

EVALUATION OF HIV AND AIDS PROGRAMS

SALVATION ARMY BANGLADESH

MARCH - APRIL, 2007

EVALUATION TEAM:

1. Capt. Stephen Baroi
2. Mr. Victor Mondal
3. Ms. Alana Strong
4. Ms. Nancy TenBroek

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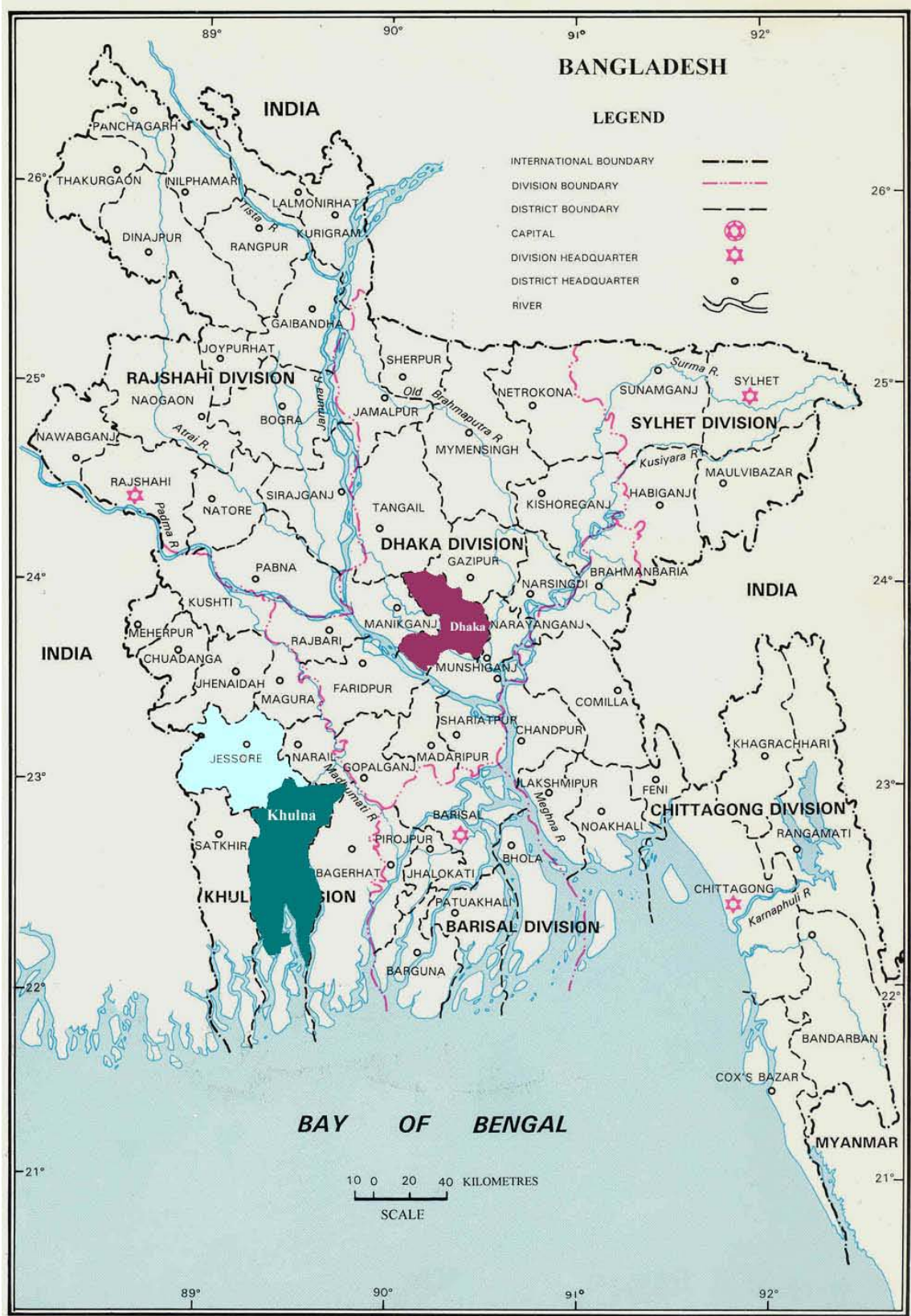
I. BACKGROUND AND INTRODUCTION

