CONCERN
worldwide

Meta Evaluation of Concern's HIV and AIDS Programmes

2007-2009

Sara Methven

June 2010

Paul Nyombi, Mpigi district, Uganda. When he was just fifteen, both Paul's parents died of AIDS. He was left alone at the family homestead. Paul received HIV prevention education and vocational training through Concern field partners to help him gain practical skills to improve his life in a sustainable way. Photo by Angela Whyte 16/03/2007

Executive Summary

A meta-evaluation of Concern's HIV and AIDS programmes based on Concern Worldwide evaluations and mid-term reviews from 2007 – 2009 was carried out by an external consultant in mid 2010. Many of these evaluations reflect programme implementation under Concern's first HIV and AIDS Strategy 2004 – 2007. The findings of this meta-evaluation are being used to inform the development of the next Concern Worldwide Strategic Plan for 2011 – 2015.

In terms of relevance, Concern appears to be doing the right thing in the right places. The meta-evaluation is challenged to make evidence supported statements about efficiency. One mainstreaming report does it effectively and suggests a high level of efficiency in Tanzania. The HIV mainstreaming programmes do not always use the language of effectiveness, but these programmes have on the whole been evaluated favourably. An unexpected but desirable outcome of mainstreaming both internally and externally is an increased awareness of gender, including the gender dimensions of poverty.

Reporting on the effectiveness of Concern and partner programme work is hindered by weak monitoring, and a number of the evaluations do not report on effectiveness. Despite the challenges, the people with whom Concern and partners work are mostly very positive about impacts. Concern does targeting well in high and low prevalence contexts. Sustainability is important to Concern Worldwide and the meta-evaluation recommends greater consideration of this with partners at programme design stage.

The **main findings** are outlined below:

The Concern HIV and AIDS programme works in diverse contexts using a variety of approaches to tackle the complementary policy aims of prevention and mitigation. Through diversity and flexibility, Concern is responding to the changing needs of PLHIV and includes, supporting PLHIV with livelihood interventions.

There is strong and varied experience in participatory group methods of behavioural change and peer support which serve to reduce stigma and challenge harmful practices. Participants show changes in knowledge and a willingness to discuss sensitive issues and in some cases participants report improved health and well-being. Actual behaviour change is hard to measure. The qualitative participatory monitoring and evaluation shows intention and understanding but is insufficiently substantiated with quantitative or tangible outcomes over time. The evaluations are characterised by the showcasing of good stories, but these are not triangulated with other pertinent evidence nor are they supported by evidence of scale. The use of proxy indicators of behaviour change would strengthen this area of work, but the programmes need to acknowledge that this takes time and the use of sample longitudinal studies should be considered.

The Concern partnership approach, including technical and organisational capacity building, is highly established. Partners appreciate the holistic approach and the diverse styles of 'mentor, facilitator, trainer, coach'. Mechanisms for sharing programme management increases joint vision and allows for the recognition of partners' complementary contributions. Joint partner lesson learning is seen as an effective way to improve overall performance. There is a need for greater clarity on purpose, and on roles and responsibilities in relation to monitoring and evaluation. A common weakness in Concern and amongst partners is their inability to demonstrate tangible outcomes.

The concept of developing relationships for referral, (especially medical) is well embedded in HIV and AIDS programmes. Increasingly, linkages are being made to other Concern programmes such as livelihoods. A more systematic approach to developing relationships between Concern partners and other key HIV and AIDS actors in the programme areas should be adopted. Regular up-dating of stakeholder mapping in programme areas ensures that partners make appropriate and strategic choices. Creating relationships between community groups and other service providers is required for the purposes of sustainability.

There are some very good examples of partners affecting local change through lobbying and the recognition of Concern's contribution to advocacy at national level in some countries. Using advocacy as a tool for encouraging other actors to adopt or scale-up successful innovations or methods, is less common.

Increasing the understanding and use of advocacy is important for Concern and its partners. Reviewers identify local advocacy issues, which could be pursued by the programmes. It appears that local issues are not taken up unless they can be linked to nationally or internationally identified issues. Likewise national level lobbying/advocacy successes are not successfully translated into local level change. The intention of the second HIV and AIDS strategy, 2008-2012 is that advocacy becomes an integrated rather than a separate strategic goal as it was under the first Irish Aid HAPS funded framework and strategy 2004-2007. Given the timescale of the current reviews and strategy, the findings here support the need for greater integration.

The gender dimension of HIV and AIDS is well recognised. Harmful cultural/traditional practices are exposed through the risk and vulnerability analysis. But men and youth are underrepresented in support and volunteer groups, which by implication increases the burden on women and reduces the potential impact on changing male behaviours. There is a continued need to address the "risks" attached to the control of assets by men in livelihoods programmes.

Concern programmes are generally responsive to the changing needs of PLHIV. There is evidence of good practice in integrating the needs and demands of PLHIV into livelihoods programmes with positive outcomes on health, CD4 counts and stigma reduction. More attention and adherence to the Greater Involvement of People Living with HIV (GIPA) principles which go beyond the inclusion of PLHIV as programme participants and their inclusion in design processes is recommended.

Concern is using regular reviews and evaluations to help it improve its work. These are less useful for reporting on impact, due to a lack of baselines and end points, and sequencing (the fact that they are mid-term or end of programme). More attention should be given to improving the evidence bases in these reviews, through the selective use of primary and secondary data. DAC criteria are commonly used, although it could be argued that they are not always appropriate, in particular for mainstreaming and capacity building interventions which might benefit from a different set of questions. Most of the reporting is based on qualitative rather than quantitative data and therefore answering DAC questions is a challenge. There is very little comparison of "before and after" scenarios, in part because there are few baselines and a tendency to avoid the change and progress criteria which are implied by DAC criteria.

More guidance to field based operations and the inclusion of partners in the preparation of data for such reviews could increase buy-in on the purpose of monitoring. Providing field staff with examples of good MTRs (process and outcomes) and evaluations might be helpful. The current practice of including "external expertise" when appropriate, to work alongside staff and partners, seems to create a middle way of increasing learning opportunities from such processes.

Recommendations:

These recommendations are based on findings from the HIV and AIDS meta-evaluation. Some may be relevant to the wider organisation rather than specific to HIV and AIDS as they focus on strengthening monitoring and evaluation more broadly than specific HIV and AIDS issues. They are included here as they are seen as important to increase the benefits which HIV and AIDS programmes can deliver.

1. With support and oversight from the programme planning and monitoring group (PPMG), Concern must develop its capacity and that of its partners for effective PM&E. This should focus on using secondary and primary data to show quantitative and qualitative change.

Without this, Concern is failing to demonstrate the scale and importance of its HIV and AIDS work and activities. In particular, assessing behaviour change is a niche area for Concern and partners in prevention as well as reducing stigma and discrimination. This is not adequately addressed through a results based mantra. It requires specific research which uses secondary data as proxy indicators of change and adequately addresses counterfactuals. This would be helpful to Concern and the wider community of practitioners engaged in behaviour change approaches throughout development interventions.

2. Generally Concern needs to improve its culture and practice of PM&E:

   Led by the Programme Approaches and Learning Unit (PALU) Concern must:

- Develop a culture of using secondary data from government departments as a way to measure contribution to change.

- Review and assess the appropriateness of DAC criteria.

- Reflect on usefulness of DAC criteria, and if maintained, Concern PALU (PM&E) must develop more guidance on their use and application to the programmes.

- Clarify the roles and responsibilities of Concern and partners in relation to monitoring and analysis.

- Include partners in MTRs and reviews wherever possible or at a minimum involve partners in the process of ToR development and preparation of data.

HIV and AIDS programme recommendations aim to improve effectiveness, impact and sustainability. Many of these have been included in the text but are repeated here for clarity.

3. In recognising that programme periods limit impact assessment

   Concern PALU team should:

- Explore the viability of extending the range of evaluations and types of methodologies used including assessing the potential for :

  ° A small sample of longitudinal studies on behaviour change methods and use this to inform monitoring and evaluation processes and adapt methods if necessary.

  ° The value added of "post programme" impact assessment as part of improving learning about assessing change over time.

4. Programme Advisors and Managers supported by the PPMG must improve and systematise:

- Gender analysis of programme strategies to mitigate the risk of increasing the burden on women while not reaching men.

- Use and reporting on the GIPA principles.

5. During programme design and review, Programme Staff, Managers and Advisors must consider the following:

- Identify and develop institutional relationships that will be the foundation for sustainability. This should include, links to district and national response structures. Programme outcomes should include establishment of such relationships between key actors.

- Advantages of "time-bound" working relationships with other NGOs or Government departments to enable more agile responsive programmes.

- Inclusion of systematic approaches for mutual learning: between partners; within and between Concern programmes. Increased focus on sharing approaches to adapting to ensure that programme initiatives become organisation-wide shared knowledge.

