HIV/AIDS analysis but country officers from HPR ask about HIV/AIDS when this issue is completely missing in programme proposals. Example: the network of AIDS focussed organisation their counterparts are working with/referring people to

Country officer do not have to report systematically on HIV/AIDS in their field visit reports, only when HIV/AIDS is part of the contract with the counterpart. For the Southern African partners most of the time the contract contains a HIV/AIDS component hence it is obvious that these counterparts do report on HIV/AIDS in their annual reports.

**Indicator 1.2.2.** *Policy (guidelines) have been developed to look for appropriate organisations (in the fight against HIV/AIDS) to be funded (policy based on the comparative advantage of the CFA to work o the HIV/AIDS epidemic)*

Policy guidelines are elaborated in the HIV/AIDS policy document (since 2005). Specifically chapter 4 “consequences for Cordaid policies and support” highlights how country officers can put the HIV/AIDS policy into practice (strategies, identification of new partners), the link between HIV/AIDS and the four themes of Cordaid also is explained.

Against this policy background the country officer have the space to develop their programs.

Since 2003 the Southern African desk is explicitly looking for AIDS focussed counterparts. A preceding research has been funded to analyse what role Cordaid could play in the sector of HIV/AIDS in Southern Africa. Existing counterparts (many times coming from Memisa) have been out phased and new counterparts have been identified. Example, counterparts specialised in work on reproductive rights had to be sought out of Catholic counterparts (40% of portfolio consists of faith based organisations). According to the staff, faith based organisations are overrepresented in the sector of health (including HIV/AIDS).

At the beginning focus was on prevention, than on home based care, support to OVC is a more recent trend. Cordaid experiences that many traditional counterparts have become involved in care and support for OVC's. Cordaid started an innovative project around this issue and the head of the Africa department takes up the leading role in the SAN! Workgroup on OVC's.

Comparative advantage of Cordaid to work on the HIV/AIDS epidemic is the fact that Cordaid is working with organisations in several domains that can mitigate the impact of HIV/AIDS and/or reduce risks and decrease vulnerability of individuals: health and care, quality of urban life (addressing vulnerable groups in urban settings where there is often lack of social networks), peace and conflict (reduction of vulnerability of women and children to sexual violence), access to markets and finance (food security at household level, access to micro-finance institutions, etc). Mainstreaming HIV/AIDS is the message (only measurable targets set out for South Africa, Zambia and Malawi – 50% of the counterparts (strategy paper 2003-2006 talks about 80%).

*Indicator 1.2.3. Number of AIDS focussed counterparts supported or integrated AIDS work in generalist organisations (in relation to the whole portfolio of partners/projects) and evidence of budget lines for HIV/AIDS work (and relevant proportion to the overall budget)*

See financial analysis

Conclusion:

- It was reported that, at the beginning, it was not easy to convince faith based organisations to invest in HIV/AIDS but slow progress is reported (ex. case Malawi)
- At the beginning no additional funds were available (exc. Southern Africa programme). Redistribution of the budget was needed. Additional EU funds were acquired.

*Indicator 1.2.4. evidence of activities for support of (internal) mainstreaming processes at counterpart level (ex. linking and learning, stimulating partnerships)*

In general:

- Workshops on internal mainstreaming at country level, for all partners (started in 2005, ongoing process)
- Innovative projects: Cordaid has elaborated a strategy to implement and follow up innovative projects. It mainly Innovative projects mainly concern critical reflection on current state of affairs (intervention strategies, methods, etc.) and consist out of three phases: (1) Small budgets are foreseen to fund innovative projects (more risks), (2) at regional level, projects are analysed and lessons learned are identified, (3) follow up and sharing findings in international workshops. Some examples related to HIV/AIDS: ex. (1) funding ARV roll out programme (ARV roll out at community level), facilitated by the SACBC. Following this pilot project, the SACBC gained experience to monitor an ARV roll out programme, now they monitor several ARV sites (some with pepfar money, some funded by Cordaid); ex. (2) new project on OVC's in cooperation with "SACBC-Syababa trust" concerning community approach for taking care of OVC's.

*Note: evaluation team has been exposed to the ARV project in South Africa and an OVC project (street children) in India. Very interesting projects.*

Southern Africa:

