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MBN HIV/AIDS EVALUATION

ORGANISATIONAL REPORT ON HIVOS (FINAL VERSION)

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ABBREVIATIONS

ART	Anti Retro viral Treatment
ARV	Anti Retro Virals
CFA	Co financing Agency
GIPA	Greater Involvement of People Living with HIV/AIDS
ICT	Information and Communication Technology
NGO	Non Governmental Organisation
PLWHA	People Living with HIV and AIDS
SIAAP	South India AIDS Action Programme
ToR	Terms of Reference
VCT	Voluntary Counselling and Testing
WASN	Women AIDS Support Network
ZAN	Zimbabwe AIDS Network

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1. Introduction

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 need to be seen as annexe to the synthetic report of the joint MBN HIV/AIDS evaluation, executed from October 2005 till January 2006. These reports concerns the analysis of the data collected to assess evaluation question 1 that 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 have been executed to collect relevant data:

- The evaluators have visited the five CFAs (1 day per CFA) and had interviews and discussions with several staff: 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) also senior staff was interviewed (list of people met in annexe 4, interview guide in annexe 5).
- The CFAs were asked to elaborate a portfolio of counterparts that had received some funding related to HIV/AIDS, during the period 2001-2004 (this portfolio is added in annexe 2).
- The CFAs were asked to collect financial data related to their HIV/AIDS programmes and activities (guidelines added in annexe 5)
- Analysis of documents (list of documents consulted is added in annexe 4)

The assessment of the evaluation questions has been based on a list of indicators that had been 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 annexe 1 to each organisation report. During the interviews with staff of the CFA's the evaluators also tried to have an idea of the involvement of programme officers in the dialogue and relationship with the counterparts they are monitoring. This information contributed to the assessment of evaluation question 2.

For every CFA a separate organisation report has been written. Based on these five reports an answer has been formulated to evaluation question 1 and partially to evaluation question 2) in the synthetic report. This report concerns HIVOS. 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 the implementation in practice, in particular related 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 have been visited of each CFA (in addition to counterparts that had been visited by ETC Crystal in the preceding phase). It is not the purpose of the evaluation to assess at large 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 HIVOS counterparts was planned and hence will not be found in this organisation report.

The structure of this organisation report is the following:

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

2. Brief description of HIVOS' HIV/AIDS policy

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

- The incidence of HIV/AIDS among 15-42 year olds to be reduced by 25 per cent
- 90 per cent 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 per cent of infected persons will access basic care, support at home, support in the community and treatment of opportunistic infections
- 50 per cent of HIV-infected pregnant women will have access to interventions to reduce mother-to-child HIV transmission

All CFA's aim to contribute to the 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 to 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, that is the same for all CFAs, every CFA has set out its own priorities. The focus of the HIV/AIDS policy of each CFA, in this case HIVOS, is described in the table below.

The strategy of the CFAs is similar and constituted in (1) poverty reduction, (2) civil society building and (3) advocacy and lobby. In the HIV/AIDS context "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 organisation 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 that are involved in advocacy and lobby activities on HIV/AIDS issues or the participation in networks and campaigns at regional and international level to advocate and lobby HIV/AIDS related issues, mostly concerning the rights of PLWHA, access to treatment and increased funding for HIV/AIDS programmes.

Table 1: Brief overview of the HIVOS ' HIV/AIDS policy

<i>HIVOS</i>	
Themes in general	Three clusters of themes: <ul style="list-style-type: none"> - Economy and sustainable development - Gender, HIV/AIDS, human rights/democratisation - ICT/media and culture
Focus of the HIV/AIDS policy	Rights based approach. HIVOS regards HIV/AIDS as a development issue that exceeds the scope of health care and focuses on supporting organisations that try to influence policy through lobbying and advocacy to achieve optimal information, prevention and care facilities. Focus on following categories of activities: <ul style="list-style-type: none"> - Prevention, awareness and information - Lobbying, advocacy: in particular on adequate care, optimal functioning in society of PLWHA and sexual minorities and access to medicines - Organisation building and network development (particular attention to PLWHA, support to self-organisations, support of organisations of sexual minorities) - Emancipation and sexuality, focus on freedom to experience sexuality (strengthen the position of women and girls (in prevention and care) and focus on sexual minorities (sex workers, homosexuals and transsexual)
Target groups	PLWHA, women and young girls, teens and young adults, sexual minorities, sex workers (men/women), migrants and refugees, poor urban and rural population

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

3.1. Policy development

HIV/AIDS working paper since 1992

HIVOS was the first NGO that elaborated a separate policy paper on HIV/AIDS (working paper HIV/AIDS, 1992). HIVOS' decision to treat HIV/AIDS as a specific policy issue arose from the awareness that AIDS had to be seen as a general development issue. This has guided HIVOS' selection of HIV/AIDS policy objectives which focus on protection of human rights, strengthening emancipation processes with respect to AIDS, sexuality and gender, and raising awareness of the HIV/AIDS issue in the South. HIVOS focused heavily on lobbying for the development of prevention policy and measures to protect PLWHA from all forms of stigmatisation and discrimination. As of 1995 a senior policy officer was appointed for the policy area HIV/AIDS at the head office in Den Haag.

Policy 2001-2005: responsiveness to the dynamics of HIV/AIDS

In 2000 a review of the HIV/AIDS policy paper was conducted (by ETC Crystal), including a large consultation of counterparts, resource persons and experts on HIV/AIDS and staff members at head and regional offices¹. Positive results were documented and the efforts in the fight against HIV/AIDS of HIVOS were clearly acknowledged. The results of this review fed into the current HIV/AIDS policy (2001-2005) which was in particular a continuation of the latter but with greater and more ongoing emphasis on the following issues: (1) involvement of PLWHA, (2) inclusion of local groups of PLWHA in the international network of PLWHA, (3) involvement of organisations not specifically focused on HIV/AIDS, (4) enhancement of expertise for organisation building and network development, (5) the relationship between AIDS and sexual self-determination and emancipation of sexual minorities, (6) the relationship between AIDS and gender inequality and (7) lobbying and advocacy for affordable HIV/AIDS related drugs. The review also highlighted the need for more internal mainstreaming by HIVOS' counterparts (what was confirmed in the review of 2003: ETC Crystal, responding to HIV/AIDS in Southern Africa, reflections on the HIVOS approach).

The last years (2004-2005) new and additional issues have been pursued demonstrating HIVOS' responsiveness to the dynamics of HIV/AIDS, such as: (1) the use of ICT in HIV/AIDS work, (2) the development of workplace policies and (3) the integration of micro-financing AIDS prevention. Further, discussions on care have emerged. The latter means that HIVOS is becoming more engaged in informal care, such as home based care.

HIVOS regards HIV/AIDS as a development issue that requires a cross-sectoral approach. The HIV/AIDS policy describes clearly the areas where the HIV/AIDS sector overlaps with HIVOS' other policy sectors and identifies AIDS policy-related activities in those areas.

Change of organisational structure

The reorganisation of HIVOS in July 2005 has had a major impact on the functioning of the organisation and on the processes of policy development and implementation. Before July 2005 the organisation was structured in a way by which regional offices were quite autonomous in their daily operations, and responded to the Head of Bureau of 'their' continent based in The Hague. So the Harare office responded to the Head of Bureau Africa, the Bangalore office to the Head of Bureau Asia. These Heads of Bureau always headed a team of Programme Officers covering another region in the respective continent. In Africa this was East Africa. So Hivos was operating in 2 African regions: East and Southern Africa. East Africa was covered by a

team of programme officers based in HO and headed by the Head of Bureau Africa, Southern Africa was covered by a team of programme officers in RO Harare and headed by the director RO, who is accountable to the Head of Bureau Africa in The Hague. The same situation applied to the other continents where also one geographical part is covered from a Regional office and another geographical part from HO.

