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MBN HIV/AIDS EVALUATION

FINAL ORGANISATIONAL REPORT ON PLAN NETHERLANDS

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ABBREVIATIONS

ART	Anti Retro viral Treatment
ARV	Anti Retro Virals
CCCD	Child Centred Community Development
CFA	Co financing Agency
HACI	Hope for African Children Initiative
HBC	Home Based Care
NAC	National AIDS Commission
NGO	Non Governmental Organisation
OVCs	Orphans and Vulnerable Children
PLWHA	People Living with HIV and AIDS
SWAA	Society of Women and AIDS in Africa
ToR	Terms of Reference
VCT	Voluntary Counselling and Testing

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1. Introduction

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

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

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

- The evaluators have visited the five CFAs (1 day per CFA) and had interviews and discussions with several staff: HIV/AIDS policy officer, HIV/AIDS focal points, head of regional departments (in particular African and Asia departments), gender officers and people responsible for human resources (list of people met in annex 4, interview guide in annex 5).
- The CFAs were asked to elaborate a portfolio of counterparts that had received some funding related to HIV/AIDS, during the period 2001-2004 (this portfolio is added in annex 2).
- The CFAs were asked to collect financial data related to their HIV/AIDS programmes and activities (tables added in annex 3)
- Analysis of documents (list of documents consulted is added in annex 4)

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

For every CFA a separate organisation report has been written. Based on these five reports an answer has been formulated to evaluation question 1 (and partially to evaluation question 2) in the synthetic report. This report concerns Plan Netherlands. 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 overall conclusions related to the counterparts of Plan in particular were planned and hence will not be found in this organisation report.

The structure of this organisation report is the following:

- Brief description of the HIV/AIDS policy of Plan Netherlands
- State of affairs regarding HIV/AIDS policy development, implementation and advocacy and lobby
- Conclusions

2. Brief description of the HIV/AIDS policy of Plan Netherlands

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

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

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

The strategy of the CFAs is similar (and stipulated by the co financing system) and constitutes in (1) poverty reduction, (2) civil society building and (3) advocacy and lobby. In the HIV/AIDS context "poverty reduction" can be seen as the delivery of HIV/AIDS services, such as prevention, access to treatment, 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.

<i>Plan</i>	<i>Based on Regional plans-Subsidy request 2003-2006 and the HIV/AIDS policy paper of Plan International</i>
Themes in general	Plan International adopted a rights based approach and launched the CCCD approach Child Centred Community Development Approach. This is the framework in which Plan Netherlands is working. Plan Netherlands (Plan NL) identified 6 themes: <ul style="list-style-type: none"> - Education - Health - Water and sanitation - Natural resources management - Food and nutrition security - Protection Three cross cutting issues: <ul style="list-style-type: none"> - Gender - Child rights - HIV/AIDS
Focus of the HIV/AIDS policy	Develop and support sustainable community managed responses to HIV/AIDS. Plan international has developed the strategy of the "Circle of Hope", which incorporates all aspects of tackling HIV/AIDS: destigmatisation, prevention, care and mitigation: <ul style="list-style-type: none"> - Awareness building and stigma reduction - Extend the life of the parent child relationship (treatment-care) - Prepare the family for transition (counselling and economic support) - Promote children's future (access to education and life skills)
Plan internal policy on HIV/AIDS	Not existent yet

Plan has a specific place within the CFAs. Plan Netherlands is not directly involved in partnership relations with counterparts in the South, but implements its policy through the Plan country offices, all being part of Plan International. Apart from the sponsorship money (that is distributed through Plan International headquarters) country offices receive grants from national offices, like Plan Netherlands. It's through this grant programme that Plan Netherlands can implement its own co-financing programme. Grants are submitted based on programme outlines, developed by the Plan country offices within the framework of their country strategy papers. Programme officers at Plan Netherlands are involved in discussions and feedback on these country strategy papers and project outlines with the technical advisors at the country offices. Through this relationship and through the choices Plan Netherlands has made, Plan Netherlands can contribute to an enhancement of the HIV/AIDS programmes implemented through the country offices.

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

3.1. Policy development

Working within the framework set out by Plan International

In 2002 Plan International developed a global position paper on HIV/AIDS "Plan's works for children affected by HIV/AIDS" articulating that HIV/AIDS is not simply a health issue: "*Children in AIDS-affected families and communities are denied opportunities to realise their full potential in life. Plan therefore aims to reduce and mitigate the impact of HIV/AIDS on children, their carers and communities through creation of awareness, reduction of stigma, provision of voluntary counselling and testing, improved access to education and income-generating activities, increased access to care and support of PLWHA*". Plan Netherlands has subscribed to the position and programmatic strategic outlines in this paper. Plan Netherlands supports the strategy – Circle of Hope – developed through the HACI programme (see further) which incorporates the whole continuum from prevention to care: destigmatisation, prevention, care and mitigation. Plan Netherlands recognizes that no single intervention can successfully address the needs of children, families and communities affected by HIV/AIDS.

