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# MBN HIV/AIDS EVALUATION

## FINAL ORGANISATIONAL REPORT ON NOVIB

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January 2006

## ABBREVIATIONS

ART	Anti Retro viral Treatment
ARV	Anti Retro Virals
CFA	Co financing Agency
GBV	Gender Based Violence
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
OI	Oxfam International
SIAAP	South India AIDS Action Programme
ToR	Terms of Reference
VCT	Voluntary Counselling and Testing
WASN	Women AIDS Support Network
ZAN	Zimbabwe AIDS Network

# TABLE OF CONTENTS

- 1. Introduction..... 4
- 2. Brief description of NOVIB’s HIV/AIDS policy..... 6
- 3. State of affairs regarding HIV/AIDS policy development, implementation, and advocacy and lobby ..... 8
  - 3.1. Policy development ..... 8
  - 3.2. Implementation of the HIV/AIDS policy ..... 11
  - 3.3. Lobby and networking ..... 16
- 4. Conclusions..... 19
- 5. Annexes ..... 21
  - Annexe 1: Judgment criteria form ..... 22
  - Annexe 1: Judgment criteria form ..... 22
  - Annexe 2: Portfolio NOVIB (2001-2004) ..... 28
  - Annexe 3: Quantitative data ..... 33
  - Annexe 4: List of documents consulted and persons met ..... 35
  - Annexe 5: Guidelines for interviews and quantitative data collection ..... 36

# 1. Introduction

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

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

These organisation reports need to be seen as an annexe to the synthetic report of the joint MBN HIV/AIDS evaluation, executed from October 2005 till January 2006. These reports concern the analysis of the data collected to assess evaluation question 1 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 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 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 this 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 NOVIB. 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 NOVIB 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 NOVIB's HIV/AIDS policy
- State of affairs regarding HIV/AIDS policy development, implementation and advocacy and lobby
- Conclusions

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

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The HIV/AIDS policy of the five CFAs can be situated in the overall framework developed by UNAIDS and possibly contributes 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 NOVIB, is described in the table below.

The strategy of the CFAs is similar (and stipulated by the cofinancing 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, 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 NOVIB's HIV/AIDS policy*

<i>NOVIB</i>	<i>HIV/AIDS policy paper</i>
Themes in general	<p>Rights-based approach</p> <p>Poverty and exclusion are an assault on the universally recognised basic rights; the basic rights of every human being, man or woman, born wherever.</p> <p>The realisation of basic rights and basic freedoms is part and parcel of every development process, and the aim of poverty eradication. It is also the reason for Oxfam International, and hence Novib, choosing for a rights-based approach. Novib strives to affect real and sustainable positive changes in the lives of people who have to endure poverty and injustice. Novib works to realise indivisible, equally valuable and mutually dependent human rights, as enshrined in the International Statutes on Human Rights. Based on their vision of poverty, Novib and Oxfam International distinguish five most important rights of every human being on this earth.</p> <p>Five rights</p> <p>Right 1. The right to a sustainable livelihood.</p> <p>Right 2. The right to basic social services.</p> <p>Right 3. The right to life and security.</p> <p>Right 4. The right to social and political participation.</p> <p>Right 5. The right to an identity (gender and diversity).</p> <p>People have the right to a sustainable livelihood in dignity. Everybody has the right to decide on his or her own development process, individually or as a group. On the other hand these rights entail responsibilities for fair relationships -within families, organisations or communities- at all levels in society. (uit Core concepts in Novib's policy: 2004: 2)</p>
Focus of the HIV/AIDS policy	<p>Interplay between sexuality, gender and poverty. The AIDS pandemic is recognised as a key development issue.</p> <p>This policy includes a four-pronged strategy:</p> <ol style="list-style-type: none"> <li>1. Incorporating considerations of AIDS (internal and external mainstreaming) <ol style="list-style-type: none"> <li>a. in highly affected areas: AIDS will be fully integrated into the work of partner organisations and in Novib's appraisal system</li> <li>b. and in less affected areas: AIDS will be pro-actively and openly discussed by Novib, assisted by some specialised local partner organisations.</li> </ol> </li> <li>2. Stimulating AIDS prevention from a gender and sexuality perspective.</li> <li>3. Supporting organisations that reach marginalised groups (often groups at high risk).</li> <li>4. Lobby on female-controlled prevention methods.</li> </ol>
Target groups (type of organisations funded)	Development organisations, organisations who work on prevention and use gender-based empowerment strategies in sexuality education and organisations that reaches marginalised groups.
NOVIB internal policy on HIV/AIDS	Not yet adopted formally, but a draft version has been discussed during a three days workshop in December 2005
Point of attention	Development and implementation of internal work place policies at Novib and counterpart

	level were the main priorities in 2005. In the period 2001-2004 Novib was more involved in working on external mainstreaming (workshop India and Mozambique, JOPM initiatives on mainstreaming in livelihood programmes: Novib made a video, studies on genderbased violence and HIV/AIDS))
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### **3. State of affairs regarding HIV/AIDS policy development, implementation, and advocacy and lobby**

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

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

As early as 1993, the Projects Department of Novib developed a working paper entitled 'Novib and HIV/AIDS'. It was an answer to an increasing number of funding requests.

For Novib the 13<sup>th</sup> International AIDS Conference in Durban (SA, 2000) with 'Breaking the silence' as conference theme, was also a signal to break the internal silence and formulate a policy called 'Linking AIDS with poverty, gender and sexuality' (May 2001). This policy incorporates a four-pronged strategy:

1. Incorporating considerations of AIDS (internal and external mainstreaming)
  - a. in highly affected areas: AIDS will be fully integrated into the work of partner organisations and in Novib's appraisal system,
  - b. in less affected areas: AIDS will be pro-actively and openly discussed by Novib, assisted by some specialised local partner organisations.
2. Stimulating AIDS prevention from a gender and sexuality perspective.
3. Supporting organisations that reach marginalised groups (often high risk groups).
4. Lobby on female-controlled prevention methods.

The aim of the paper was to inform Oxfam and the staff of partner organisations about Novib's position on AIDS and its relationship with poverty, gender and sexuality. The paper also links the AIDS pandemic to Novib's focus on the realisation of economic and social rights within the wider human rights continuum. It further clarifies Novib's niches and highlights the importance of collaboration between the Oxfams and with the other CFA's in SAN.

There is no overall Oxfam International HIV/AIDS policy. Two regions: Southern Africa (SA) and East and Central Africa (ECA) have a regional OI HIV/AIDS policy framework. Both regions also have an OI HIV/AIDS

coordinator. With the epicentre of the pandemic being in Southern Africa, the OI regional strategic team identified HIV/AIDS as a fundamental challenge to development, and the greatest impediment to poverty reduction and social justice in the region.

In the summer of 2004 the regional OI meeting in Southern Africa initiated the 'Durban declaration', which stated that AIDS is an emergency and that Oxfam International has to show more leadership. In November 2004 the Executive Directors of OI ratified this declaration and stated that an OI overall project plan on AIDS should be developed. Early 2005 Novib hosted a meeting for the different Oxfams (Oxfam GB, Oxfam Australia) to design the TOR for an OI project group on HIV/AIDS. In April 2005, OI installed the OI project group on HIV/AIDS officially, under the project leadership of Oxfam Australia. Novib is represented by two members, R & D HIV/AIDS policy advisor and MDG advocacy officer. A common advocacy paper has been developed.