Internationally, the Salvation has been recognized as a key player in HIV and Aids programming, and Bangladesh is no exception. The Salvation Army Bangladesh initiated its first HIV and Aids program in 1993. This program was supported by The Salvation Army Technical Assistance team on HIV and Aids and funded by NORAD through Bistandsnemda (BN).

Bangladesh is considered a low prevalence country for HIV and Aids. However, the 2005 UNAids report considers it an important country due to several factors including its close proximity to other high prevalence countries (including India), high migration levels, and intravenous drug use. 2005 statistics shows the prevalence of intravenous drug users as HIV positive above 5 percent.

The inclusion of HIV education, awareness, advocacy and counseling into programming is very timely. The Salvation Army has sought to carry out high quality programming in this area. The HIV and Aids programs, like the other programs in the Salvation Army focuses on community involvement and empowering communities to address a response.

BANGLADESH MAP



II. PURPOSE AND AIMS OF THE EVALUATION

A Terms of Reference (TOR) for this evaluation was developed by the Salvation Army leadership according to the Evaluation Policy for BN. This was reviewed by BN and approved by them, and the Salvation Army, Bangladesh. (Please see Annex 1 for the complete TOR).

The evaluators for the evaluation were selected by the Salvation Army Bangladesh leadership and approved by BN. The team included two external consultants and two Salvation Army Bangladesh staff. The evaluation team also had input into the Terms of Reference prior to the approval of the TOR by BN.

The purpose for the evaluation is articulated in the TOR and is noted as follows:

“To conduct an external participatory evaluation of the Integrated HIV/AIDS Management Project of the Salvation Army, Bangladesh. The Integrated HIV/AIDS project has now completed its funding cycle through BN and therefore a project end evaluation was requested by the donor organization.

The Aims are noted as follows:

- ✦ Evaluate project performance as regards to preparation and implementation of plans, follow up on achievements of targets and objectives (impact).
- ✦ Make recommendation on possible improvements in project design and organization and on modifications to targets, objectives and plans for future implementation.
- ✦ Make recommendations as to whether the project should be discontinued, consolidated, prolonged or expanded.
- ✦ Assess the future sustainability of the different activities supported by the project after the phasing out of external financial support
- ✦ Summary of Best Practices
- ✦ Summary of Lessons learned

III. METHODOLOGY

For this evaluation, a qualitative approach was primarily utilized to address the objectives set forth in the Terms of Reference. There has been much written over the past ten years regarding the validity of evaluations and research following qualitative approaches. This is particularly true in areas of health promotion, which is often labeled as “soft research”. Donald Nutbeam however, states the validity of qualitative approaches in health –promotion evaluations and encourages triangulation and rigorous attention to documentation of all qualitative analyses. (Nutbeam, 2001). Because of the nature of this program, it was felt that qualitative research was best.

The evaluation was participatory in nature and included site visits, semi formal interviews with key staff and community members, focus group discussions, paper review of plans, progress reports, previous evaluations (including action research), budgets and job descriptions, participatory

appraisal exercises (SWOT, timeline, stakeholder analysis, needs chart) and stakeholder discussions. The evaluation followed the guidelines of “Appreciative Inquiry” and interviews were conducted through a series of questions which generated case examples based on perceived strengths of the project.