HIV/AIDS a cross cutting issue since 2004

Plan Netherlands does not yet have a HIV/AIDS policy paper. HIV/AIDS was addressed as a policy issue in Plan Netherlands position paper on health, developed in 2002. In this paper, Plan NL identified three priority issues for action, one of which is HIV/AIDS (next to poverty and health, equity and gender) and four intermediate results: (1) Combat and control HIV/AIDS, (2) Improved mother and child care, (3) increased access to safe water and sanitation, (4) cross cutting with other sectors. Concerning the latter no reference to HIV/AIDS has been made in the other position papers (ex. food security). Since 2004 HIV/AIDS is perceived as a cross cutting issue, next to gender and rights of children.

Currently Plan NL is elaborating a separate position paper on HIV/AIDS (seeing HIV/AIDS as a development issue and not only linked any more to health). A HIV/AIDS policy workgroup has been installed in which programme officers of the different departments participate (they can be seen as focal points for HIV/AIDS). The programme officer responsible for the programmes in Zambia and Ethiopia assumes the role of resource

persons for HIV/AIDS and is president of this policy group. As all of the staff have a rather generalist background, assistance has been asked from ETC Crystal for the elaboration of a HIV/AIDS policy.

Plan NL also started with discussions on the development of a HIV/AIDS work place policy paper, complementary to the initiative of Plan International that is currently elaborating guidelines for workplace policy development at country level. Plan NL is not a member of SAN, and was therefore not involved in the recent joint CFA initiative within SAN! on the elaboration of donor guidelines in a HIV/AIDS context.

So far, gender and HIV/AIDS have not been explicitly linked. But as gender is regarded a cross cutting issue, particular attention to gender is also given in HIV/AIDS programmes (ex. specific attention to retain female orphans in school), but no increased efforts on gender are reported.

3.2. Implementation of the HIV/AIDS policy

Policy development related to HIV/AIDS is of a recent date (since 2002) but at implementation level some HIV/AIDS programmes have been supported before 2002 and were the initiative of the Plan field offices within the broader health strategy of Plan International (Plan Mali HIV/AIDS programme since 1993).

Not all Plan country offices are involved in HIV/AIDS to the same extent, and not all country offices do have a HIV/AIDS officer. Capacity development within the country offices (including development of workplace policies) is the responsibility of the country office staff, supported by the regional advisors of Plan International. Plan NL can have an influence on the capacity development in country offices and on their policy development, through participation at international advisory committees or through direct financing of programme proposals from the country offices.

Partner profile

Plan international implements HIV/AIDS programmes in high prevalence and low prevalence regions. This is also reflected in the portfolio of Plan NL (with a strong programme in a low prevalence country, Mali and a specific HIV/AIDS programme in Malawi, a high prevalence country).

In some countries, the Plan offices have become important players in the fight against HIV/AIDS, for example in Mali but also in Malawi. Plan Netherlands has contributed to the Plan Mali HIV/AIDS programme that has started in 1993. This programme covers now almost whole the country and is an example of a long term

commitment. Their holistic approach has been recognized by the Worldbank, who is taking inspiration from the Plan Mali programme.

Plan has adopted a comprehensive and holistic approach to HIV/AIDS with the child as their central focus. The inclusion of the parent-child relationship is very relevant in a HIV/AIDS context where children have to experience the whole process of their (young) parents, or other relatives, becoming sick and dying of HIV/AIDS, the impact on their personal lives and the household, stigma and discrimination and an insecure future. As result of this holistic approach, Plan country offices are now funding a diversity of programmes with the risk of shifting away from their central focus, the child, to in fact the general population. Example: Plan Lilongwe (Malawi) supports a Village AIDS committee in Malawi but the committee members could not indicate which activities they were undertaking for children. In addition, Plan implements the circle of hope through counterparts that did not all have a clear understanding of the concept. One of them, Arise (Zimbabwe), had been implementing only 'parts of the circle' and was now, by receiving Plan funding, supposed to cover all, thereby having to adapt/expand their core business. Unfortunately, this was not followed by a specific capacity building program or budget line.

Budget

Except from the Mali HIV/AIDS programme (that started in 1993), support to HIV/AIDS related programmes is of a recent date, mainly since 2002. In 2001 Plan was supporting 4 HIV/AIDS programmes. This has increased till 46 programmes in 2004. Budget allocated for HIV/AIDS related activities has risen as well, from 655.919 EUR in 2001 (being 9, 6% of the total budget) to 4.943.681 EUR in 2004 (being 22, 16% of the total budget). This important share of HIV/AIDS related budgets to the overall budget in 2004 shows the commitment from Plan Netherlands to invest in HIV/AIDS programmes and is mainly due to the budget allocated for the HACI initiative, which constitutes 2.500.000 EUR.