For the moment Novib concentrates its efforts on the implementation of the Novib policy on HIV/AIDS (2001-2006) and in achieving the results as stated in the Novib business plan (2005-2006). To this end, an HIV/AIDS Action Plan (HAP) 2005-2006 has been drafted and followed up by an HAP core workgroup. This Action Plan deals with internal mainstreaming including workplace policies, external mainstreaming, advocacy and lobby, policy monitoring and evaluation, knowledge management and learning strategy, and funding- and communication strategy on HIV/AIDS

#### General HIV/AIDS policy:

The existence of an HIV/AIDS policy is certainly known by all staff members; however individual ownership of this knowledge might differ considerably from person to person, and also from staff working for highly affected to staff working for less affected countries. Although HIV/AIDS has been a discussion topic in several working groups and seminars, country officers do not always feel confident and capacitated to integrate HIV/AIDS into their programmes. This policy will be reviewed in 2006, after the results of this evaluation.

#### Novib workplace policy on HIV/AIDS:

During monthly HIV/AIDS lunch meetings (learning sessions) in 2005, this future internal workplace policy for Novib was discussed on several occasions. During one lunch meeting in 2005, the Dutch HIV positive association also gave a good overview of all the juridical and health aspects of HIV/AIDS in the workplace in the Netherlands. The future internal workplace policy was also discussed in 2005 with all P&O colleagues at Novib. The regional office in Nairobi was visited in May 2005 for a discussion of an HIV/AIDS workplace policy. As a result the HIV/AIDS policy officer wrote a draft workplace policy for Novib which was discussed during an internal consultation with the staff (3x one day workshop) on 14, 15 and 16 December 2005. In

principle, a formal internal workplace policy will be adopted early 2006. Following this the aim is to integrate the HIV/AIDS workplace policy in a number of existing personnel documents at Novib by 2007.

However, some elements of a workplace policy have already been integrated in day to day policies such as a medical kit (with condoms), free condom distribution and the consideration of HIV/AIDS in Novib's travel policy.

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

From the beginning Novib has stimulated prevention from a gender and sexuality perspective. It favours local organisations that plan to focus on changes in male sexual behaviour and specifically challenge men to respond to the pandemic in an effective way. Given the vulnerability of women when negotiating for safer sex to prevent AIDS and other STDs, female-controlled protection is an important method contributing to comprehensive responses. Novib views increased access to female condoms and further research into microbicides which could potentially prevent the transmission of AIDS as priorities.

Novib wants further to strengthen the link between gender-based violence (GBV) and HIV/AIDS; the two separate policy papers that exist separately on these issues need to be connected in the future. In 2003 Novib commissioned a review of all the gender-based violence programmes in South Africa and Zimbabwe and the next phase of research (due to be completed in 2005) examined the specific interface between gender-based violence and HIV/AIDS. The 100 organisations working on GBV form an enormous potential to start including HIV/AIDS issues. The root causes of both problems are exactly the same: the lack of power among women to decide on their own sexuality and life. It is for this reason that Novib also believes that the ABC strategy (Abstinence, Be faithful and Condoms) has proven insufficient and even harmful because it does not take a gender perspective into account. The strategy has failed to address the underlying concepts of masculinity and its often harmful and violent practice of sexuality; moreover it has not addressed the reality of women being deprived of their right to negotiate sexual relationships.

Novib has also developed an assessment tool to measure the organisational competence on HIV/AIDS (called the 12 boxes model), based on the experience of the 9 boxes model (gender traffic light) of a Novib-supported gender trajectory. This tool has been successfully tested with Novib counterparts in Ethiopia and used in the internal mainstreaming project of the CFA's in Ethiopia, funded by SAN. See further the booklet on this project, written by a group consisting of a journalist, a Novib, ICCO and SAN officer.

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

### *Partner profile*

Novib supports partner organisations (NGOs/CBOs) working on the 5 rights. HIV/AIDS needs attention in all 5 rights (see Novib booklet Questions and Answers, which describes the relationship between the 5 rights and HIV/AIDS). Various partner organisations have been directly involved in influencing national (and international) policies. A review of the portfolio has made it clear that the partners supported were of a diverse nature and supported in multiple ways. The partner organisations' interventions ranged from direct service delivery, counselling and home-based care to longer term lobby and advocacy. Amongst the partners were organisations focussed specifically on HIV/AIDS with a gender focus, as well as "generalist" organisations that include HIV/AIDS activities in their core business. In 2005 Novib changed its vision on the importance of internal mainstreaming. Novib's study on "Managing HIV/AIDS at the workplace" of 9 counterparts in South African region showed shocking results. Novib counterparts revealed that they did not know Novib's position on supporting workplace policies. Based on the feedback from counterparts and based on the need for innovations, Novib did a major effort in 2005 to get internal mainstreaming (workplace policies) high on the agenda of counterparts and to get them to the stage of implementation. Novib succeeded by the end of 2005 to have a set of principles and commitments on supporting workplace policies of Novib counterparts. It is the only CFA who adopted these principles and commitments for all the countries they work in. The other CFA's limit these guidelines to the two SAN pilot countries, Uganda and India. Active workplace policies are seen as the first step in the process of mainstreaming.

### *Mainstreaming*

In its policy paper, Novib chooses to concentrate its dialogue with counterparts on:

- internal HIV/AIDS mainstreaming (within the own organisation) and
- external mainstreaming (within the programmes).

In 2005 Novib gave priority and focus to internal mainstreaming, based on the results of the study "Managing HIV/AIDS at the workplace" (2004). Internal mainstreaming is seen as the first step in mainstreaming. It increases the competence of staff to deal with HIV/AIDS at a personal and workplace level. This competence of staff is necessary to effectively deal with HIV/AIDS in the community (external mainstreaming). Novib's new vision is based on new insights: the impact of the fight against HIV/AIDS in Southern Africa might have been limited, because staff of civil society organisations seems not able to deal with HIV/AIDS at a personal level or at a workplace level. Colleagues die, but have no support from the workplace (see study results). People continue denying the impact of the HIV/AIDS epidemic personally, in the family, etc.. Staff is only able to

discuss HIV/AIDS issues in general terms, but when it comes close to its own life, people prefer hiding the true impact and consequences. This is not the correct attitude for working in the communities.

#### Internal mainstreaming:

Novib has held a number of mainstreaming workshops (Tanzania, Ethiopia, Sudan, India, Mozambique, Burundi, Congo and Uganda). In some countries in collaboration with the other CFA's with SAN funding (Ethiopia, Sudan) and in other countries with other Oxfam's. (Tanzania, Burundi, Congo). In Uganda SAN and OI were involved. In India SAN was involved. Based on the experience with gender mainstreaming, Novib emphasises the importance of internal mainstreaming and uses different approaches to motivate counterparts to develop and implement workplace policies:

1. The first strategy is being applied in Ethiopia. In 2002, Novib developed an assessment tool to measure the organisational competence on HIV/AIDS (called the 12 boxes model), based on the experience of the 9 boxes model of a Novib-supported gender trajectory. This model was tested in Ethiopia before application. In 2003, SAN! agreed to support a project with 14 counterparts in Ethiopia. It started with a workshop with counterparts, followed by a three-day workshop at each NGO. Based on this self-assessment, each NGO has formulated its own action plan to develop and implement a workplace policy. Each organisation received an amount of € 5000 for developing workplace policy (see booklet on Ethiopia).
2. The South Africa desk choose another strategy, based on the results of the study management of HIV/AIDS at the workplace; all counterparts were informed that Novib was willing to offer financial incentives (€ 5000) to develop workplace policies. Novib requested action plans. Several action plans were considered for approval in 2005.
3. A third strategy is under development within the SAN! project group "Workplace policies, including access to treatment". Novib is chairing this group. The project focus is on the implementation of workplace policies and will assist partner organisations in organising access to treatment. In December 2005 a final document on 'Guidelines on Support to Partners to manage HIV/AIDS in the workplace' was adopted within SAN! And thus by all CFA's (except Plan) to be implemented in the two SAN pilot countries: India and Uganda. Novib is the only CFA who adopted these guidelines for their entire programme and in all countries.