Acronyms

AIDS	Acquired Immune Deficiency Syndrome
ART	Antiretroviral Therapy
ARV	Antiretroviral
BCC	Behaviour Change Communication
CBO	Community Based Organisation
CC	Community Conversation
CD4	Cluster of differentiation four
CD4 count	Number of CD4 cells in a cubic millimetre of blood/CD4 cells/mm^3
CSO	Civil Society Organisation
CTC	Community Therapeutic Care
DAC	Development Assistance Committee
EoP	End of Programme Evaluation
GIPA	Greater Involvement of People of HIV
HAPS	HIV and AIDS Partnership Scheme
HBC	Home Based Care
HIV	Human Immunodeficiency Virus
IDP	Internally Displaced Person
IDU	Injecting Drug User
IEC	Information Education and Communication
KAPB	Knowledge Attitude Practice and Behaviour
MDG	Millennium Development Goal
M&E	Monitoring and Evaluation
MTR	Mid-Term Review
NGO	Non-Governmental Organisation
OTC	Out-patient Therapeutic Care
OVC	Orphans and Vulnerable Children
PALU	Programme Approaches and Learning Unit
PCM	Project Cycle Management
PDED	Policy Development and Evaluation Directorate
PLHIV	People Living with HIV
PM&E	Planning Monitoring and Evaluation
PMTCT	Prevention of Mother to Child Transmission
PPMG	Programme Planning and Monitoring Group
PSC	Project Support Committee
RBA	Rights Based Approach
R&V	Risk and Vulnerability
RUTF	Ready to use Therapeutic Food
SAA	Sub-Saharan Africa
SAL	Strategy, Advocacy and Learning
STAR	Societies tacking AIDS through rights
STI	Sexually Transmitted Infections
TALC	Treatment Advocacy and Literacy Campaign
ToR	Terms of Reference
TWG	Technical Working Group
UNAIDS	The Joint United Nations Programme on HIV and AIDS
VCT	Voluntary Counselling and Testing
WEH	Water and Environmental Health
WPP	Work Place Policies

Table of Contents

1. Introduction

This is the first meta-evaluation of Concern's HIV and AIDS programme and covers evaluations of reviews in the period 2007-2009 most of which were designed from 2004 onwards, and implemented under Concern's first HIV and AIDS Strategy 2004-2007. This evaluation was carried out in early 2010, to provide inputs into the strategic planning process which Concern is currently undertaking for the period 2011-2015.

At the end of 2008 Concern was implementing 24 specific HIV and AIDS programmes in 15 countries. By the end of 2009 this had been reduced to 18 projects in 9 countries. The report findings and comments are 'analytical snapshots' based on a total of 18 reviews (8 specific, 5 mainstreaming, 5 integrated programmes) in 11 countries. Put simply this meta-evaluation samples approximately 30% of the total specific programmes being implemented in the period from 2004-2009. Concern has taken a brave and holistic response to HIV and AIDS, demanding a high level of dedication to support and manage mainstreaming, integrated and specific responses in different contexts. This includes work on prevention in low prevalence countries including India and Bangladesh, the latter being described as pioneering.

The statistics on HIV and AIDS continue to grab headlines but there is also increasing recognition that "halting and reversing the spread of AIDS is not only a Goal itself; it is a prerequisite for reaching almost all others" (UN Secretary General at General Assembly in 2008). This next five years will see the world concentrating on the achievement of MDGs and is very likely to reinforce the already strong agenda around showing results but may also encourage quick wins rather than long term gains. Concern's work aims to balance approaches which mitigate the impact of the epidemic and promote prevention in communities and individuals. The range of activities and interventions makes it impossible to aggregate outcomes but this should not prevent an appreciation of the efforts that staff and partners are making. This meta-evaluation aims to contribute to improving those efforts.

2. Background

Concern has included a response to HIV and AIDS in its portfolio since 2002, with HIV and AIDS as a sector-wide programme along with health, basic education and livelihood security in Concern's organisational strategy in the period 2002-2005. This focus was based on an acknowledgement that the scale of the HIV pandemic was having an impact in areas of Concern programmes, especially in sub-Saharan Africa. Concern's third strategic plan for 2006-2010 "Impact, Innovation and Influence" includes a specific HIV and AIDS objective: "to reduce the prevalence of HIV and to minimise the impact of AIDS on the poorest communities" and a mainstreaming objective: "to continue to enhance ongoing efforts to mainstream HIV and AIDS throughout Concern and its programmes". Other new policies in Concern reflect a deepening of Concern's understanding about the implications of HIV and AIDS and how this affects its staff, partners, and target group. A new policy introduced in 2007 integrates tackling HIV and AIDS into tackling extreme poverty with the combined aims to:

Lower the incidence of HIV among our target group, and staff of Concern and our partner organisations.

Minimise the impact of HIV and AIDS on those within our target group infected and affected by it.

Since 2002 Concern has developed its programme approach to HIV and AIDS. The most recent Global HIV and AIDS Strategy 2008-2012 was developed through an extensive consultative and feedback process. This drew on the experiences of a broad section of the organisation, including a review of the previous strategy and a weeklong workshop with representatives from across the organisation.

This strategy has four Programme Strategic goal areas:

1. Stigma and Prevention;　　　　　　　2. Care and Treatment support;

3. Nutrition and Livelihood Security;　　　4. Responding to HIV and AIDS in an emergency;

Concern has three ways in which it can achieve its strategic goals:

1. Mainstreaming a HIV and AIDS response

    - Internally and externally in all our sector programme work (education, health, HIV and AIDS, livelihoods;

2. Programming

    - HIV and AIDS specific programmes focused on the four Strategic Goals (as above);

3. Integrated work

    - HIV and AIDS specific activities within another sector – education, health or livelihoods;

In 2003 Concern set up four Programme Planning and Monitoring Groups for the joint planning and evaluation of sector wide programming by staff from both the overseas unit and the Policy Development and Evaluation Directorate (now SAL). Over the years this group has commissioned 13 meta-evaluations of sector-wide and cross-cutting programme work.

This is the first meta-evaluation of the HIV and AIDS programme response and is timed to coincide with the current Concern wide strategic planning process which will develop a 5 year plan to start from 2011. There are two other complementary pieces of work:

1. A completed strategy evaluation of concern's response to the HIV and AIDS crisis in 2007

2. An on-going internal review of the HIV and AIDS mainstreaming response.

2.1   Objectives of the meta-evaluation

The main purpose described in the TOR is a stock-taking of Concern's work on HIV and AIDS and to report on relevance, effectiveness, and coherence with: HIV and AIDS policy and strategy; national and global responses and contributions to the MDGs.

The specific objectives are to:

- Summarise the main focus of Concern's HIV and AIDS response work from 2007-2009 with aggregated key findings and outcomes.

- Assess performance against the DAC and additional criteria - (impact, effectiveness, relevance, targeting, focus, partnership, sustainability, coverage, and efficiency).

- Appraise attention to and implementation of Concern cross-cutting issues.

- Document good practice, lessons learned and challenges.

- Report on emerging issues and gaps in Concern's response.

- Make recommendations on niche area/s and future HIV and AIDS programme direction in consideration of Concern's capacity and gaps in our priority countries.

- Report on the quality of the evaluations in terms of a results orientation.

The report will briefly consider methodology used and limitations thereof, followed by: the findings; lessons learned; recommendations and conclusions.

The first part of the findings will address the quality of the evaluations as this has implications for findings in the other areas.

The full ToR and list of documents reviewed is included in Annex 1.

3. Methodology

3.1 Approach

The HIV and AIDS meta-evaluation was a desk study which reviewed Concern's available HIV and AIDS documents for the period 2007-2009. The programmes reviewed reflect the range of Concern's approaches to HIV and AIDS programmes:

- 8 specific HIV and AIDS programmes

- 5 mainstreaming programmes

- 5 integrated programmes

Of the 18 review documents received: 9 were end of programme evaluations, 7 were mid-term reviews,1 an annual programme review and one was described initially as an impact assessment then as "insights". With support from the Global Advisor, references to HIV and AIDS extracted from other meta-evaluations were also reviewed. Other documents included the relevant strategies for HIV and AIDS during the period and the review of Concern's strategy for responding to HIV and AIDS. Conversations with the Global HIV and AIDS advisor were a valuable part of the exercise especially in understanding the background to some of the reports. A feedback meeting with the PPMG group was held in Dublin which allowed for a validation and discussion on the findings.

3.2 Limitations

To an extent, the quality of a meta-evaluation is dependent on the quality, findings and conclusions of the documents reviewed. Given the balance of MTRs and EOP evaluations only half of the documents consider outcomes. Although Concern's PM&E guidance for MTRs suggests that the process should be used to "assess progress and provide indications of outcomes and impact in people's lives"[1], in reality most MTRs (and even some final evaluations) only report on outputs. The relatively small sample, and range of approaches being applied, illustrates the diverse response necessary in HIV and AIDS programmes and makes it complex to summarise or aggregate findings in a meaningful way. The specific programmes aim for outcomes in relation to prevention, mitigation and institutional capacity building and in many cases also aim for internal mainstreaming.

A common challenge in the reports reviewed was a lack of quantitative data which makes it difficult to show progress against objectives. In many instances, the reports do not include benchmarks or statistical data to support qualitative reports of program achievements or challenges. There is very limited reference to, or use of secondary data to support claims. The inclusion and use of data from clinics and schools could be used to legitimise arguments. Many of the claims of change and consequent conclusions are based on subjective views. While this may indicate people-centred and participatory approaches it does not inform the reader of the scale or dimension of change. In addition, the meta-evaluation process was limited to 12 days, and as such it was impossible to carry out any deeper assessment which might have substantiated the findings. In this case the report comes with several caveats and should be understood as a partial snap-shot of HIV and AIDS programming in Concern Worldwide.

---

[1] Concern MTRs and Evaluation guidelines (P 172)

4.   Evaluation Quality

In this sample, the quality of the evaluations is varied. There are several very good MTRs and one very strong evaluation. [2.] These reports are well written and attempt where possible to summarise the findings using DAC criteria while also considering general progress and providing indications of likely outcomes. In other reports DAC criteria are implicitly rather than explicitly addressed. In the ECHO funded IDP project the criteria were absent. It is difficult to say whether this is because of the nature of the ToR or the formats prescribed by other donors.

Most of the reviews and evaluations remark on the lack of baseline studies and a lack of monitoring data. The main exceptions are examples where KAP studies were used to assess changes in staff and partners following mainstreaming work. A general lack of clear starting points prevents quantitative or evidence based statements about change in both MTRs and end of programme evaluations (EoP evaluations). The Concern MTR and Evaluation guidelines suggest that it is necessary to "reconstruct baselines" if these were not done at the outset. It is not clear whether this is seen as a task in preparation for reviews but there is no evidence of this being done systematically. In the absence of clear starting points and limited monitoring data the reports rely heavily on examples and case studies to illustrate change or success. There is very limited scope to identify the quantitative dimensions of change which would illustrate programme scale.