The HACI initiative, Hope for African Children Initiative, is a programme developed by 7 international NGOs (Plan international, Save the Children international, Care international, Society of Women and AIDS in Africa, World Conference on religion and Peace, NAP+ and World Vision) and is implemented in nine African countries (Kenya, Malawi, Uganda, Ghana, Zambia, Ethiopia, Cameroon, Senegal and Mozambique). The initiative receives grant funding from amongst others Bill Gates Foundation, USAID, Plan Nederland, SIDA (via Plan Sweden), and FINIDA (via Plan Finland). The HACI programme is administrated by regional and national secretariats (regional secretariat in Nairobi). Half of the budget of Plan NL on HIV/AIDS programmes is spend through HACI. One could say that it is mostly a funding relationship between Plan NL (and Plan field offices) and the HACI programme. Though Plan NL does not monitor the programme in all nine countries

directly, there are regular meetings and communications with the regional secretariat and bi-annual meetings with other Plan National Offices supporting HACI. Four country HACI programmes have been visited and Plan NL has contributed in the development of a M&E system and in a strategic review (2004). The involvement of Plan in the HACI programme is very much appreciated by the HACI secretariat in Malawi, Plan being a counterbalance to the other members like USAID and Bill Gates foundation by focussing on rights based approach and less earmarked funding.

Mainstreaming

Support to mainstreaming efforts of Plan country offices is mainly the task of Plan International and its regional advisors. Plan Netherlands can contribute through its participation at the regional advisory committee or through the discussions programme officers have with their colleagues at the country offices. From the visits, the evaluators learned that country offices started to mainstream HIV/AIDS based on their confrontation with HIV/AIDS and that the internal and external mainstreaming was not often subject of dialogue with the programme officers from Plan Netherlands.

Support to mainstreaming processes of counterparts involved in Plan's country programmes is the responsibility of the country offices. Plan country offices usually have a budget for capacity building programmes to enhance capacity of counterparts they are working with. Support to mainstreaming processes can be part of this capacity building programmes. In fact, Plan International is currently elaborating policy and operational guidelines concerning support to internal and external mainstreaming processes. Programme officers at Plan Netherlands are not involved as such (it is not their responsibility) but they can make suggestions and discuss support to mainstreaming processes of counterparts in their dialogues with the country offices. At Plan NL, staff acknowledges that they still lack the experience, knowledge and tools to influence the integration of mainstreaming in the programme proposals or in discussions during field visits. However, Plan NL participated in the pilot project on internal mainstreaming of SAN! in Ethiopia. Follow up of this pilot and of internal mainstreaming process in general will be incorporated in the HIV/AIDS policy of Plan Netherlands.

Plan NL tries to enhance cross linking between HIV/AIDS and other sectors in two ways. On the one hand, the set up of the "Circle of hope" programme promotes the inclusion of different sectors in the HIV/AIDS response such as income generating programmes, food security, education, etc. On the other hand, all country offices that receive grant funding from Plan NL have to indicate since 2004 to what extent their programmes will integrate HIV/AIDS (evidence in annual country plans and annual country books). HIV/AIDS is seen as a cross cutting issue, but the evaluators assume that programme officers at Plan Netherlands do

not have much information on the reality behind this cross cutting item. The evaluators could not find evidence so far on systematic efforts (workshops, systematic follow up of mainstreaming processes, specific research on the link between HIV/AIDS and other sectors, etc.) of Plan country offices related to support of internal and external mainstreaming processes in the visited countries so far, except initiatives taken within the HAI programme (see further) and some links between livelihood programmes and HIV/AIDS (ex. poultry and dairy interventions).

Role and capacity of staff

The policies of Plan NL are implemented through the country offices, based on programme proposals elaborated at country level. These programme proposals are discussed between technical advisors at the field offices and the programme officers in the Netherlands. In the appraisal system HIV/AIDS is not formally included. The appraisal considers mainly an assessment of the technical elaboration of the proposal and of the capacity of the country offices and counterparts included in the proposal. Some programme officers question HIV/AIDS when it is not integrated in the programme proposal but assumed as being relevant (programme in a high prevalence region, references to HIV/AIDS in the country strategy paper). Assessment of HIV/AIDS depends on the capacity of the individual programme officers. Individual programme officers are supported by the HIV/AIDS resource person. Information is available via the Plan international intranet. Not much training on HIV/AIDS has been organised so far (except the participation at four expert meetings on HIV/AIDS, organised by Plan NL, KIT, Save the children, BUZA, Cordaid). The programme officers at Plan NL play an essential back stopping role but are not aware to the full extent of the details of local counterparts and their programmes, that is left to the responsibilities of the Plan country offices (see country reports: problems the evaluators faced visiting Plan partners during the field visits).