- Before the HIV/AIDS policy paper was developed, Cordaid had a general fund for capacity building that could be used to organise trainings, workshops, etc.
- Workshop in Malawi (2002) and in South Africa (2003) to discuss the impact of HIV/AIDS with counterparts (mix of partners that enhance sharing and learning and "opens some mindsets" – quote "*programmamedewerker*")
- Workshop in Malawi (2005) about the link between gender and HIV/AIDS: through these workshops generalist and AIDS focussed counterparts are put in contact.
- Research by Intrac on developing workplace policies: production of several Intrac praxis notes – free to download from Intrac website (2003-2003-2004)
- Sharing and learning initiatives: project horizontal learning, by OLIVE (2003 in Malawi and South Africa); research on mainstreaming, production of booklet, by CDRA (2003 in Malawi and South Africa – booklet distributed under all counterparts)
- Specific counterparts are funded that support processes of organisational development, with attention to HIV/AIDS, of other Cordaid's counterpart (ex. Olive 2003 in South Africa; (what about Cadecom?))
- In collaboration with ETC and KIT a capacity building programme was elaborated in 2000 for the Southern Africa region (South Africa, Zambia and Malawi) on HIV/AIDS with three objectives: (1) capacity building on internal mainstreaming, (2) capacity building on external mainstreaming and (3) enhancement of the advocacy and lobby capacity of counterparts (situation analysis, capacity building, small project fund).
- In October 2005 ToR are drafted for a specific HIV/AIDS evaluation in Southern Africa. This evaluation is a tool for learning.

Asia:

- In 2002 and 2004 a consultation process was organised amongst Cordaid health partners to share experiences (including HIV/AIDS)

A small amount of counterparts (ex. in South Africa and Malawi) received through the years small budgets to finance additional activities on internal or external mainstreaming.

***Indicator 1.2.5. lessons learned of gender mainstreaming are incorporated into the HIV/AIDS mainstreaming strategy***

Cordaid has quite some experience with gender mainstreaming.

*Institutional point of view:*

Cordaid has been experimenting with different approaches: appointing a full time gender policy officer, installing a gender thematic group (next to the other thematic groups), disappearance of gender officer and giving gender as a responsibility to all policy officers, installing again a part time gender officer, etc. The existence of a thematic group on gender (with participation of programme officers) next to other thematic groups apparently was not the ideal scenario. The mandate of programme officers that participated in that thematic group was not clear. Programme officers experienced difficulties to integrate gender issues in the policy discussion of their departments. The thematic group on gender disappeared but the focal points on gender remained but were added to every thematic group (urban life, conflict and peace, health and care, access to markets and finance). This focal point is responsible for the concretisation of gender within each theme. At policy level one officer is part time responsible for the follow up of gender mainstreaming.

The same process can be recognised concerning HIV/AIDS, with the difference that a thematic group on HIV/AIDS still exists (but the feedback from the HIV/AIDS group towards the different departments also is failing sometimes). A HIV/AIDS policy officer supervises this process.

*Instruments/approaches:*

Gender mainstreaming appeared to be very difficult. Cordaid paid a lot of attention on critical reflection: "are we doing the right thing?" "Are we supporting the right partners?" "Are we making the correct analysis?" "In what issues do we have to invest?" Cordaid is constantly looking for their comparative advantage concerning gender. Moreover, gender is a sensitive issue for faith based organisations (ex. discussion on reproductive health).

Different concrete tools (ex. gender quick scan) have been developed to assist country officers in the implementation of a gender policy. Targets are: by 2006 60% of the partner organisations will be gender sensitive (measurable indicators are formulated to assess gender sensitivity) and 15% of Cordaid's counterparts comprises women organisations.

The same process can be identified for HIV/AIDS. Focus is also very much on mainstreaming HIV/AIDS and the identification of AIDS focussed organisations. Specific targets are only set out for the Southern Africa region. No indicators have been formalised to measure the extent of HIV/AIDS mainstreaming (as has been done for gender mainstreaming). No specific tools are elaborated to support "programmamedewerkers" but lot of energy has been put so far (ongoing) in the elaboration of workshops on internal mainstreaming and the elaboration of a toolkit (or info package) for counterparts. Several workshops on internal mainstreaming are planned in different countries.

Gender mainstreaming, as well as HIV/AIDS mainstreaming are difficult issues to discuss with faith based organisations. Example of some parallel experiences: "programmamedewerkers" illustrated that a gender "policy paper" is many times rather used as a "working document" than as an official document accepted by the board of the faith based organisation. In Malawi the evaluators experienced the same with a HIV/AIDS workplace policy: CHAM has elaborated a HIV/AIDS workplace policy, what now is used as a working document and not as an official policy document.

*Link between HIV/AIDS and gender:*

In all documents (strategy 2003-2006; HIV/AIDS policy paper and the Africa policy paper) address explicitly the link between HIV/AIDS and gender: the unequal power relationship between the sexes as a major cause of the disproportionately high rate of infection among girls and women; extra attention for gender mainstreaming and empowerment of women related to the objective to decrease vulnerability to HIV/AIDS; strengthen women's assertiveness and negotiating power; combating sexual violence and respecting reproductive rights through better and accessible health services.

Cordaid is member of several international fora, such as AWID (reproductive rights) and Huairou commission (follow up Beijing + 10 – network of CBO's), Cordaid tries to link up their partners with these networks.