Policy development was the responsibility of sector officers placed inside the continental Bureaus at the headquarters in The Hague. For example, the Bureau Africa had sector officers for the then 5 sectors. Their task was to support the programme officers for East Africa AND the programme officers for Southern Africa based in Harare. The senior sector officers were also placed in one of the continental bureaus, where they acted at the same time as sector officer for the respective continent. For example the senior sector officer for Gender, Women & Development (GWD) was at the same time sector officer for GWD in Africa AND senior sector officer for Hivos, and in that capacity she headed the two other sector officers for GWD based in Latin America and Asia Bureaus. This structure of (senior) officers was installed in 1995, as a result of what was called the 'kanteling' of the organisation.

Regarding AIDS there was a special situation however. Indeed, HIV/AIDS was part of the 'Human Rights sector', but at senior level there was a special 'beleidsmedewerker AIDS (BMA)' since 1995 (Frans Mom), next to the senior sector officer for Human Rights. At sector level, however, the work on Human Rights and on Aids was done by the sector officers for Human Rights.

Since July 2005, HIVOS has brought the themes/sectors to the forefront aiming for more specialisation in the different themes. Of course this had implications for the organisational structure. What happened was the so-called 'doorkanteling' (10 years after the 'kanteling'). Sector teams are not installed at HO, but in the whole organisation. There is one HIV/AIDS sector team in the whole organisation of Hivos, and its members come from 5 offices: HO + 4 ROs. There are now 7 of such sectoral teams.

Each sector team is headed by a Programme Manager (PM). For the HIV/AIDS team this is Kwasi Boahene. The other members of the sector teams are Programme Officers (PO), irrespective of where they are based. The HIV/AIDS team has 6 Programme Officers: 2 in HO and 1 in each of the ROs. All POs cover a geographical region: Victoria based in Harare covers Southern Africa, Bishwadeep in Bangalore covers India, etc... Both steps, 'kanteling' in 1995 and 'doorkanteling' in 2005 are part of a longer process of specialisation and were carried out with existing staff who received the opportunity to further specialise in the course of their work.

¹ In 2000 also a joint evaluation on the effects of the HIV/AIDS programmes supported by the Dutch CFA's in Tanzania

Cross-linking between sectors is assured: from 2005 onwards, sector teams have to formulate explicitly where they see opportunities to link their theme (for example HIV/AIDS) with the other teams. The evaluators could witness great ownership of the HIV/AIDS policy among all staff. HIV/AIDS has been a discussion topic in several working groups/colleague groups and seminars. Staff feels confident and capacitated to integrate HIV/AIDS into their programmes. There is an open culture within HIVOS where issues as sex and sexuality are openly discussed. There is no felt need to develop an internal workplace policy for HIVOS, although the regional offices did take initiatives to develop their own workplace policies:

- The Harare office did develop its own workplace policy. As a result of the workplace policy, staff of the regional office now are seen as the experts on HIV within their extended families, friends, rural areas, etc., and this might include the promotion of VCT. The director of the regional office regarded this as an important trickle down effect of their policy and workplace program and something they would wish their counterparts to have as well. The office in Harare is employing a competent HIV/AIDS officer of which counterparts were particularly appreciative and felt inspired by. She was acknowledged by the Zimbabwe AIDS Network (ZAN) as someone who is very visible in the HIV/AIDS field. ZAN regards the HIVOS regional office as one of the big players in the field of HIV/AIDS in Zimbabwe and with which they have a close collaboration in National initiatives (ex. National AIDS Conference)
- The regional office in Bangalore have not (yet) developed a workplace policy. They were involved in organising the recent SAN workshop (2005) for counterparts of the different CFAs. The regional office says it needs more consultations with counterparts in order to formulate a strategy. However, Hivos has supported a few partner organisations to address the needs of PLWHAs and vulnerable groups within their own work. As a result of the reorganisation process, one of the staff members in the office was appointed to be the HIV/AIDS programme officer. HIV/AIDS was new to him and he admitted that he would need to brush up his knowledge and gain exposure to AIDS focussed counterparts. While a formal and extended background in HIV/AIDS is not there, even before the 'doorkanteling' the programme officer has managed part of RO Bangalore's HIV/AIDS portfolio. February 2006, the HIV/AIDS programme manager from The Hague intends to visit him and discuss HIV/AIDS and the issues in the field.
- The office in Costa Rica is in a process of drafting one. This office has not been visited in this evaluation.

was realised by ETC, including among others some counterparts of HIVOS.

Gender (and HIV/AIDS mainstreaming)

Gender has been an independent sector within HIVOS since 1995. Next to the development of a programme on gender, women and development, staff responsible for different sectors were urged to include gender into their programmes. In practice, this meant: (1) screening the gender sensitivity of all their counterparts and (2) including specific women organisations in their portfolio. HIVOS has quite a tradition to invest in women organisations and gender mainstreaming; hence approximately 14% of the whole current portfolio consists out of women organisations. According to the interviewees, no increase in budget related to gender or in amount of women organisations has been recorded for the period 2001-2004. Staff acknowledged that HIVOS could enhance the link between HIV/AIDS and gender. The reality shows that many women organisations play an important role to reduce the vulnerability of women towards HIV/AIDS. HIVOS took the lead in the gender workgroup of SAN! exploring the link between gender, women and HIV/AIDS. Recommendations (from this evaluation) will be taken into account during the elaboration of the new business plan 2007- 2010. It is not the purpose to mainstream HIV/AIDS in the way gender was mainstreamed (ex. with specific criteria in the appraisal system or encouraging all sectors to include HIV/AIDS specific organisations). According to some interviewees, the demands on HIV/AIDS differ from region to region, hence they feel that it is not possible to elaborate general assessment tools and programme guidelines on HIV/AIDS suiting all counterparts and all sectors. The focus will remain on cross-linking different sectors. Based on research, operational guidelines can be developed on how to adapt sector-specific programmes to the reality of HIV/AIDS.

3.2. Implementation of the HIV/AIDS policy

Partner profile

At the beginning (in the 1990s) mainly HIV/AIDS specific organisations were identified, amongst them many emerging self organisations of PLWHA. According to the review of HIVOS' HIV/AIDS policy (2000), HIVOS established fruitful collaboration with partner organisations that are currently leaders in the fight against HIV/AIDS. Many of them established from scratch with support from HIVOS. Various partner organisations have been directly involved in influencing national and international policies (source: the review of HIVOS HIV/AIDS policy in 2000). A scant review of the portfolio, done during the mentioned review, has made clear that the partners supported were of diverse nature and were supported in multiple ways. The partner organisations' interventions ranged from direct service delivery, counselling and home based care to longer term lobby and advocacy (based on research and members input). Amongst the partners were organisations that focussed specifically on HIV/AIDS but increasingly also "generalist" organisations that include HIV/AIDS activities in their core business. The current practice seems to be a continuation of the latter, with an increased emphasis on the development of workplace policies and looking for links with other sectors.