HIV/AIDS and the development practice of Plan in Zimbabwe, Malawi and India

As Plan Netherlands is not directly involved in the implementation of the HIV/AIDS programmes, not much information of the counterparts and their activities is available at headquarters. Through their visits, the evaluators could become familiar with the approach of the circle of hope, which is implemented in Zimbabwe and Malawi but not in India. The evaluators have visited many strong counterparts, showing that the country offices look for partnerships with strong organisations for the implementation of their HIV/AIDS related programmes.

The Zimbabwe country office adopted the circle of hope strategy in 2003 but does not have a HAI initiative in-country. They submitted a proposal to Plan NL for an HIV/AIDS programme, based on the circle of hope, and received the funding in July 2004. The total budget of the programme is 600,000 US\$ of which Plan NL contributes 400,000 US\$ and Plan Zimbabwe 200,000 US\$. The programme involves five partners, of which two

partners are Ministries of Health Departments and three civil society organisations. The five partners execute programmes ranging from HIV prevention to care and support, including HBC, OVC, youth programmes and counselling. Plan Zimbabwe selected a reputable civil society organisation for the implementation of the programme: FACT is one of Zimbabwe's leading AIDS focussed organisations (also funded by HIVOS and ICCO). The visited CBO Arise is less well-known but was considered important by Plan Zimbabwe because of their experience in counselling. The agreement with Arise was postponed due to the fact that the organisation was at the start of the programme not able to fulfil e.g. reporting requirements (accountability). In the proposal that was submitted to Plan NL, the information that the programme would be implemented through these five partners was not reflected and gave the consultants the impression that Plan Zimbabwe would implement the programme itself.

In Malawi, Plan Netherlands is funding next to the HAI programme a separate HIV/AIDS programme (based on the Circle of Hope) of the Malawi country office as the collaboration between the Plan country office and the HAI programme is not ideal and that Plan Malawi via the limited funding received from HAI is not able to implement the programme at this scale. In this HIV/AIDS programme, funded for 100% by Plan Netherlands, about 30 CBOs are participating, of which one is a network of people living with HIV/AIDS. Plan Malawi has been selected as one of the National AIDS Commission's Umbrella organisations. Plan Malawi has become one of the five NGOs in Malawi that disburses NAC grants to CBOs.

In India focus is very much on prevention. The technical advisor for health is responsible for the integration of HIV/AIDS in the Plan India programme. Plan India is not working with the circle of hope programme. The consultants have visited a very interesting counterpart that is funded by Plan India, Samuha. A grassroots integrated development organisation that has gone through an in depth HIV/AIDS reflection process since 1993 resulting in the development of a separate HIV/AIDS programme. To that end Samuha/Samraksha has been created.

3.3. Lobby and networking

According to the global position paper on HIV/AIDS of Plan International, advocacy is an important tool to combat the pandemic. Focus is very much on advocating governments in the West to adopt policies that will positively influence the dynamics of the epidemic in the developing countries. Plan NL is involved in lobby and advocacy activities in the Netherlands and at European level. However, not much budgets are spend for lobby and advocacy activities (2269 EUR in 2001 and 18.000 EUR in 2004). Through the Children Affected by HIV/AIDS working groups and in bilateral discussions with the Ministry of Foreign Affairs, Plan Nederland

actively advocates for more attention for Children within the broader HIV/AIDS policies. These activities were not paid by specific HIV/AIDS budgets.

At European level, the European commission and parliament are the main targets to lobby. It is the Plan Europe liaison office that is responsible for advocating the European institutions. Plan Europe liaison office is in particular funded by Plan UK and Plan Netherlands. The latter finances 45% of the programmes of the Plan EU liaison office. Furthermore Plan Netherlands gives specific input to the elaboration of Terms of Reference, work plans and position papers on HIV/AIDS as staff of the liaison office are generalist and do not have specific expertise on HIV/AIDS. The contribution of Plan NL into the position paper on OVCs was very much appreciated. Plan Europe is part of the EU action group for orphans and vulnerable children¹. They achieved that OVCs have been incorporated in the EC policy document on HIV/AIDS and that OVCs have become a priority issue in the poverty disease budget line (TB, HIV/AIDS and malaria).

At the level of the Netherlands, Plan NL organised and participated in Expert meetings in conjunction with the CABA working group, the former OVC working group (to which participate staff from Cordaid, KIT, Save the Children, and Buza). Several expert meetings have been organised on OVCs trying to influence the policy of the Dutch government. Plan is also member of Share-net.

At the level of the country offices, lobby activities have to be included in the different programmes (according to the Plan International policy guidelines). Specific staff is responsible for this. The HACI programme, for example, is lobbying through the counterparts funded and through the HACI secretariat that is member of several networks (mainly on OVC's). In particular SWAA and NAP+ (within HACI) are charged with the main responsibility of Pan African and National lobby and advocacy. Capacity strengthening of these organisations is partly funded by Plan Netherlands within the HACI grant.