Within Cordaid there are also two visions on gender related issues, for example:

- (1) more progressive vision: staff wants to put reproductive rights on the agenda
- (2) rather conservative vision: let other actors/stakeholders profile themselves on the issue of reproductive rights

Cordaid works together with "Justitia et pax". This is a more progressive organisation that is involved in debates with catholic bishops.

**Indicator 1.2.6.** *increased efforts to mainstream gender in the programmes and strategies of the CFA*

The link between gender inequality and HIV/AIDS is incorporated in the HIV/AIDS policy, where concrete strategies are recommended to pay more attention to gender mainstreaming and empowerment of women.

Implementation of this policy is the responsibility of the country officers. It is not clear whether this strategy did increase gender mainstreaming efforts.

According to our interviewees the amount of women organisation has decreased in 2004 from 10% to 6% of the portfolio; whilst 15% is the initial target set out in the gender policy. According to the interviewees, Cordaid struggles to increase the focus on reproductive rights within the existing partner portfolio.

Country officers have to reports on gender in their field visit reports. Gender is a point of attention in the appraisal system. Hence, gender has to be discussed with all HIV/AIDS counterparts.

**JUDGEMENT CRITERION 1.3.** Relevant and effective lobby-activities and networking have been developed to put HIV/AIDS on the development agenda

**Indicator 1.3.1.** (active) membership of (HIV/AIDS) networks

Cordaid has joined hands with CAFOD, CRS, Christian AID and Misereor in support of programmes and/or advocacy, with particular attention to support the process for a more conducive role of the Catholic church in HIV/AIDS.

Cordaid is member of SAN! (lead the OVC workgroup) and Share-net and participates in international networks with catholic Sister organisations, such as Cidse and the AIDS Funding Network Group (information sharing, policy development and awareness raising)

Cordaid participates in Wemos, Organisation for International Health Issues.

**Indicator 1.3.2.** Number of campaigns on HIV/AIDS (in a developing context) developed (national and international level)

No direct campaigns, but (financial) support to campaign of partners or networks Cordaid is involved in.

- Financial support to the HASAP programme of ACORD (+ opportunities for linking counterparts): 2004
- (Financial) support to Huairou commission: women at grassroots : 2003 and 2004
- Cordaid is member of ... workgroup (zie info bij plan)

Items for advocacy and lobby, according to HIV/AIDS policy:

- support for OVC's
- access to cheap medicines (in collaboration with Wemos?)
- financing HIV/AIDS programmes should not undermine the health services (ex; avoidance of vertical programmes in basic health systems – participation in a workgroup composed by Cordaid, plan, ... and officers from the Dutch Department for External Affairs)
- enhanced contribution of the Catholic church for a more enabling environment to prevent the spread of HIV/AIDS
- Increased funding for HIV/AIDS, availability of national funds (related to health care and PRSP's)

**Indicator 1.3.3.** High quality of policy/position papers developed by CFAs on HIV/AIDS issues

Not directly involved in campaigns

**Indicator 1.3.4.** CFAs are perceived as valuable interlocutors to advocate HIV/AIDS issues in a developing context (by decision makers at policy level and representatives of industries). CFAs manage to shape ideas.

Yes, for lobbying the Dutch government on the avoidance of vertical HIV/AIDS programmes within the basic health systems

**Indicator 1.3.5.** CFAs are targeting the right people (decision makers, influential people, etc)

**Indicator 1.3.6.** CFAs can mobilize a critical mass

Not directly involved in campaigns

Awareness raising activities in collaboration with Memisa: articles on HIV/AIDS in Memisa Magazine (once a year in September): focus on PMTCT and OVC's

Collaboration with Kinderstem, part of Cordaid: focus on children in urban slum area's

**Indicator 1.3.7.** CFAs fund strategic partners (so called global partners) that lobby on HIV/AIDS at international level with considerable success.

Two partners funded:

- HASAP programme of ACORD in 2004 (more a regional programme with focus on grass roots level)
- Huairou commission in 2003 and 2004 (international network of grassroots women organisations; campaign AIDS in Africa with main objective to change the HIV/AIDS response into one in which grassroots women play an essential role: exchanging experiences, learning initiatives, AIDS watches, elaboration of policy papers, etc.). Cordaid is a strategic partner of the Huairou commission.

**EQ. 2.** To what extent and how successfully did each CFA perform in enabling the different counterparts to contribute to the fight against HIV/AIDS and to cope with the HIV/AIDS epidemic?

**Judgement Criterion no. 2.1.** The issue of HIV/AIDS is incorporated in the dialogue between CFA and counterpart.

**Indicator 2.1.1.** Discussion on HIV/AIDS policy is point of attention in every mission from the North to the South and from the South through the North. CFA's staff sees through denial attitude from counterpart. Counterparts feel free to discuss with CFA, there is no fear of funding cuts if objectives are not met due to impact of HIV/AIDS.