Mainstreaming

Mainstreaming remains challenging. In 2003, a reflection study “the HIVOS approach to HIV/AIDS in Southern Africa” conducted by ETC Crystal, pointed out the urgent need for more support to internal and external mainstreaming. HIVOS is responding to this in various ways:

- According to the reflection mentioned, there appears to be an increasing rationale for establishing forms of collaboration and linkage with other organisations working on capacity development and civil society building (ex. Safaids in Zimbabwe, Siaap in India). SAfAIDS and late AIDS activist Peter Busse facilitated workshops on internal mainstreaming for all HIVOS counterparts in Malawi, Zimbabwe and Mozambique and SIAAP is member of a core group that will promote a SAN initiative on workplace policy development in Indian counterparts.
- Especially through SAN! (WPP development projects in Uganda and India) some additional initiatives recently have been set up to support internal mainstreaming by the counterparts of the SAN! Members (HIVOS is one of them).
- The regional office in Harare increased their financial support to a number of counterparts (ex SAfAIDS and WASN) when one of the medical insurance companies in Zimbabwe (ZIMAS) introduced a medical insurance package that included ARVs. The director of the HIVOS regional office commented that they would like to extend this to other counterparts as it will ensure both the access to ARV but also to the confidential uptake within the organisations. They intend to insert this issue in their organisational assessment this current year and pay for the costs that arise.
- Not many specific initiatives on external mainstreaming have been recorded. In 2003, Hivos RO organised a workshop on micro finance and best practices in HIV/AIDS and a regional workshop on HIV/AIDS, youth, masculinity and gender, where also women’s organisations participated. The issue of the need for external mainstreaming had also been included in the partner training sessions that took place in Zimbabwe, Zambia, Malawi and Mozambique. In the opinion of RO, successful external mainstreaming can only be achieved if there is a level of internal mainstreaming. Recently (2004-2005) interesting initiatives have been taken to strengthen the link between a number of sectors HIVOS is involved in, more in particular the sectors economic development and gender. HIVOS organised an expert meeting on micro finance and HIV/AIDS (April 2004, Amsterdam) and a workshop on HIV/AIDS and micro insurance in the microfinance sector in Africa (Addis Abeba, April 2005). HIVOS is lead of the gender workgroup of SAN, that is exploring the link between gender, women and HIV/AIDS and that is formulating recommendations for the development practice. However, the director of the Harare regional office stated that the introduction of the concept of

external mainstreaming to counterparts has not been as challenging as introducing internal mainstreaming.

Budget

In 1992, HIVOS allocated 1,5 % of its budget towards support for AIDS programmes. By 1995 the figure had risen to 3 %. In 2000 the share exceeded 4%. The financial data for the period 2001-2004 (scope of this evaluation) show 5 % of the total budget spend on AIDS programmes in 2001, rising to 7,84% in 2004. In 2001 84 AIDS focussed counterparts (+ counterparts with integrated AIDS work) were supported (11,43% of the total amount of HIVOS partners). This amount raised to 126 (15,27% of total amount of partners) in 2004 (see annexe with quantitative data).

Capacity of staff

The implementation of the HIV/AIDS policy was/is the responsibility of the Regional Offices (RO), hence depending a lot on the available capacity at regional offices. (However, Hivos practice is not one of policy making in Head Office, and implementation by ROs. In fact, ROs actively participate in policy making.) The initial policy paper on HIV/AIDS did not contain essential operational information on policy implementation (according to the review report in 2000), but this improved in the current policy paper. Obviously, the implementation of the HIV/AIDS policy will benefit from the reorganisation of HIVOS in July 2005. The evaluators are of the opinion that the sector approach creates a favourable environment in which HIV/AIDS competence of staff will be ensured and enhanced. Staff at regional offices and staff at headquarters will work within sector specific teams (with a combination of staff in the Hague and staff at regional offices) which will enhance the elaboration and implementation of the HIV/AIDS programme, improve knowledge sharing and exchange of best practices between the regions/continents.

HIV/AIDS and the development practice of HIVOS in South Africa, Zimbabwe, Malawi and India

The CFA's were asked to develop a portfolio of HIV/AIDS counterparts in the four countries that would be visited during this evaluation. Organisations were listed that were (1) HIV/AIDS specific organisations or (2) generalist organisations that received some 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 HIV/AIDS counterparts in Southern Africa and India

	<i>Southern Africa (#36)</i>	<i>India (#9)</i>	<i>Total (#45)</i>
Generalist organisations	25	6	31
HIV/AIDS focussed org.	11	3	14
Women organisation	12	0	12

Organisations involved in advocacy and lobby	27	8	35
Networks	4	2	6
Grass root organisations/CBO's	14	4	18
Programmes started before 2003	18	4	22

Table 3: Overview of the kind of activities HIVOS ' counterparts are involved in

	<i>Southern Africa (#15)</i>	<i>India (#6)</i>	<i>Total (#23)</i>
Prevention	12	6	18
Care and treatment*	4	3	7

Remark: (1) treatment projects are always combined with care activities, mainly HBC (except Treatment action campaign that is in the first place lobbying on access to treatment) (2) detailed information was only given on 23 of the 45 counterparts listed in the portfolio.

The choice of counterparts is in line with the HIV/AIDS policy. Although the focus was on HIV/AIDS specific organisations in the beginning (in the nineties), the tendency to include more generalist organisations is confirmed in the portfolio: 31 out of 45 counterparts in the four countries visited are non specific AIDS organisations.

Women organisations are well represented: 30% of the organisations in the portfolio are women's organisations, which is the double of the overall representation of women organisation in HIVOS'programmes. Not to mention the importance of many women's organisations in the fight against HIV/AIDS that are not explicitly working on HIV/AIDS and hence not included in this overview.

The focus is on prevention, awareness and information (19 out of 23 – 82%) illustrating the important strategic choice HIVOS made right from the beginning; and on lobby and advocacy (35 out of 45 – 77%). It was not possible in the scope of this evaluation to analyse what issues these organisations are lobbying for and what is their impact (information on the counterparts visited can be found in the country reports). For South Africa, one could state that certainly strong and important advocacy actors are supported, such as the Treatment Action Campaign (on access to ART), the AIDS consortium and the AIDS Law Project (on stigma and discrimination). In every country at least one network is supported (in line with the policy). Support for counterparts that are involved in care and treatment projects has gained considerable importance over the years and currently constitutes 30 % of the portfolio. This is apparently not the case for other geographical areas such as Latin America.

Gaps in the portfolio: inclusion of PLWHA and sexual minorities

40% of the counterparts work at grassroots level. However it is not clear to what extent PLWHA are included. It was mentioned in the various review reports that increased efforts should be taken to include PLWA (GIPA

principle) and to link them with international networks of PLWHA. It is not clear yet to what extent the GIPA principle has been integrated in the programmes (enough evidence has not been found by the counterparts visited in the four countries: see country reports).

It is not clear to what extent sexual minorities are included in the programmes of the portfolio. At first sight they are not very much represented in this portfolio. Possibly, counterparts addressing the rights of sexual minorities are registered as being part of the human rights sector and as such, are not recognized as AIDS related programmes, despite the fact that they could have an influence on the rights of these minorities in relation to HIV/AIDS. Hivos Harare stated, however, to work with some PLWA organisations and GLBT groups in the region (most of them based in South Africa). The inclusion of PLWA in the staff of the partners remains fragile, especially the ones that deal with HIV/AIDS.

The portfolio confirms the long lasting commitment to HIV/AIDS of HIVOS: the fact that half of the counterparts received funding for HIV/AIDS programmes before 2003 underpins this conclusion.

3.3. Lobby and networking

Lobbying and networking are the main strategies of the HIVOS' HIV/AIDS policy and are, in general, important strategies for a rights based organisation such as HIVOS. Apart from supporting networks and important lobby organisations in the South, HIVOS is engaged in sub regional and international lobby campaigns and is supporting several networks.