Plan Netherlands also did include HIV/AIDS into its awareness building activities to the general public and schools in the Netherlands (ex. no glove, no love campaign). Films and video clips were produced to be broadcasted on MTV, of which one focussed on Malawi and the existing Child Headed Households there.

¹ Other members are ActionAid alliance, Help Age International, International Planned Parenthood Federation European Network, Marie Stopes International, Save the children, Stop AIDS Alliance, Supply Initiative and World Vision.

4. Conclusions

HIV/AIDS policy development within Plan Netherlands is of a recent date; however some HIV/AIDS programmes of Plan country offices have been funded in the past years, mainly through the health theme.

Plan Netherlands is working on a HIV/AIDS policy and will start drafting a HIV/AIDS workplace policy. At the moment HIV/AIDS is considered to be a cross cutting issue but it is not clear how this is assessed by programme officers and country offices as HIV/AIDS is not systematically integrated in the appraisal system.

Building up HIV/AIDS competence is an ongoing process that only recently has started within Plan Netherlands itself. Staff still lacks specific expertise or tools to discuss HIV/AIDS with their country offices and to inspire their colleagues.

Plan Netherlands has to operate within the general framework set out by Plan International. Within that framework Plan Netherlands can set its own priorities and have influence on the international policy development and implementation within Plan International. It is not clear to the evaluators to what extent Plan Netherlands has contributed to the HIV/AIDS competence within the whole Plan family, but the evaluators see a lot of opportunities for Plan to do so.

Half of the budget allocated to HIV/AIDS is granted to the HACI-initiative. This programme is in particular a grant making programme. The evaluators are of the opinion that the follow up and monitoring of this programme by Plan Netherlands could be enhanced. Though Plan Netherlands did contribute to e.g, development of a M&E system and participates in bi-annual exchange meetings with other HACI financers there are more opportunities to be involved in the HACI initiative, e.g. in sharing and learning initiatives, documenting experiments, good practices and distributing lessons learned from the HACI programme.

The evaluators are convinced that Plan Netherlands could take up a more pro-active role in scaling up HIV/AIDS competence within the whole Plan family. Being involved in an important programme as HACI and giving grants to several HIV/AIDS related programmes of Plan country offices, Plan Netherlands could take a lead in international meetings within Plan, and boost discussions on internal and external mainstreaming. To that end, HIV/AIDS competence within Plan Netherlands has to be increased.

Regarding the Circle of Hope approach the evaluators already commented that the risk exists of shifting away from their central focus, the child, to in fact the general population. As OVCs are becoming an emerging

problem, in particular in countries like Malawi and Zimbabwe (but emerging in South Africa), there is a role for Plan Netherlands, being a child focussed organisation, to look for appropriate responses. To that end, Plan Netherlands is already involved in expert meetings in The Netherlands, but this expertise need to be build up and shared with their colleagues in the field offices. However the dialogue with the field offices is very much concentrated on the monitoring of programmes being implemented and not as such on critical reflection and thorough debate on the emerging issues, such as the support to OVCs.

Regarding lobby and policy Plan Netherlands has showed a genuine commitment by supporting the Plan Europe Liaison office that is also involved in lobbying the European institution on the integration of OVCs in their HIV/AIDS policy papers and budget lines. However, Plan NL is not much involved in direct lobbying nor much budget is spend for advocacy and lobby activities.