The better reports are those that appraise and praise good performance while reminding Concern of its own strategic principles and raise strategic issues which should be addressed during the remainder of implementation or across the organisation. The less strong reports are those which don't base their conclusions and recommendations on the findings of the reviews. In one case the review findings were generally positive on progress etc. but the range and content of recommendations suggests that the performance really needs to improve[3]. The MTRs reviewed were often of better quality than the evaluations. With the exception of Uganda Rwenzori and Tanzania, evaluations rarely refer to the findings of the MTR. This appears to miss an opportunity for continuity in learning and accountability. The Tanzanian EoP refers to issues raised in the MTR which were not addressed by the EoP. The EoP evaluation found it necessary to repeat many of the MTR recommendations as these had not been addressed. While it is critical to remind Concern of their responsibility to "manage and implement" findings from programme reviews, in this instance, it might have been more useful to discuss with the team why the MTR was not followed up.

Concern's contribution is not always well articulated. There are two notable exceptions in the Kenya MTR and the Tanzania EOP. These reports provide background data on the nature and scale of the epidemic in the country and attempt to relate Concern's contribution to local and national institutions and policies. These reports also show an understanding and programme linkages to Concern's strategy. Where national context and Concern policies are not mentioned it raises the question of whether they were included in the situational analysis during programme planning. These reports and those covering Rwanda and Zambia MTRs attempt to use relevant district or national data available to support their claims to show "what % of people had or have increased access to VCT or other services". More inclusion of validation data is critical. Given that UNAIDS and others are investing considerable resources in data gathering and monitoring, programmes should be able to access such data from secondary sources. These secondary sources of data should be used by Concern and the partners to show their contribution and to interrogate their own findings.

Some aspects of the HIV and AIDS programmes are not adequately addressed in the reports although it is acknowledged this may be down to the ToR. They are included here to avoid them becoming invisible.

---

[2] MTRS of high quality include Rwanda, Zambia, and Uganda Ruwenzori Mainstreaming. The best
quality evaluation is the Tanzania mainstreaming.
[3] The India and Zimbabwe reports both err in this direction.

Reporting on cross-cutting issues is generally ad-hoc. In general the reports do not specifically comment on how the programme will contribute to Concern's equality policy even where gender is a critical issue. The Ethiopian evaluation reports on changes in partner organisational capacity but not capacity building as a cross-cutting issue per se. Environment and Disaster Risk Reduction are also missing but this may be to do with their relatively recent inclusion as cross-cutting issues.

Finally and critically in the context of HIV and AIDS, reporting on efforts to observe GIPA principles, which promote the inclusion of PLHIV in all aspects of the project cycle and not only as target group, is uncommon.

In reviewing the quality of evaluations it must be acknowledged that time available for such work is short. The need for partners and Concern to prepare for such processes is clearly stated in the recent Concern guidelines and resources must be devoted to this. The emergence of the internal evaluations and the inclusion of staff on review should be extended wherever possible to include staff from partner organisations. This is capacity development and may serve to reinforce the relevance of monitoring.

This work did not attempt to assess the "usefulness" of the evaluations as "programme or management responses" were not part of the documentation. The question of value for money of the reviews could only be assessed on the basis of knowledge of how the reports were used at programme levels both in-country, regionally and at HQ. It appears that where the programmes share common challenges, for example PM&E by Concern and partners, the findings of the individual evaluation and MTRs have not yet been used to drive change from the centre.

5.   Programme Findings

5.1   Summary of the main focus of Concern's programmes

It is impossible to aggregate findings from the reports because of: the diversity of programme interventions; range of approaches used; and as clearly stated above the data is simply not available. This section will provide an overview of the focus and trends in HIV and AIDS programmes from the sample reviewed.

Specific programmes in high prevalence countries work on prevention and mitigation. In low prevalence countries the focus is prevention work e.g. in India. Prevention work in the target countries in sub-Saharan Africa (SSA) focuses on raising awareness and access to VCT, especially amongst the younger population. In SSA, HIV and AIDS education work in being integrated in primary schools[4]. The 2007 policy included advocating for the inclusion of HIV and AIDS in primary school curricula, but none of the reviewed programmes target this.

Knowing your status is critical to preventing the spread of the infection thus programmes are increasing access to services in all specific programmes. In some programmes mobile clinics for VCT, STIs and PCMCT are being supported. There is some evidence that younger men are more likely to attend mobile clinics. The increased need and demand for such services results from increased awareness, but can also be attributed to increased, albeit inadequate, availability of ARVs. The principal that Concern does not get involved in provision of treatment is largely observed, however partners in some countries, i.e. Ethiopia and Kenya, do provide treatment. The majority of partners are encouraged to develop institutional referral relationships.

In addition to preventative services, Concern partners, in both the specific and integrated programmes, work with a range of Behaviour Change Communication methodologies.

These focus on breaking the silence about HIV and AIDS and on empowering communities to discuss harmful practices. The longer term aim is to change cultural practices and individual behaviour.

---

[4] This is not without controversy as there are complex issues of Child Protection and consent.

In Care, Treatment and Support, the impact of the ART is also visible. The early programmes in this period, designed in and around 2004, include home based care activities and support to OVC (Ethiopia, Rwanda and Kenya). The later designed programmes have much less on support to OVCs and HBC is seldom mentioned. Community care mechanisms are still part of the programmes but these have shifted to "second generation" care activities such as adherence and nutrition counselling. This responds to the changing needs of the PLHIV. It is less clear from the programmes if the needs of OVCs have also changed significantly. Are there fewer OVCs? Or is there less of a problem due to lower mortality rates? Or are their needs being met within other mitigation livelihood strategies?

What is clear is that as Concern and partners support community coping strategies, the boundaries between care, support and livelihoods are blurring.

The integration of young children with HIV in the Valid Concern programme in Nairobi, shows nutrition needs being met through a therapeutic feeding programme (OTP). Nutrition is critical for people taking ARVs and getting enough and the right food to eat is a challenge in many of Concern's places of work. Food insecurity reduces treatment's effectiveness. In the Rwanda review this is raised as an issue, while in other programmes there are increasing references to "nutrition gardens" and the need to link with livelihoods programmes. In some cases nutrition is mentioned as an issue that is not adequately addressed. Concern is responding to changing needs but perhaps could become more agile in doing so. Working with more partners or a wider circle of strategic allies may help.

Mitigating the impact of HIV and AIDS appears to be a growth area. This depends on a programmes ability to include PLHIV in other sector activities. It is common to find this happening with nutrition and livelihoods work and income generation activities.

There are good examples of Concern working with partners who have specialised capacity in loans and saving and income generation activities. The MTRs sometimes criticise a "lack of adaptation" of the livelihoods approaches to suit the needs of PLHIV but again this appears to be an issue of agility and creativity. There are clearly attempts being made to include PLHIV in general livelihoods programmes and the shift away from receiving charity showed an impact on stigma and self esteem in Kenya. Mitigation activities are clearly on the rise. More of Concern's target groups are living positively albeit in extreme poverty. Learning and sharing with other actors on adaptive agriculture production and processing will be critical.

Concern's first HIV and AIDS strategy focused on internal mainstreaming. This is still a core to work being done and this complements more general organisational capacity building. The second strategy encouraged a shift from internal mainstreaming to external. In the 3 projects where mainstreaming is the focus, a range of approaches are visible: Uganda Rwenzori worked with 12 Alliance partners on internal and external mainstreaming; the Bangladesh and Tanzania programmes mainstream internally, and with partners, internally and in their programmes. The main outcomes are work place policies, and staff who are more HIV and AIDS conscious. In most cases, staff and partners are more comfortable "dealing with mainstreaming" out there rather than internally with reports focusing on what organisations are doing in their projects. From the small sample it appears that after the initial impetus on internal mainstreaming, less attention is given to progress in this area. This offers potential alarm bells about the risk of "invisibilisation" when and if, strategic focus changes.

Research and advocacy are both included in the 2007 policy, with the idea that research and programme evidence could feed into advocacy agendas. However there is a limited understanding of the potential for research in programmes for advocacy to create an evidence base for informed policy dialogue. With a few exceptions they are almost absent from the programmes. Concern Tanzania engages in national policy monitoring and in India and Zambia partners lobby at local levels.

In the other reports the reviewers comment on research and advocacy as a gap in the programme and very often identify and recommend areas where this would be useful.

5.2   Relevance: Is Concern doing the right things?

The first of the DAC criteria assessed is programme relevance. In general, Concern appears to be doing the right things, in the right places. The "right places" is linked to Concern's selection and targeting of countries, selecting high prevalence districts, often trade corridors or borders. This in turn finds Concern and partners working with relatively isolated communities many of which have limited access to government service provision. In high prevalence countries, the extremely poor people who are the focus of Concern's work are likely to include PLHIV.

Concern's HIV and AIDS strategy and policy provides programme staff with a range of options on how to approach needs in a particular context. The strategy indicates the requirement for a sound contextual analysis, which includes assessment of gaps in service provision. There is an implicit if not explicit message that all programme design must include an analysis of the epidemic and how this affects target communities. This reflects good practice as promoted by UNAIDS under the rubric of "know your epidemic"[5]. The Risk and Vulnerability (R&V) analytical tool is used and helps with designing actual interventions. There is an a tendency for Concern to address immediate needs following R&V analysis which leads to a focus on mitigation work rather than prevention, which is more of a long term strategy.

External referencing of relevance and programme positioning within the national response is not well documented, and is never mentioned in "integrated programmes". Good situational analysis is common to specific programmes, including a reference to how the programmes fit with the national response. There is less reporting to show coherence with the UN "Three Ones" principles: one agreed AIDS action framework, as the basis for coordinating the work of all partners; one national AIDS coordinating authority, with a broad-based multi-sectoral mandate; and one agreed country-level monitoring and evaluation system. Reference to how a programme fulfils it obligations to the principles are rare, and perhaps more importantly there is limited reference to how a programme will contribute to the data required for national target monitoring and evaluation.