#### External mainstreaming:

Although Novib chooses in its policy paper to concentrate its dialogue with counterparts on both internal and external mainstreaming (within the programmes), priority has clearly been given to internal mainstreaming, particularly in 2005. However, in the period 2001-2004, Novib developed several innovations for external mainstreaming:

- 12 box model to assess the organisational capacity on internal AND external mainstreaming. Although the gender mainstreaming 9 box model included only internal mainstreaming, three boxes were added to assess external mainstreaming. This was one lesson learned from the gender mainstreaming process: internal and external mainstreaming should be both connected in one model. Internal mainstreaming serves external mainstreaming.
- Joint Oxfam Programme in Malawi developed the first model on mainstreaming HIV/AIDS in livelihood. The books of Sue Holden, the first books on mainstreaming HIV/AIDS, are based on the innovative practices from this project. Novib made a video on mainstreaming HIV/AIDS in livelihood programmes, based on the Malawi experience.
- The two regional Oxfam International HIV/AIDS strategic plans (East and Central Africa and Southern Africa) have (internal and external) mainstreaming of HIV/AIDS as focus. Novib participates in both strategic plans and funds partly the OI HIV/AIDS regional coordinators. In East and Central Africa, Novib support OI HIV/AIDS advisors in each country (Tanzania, Burundi). Both give technical support on external mainstreaming.
- Novib has successfully mainstreamed HIV/AIDS in the Tsunami response.
- In 2005 Novib has a partnership with World Population Foundation to help counterparts mainstream HIV/AIDS in education (example of external mainstreaming). A plan has been made on external mainstreaming of HIV/AIDS in education (for counterparts in West Africa and in India).
- The first workshop in India (2004) was focussed on external mainstreaming.

The OI HIV/AIDS coordinator of Southern Africa is in the process of developing a comprehensive toolkit on external mainstreaming of HIV/AIDS in livelihood programmes.

### ***Budget***

From the financial analyses there is evidence that NOVIB has increased its funding for HIV/AIDS from 2.72% of their total project funding in 2001 to 4.84% in 2004, whereby the % of HIV/AIDS counterparts funded to all counterparts increased from 10.51% in 2001 to 15.44% in 2004 (for further details see the quantitative data in the annexe).

### *Staff Capacity*

An AIDS competence study at the South African desk of Novib at the end of 2004, revealed that the four Novib programme officers do not feel confident enough to include HIV/AIDS in a systematic and meaningful way in their dialogue with partner organisations. The contradiction is that the South African programme officers of Novib might have most experience on discussing HIV/AIDS with their counterparts compared to other Novib officers working in low prevalence countries. However, the longer you work on HIV/AIDS, the more complex the situation appears to be and the more difficult it becomes to really make a change. Most workers felt they need to learn more to be of any help for counterparts.

However, Novib organised an internal training session on HIV/AIDS in 2002 and brown-bag lunches in 2003, 2004 and 2005 in order to develop and increase the HIV/AIDS competence amongst staff. The lunches attract about 10 people per lunch. The training is not yet systematic, although in 2005 R & D started to introduce four annual knowledge sessions on HIV/AIDS.

Tools such as videos and self assessment tools have been prepared ('Taking the initiative...' funded by SAN! But written by a writer's group consisting of a journalist, a Novib, ICCO and SAN officer, December 2005) to take account of the impact of HIV/AIDS on the performance of the counterparts. These tools are meant for counterparts, but are also useful to Novib (and other CFA's) staff. In any way, the dialogue between Novib and the counterparts on the sensitive issues of HIV/AIDS can be improved. The issue of HIV/AIDS is not always included during their visits to the field. Stigma and discriminations continue to be a big problem, even in high prevalence regions, which makes the dialogue complicated and that's why it is important for Novib officers to have the skills to keep it on the agenda.

Recently (2005) HIV/AIDS was integrated (together with two other cross cutting issues: gender and environment) in the grant-making toolbox based on an opportunity and risk approach. One of the three potential risk questions in relation to success deals with areas of special risk (organisational autonomy, financial management, gender equality, HIV/AIDS and environmental sustainability). The question to be answered in relation to HIV/AIDS is how potential counterparts seek to manage the risk of HIV/AIDS both in their programmes (external mainstreaming) and in the organisation and staff (internal mainstreaming).

The Novib Southern Africa department, which deals with a highly affected region, has added a particular question on HIV/AIDS to the toolbox.

For low prevalence regions HIV/AIDS is still not a condition for grants, although it is considered a plus. During a recent visit to Northern India to find new counterparts, HIV/AIDS did not figure as an important point on the agenda. The South Asia region has the target for all counterparts to start the process of mainstreaming HIV/AIDS by the year 2008. The focal point on HIV/AIDS for this region is very committed to play a pro-active

role. Programme officers who haven't been trained on HIV/AIDS, lack competence on HIV/AIDS and are not able to have a meaningful dialogue.

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

The CFAs were asked to develop a portfolio of HIV/AIDS counterparts in the four countries that would be visited during this evaluation. Organisations were listed 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 NOVIB's portfolio of HIV/AIDS counterparts in Southern Africa and India***

	<i>Southern Africa (#21)</i>	<i>India (#4)</i>	<i>Total (#25)</i>
Generalist organisations	15 (1)	3	18
HIV/AIDS-focussed org.	6	1	7
Women's organisations	4	1	5
Organisations involved in advocacy and lobby	8	2	10
Networks	2	1	3
Grass root organisations/CBOs	7	-	7
Programmes started before 2003	17	2	19

*Remark: (1) Three of these fifteen organisations are joint programmes involving multiple counterparts.*

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

	<i>Southern Africa (#21)</i>	<i>India (#4)</i>	<i>Total (#25)</i>
Prevention	15	4	19
Care and treatment*	9	-	9

*Remark: Only one counterpart has been involved in treatment.*

18 out of 25 counterparts in the four countries visited are non-specific AIDS organisations. Novib's HIV/AIDS policy is on mainstreaming and gender. Due to SAN funding Novib started to fund more HIV/AIDS focussed organisations.

Women organisations are by and large well represented: 20% of the organisations in the portfolio are women's organisations. Many of women's organisation counterparts who are not explicitly working on HIV/AIDS are not included in this overview.

The focus is on prevention, awareness and information (19 out of 25 counterparts) thus illustrating the important strategic choice Novib made in its policy paper in 2001, where 'stimulating AIDS prevention from a gender and sexuality perspective' is one of the four crucial points in the Novib strategy. This AIDS policy

paper paper does not prioritise one of the 3 intervention strategies: service delivery, civil society building and lobby/advocacy, which means it follows Novib's normal distribution: 60/30/10 rule (see Novib's general policy). 10 of the 25 counterparts in the four countries have a component on lobbying in their programme. It was difficult within the scope of this evaluation to analyse what issues these organisations are lobbying for and what their impact is (information on the counterparts visited can be found in the country reports). Support for counterparts involved in care and treatment projects has gained importance over the years (9 out of 25 counterparts).