5. Annexes

Annex 1: Judgment criteria form

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

Annex 3: Financial and quantitative data

Annex 4: List of documents consulted and people met

Annex 5: Guidelines for interviews and quantitative data collection

Annexe 1: Judgement criteria form

EQ no. 1	To what extent did the CFAs respond to the HIV/AIDS epidemic and build up competence to cope with HIV/AIDS?
Judgement Criterion no. 1.1. The CFA internalised HIV/AIDS in all its core functions	
<p><i>Indicator 1.1.1 Process to develop an internal workplace policy and action plan has commenced.</i></p> <p>No Workplace policy yet. Plan International is currently involved in the elaboration of guidelines to elaborate WPP at country level. This includes also budget implications. It is not clear yet what will be funded and what not. Country offices of Plan also did not bring up this issue with counterparts in-country as they have no budget allocations and did not develop their own WPP either. Both Plan India and Zimbabwe indicated that they are using the Plan International WPP, but only Zimbabwe made the effort to adapt this policy to the national situation. Plan Malawi developed a WPP but did not share a copy with the consultants, or with the previous consultants of the first phase for this evaluation. At Plan NL discussions are held on the budget implication for WPP and to what extent Plan will finance. Plan is aware of the initiatives of SAN! about this issue but Plan is not a member of SAN. (Plan did participate in the WPP pilot in Ethiopia).</p> <p>No AIDS work with staff has been organised. Staff does not receive a medical kit when travelling abroad. No support of HR manager: need is not felt.</p> <p>According to staff, WPP development will be needed as this will be demanded from country offices.</p> <p><i>Indicator 1.1.2. Evidence of senior staff commitment</i> No info</p> <p><i>Indicator 1.1.2. Existence of HIV/AIDS policy paper and HIV/AIDS policy paper is known by all staff</i></p> <p>No policy paper of Plan Netherlands. There is a general HIV/AIDS framework elaborated at Plan International headquarters. There is attention to integrate HIV/AIDS in the different themes Plan is working on, but according to staff there is not yet a policy on external mainstreaming as such. Elaboration of the "circle of hope ", a framework to develop programmes at country level. Circle of hope terminology is known by all staff.</p> <p>Currently Plan is working on its own policy paper (because of a felt need and in order to prepare the new business plan 2007-2013). This policy papers includes attention to internal and external mainstreaming and the need to elaborate specific HIV/AIDS programme. Up-till now HIV/AIDS is dealt with as a health issue (also at the level of Plan International, HIV/AIDS is responsibility of the regional health advisors). But there is an emerging trend within Plan Netherlands to deal with HIV/AIDS as a development issue (see regional plans 2003-2006). In the new policy papers, HIV/AIDS will be seen as a development issue.</p> <p><i>Indicator 1.1.4. Job(s) on HIV/AIDS at head office and/or regional offices</i></p> <p>At the head office a resource person has been appointed, who is also a programme coordinator for Zambia and Ethiopia. At international level regional and thematic coordinators are appointed. Until recently the health coordinator was also responsible for HIV/AIDS related issues. Not all Plan offices have a resource person or a policy officer responsible for the HIV/AIDS policy. This is the responsibility of the country offices. The team has seen specific HIV/AIDS related jobs in the country offices of Malawi and India. In the country office of Zimbabwe, the health advisor was responsible for the HIV/AIDS programmes.</p> <p><i>Indicator 1.1.5. HIV/AIDS is integrated in strategy papers and annual plans</i></p> <p>Recently Plan started to integrate HIV/AIDS in strategic plans and annual plans (ex. regional plans 2003-2006: HIV/AIDS is</p>	

integrated at several themes and hence not seen as a health issue but also a development issue, but to a much lesser extent for the Asia region). Since 2003 HIV/AIDS is dealt with as a cross cutting issue, hence in the project yearbook every programme is assessed on HIV/AIDS integration.

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

There have been 4 expert meetings on HIV/AIDS, organised by Plan NL, KIT, Save the children, BUZA, Cordaid, etc. Plan was responsible for the expert meeting on OVCs. Through this expert meetings knowledge is gained and bottlenecks within HIV/AIDS programmes are discussed.

As a result of these expert meetings, Plan decided to establish a HIV/AIDS working group within Plan NL.

The resource person gives support to the programme officers with the assessment of programme proposals. She looks at all programmes that tend to include some HIV/AIDS activities.

Within Plan NL there is a lot of informal knowledge. But staff lacks the knowledge and tools about HIV/AIDS related issues and tools to discuss internal and external mainstreaming at country level. There is a felt need for more training and knowledge exchange. Staff members are generalists.

Plan wants to give support to staff in a more systematic way. Support and training occasionally happens in informal meetings and individual support. Plan recognizes they need to elaborate a systematic approach.

At international level, there is access to an intranet for the whole Plan family (6000 staff members). On the intranet more information is put on about HIV/AIDS (ex. best practices).

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

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

Programme officers do assess programme proposals presented by the country offices. The appraisal is very much related to the review of the log frame, the technical elaboration of the programme proposal and a critical reflection on the assessment of the Plan capacity and capacity of counterparts. But some discussions on content are also in place. Example, since 2004 (?) programme officers look for the relation with HIV/AIDS. When nothing is mentioned, some explanation is asked to the country team.

At international level, the regional health advisor also assesses the programme proposals.

HIV/AIDS is not formally integrated in Plan's appraisal system. It depends on the programme officer whether he/she is sensitive to inquire after HIV/AIDS integration in programmes. All appraisals of programme proposals will also be checked by the coordinator for the African region. Due to the importance of the HIV/AIDS epidemic, she will always look at HIV/AIDS aspects of the programme proposals. This happens to a lesser extent for the Asian region: there is still a lot of discussion amongst programme officers about the extent they have to give importance to HIV/AIDS.

Once the HIV/AIDS policy will have been accepted it will be normal to adapt the appraisal system.

No systematic HIV/AIDS analysis has been conducted. There is a context analysis that provides the framework for the elaboration of programmes at country level. When HIV/AIDS analysis is missing in this context paper, critical questions are asked.

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

No general guidelines but based on the international policy framework, country offices have begun to include HIV/AIDS programmes. Example country programme Zimbabwe: one of the programmes supported by Plan NL is a HIV/AIDS

programme that has started in 2004. Country programme of Mali did elaborate a comprehensive and very much appreciated (also by other stakeholders) HIV/AIDS programme (since 1993).

