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MBN HIV/AIDS EVALUATION

FINAL ORGANISATIONAL REPORT ON ICCO

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ABBREVIATIONS

ART	Anti Retro viral Treatment
ARV	Anti Retro Virals
CBO	Community Based Organisation
CFA	Co financing Agency
EAA	Ecumenical Advocacy Alliance
EHAIA	Ecumenical HIV/AIDS Initiative for Africa
GIPA	Greater Involvement of People Living with HIV/AIDS
HBC	Home Based Care
HPR	High Prevalence Regions
IBFAN	International Baby Food Action Network
ICT	Information and Communication Technology
LPR	Low Prevalence Regions
MCS	Medisch Secretariaat
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

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 an annexe to the synthetic report of the joint MBN HIV/AIDS evaluation, executed between October 2005 and January 2006. These reports concern the analysis of the data collected to assess evaluation question 1 which was 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 members of 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 (HR officer was not interviewed at ICCO). In two organisations (HIVOS and NOVIB) senior staff was also interviewed (list of people met in annexe 4, interview guide in annexe 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 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 were 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 and added to each organisation report in annexe 1. During the interviews with CFA staff the evaluators also tried to get 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.

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. This report concerns ICCO. 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 regarding the four countries visited (South Africa, Malawi, Zimbabwe and India) and of the advocacy and lobby activities.

In the scope of the evaluation five counterparts of each CFA were visited (in addition to counterparts who had been visited by ETC Crystal in the preceding phase). It is not the purpose of the evaluation to 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 ICCO's 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 ICCO's HIV/AIDS policy
- State of affairs regarding HIV/AIDS policy development, implementation and advocacy and lobby
- Conclusions

2. Brief description of ICCO's HIV/AIDS policy

The HIV/AIDS policy of the five CFAs can be situated in the overall framework developed by UNAIDS and will therefore 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

All CFA's intend 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 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, which 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 ICCO, is described in the table below.

The strategy of the CFAs is similar (and stipulated by the co-financing system) and constitutes 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, and 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, and 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 a 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 ICCO's HIV/AIDS policy

<i>ICCO</i>	<i>Strategy plan 2003 – 2006 and HIV/AIDS policy paper from 2005</i>
Themes in general	<ul style="list-style-type: none"> - Access to basic services (health, education, water, reproductive health and HIV/AIDS) - Sustainable economic development (including micro-credits) - Democratisation and peace building (including human rights)
General objective related to HIV/AIDS	<ul style="list-style-type: none"> - The most vulnerable groups have knowledge of HIV/AIDS, know how to protect themselves and are able to behave accordingly - PLWHA have access to ART - Stigma and discrimination have been eradicated <p>The main objective was to increase (double) the financial support by enlarging the number of AIDS specific organisations and the number of generalist organisations involved in the fight against HIV/AIDS, South-South linkages, Churches, etc...</p>
Focus of the HIV/AIDS policy	<p>Rights-based approach with specific attention for the rights of people living with HIV/AIDS, gender, the GIPA principle, comprehensive approach on prevention, care and treatment,</p> <ul style="list-style-type: none"> - Support of AIDS specialist organisations involved in prevention, care and treatment - Support of organisations involved in lobby and advocacy activities regarding the fight against stigma and discrimination of PLWHA (in particular groups of PLWHA) - Facilitate networking and South-South exchange between AIDS specialist and generalist organisations - HPR: internal and external mainstreaming of all counterparts - LPR: raising awareness on HIV/AIDS, stigma and discrimination of PLWHA - Church-related counterparts: support to international, regional and local organisations engaged in a discussion on HIV/AIDS within the churches.
Target groups	<ul style="list-style-type: none"> - Women, men, youth and OVC's
ICCO's internal policy on HIV/AIDS	<ul style="list-style-type: none"> - Existence of a draft workplace policy

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

3.1. Policy development

HIV/AIDS policy paper since 2002

HIV/AIDS was already included as a priority in ICCO's business plan of 2001-2005, resulting in the elaboration of an HIV/AIDS policy in 2002 (approved in 2003). However, in 1998 initial policy guidelines were drafted by MCS and even updated in 2001 for 'Kerkinactie' and ICCO. These guidelines inspired the drafting process of the formal HIV/AIDS policy in 2002. The HIV/AIDS policy will be redrafted in 2006.

In 2000, a group of concerned 'relatiebeheerders' drafted a project proposal with the objective to formulate a formal operational policy on HIV/aids. In 2001, a project leader was employed to develop this operational policy in close collaboration with the HIV/AIDS project group composed of various staff from different departments (including communication, "personele samenwerking" and people from I/C consult and MCS). In 2003, the position of the project leader was formally changed into HIV/AIDS policy officer. Although HIV/AIDS policy was mainly driven by experiences in Southern Africa (counterparts were losing staff to HIV/AIDS) several staff members from the Asian and Latin American department showed a genuine interest. To this day, there is still a strong commitment from both desks.

In 2002 and 2003 consultation workshops were organised in South Africa and Zimbabwe to discuss the HIV/AIDS policy of ICCO as well as the EHAIA initiative. The portfolio of ICCO already contained a considerable amount of counterparts involved in HIV/AIDS activities. The purpose of these gatherings was to examine how ICCO could enhance the efforts of their counterparts and how ICCO could urge the churches to take up a leading role in the fight against HIV/AIDS. From the beginning the focus was on (1) prevention, (2) internal and external mainstreaming and (3) the role of the churches (including fighting stigma and discrimination).

Evolution since 2002, HIV/AIDS becomes more embedded within the organisation

With the appointment of an HIV/AIDS project leader ICCO really committed itself to investing in its HIV/AIDS policy. After formal approval of the operational HIV/aids policy, in 2002, one could see an integration of HIV/AIDS in regional annual plans and country plans from 2003 on. HIV/AIDS is particularly visible in the African region as they have developed a regional strategy for the fight against HIV/AIDS. However, strategic choices vis-à-vis AIDS were also taken by the Asian and Latin American departments. The HIV/AIDS project group has evolved to a thematic HIV/AIDS group. In the Asian department a regional HIV/AIDS thematic group was installed as well. Members of these thematic groups can be seen as focal points for HIV/AIDS. The evaluators had the impression that the HIV/AIDS policy was well known by these focal points but to a much lesser extent by other programme managers/ supervisors (relation managers).

The involvement of ICCO in SAN! and Sharenet has enhanced the implementation of the HIV/AIDS policy: (1) with the support of SAN it was possible to develop various initiatives in different countries in the field of mainstreaming (North Sudan-2003, Ethiopia-2004, Uganda-2005 and South Sudan-2005), (2) the elaboration of donor guidelines will enhance dialogue with counterparts on internal mainstreaming. A research study executed by Sharenet on workplace development stimulated ICCO to start elaborating its proper workplace policy in 2005. This workplace policy is still in a draft version.