### *Gap in the portfolio*

In all four countries the evaluation team visited counterparts who included sexual minorities in their programmes (sex workers, gay people, lowest cast people, etc.). It is not clear to what extent PLWHA were included as actors and not only as beneficiaries. Various reports mentioned that increased efforts should be taken to include PLWA (GIPA principle) and to link them with international networks of PLWHA. In 2003 Novib identified a partner at global level: the International organisation of women living with AIDS.

The portfolio confirms Novib's long-lasting commitment to HIV/AIDS: the fact that 19 out of 25 counterparts received funding for HIV/AIDS programmes before 2003 underpins this conclusion.

### **3.3. Lobby and networking**

Novib attaches importance to making horizontal and vertical linkages between local, national, regional and global alliances. In carrying out this bridge-function Novib plays different roles: as a domestic/strategic development funder, as an advocate/campaigner and as an alliance builder. By now 80% of Novib's lobby work is determined within the Oxfam alliance, including Oxfam counterparts. Twenty percent is about issues that play a role in the Netherlands.

Here is an overview of the networks in the North to which Novib is affiliated:

- In 2004, PSO started a learning trajectory on HIV/AIDS capacity building, commissioned a research activity and organised an exchange seminar. Novib was involved in developing the programme for this seminar. As a follow up, Novib gave inputs to the organisation of PSO learning carousel on HIV/AIDS (9<sup>th</sup> of June). The Novib and Cordaid policy officers on HIV/AIDS, with some help from PSO, organised one workshop on communicating about HIV/AIDS. Based on this workshop, they made a trainings CD-rom to use to train programme officers on an effective dialogue on HIV/AIDS. The CD-rom got funded by Novib (1/3), Cordaid (1/3) and SAN (1/3).
- AIDS Co-ordination group (Network on Sexual and Reproductive Health and AIDS = Share Net): platform of Dutch organisations and experts on sexual and reproductive health dedicated to the struggle against

HIV/AIDS in the South. Novib is member of Sharenet, because they both have the same interests and vision on sexual and reproductive rights. Novib makes use of the resources and materials of Sharenet.

- The foundation Stop Aids Now, SAN! The aim of this organisation is to boost the Dutch contribution to the fight against AIDS, taking into consideration the magnitude and the impact of AIDS on developing countries. SAN has a good fund raising structure in the Netherlands. For their work in the South, SAN is dependant and based on and works in collaboration with the four CFA's. In 2005 SAN started working in the structure of three projects for technical support role.

Novib takes the lead in the workplace policy development group of the four CFA's, organised within SAN!

- Novib is a member of the Oxfam International group that includes AIDS in its strategic plan, 'Towards Global equity'. This network has been campaigning successfully to cut the cost of medicines for poor people: 'Cut the cost' campaign. The Oxfam's have joint programmes on HIV/AIDS, JOHAP in South Africa, JOPM in Malawi, JOLIT in Tanzania. The technical support to these programmes is organised by one of the Oxfams, but funded and steered by a group of Oxfam's. In this way, Novib is able to "scale up" its interventions.

Novib supported, particularly at an international level, the Oxfam's "Cut the cost" campaign in 2001/2002 in order to decrease the price of Anti-Retroviral Treatment and to create access to generic medicines for ARV. This campaigning by many organisations and governments lead to the success of the WTO conference in Doha in 2002. The price of retroviral treatment decreased considerably and in South Africa ARV treatment can now be offered for about € 100 per year per patient. Novib also funds the Third World Network (TWN) related to TRIPS/medicines lobby. ICW for women living with HIV/AIDS.

In addition to this Novib actively supports 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).

Novib is actively engaged in most of the Dutch networks such as SAN!, taking the lead in the development working group on internal mainstreaming.

The importance of advocacy and lobby is reflected in the budget committed to advocacy and lobby. The budget for global counterparts has doubled from 82,500 EUR in 2001 to 191,250 EUR in 2004.

NOVIB has also integrated HIV/AIDS into its awareness raising and education programmes so that larger publics are now being reached through the education campaign of SAN! .



## 4. Conclusions

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Novib has become an important actor within the Dutch context in the fight against HIV/AIDS. This role became particularly important after May 2001 when the first policy paper 'Linking AIDS with poverty, gender and sexuality' was formulated and a full-time HIV/AIDS policy officer was added to Novib's staff (2000). From the beginning Novib implemented this policy from a rights-based approach and with a gender and sexuality perspective. More than in the other CFAs, sexuality and gender were prioritised in Novib's funded HIV/AIDS programmes worldwide (meaning gender based empowerment strategies in sexuality education). The financial analysis also gave evidence of Novib's commitment to this fight, dedicating almost 5% of all its funds to HIV/AIDS programmes in 2004 compared to 2.7% in 2001.

The present basket of counterparts working in the HIV/AIDS area are mainly generalist organisations who emphasise mainstreaming processes and organisations working on HIV/AIDS from a gender perspective and promoting more openness and empowerment about sexual matters (so that people can make informed choices) . At present Novib concentrates its efforts on the implementation of Novib's business plan for 2005 – 2006 which contains objectives on internal mainstreaming ( 80 partners in Africa) and external mainstreaming (all livelihood counterparts in Southern Africa and 50% of the livelihood counterparts in East and Central Africa). Novib took also the lead in the development of 'Guidelines on support to partners to manage HIV/AIDS in the workplace', and adapted these guidelines for all countries, not only to the SAN pilot countries (India and Uganda).

The existence of an HIV/AIDS policy is certainly known by all Novib staff members; however, individual ownership of that knowledge might differ considerably from person to person, and members of staff working for highly affected and those working for less affected countries. A desk study within Novib revealed that staff did not yet feel confident enough to include HIV/AIDS in a systematic and meaningful way in their dialogue with partner organisations. Most of the staff felt they lacked the skills; this point needs particular attention in the future. We also must say that HIV/AIDS is certainly an issue that most people find it hard to call themselves "expert on HIV/AIDS".

On the other hand, tools such as videos and self-assessment tools have been prepared. In 2005 Novib was even the first CFA to integrate HIV/AIDS in its grant-making toolbox. An assessment tool to help counterparts measure the organisational competence regarding HIV/AIDS based on the 'gender 9 box ' model has also been developed. The book of Sue Holden is distributed to all Novib staff and trained counterparts and it is based on the experience of Novib/Oxfam in Malawi.

Novib's international lobby and networking activities are mainly channelled through Oxfam International; the 'Cut the Cost' campaign to create access to generic medicines for ARV was really successful and definitely influenced the outcome of the WTO conference in Doha (2002). In the Netherlands Novib collaborates in particular with the networks of Share-net and SAN!; in the latter Novib plays a major role in improving innovation and development thinking on crucial HIV/AIDS issues.

Novib has made relevant choices in the HIV/AIDS area that follow the vision and mission of the organisation, particularly with regard to defending the rights for women and looking for an interplay between sexuality, gender and poverty and the AIDS pandemic. The main priority for the organisation will be to bring its staff (in particular the country officers) to a more competent level, thus removing any fear of getting involved in more strategic discussions or in discussions linking gender and HIV/AIDS. Furthermore, the next challenge will be to support and fund designed mainstreamed programmes based on thorough HIV/AIDS analyses and/or community research, exploring in depth the link between their programmes and HIV/AIDS.