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

See financial analysis

HACI programme

Ex. Difficult relationship with HACI-Malawi, hence Plan NL funded a separate HIV/AIDS programme of the Malawi county office.

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

See financial analysis

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

Institutional

Establishment of a HIV/AIDS workgroup with participation of 6 staff members, from different departments. Idem for gender.

Tools

Gender is explicit part of the appraisal system. No tools yet for HIV/AIDS mainstreaming.

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

Lot's of discussion at Plan NL about the link between gender and HIV/AIDS. The new policy paper will address this issue.

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

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

See financial overview

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

See financial overview

Not directly involved in campaigning, but important support to Plan Europe liaison office.

Lobby through plan country offices and through the HACI programme.

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

Important contribution of Plan NL to the position paper of the European OVC workgroup.

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

Plan Europe liaison office

No direct lobby

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

No direct lobby

Indicator 1.3.6. *CFAs can mobilize a critical mass*

No direct lobby

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

Plan Europe liaison office: success on EC policy and budget lines (OVCs)

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

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

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

Specific way of working of Plan: country teams can elaborate very independently their programmes. But they have to look for funding. As Plan NL gives direct support to some countries (and not via the international headquarters) staff of Plan NL can discuss programme proposals with staff of the country offices. In that perspective Plan NL can also do some proposals but most of the time the proposals come from the country offices themselves.

Programme officers can communicate with the technical advisors at country level and they discuss the technical elaboration of the programme, with attention to HIV/AIDS.

At country level, technical advisors are added to the team that give support, also on HIV/AIDS. At regional level a regional advisor is responsible for technical advice related to certain issue, among others HIV/AIDS. Hence the role of the programme officers at Plan NL is less important, although they can ask critical questions and enhance reflection (ex. Zimbabwe: questions on the integration of HIV/AIDS into the other programmes, like the programme on food security.)

Country office staff confirmed that Plan NL did not have influence on their HIV/AIDS work, strategic thinking nor discussed this in particular with them. Plan India even said that they inspired Plan NL in their policy priorities.

Plan NL is also member of international programme advisory groups, where policy issue are discussed. Through this way Plan NL can influence the general policy of Plan International.

Asia: still a lot of denial. Not as such at the country offices, but yes, in the personal lives of staff members.

Since last year, staff includes questions on WPP development in their dialogue.

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

Discussions going on about the external overhead costs related to internal mainstreaming.

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

Country offices do so in their annual reports.

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

Programme officers do not have direct relationships with counterparts, but with plan country officers. Shared learning initiatives depend on the staff at country officers. It might happen that country offices do organise a meeting for all counterparts (ex. during Zimbabwe mission of programme officer). There is a need for support for external mainstreaming but Plan (Netherlands and/or Plan INT?) do miss the appropriate instruments.

Specific attention goes to the analysis of capacity of country offices and counterparts. This is part of the job of the regional advisors. When Plan NL thinks there is a lack of competence in some country they can contact the regional advisor. Hence

it appears to be difficult to assess HIV/AIDS competence of a particular country office (staff do not know all staff of a country office).

Apparently Plan NL did improve the quality of the HAI programme, through its interventions: the Netherlands as opposed to donors like the Bill Gates foundation, USAID, etc. with its focus on a rights based approach and less earmarked funding approach.

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

The country office in India committed itself to mainstream HIV/AIDS into all their programs (next strategic plan) despite the fact that mainstreaming has 'not yet set in their country so much' (interview). Plan Zimbabwe is not a core country for Plan NL funding but receives grants for HIV/AIDS, food security and poverty alleviation programmes. In this, the staff acknowledges the link between the different programmes and regard PLWHA as a vulnerable group. Plan Malawi also expects all their programs to incorporate HIV/AIDS and stated that the Circle of Hope influenced their thinking a lot.

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.

No one really mentioned gender specifically as a cross cutting issue of country office staff!!
Discussion on the link between gender and HI will be taken into account by the elaboration of the next business plan.

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.

Country offices are supporting counterparts that include PLWHA in their programmes, ex Lilongwe Diocese in Malawi, FACT in Zimbabwe, Samuha in India.

Annexe 2: Portfolio of HIV/AIDS counterparts/programmes funded by Plan Netherlands in the four visited countries

Malawi

Plan Malawi MWI 1039	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	HACI*				Empowering communities towards prevention and control of HIV/AIDS 03-06 (themes: health and protection)	347,75 USD (2003-2006)	X	X		X		Circle of hope:	
Partner 2													
Partner 3		NAPHAM						x	x			X	HBC
Partner 4	# AIDS committees	30 CBO's					100% NLNO funded. Commitments: 2003: 68.709 2004: 109.666 2005: 112.750 2006: 56.625	x	x			X	VCT OVC Stigmatisation prevention mitigation

Opm: HACI = hope for Africa children Initiative; different donors; partner 3 - 4 100 % finances via Plan NL