The reports are less clear on the process through which gaps are identified and complementary interventions designed in relation to what other CSOs are doing in a particular area to avoid duplication. This emerged in the Zambia evaluation where it is noted that Concern partners were doing the same work as other organisations in the same area. Although the programme was well coordinated with the District AIDS response, this in itself was not enough to ensure coordination of NGOs. The degree to which Concern is responding to the evolving and changing dynamics of HIV and AIDS is important for evaluating the relevance of Concern's programmes. As was stated in the previous paragraph there is evidence that Concern's programmes are developing in a responsive way to the changing needs of PLHIV. The clearest example of this is that many programmes are now linked to or include livelihoods support to PLHIV. It appears that Concern as an organisation with strong livelihoods and food security experience has so far been able to respond flexibly, with mitigation strategies. Adaptation of activities to suit the needs of PLHIV can be seen: small domestic animals with short reproduction cycles, low labour intensive crops etc.

A key question which will not be answered here but is worth reflection is the extent to which Concern and partners focus on mitigation is at the expense of prevention? Responding to livelihood needs in the context of relatively high awareness and increasing availability of treatment in high prevalence countries is logical.[6.] However HIV and AIDS specialists argue that prevention work is a must and without it the need for mitigation will never cease. Concern needs to consider more closely how to develop its programmes in this second generation of the epidemic. Although it is not possible to use this study to provide a definitive answer, the next HIV and AIDS strategic review later this year should consider:

---

[5] http://data.unaids.org/pub/Report/2008/JC1535_annual_report07_en.pdf
[6] This is very difficult to quantify as the programmes are multi-layered, however the issue is raised here
as a discussion point.

Is it necessary to maintain the stand-alone programmes, and if yes, what should they look like? How can prevention remain core in the light of "mainstreaming needs of PLHIV?"

Overall there are strong indications that Concern strategy and programming allows a flexible and appropriate response to needs identified in different countries and contexts. The range of approaches, for impact mitigation and prevention means that Concern programmes and partners can offer "holistic" packages. While this makes it impossible to aggregate impact it is a realistic and relevant approach to the complexities and changing dynamics of lives and livelihoods of PLHIV and those affected. The critical strategic question for Concern is how to move forward to ensure the programmes are relevant and do not lose the HIV and AIDS lens.

5.3   Is Concern doing things in the right way?

This sub-section will address the DAC criteria related to efficiency. As has been shown above, Concern's organizational values and strategies mean that Concern will find itself working with vulnerable people with vulnerable livelihoods. In this case it is important for Concern's work to be effective and efficient for the target group and for Concern. In general the meta-evaluations are challenged to make evidence supported statements about efficiency. One mainstreaming report does it effectively and suggests a high level of efficiency (see box).

Mainstreaming in Tanzania

Efficiency: Programme expenditure for the HIV response in Tanzania amounts to <u>less than €1 per direct beneficiary per year.</u>

Cost per beneficiary is a good investment in terms of potential HIV infections averted by mainstreaming response efforts.

Mainly efficiency is seen as cost efficiency based on the DAC criteria "Efficiency measures the outputs, qualitative and quantitative, in relation to the inputs", but it is not reported in this way. Only two MTRs mention it, with four of the seven specific evaluations making almost no mention. It is usually in the TOR. Perhaps more relevant to the organisation as a whole, only one of the five integrated programmes discusses efficiency, and this is only in relation to challenging logistics.

There appears to be a general shared view, albeit not fully justified, that working with partners is efficient. Only in one instance is this supported and perhaps justified where Concern is working with mission hospitals and funding additional mobile services. The mission hospitals have trained staff and equipment, and extra funding allows them to take on more work and more staff. From a partner perspective, in a programme where Concern is strengthening the capacity and efficiency of partners, only one of the four partners saw capacity building as important. This raises question about whether the work is being done efficiently.

Clearly assessing efficiency is challenging. There are several reasons for this but the main one provided by reports is that there is insufficient data collected to make this assessment. At the root of this it appears to be that Concern's monitoring tends to focus on use of resources by their partners. While this is important it does not provide the critical information about the outputs achieved with these funds. The reports do not provide information about how many people have been reached by a partner or the costs incurred. Concern in Kenya, Rwanda and India do not appear to have systems to aggregate partner data, which not only means they cannot comment on efficiency but are also challenged to comment on or analyse overall programme progress. In addition reports do not address Concern's actual costs, which mean that, any reflections on efficiency are partial.

From this overview it could be concluded that the most efficient way for Concern to respond to HIV and AIDS is via mainstreaming across a country programme which includes government and non-government partners. However this would probably not reflect the reality of what Concern is trying to achieve.

An alternative conclusion is that Concern and their partners must agree roles and responsibilities in relation to data gathering, data aggregation and analysis.

As "efficiency" is poorly reported at all levels, the question must be asked about how relevant is this criteria for Concern programmes? What decisions if any are taken on the basis of discussion of efficiency and whose efficiency really matters? What would make a difference?

In the current climate of cutbacks there is a risk that "hasty" efficiency decisions are made. An illustration of this risk is provided in the Zambia MTR:

"Cost efficiencies vs. remote areas: ... in Zambia... very few services are reaching the remotest areas, where cost per person reached can be high and where different approaches may be needed due to low prevalence rates. Concern was commended by the District Health authorities.....as one of the few organisations prepared to work in the more remote areas, though in practice most of Concern's HIV and AIDS programme is still concentrated in the urban and peri-urban areas and near to the tarred road. However with tight budgets next year Concern is cutting some of the work in the remotest communities." [7]

A different light is shed on efficiency in the Zimbabwe review, where efficiency is analysed from the beneficiary perspective and how this affects participation.

"Complaints of walking long distances by some volunteers and community people (some people claimed walking as long as 15 kilometres." (P51 Zimbabwe).

In the main this perspective is absent. In the impact assessment of Community Conversations methodology in Ethiopia the fact that the method involves up to 24 sessions, every 15 days for 2-3 hours and sometimes running for 6 hours was not questioned from the perspective of efficiency nor inclusivity.

To observe the DAC standards efficiency must be assessed, and if this is to be maintained as the benchmark by Concern more work needs to be done on defining: whose efficiency counts, who is counting it and how and who will use the data? Concern also needs to improve its analysis and use of partner data.

5.4 Effectiveness, Impact and Sustainability

Effectiveness is normally included in the ToRs and is also often used to justify changes in partners or services being provided. In relation to reviews the focus is: how far are the programme objectives being met? Another way of looking at this is to ask are the things being done in the right way? This broader question includes whether the programme achievements are leading to changes in the target groups or partners and whether they are sustainable.

This section will address these broader questions as the findings and challenges are linked.

The mainstreaming programmes do not always use the language of effectiveness but these programmes have on the whole been evaluated favourably[8]. There is evidence that internal processes help to change attitudes in the workplace and allow for investment and re-development of key policies as well as putting in place Work Place Policies (WPP). Most programmes follow Sue Holden's 4 step process for external mainstreaming which is becoming recognised as an "industry standard" for NGOs and Government (AIDS in the Agenda 2003). There is significant investment, with the process taking an average of 2 years.

---

[7] Jennifer Chapman Zambia MTR 2009 page iv.

[8] Concern developed a new M&E framework for "mainstreaming work in 2008, this framework was not evident in the sample of reviews supplied for this meta evaluation which mainly covered the period 2004-2009

Concern programmes include some good examples of effective processes and outcomes. In Tanzania the inclusion of families in awareness raising and exposure visits was seen to be very useful as it reduced the burden on staff to transmit knowledge and awareness at home. The fact that the staff set up a fund for supporting PLHIV is also indicative of the effectiveness of the process. In Bangladesh a KAP study looked at changes in understanding, knowledge and "practice" which indicated people were better informed. The dependence of KAP studies on questionnaires is perhaps the only, but not the most effective way to assess real change in attitudes and behaviour. The fact that during the two year period more staff became more mobile at work would raise questions of risk in a high prevalence environment but appeared to be accepted in Bangladesh.

Key challenges to effective mainstreaming are that systems are difficult to change and staff turnover suggests that basic education and induction must be given continued emphasis. Unfortunately despite strong signs of effectiveness recorded in the MTR for Uganda Ruwenzori Alliance programme, staff turnover and the collapse of the one of the target organisations that had agreed to lead on maintaining flow of information etc to the other partners' reduced overall programme effectiveness.

Is Concern doing all things right? In this case the answer is *almost*. There are some minor yet important "glitches" in workplace policies in early evaluations, such as Ethiopia. Internal and social hierarchies were understood to limit how the more junior staff benefitted from the structure put in place by the WPPs. As lessons have been learnt and more services exist, the confidentiality risks of internal support are reduced as there is increased access to services outside the organisation.

External mainstreaming in programmes and with partners also appears to be relatively effective. Tanzania provides an excellent example of mainstreaming with 26 partners from both government and NGOs.

The main factors seen to make the programme effective were:

- Matching partners' interests and mandates. Government offices that are required to mainstream and welcome Concern's support.

- Concern programme log frames have an Output on HIV mainstreaming response.

- HIV mainstreaming checklists are being used in Food Security and Water and Environmental Health programmes.

- Less labour intensive crops are being employed in the livelihoods programmes.

Despite all these positive indications the review raised questions about the balance of the response. The use of the HIV risk and vulnerability analysis and reduction process, led to a response focused on mitigation activities. The reviewer questions whether this is adequate and suggests that risk reduction should include prevention activities beyond awareness raising.

The mainstreaming programmes illustrate the impact of the strong "kick-start" focus in the first HIV and AIDS strategy. The relative success of mainstreaming appears to be linked to, if not caused by, the existence of tried and tested methods and tools. The six step model, now known as Concern's Roadmap to HIV mainstreaming, provides for internal mainstreaming, and within it, the risk and vulnerability analysis tool which can be used for programming by staff and partners. There are some indications that the use of the tool is producing similar results and responses. Staff and partners should be made aware of this as a potential risk to avoid mainstreaming responses becoming mechanistic.