Table 4: involvement of HIVOS in networks and campaigns

<i>Level of networks</i>	<i>Name of network/organisations/conferences</i>
The Netherlands	<ul style="list-style-type: none"> - The AIDS co-ordinating group - SAN - Sharenet - Schorer stichting
European level	<ul style="list-style-type: none"> - Eurostep - Alliance 2015 - 2015 Watch Report
Sub regional level in the South	<ul style="list-style-type: none"> - SAFAIDS - Women AIDS Support Network - Treatment Action Campaign - Eastern Africa National Network of AIDS Service Organisations - ASICAL: fortalecimiento mecanismo coordinacion - COCASIDA: Congr. Centroamericano de ITS/HIV/SIDA - <u>Agua Buena: access to treatment</u> - REDCA+ Central American network op PLWHA
International level	<ul style="list-style-type: none"> - Global Network of PLWHA - International Association for the Study of Sexuality, Culture and Society

	- Healthlink Worldwide
International gatherings / conferences	- International AIDS conference Durban - SWAA: International conference on AIDS and STDs in Africa - GMHC: International treatment preparedness summit - 11 th international conference on PLWHA
Humanist movement	- South North federation - International humanist Ethical Union - Humanist committee in human rights

Remark: Aqua Buena has been interviewed by telephone

HIVOS is strongly engaged in many HIV/AIDS specific networks and international campaigns, with a strong emphasis on the rights of PLWHA and access to care and treatment. However it is not clear to what extent the counterparts are linked with these networks. The evaluators did not find examples of this linking during the visits of HIVOS' counterparts. Support and engagement in important and strong networks such as Alliance 2015 and the networks for PLWHA is from a more recent date (2003-2004), although the Global network of PLWHA is supported since 1995.

The importance of advocacy and lobby is reflected in the budget committed to advocacy and lobby. The budget has doubled from 2001 (491.492 EUR) to 2004 (858.514 EUR). HIVOS also integrated HIV/AIDS into its awareness raising and education programmes. Apart from articles through proper HIVOS communication lines and instruments (example articles in humanist magazine, or support to the elaboration of programmes on television), the larger public is being reached through joint efforts, such as the education campaign of SAN! and the Alliance 2015.

Some of the networks at sub regional level clearly are leaders in the fight against HIV/AIDS and achieved already considerable success. Some examples: the role of the Treatment Action Campaign in the ARV roll out programme of the South African government since 2003, the role of Agua Buena in Latin America in the fight for the rights of PLWHA (in particular on the access to treatment of PLWHA).

HIVOS supports actively other organisations that are better placed to lobby international and regional institutions and agencies (having access to policy influencers, international agencies, regional HIV/AIDS Conferences and being able to express the voice of the voiceless -some of them facilitate the participation of PLWHA at conferences).

HIVOS is also directly involved in lobby activities, for example towards the European Commission and can rely on the support of his counterparts when needed. HIVOS' support goes beyond funding: expertise of their counterparts is used in HIVOS own lobby activities, in depth discussion on lobby issues have been organised several times (ex. Agua Buena participated in a seminar organised by HIVOS to discuss discrimination of

sexual minorities and access to treatment) and these lobby partners can inform HIVOS on the HIV/AIDS priorities in certain country. HIVOS is actively engaged in most of the Dutch and European HIV/AIDS networks. Some examples:

- As already mentioned, HIVOS is actively engaged in SANI, taking up the lead in the gender workgroup and participating in other groups like the working groups on WPP and on OVC and the working group on TRIPS.
- Active involvement in the Share-net policy group, working groups on sexual & reproductive health and on IDS.
- Worthwhile mentioning is the involvement of HIVOS in the Alliance 2015, a strategic alliance comprising six NGOs in six European countries in which HIVOS is taking the lead for the HIV/AIDS programme and is chairing the policy group.

4. Conclusions

HIVOS can be seen as one of the pioneers concerning HIV/AIDS policy development and implementation. Already in the nineties HIVOS acknowledged that HIV/AIDS had to be seen as a development issue. Where at the beginning the focus was rather on AIDS specific organisations and on sexual minorities, the programmes evolved responding to the emerging demands of the HIV/AIDS epidemic. Focus broadened towards support to generalist organisations and a stronger emphasis on support to internal and external mainstreaming processes. As a human rights organisation focus is very much on support to advocacy and lobby activities.

HIVOS has been very effective in integrating HIV/AIDS into all its core functions. Right from the beginning HIV/AIDS was considered as a separate theme, although it was added to the portfolio of the human rights sector officer. Since the reorganisation in 2005 HIVOS confirmed its genuine commitment to identify HIV/AIDS as one of the seven sectors/themes, for which a sector team has been installed. This reorganisations has quite some opportunities to enhance specialisation and hence the HIV/AIDS competence of staff. At regional offices specific expertise has been attracted (Harare office) and training is foreseen for staff at regional offices. As the reorganisation is rather recent, the capacity building is ongoing; hence there are still differences in HIV/AIDS competence of all staff. However, the organisational culture within HIVOS (certainly at head quarters) is an open culture where issues as sex and sexuality, discrimination etc openly can be discussed which contributes to an increased HIV/AIDS competence of staff.

Although staff acknowledge that mainstreaming (especially external mainstreaming) is a difficult process, HIVOS genuinely invest in research on the links between the different sectors/themes they are involved in and has installed a mechanism of cross fertilization between these different themes. Interesting initiatives have been elaborated so far (link between micro finance and HIV/AIDS, the link between HIV/AIDS and gender).

The evaluators are of the opinion that the reorganisation process within HIVOS contributed to an increased efficiency in the development and implementation of the HIV/AIDS policy. Some of the bottlenecks, related to classical mainstreaming processes, have been tackled such as the over burden of 1 policy officers, the varied commitment and capacity of focal points, the problems that face "generalist" staff to become engaged in genuine dialogues with counterparts on HIV/AIDS. The instalment of sector themes with specialist staff at headquarters and at regional offices did embed HIV/AIDS in a sustainable way into the organisation and will have an influence on the quality of relationship between HIVOS and its counterparts. In particular the counterparts in Zimbabwe appreciated their relationship with HIVOS (to a lesser extent did the counterparts in South Africa and India).

HIVOS has become an important player on the HIV/AIDS policy scene directly or indirectly through networks or support of important advocacy and lobby organisations. Some successes have been achieved, particularly in the areas of access to treatment and discrimination of PLWHA and the promotion of the rights of sexual minorities. However HIVOS could enhance the participation of groups of PLWHA at grass root level with these regional and international networks.

HIVOS made relevant choices that lie in the scope of the vision and mission of the organisation, focussing on the rights of PLWHA, especially within marginalised groups and emancipation processes with respect to HIV/AIDS, sex and sexuality. Hivos also focussed on 'youth' with partners such as Yoneco (Malawi) and even a regional conference on youth and HIV/AIDS was organised. As prevention needs to be intensified (worldwide) it would be extremely relevant for a human rights organisation as HIVOS to stay focussed on HIV/AIDS prevention and awareness raising, including on the rights of PLWHA. Seeing the conservative move in Southern Africa, organisations that can contribute to an open debate on sex and sexuality remain very important. It will be a challenge for HIVOS to stay focussed on their core business and their core target groups.