## **5. Annexes**

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Annexe 1: Judgment criteria form

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

Annexe 3: Financial and quantitative data

Annexe 4: List of documents consulted and people met

Annexe 5: Guidelines for interviews and quantitative data collection

## Annexe 1: Judgment criteria form

EQ no. 1	To what extent did the CFAs respond to the HIV/AIDS epidemic and build up competence to cope with HIV/AIDS?
<b>Judgement Criterion no. 1.1.</b> The CFA internalised HIV/AIDS in all its core functions	
<p><u>Indicator 1.1.1</u> <i>Process to develop an internal workplace policy and action plan has commenced.</i>  Although Novib developed already in 2001 a HIV/AIDS policy for the organisation, only in 2005 during monthly HIV/AIDS lunch meetings (learning sessions), a future internal workplace policy for Novib has been discussed at several occasions. In one of lunches in 2005 the HIV positive association gave a good overview of all the juridical and health aspects of HIV/AIDS on the workplace in the Netherlands. In a bilateral way the future internal workplace policy has also been discussed in 2005 with all P&amp;O colleagues at Novib. In May 2005, the regional office in Nairobi was visited to discuss an HIV/AIDS workplace policy with them. As a result, Anny Peters, the HIV/AIDS policy officer, wrote a draft workplace policy for Novib that was discussed during an internal consultation with the staff (3x one day workshop) on 14, 15 and 16 December 2005. In principle, a formal internal workplace policy will be adopted in the course of the coming weeks. The further aim is to integrate the HIV/AIDS workplace policy in a number of existing personnel documents at Novib by 2007. Some elements, however, of a workplace policy have already been integrated in the day to day policies such as a medical kit (with condoms), free condom distribution and HIV/AIDS is considered in the travel policy of Novib.</p> <p><u>Indicator 1.1.2.</u> <i>Evidence of senior staff commitment</i>  Commitment for HIV/AIDS has been witnessed from the highest senior staff at Novib. Recently also an important amount of money (1 million euro) has been set aside for supporting additionally the development of (internal) mainstreaming processes at counterpart level. Commitment can also be seen in the number of tools, video's, websites, etc.. that have been developed on HIV/AIDS in recent years.  Within the Oxfam context the Durban declaration (2004) also resulted in extra commitment within the board of Oxfam international (see also under 1.1.3). During last year Novib (with its Oxfam partners) even invested in reflecting on the development of a new development paradigm, because the existing paradigms on humanitarian and development aid did not work well in an HIV/AIDS context. Because HIV/AIDS is a humanitarian crisis that has to be dealt with in a long term process. Novib has adopted the donor guidelines on HIV/AIDS for the whole of Novib, all countries they work in. Novib participates in the Oxfam International Project Group on HIV/AIDS.</p> <p><u>Indicator 1.1.3.</u> <i>Existence of HIV/AIDS policy paper and HIV/AIDS policy paper is known by all staff</i>  As early as 1993, the Projects Department of Novib developed a working paper entitled 'Novib and HIV/AIDS'. It was an answer to an increasing number of funding requests.  The 13<sup>th</sup> International AIDS Conference in Durban (SA, 2000) with 'Breaking the silence' as conference theme, was for Novib also a sign for breaking the internal silence and to formulate a policy called 'Linking AIDS with poverty, gender and sexuality' (May 2001). This policy includes a four-pronged strategy:</p> <ol style="list-style-type: none"> <li>1. Incorporating considerations of AIDS (internal and external mainstreaming) <ul style="list-style-type: none"> <li>• in highly affected areas: AIDS will be fully integrated into the work of partner organisations and in Novib's appraisal system</li> <li>• and in less affected areas: AIDS will be pro-actively and openly discussed by Novib, assisted by some specialised local partner organisations.</li> </ul> </li> <li>2. Stimulating AIDS <u>prevention</u> from a gender and sexuality perspective.</li> <li>3. Supporting organisations that reach marginalised groups (often groups at high risk).</li> <li>4. Lobby on female-controlled prevention methods.</li> </ol> <p>The aim of the paper was to inform Oxfam and partner organisations' staff about Novib's position on AIDS and its relationship with poverty, gender and sexuality. The paper also links the AIDS pandemic to Novib's focus on development. And the realisation of economic and social rights within the wider human rights continuum. It further clarifies Novib's niches and contributes to Oxfam's harmonisation process and the Dutch campaign SAN!</p> <p>There is no overall Oxfam International HIV/AIDS policy. Two regions: Southern Africa (SA) and East and Central Africa (ECA) have a regional OI HIV/AIDS policy framework. Both regions have also an OI HIV/AIDS coordinator. With the</p>	

epicentre of the pandemic being southern Africa, the OI regional strategic team identified HIV/AIDS as a fundamental challenge to development and the greatest impediment to poverty reduction and social justice in the region. OI has produced a joint advocacy paper on HIV/AIDS (in 2005).

In 2002 Novib and the other Oxfams organised a satellite meeting on mainstreaming in the Barcelona world aids conference.

In the summer of 2004 the regional OI meeting in Southern Africa initiated the 'Durban declaration', stating that AIDS is an emergency and that Oxfam International has to show more leadership. In November 2004 the Executive Directors of OI ratified this declaration and stated that an OI overall project plan on AIDS should be developed.

For the moment Novib concentrates its efforts on the implementation of the Novib policy on HIV/AIDS (2001-2006) and in reaching the results as stated in the Novib business plan (2005-2006). To that end an HIV/AIDS Action Plan (HAP) 2005-2006 has been drafted that will be followed up by an HAP core workgroup. This Action Plan deals with internal mainstreaming including workplace policies, external mainstreaming, advocacy and lobby, policy monitoring and evaluation, knowledge management and learning strategy, and funding- and communication strategy on HIV/AIDS

In Novib's spending there is evidence that the organisation has increased its funding for HIV/AIDS from 2.72% of their total project funding in 2001 to 4.84% in 2004, whereby the % of HIV/AIDS counterparts funded to all counterparts increased from 10.51% in 2001 to 15.44% in 2004.

The existence of an HIV/AIDS policy is certainly known by all staff, however individual ownership of that knowledge might differ considerably from one to the other, and also from staff working for highly affected or less affected countries.

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

A HIV/AIDS policy officer has been appointed at Novib's head office since 2000. The Southern Africa and East and Central Africa regions have each a regional OI HIV/AIDS coordinator. From 2000 till 2004 7 focal points (from 7 regional departments) worked together in the HIV/AIDS working group at Novib headquarters. The focal points at Novib are considered to dedicate 4 hours/week for HIV/AIDS related activities. Since 2005 this working group has been replaced by the HAP group (HIV/AIDS action plan 2005-2006) and is composed of 30 people including representatives from campaigning and lobby departments.

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

As a follow up of the 2001-2006 policy paper on HIV/AIDS, business- and action plans have been drafted. At regional level in Southern Africa and East and Central Africa, regional OI HIV/AIDS policy frameworks have been established. The Durban declaration in 2004 even went beyond the OI strategic plan 'Towards Global Equity 200-2004'.

Novib also commissioned or elaborated studies and evaluations to measure the implementation processes of the policy: 1) study to assess the AIDS competence of the people working in the Southern Africa bureau and the different models used to assess competence, 2) evaluation in 2003 on the evolution of HIV/AIDS in Novib – Policy and Intervention Strategies 1999-2003, 3) study on the 'State of Affairs Novib and HIV/AIDS, April 2005.

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

An AIDS competence study at the South African desk of Novib, finalised at the end of 2004, revealed that most Novib workers do not feel confident enough to include HIV/AIDS in a systematic and meaningful way in their dialogue with partner organisations. Most workers felt they were lacking the skills.