Gender (and HIV/AIDS mainstreaming)

The HIV/AIDS mainstreaming process within ICCO highlights similarities with the gender mainstreaming process: the appointment of an HIV/AIDS officer, the establishment of a thematic HIV/AIDS group, the elaboration of a policy paper, the elaboration of concrete guidelines on the link between HIV/AIDS, and some specific themes (food and education). Staff members are supposed to discuss gender as well as HIV/AIDS with their counterparts and to assess the gender sensitivity as well as the openness towards HIV/AIDS with all counterparts. The quality of this dialogue depends very much on the commitment and capacity of individual staff members (this applies to gender as well as to HIV/AIDS). As far as gender is concerned, programme officers are obliged to report on gender in their field reports and appraisals of new counterparts (using a tool for screening gender sensitivity of counterparts); these instruments do not exist yet for HIV/AIDS.

3.2. Implementation of the HIV/AIDS policy

Partner profile

The HIV/AIDS policy outlines specific objectives, expected results and enlists indicators¹. According to the guidelines elaborated in this policy paper, the focus is very much on awareness raising in LPR (in dialogue with all partners) and supporting mainstreaming processes with existing counterparts (with the ambitious target of mainstreaming HIV/AIDS into the programmes of all the counterparts in HPR) and to a lesser extent on the identification of HIV/AIDS-specific organisations (target: in no less than 80% of all countries to identify at least one AIDS-focussed organisation by the end of 2005). These counterparts had to be strong partners (ex. FACT, Safaids, AFSA which were visited during the evaluation) who were able to share their experience with other counterparts of ICCO or who could be used for capacity building initiatives of CBOs and NGOs that were becoming involved in HIV/AIDS-related activities.

Interviewees explained that HIV/AIDS mainstreaming had frequently been realised through the integration of additional HIV/AIDS activities into the core programme of their traditional counterparts and so far not much through the modification of the whole programme.

Mainstreaming

¹ So far evaluators have not found evidence of monitoring reports reporting on these indicators.

ICCO invests a lot in supporting mainstreaming processes by organising workshops in several countries and by including strong AIDS-focussed organisations that can be linked to other counterparts. In many countries a workshop was organised by ICCO for all counterparts to discuss HIV/AIDS-related issues. It is not clear whether the target was reached (at least 50% of the countries organised such a workshop), but workshops have been organised in Zimbabwe, South Africa, Sudan, Mali, Ethiopia, Kenya, Uganda, India, Haiti and Dakar (Western Africa). In Burkina Faso (2001) a regional workshop was organised linked to the Regional Aids conference and in Bangkok (2004) related to the International Aids Conference. Moreover, a certain amount of technical expertise was made available for example through I/C consult and MCS.

Based on research in Zimbabwe (SABI – 2002) it was debated that the implementation of internal mainstreaming processes with individual partners turned out to be rather expensive. Consequently, joint initiatives have been developed, such as the joint initiatives executed by SAN! and the collaboration with EED concerning a joint regional capacity building programme for Zimbabwe.

The efforts on mainstreaming have gained in importance since 2003 (see: the organisation of several workshops on internal mainstreaming and the launching of the joint capacity building programme for Southern Africa in collaboration with EED in 2005). However, ICCO had high ambitions: indicator = project proposals of all counterparts in HPR include HIV/AIDS analysis and if necessary, counterparts adapt their internal human resources policy, and external policy, objectives and activities to the HIV/AIDS context. In LPR this was expected from partners working with highly vulnerable groups or working in the area of health and/or welfare. As mainstreaming is a difficult and slow process these results have yet to be achieved.

Budget

In 2001, 110 counterparts were funded, amongst them HIV/AIDS-specific organisations and organisations who had integrated HIV/AIDS activities in their programme. This number rose to 157 counterparts in 2004 even though the budget had nearly doubled: from 1.776.900 EUR in 2001 (2.36% of the whole budget for support to counterparts) to 3.047.700 EUR in 2004 (3, 65% of the whole budget), as was foreseen in the HIV/AIDS policy.

Capacity of staff

It was stated in several annual plans and by respondents in the interviews that the dialogue on HIV/AIDS with the counterparts is difficult (given the sensitivity of the issue, denial attitude, lack of allies within organisations). In this context, it is extremely important that the programme officers are sufficiently capacitated to be more involved in discussions on HIV/AIDS (especially with faith-based organisations). Some efforts were

made to organize trainings and seminars or to invite staff to participate in workshops (organised by third parties), but attendance rates were rather poor. Staff members do not have many concrete tools, neither for the elaboration of their programmes nor for addressing HIV/AIDS with their counterparts.

HIV/AIDS is added to the theme "access to basic services". Only concrete guidelines on the link between HIV/AIDS and "education" and "food" have been elaborated so far. Besides some general guidelines concerning the link of HIV/AIDS with the other themes as stated in the HIV/AIDS policy paper, no specific research or operational guidelines have been developed to enhance this cross linking. HIV/AIDS is integrated in the regional annual plans and country plans, but to a limited extent.

HIV/AIDS and the development practice of ICCO in Southern Africa and India

The CFAs were asked to develop a portfolio of HIV/AIDS counterparts in the four countries to be visited during this evaluation. A list was made of organisations that were (1) HIV/AIDS specific organisations or (2) generalist organisations who 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 ICCO's HIV/AIDS counterparts in Southern Africa and India

	<i>Southern Africa (#23)</i>	<i>India (#12)</i>	<i>Total (#35)</i>
Generalist organisations	18	12	30
HIV/AIDS focussed org.	5	0	5
Women's organisation	3	3	6
Organisations involved in advocacy and lobby	10	3	13
Networks	1	1	2
Grass root organisations/CBO's	6	1	7
Programmes started before 2003	6	6	12

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

	<i>Southern Africa (#17)</i>	<i>India (#12)</i>	<i>Total (#35)</i>
Prevention	14	12	16
Treatment	4	3	7
Care	12	2	14

Remark: detailed information was only given on 17 of the 23 counterparts listed in the portfolio for Southern Africa.

The typology of programmes and partners is in line with the objectives set out in the HIV/AIDS policy. Generalist organisations outnumber the HIV/AIDS-specific organisations (85% of the organisations are generalist organisations) and the HIV/AIDS-specific organisations are of a kind that can offer support to HIV/AIDS mainstreaming processes within CBOs and NGOs. The counterparts particularly include HIV/AIDS-

specific organisations involved in offering HBC services, facilitating access to treatment or offering support to OVCs. Much attention is given to prevention and access to primary health care (especially through faith-based organisations). 30% of the portfolio consists of faith-based organisations.

Not many community-based (or grass roots) organisations are directly funded but support to CBO's or groups of PLWHA is facilitated through organisations such as AFSA and PCRD in South Africa; FACT in Zimbabwe, ASHA and INSA in India, all of which were visited. The AIDS Foundation in South Africa in particular has developed a grant and capacity building programme in which more than 50 CBOs participate.