5. Annexes

Annex 1: Judgment criteria form

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

Annex 3: Financial and quantitative data

Annex 4: List of documents consulted and people met

Annex 5: Guidelines for interviews and quantitative data collection

Annexe 1: Judgement criteria form: HIVOS

EQ no. 1	To what extent did the CFAs respond to the HIV/AIDS epidemic and build up competence to cope with HIV/AIDS?
Judgement Criterion no. 1.1. 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>No WPP for the headquarters has been developed yet, process did not start either, no need for a WPP as the overall social security and medical benefits for staff are sufficient to cope with HIV/AIDS. As there is an open culture within the organisation and as there is a general feeling of tolerance, for HIVOS it is also not necessary to elaborate guidelines or principles related to stigmatisation or discrimination.</p> <p>Although the human resources officers thinks that it would be good to elaborate some general guidelines how the organisation will go about PLWHA amongst their staff, some code of conduct. This code of conduct could be a discussion point in one of the meetings of Partos.</p> <p>Staff that visit countries in the South do receive a medical kit that is including clean needles and necessary material for blood transfusion.</p> <p>The regional offices: they work rather independently; hence the elaboration of a WPP is their responsibility. The regional office in Harare developed a WPP and as a result their staff also started promoting VCT to their relatives. The director felt that this 'trickle down effect' would also be important for counterparts and hence introduced workshops on this topic for counterparts. Staff of RO Harare is covered for ARV's through the health insurance. The office in Costa Rica is working on it, at the Indian office HIV/AIDS it was clearly a new phenomenon to which they have just been better introduced through the SAN initiative. They regarded it as a 'need from Africa' and were not sure about its need in India as counterparts never talked about this before with them .</p> <p>There are no general guidelines from the headquarters about the payment of ARV treatment for staff. Cases will be analysed –one by one- when the problem will occur.</p> <p>There has not been a systematic analysis on the impact of HIV/AIDS on the functioning of regional offices (this depends of the regional offices), hence no information on sustainability in times of HIV/AIDS is available</p> <p><i>Indicator 1.1.2. Evidence of senior staff commitment</i></p> <p>Staff at management level are not convinced of the importance of a WPP for the HIVOS head office. But HIVOS commitment to mainstream HIV/AIDS dates from the 90s. HIV/AIDS always has been seen as a development issue. Hence there is an overall commitment to mainstream HIV/AIDS into the organisation.</p> <p><i>Indicator 1.1.2. Existence of HIV/AIDS policy paper and HIV/AIDS policy paper is known by all staff</i></p> <p>HIV/AIDS policy paper, approved in February 2001. This policy paper served to update the working paper "HIVOS and AIDS", being the guidelines for the HIV/AIDS policy as it has been applied since the early 1990s. This policy paper was based, among others, on the external review, elaborated in 2000 by ETC. To develop the HIV/AIDS policy in 2000 an internal consultation process was set up involving resource persons and experts on AIDS, as well as representatives of partner organisations and regional offices.</p> <p>1990-1999</p> <p>HIV/AIDS policy of HIVOS dates from 1990. In the period 1990-1999 AIDS was part of the sector/theme "human rights" In the early days, focus was NOT on health but HIV/AIDS was already seen as a development issue. Policy objectives focus on protection of human rights (reduction of discrimination and denial) and raising awareness in the South. HIVOS focussed heavily on lobbying for the development of prevention policy and measures to protect people with HIV/AIDS from all forms of stigmatisation and discrimination (HIV/AIDS policy document of 2001). Target groups were the groups in society that</p>	

are most vulnerable to HIV: poor, women, labour and other migrants, refugees, homosexual men and men having sex with both men and women and people who suffer discrimination because of their sexual orientation or conduct and PLWHA

1992 HIVOS allocated 1,5% of its budget towards support for AIDS programmes; the figure has risen to 3 percent in 1995. In 2000 the share exceeded 4% (according to HIV/AIDS policy paper).

HIVOS claims that they really have put HIV/AIDS on the development agenda, much before it became an issue for the broader development movement.

2000-2005

Current HIV/AIDS policy was a continuity of the latter with integration of some (7) recommendation formulated in the external review of 2000.

Mains objectives: Hivos regards AIDS as a development issue that exceeds the scope of health care and focuses on supporting organisations that try to influence policy through lobbying and advocacy to achieve optimal information, prevention and care facilities in the South as well.

As treatment has become an important issue since 2003, HIVOS invest also in organisations that lobby around access to treatment.

Other new issues are: the use of ICT in HIV/AIDS work, workplace policies, integration of micro financing AIDS prevention. And discussion on care and support emerged, areas that are not of primary concern of HIVOS. However, it has been of great concern for partners and in India they highlighted in their advocacy work the primary role of the state in the context of care and support.

Target groups: PLWHA, women and young girls, teens and young adults, sexual minorities, labour migrants and refugees, poor urban and rural population.

2005-2010

Current policy discussion of the revised HIV/AIDS policy. Some consideration: invest more in informal care (basic social support such as home based care givers) hence some attention will be paid to health issues, more investment in the development of workplace policies, etc.

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

HIV/AIDS was part of the sector on human rights. Since 1995 a senior sector officer was responsible for HIV/AIDS. Since 2000 HIVOS identified 7 themes, among them HIV/AIDS. It had become a separate theme/sector.

Since July 2005 HIVOS has reorganised its organisation (doorkanteling). Sectors have become even more important.

Before the "doorkanteling" most of the staff were generalist, now staff will become more specialised. Programme managers are now responsible for a particular sector/theme. One of them is HIV/AIDS. Programme managers function in a team with officers based at the headquarters and officers based at the regional offices. As such, every regional office has a staff member responsible for HIV/AIDS.

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

The HIV/AIDS policy stipulates guidelines how to implement the HIV/AIDS policy: (1) choice of counterparts; (2) integration of HIV/AIDS into the other sectors: human rights, gender, women and development, culture, economic and sustainable development; (3) activities in need of support (prevention, lobbying, organisation building and networking, emancipation and sexuality) and (4) some concrete implementation guidelines.

The consultants did not see strategy papers or annual plans.

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

Programme officers can formulate the needs for training. No specific HIV/AIDS training has been organised. There is a lot of informal information exchange.

The former HIV/AIDS senior policy officer was well experienced and capacitated and he informed and assisted colleagues when needed. So does the current HIV/AIDS programme manager. Staff were/are stimulated to participate at conferences and specialised workshops. Some of these workshops have been organised by HIVOS (ex. expert meeting on

microfinance and HIV/AIDS, Amsterdam 2004)

HIV/AIDS has been discussion issue in several working groups/colleague groups or seminars with staff.

The intranet of HIVOS is organised according the different sector/themes (with information and relevant links to other websites)

Among staff some are "generalist" some are specialised in a specific theme. Due to the "doorkanteling" specific specialised staff have been contracted, example the HIV/AIDS officer at the regional office in Harare. This appointment preceded the 'doorkanteling'.

The organisational set up is of that kind that sectors are clustered like the cluster (DRAG) gender, HIV/AIDS and human rights/democratisation. Other clusters are (SED) financial services and economical development and sustainable development and (CIM) ICT/media and culture. Although every cluster has its own independent programme, there are some linkages between the sectors. Every sector team has to inform the other sector teams about possible linkages. This institutionalisation of this cross linking is a new approach since the "kanteling".

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 adopted.

No systematic HIV/AIDS analysis of the current programme has taken place, but sector teams are now challenged by other teams to explain in what way their programme can be relevant for the other team and vice versa.

HIV/AIDS analyses: in particular of HIV/AIDS related programmes:

Some specific studies have been executed related to the HIV/AIDS policy of HIVOS, especially to prepare the policy document of 2001 (ex. review of the working paper "HIVOS and AIDS", including consultation of staff and partners)

A few HIV/AIDS related evaluations have been executed the last years (4 to 5 Aids partners per year). Project evaluations are not selected according to themes/sector, in total 40 counterparts are evaluated each year.

In the framework of the joint evaluations, there has been a joint HIV/AIDS evaluation in 2000 (Tanzania) and a specific HIV/AIDS related evaluation in Southern Africa in 2003. No HIV/AIDS related evaluations have been executed in the other regions.

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 of the HIV/AIDS epidemic)

Identification of counterparts and management of the mutual relation is the responsibility of the regional offices (some based in the South, some based at headquarters)

At the beginning, HIVOS looked for organisation that were involved in the fight against discrimination of PLWHA, organisations working with target groups (see above), with specific attention to empowerment, human rights and sexuality (sexual minorities). HIVOS started to cooperate with AIDS focussed organisations. The first counterparts supported were organisations formed by PLWHA. Many times HIVOS also tried to build organisations from scratch (according to interviews held and the documents consulted). According to the reviews, some of them have become leaders in the fight against HIV/AIDS (responding to HIV/AIDS in Southern Africa, reflections on the HIVOS approach, 2003).