Zimbabwe

Plan Zimbabwe ZWE0082	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		Diocese of Mutare Community Care Programme (DOMCCP)			Children affected by HIV/AIDS	NLNO- part is USD 400.000 (2004-2007), which is 67% of total budget	x			x		Mitigation HBC OVC ART Legal aid
Partner 2	Family Aids Caring Trust*(FACT)				Circle of Hope (themes: health and protection)		x			x		Stigmatisation Prevention Mitigation HBC OVC VTC

Partner 3		CBO Arise					x	x			x	Mitigation Prevention Counselling OVC VTC
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Opm: * FACT ook partner van ICCO

India

Plan India IND0086	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			CASP		Children having something to say (01-04) 1 (maybe 2) videos address HIV/AIDS	230.515 100% NLNO	x	x				Prevention stigmatisation
Partner 2			ASM									
Partner 3			SAMSKAR									
Partner 4			PREM									
Partner 5			SAMUHA									
Partner 6			MYRADA									
Partner 7			SBMA									
Partner 8			SWRC, Social Work and resource centre									
Partner 9			SAMARTH									
Partner 10			DRF_HSD									
Partner 11			CYSD									
Partner 12			WSHG									

Opm: CASP en SAMARTH werden ook gefinancierd via het programma "Tarang Child Rights Magazine"(01-04), 100% NLNO = 172.582 EUR

Annex 3. Quantitative and financial 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
PLAN				
HIV/AIDS related programmes of Plan country offices	4 (estimated 15 local counterparts receiving funds)	655.919,00	46 (estimated 74 local counterparts receiving funds)	4.943.681,00 HACI for 2.500.000 euro included
Total number of programmes of Plan Country Offices funded by Plan NL	72 programmes (number of all counterparts unknown)	6.830.335,00	234 programmes (number of all counterparts unknown)	22.311.018,00
% of HIV/AIDS funded programmes to all programmes	5.56%		19,66%	
% of HIV/AIDS funds to all funds		9.60%		22,16%

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

Name of campaign, network or global partner.	Budget 2001 Euro	Budget 2002 Euro	Budget 2003 Euro	Budget 2004 Euro
PLAN				
SHARE-NET	2269,00	2382,00	2496,00	3000,00
Conference on Sexual Behaviour Change and HIV/AIDS			6400,00	
OVC workgroup			5000,00	15.000,00
Totals for PLAN	2269,00	2382,00	13.896,00	18.000,00

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

Name of public awareness program	Budget 2001 Euro	Budget 2002 Euro	Budget 2003 Euro	Budget 2004 Euro
PLAN				
No glove – no love		12.500,00	12.500,00	10.000,00
LOVE.check				34.082,00
Totals for PLAN	-	12.500,00	12.500,00	44.082,00

Annexe 4: Persons met and documents consulted

People met

Lis Ostergaard	Programme officer (Zambia, Ethiopia) and resource person HIV/AIDS
Ellen van Puffelen	Programma officer Zimbabwe
Maud Bringman	Programma officer India
Carlien Huisman	Programma officer Malawi
Kim Hartog	Programma officer Mali
Jan Til	Policy officer monitoring and evaluation
René Schoemakers	Policy officer
??	Gender focal point and programme officer Latin America?
Ingrid Smidts	Programme officer Malawi

Documents consulted

(2002) *Plan Global position paper 1 Plan's work for children affected by HIV/AIDS*. Plan International headquarters.

(April 2002) *Bedrijfsplan 2003-2006. Subsidieaanvraag MFP*. Foster Parents Plan Nederland.

(April 2002) *Position paper on health*.

(April 2002) *Position paper on food security*.

(April 2002) *Position paper on gender equity*.

(April 2002) *Foster Parents Plan position paper civil society development*. Framework for policy development.

(April 2002) *Regional plans. Subsidy request MFP 2003-2006*.

(2004) *Orphans and vulnerable children living in a world with HIV/AIDS*. Position paper of the EU action group for orphans and vulnerable children.

Several project books that are annexes to the annual reports of 2001, 2003 and 2004 (on Africa, Latin America and Asia)

Annex 5: Guidelines for interviews and quantitative data collection

Interviewleidraad landenverantwoordelijken/gender

JC 1.1: CFA internalised HIV/AIDS

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

JC 1.2: evidence of implementation

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

JC 1.3. Lobby and networking

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

JC 2.1. Dialoog met de partners

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

Portfolio overlopen

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

Interviewleidraad HIV/AIDS policy officer

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

Interviewleidraad HR

Focus workplace policy (Noord als Zuidelijke kantoren)

Group discussions

SWOT analyse en/ of self assessment oefening

Information concerning the collection of data

1. General overview and evolution: activities in the South

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

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

Instructions:

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

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

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

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

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

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

Instructions:

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

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

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

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

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

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

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

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

CP = Counterparts

Instructions:

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

4. Review of the draft portfolio's

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

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

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

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

Thank you!
The evaluation team