It is for the countries in the Southern Africa region, to a much lesser extent in the other regions. This depends very much on the personality of the "Programmamedewerkers" (Stan, Asia?). The pro-active support of an "ex-programmamedewerker" was very much appreciated by all counterparts visited.

Staff does not always feel as confident to discuss HIV/AIDS with faith based organisations, especially when dealing with senior staff.

Counterparts did not report fear of funding cuts, at the contrary, many counterparts have received funding to elaborate HIV/AIDS focussed programmes (ex. SACBC Aids desk; CDRA, OLIVE, St. Joseph Care Centre, Stan?).

*Indicator 2.1.2. Acceptance of both partners that mainstreaming means higher costs. Commitment of both partners to look for additional funding/resources.*

Cordaid made additional funds available for mainstreaming processes, already since 2001 (see above indicator 1.2.4.).

Counterparts do appreciate the flexible funding of Cordaid. In some cases "funding of innovative projects" created opportunities for counterparts to attract other donors (ex. SACBC – ARV programme: once other donors could see the success of the ARV sites they were keen to get on board and provide more funding).

*Indicator 2.1.4. Evidence of shared learning and networking and/or training initiatives at counterpart level (whether or not funded by CFA)*

Lot's of initiatives (see indicator 1.2.4.).

*Indicator 2.1.1.1 There is consensus about the importance of integrating HIV/AIDS in development work and the importance of a multi-sector approach*

Yes for the Africa division.

## Annexe 2: Portfolio of counterparts funded in Southern Africa and India

### India

Cordaid	Aids focussed	Generalistic/AIDS integrated work	Generalistic/mainstreaming	Joint initiative	Project/year	Budget/year	Strategy			Type org.		Prevention-Care
							PR	CS	AL	IM	DG	
Partner 1 317/10295		NISSO (alleen projecthouder)/APSA in India is uitvoerder			AIDS preventie onder straatkinderen (02-03)	45.000 (2002)				x		Prevention (onderzoek en training)
Partner 2 317/10290A	AIDS Prevention Society				North East Indian Highway Health Programme (04_06)	108.914 (04)	x	x		x		Care, VCT, prevention
Partner 3 P_317/10230		Christian Council for Rural Development and Research			CCOORR programme (01-04)	250.000 (01-04?)	x			X		Prevention and treatment (pilot just started with ART)
Partner 4 317/9560A	Gujarat AIDS Prevention				HIV/AIDS programma (03-06)	131.992 (03-06)	x	x	x		x	Prevention, counselling, mainstreaming
Partner 5 317/9544 B		SAHARA, centre for residential care and rehabilitation			Programma voor drugsverslaafden (04-06)	444.935 (04-06)	x				x	Care Mitigation (drugs)

### South Africa

Cordaid	Aids focussed	Generalistic/AIDS integrated work	Generalistic/mainstreaming	Joint initiative	Project/year	Budget/year	Strategy			Type org.		Prevention-Care
							PR	CS	AL	IM	DG	
Partner 1 151/10035A		SACBC-DWA-Siyabhabha National Trust			Programme 03-05	390.000 (03-05)	x	x		x		OVC mitigation
Partner 2 C-151/1483D		DOCKDA			DOCKDA Micro Projecten fonds (2001)	315.000 (01)	x			x		Grant maker
Partner 3 151/1033 G			The Black Sash		Juridische dienstverlening en lobby programma (03-05)	150.000 (03-05)			x			Campagne basisinkomen Counseling Advocacy
Partner 4 151/10044		SACBC Justice and peace department			<b>Programma voor vrede en gerechtigheid (02-05)</b>	44.000 (02-05)		x	x	Advocacy netwerk		Advocacy o.a. toegang tot ART
Partner 5 151/10053  151/10033 A	SACBC Aids office				(1) AIDS office ARV voorstel (03)  (2) infrastructuur en kleine projecten (04-06)	979.000 (03)  450.000 (04-06)	X  x	  	  x	x  		prevention HBC ART Support  OVC HBC
Partner 6 151/10038A		OLIVE			Institutional Dev. & Training 02-04 OD	140.000 (02-06)	x	x	x			Mainstreaming Org leadership & development
Partner 7 151/1512E		Social Change Assistance Trust			Community based development progr.	200.000 (2004)	x	x		x		Mitigation, risk reduction