HIVOS focuses on advocacy and lobby, counterparts that started to invest more and more in care activities were out phased.

There does not exist a tool in particular to identify new counterparts. But HIVOS always has been looking pro-actively for interesting counterparts in the field of HIV/AIDS, depending the capacity of the staff.

The current policy also contains general guidelines of organisations HIVOS wants to cooperate with. It is a continuity of the latter policy guidelines, with attention to some new items such as the role of ICT, microfinance's, workplace policy development, etc. Debate on care and support has arisen. There seems to be a tendency to support a broader range of counterparts, example treatment was not an issue before 2003. With the availability of ARVs, HIVOS saw an opportunity to lobby on the access of ARVs.

HIVOS also invests in partners that lobby national and international policies and is involved in alliances such as SAN, Sharenet and Alliance 2015.

HIVOS did not change its core business but reacted on the HIV/AIDS situation and the opportunities.

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

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

Internal mainstreaming:

The attention to the development of workplace policies came up during the formulation of the HIV/AIDS policy in 2001; implementation activities are from 2003 and onwards.

HIVOS has organised a workshop on WPP for all its counterparts in Malawi, Zimbabwe and Mozambique in 2003. Their Zimbabwean counterpart SafAIDS and the late AIDS activist Peter Busse facilitated the workshops. SAFaIDS recently did an assessment and follow-up of these counterparts, but the report was not yet available. HIVOS also finances the workplace program of SAFaIDS in which they deliver consultancy services for WPP development in the private, civil society and government sector. The demand for this service is high.

RO Harare organised workshops in 2003, 2004 and 2005 for its partners in Zimbabwe, Zambia, Malawi and Mozambique on HIV/AIDS internal and external mainstreaming.

In collaboration with SAN pilot projects on WPP have been set up in India and Uganda and some research and thinking has been done on the financial implication of WPP (see recent seminar on donor guidelines concerning WPP).

HIVOS is investigating what role micro financing institutes can play to this regard. (ex. Workshop on HIV/AIDS and micro insurance in the micro finance sector in Africa, april 2005, Addis Abeba)

External mainstreaming

HIVOS is looking for cross links between the different sectors/themes. Focus is in particular on gender (see further), human rights (esp. with regard to sexual minorities in India) and micro finances (ex; meeting in Addis Abeba, health insurance campaign that is including the expertise on micro finances into the discussion on health insurance).

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

Instruments:

In the appraisal system gender has been a criterion since 1995 (elaboration of the gender policy). The appraisal system has been modified last year (8 questions concern the organisation, 6 questions concern the programme). HIV/AIDS is not included in the appraisal system. All sectors do have to include women organisations or gender programmes.

According to the gender appraisal a plan of action related to gender will be elaborated when needed. As such all counterparts receive a score on gender sensitivity that can be seen as a "zero-measurement".

At policy level, a gender analysis is asked for every programme.

HIVOS wants to be careful with the word "mainstreaming". According to HIVOS the mainstreaming process of gender is not

the same as it can be for HIV/AIDS. The demands on HIV/AIDS differ from region to region and that is not the case for gender. "You can't elaborate a general assessment form on HIV/AIDS that suits all counterparts". But it is relevant to link different sectors, as such to link HIV/AIDS on the work that has been done on gender, micro finances, etc. But there is no need for formal appraisal and mainstreaming tools on HIV/AIDS.

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

In the elaboration of the last "bedrijfsplan 2003-2007", an increased effort was demanded to link gender and HIV/AIDS programmes. The experience in HIVOS (?) shows that generalist organisations fight gender inequality and work on the empowerment of women and that particularly women organisations acknowledged the link between gender inequality and HIV/AIDS and started to invest in programmes related to HIV/AIDS (ex. empower women to demand for safe sex). There has not been an increase in the amount of counterparts or budget related to women organisations or gender programmes (more or less 14% of the budget). Since 1995 HIVOS tried to mainstream gender also in the other sectors.

SAN has a working group on gender. HIVOS takes the lead of this working group.

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

EVOLUTION ON INDICATORS

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

It is part of HIVOS mission to invest in advocacy and lobby. At different levels HIVOS is involved, through their counterparts, in networks and alliances (ex. Treatment action campaign).

An overview of networks in the North:

- AIDS Co-ordination group (S&RH and AIDS): platform of Dutch organisations and experts on sexual and reproductive health dedicated to the struggle against HIV/AIDS in the South.
- SAN!: HIVOS takes the lead in the gender working group
- Alliance 2015: HIVOS takes the lead in the HIV/AIDS work group and HIVOS is president of the policy group.
- Eurostep
- GNP and ICASO
- Schorer Stichting (TA)
- South North federation
- International Humanist Ethical Union (IHEU)
- Humanist committee in Human Rights

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

See financial analysis

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

No information. HIVOS is supporting other organisations that are involved in lobby activities. HIVOS also participates actively in networks that lobby, such as alliance 2015 but the evaluators had not the possibility to have an in depth look at the materials produced by this networks

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.*

No info

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

HIVOS has access to policy influencers at the level of the Dutch government and (through SAN) at the European level. Counterparts HIVOS is supporting have access to international agencies and institutions such as UNAIDS, Global Fund, WHO, etc.

Indicator 1.3.6. *CFAs can mobilize a critical mass*

Especially through SAN-education campaign, alliance 2015 and through their own allies (humanist movement)

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

See financial overview.

Case Aqua Buena, Costa Rica is a small strong advocacy and lobby organisation involved in the fight for the rights of PLWHA and in particular on access to treatment. The evaluators had the impression that Aqua Buena has developed a good lobby strategy, being targeted to certain institutions, and to some specific issues (such as access to treatment), having a very activist strategy (constantly being aware of staying independently from donors/institutions they are lobbying) and working with dedicated and capacitated people that have access to policy influencers at the one hand and to marginalised groups of people on the other hand, which voice they represent but who they also make participate at international conferences or important meetings, to express their voice themselves.

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 ?
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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 see 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.

The regional office Harare seemed to be very much on top of discussions around HIV/AIDS, both in strategic terms as well as on the response to the internal impact of HIV/AIDS. The country director specifically recruited a HIV/AIDS officer (as well as a gender officer) to give adequate attention to content of HIV/AIDS programmes they supported. This was being confirmed by the AIDS focussed counterparts visited in Malawi, Zimbabwe, South Africa. In India, this was less obvious but this can change as a result of the kanteling process and the appointment of a HIV/AIDS officer. It was also the Harare office that offered to pay for the extra costs of a medical insurance package which included ART and with this has not shunned away from the cost that arise from mainstreaming or from S&D around HIV/AIDS.

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

HIVOS invest in analysing the role of the sector of microfinances (micro insurance) to cover the costs for treatment. Medical insurance packages for SAfAIDS and previously WASN and intention to extend this. See also elaboration of donor guidelines (SAN)

Indicator 2.1.3. Counterparts report on HIV/AIDS (in their annual report)

Counterparts are reporting on HIV/AIDS with regard to their program activities. It was only SAfAIDS and SIAAP that have been reporting on internal mainstreaming activities in their annual reports.

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

See above.

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

The HIVOS counterparts visited were all AIDS focussed. Difficult to really give a solid example here. In interviews, staff clearly expressed this acknowledgement. Good case within the only generalist organisation: The small enterprise foundation (visited by ETC Crystal)

The multi sector approach is widely acknowledged by HIVOS staff. Mechanisms are even put in place to make staff reflect on the link between the sector they are involved in and HIV/AIDS.