It should be noted that this project has had extensive monitoring and formal evaluations (both internal and external) and evaluation research. Therefore, this evaluation does not seek to redo areas already addressed but seeks to ask the specific points raised in the TOR

The documents reviewed included the following:

- Project Proforma for the Integrated Aids Management Project
- Annual Reports over the last five years
- Participatory Evaluation, 2004 (Cepe, Farquharson, White)
- Job Descriptions of staff related to the project
- Action Research documents
- Training materials used in the project

The evaluation was facilitated by:

Alana Strong, B.S., a Christian Reformed World Relief Committee (CRWRC) program advisor with extensive experience in program development, implementation and monitoring of adolescent life skills education and HIV and Aids education, awareness and advocacy programming in Bangladesh.

Nancy TenBroek, MA in International Health and Development (mPH) is a Development Consultant for CRWRC Bangladesh/India and the CRWRC Regional Health Consultant for Asia. She is experienced in a wide range of health program implementation and management, particularly in Child Survival, Maternal and Child health, and HIV and Aids prevention and education in South Asia .

Victor Mondal, Project Manager, Salvation Army Bangladesh. Mr. Mondal has worked for the Salvation Army for 15 years and currently has overall responsibility for the HIV and Aids program. He also represents the Salvation Army on the Bangladesh National HIV and Aids Network Forum.

Stephen Baroi, Youth Officer, Salvation Army Bangladesh. Capt. Baroi is a graduate of the Salvation Army Seminary and has worked in various capacities for the Salvation Army.

The evaluation was initially set for February, 2007. However, because of political unrest in Bangladesh the evaluation was postponed and took place within March and April, 2007. Following the formal evaluation, a review and dissemination meeting was held with the Salvation Army leadership.

IV. DESCRIPTION OF PROGRAMS

The Salvation Army has an extensive portfolio in Bangladesh which includes integrated community development programming, seminary education, school programs, specific education and development programs for the disabled population, and church work. The programs include HIV and Aids awareness, education, counseling, advocacy, testing and are scattered in various parts of Bangladesh including Dhaka, Jessore and Khulna. The program is staffed by an HIV and Aids coordinator and then designated field staff in each of the projects.

Jessore - Health Care and Counseling Center

The Health Care and Counseling center offers sex workers in the Jessore brothel lessons on health awareness including HIV & AIDS, examination and referral system, STD treatment, and Birth control pills and an opportunity to buy condoms when the government provides them. The HCCC is part of the national HIV Serological and Behavioral surveillance of Bangladesh.

In addition the HCCC offers basic literacy classes and skill development in handicraft to sex workers who have the will and opportunity to seek alternative livelihoods. Once trained the women become producers, creating products for the Sally Ann store, in addition to continuing sex work.

The HCCC also has community groups in Jessore area from whence sex workers have come, with former sex workers, floating sex workers and women vulnerable to sex work.

Jessore - Community Health and Development Program

The Community Health and Development Program consists of a clinic and hospital, a school, and a community health and development component. The clinic includes STD testing and HIV awareness in the waiting room. The school promotes awareness of trafficking and HIV risks to the guardians of school children. The community health and development component raises awareness of community groups and adolescents about HIV&AIDS and related issues.

Andulia (Khulna) - Community Health and Development Program

The Community Health and Development Program has a clinic, a school, and a community health and development component. The school promotes awareness of trafficking and HIV risks to the guardians of school children. The community health and development component raises awareness of community groups and adolescents about HIV & AIDS, trafficking and related issues. There are some semi-functioning drama groups that promote awareness of HIV and Aids.

Dhaka - Mirpur Urban Health and Development Project

The Community Health and Development Program is located amidst the Bihari refugee camps. It includes a clinic, and a community health and development component. The clinic promotes HIV awareness in the waiting room. The community health and development component raises awareness of community groups and adolescents about HIV&AIDS and related issues and promotes action to address risky behaviors.

Old Dhaka Rehabilitation Program

This program works in the communities that floating sex workers live in. They promote HIV & AIDS awareness with men, women and adolescents engaged in or vulnerable to high risk behavior.

As women become aware of the risks of sex work, the Counseling and Development Centre in Old Dhaka works with these former sex workers who wanted to leave the sex trade. They are taught basic literacy and skills for developing an alternative livelihood.