## Malawi

Cordaid	Aids focussed	Generalistic/AIDS integrated work	Generalistic/ mainstreaming	Joint initiative	Project/year	Budget/year	Strategy			Type org.		Prevention-Care
							PR	CS	AL	IM	DG	
Partner 1 135/1101 F		Public affairs committee			Programma ondersteuning van democratisering en goed bestuur (03-06)	135.000 (03-06)		x		x		mainstreaming
Partner 2 135/10071	Word Alive Ministries International, Intervention Counseling and Care (ICOCA)				HIV/AIDS jeugdprogramma (04)	48.383 (04)	x			x	x	Prevention VCT HBC OVC
Partner 3 135/10072	Centre for AIDS Care, education and training (CACET)				HIV/AIDS preventie in plattelandsgemeenschappen (04)	22.740 (04)	x	x		x		Prevention, care
Partner 4 135/10081  C+P+N- 135/8007B H/S  135/8003 C		CADECOM   Cadecom Blantyre			(1) Risico management (04-07)  (2) Thuiszorg en AIDS voorlichting aan AIDS patiënten, wezen, hun familie en jeugd (01-04)  (3) Verbeterde bestaansmogelijkheden door verbeterde landbouwproductie, marketing en basisgezondheidszorg (04-07)	50.000 (04-07)  47.011,63 (01-04)  300.000 (04-07)	X  x	  X		x		Mainstreaming HBC  Prevention HBC OVC  Mainstreaming, versterken AIDS-link
Partner 5 135/10042.1		Malawi against physical disabilities			Training HIV/AIDS	5,600 (04 kleine fondsen)						Aids training

Partner 6 135/10055		Broeders van Maastricht			Thuiszorg voor terminale AIDS patiënten, wezen en bejaarden (02-05)	25.500 (02-05)	x	x			x	HBC
Partner 7 C-135/10044		Centre for social concern			Capaciteitsopbouwprogramma (01-04)	181,51 (01-04)				x		Onderzoek positie kerk tov HIV/AIDS
Partner 8 135/10036 A		Centrum voor reproductieve gezondheid (university of Malawi)			Veilig moederschap en HIV/AIDS preventie in Nankumba (04-07)	70.000 (04-07)	x	x		x		Care prevention
Partner 9 135/9567 A	Moyo Wathu Training centre				HIV/AIDS voorlichting en thuiszorg 02-05	42.964 (02-05)	x	x		x		Prevention HBC
Partner 10 N-135/8006A H C-135/8006 A S		Concern Universal Malawi			Lobi voedsel en bestaanszekerheid project (01-04)	75.617,48 (01-04)	x			x		Mainstreaming HBC prevention
Partner 11 135/1120 B		Women's voice			Verbeteringmensen – en vrouwenrechten (04-06)	150.000 (04-06)	x		x	x		Prevention Juridische counseling
Partner 12 135/1102 B		Lilongwe Catholic Commission for justice and peace			Uitfaseerprogramma (03-06)	100.000 (03-06)	x	x		x		Prevention HBC
Partner 13 135/1119 B		SWET, story workshop educational trust			Organisatiefinanciering (04-07)	200.000 (04-07)	x			x		prevention
Partner 14 135/1115 A		Episcopal Conference of Malawi (ECM)			Strategisch planningsproces (03)	75.000 (03)	x			x		Strategische planning HBC

Partner 15 135/1114 B		INTRAC Malawi			(1) Capaciteitsopbouw ondersteunende organisaties (02-04)	66.200 (02- 04)		X				Mainstreaming
135/10054		Institute for Policy Research and analysis for dialogue (IPRAD)			(2) opzetten van een onderzoeksinstituut voor capaciteitsopbouw in beleidsonderzoek, analyse en dialog (02-05) (door Intrac)	115.500 (02- 05)		x				mainstreaming

### Annexe 3. Financial and quantitative data

**Table 1: Number and budgets of HIV/AIDS counterparts (1) versus the overall partner portfolio**

	2001		2004	
	Total number of counterparts	Total budget Euro	Total number of counterparts	Total budget Euro
<b>CORDAID</b>				
HIV/AIDS counterparts funded	22	4.033.298,00	33	9.531.000,00
SAN funds	8	466.702,00	17	454.000,00
All partners funded	1.011	146.874.000,00	776	153.809.000,00
% of HIV/AIDS counterparts to all	2.97%		6.44%	
% of HIV/AIDS funds to all funds		3.06%		6.49%

**Table 2: Financial overview of HIV/AIDS related campaigns and lobbying (1)**

Name of campaign, network or global partner.	Budget 2001 Euro	Budget 2002 Euro	Budget 2003 Euro	Budget 2004 Euro
<b>CORDAID</b>				
HASAP – advocacy and capacity building				70.000,00
Huairou commission – women at grassroots			75.000,00	75.000,00
<b>Totals for CORDAID</b>			<b>75.000,00</b>	<b>145.000,00</b>

**Table 3: Financial overview of HIV/AIDS related public awareness activities (1) in the Netherlands (or Europe)**

Name of public awareness program	Budget 2001 Euro	Budget 2002 Euro	Budget 2003 Euro	Budget 2004 Euro
<b>CORDAID</b>				
Stop AIDS Now! SAN! campaign	91.000,00	91.000,00	91.000,00	91.000,00
Aids congress – with partner organisations				150.000,00
Several activities including WAD 2003 – Visit of Kaunda and Rawlings			100.000,00	
Memisa Together Magazine AIDS special	50.000,00	50.000,00	50.000,00	50.000,00
<b>Totals for CORDAID</b>	<b>141.000,00</b>	<b>141.000,00</b>	<b>241.000,00</b>	<b>291.000,00</b>