***Indicator 2.1.1.2.** There is consensus about the link between gender inequality and HIV/AIDS: factors affecting women's vulnerability to HIV/AIDS are increasingly understood and responded to.*

See above

Counterpart SAfAIDS has a unit on gender and human rights, which is making sure that both of these issues are being mainstreamed in all HIV/AIDS publications of the organisation. In addition, they are supporting other organisations in gender mainstreaming, so is WASN. The Indian counterpart, SIAAP, believes that sexuality, gender and human rights should be integrated in all development initiatives and demonstrates this in the way they have build the capacity of marginalised groups to form 'sangams'.

***Indicator 2.1.1.4.** Acknowledgement of both partners that dealing with HIV/AIDS requires a participatory process involving also PLWHA + evidence of cooperation with PLWHA in the programmes of CFAs and counterparts.*

At the origin of HIVOS HIV/AIDS policy organisations of PLWHA were the first counterparts identified. Many of the counterparts of HIVOS visited do collaborate with PLWHA (ex. TAC, SIAAP, WASN, YONECO) WASN has been established as a women's self help group and up to date most staff members are women living with HIV/AIDS.

Annexe 2: Portfolio HIVOS

South Africa

HIVOS	Aids focussed	Generalistic/AIDS integrated work	Generalistic/ Mainstreaming	Joint initiative	Project/year	Budget/year	Strategie			Type org.		Care-prevention
							PR	CS	AL	IM	DG	
Partner 1 Sa021a03	ACP AIDS Consortium				Programme 2003 (03-04)	110.000 (03-04)			x	network		Prevention MTCT
Partner 2 Sa066a01	ALP-Aids Law Project				Aids Law Project 03-06	202.900 (03-06) – 62.500 in 03 and 140.400 in 04	X		x	x		Legal counselling and action
Partner 3 Sa071a01 Sa071a02	TAC Treatment Action Committee				(1) Programme support 03-04 (2) vervolg Programme 04-07	100.000 (03) 750.000 (04-07) waarvan 250.000 in 04 ook via interfund			x	x		Treatment, discrimination Care and prevention MTCT
Partner 4 RA028G		Gender links			2004-	39.245		x	x	x		
Partner 5 SA002H		CDRA			2001-	Via interfund (01) 68.750 (04)		x		x		Support to mainstreaming
Partner 6 SA034G		Getnet			2001-	Via interfund (01) 20.000 (04)		x		x		
Partner 7 SA050051/111 SA050061/121		Interfund			HIV/AIDS programme 01- GWD programme	697.914 (01) 446.519 (01)						

SA050025					2004	480.000 (04)	x	X				
Partner 8 Sa056G		RCC PE			2004-	38.450 (04)		x	x	X		
Partner 9 SA057H		Out			2004-	40.000 (04)		x	x		X	
Partner 10 SA060G		WLC			2004-	17.619 (04)				x	x	
Partner 11 SA063G		WHP			2004-	30.000 (04)		x	x	x		

Malawi

HIVOS	Aids focussed	Generalistic/AIDS integrated work	Generalistic/ Mainstreaming	Joint initiative	Project/year	Budget/year	Strategie			Type org.		Care-prevention
							PR	CS	AL	IM	DG	
Partner 1 Mw005a01		Youth Net and Counselling – Zomba			(1) Peer education and training 02-04	60.000 (02)	X	X			X	Prevention
Mw005a04					(2) gender, HIV-AIDS community development project (04-07)	300.000 (04-07) waarvan 100.000 in 04	x	x	x		x	Prevention, VCT, HBC, OVC
Partner 2 Mw012a01	Malawi network of AIDS service organisation				Scaling up HIV/AIDS networking, capacity building and advocacy 04-06	200.000 (04-06) waarvan 25.000 in 04		x	x	network		prevention
Partner 3 Mw001h		CILIC			2001-	90.756 (01) 69.500 (04)		x	x		x	
Partner 4 Mw002H		CHRR			2001-	68.067 (01) 100.000 (04)		x	x		x	
Partner 5 Mw004G		SAW			Since 2002	133.000 (04)		x	x		x	

Partner 6 Mw010G		MCTU			2004-2006	19.545 (04)		X				
Partner 7 Mw11G		WLSA			2004-2006	50.000			x	x		

Zimbabwe

HIVOS	Aids focussed	Generalistic/AIDS integrated work	Generalistic/ Mainstreaming	Joint initiative	Project/year	Budget/year	Strategie			Type org.		Care-prevention
							PR	CS	AL	IM	DG	
Partner 1 Zi06901		Contact			Training and counselling service 01-03		x	x	x	x		Prevention OVC
Partner 2 Zi025a03 Zi25a04	Women and AIDS Support network (WASN)				(1) Reviewing and replicating 01-02 (2) advocacy youth and reproductive rights 03-04 vervolg project	90.756 (01-02) 22.714 (04)			x	network		prevention
Partner 3 Zi07701		Students partnership worldwide			Youth focussed intervention (02-03) Project zi07702 (04)	35.283 (02) 30.000 (04)	x	x			x	prevention
Partner 4 Zi091a01	Family Aids caring trust				FACT the life project 04-05	90.466 (04-05) waarvan 50.000 in 04	x	x			x	Prevention, VCT, HBC, ART, PLWHA
Partner 5 Zi009a04	Matebeland Aids Council				HIV/AIDS information dissemination	64.000 (04)	x		x		x	Prevention, counselling, VCT, OVC

					04							
Partner 6		TARSC			2004	20.000 (04)		x		x		
Partner 7 Zi082A	IGAC				2004-2006	14.508 (04)			x		x	Prevention, HBC
Partner 8 Zi027H		GALZ	GALZ		2001-	45.378 (01) 90.000 (04)		x	x		x	
Partner 9 Zi033A	UAN				2001-	0 (01) 45.000 (04)		x	x		x	Prevention, HBC, OVC
Partner 10 Zi050G	ZWLA				2001-	56.723 (01) 39.000 (04)		x	x		x	
Partner 11 Zi085H		Gapwuz			Since ?	28.193 (04)			x		x	Prevention, HBC, ART, OVC
Partner 12 RA030C		VFI			2004	40.000 (04)		x		x		Prevention
Partner 13 Zi034F		Zambuko			2001-	90.756 (01)				x		
Partner 14 Zi047F		ZAMFI			2001-	45.378 (01) 75.000 (04)			x	x		
Partner 15 Zi049G		FAMWZ			2001-	35.000 (04)		x	x	X		
Partner 16 Zi66G		WAG			2001-	21.214 (04)		x	x	x		
Partner 17 Zi084A	The Centre				2004-	89.856 (04)		x	x	x		
Partner 18 Zi007G		ZWRCN			2001-	183.856 (01) 50.000 (04)		x	x		x	

India

HIVOS	Aids focussed	Generalistic/AIDS integrated work	Generalistic/ Mainstreaming	Joint initiative	Project/year	Budget/year	Strategie			Type org.		Care-prevention
							PR	CS	AL	IM	DG	
Partner 1 In067a03		BIRDS-Gokak			NGO pt.ntwk.HIV/AIDS 01-06	61.236 (01) 17.000 (04)	x	x		network		prevention
Partner 2 In045a04	Positive people-Panjim				Projet 045021/31 (01-02)	31.765 (01)	x		x		x	Prevention Care and

					Positive living 03-07	27.500 (03) 17.240 (04)						support, treatment HBC, VCT,
Partner 3 In139a01		Ideal Development Agency			Community based STD/HIV/AIDS prevention 04-06	74.754 (04-06) waarvan 31.500 (04)	x	x	x	x		Prevention, support,
Partner 4 In154a01		South Orissa Voluntary Action			Prevention and Care 04-06	55.945 (04-06) waarvan 29.555 in 04	x	x	x	x		Prevention treatment, care
Partner 5 In157a01		Utkal Sevak Samaj			Prevention and control of HIV/AIDS and rights pf PLWHA 04-06	60.140 (04-06) waarvan 25.000 in 04	x	x	x		x	Prevention, treatment, care
Partner 6 IN033A	SIAPP				2001-	245.045 (01) 371.050 (04)	x	x	x		x	Counselling, prevention, VCT, stigma
Partner 7 IN055A	AIRTDS				2001-	12.050 (04)		x	x	Network		
Partner 8 IN119H		Sangama			2004-	23.840 (04)		x	x		x	
Partner 9 IN145H		Samabhavana society			2004-	17.625 (04)			x	x		

Annexe 3: 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
HIVOS				
HIV/AIDS counterparts funded	76	2.190.859,00	108	3.487.364,00
SAN funds	10	539.008,00	17	683.120,00
All partners funded	735	59.456.253,00	825	66.099.659,00
% of HIV/AIDS counterparts to all	11.70%		15.15%	
% of HIV/AIDS funds to all funds		4.59%		6.31%

Remark: Total number of counterparts funded in **all the countries**: (1) AIDS focussed organisations 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). Generalist organisations are not included.