However, Novib organised an internal training session in 2002 and free brown-bag lunches in 2003, 2004 and 2005 on HIV/AIDS in order to develop and increase the HIV/AIDS competence among staff. The lunches attracted about 10 people. Tools have been prepared such as video's and self assessment tools ('Taking the initiative...' by 4 CFA's, funded by SAN! December 2005) to take account of the impact of HIV/AIDS on the performance of the counterparts. However, the dialogue between Novib and the counterparts on the sensitive issues of HIV/AIDS can be improved. It is not always part of the dialogue during their visits to the field. Stigma and discriminations remains, even in high prevalence regions, a big problem. Only recently (2005) HIV/AIDS has been integrated (together with two other cross cutting issues: gender and environment) in the grant-making toolbox based on an opportunity and risk approach.

The OI HIV/AIDS coordinator is in the process of developing a comprehensive toolkit on external mainstreaming of HIV/AIDS in livelihood programmes, based on JOPH. First product was the video.

**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

Evolution on Indicators

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

Novib developed in the period 2001-2003 a new methodological appraisal tool for making judgements on potential 'grantees' or counterparts. This tool was improved in 2005 to the 'Toolbox 2005' integrating new issues such as HIV/AIDS. This appraisal methodology is based on scientific risk management, custom-made to meet Novib's needs. The toolbox guides the user through a process to answer seven 'Essential Questions'. The first three questions concern the positive uncertain future events or opportunities (possibility of positive outcomes) and the second set of three questions addresses the negative uncertain future events or risks (problems that could undermine the achievements). The seventh question is about the personal judgement of the user.

One of the three potential risk questions in relation to success deals with areas of special risks (organisational autonomy, financial management, gender equality, HIV/AIDS and environmental sustainability). The question to be answered in relation to HIV/AIDS is in what way the potential counterparts seek to manage the risk of HIV/AIDS both in their programmes (external mainstreaming) and in the organisation and staff (internal mainstreaming).

The Novib Southern Africa department, dealing with a highly affected region, has added a particular question on HIV/AIDS to the toolbox.

For low prevalence regions HIV/AIDS is not always included in the dialogue. The toolbox is organised as assessing opportunities and risks. During a recent visit to Northern India for searching new counterparts, HIV/AIDS did not figure as an important point on the agenda.

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)*

From the beginning Novib stimulates prevention from a gender and sexuality perspective. It favours local organisations that plan to focus on changes in male sexual behaviour and that specifically challenge men to respond in an effective way to the pandemic. Novib wants further to strengthen the link between gender-based violence (GBV) and HIV/AIDS and the two separate policy papers that exist separately on these issues need to be connected in the future.

Novib also supports NGOs and CBOs that provide a voice for the most marginalised communities and the most powerless people in society who are often not reached or supported by governmental AIDS programmes. Novib continues its policy of financially supporting organisations that further the voice and rights of HIV+ people, sex worker, street kids, drug users, sexual minorities, migrants,...

Novib supports also specialist organisations with the focus on HIV/AIDS work in order to stimulate effective partnerships between AIDS – and generalist organisations.

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 analyses

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

Internal mainstreaming:

Novib (on its own, in collaboration with other CFA's (SAN) or in collaboration with Oxfams) held a number of mainstreaming workshops (Tanzania, Ethiopia, Sudan, India, Mozambique, and with SAN! in another few countries). Based on the experience with gender mainstreaming, Novib emphasises the importance of internal mainstreaming, which is as important as external mainstreaming. At present Novib uses different approaches to motivate counterparts to develop and implement workplace policies:

1. The first strategy is being applied in Ethiopia. In 2002, Novib developed an assessment tool to measure the organisational competence on HIV/AIDS (called the 12 boxes model), based on the experience of the 9 boxes model of a

Novib supported gender trajectory. This model was tested in Ethiopia before application. In 2003, SAN agreed to support a project with 14 counterparts in Ethiopia. It started with a workshop with counterparts, followed by a three days workshop at each NGO. Two consultants (one in the Netherlands and one in Ethiopia) helped the NGO to apply the 12 boxes model. Based on this self-assessment, each NGO has formulated its own action plan to develop and implement a workplace policy. Novib took the lead in formulating this project.

2. The South Africa desk choose another strategy, based on the results of the study management of HIV/AIDS at the workplace, all counterparts were informed that Novib was willing to offer financial incentives (€ 5000) to develop workplace policies. Novib requested action plans. Several action plans were considered for approval in 2005.

3. A third strategy is under development within the SAN project group "Workplace policies, including access to treatment". Novib is chairing this group. The project focus is on the implementation of workplace policies and will assist partner organisations to organise access to treatment. In December 2005 a final document on 'Guidelines on Support to Partners to manage HIV/AIDS in the workplace' has been adopted within SAN! for two pilot countries (India and Uganda). For Novib it is now a general policy in all countries.

External mainstreaming:

Although Novib chooses in its policy paper to concentrate its dialogue with counterparts on both internal and external mainstreaming (within the programmes), priority has clearly been given to internal mainstreaming in 2005. In the business plan there are targets for as well internal as external mainstreaming. Novib developed a video on the external mainstreaming example in Malawi. The workshop in India in 2004 was focussed on external mainstreaming.

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

Instruments: Novib developed an assessment tool to measure the organisational competence on HIV/AIDS (called the 12 boxes model), based on the experience of the 9 boxes model (gender traffic light) of a Novib supported gender trajectory. This model was tested in Ethiopia before application. In 2003, Novib made a proposal for an internal mainstreaming project in Ethiopia. SAN agreed to support a project with 14 counterparts in Ethiopia. All CFA's participated, including PLAN. HIVOS doesn't have a programme in Ethiopia.

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

From the beginning Novib stimulates prevention from a gender and sexuality perspective. It favours local organisations that plan to focus on changes in male sexual behaviour and that specifically challenge men to respond in an effective way to the pandemic (see also 1.1.2 here above)

The CFA's in SAN collaborate in a project development group on gender in which Novib's representatives take active part.

**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*

Novib attaches importance to making horizontal and vertical linkages between local, national, regional and global alliances. In carrying out this bridge-function Novib plays different roles: as a domestic/strategic development funder, as an advocate/campaigner and as an alliance builder. By now 80% of Novib's lobby work is determined within the Oxfam alliance, including Oxfam counterparts. Twenty percent is about issues that play a role in the Netherlands.

An overview of networks in the North:

- In 2004, PSO started a learning trajectory on HIV/AIDS capacity building, commissioned a research and organised an exchange seminar

- AIDS Co-ordination group (Network on Sexual and Reproductive Health and AIDS = Share Net): platform of Dutch organisations and experts on sexual and reproductive health dedicated to the struggle against HIV/AIDS in the South.

- The foundation Stop Aids Now, SAN! This organisation wants to boost the Dutch contribution to the fight against AIDS, taking into consideration the magnitude and the impact of AIDS on developing countries.

Novib takes the lead in the workplace policy development group of SAN!