The sample of programmes reviewed in the meta-evaluation did not enable an assessment of the extent to which mainstreaming programmes are still being designed. Even without this it appears that the investment of resources in mainstreaming is bearing fruit in relation to internal staff and programmes and extends to parts that Concern programmes have not always reached.

An unexpected and welcome outcome of mainstreaming processes both internally and externally is an increased awareness of gender dimensions of poverty and gender dimensions of HIV and AIDS.

Reporting on the effectiveness in Concern and partner programme work is hindered by weak monitoring and in some instances poorly designed log-frames.
Common log-frame problems are:

- logframes don't reflect what the programme is really doing (Zambia);

- indicators are inadequate or impossible to show (Mozambique);

- outcomes are in fact outputs, which prevents assessment of effectiveness or outcomes;

Thus programmes could be seen as successful for numbers of condoms distributed with no need to show how and if they are used. In one programme it appeared that the condom had been creatively adapted as a piece of jewellery!![9]

Given all of this, it is not surprising that most reports do not include effectiveness. In addition there are examples where there is a confusion of language as reviewers explain cost-effectiveness.

Impact: The types and areas of impact are included here to illustrate the potential reach and areas of impact of Concern's HIV programmes:

- Silence is being broken at community level on harmful practice and behaviour: a step in the direction of changing behaviours (Ethiopia, Zimbabwe, Kenya and India).

- Stories of opinion leaders reinforcing community level change through leadership and use of local regulations in Ethiopia and Rwanda.

- More people with better understanding of transmission and prevention (Bangladesh, Ethiopia, Rwanda, India, Kenya, Zambia, Zimbabwe, Mozambique.

- More people accessing, VCT, PMTCT and STI clinics (Zambia, Zimbabwe, Rwanda and Ethiopia, Kenya and Kenya.

- Partners and PLHIV using advocacy and demanding new services- e.g. PLHIV wanting to improve access to service related to livelihoods (India and Rwanda).

- PLHIV are taking up community positions as an indication of reduced stigma (Zambia, Rwanda).

- Group membership found to affect sense of general well-being for PLHIV.

- When Livelihoods programmes include appropriate production methods such as low labour crops and small animals this leads to better nutrition for PLHIV and changes in CD4 counts.

- The integration of HIV infected children in an Outpatient Therapeutic Centre nutrition programme lead to reduced morbidity and increased well-being in the Lea Toto Programme in Kenya. The lower than anticipated uptake was linked to stigma in the community.

---

[9] From the Zambia MTR footnote 7 : " it seems the rings of female condoms, died with tea leaves and used as a bangle have become a fashion accessory among some women in Mongu – approx 30 of these had been confiscated from visitors to one Youth Friendly Corner (YFC).

- Leadership and use of local regulations in Ethiopia and Rwanda

The response by partners is stronger and more confident as a result of:

- better analytical tools: inclusion of risk and vulnerability analysis (General)

- increased pool of HIV and AIDS competent staff (Rwenzori Uganda)

- more structured approach and adherence to national standards (Ethiopia, Kenya)

- better systems for targeting (Kenya) and managing volunteers (Ethiopia)

- work place policies in place (Rwenzori Uganda)

- use of HIV and AIDS checklists in the district for WEH and Food security

The challenges faced in assessing efficiency and effectiveness are replicated when reporting on impact or programme outcomes. There are conceptual and sequential challenges in this area. Concern programme periods tend to be between 3-5 years and the "evaluation" is often done as an end of programme review, which is generally used to help re-design a second phase. Looking for impact, described as significant changes in people's lives, is challenging. Timing and the nature of change Concern is seeking are both at issue here. Behaviour change and organisational capacity are two of the core areas where Concern seeks to influence change. Both are challenging to assess, from the perspectives of visibility of changes and attribution.

There are major challenges which Concern and it partners must overcome if they wish to show the complexity of the work they do. This is clearly highlighted in relation to finding appropriate methods for assessing and understanding behaviour change. This is a complex area and many organisations, not just Concern struggle to assess this. It is not adequately addressed through asking people if they have changed their behaviours, as this will, at best, test, understanding of what are risky or harmful practices and not much more. Looking for impact in this area demands more than a purely subjective assessment.

There is a need for greater use of "proxy indicators" of changing behaviour. For example changes in sexual attitudes and behaviour should be visible in local health statistics or even in the numbers of girl children completing secondary school. Although Concern and partners may not be able to claim to be the only influence on such changes, it is important to look for data which triangulates what semi-structured interviews suggest. The second challenge of timing is relevant here. For example any change in attitude to child brides etc. will probably take several years to appear in health and education statistics. Concern needs to consider and start planning for more longitudinal studies in selected HIV and AIDS programme areas. The following case study is used to illustrate just how difficult this is. Ethiopian insights from community conversations:

A statement by 13 year old sums up the impact … for her: *"I can now go to school until I am 18; no man is allowed to take me away"* (page 13)

One woman in Addis said: *"Without CC I would be dead even though I am not even HIV positive. after my husband died I was not allowed to work or shop locally, use the communal water tap or latrine. My four year old son was stoned in the street and not allowed to go to school. If I had not joined CC, I would have died"* (Community Conversation Insights 2010: page 11)

The assessment mainly interviews community conversation participants. The study uses semi structured interviews, and raises the issues of attribution. Less attention is paid to potential bias and that resources limited discussions with non-CC participants.

> "It also difficult to pinpoint what precipitated a particular behaviour change in a community and this presents a dilemma to researchers in determining what interventions work and what can be replicated elsewhere".
>
> Having said that the study uses powerful stories (above) and reports experiences of participants who feel the community conversations:
>
> Reduce discrimination;
>
> Reduce the use of harmful practices;
>
> Increases the numbers going for HIV tests;
>
> The review ends with recommendations for Concern to adopt this approach more widely but the final recommendation, which is useful for all behaviour change work is:
>
> *"Establishing baselines studies capable of providing qualitative and quantitative benchmarks against which future progress can be monitored is essential for any scale of the approach".*

In the absence of appropriate methodologies, resources and data the reviewers rely on examples, quotations and case studies. These are plentiful. They offer powerful illustrations of individual real or aspired change. But there is an implied acknowledgement that these stories can be used to show the scale or the reach of changes. As the Kenyan evaluator puts it very succinctly in the text box below:

> Findings: Outcomes / Impact
>
> All of the partners reported positive outcomes as a result of their work with people with HIV, families affected by HIV, orphans and vulnerable children, and communities.
>
> While the outcomes reported during the review may indicate general progress toward the overall goals, partners did not have robust monitoring and evaluation systems in place to demonstrate or verify the extent of these outcomes. This makes it difficult to determine partners' contribution to the overall goals of the project. (p.21 Kenya MTR)

Despite the challenges, the people with whom Concern and partners work are in the most very positive about impacts, and compelling stories are included in most reports. In "parentheses" the reviewers echo the need for baselines, numbers and triangulation with other data sources, to provide a genuine picture of the scale and dimensions of change.

Sustainability is important to Concern programmatically and strategically, and is generally included in the ToRs for MTRs and end of programme evaluations.

MTRs assess exit strategies for partners and the services they provide, usually considering the post programme position of partners. This is especially important when Concern is supporting partners to take on new areas of work (Kenya, Zambia, Rwanda and Ethiopia).

A common critique by reviewers is that the continuity of the activities by partners was not fully considered at design stage, with the MTR seen as a good time to raise this. There is less discussion of this in EoP evaluations which tend to assume that partnerships will continue. This in turn assumes that partners will be able to find the resources and supplies necessary to continue, although this is seldom explicitly addressed in the reports. The focus in EoP evaluations is on the sustainability of:

- services being provided by partners or by community volunteers;

- community based self help groups and sustainability of knowledge;

Sustainable services

A Concern niche is in the extension of services, either as mobile services to more remote communities, or in the provision of "specialised" services, for example the youth friendly services in Zambia. These services are provided by Concern partners, either local CSOs or mission hospitals. Working with mission hospitals (Kenya and Zimbabwe) which are in some countries part of the "government network" has strong potential for sustainability. Good practice is evident where these organizations are institutionally linked to government service departments. On one level this means being included in planning, reporting and co-ordination. At a second level, the services they supply are recognized as necessary by local authorities. This is a step towards local authorities considering how to fund services.

In Rwanda the MTR notes that the programme was already working with the local health department on how to include counselling services in health provision.

There is less discussion in the reports on the sustainability of Concern's CSO partners who are likely to rely on Concern funding for a particular activity. The reviews discuss post programme scenarios, but there is no explicit analysis of the capacity of the CSO to continue the work in the absence of Concern support, nor does capacity assessment openly document capacity for independent resource mobilization. While growth of CSO partners appears as a programme outcome, qualifying this with "sustainable growth" might be more appropriate. As one of the reviewers noted in the case of Zambia, there is no shortage of funding for HIV and AIDS; partners accessing such funding could be an appropriate benchmark of capacity building success.

Most of the Concern CSO partners are at the early stages of establishing institutional relationships for themselves and their beneficiaries. Several reviews critique the partners for not creating stronger links to local service providers.

A second niche area for Concern is community organisations. These are self-help and behaviour change groups which are facilitated by partners. MTRs tend to focus on the limits of groups in spreading their methods to others groups which could lead to sustainability through replication. EoP evaluations assess the degree to which groups are linked to a formal structure. There are some good examples where groups are linked to local government health and education, and in the case of livelihoods, another CSO or farmers association. These links are more visible in sector integrated programmes. In specific HIV and AIDS programmes, where community groups abound, EoPs do not appear to explore or document how and what the groups intend to do post programme. If people enjoy benefits from group membership it is more likely they will continue, but this remains unexplored. The need to strengthen links and formal recognition of the CBOs is a common recommendation.