Table 2: Financial overview of HIV/AIDS related public awareness activities in the Netherlands (or Europe)

Name of public awareness program	Budget 2001 Euro	Budget 2002 Euro	Budget 2003 Euro	Budget 2004 Euro
HIVOS				
TV Dits: Het Grote Geluk	90.756,00			
TV Dits AIDS: a women's story		34.000,00		
SAN: education and communication		90.756,00	90.757,00	90.757,00
Expert meeting microkrediet & AIDS				17.431,74
Symposium AIDS & MSM				144.158,40
Stichting Theatre Embassy: The Song in your Head				15.000,00
Stichting Oleanworld: Please Hug Me				5.000,00
Preparation A2015 Education Campaign				10.000,00
Totals for HIVOS	90.756,00	124.756,00	90.757,00	282.347,14

Remark: *Public awareness activities* executed by the CFAs in the Netherlands (or within Europe). Also "ad hoc" activities have been added to the amounts (meaning, not integrated in a programme in particular but for example events around the 1st of December).

Table 3: Financial overview of HIV/AIDS related campaigns and lobbying

<i>Name of campaign, network or global partner.</i>	<i>Budget 2001 Euro</i>	<i>Budget 2002 Euro</i>	<i>Budget 2003 Euro</i>	<i>Budget 2004 Euro</i>
SAFAIDS	188.422,00	56.067,00	56.067,00	150.000,00
SAFAIDS / Scaling up access to treatment				10.000,00
EANNASO	68.067,00	91.000,00	95.000,00	95.000,00
International Aids Conference Durban	22.449,00			
SWAA / Internat. Conference on AIDS and STDs in Africa	17.000,00			
WASN	45.378,00	45.378,00		20.714,00
TAC			10.000,00	250.000,00
HealthlinkWorldwide / Communication for Empowerment	81.680,00	81.680,00		
HealthlinkWorldwide / Enhancing HIV/AIDS communication in Africa			123.000,00	73.800,00
O-JAZAS / Stop Aids International Summer School 2002	39.000,00	37.000,00		
O-JAZAS / Regional Aids Campaign "Include them all" 2002-2003		55.000,00		
O-JAZAS / Aids, Education and ICT			100.000,00	108.000,00
ASICAL / Fortalecimiento Mecanismo Coordinacion			30.000,00	38.000,00
CONCASIDA / Congr. Centroamericano de ITS/HIV/SIDAA	22.689,00			
AGUA BUENA		28.000,00	50.000,00	50.000,00
REDCA+			44.000,00	20.000,00
GNP+				25.000,00
GMHC / International Treatment Preparedness Summit			50.000,00	
IASSCS				20.000,00
11 TH International Conference for PLWA			10.000,00	
Millennium Check – EU Watch			7.500,00	
ALLIANCE 2015 – HIV/AIDS advocacy consultancy				5.000,00
Share-net	6.807,00		7.488,00	3.000,00

Totals for HIVOS	491.492,00	394.125,00	583.055,00	858.514,00
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Remark: Campaigns and lobby: all programmes/networks/organisations that have been funded to develop HIV/AIDS related lobby activities and/or campaigns. These can be initiatives in Europe or in the South.

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

As per CFA	Sharing and learning initiative	2001	2002	2003	2004
HIVOS					
Zimbabwe	The Centre – World Social Forum 2004				1.558,00
	Padare/Enkudleni, Workshop			4.290,00	
	Masimanyane, Women support centre			10.000,00	
Malawi	MCTU, Box 1271, Lilongwe		5.671,00		
South Africa	SOHACA, Soweto HIV/AIDS Counsellors Association				10.000,00
India	IASSCS/ICAAP Meeting	2310,00			
	Nirmal Niketan, Conference in Mumbai or care/support for HIV/AIDS				5450,00
	Participation Indian participants in Symposium AIDS & MMS				10.000,00
	TISS: Training support for HIV AIDS counsellors				2.545,00
	Totals HIVOS	2.310,00	5.671,00	14.290,00	29.553,00
	% to total of 5 CFAs	2.25%	2.06%	3.03%	6.58%

Remark: Sharing and learning initiatives concern seminars, conferences, trainings,... that have been funded in the different countries in the period 2001 to 2004 (initiatives of course that are explicitly linked to the fight against HIV/AIDS) and to which several of the counterparts have been invited.

Annexe 4: List of documents consulted and persons met

Documents consulted

- Kerkhoven, R. (2000) *Review of the working paper 'HIVOS and AIDS': Final report.*
- ETC Crystal (November 2000) *Effects of the HIV/AIDS programmes supported by Netherlands co-financing organisations in Tanzania. Final study report.*
- *Policy document on AIDS and development cooperation*, Februari 2001
- Kerkhoven, R. (2003) *Responding to HIV/AIDS in Southern Africa, Reflections on the HIVOS approach.* ETC Crystal, Leusden
- Evolution of HIV/AIDS policy/programmes (note - 2005 elaborated for this evaluation)
- Attawell, K. (March 2002) *Alliance 2015. Oportunities for joint activities on HIV/AIDS. Final report*
- Gommans, C. and Gatera, C. (April 2005) *HIV/AIDS and Micro insurance in the microfinance sector in Africa. Report of the workshop.* HIVOS-The Netherlands and AFMIN-Ethiopia.
- (2004) Report on the expert meeting on micro finance and HIV/AIDS. HIVOS, EIBE/university of Nyenrode, Share-net and PSO Knowledge centre.
- SIAAP (South India AIDS Action Programme), Annual Report, April 2003 – March 2004
- HIVOS, Annual Report 2004, India Regional Office
- 'Struggles for Rights, Equity, Power' article by Shobha Raghuram
- Note on the Analyses of Sectoral Targets (RO India: Planning 03 and Outlook 03).

Persons met

Kwasi Boahene	Programme Manager HIV/AIDS
Annemarie v.d. Stolp	Assistant Sector Officer HIV/AIDS
Karel Chambille	Senior Policy Officer Evaluation (former head of Bureau Africa)
Tini van Goor	Head of Bureau Democratisation, Rights, Aids & Gender (former head of Bureau Asia and Southeast Europe)
Jaap Dijkstra	Director External Relations (former Executive Director)
Martin Voute	Head Internal & Personnel Affairs
Irene Dubel	Programme Manager Gender, Women & Development
Marijke Haanraadts	Head of Bureau External Relations
Corina Straatsma	Director RO Harare
Shobba Raghuram	Director RO Bangalore
Reena Fernades	Deputy Director Regional Office Bangalore
Bishwadeep Ghose	Programme Officer HIV/AIDS Sustainable Production

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 1st 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

<i>support HIV/AIDS mainstreaming processes of counterparts of the Dutch CFA's, in the five selected countries</i>					
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 12th 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

Thank you!
 The evaluation team