1/3 of the HIV/AIDS-related programmes were funded before 2003, showing the increased efforts since 2003, when the HIV/AIDS policy paper was approved and systematic implementation started.

It is not clear to what extent the counterparts are explicitly dealing with the eradication of stigma and discrimination within their prevention activities. Not many programmes have been identified as such. There is one comment though: the EHAIA initiative aims to build up AIDS competence within churches, challenging the role, attitude and engagement of the church and hence fighting stigma and discrimination within the churches. Through its networks (such as the World Council of Churches and the Ecumenical Advocacy Alliance) ICCO is engaged in the discussion on HIV/AIDS within the church and the discussion on the role of faith-based organisations in the fight against HIV/AIDS.

The link with gender is rather weak. Only two women's organisations (out of 35) are identified (gender advocacy programme in South Africa and the Women health and Development in India) and four gender programmes (all of them in India). The evaluators did not analyse the portfolio of women-focussed organisations, looking for women's organisations that could address issues directly influencing the vulnerability of women (ex. lobbying inheritance laws, income generating projects for women, life skills training, etc.). However, the evaluators find support for their conclusion in the MBN evaluation on the role of women's organisations, in which it was recommended that ICCO increase the number of women's organisations. As gender is a sensitive issue, particularly for faith-based organisations (30% of the portfolio), this puts ICCO in a challenging position; as it happens, it is assumed that effectiveness of HIV/AIDS programmes will be limited if transforming gender relations is not taken into account.

3.3. Lobby and networking

ICCO addresses three issues through their lobbying and networking: (1) increase of financial resources for combating HIV/AIDS at global level; (2) access to treatment and medicines, decrease of the price of ARV; (3) the contribution of the Church in the fight against HIV/AIDS.

37% of the counterparts of ICCO in the four countries visited are involved in advocacy and lobby activities. Furthermore, ICCO is not directly involved in lobby campaigns but more indirectly through advocacy and lobby networks and campaigns, of which Aprodev, SAN! and the Ecumenical Advocacy Alliance are the most important.

Table 4: involvement of ICCO in networks and campaigns

<i>Level of networks</i>	<i>Name of network/organisations/conferences</i>
The Netherlands	- SAN! - Sharenet - MDG Platform - WEMOS – Health for All
European level	- Aprodev - SAN!
Sub regional level in the South	- SAFAIDS - Ecumenical HIV/AIDS Initiative in Africa
International level	- World Council of Churches - <u>Ecumenical Advocacy Alliance</u> - IBFAN
International gatherings / conferences	- International AIDS conference Burkina Faso and Bangkok
Protestant movement	- Kerkinactie

Remark: The Ecumenical Advocacy Alliance was interviewed by telephone

Interesting initiatives have been supported especially with regard to the role of the Church in the fight against HIV/AIDS and not in the least the Ecumenical HIV/AIDS Initiative for Africa (“The plan of action: the Ecumenical response to HIV/AIDS in Africa”), an important initiative of the World Council of Churches, launched in 2002, that tries to enhance the capacity and commitments of churches and faith-based organisations in Africa.

The EAA too enhances the role of faith-based organisations in the fight against HIV/AIDS. A number of considerable successes have been achieved so far. For example, amongst other things the Ecumenical Advocacy Alliance achieved an increased visibility and credibility of faith-based organisations in the fight against HIV/AIDS (with implications at the level of UNAIDS, Global Fund and WHO)².

² UNFPA is experimenting on innovative approaches to discuss sexuality, condom use and reproductive health with faith-based organisations. These experiences can be shared through informal networks within EAA and UNFPA. The EAA AIDS strategy group is looking for a new approach recognizing that the ABC approach is not appropriate any more.

So far not much success has been recorded in the field, 'access to medicines'. It is not clear to what extent ICCO is involved in this issue through networks. One could mention the initiative of EAA that is planning to focus on access to medicines from 2006 onwards, the involvement of ICCO in Wemos that is lobbying the GATS and the engagement in the workgroup on Trips of SAN!

4. Conclusions

As ICCO has always had an important portfolio of organisations involved in primary health care, particularly many faith-based organisations, HIV/AIDS always has been a part of ICCO's work in the South. However, since the last business plan, ICCO has acknowledged that HIV/AIDS should be seen as a development issue. Since 2002 ICCO has implemented its HIV/AIDS policy, focussing in particular on mainstreaming HIV/AIDS into the programmes of all counterparts, hence moving away from the health perspective. This has been quite successful as the current portfolio of counterparts consists of many generalist organisations who are involved first and foremost in HIV/AIDS prevention and counselling. ICCO was very ambitious in targeting all counterparts in HPR to have mainstreamed their programmes; this has not been realised as yet.

ICCO very much addresses the role of churches and faith-based organisations. These constitute 30% of the portfolio of HIV/AIDS counterparts (but also of the whole ICCO's portfolio). They succeed in convincing these partners to become an active player in the field of HIV/AIDS. A process that apparently not always has been easy. Consequently, ICCO supports the Ecumenical Advocacy Alliance and the Ecumenical HIV/AIDS Initiative for Africa, of the World Council of Churches. Both initiatives enhance the capacity of churches and faith-based organisations in the fight against HIV/AIDS. Some considerable successes have been reported so far, not least an increased recognition of the role of faith based organisation by other actors, such as the Global Fund, WHO and UNAIDS.

The response to the HIV/AIDS pandemic is mainly concentrated in the Southern Africa region (a separate regional HIV/AIDS strategy has been developed for this region), as well as in the Asian region which showed a genuine commitment right from the beginning (many programme officers participate in the HIV/AIDS thematic group) and the Latin America region. However one could not say that all staff members are HIV/AIDS-competent.

ICCO's policy paper is almost an action plan, setting out specific objectives, expected results and indicators. However, this plan has turned out to be very ambitious, taking into account that (1) mainstreaming processes are difficult and slow, (2) not all programme officers have enough capacity to discuss HIV/AIDS with their counterparts or to find the link between HIV/AIDS and the different themes ICCO is working on, (3) operational guidelines and instruments are lacking (such as appraisal tools, mainstreaming trajectory). ICCO has the advantage of being able to ask for assistance from MCS - I/C consult who deliver technical

assistance, in Utrecht as well as in the South. Although the HIV/AIDS policy paper is very concrete, a systematic monitoring system has not been developed so far.