- Novib is a member of the Oxfam International group that includes AIDS in its strategic plan 'Towards Global equity'. This confederation is/was campaigning successfully to cut the cost for medicines for poor people: 'Cut the cost' campaign

<p><b>Indicator 1.3.2.</b> <i>Number of campaigns on HIV/AIDS (in a developing context) developed (national and international level)</i>  See financial analysis  At Barcelona in 2002 (14<sup>th</sup> International AIDS conference) OI advocated for the reduction in patented HIV medicines through the 'Cut the Cost' campaign' (2001-2002).  OI's MDG campaign includes HIV/AIDS as a prominent issue in the MDG campaign</p> <p><b>Indicator 1.3.3.</b> <i>High quality of policy/position papers developed by Novib on HIV/AIDS issues</i>  1993: working paper 'Novib and Aids'  2001: position paper 'Linking AIDS with poverty, gender and sexuality'  Booklet funded by Novib: 'The female condom – literature review on its acceptability, use and promotion: the progress so far'.  August 2001: Novib's AIDS group published a report: 'What about AIDS in Novib'  2003: review of all the gender based violence programmes in South Africa and Zimbabwe resulting in a publication: 'Novib and Violence against women in South Africa'.  OI workgroup published a document: 'HIV/AIDS strategic framework for the southern African region'  AIDS is included in the OI's strategic plan 'Towards Global Equity'  OI working group on aids produced a book: 'Mainstreaming HIV/AIDS in Development and Humanitarian Programmes'  Summer 2004: OI meeting in Southern Africa decided on the 'Durban declaration' stating that AIDS is an emergency and that OI has to show more leadership  2004: Novib developed video on external mainstreaming in Malawi  2004: Novib commissioned study on "managing HIV/AIDS at the workplace". A study of 9 counterparts in Southern Africa.</p> <p><b>Indicator 1.3.4.</b> 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.</p> <p><b>Indicator 1.3.5.</b> CFAs are targeting the right people (decision makers, influential people, etc)</p> <p><b>Indicator 1.3.6.</b> CFAs can mobilize a critical mass</p> <p><b>Indicator 1.3.7.</b> <i>CFAs fund strategic partners (so called global partners) that lobby on HIV/AIDS at international level with considerable success.</i>  See financial overview.</p> <p>ICW, TWN, HASAP</p>
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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?
<b>Judgement Criterion no. 2.1.</b> The issue of HIV/AIDS is incorporated in the dialogue between CFA and counterpart.	
<b>EVOLUTION ON INDICATORS</b>	
<p><b>Indicator 2.1.1.</b> <i>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.</i></p> <p>HIV/AIDS 'policy' discussions are not systematically included in the yearly missions undertaken by country officers to their partners in the South. During such visits HIV/AIDS issues are discussed in the framework of monitoring the progress of funded programmes and projects. Policy or strategic discussions are not very much part of that monitoring exercise. Country officers also do not feel (in general) competent enough in discussing these prospective issues with their counterparts.</p> <p><b>Indicator 2.1.2.</b> <i>Acceptance of both partners that mainstreaming means higher costs. Commitment of both partners to look for additional funding/resources.</i>  Since December 2005 there is much clearance on the issue of paying increased costs by Novib for internal mainstreaming at counterpart's level, when the document 'Guidelines on Support to Partners to manage HIV/AIDS in the workplace' was</p>	

adopted by all SAN! Members for the pilot countries Uganda and India. Novib adopted it for all its countries. The other CFA's not. Novib encourages all counterparts to external mainstreaming HIV/AIDS: see policy document. It produced some tools for learning (book of Sue Holden, video, twelve box model for internal and external mainstreaming)The evaluation team did not witness evidence for any research undertaken by Novib's counterparts on additional funding to be found in the South covering the increased costs for mainstreaming.

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

Reporting on HIV/AIDS in annual reports is in the majority of the cases linked to funding of HIV/AIDS activities.

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

See financial analysis

***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***

All interviewed people at Novib showed understanding of the importance of integrating HIV/AIDS in development work and the importance of a multi-sector approach. Also staff of Novib's counterparts understood very well the importance of integrating HIV/AIDS in development work.

***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.***

Novib gave very much attention to the link between gender inequality and HIV/AIDS in their policy paper. There are some innovative examples: Tsungirai with male HBC workers, NISAA, WASN, etc. , however on a big scale not that much have been done on this, for example very few initiatives have been taken to work with men in order to change their behaviour and improve women's vulnerability.

***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.***

The evaluation team did not find evidence of cooperation with PLWHA (actors in a participatory process) in the programmes of counterparts unless as beneficiaries.

## Annexe 2: Portfolio NOVIB (2001-2004)

### Gebruikte afkortingen

PR = poverty reduction

CS = civil society building

AL = advocacy and lobby

IM = intermediaire org.

DG = doelgroeporganisatie of Community based org.

P= prevention

VCT=voluntary counseling and testing

HBC= home based care

ART= antiretroviral treatment

OVC= orphan and vulnerable children

### South Africa

NOVIB	Aids focussed	Generalistic/AIDS integrated work	Generalistic/ Mainstreaming	Joint project + jaar	Project+ jaar	Budget/jaar	Strategie <i>Aankruisen</i>					Type org.	Care(c) or prevention(p)
							PR	CS	AL	IM	DG		
Partner 1 501925- 0000643	Triangle (partner valt weg na 2005)				(1) Triangle project 2001-2003	161.182,73	X					X	Prevention, treatment counseling
					(2) Triangle project 03-05	165.000,00	X						
Partner 2 501927- 0002518  0000475  0000614		Masimanyane Women's support centre			(1) Women leadership Institute (01-02)	84.403,12	X	X	X	X			Prevention Legal support and counseling Lobby
					(2) idem (02-05)	280.00, 00	X	X					
					(3) conference on working with men	36.877, 00							
Partner 3 501932- 0002524				Oxfam Australia	(1) Joint Oxfam HIV/AIDS programme SA	509.656,45	X	X		X		Prevention - care enabling	

-000399 -0000910					(JOHAP) 98-02 (2) idem 02-04 (3) idem 03-05	720.000,00 375.466,00	X X	X X				environment (incl. Legal support)
Partner 4 503083- 0000095		SWEAT: Sex Worker Education and Advocacy Taskforce			(1) SWEAT 01-04	246.981,00		X	X	X		Prevention Research Lobby access to VCT
Partner 5 503372- 0000216		DELTA: development education and leadership training in action			Programme 02- 04	102.612,00	X			X		Home based care Awareness
Partner 6 503634- 0000705		GGASA: Girl Guides Association of SA			Training and mentoring programme 02-04	110.613,00		X			X	Awareness
Partner 7 503635- 0000562	Positive muslims				3year programme 02- 05	200.000	X	X			X	Awareness counselling lobby Research
Partner 8 503667- 0000602		Centre for study of violence and reconciliation			Gender programme 02- 03 (urban living project)	62.502,00				X		Research Lobby
Partner 9 503687- 0000635		South African Scouts Organisation			Three SASA projects 02-04	147.032,00		X			X	Awareness

## Malawi

NOVIB	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 501652-0003663				Oxfam GB	Joint oxfam programme Malawi (01-04 and 04-07)	2.646.026,54 (voor geheel 02-04, AIDs progr klein onderdeel)	X	X	X	X		Rural livelihoods , Awareness, Home based care Humanitarian response (safety nets, Cash transfers pilot)