*Table 4: Overview of sharing and learning initiatives related to the fight against HIV/AIDS in the four selected countries (1)*

As per CFA	Sharing and learning initiative	2001	2002	2003	2004
<b>CORDAID</b>					
South Africa	Olive - horizontal learning			150.000,00	
	CDRA - mainstreaming and booklet			20.000,00	
	St Joseph's Care & Sup exchange meetings			20.000,00	35.000,00
Malawi	Salphera consulting	10.000,00			
	Intrac		25.000,00		
	<b>Totals for CORDAID</b>	<b>10.000, 00</b>	<b>25.000,00</b>	<b>190.000,00</b>	<b>35.000,00</b>

## **Annexe 4: List of documents consulted and people met**

### **Documents consulted**

- Analyse kader gender sensitieve partnerorganisaties (14.11.04)
- Cordaids gender vision
- Cordaid HIV/AIDS internal policy and management guidelines (11.5.2005)
- Cordaid HIV/AIDS policy (2005)
- Cordaid policy document – HIV/AIDS in Africa
- Cordaid Startegy 2003-2006 (19.04.2002)
- Cordaid Framework Policy document Civil society building (march 2003)

### **Persons met**

Geertje Van Mensvoort	HIV/AIDS policy officer
Julie Love	Programme officer Asia
Alba Postma	Programme officer South Africa
Mark Rietveld	Programme officer Malawi
Edith Boekraad	Head of South Africa Bureau
Eduard De Ruijter	Human Resource officer
Monique Lagro	Head of Asia Bureau
Martine Benschop	Gender advisor

## **Annexe 5: Guidelines for interviews and quantitative data collection**

### *Interviewleidraad landenverantwoordelijken/gender*

#### *JC 1.1: CFA internalised HIV/AIDS*

- Workplace policy
  - Since when
  - Aids work with staff
  - Workshops/ discussies
  - Beleidsdocument (incl. ARV, condoms, preventie, beschikbaarheid post exposure prophylaxis, etc, ook voor kantoren in het zuiden)
  - Actieplan
  - Commitment senior staff (prioriteit, standpunten van RvB en directie)
- HIV/AIDS policy paper
  - Since when
  - Hoe tot stand gekomen
  - Beschrijving van het proces (participatief?)
  - Training voor staff: wat, wanneer waarover, appreciatie
  - proces hoe de beleidskeuzes integreren in eigen werk
- Nieuwe jobs gecreëerd: in binnen en buitenland? Job herschikking ? (focal points, HIV/AIDS officer)
- Strategy papers (country or regional), annual plans
  - Hoe HIV/AIDS geïntegreerd (vragen naar bewijzen, evidence)
  - Aparte beleidsdocumenten?
  - Welke steun krijg je bij het integreren van HIV/AIDS in je werk

#### *JC 1.2: evidence of implementation*

- Appraisal system: aanpassingen?
- HIV/AIDS analyse van het lopende programma?
- Keuze van partners in het kader van het HIV/AIDS beleid:
  - Soort partners
  - Aids focuss
  - Integrated aids work
  - Mainstreaming
  - Wat is het comparatief voordeel van jou NGO om rond HIV/AIDS te werken
  - Baseline study
  - Contact met national AIDS committees?
- Steun aan partners
  - Wat en hoe: in het algemeen; inzake HIV/AIDS
  - Plannen voor de toekomst
- Gender
  - Wat zijn de ervaringen ivm gender mainstreaming: positief en negatief, lessons learned
  - Zie je gelijkenissen met het mainstreamingsproces HIV/AIDS
  - Wordt er algemeen meer belang gehecht aan gender nu dat HIV/AIDS ook een beleidslijn is?
  - Hoe leg jij de link tussen HIV/AIDS en gender in jouw takenpakket.

#### *JC 1.3. Lobby and networking*

- Lid van netwerken ivm HIV/AIDS? Welke, sinds wanneer? Actief lid?
- Welke campagnes heb je zelf opgezet/mee deelgenomen ivm HIV/AIDS
  - Heb je al aan policy papers meegeschreven (voorbeelden geven)
  - Wat waren de onderwerpen?
  - Wie de targets?
  - Successen zover?