HIV/AIDS is embedded in the whole organisation, but the process remains fragile: (1) not all programme officers are convinced of the integration of HIV/AIDS into their programmes or feel sufficiently capable of dealing with this issue with their counterparts. (2) Expertise lies explicitly with the HIV/AIDS policy officer who has become responsible for the health policy as well. (3) Focal points (member of the HIV/AIDS thematic group) are also responsible for a large portfolio of counterparts, a fixed amount of time to spend on HIV/AIDS policy development and implementation has been allocated (four hours a week), however not all of them are able to spend this time on the issue of HIV/AIDS, due to their large portfolio. (4) Not much specific research has been done on the link between the different themes of ICCO and HIV/AIDS resulting in practical guidelines (except for education and food security and nutrition). These factors hamper the efficiency and sustainability of the HIV/AIDS integration process within ICCO broad. On the other hand, collaboration enhances efficiency as there are: the collaboration within SANI, the collaboration with MCS - I/C consult (and to a certain extent with Kerkinactie), the collaboration with the World Council of Churches and the participation in the EHAIA initiative. Through the support to EAA and EHAIA much more can be achieved with faith-based organisations.

According to the evaluators ICCO has made the relevant choices by focussing on support to mainstreaming processes and by enhancing the role of churches in the fight against HIV/AIDS. This is where their comparative advantage lies.

5. Annexes

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: 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?
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>Share-net did a research on the development of WPP amongst their members (2005). One of the conclusions was that Dutch NGOs were not so keen of developing a WPP for themselves. ICCO (HIV/AIDS officer and officers from the department "personele samenwerking") participated in a workshop, organised by Share-net about this subject. After this workshop a process was started to develop a WPP for ICCO. This process has commenced in February 2005. A draft WPP has been elaborated by the HIV/AIDS officer, based on the WPP of Cordaid. No specific AIDS work with staff has been organised, but discussion between staff about the several drafts of this WPP have taken place. The WPP is still a draft.</p> <p>ICCO is also involved in the SAN workgroup on donor guidelines concerning WPP of counterparts.</p> <p>There were several motivations to develop a WPP: (1) ICCO has an exemplary function for its counterparts and (2) the moment ICCO will have more personal abroad or more field offices an ICCO WPP will be much more needed.</p> <p>According to ICCO it is good that – although the personnel is covered by a comprehensive health and social security system in the Netherlands – some 'evidences' are made official, like the principle of non discrimination, no obligated HIV-testing, etc.</p> <p>ICCO has one field office in Eritrea. They also have developed a WPP in 2005. About treatment: staff of the field office that leaves ICCO will receive payment for treatment as long as one year after having left the office.</p> <p>Several initiatives concerning WPP have seen the light: sharenet, SAN!, parthos, PSO</p> <p>Staff have received general information on how to protect themselves from HIV/AIDS. When travelling abroad 'relatiebeheerders' receive a medical kit, including sterile needles but no condoms.</p> <p>The introduction sessions for expats, organised by ICCO, includes HIV/AIDS awareness training.</p> <p>Expatriate staff, working in the health sector, receives PEP through PSO.</p> <p><i>Indicator 1.1.2. Evidence of senior staff commitment</i></p> <p>The evaluators did not have the opportunity to talk with much senior staff. But taking into account the funds and human resources that have been made available since 2002 and the recent initiatives within SAN that require greater commitment to become involved in some thematic discussions (WPP, OVC's, gender), one could assume a considerable level of commitment.</p> <p>However one could question the recent decision to add health to the responsibilities of the HIV/AIDS officer.</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>Already in the business plan 2001-2005 HIV/AIDS was presented as a priority and dealt with as a development issue. A project group HIV/AIDS was installed and evolved later on into a thematic HIV/AIDS ICCO broad work group.</p> <p>HIV/AIDS policy paper has been developed in 2002. It is an ambitious policy that sets out clear objectives and tangible expected results. The policy paper has been drafted by the AIDS project leader (now the aids policy officer) with support from the AIDS project group, including representatives from the regional departments, PSA (technical assistance), staff from MCS "communicatie en positionering". HIV/AIDS policy paper is known by staff interviewed (but not all staff does know in detail the policy paper).</p>	

The policy papers outlines the HIV/AIDS specific objectives and explains the link between HIV/AIDS and the three themes of ICCO, giving examples of the consequence of the HIV/AIDS epidemic on the different themes/programmes and formulating indication how programmes could integrate HIV/AIDS.

The HIV/AIDS policy will be redrafted in 2006.

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

Since the business plan 2001-2005 HIV/AIDS is a priority for ICCO. A project leader (who became in 2003 formally the policy advisor) was responsible for the HIV/AIDS policy. The policy advisor was added to the policy department. Since 2005 this is not a full-time job anymore as the policy advisor became also responsible for the health policy.

Within ICCO a thematic HIV/AIDS group exists in which staff from different departments participate (like focal points): 1 person from department Africa and Middle East, one from dep. Latin America, 3 people from dep. Asia, Europe and Oceania, 1 from dep. "personele samenwerking", 1 expert from MCS and the HIV/AIDS officer. Tasks of this group: (1) advisory role in relation to policy and (2) dissemination of information within ICCO. HIV/AIDS was especially an issue in the Southern African region (Relatiebeheerders could not neglect the fact that counterparts were losing staff to AIDS). But also the Asian and Latin American departments were very much involved in the discussions, due to the engagement of some "relatiebeheerders". Till today all 3 geographical departments are well represented in the HIV/AIDS thematic group.

Field office in Eritrea appointed a person living with HIV/AIDS as focal point.

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

Every department (per region) makes a regional annual plan, including a logframe. And country annual plans are made. The evaluators only could take a look into the regional annual plan of the Department "Africa Middle East" and "Asia, Europe and Oceania".

Africa and Middle East:

HIV/AIDS is included in these regional plans, but mainly related to the theme "access to basic services" (focus on identification of new HIV/AIDS programmes, organisation of one regional meeting on HIV/AIDS). Only since 2005 some commends are made to enhance the link between HIV/AIDS and the other themes (sustainable economic development and democratisation and peace building). Concerning partnership building it is stimulated in the annual plan of 2004 that all counterparts should make a HIV/AIDS analysis and in the annual pan of 2003 focus is on the integration of HIV/AIDS into the dialogue. Cooperation with consultants of MCS - I/C consult is mentioned. No specific division of funds is mentioned, as is done for the three themes.

In commends in these consecutive annual plans it is mentioned that it seems to be difficult to integrate systematically HIV/AIDS into the dialogue, to attain all expected results as for example the elaboration of HIV/AIDS analyses by all partners or starting mainstreaming processes.

HIV/AIDS seems to be in particular an issue for Southern Africa as for this region HIV/AIDS is included in the regional policy.

AZEO

The integration of HIV/AIDS into the regional annual plan for the AZEO desk (ex. draft annual plan 2006)

HIV/AIDS is systematically integrated in the annual plan. But not yet integrated in all the themes. Concrete results are formulated in relation to the theme "Access to Basic services/HIV/AIDS". Focus is on facilitating access of counterparts to SAN-funds and on the dialogue on mainstreaming (on the latter no specific expected results are formulated yet (draft version)).