## Zimbabwe

NOVIB	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 502141-0003845		LGDA: Lower Guruve Development Association			3year programme 02-04	759.975,35	X				X	Awareness HBC
Partner 2 502144-0002858		Kunzwana Women's Association (einde partnerschap 03)			<b>Capacity building programme 01-03</b>	174.705,38	X				X	Awareness HBC
Partner 3 502147-0003014		Farm Community Trust of Zimbabwe			(ex)farm workers relief, recov and empowerment 03-06	639.760,00	X		X	X		None??
Partner 4 502148-0000617		Dabane Trust			Strategic drought recovery	310.000,00	X			X		Awareness Foodgarden Sanitation

					programme 03-06							
Partner 5 502152- 0002869  0000985	Tsungirirai				(1) Institutional support 00-02 (2) progr 03-06	188.238,46  222.605,00	X  X			X  X		Awareness HBC OVC VCT
Partner 6 502156- 0002873  0000792		Girl child network			(1) <b>Girl child network 00-03</b> (2) <b>idem 03-06</b>	208.605,40  426.000,00	X  X	X  X	X  X		X  X	Prevention Counselling Lobby Research
Partner 7 503056- 0000054	Zimbabwe AIDS Prevention and Support Organisation				Scale up VCT and SAPI act. 01-04	181.512,09	X	X		X		Awareness VCT
Partner 8 503114- 0000144				Community Aid Abroad	Combined Oxfam gender and HIV/AIDS pr ZIM 01-03	163.777,09				X		Awareness Home Based Care
Partner 9 503619- 0000534		Community Working Group on Health			Progr 01-03	59.434,12	X	X	X	netwerk		Awareness HBC
Partner 10 504147- 0003324	Women and AIDS Support Network				<b>Progr 04-06</b>	260.000,00		X	X	netwerk		Capacity building other NGOs on HIV/AIDS from a gender perspective Lobby
Partner 11 504148- 0003325	Midlands Aids Service Organisation				Progr 04-06	509.950,00	X		X	X		Awareness HBC OVC

## India

NOVIB	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		NESA: New Entity for Social Action			Consolidation for growth and Impact 01-04	2.199.111,52	X	X	X	network		Prevention
Partner 2 503572-0000483	SIDUR: Society for Integrated Development in Urban and Rural Areas				Prevention and control of HIV/STD*	231.000,00	X			X		Prevention
Partner 3 504046-0003176		Breakthrough Trust			Campaign on women's rights 04-06	200.000, 00	X			X		Prevention
Partner 4 504442-0004103		PANOS			Community Radio programme Rajasthan 12-04	135.000,00	X	X	X	X		Prevention

## 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
<b>NOVIB</b>				
HIV/AIDS counterparts funded	92	2.915.219,78	119	5.262.156,00
SAN funds	2	453.780,22	11	647.844,00
All partners funded	894	124.000.000,00	842	122.000.000,00
% of HIV/AIDS counterparts to all	10.51%		15.44%	
% of HIV/AIDS funds to all funds		2.72%		4.84%

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
<b>NOVIB</b>				
Stop AIDS Now! SAN! campaign	91.000,00	91.000,00	91.000,00	91.000,00
World AIDS Day		1.000,00	1.000,00	10.000,00
Barcelona HIV/AIDS conference (satellite on HIV/AIDS mainstreaming; lobby on access to treatment)		20.000,00		
Bangkok HIV/AIDS conference (lobby on access to treatment)				20.000,00
<b>Totals for NOVIB</b>	<b>91.000,00</b>	<b>112.000,00</b>	<b>92.000,00</b>	<b>121.000,00</b>
<b>% to total of 5 CFAs</b>	<b>22.00%</b>	<b>19.67%</b>	<b>17.46%</b>	<b>13.61%</b>

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 1<sup>st</sup> 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>
<b>NOVIB</b>				
ILGA (International Lesbian and Gay Association)			12.000,00 (20 % of 60.000 euro direct HIV/AIDS related activities)	25.000,00 (20 % 100.000 euro direct HIV/AIDS related activities)
ICW (International Community of Women Living with HIV/AIDS)			65.000,00	65.000,00
Panos Institute (including global AIDS programme)	37.500,00 (25% of 150.000 HIV/AIDS related activities)	66.000,00 (25% of 264.000 HIV/AIDS related activities)	80.000,00 (25% of 320.000 HIV/AIDS related activities)	56.250,00 (25% of 225.000 HIV/AIDS related activities)
Third World Network (TWN)	45.000,00 (10 % of 450.000 related to TRIPS / medicines lobby)	45.000,00 (10 % of 450.000 related to TRIPS / medicines lobby)	45.000,00 (10 % of 450.000 related to TRIPS / medicines lobby)	45.000,00 (10 % of 450.000 related to TRIPS / medicines lobby)
<b>Totals for NOVIB</b>	<b>82.500,00</b>	<b>111.000,00</b>	<b>202.000,00</b>	<b>191.250,00</b>
<b>% to total of 5 CFAs</b>	<b>12.83%</b>	<b>18.87%</b>	<b>20.62%</b>	<b>14.82%</b>

*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*

<b>As per CFA</b>	<b>Sharing and learning initiative</b>	<b>2001</b>	<b>2002</b>	<b>2003</b>	<b>2004</b>
<b>NOVIB</b>					
South Africa	Workshops through JOHAP programme in Durban	20.000,00	40.000,00	20.000,00	20.000,00
	Written case studies (JOHAP)				20.000,00
Malawi	Workshops through joint livelihood programme organised by Oxfam GB	45.000,00	45.000,00	45.000,00	45.000,00
	Video: HIV/AIDS mainstreaming in livelihood			40.000,00	
	Flyers		12.000,00		
India	Workshop Novib				15.000,00
	Written case studies				12.000,00
	<b>Totals for NOVIB</b>	<b>65.000,00</b>	<b>97.000,00</b>	<b>105.000,00</b>	<b>112.000,00</b>
	<b>% to total of 5 CFAs</b>	<b>63.34%</b>	<b>35.25%</b>	<b>22.26%</b>	<b>24.94%</b>

*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

- Anny Peters, R&D, *State of Affairs Novib and HIV/AIDS*, April 2005.
- Anny Peters, R&D, *What about AIDS in Novib?* August 2001
- Anny Peters, R&D, *Handling HIV/AIDS in Novib*, Draft for workshop in December 2005
- Novib AIDS Project Group, *Linking AIDS with poverty, gender and sexuality*, May 2001
- Dolar Vasani and Irma van Leeuwen, R&D, *Evolution of HIV/AIDS in Novib – Policy and Intervention Strategies 1999-2003*, October 2004.
- Novib's visie op armoede, Bijlage subsidie-aanvraag 2003-2006
- Novib and its Counterparts, September 2004
- Advocay for the eradication of poverty, Novib/Oxfam Netherland's vision, November 2004
- Novib in Action, Civil society building: vision, policy and practice
- SAN! *Taking the initiative...* HIV/AIDS workplace policies for NGOs in Ethiopia, Africa, December 2005
- Gender Traffic light, Novib, 1997
- Novib's Toolbox 2005, Grant-making opportunity and risk appraisal
- Oxfam International, *Managing HIV/AIDS in the Workplace: Examples of nine Non-Governmental Organisations in South Africa, Zambia and Zimbabwe*, November 2004

### Persons met

Anny Peeters	Programme officer HIV/AIDS
Conny Hoitink	Quality and Control
Marjolijn Verhoog	India programme
Gertjan Van Bruechem	India programme (Aids focal point for Asia region)
Hans Christiaanse	Financial officer for Southern Africa (responsible for funding of HIV/AIDS workplace policies in his region)
Koos Kingma	Gender officer
Monica Maassen	Head Southern Africa region
Theo Bouma	Director projects

## **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

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

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

Name of public	Budget 2001	Budget 2002	Budget 2003	Budget 2004
----------------	-------------	-------------	-------------	-------------

awareness program				
1.				
2.				
3.				
4.				
5.				

Instructions:

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

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

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

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

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

Name CFA	Organisations/local consultants	2001	2002	2003	2004
----------	---------------------------------	------	------	------	------

South Africa	1.				
	2.				
	3.				
Malawi	1.				
	2.				
	3.				
Zimbabwe	1.				
	2.				
	3.				
India	1.				
	2.				
	3.				
Indonesia	1.				
	2.				
	3.				

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

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

CP = Counterparts

Instructions:

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

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

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

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

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

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

Thank you!  
 The evaluation team