V. FINDINGS AND ANALYSIS

STRENGTHS (including Best Practices)

1. The project is working in the areas where sex workers are located. They work in the high risk areas – or areas where there is high need. This is a best practice within the organization.
2. They also respond to needs – eg. the brothel closed in 1997 and then they started a program to work with those displaced – the floating workers in the area. Now they are already responding to the immediate need of trafficked women – eg. returning women who are displaced from their communities..
3. Action research is a key piece in recognizing the needs in the community. This has been done several times throughout the life of the project and is seen as a best practice.
4. The project uses input from International teams (Salvation Army) and disseminates it through the organization. This is clearly a best practice and the Salvation Army Bangladesh should continue to use this resource as it further develops its programming in HIV and Aids.
5. The program is holistic – attempts to address physical, mental, spiritual needs.
6. The program works with a very focused target group so very few are “lost through the cracks.”
7. There is good networking. Salvation Army knows and dialogues with all lead organizations in HIV and Aids and is on the National STI and HIV and Aids National Network. Other groups include: ICDDR,B, Save the Children, Care, World Vision, etc.
8. Community is equipped and mobilized to share their knowledge with their neighbors. This was especially noted in Mirpur, Jessore and old Dhaka and to a lesser extent in Andulia.
9. The HIV and AIDS program is mainstreamed in everything they do. This is an emerging promising practice, and something that can be built on in future programming.
10. The Salvation Army are able to address needs in high risk groups – work outside of the conventional community development group model. This is clearly a best practice within the organization.
11. They are flexible in approach – sensitive to what the community wants to learn.
12. All offices, etc. are well positioned and in close proximity, and accessible to the target community.
13. The church linkage with Corps has strong potential.

14. The Salvation Army Bangladesh is perceived as a leader amongst Christian NGOs with a clear mandate for holistic mission with clear vision, mission and strategy statements that are articulated clearly by all staff in the organization.
15. The Salvation Army has been the frontrunner or lead agency in addressing “new” or pertinent issues. Eg. A lead organization in starting the Stop the Traffik network of Christian NGOs in Bangladesh.
16. The Staff are strongly committed to address issues of HIV and Aids and clearly want to help people through values based programs.
17. It appears that community members have less stigma and are more knowledge on HIV and Aids risks and prevention.
18. The funds are well used – the project is cost effective.
19. The program is multi-faceted. It addresses needs at many different levels – awareness, counseling, education, care and intervention.
20. The community, especially through the CSGs, are taking an increased role in initiating HIV and Aids awareness activities—there is ownership of the issues by many of the CSGs. There was much evidence, particularly in Dhaka, of community members volunteering and responding to the needs in their communities.
21. The project needs to consider sustainability, particularly in respect to the brothel programming. The community work would seem to have a somewhat more clear route to sustainability through the CSG’s. However, the work with the brothels should have a clear visioning and planning workshop, upon which sustainability of the program should be more clearly thought out.

GROWTH AREAS

1. The HIV and Aids program is not well understood or integrated with Corps. The Corps' role is not clear. Eg. training is conducted, but then it is unclear how and where this will be used.
2. There is a lack of clear relationship between plan and reporting.
3. There is a lack of clear process for developing plans – needs to be more “bottom up” strategic planning.
4. Whilst it is great that the S.A. goes into schools, other areas this is not as planned as it could be and needs to be part of a focused strategic plan. Eg. the one off school visit could be so much more if it was part of a broader school strategy.
5. There is a lack of baseline information and then clear monitoring against that baseline information. There is not a clear connection between plan and reporting information.
6. The church linkage for this program is weak – and is not outside of The Salvation Army community.
7. More systematic assessments are needed for learning and then this needs to be shared for transfer of learning through The Salvation Army Bangladesh.
8. Life skills programming is not integrated yet into the program curriculum. The curriculum is currently heavily focused just on awareness.
9. Community Action occurs but is not organized or part of a broader plan.
10. The role of the National Coordinator is not as organized or focused as it should be. It appears there are a lot of tasks, but they do not link clearly with objectives.
11. There is a lack of clear communication links between the National Coordinator and the programs. Lack of follow up: eg. Andulia carried out a Participatory Action Research exercise one year ago and still do not have the results back from Dhaka.
12. There is a need to help clients find more avenues for employment besides a dependency on Sally Ann.
13. Although sustainability will likely be achieved where there are CSGs, it is not certain or clear in the brothel work which has no clear plan or avenue for sustainability.