The evaluators did not take a look in the country annual plans. But they assume that the HIV/AIDS will be dealt with in the same way: focus on access to basic service (identification of relevant programmes) and integration of HIV/AIDS into the dialogue.

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

Some trainings have been organised (internal and external) and/or participation at workshops have been stimulated (we do not have a concrete list of initiatives), but attendance of staff is rather low (time pressure, attitude). Hence not all staff interviewed had received appropriate training.

There exist several thematic groups within ICCO. These groups can invite specific experts. Some thematic groups have invited HIV/AIDS experts.

The HIV/AIDS policy highlights some general guidelines about the link between HIV/AIDS and the different themes of ICCO. According to the monitoring report of 2004 and the interviews two concrete papers have been elaborated, one about the relation between food and HIV/AIDS and one about the relation education and HIV/AIDS. These are tools for the "relatiebeheerders" en "regiomanagers".

Staff can ask support from the HIV/AIDS officer. She also gives feedback on specific HIV/AIDS related programmes. It is her intention to document on good practices. Staff can also rely on the support of staff from MCS - I/C consult.

Due to much internal changes, many of our interviewees had become only recently responsible for a particular country and were not always aware of the HIV/AIDS practice.

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.

HIV/AIDS not yet systematically included in the appraisal system.

In the HIV/AIDS policy paper it was foreseen that all project proposals of the counterparts in high prevalence regions should contain a HIV/AIDS analysis. This was a rather ambitious plan. It appeared not realistic in implementation phase. Only a few counterparts responded to this request.

According to the interviewees, it was easier to discuss HIV/AIDS (and demand HIV/AIDS analysis) in relation to the theme "access to basic services", it was less obvious to discuss this with counterparts of the sustainable economic development and the democratisation programmes.

When necessary counterparts can appeal to the assistance of consultants to support them with these HIV/AIDS analysis and/or mainstreaming processes. These activities can be included in the contracts or shift within the budget are easy to discuss.

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 on the HIV/AIDS epidemic)

The HIV/AIDS policy formulates concrete objectives, expected results and indicators; based upon general policy guidelines. This is the framework for the staff of ICCO to elaborate the regional and country annual plans.

Focus is in particular on:

- The identification of AIDS focussed organisations (with activities related to prevention or treatment, care and support).
- Mainstreaming HIV/AIDS in all counterparts (but not stimulating additional HIV/AIDS activities added to the core business of counterparts).

A policy guideline is that it is not the purpose to identify many new counterparts, but to look for local expertise or fund some specific HIV/AIDS organisation and bring these organisations in contact with existing "generalistic" organisations (ex. FACT, Safaids).

Some general guidelines are formulated on the link between the three themes and ICCO. But only two strategy papers are developed related to the link between education and HIV/AIDS and on food and HIV/AIDS.

A yearly monitoring of the implementation of this policy is foreseen. Evaluators have seen the follow up report of 2004.

Apparently no additional funds are made available for the different regions (apart from SAN money), hence it depends on the commitment of the staff of the different regions how important HIV/AIDS is and to what extent funds are made available. The India officer reports funds are a major constraint and that identification of new HIV/AIDS counterparts is only possible with additional funding (ex. with EU money a workshop has been organised on HIV/AIDS but mainly with attendance of AIDS focussed organisations or counterparts that are working with vulnerable target groups such as women, truckers, etc.

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 and portfolio.

Southern Africa: one did not look for HIV/AIDS focussed counterparts. The portfolio already had a mix of HIV/AIDS focussed organisations and generalist organisations, example FACT and SAFAIDS in Zimbabwe.

India: some partners were already involved in HIV/AIDS activities. With others partners it is a more difficult discussion. They are not concerned yet about HIV/AIDS. Not discussed with all counterparts yet.

Indonesia: some HIV/AIDS focussed counterparts already in portfolio. Focus in Indonesia is conflict and democratisation. HIV/AIDS is incorporated in the dialogue through other items such as right to education, right to basic health services, conflict, etc. Focus is on discrimination. HIV/AIDS is part of the country analysis but not part of every relationship with counterparts. WPP is not an issue yet but will be in the coming period.

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

Some activities have taken place. Examples (based on monitoring reports and interviews):

- 2001, regional aids conference, Burkina Faso: partners are invited to participate, opportunity used to get input for ICCO's policy to-be-prepared during a one day workshop
- September 2002, Zimbabwe: HIV/AIDS consultation with all counterparts (also discussing the EHAIA initiative)
- 2003, South Africa: HIV/AIDS consultation with all counterparts
- 2003 India, workshop in North Eastern India (organised together with Kerkinactie & MCS-I/C consult) on mainstreaming and prevention, follow up in 2005: support project for counterparts in two regions on internal and external mainstreaming and SAN! Workshop on workplace policy development
- 2003 and 2004 Northern Sudan (GOM initiative): support to internal mainstreaming and focus on stigma and discrimination, linking counterparts (north Soedan), with support of SAN
- 2005: Southern Sudan (GOM initiative) support to internal mainstreaming and focus on stigma and discrimination, linking counterparts (North Sudan), with support from SAN!
- 2004 Mali: 2 workshops for all counterparts on internal mainstreaming, these workshops were part of a process to develop workplace policies within all our partners in Mali. A specialised organisation motivated, supported and coordinated this process, MSC-I/C consult did backstopping
- 2004 - 2005 Ethiopia (GOM initiative): project on internal mainstreaming for all counterparts with support from SAN!
- 2004: West Africa: workshop on internal mainstreaming for HIV/AIDS specialised organisations. Follow up programme ending in 2006
- 2004 Haïti: workshop on mainstreaming for all counterparts. HIV/AIDS specialised counterparts intend to support generalist counterparts
- 2005 Nairobi: workshop on the link between education and HIV/AIDS (role of education in the prevention of HIV/AIDS, impact mitigation on educational sector)
- 2005 Uganda: project on internal mainstreaming (SAN!) for all counterparts
- 2005 International conference in Bangkok: counterparts from the Asian and Eastern European departments are

invited to the Bangkok conference. During a one day ICCO & Kerkinactie workshop some relevant issues for the region in relation to ICCO's policy were further explored. AFSA, visited in South Africa by the evaluators did confirm their participation at this conference.

Cooperation with the Dutch organisation Edukans and other protestant Christian organisations supporting partners in the South active in education, led to the creation of Educaids. This is a combined programme which focuses on education in times of HIV/AIDS. During a partner consultation in Nairobi (2005) insights have been shared with counterparts and feedback was asked.

Specific point of attention is the investment of ICCO in the development and implementation of a "Plan of action: the Ecumenical response to HIV/AIDS in Africa" (EHAIA) since 2002. EHAIA intends to build up AIDS competence within the churches in Africa, at all levels. Especially local churches that do not have easy access to international donors can benefit from this programme. Within EHAIA lot of resource materials and tools are developed that can be used by ICCO's counterparts.