### *JC 2.1. Dialoog met de partners*

- Hoe bespreek je HIV/AIDS met je partners?
  - Met alle partners?
  - Wat is onderwerp?
  - Reacties en houdingen van partners?
  - Vraag je een HIV/AIDS analyse van de context en hun programma?
  - Discussies met partners uit Low prevalence regions? Wat is jou indruk? Acceptance or denial?
- Maak je bijkomende middelen vrij indien nodig?
  - Vb. uitwerken workplace policy door counterpart, bijkomende trainingen, deelname conferenties
  - Houding tov: opnemen van access to treatment in workplace policy
  - Vb. ondersteunen mainstreaming processen
  - Vb. bijkomende middelen indien nodig voor de gehele werking (of een deel) van de counterpart
- Hoe verwacht je dat de partner rapporteert over HIV/AIDS (verschil tussen AIDS focussed en general)
- Speciale initiatieven genomen ter ondersteuning van HIV/AIDS beleid van de partner
  - Sharing and learning, support voor mainstreaming, informatie uitwisseling, samen gezamenlijke lobby campagnes, etc.

### **Portfolio overlopen**

- Aanvullen portfolio
  - Hoe worden partner gecodeerd? Als AIDS organisatie? Anders? Hoe halen we de partners die iets met HIV/AIDS te maken hebben uit de hele lijst projecten
  - Meerdere categorieën
    - Aids focussed
    - Integrated aids work in general org.
    - Mainstreaming (alleen generalistic org.)
    - Organisaties die HIV/AIDS mainstreaming begeleiden (organisational development)
    - Global partners
    - Andere initiatieven (joint learning, conferences)
- Global partners : wie wat, hoeveel, sinds wanneer, 1 kiezen die we verder bevragen

### **Interviewleidraad HIV/AIDS policy officer**

- Workplace policy
- HIV/AIDS policy paper
- Nieuwe jobs
- Strategy papers
- Appraisal system
- Keuze van partners
- Lid van netwerken
- Campagnes
- Global partners

### **Interviewleidraad HR**

Focus workplace policy (Noord als Zuidelijke kantoren)

### **Group discussions**

SWOT analyse en/ of self assessment oefening

## Information concerning the collection of data

### 1. General overview and evolution: activities in the South

*Table 1: Amount of HIV/AIDS counterparts versus the overall partner portfolio*

Name CFA	2001		2004	
	Total amount of counterparts	Total budget	Total amount of counterparts	Total budget
HIV/AIDS counterparts funded				
All partners				

#### Instructions:

- *Name CFA*: write here the name of your organisation
- *HIV/AIDS counterparts funded*: we ask for the total number of counterparts funded in **all the countries** your organisation is active in: (1) AIDS focussed organisation and (2) organisations with integrated AIDS work (integrated AIDS work is used to mean AIDS work which is implemented along with, or as part of, development work. The focus is on direct prevention, care, treatment or support, but with the difference that the work is conducted in conjunction with, and linked to, other projects or within wider programmes). Do not include all generalistic organisations. In this overview we only want to see generalistic counterparts that have developed clearly defined HIV/AIDS programmes (example: South African Catholic Bishops Conference – generalistic organisation with a separate AIDS desk).
- *All partners*: here we ask the total amount of counterparts in **all the countries** your organisation is working in.
- *Budget of HIV/AIDS counterparts*: write here the total amount of the budget for all the HIV/AIDS counterparts: budget related to AIDS focussed organisation + estimation of the budget that can be contributed to the AIDS related activities of these generalistic organisations. If this distinction/estimation is impossible, please explain this clearly in a remark added to this table. Note: we do not include all generalistic organisations in this overview, only those counterparts that have a clearly defined AIDS programme (AIDS integrated work in the form of a separate programme or a separate unit within the organisation).
- *2001-2004*: we only ask this information for two years in particular: 2001 and 2004.
- *Note for Plan*: is it possible to mention the HIV/AIDS related programmes of your country offices and to the extent possible the amount of counterparts that participate in these programmes?

### 2. Overview of HIV/AIDS related lobby-activities and public awareness activities

*Table 2: Financial overview of HIV/AIDS related campaigns and lobbying*

Name of campaign/network or global partners	Budget 2001	Budget 2002	Budget 2003	Budget 2004
1.				
2.				
3.				
4.				
5.				

*Table 3: Financial overview of HIV/AIDS related public awareness activities in the Netherlands (or Europe)*

Name of public awareness program	Budget 2001	Budget 2002	Budget 2003	Budget 2004
1.				
2.				
3.				
4.				
5.				

Instructions:

- *Campaigns and lobby*: please list here the names of programmes/networks/organisations that have been funded to develop HIV/AIDS related lobby activities and/or campaigns. Under budget, please indicate the amount of funding that your organisation has contributed to each particular campaign or lobby initiative, and this for each of the four years mentioned. These can be initiatives in Europe or in the South. Here we only want to have an overview of counterparts or networks that have received funding in particular for (1) campaigning and lobbying at sub-regional level in the South (not lobby activities at local, regional or national level in the South), and/or (2) campaigning and lobbying multilateral institutions in the North or the South (ex. UNAIDS, WHO, EU) and/or (3) campaigns and lobby-activities directed to the Dutch government or to the pharma-industry.
- *Public awareness*: list here public awareness activities, executed by your organisation in the Netherlands (or within Europe). If you have developed AIDS focussed awareness programmes, please mention the name of this particular programme and the related budget. If you have organised several "ad hoc" activities (meaning, not integrated in a programme in particular but for example some events around the 1<sup>st</sup> of December) just mention the total amount of money spend for these activities and call it "several activities".