In mainstreaming, the reports indicate a focus on sustaining processes and systems. The costs of doing this are not documented. An illustration of how difficult it is for partners to sustain knowledge and systems emerges from the relative success of the Uganda Rwenzori programme. WPPs were developed by all 13 partners. By the end of programme, it was clear that the high level of staff turnover, demanded that awareness and education were fully integrated into induction procedures. Putting procedures in place is one thing, ensuring they are implemented is another and this problem is not unique to the partners.

The Bangladesh review of mainstreaming recommends that Concern still needs to strengthen its own capacity to implement internal management systems.

Sustainability is a very complex area and to aim too high is to fail. Concern must be careful about making assumptions about sustainability such as the idea that increasing knowledge and understanding are sustainable. This must be contested, especially in relation to HIV and AIDS where some basic facts may be "constant" but medical knowledge about avoiding transmission, dealing with and avoiding opportunistic infections etc are changing all the time. People need to know where they can go and get up to date information in order to ensure their understanding is sustained.

5.5   Targeting and Coverage

Concern's 2005 policy on targeting is to work so that those "living in extreme poverty benefit to the greatest extent". The 2008 HIV and AIDS strategy echoes the core target groups. The HIV and AIDS strategy allows for an additional targeting. Concern may work with those who are: "outside our target group, including people with high risk behaviours who may increase the vulnerability to infection of our target populations including women and children, youth, refugees, migrant workers and the displaced."

This exception is related to knowing "your epidemic by identifying behaviours and social conditions most associated with HIV transmission" which implies contextually specific programme design which tailor prevention plans to "meet the needs of populations with highest rates and highest risks of HIV (UNAIDS 2007)."

Concern targets well in high and low prevalence contexts. In low prevalence where prevention is the focus, the determinants are poverty and groups at risk, such as youth or those with risky behaviours. India provides a good example of how this works with a diverse target group in Orissa state, including people outside (see box) the "47.15% of the rural population (or 17.35 million people) living below the poverty line" who are seen as potentially risky "epidemic drivers" but also critical conduits of information.

Targeting in India:

Rural and tribal adolescents and youth

Small and medium scale industrial workers

Street adolescents

Auto-rickshaw, taxi and mini truck drivers

Urban slum communities

College students and young professionals

The evaluation illustrates the need to use "exceptional" criteria carefully as it questioned the inclusion of college students and young professionals.

In high prevalence countries there is good evidence of poverty, prevalence rates and lack of accessible services being used to select geographic areas for intervention. There is also evidence of a refined approach.

In high prevalence countries Concern is:

- Working with local opinion leaders who will have influence over the target groups (Rwanda and Ethiopia)

- Targeting school children and youth in integrated and specific programmes is prominent, with slightly less attention to OVCs in later reviews.

- Targeting positive children such as in the Kenyan Nutrition programme

Reaching these groups is not without challenges. In Kenya the ""risk of stigma" prevents actual take up. Similarly in the Education programme in Mozambique the feedback from OVCs was that their "special needs" were not adequately met.

Risk analysis is being used for targeting of "drivers of the epidemic" for awareness-raising and promotion of services e.g. with fishermen in Zambia. Understanding of "the right time and place" is increasing, for example attendance at markets or festivals.

The R&V tool helps to target those vulnerable or at risk in the community and brings gender dimensions of the epidemic into focus. As yet the gendered responses are not always well designed. Behaviour change groups which only focus on one sex do very little to change gendered sexual relations. STAR groups in Zimbabwe, work with men and women. Other programmes such as Zambia find it a challenge to reach men through their prevention and support work. "Without involving men, changing negative gender dynamics is unlikely"[10]. HIV and AIDS is a "couple thing" and cannot be adequately addressed by reaching women or married couples alone. In Zimbabwe the emphasis on married couples was seen to risk missing out youth sexual relationships. More attention must be given to persuading men to change behaviour and this cannot be left to women.

Women's willingness to actively volunteer in support or self help groups is clear from the reviews; however programmes need to make more effort to ensure that this bias does not mean that the burden on women is increased. Stakeholder mapping, although less used, is very helpful for initial targeting and avoiding duplication. Both these are used at design stage and some reviews argue that it would be valuable to continue to use them during implementation, in particular, stakeholder mapping which is constantly changing.

A major exception to the general good performance in targeting is the lack of reference to PLHIV and the GIPA principles, the greater involvement of PLHIV and affected populations.

The Concern strategy 2008-2012 states that Concern will continue to support the implementation of Greater Involvement of People Living with HIV in the organisation, programmes and all aspects of the project cycle. The strategy also states a commitment to supporting networks and organisations of people living with and affected by HIV and AIDS[11]. This does not override Concern's targeting policy but applies to work with the Concern target groups. There is almost no documentation of the application of these principles and given the lack of basic programme data such as numbers reached etc., it is impossible to say to what extent they are part of the target group. It appears that throughout the organisation a push for GIPA is necessary.

Related to targeting are questions of coverage. Who and how many people are Concern and its partners reaching and meeting the needs of? This is a major question as it links to discussions of effectiveness, efficiency and impact. Unfortunately its relevance is not fully reflected in the reports where coverage is not dealt with consistently. An example from the Tanzania mainstreaming evaluation shows the power of numbers:

"In Concern operational geographical areas it is estimated that 2,491,700 people will benefit from HIV and AIDS programme interventions through partners in the six regions during 2008."

Other use of data on coverage is used for target setting "30,000 adolescents and 1000 PLHIV in 10 districts in Orissa". Although there is no overall estimate of what the actual needs are by number of adolescents, the estimate of PLHIV is 150,000 in the state with an estimated 50,000 in the districts covered. In this case the evaluator agreed to not look at progress against targets!

In Rwanda an estimated 26% of the population accessed VCT, whereas a small %, estimated at 6% of PLHIV were referred to livelihoods programmes. In Kenya the MTR suggested that trying to cover 5 districts was too much for the programme but did not offer alternative suggestions.

---

[10] Zambia MTR 2009 page 14
[11] 4.2 Concern Worldwide HIV and AIDS Strategy 2008-2012

These are mere snapshots. Where coverage is included there is limited analysis of what it means to programme progress. This is a difficult area to report on but reminds Concern of the importance of setting a baseline and deciding what can be done and how. More acceptance of the need to look at scale vs. need should be instilled in partners and Concern staff alike.

5.6   Partnership

Concern's Partnership policy 2007 provides the framework for all of Concern and is a point of reference in the HIV and AIDS strategy. The HIV and AIDS strategy indicates that partnerships can be developed at all levels within government and local civil society. Partnership work is guided by Concern's capacity building guidelines. Some of the following comments may be more generally applicable to Concern's programmes than specifically to HIV and AIDS.

It is clear from the review that partnership is the modus operandi for Concern with very few exceptions. Occasionally Concern implements directly as well as working in partnership. The range and number of partners is programme specific, and is based on an analysis of the fit with "needs of a programme strategy". There are a range of types of organisations: CBO or associations, local NGOs, mission hospitals, networks of people living with HIV, district government departments, health, education etc. Less common amongst the list of partners are structures related to the national AIDS response. These structures exist at national, district and below and are mandated to deliver and coordinate national policy. In Zambia, the District AIDS Task Force was a task force leader and integral as a programme component at the outset. The component was dropped and as a result the relationship between Concern and the task force stopped. The reviewer queried this decision, not least as these structures are likely to remain at district level and their performance will affect how effective the response to HIV and AIDS is.

In India, Zambia and Zimbabwe there are good examples of working with partners who have a different competency set: in the first two, there are partners with more experience and competence in advocacy and lobbying; in Zimbabwe partners stronger in savings and loans methodologies which are suitable for PLHIV. In the latter examples Concern's work in this area was reviewed as less successful. It is more common for Concern to partner local organisations with similar competencies. The strategy does allow for flexibility. There are examples where working with partners' complementary competences and skills is clearly advantageous, specifically where Concern is still developing its understanding and skills such as advocacy. These relationships could provide mutual learning as well as adding value for the programme beneficiaries.

The reviews show that there is a clear progression in the systematic use of a capacity building approach. In the earliest Ethiopian EoP evaluation partners were encouraged to draw down from Concern's methods but there was no systematic approach for assessing partners' capacity. This has changed. It is now common to read of capacity building occurring on the basis of a holistic assessment of the whole organisation's capacity development needs. This is good practice. There is evidence that technical assessments of specific skills for HIV and AIDS programmes is expanding. This is not without challenges and the India evaluation notes that internal hierarchies and management systems can reduce the impact of the approaches that Concern uses. Unfortunately it does not offer any recommendations on how Concern can tackle this.

Concern adds value for partners in its hands-on approach and use of a range of supportive methods such as: mentor; facilitator; trainer; coach. Supervision and monitoring are less popular. All these roles are important and it is apparent from the findings above that more work on how to effectively monitor is a need for most organisations. Partner feedback suggests that the "right approach to monitoring is yet to be found." There is an apparent need for greater clarity and accountability on respective roles and responsibilities for monitoring and evaluation.

Developing partner capacity for mainstreaming is noted as a niche area for Concern, both in specific and other HIV and AIDS programmes. The use of the "road-map" step process provides a strong foundation. The risk and vulnerability analytical tool is helpful in understanding the epidemic in any context.

Several reviews note a risk which emerges from mainstreaming with non-HIV and AIDS partners. There is a tendency for partners to want to do more, sometimes away from their core business and outside their competence. In Rwanda non-specialist HIV and AIDS organisations requested more technical training so they could do more. This is contrary to Concern policy which states that HIV and AIDS work must be done by properly qualified staff or organisations. It appears that more emphasis needs to be given to the importance of mapping the key HIV and AIDS actors in the area and the services which they provide. Developing referral relationships and understanding organisational limits is critical.