In India a workplace policy programme has been developed in 2005. Two mainstreaming processes are elaborated (one funded through SAN!). This will be a three year programme, supported by local and international consultants. Counterparts are asked if they are motivated to participate in this programme. It is too early to assess the response of the counterparts. But it seems not to be easy, according to our interviewees; counterparts do not experience HIV/AIDS as problematic to their organisation.

ICCO experienced, that certainly in Southern Africa, many counterparts were confronted by HIV/AIDS and because of the amount of funds that became available, many of them started to elaborate HIV/AIDS activities, although this was not their specialisation. Hence, through the several workshops, ICCO focuses on the mainstreaming issue, trying to start reflection on the response of the different counterparts, enhancing linking and networking.

Since 2005 ICCO participates in a capacity building project, in collaboration with EED Germany, aimed for all their partners in the Southern African region. A process of organisational development has been elaborated concentrated around five themes (gender, HIV/AIDS, people centred development, financial sustainability, resource development and?). Based on a research elaborated in 2002 by SABI it was decided that realising internal mainstream processes within individual partners turned out to be a rather expensive exercise. Therefore collaboration with EED has been sought.

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

Institutional:

The gender group is an official group, which started in 2002 when also other broad reflection groups were established at ICCO such as the HIV/AIDS group, the Water group, the Sustainable Land Tenure group, the Savings and Credits group, etc. The gender group came under the responsibility of the head of the Research & Development division. The composition is as follows: gender advisor, research & evaluation policy advisor, HIV/AIDS advisor, human rights assistant advisor and four project officers who represent the geographical desks of ICCO. The participants are at the same time focal points for gender within their own departments.

Mainstreaming/ Instruments:

Several tools have been developed for gender mainstreaming. In 2004, the gender screening tool has been revised to make it more applicable, useful and explicit. Gender screening is based on 9 indicators. All partners are screened on gender sensitivity but it is not a criterion for exclusion. "Relatiebeheerders" are supposed to discuss gender in their dialogue with partners and to report on gender.

A gender policy checklist has been developed to give guidelines how gender can be integrated in the different themes of ICCO.

HIV/AIDS is not yet explicit part of the appraisal system but Relatiebeheerders are supposed to discuss HIV/AIDS with their partners. The HIV/AIDS policy also gives guidelines how HIV/AIDS can be integrated in the different ICCO themes.

Lessons learned:

ICCO learned to keep HIV/AIDS as well as gender on the agenda. It is a challenge to capacitate "Relatiebeheerders" to integrate gender and HIV/AIDS in their dialogues with counterparts.

There is a similar approach between the gender policy and the HIV/AIDS policy. Both policy papers focus on two strategies: (1) support of gender/HIV-AIDS specific organisations and (2) mainstreaming gender/HIV_AIDS within all counterparts.

Sometimes it is easier to discuss gender issues than HIV/AIDS issues. But as gender issues are linked with HIV/AIDS gender can be an entrance to start working on HIV/AIDS. Example: gender based violence.

Problem: church related organisation are not yet very gender sensitive (+/- 30% of the portfolio). Also gender is a difficult issue to discuss with faith based organisation.

Link HIV/AIDS and gender

The HIV/AIDS policy paper refers to the vulnerability to HIV/AIDS of women, due to unequal gender relations and highlights that HIV/AIDS programmes only will be effective when sufficient attention is paid to transforming gender relations. But no specific guidelines are elaborated to enhance the link between gender and HIV/AIDS, nor trainings on the link between gender and HIV/AIDS has been organised yet.

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

The MBN evaluation on the role of women organisations (November 2004) learned that ICCO did not integrate enough gender in the different themes and that the presence of women organisations in the portfolio was too low. Currently ICCO is in a process of decreasing the amount of countries and the amount of counterparts. No evidence has been found of an increased amount of women organisations.

A new health policy is in draft. This policy will focus also on women's reproductive rights, which has a close link with the HIV/AIDS issue.

There exist some internal discussions on the importance of looking for women's organisations. Many Relatiebeheerders argument that, certainly regarding HIV/AIDS programmes, it is difficult but important to reach out man and that ICCO should invest more towards the male target 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*

See financial overview

- Aprovev: participation in the elaboration of a gender policy paper that included HIV/AIDS, lobbying the EU
- Ecumenical Advocacy Alliance: existence of a HIV/AIDS strategy group that is implementing different campaigns (ex. keep the promise – advocating the implementation of public statements of official institutions and religious leaders), EAA is supporting the lobby capacity of faith based organisations, and has relative close collaboration and lobbying efforts towards UNAIDS, Global Fund (ex. insist the integration of civil society organisations – and FBO- in the national control and coordinating mechanisms), WHO. EAA also stimulates the dialogue on HIV/AIDS with religious leaders leading to a religious leaders' statement of commitment at the Bangkok conference. ICCO is an important funder of EAA.
- Indirect lobbying via Share-net and SAN!. An advocacy officer of ICCO participates at the working group on TRIPS.
- MDG platform
- World Council of Churches: with the implementation of the EHAIA programme
- Lobbying the Dutch government to pay attention to HIV/AIDS and reproductive health (see also Plan).

- WEMOS (Organisation for International Health Issues): right on healthy lives, involved in GATS (access to health care)
- IBFAN: Promotion of safe breastfeeding

Issues:

- Increase of financial resources worldwide
- access to treatment (currently in discussion with Cordaid if it will be relevant to lobby the Pefar fund)
- contribution of the Churches in the fight against HIV/AIDS (as a strategy)

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

Not directly involved in lobby campaigns. Indirectly ICCO supports some important campaigns, such as:

- keep the promise campaign of the EAA
- the EHAIA initiative that is lobbying churches at all levels
- WEMOS: access to health care
- IBFAN: promotion of safe breastfeeding

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

Not directly involved in lobby activities.

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.*

Indirectly, through the networks, ICCO had a contribution in some achievements.

Example:

- through the EAA faith based organisations are taken more seriously by other stakeholders. They accept that FBO play an important role in the fight against HIV/AIDS. (ex. TAC reported that they now start working with FBO)

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

Not directly involved in lobby activities

Indicator 1.3.6. *CFAs can mobilize a critical mass*

Most of the awareness raising and mobilization of people happens via SAN.

Important is the collaboration with Kerkinactie, as they can reach out much easier towards local churches. According to the EAA secretariat this collaboration could be enhanced even more.

ICCO produces at regular time articles on HIV/AIDS in media and in protestant media. In 2002 an exchange project was executed, including counterparts from the south and awareness raising activities focusing on youth in the Netherlands. In 2004 an other exchange project (HAYA exchange) was organised.

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

The EAA and the EHAIA initiative seem to be important players, also at international level. Especially EAA achieved some successes (see above)

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?

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.*

Since 2002 all "relatiebeheerders" are supposed to incorporate HIV/AIDS in their dialogue with the partners. Especially with church related counterparts: to discuss ABC strategy.