**3. Overview "sharing and learning" and "support to organisational development"**

*Table 4: Overview of sharing and learning initiatives related to the fight against HIV/AIDS in the five selected countries*

Name CFA	Sharing and learning initiative	2001	2002	2003	2004
South Africa	1.				
	2.				
	3.				
Malawi	1.				
	2.				
	3.				
Zimbabwe	1.				
	2.				
	3.				
India	1.				
	2.				
	3.				
Indonesia	1.				
	2.				
	3.				

*Table 5: Overview of organisations and/or local consultants – in South or North- that have been funded to support HIV/AIDS mainstreaming processes of counterparts of the Dutch CFA's, in the five selected countries*

Name CFA	Organisations/local consultants	2001	2002	2003	2004
South Africa	1.				
	2.				
	3.				
Malawi	1.				
	2.				
	3.				
Zimbabwe	1.				
	2.				
	3.				
India	1.				
	2.				
	3.				
Indonesia	1.				
	2.				
	3.				

*Table 6: Overview of the total amount of funds granted to counterparts, in the five selected countries, to finance additional activities for the support of internal or external HIV/AIDS mainstreaming.*

Name CFA	2001		2002		2003		2004	
	Budget	# CP	Budget	#CP	Budget	#CP	Budget	#CP
South Africa								
Malawi								
Zimbabwe								
India								
Indonesia								

CP = Counterparts

Instructions:

- *Table 4, Sharing and learning initiatives:* indicate here what seminars, conferences, trainings, etc. you have funded in the different countries for the period 2001 – 2004 (initiatives of course that are explicitly linked to the fight against HIV/AIDS). We want here an overview of initiatives to which several of your counterparts have been invited. In the second column you can describe the initiative. Write the budget in the correct column (year the activity took place).
- *Table 5, Organisations and local consultants:* please list here the organisations (or local consultants) that are 'specialised' in supporting HIV/AIDS related mainstreaming processes and that have received funding from you in the period 2001-2004. These can be organisations that assist other organisations (amongst others maybe some of your counterparts), for example, in elaborating workplace policies. These can be organisations/consultants from the North or from the South. Please write (N) next to the name of the organisation/consultant in the case this is a Northern organisation/consultant.
- *Table 6, Funds granted to counterparts to finance additional mainstreaming activities:* list here the total amount of money/year/country that have been paid to counterparts to finance additional activities, such as for example, the elaboration of a workplace policy. And indicate the total amount of counterparts that have benefited from these funds, in each country.

#### 4. Review of the draft portfolio's

In annex, we send you a draft portfolio of your organisation. Please can you check this portfolio and delete or add counterparts where necessary.

In particular we want to focus your attention on the following:

- **Generalistic organisations:** We want you to clarify more this category. You'll see that we have split the column "generalistic organisation" into two columns. We have now one column "generalistic organisations with integrated AIDS work" and a column with "generalistic organisation that mainstreamed HIV/AIDS"
- **Generalistic organisation with integrated AIDS work:** integrated AIDS work is used to mean AIDS work which is implemented along with, or as part of, development work. The focus is on direct prevention, care, treatment or support, but with the difference that the work is conducted in conjunction with, and linked to, other projects or within wider programmes. We ask you to only indicate or estimate the budget that is used for this AIDS integrated work, hence do not give the total amount of budget support!!! (These organisation are also part of the total amount of counterparts mentioned in Table 1)
- **Generalistic organisation that mainstreamed HIV/AIDS:** mainstreaming HIV/AIDS refers here to adapting the development programme in order to take into account the HIV/AIDS context. The focus is on the core business where HIV/AIDS is seen as a cross cutting issue. As it is difficult to attribute some amount of money to the HIV/AIDS related activities we ask you to mention the total amount of budget or programme support. Only mention those organisations of which you are convinced that they took into account the changing context created by AIDS. (These organisations are not listed in the overview of table 1!!)
- Can we ask you to put the counterparts, already listed in the draft portfolio, in the exact column?
- Please control the budget mentioned in this overview and add where necessary.
- Please add counterparts where necessary.

Can we ask you to send us all this information by Monday, the 12<sup>th</sup> of December, at the latest?  
If you have questions, or you are in doubt of where to put a certain counterpart, please call Geert Phlix at + 32 3 480 55 15 or [mailto: geert.phlix@ace-europe.be](mailto:geert.phlix@ace-europe.be)

Thank you!  
The evaluation team