Partners appreciate the focus on managing HIV and AIDS in the workplace, which in most cases is understood as an on-going process requiring constant renewal. Some reviews note that "confidentiality" in the workplace remains a challenge. It may well be that as partners begin to use outside services this will become less of an issue, but if not then the questions of confidentially must be better managed by Concern and the partners. There are some positive examples of partnership joint programme management, such as the Project Support Committee (PSC) which held regular meetings to review progress and plans in the Uganda mainstreaming programme. This joint management was seen as both constructive in terms of the programme but also strengthened the relationships and network of the local partners. Opportunities for partner and Concern joint learning are beginning to emerge as part of the Concern approach but as yet it is not universally applied. It is not clear from the reports at what stage partners become involved with a particular programme. Some reviews note that there is a need for a stronger shared vision and understanding of the overall programme goal by Concern partners.

Exit strategies, phases of capacity building, changing and ending relationships are not commonly covered in the reviews. Zambia is an exception where half the partners had been "dropped" in the previous year. The annual programme review indicated that these organisations were not of sufficient size or scale to contribute to the programme. These may be valid reasons but perhaps the initial selection could have been improved upon. Suggestions are made that partnerships should be understood as having different stages of engagement and support, with clearer strategies for "withdrawal" being discussed from the outset and suggests that the "partnership for what" remains a question for Concern. Although Concern is helping organisations focus on improving their financial accountability, there is less mention of supporting partners in resource mobilisation.

5.7   Cross-cutting issues

Concern's cross-cutting issues are: Partnership, Disaster Risk Reduction, Rights Based approaches, HIV and AIDS, Social Protection and Equality, and more recently Positive Environment Management. There is no standard approach to assessing and reporting on cross-cutting issues in the reviews.

The cross-cutting issues most commonly included in the reports are Equality and Capacity Building; Rights Based approaches are rarely mentioned in reviews and Disaster Risk Reduction is not mentioned in any of the reviews included in the meta-evaluation. Capacity building is integral to HIV and AIDS programmes and in several cases "built capacity" is one of the programme outputs and is therefore reported on differently. However reports of changed capacity in partners are seldom made with reference to progress from a pre-programme state.

Equality is more often included but it is addressed in a variety of ways. Attention is given to the level of involvement of women in key activities but less attention is paid to the fact that men are often absent. The absence of Disaster Risk Reduction may be an element of timing or be related to the fact that the meta-evaluation did not include programmes responding to HIV and AIDS in emergencies.

HIV and AIDS as a cross-cutting issue in other meta-evaluations is acknowledged as patchy. Extracts from 7 meta-evaluations reveal how HIV and AIDS are being addressed by other programmes. There is evidence of HIV and AIDS being used:

- Targeting: Maternal and Child Health, Livelihoods

- Rights issue: related to children in Education

- HIV and AIDS a core topic in capacity building

In particular cases of food security, livelihoods and emergency response programmes meeting the needs of PLHIV is described as challenging. In the Tanzania food security programme the success of the external mainstreaming process was seen to create even more challenges as demands were made which the programme could not accommodate.

The Humanitarian Action and Emergency Response review (2005-2008) reports that: beyond basic sensitisation work during distributions, addressing HIV and AIDS remains a considerable challenge to the organisation.

As yet Advocacy is not a cross-cutting issue[12] although it is prominent in Concern mission and strategy:

"To achieve this mission we engage in long term development work, respond to emergency situations, and seek to address the root causes of poverty through our development education and advocacy work'.

"We are re-confirming that we will continue to work in both emergencies and development programmes with advocacy an integral part of each' (Concern Strategy 2006-2010).

Concern HIV and AIDS policy also gives this emphasis as part of learning research and advocacy. There is less clear guidance on how Concern "should" use advocacy in the programmes. Several reviews note the contribution that advocacy can make to programmes, both locally and nationally. In Tanzania Concern is directly involved in national level policy and advocacy work, where the push for more and better investment in HIV and AIDS was made by a coalition of NGOs. There are examples where partners are using lobbying and advocacy to good effect locally. In India, SOVA claims rights for PLHIV. In Zambia, TALC lobbies for better services locally. The Rwanda programme review questions how Concern takes up issues from local to national level. This suggests the need for stronger links between powerful evidence from the frontline and creating pressure on decision makers to include the more remote areas in their plans. If advocacy and replication strategies are not fully developed in programmes then this has an impact on both sustainability and exit strategies.

6.   Lessons

Most of the reviews include a section on lessons learnt. A selection is included here: prevention, stigma and discrimination; mitigation, mainstreaming and partnership. Some lessons are positive and some suggest that things could be done differently. The review only considers the review documents and so cannot comment on how these lessons are used.

Prevention: stigma and discrimination

- Behaviour change methods are effective at breaking the silence, increasing knowledge and encouraging people to get tested. Programmes must interrogate the assumptions that:

    o   increased knowledge leads to changed behaviour;

    o   groups will spread the word in the wider community;

---

[12] I am not sure if it is implicitly included in the implementation of RBA, but this is also not included in the reviews.

- Participation in support or self help groups reduces stigma, improves sense of well-being and increases even when the methodology is not strictly adhered to (Zimbabwe and Mozambique).

- Women are good at peer education of women but not the education of men: men need to be more involved.

- Working with opinion leaders can be helpful to start a process of changing traditions.

- The lack of confidentiality at mobile clinics reduces "service acceptability" and participation.

Impact Mitigation:

- Partners can be supported to change their approach from welfare to livelihoods.

- IGAs are better done by specialist organisations.

- Integration of children with HIV in nutritional OTC is beneficial to growth and reduces mortality.

- Networks of PLHIV are effective at claiming rights.

- Following risk and vulnerability analysis it appears more likely that programmes take on mitigation rather than prevention interventions.

Mainstreaming

- Risk and vulnerability analysis sharpens the focus on gender and requires a gender aware response.

- Internal mainstreaming is a continuous process which has resource implications.

- Limited confidentiality and workplace hierarchies influence how staff feel about internal mainstreaming.

- Non-HIV and AIDS partners need clear guidance on "the limits" of mainstreaming, as there is a tendency to take on more activities which are not core business or linked to their missions.

Partnership

- As programme responses evolve there are implications for the core business of partners and the degree to which they are able to evolve (This is related to the point above).

- Where there is a structure which allows participatory or shared management, partners feel more involved and performance improves.

- Mutual learning between Concern and Concern partners is a motivation for the partners.

A couple of the author's observations:

- There is a need for Concern to develop a wider range of relationships not just the partnership way of working. There are strategic relationships which are appropriate for certain goals in some contexts, where a full-blown partnership is not necessary.

- Concern and partners often share similar strengths and challenges.

7. Summary of Strengths and Challenges

There are many strengths and some challenges which cut across Concern's HIV and AIDS programmes that can be drawn from the meta-evaluation. This summary was provided to the strategic review group and is captured in the table below.

Concern's strategic approaches	Strengths	Weaknesses
Specific	Strong and diverse experience in community based participatory methods, e.g. Community Conversations, STAR/Societies tackling AIDS through rights, Peer Education approaches.	Tangible outcomes from these approaches quite hard to measure. Lack of evidence in the evaluations. Aggregation of programme findings is challenging. Results based monitoring of the methods is weak.
and	The Concern partnership approach is highly established and 'mentor, facilitator, trainer, coach' style are more popular than role of 'supervision and monitor' of LNGOs.	Partners weak monitoring and evaluation cultures limits how Concern can explain what difference is made together in terms of outcomes.
Integrated	The concept of creating linkages for referrals (esp. medical) is well embedded in HIV and AIDS programmes.	There is often a de-link between lobbying / advocacy success at national level being translated into change at local level or vice versa.
HIV	Gender dimension is well recognised and the exposing of harmful cultural / traditional practices through risk and vulnerability analysis.	Women are over represented and this may increase their burdens and has less impact on changing male behaviours. Men and youth are under represented in programme response.
and AIDS	Good practice where programme adjustments made to the demands of PLHIV in livelihoods programmes with positive outcomes on health, CD4 counts and stigma reduction.	Greater Involvement of People Living with HIV (GIPA) not well adhered to beyond their participation as participants. Needs a more inclusive approach at design stage.
Responses	Some very good examples of Partners affecting local change through lobbying and there is recognition of Concern's contribution at national level in some countries, e.g. to TWG in Tanzania.	Advocacy for scaling up is not central and limited understanding of how programmes can be used to identify advocacy and research issues to create an evidence base for policy dialogue.
	Concern is carrying out MTRs and Evaluations. DAC criteria mostly used but sometimes defined differently.	Qualitative M&E is strong but not matched with quantitative outcomes or assessment against changes in the "real world". Few numbers reported.
Main –	Good relationships exist where Concern promotes and uses participatory methods, e.g. Uganda	Mainstreaming with partners has high time costs as well as potential organisational costs for Concern.
streaming	Gender and equality issues internally and externally being highlighted by HIV and AIDS mainstreaming efforts.	Focus is on impact mitigation rather than on HIV and AIDS prevention efforts. Staff turnover is a challenge and a threat to sustainability.
	Good examples of mainstreaming process. Use of risk and vulnerability analysis is a key tool. Internal mainstreaming does result in change in staff attitudes & family awareness.	External mainstreaming outcomes are varied with integrated or separate efforts at impact mitigation and prevention work focuses on IEC and less on KAP / behaviour change.

8.   Recommendations

Recommendations:

These recommendations are based on findings from the HIV and AIDS meta-evaluation. Some may be relevant to the wider organisation rather than specific to HIV and AIDS as they focus on strengthening monitoring and evaluation more broadly than specific HIV and AIDS issues. They are included here as they are seen as important to increase the benefits which HIV and AIDS programmes can deliver.

1. With support and oversight from the programme planning and monitoring group (PPMG), Concern must develop its capacity and that of its partners for effective PM&E. This should focus on using secondary and primary data to show quantitative and qualitative change.