Staff discusses HIV/AIDS during their visits to the counterparts (twice a year). When "relatiebeheerders" experience bottlenecks at counterparts level, references to consultants are recommended, participation at workshops is stimulated.

It is experienced to be more difficult to discuss internal mainstreaming with counterparts, than external mainstreaming. All depends on the capacity of the "relatiebeheerder". They can ask feedback of the HIV/AIDS policy officer (assessing some programme of a counterpart).

India/Indonesia: HIV/AIDS not yet systematically included in dialogue with counterparts.

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

No specific additional funds are made available to finance mainstreaming processes and outcomes of these processes. But in most countries ICCO finances its partners institutionally, partners are rather autonomous in changing budget lines in case a need arises, a justification is given in the annual reports.

A certain percentage of SAN money has been used for funding additional activities, such as mainstreaming efforts.

In the Southern Africa region collaboration has been sought with EED to invest in internal mainstreaming processes.

The concept of external mainstreaming seemed to be difficult. Most of the partners were willing to take on additional and specific HIV/AIDS activities (which demanded) additional funds, while ICCO wanted partners much to move into the direction of adapting their current programme without becoming engaged in new activities.

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

Counterparts are supposed to report on HIV/AIDS in annual reports. This will be mainly limited to the AIDS specific programmes.

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

South Africa

ICCO	Aids focussed	Generalist	Location	Joint initiative	Project/year	Budget/year	Strategie					Type org.	Care-prevention
							PR	CS	AL	IM	DG		
Partner 1 001021	Mc Cord Hospital		Kwazulu Natal		Sinikitemba HIV/AIDS Christian Care Centre 03-06	150.000 (3 jaar)	X			X		Education, training and care for PLWHA and their families	
Partner 2 042051		African Research and Educational Puppetry Programme (AREPP)			AREPP 03-05	217.815 (3 jaar)	X		X	X		Prevention counseling	
Partner 3 067071		Diakonia Council of Churches (DCC)			DCC 02-04	241.469 (3 jaar)	X	X	X		X	prevention	
Partner 4 076031	Aids Foundation South Africa (AFSA)				NGO Support Progr., 2002-2005	208.065 (3 jaar)		X		X		Ondersteunen CBO's OVC	
Partner 5 085041		Gender Advocacy Programme (GAP)			GAP 03-04	120.000 (2 jaar)	X	X	X	X		prevention	
Partner 6 103021		Project for Conflict Resolution and Development (PCRD)	Durban		PCRD 03-05	240.000 (3 jaar)	?	?	?	X		Prevention mianstreaming	
Partner 7 ZA005261		South African Council of Churches	Jo'burg		SACC 03-05	240.000 (3 jaar)			x	x		Prevention to care	
Partner 8 ZA021011		ECARP, Eastern Cape	Grahamstown		ECARP 03-05	240.000 (3 jaar)	x				X		
Partner 9 ZA105011	KwaZulu Natal Cristian Council, Church Aids Network		Piertermaritzburg		KZNCC-CAN 02-05	84.233 (3 jaar)	x		x	x			
Partner 10 ZA037061		Practical Ministries	Port Shepstone		PM 03-05	184.142 (3 jaar)	x				X		
Partner 11		Twilight Children	Jo'burg		TC 04-06	113.445	x				x		

ZA043081						(3 jaar)						
Partner 12 ZA092031		LifeLine/RapeCrisis	Pietermaritzburg		LL/RC 04-07	175.000 (3 jaar)	x				x	

Malawi

ICCO	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 006131		Christian Health Association of Malawi (CHAM)			Bridging 2004; 2005; 2006	496.500 (3 jaar)	X	X	X	netwerk		Prevention to care
Partner 2 007191		CCAP Synod of Livingstonia (CCAP/SOL)			IRDP 2004-2006	438.415 (3 jaar)	X	X	X	X		prevention
Partner 3 005009		Chisomo's Children Club			Aids orphans (2001)	30.000 (1 jaar)						OVCs
Partner 4 014009 014021		Mulanje mission Hospital			Aids Control programme (2001) Antiretroviral treatment 2004	9.850 (1 jaar) 14.395 (1 jaar)						Prevention care and treatment

Zimbabwe

ICCO	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 001291 001321		Christian Care			(1) Organisational Crisis programme /Institutional Funding 2001-	875.982 (3 jaar)	?	?	?	X		Voedselhulp Aids component

					2003 (2) Idem 2004	250.000 (1 jaar)						
Partner 2 004131		Zimbabwe Council of Churches (ZCC)			ZCC 2003-2005	720.000 (3 jaar)		X	X	X		Training en capaciteitsversterking van lidkerken
Partner 3 007071		Jairos Jiri			CBR/L&A Programme 2004/2006	111.174 (3 jaar)	X		X	X		Gehandicapten org.
Partner 4 012071		Zimbabwe Association of Church Related Hospitals (ZACH)			ZACH (04-06)	450.000 (3 jaar)	X	X	X	X		Prevention to care and lobby
Partner 5 015071		Jekesa Pfungwa/Vulinggondo			JPV 04-06	450.00 (3 jaar)	X	X			X	Prevention and care
Partner 6 021041 027011	Family A.I.D.S. Caring Trust (FACT)				(1) FACT HIV/AIDS progr. 04-06 (2) Chiredzi HIV/AIDS programme 2003-2005	240.000 (3 jaar) 120.000 (3 jaar)	X X	X X	X X	X X		Prevention, care, treatment VCT, HBC, OVC
Partner 7 031019	SAFAIDS				Patsime Edutainment Trust 2004	20.000 (1 jaar)	X				X	Prevention, VTC, care

India

ICCO	Aids focussed	Generalistic/AIDS integrated work	Generalistic/mainstreaming	Joint initiative	Project/year	Budget/year	Strategie			Type org.		Care-prevention Aids?
							PR	CS	AL	IM	DG	
Partner 1 007041		Women Health & Development (WHAD)			WHAD programme 2001-2004	139.845	X			X		Prevention Aids?

					2004-2005	(3 jaar?) 58.733 (2004)						
Partner 2 013031		Manipur Voluntary Health Association (MVHA)			Core programme 2001-2004	117.670 (3 jaar)	X			netwerk		prevention
Partner 3 019081 019091		Child in need institute			Care and support of women and children with HIV/AIDS 2 projects : 2002-2004 2004-2005	28.107 (2 jaar) 17.008	X	X		X		Prevention care and treatment
Partner 4 024081		Aragati			Programme 04-07	100.000 (2004, 1 jaar)	X	X			X	Preventie (
Partner 5 033081		Society for comprehensive rural health projects (SCRHP)			Women empowerment programme 02-05	95.040 (3 jaar)	X	X		X		Prevention treatment
Partner 7 088011 088021		Asha Community Health & Development Society (ASHA)			Women in rural areas Core programme 2004-2007	177.300 (3 jaar) 48.000 (2004)	X	X	X	X		Prevention and treatment
Partner 8 109091		Volunteers for village development (VVD)			Programme 2003-2006	202.000 (3 jaar)	X	X		X		Aids?

Partner 9 151081		Voluntary Health Association of Assam (VHAA)			Community Health and Social Dev. Programme 2003-2007	342.630 (4 jaar)	X	X		X		preventie
Partner 10 181021 181031		Sanlaap			Project commercial sexworkers 2000-2003 Strategic interventions on anti-trafficking activities (Contribution 2003-2006)	90.756 (3 jaar) 150.000 (3 jaar)	X	X	X	X		prevention
Partner 11 131121 131131		Search			Prevention of HIV/aids at Kariamangalan 2003-2004 2004-2005	22.584 (1 jaar) 30.000 (1 jaar)	X	X				Prevention stigma reduction, support & care
Partner 12 154041 154051		CSD			Urban development project 2001-2003 2003	113.844 (3 jaar) 42.960 (afrodende financiering)	X	X	X			Prevention, capacitybuilding, L&A

Annexe 3: Financial and quantitative data

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 (€)
ICCO				
HIV/AIDS counterparts funded	110	1.776.900	157	3.047.700
SAN funds	11	203.895	10	526.580
All partners	974	84.044.622	832	97.800.133

NB: Total budget: total amount cat. IV actually spent .

Apart from category IV money, we have also received money from Stop Aids Now which has been spend on HIV/aids programmes.

In 2001: € 203.895 , 11 partners have been supported with this money

In 2004: € 526.580, 10 partners have been supported.

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. Ecumenical Advocacy Alliance	33.125	33.125	33.125	
2. WEMOS			25.000	25.000
3. IBFAN Promotion of safe breastfeeding	30.925	45.000	45.000	50.000
4. Share-net Dutch network, lobbying is part of their objectives	Around 2.496	Around 2.496	2.496	3.000

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. SAN	90.700	90.700	90.700	90.700
2. Ijsselviert, exchange project, combination of public awareness raising and training		88.400		
3. HAYA exchange project with Ethiopian Youth, duration 2 weeks , including 3 days theatre training				60.000

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.				
Malawi	1.				
Zimbabwe	1. Integrated in partner consultation		5.000		
India	1. Workshop in North Eastern India for NE Indian & Nepalese partner organisations: focus on preventative strategies related to specific context & introduction to mainstreaming			20.000	
Indonesia	1.				
International or regional initiatives that serve FBOs in particular	Global Consultation on HIV/aids, gathering of head of APRODEV agents and church-related partner organisations to discuss the perceived role of the African churches in the fight against HIV/aids – EHAIA was the outcome	11.700			
	EHAIA (Ecumenical HIV/aids Initiative in Africa)		142.500	142.500	132.500
	Strategies for Hope: 2 publications (HIV/aids & the churches & Care for the carers)	13.610			140.000

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. Visit MCS/IC-Consult			In-house consultant	
Malawi	1. Charles Jackson				PSA/PSO
	2. Rick James				15.000
Zimbabwe	1. EED (contract 2005)				
	2. SABI		??????		
India	1. I/C consult (partner organisation Search) in house consultant			X	
	2. EED				????

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	40.000	2					14.395	1
Zimbabwe								
India			14.000	CINI	14.000	CINI	17.008	CINI

					22.584	Search	30.000	Search
Indonesia								

CP = Counterparts

(*) In most countries ICCO finances its partners institutionally, partners are rather autonomous in changing budget lines in case a need arises, a justification is given in the annual reports.

A certain percentage of Stop Aids Now money has been used for funding additional, or more mainstream like, activities of partners, these activities were considered pilots and have been noted above.

In Zimbabwe a dialogue with partners is going on since 2002 on the mainstreaming of HIV/aids. Results of a research by SABI (2002) into underlying reasons of high staff turn over within ICCO partner organisations pointed out that HIV/aids was one of the reason. However, realising an internal mainstream process within individual partners turned out to be a rather expensive exercise. There for collaboration with EED has been sought, our combined partners will participate in an organisational development support traject , including HRM and including HIV/aids.

The concept of external mainstreaming was difficult , most partners were willing to take on additional and specific activities, which demanded additional funds, while ICCO wanted partners much more to move into the direction of 'adapting', slowly, slowly this thinking / concept has become familiar.

Annexe 4: List of documents and persons met

List of documents consulted

- Operationeel beleidsplan AIDS 2002-2005
- Plan of action: the eucumenical response to HIV/AIDS in Africa. Global consultation on the eucumenical response to the challenge of HIV/AIDS in Africa? Nairobi 25-28 November 2001
- Eucumenical HIV/AIDS initiative in Africa. Responding to the HIV/AIDS crisis in Africa. Programme proposal (2002)
- Eucumenical HIV/AIDS initiative in Africa. Responding to the HIV/AIDS crisis in Africa. Project proposal phase 2 2005-2007
- Eucumenical HIV/AIDS initiative in Africa. Activity report 2004
- Stand van zaken voortgang implementatie HIV/AIDS beleid ICCO
- Report on the HIV/AIDS consultation workshop in Harare, 9th of September 2002.
- Van Der Hoeven, P.F.C. Reisverslag Zuid-Afrika, februari 2003
- Causemann, B. and Nightingale, N. (2004) *Final report on the evaluation of the Eucumenical Advocacy Alliance*. Stuttgart/York
- Regiojaarplan 2006: Azië, Europa en Oceanië (AZE0)
- Regiojaarplannen AFMO 2003, 2004, 2005 (versie 21.02.2005), 2006 (versie 29.08.2005)
- Gender policy checklist, 'Hoeveel gender zit er in het themabeleid?' I/C Consult, 10 maart 2005
- Framework for Action, The HIV & AIDS Campaign 2005-2008, Ecumenical Advocacy Alliance

People met

Willeke Kempkes	HIV/AIDS officer
Ate Kooistra and Heleen Broekkamp	Relatiebeheerders Zuid Afrika
Dieneke de Groot	Policy officer
Urdice Sno	Relatiebeheerder Zimbabwe
Klaas Jaap Breetveld	AIDS focal point department Africa & Middle East (AFMO), relatiebeheerder Burundi and DRC
Cora Oomen	Regio manager AFMO
Margot Klute	Gender officer (telephone)
Henry Bartsch and Lennard Roubos	Relatiebeheerders India
Piet Van Ommeren	Regio manager AZEO (Asia, Europe & Oceania)
Frans Hamer	Relatiebeheerder Malawi
Michelle Schouwenburg	Relatiebeheerder Indonesia (telephone)

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/AIDSpolicy 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 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 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](mailto:geert.phlix@ace-europe.be)

Thank you!
The evaluation team