Without this, Concern is failing to demonstrate the scale and importance of its HIV and AIDS work and activities. In particular, assessing behaviour change is a niche area for Concern and partners in prevention as well as reducing stigma and discrimination. This is not adequately addressed through a results based mantra. It requires specific research which uses secondary data as proxy indicators of change and adequately addresses counterfactuals. This would be helpful to Concern and the wider community of practitioners engaged in behaviour change approaches throughout development interventions.

2. Generally Concern needs to improve its culture and practice of PM&E:

   Led by the Programme Approaches and Learning Unit (PALU) Concern must:

• Develop a culture of using secondary data from government departments as a way to measure contribution to change.

• Review and assess the appropriateness of DAC criteria.

• Reflect on usefulness of DAC criteria, and if maintained, Concern PALU (PM&E) must develop more guidance on their use and application to the programmes.

• Clarify the roles and responsibilities of Concern and partners in relation to monitoring and analysis.

• Include partners in MTRs and reviews wherever possible or at a minimum involve partners in the process of ToR development and preparation of data.

HIV and AIDS programme recommendations aim to improve effectiveness, impact and sustainability. Many of these have been included in the text but are repeated here for clarity.

3. In recognising that programme periods limit impact assessment

   Concern PALU team should:

• Explore the viability of extending the range of evaluations and types of methodologies used including assessing the potential for :

   ° A small sample of longitudinal studies on behaviour change methods and use this to inform monitoring and evaluation processes and adapt methods if necessary.

   ° The value added of "post programme" impact assessment as part of improving learning about assessing change over time.

4. Programme Advisors and Managers supported by the PPMG must improve and systematise:

- Gender analysis of programme strategies to mitigate the risk of increasing the burden on women while not reaching men.

- Use and reporting on the GIPA principles.

5. During programme design and review, Programme Staff, Managers and Advisors must consider the following:

- Identify and develop institutional relationships that will be the foundation for sustainability. This should include, links to district and national response structures. Programme outcomes should include establishment of such relationships between key actors.

- Advantages of "time-bound" working relationships with other NGOs or Government departments to enable more agile responsive programmes.

- Inclusion of systematic approaches for mutual learning: between partners; within and between Concern programmes. Increased focus on sharing approaches to adapting to ensure that programme initiatives become organisation-wide shared knowledge.

Key strategic questions

There are several questions which remain unanswered by the meta-evaluation. The main strategic question: Is Concern doing the right things? Can Concern achieve its HIV and AIDS goals through mainstreaming and integration programmes alone or will this reduce the effectiveness of responses to PLHIV as a target group? It is too early to answer these questions, however they should be explored during HIV and AIDS programme reviews and evaluations in the forthcoming strategic period. This interrogation will help Concern answer these questions in a more considered way.

The big question is, as the needs of PLHIV change, does Concern need to continue with its "specific" HIV and AIDS programmes? The current position is that PLHIV are increasingly being included as part of the "target group" in Concern programmes. These tend to focus on impact mitigation, such as the inclusion in poverty reduction activities. Prevention work is integrated in other programmes but largely at "entry level" focused on IEC and awareness-raising. Therefore important sub-questions are:

- Would effective HIV and AIDS prevention be lost in mainstreaming and integration?

- To what extent are Concern programmes ready for "secondary" or positive prevention strategies that apply to infected people in addition to the general population and high risk groups?

- What are the implications for Concern if there is a shift away from specific programmes: would this mean reduced technical support for future programming or could the level of technical assistance be maintained?

Concern's HIV and AIDS programme MTRs, Evaluations and programme M&E should be used to answer these questions during the next strategic plan. On the basis of the small sample included in this limited meta-evaluation it is not feasible to provide such answers.

Overall there is clear evidence that funding for HIV and AIDS is at a cross-roads. How Concern can fulfil its mandate and best serve its target group must be openly discussed in the forthcoming year.

Annex 1.   Table of Programmes Reviewed

	2007	2008	2009
Specific HIV and AIDS Programmes	**Ethiopia:** Evaluation of HIV/AIDS Programme 2004-2006 Final Report Jan. 2007 Mary Myaya and Penny Bardsley	**Ethiopia:** Capacity Building for HIV and AIDS Mitigation Projects in Addis Ababa Final Evaluation Mary Myaya (Sept. 2008) **Kenya:** Community Based HIV and AIDS Prevention, Treatment and Care (PTC) Programme, 2006-2010 Mid-Term Review 2006-2008 - Dec. 2008 Mary Myaya & Team **Rwanda:** TUBUNGANIRE - HIV and AIDS Capacity Building Project Mid-term Review by Jennifer Chapman (Oct. 2008)	**Ethiopia**: Community Conversations (CC) (2006- 2009) Insights - Geraldine Mc Crossan and Lemlem Sinkineh **India:** Alliance2015 HIV and AIDS Programme - End term Evaluation - Strategic and Programmatic Review (Oct. 09) Paramita Banerjee **Zambia**: HIV and AIDS programme Mid-term evaluation (end 2009) Jennifer Chapman & Review Team **Zimbabwe**: Mid term evaluation of the HIV Programme (and STAR approach) (end 2009) by David Kyaddondo (PhD) Makerere University
Integrated HIV components in other sectors	**Mozambique:** Access to Quality Education for Primary School Children in Manica Province 2005-2011 – Midterm Evaluation HIV & Education by Patricia Barkess **Zambia:** Programme Performance Review Report by Friday Mwaba HIV & Livelihoods	**DRC:** Kisenso LS Project in Kinshasa '05-'08 Final Evaluation by Theo Groot HIV & Livelihoods **Kenya:** Evaluation of a Programme to Improve Management of Acute Malnutrition & HIV in Lea Toto Centres, Nairobi, Kenya by Dr Paluku Bahwere (Valid International) Aug. 2008	

		Uganda: Environmental Health Programme for IDPs in Pader 2005-2006 ECHO Evaluation by Tom Ryan HIV, Emergency & Health	
Mainstreaming – with 'stand alone' budget	**Uganda:** Rwenzori HIV/AIDS Mainstreaming Capacity Building Project Mid Term Review Report By Joseph Rujumba & Japheth Kwiringira (Dec. 2007)	**Bangladesh**: Mainstreaming a HIV and AIDS Response throughout Concern Bangladesh (Oct. 2005 – Dec. 2008) by HASAB **Tanzania:** Mainstreaming HIV and AIDS in Tanzania: Increasing the Relevance and Impact of Development responses to HIV and AIDS Jan. 2006 – Dec. 2008. End of Programme Evaluation by Breda Gahan	**Bangladesh**: Final Evaluation HIV and AIDS Mainstreaming Project – KABP Study Report Prof. ASM Amanullah, PhD Dr. Nahid Ahmed Chowdhury Jalal Uddin (Mar. 2009) **Uganda**: External Final Evaluation - Rwenzori Region HIV and AIDS Mainstreaming Capacity Building Project (end 2009) by Dr. Asingwire Narathius & Joseph Kiwanuka

Strategy Evaluation 2007
Concern Worldwide: Concern's Response to the HIV and AIDS crisis -
Strategy Evaluation by Jennifer Chapman & Antonella Mancini (April)

Annex 2   References

Programme Documents

Concern Ethiopia Evaluation of HIV/AIDS Programme 2004-2006 Final Report Jan 2007

Programme to Improve Management of Acute Malnutrition in Lea Toto Centres, Nairobi, Kenya, Evaluation 2008

Kenya Community Based HIV and AIDS Prevention, Treatment and Care (PTC) Programme, 2006-2010, MTR August 2008,

Rwanda TUBUNGANIRE, HIV and AIDS Capacity Building Project MTR October 2008

Alliance 2015 HIV Programme in Orissa, India: EOP July 2009

Community Conversations changing societal norms in Ethiopia to prevent HIV transmission: Insights from Concern Worldwide Ethiopia 2009 Geraldine McCrossan & Lemlem Sinkineh

MTR Dec 2009 Concern Zambia HIV&AIDS Programme

MTR of the Zimbabwe HIV and AIDS Programme 2007 – 2009

MTR 2007 Access to Quality Education for Primary School Children in Manica Province

Zambia 2007 Programme Performance Review Report

Final Evaluation Improving Livelihoods in Kisenso – DRC 2008

Evaluation of ECHO funded Projects in Pader April 2005 – March 2006

EOP Evaluation 2008 Mainstreaming HIV and AIDS in Tanzania: Increasing the Relevance and Impact of Development responses to HIV and AIDS Jan. 2006 – Dec. 2008

KABP Study for the Final Evaluation of HIV Mainstreaming Project of Concern Worldwide, Bangladesh 2009

Final Evaluation: Mainstreaming HIV and AIDS Response throughout Concern Worldwide, Bangladesh' Project.

MTR Concern Uganda Rwenzori HIV/AIDS Capacity Building Project 2007

End of Project Evaluation for Rwenzori HIV&AIDS Mainstreaming Capacity Building Project Jan 2010

Concern / other documents

Strategy Evaluation 2007 Concern Worldwide: Concern's Response to the HIV and AIDS crisis - Strategy Evaluation by Jennifer Chapman & Antonella Mancini (April)

Concern Worldwide HIV and AIDS Strategy 2008-2012

Programme Planning, Monitoring and Evaluation (PM&E) Guide December 2008

Executive Summary of Uganda Lessons Learned 2001

Concern Worldwide Strategic Plan 2006 – 2010

Concern Worldwide HIV and AIDS Policy 2007

Concern Worldwide HIV and AIDS Strategies 2004-2007 and 2008-2012

Concern Worldwide Policy Statement 2005

Concern Worldwide HAPS 2007 Review (Maura Scully)

Report on HIV and AIDS Policy Implementation and Programme Progress Report for Council of Concern (October 2009)

Experiences and Lessons Learned in Rakai and Mpigi districts in Uganda during the past 10 years (1991 - 2000) by Margaret Ssemukasa and Breda Gahan

Livelihoods Programme Meta Evaluation 2003-2008 (2009)

Stop AIDS Now: Addressing HIV and AIDS in the workplace Lessons Learnt