A sampling of Case Studies generated during the evaluation:

One group visited consisted of twenty first-year sex workers. They were watching a video on reproductive health when I came in and I didn't realize right away they were sex workers because they looked like my own adolescent groups in Dhaka, some were as young as 12! After the video I sat with them. The ones who would speak told me their stories.

1. A 15 year old looked me straight in the eye and told me she was working to support her mother. She had no father, and there was no money for her dowry. If she worked as a house maid (the other option for destitute girls) the men of that house would take advantage of her anyways, and by working here she could support her mother, and send her 2 brothers to school. Another girl said she was an orphan. There was no one in the world who would take her in and care of her. Working here she would save for a house, so that she can live a better life in the future. Most of the girls would not say anything averting their eyes in shame of what life had brought them to. The staff later told me that most of the girls had been trafficked- betrayed by men who had brought them here after marrying them in the village, or sold by parents who could not pay back a loan, much less pay the dowry it takes to marry off a daughter.
2. Another group visited was of women who had been in sex work for 15-20 years. The women learn about hygiene, HIV and Aids and using condoms. They learn about human rights and how to use the law for their own benefit. They told me the project had made them clever. They also learn literacy, raising children and dreaming. The project teaches them handicrafts and provides a market for the products. They begin to see the possibility of life outside a brothel, doing "good" work. They spoke of their children and the hopes they would fulfill. At the same time, I was made aware that these women were caught in and perpetuating the cycle of sex work. As the older women get fewer clients, each woman in turn had a girl or two indentured to them, and could not escape the brothel till she had paid back the loan with which she had bought the girls.
3. Another group I visited was one in a village from which 3-4 sex workers had come from. By raising awareness about trafficking, HIV and Aids and building alternative livelihoods at the village level they hope to keep women from the brothels in town.

It should be noted that staff and community participants also identified several case studies and shared these verbally. They should be encouraged to write and share these, as possible. In addition, staff were able to mention several best practices, which are also noted above.

VI. RECOMMENDATIONS

The Salvation Army Bangladesh is a values based organization deeply committed to integral mission. It offers a wide array of community development programming that have been effective and have the potential to help communities and churches in addressing the growing problem of HIV and Aids. The HIV and Aids programming within Bangladesh should be continued and strengthened. The following are a list of key recommendations for strengthening the program both programmatically and organizationally. These recommendations have been shared with the Salvation Army Leadership. We do recommend that the leadership, along with key staff again review this list and ascertain the specific recommendations that they most wish to address. We then recommend that the recommendations that are accepted should then be part of a detailed 3-5 year work plan. The work plan would be a formal guide over the next few years and assist project staff in a documented strategy for strengthening the program. Please see annex 2 for an example of a work plan template.

Recommendations are noted as follows:

1. A stronger curriculum base needed. We recommend that the S.A. really work to develop specific curriculum packages for the following groups – for adolescents, for schools, for sex workers, for Corps, for community groups. Whilst there can be some flexibility, a clear curriculum is needed to support the staff.
2. In relation to the above recommendation, a clear baseline measurement system is needed – and then this can be reassessed every year. They need to have more data on how attitudes, knowledge and behavior is changing.
3. There is a real opportunity for the Salvation Army to enhance materials by inputting values lessons and values concepts into the materials. This will further strengthen the Salvation Army's approach. The values based approach is a unique opportunity that the Salvation Army has to incorporate this into the HIV and Aids programs
4. Staff should be trained in adult learning. We specially recommend the Dialogue Education approach, which is licensed under the Global Learning Partners organization in Toronto, Canada.
5. The Salvation Army should consider developing a curriculum for students at the seminary, with yearly follow up sessions for all Corps. This should be part of a formal training package, developed by the Coordinator.
6. The Salvation Army can support the broader Christian community through their curriculum and by developing materials for HIV and Aids Sunday, etc. Programs developed and carried out through their own churches and structures can be then modeled and scaled up by the broader church community through NCFB and/or NCCB.
7. The Salvation Army should continue to find avenues for income generation. Skill development programs should be a focus, enabling clients and participants to gain employment earning outside of the Salvation Army fold.
8. The multi faceted and integrated approach should be continued. This needs to be clearly articulated in the plans as to how it all links to a comprehensive HIV and Aids program. For example, the HIV and Aids work with the testing center, CSH awareness program needs to be clearly thought through and articulated in the plans.

9. The organization should probe possibilities of linking more closely with the Government programs in HIV and Aids.
10. The Salvation Army should continue its active role in the HIV and Aids Forum network and continue to disseminate best practices through this venue.
11. The Salvation Army HIV and Aids program staff should continue to stay updated on new developments and models in the fields of HIV and Aids programming that could potentially be integrated or added into its own program.
12. The Salvation Army should clarify staffing and staffing roles for the program. Staff roles should include vision setting, planning and monitoring, training, networking, development of materials, and overall monitoring of program objectives.
13. All staff in the community development programs and in the Corps work should be trained in HIV and Aids awareness and education. HIV and Aids programming should be considered as part of the regular work in their job description and not be seen as additional work, nor be paid as additional work but as part of their regular salary as determined through their job description.
14. Job Descriptions should be reviewed for the key staff in HIV and Aids. This should be done following a comprehensive planning process, as noted above. The coordinator should be more actively involved in not just the dissemination of materials but in the “value added” of adapting curriculum to meet the specific needs of the projects. The Project Manager should also assist in proposal development, and in helping to develop a clear MIS system for HIV and Aids programming.

Finally, we recommend that prior to beginning the new phase for the HIV and Aids program, a comprehensive vision and plan should be developed for a 3-5 year period.

VII. CONCLUSION

The Salvation Army Bangladesh has a deep commitment and strong foundation for HIV and Aids programming. It is committed to training its development staff and Corps in developing program in this area that is integrated into all of its work. There is strong evidence to show that the Salvation Army and its staff are a learning organization in this field of HIV and Aids. Since its inception in 1993, the program has certainly tried to be appropriate and effective and has carried out past evaluations and action research to assess program results and impacts and also to modify program goals and targets. The evaluation team recommends that the Salvation Army continue HIV and Aids programming and further strengthen the program by considering the recommendations above and addressing the issues as noted in the evaluation. A key recommendation is a comprehensive visioning and planning which will help give direction over the next 3-5 year period.

The evaluation team was truly enriched from this experience and learned much about HIV and Aids programming. We do regret the somewhat choppiness of the evaluation activities due to the frequent changing of schedules related to the political situation. We also apologize for the lateness of this report, but trust that it will be useful as the Salvation Army Bangladesh team works to further expand and strengthen its programming in HIV and Aids.

Annex – I
Terms of Reference
for
Evaluation of The Salvation Army, Bangladesh’s
PD 1524 Community Empowerment: A Response to HIV and AIDS.
January 2007

Background to the Programme:

In 1994 The Salvation Army Bangladesh started the existing project with the support of NORAD funding. The HIV/AIDS project is mostly an HIV/AIDS educational prevention project, which has integrated into all the Salvation Army Community Health and Development (CHDP) projects and communities where the Church has a presence. Activities have included awareness raising, productions of posters and pamphlets, counselling training, community organization and mobilization, and networking with other NGOs and GO. The HIV/AIDS project also has established two outreach centres for women who are in prostitution.

The Counselling and Development Centre (CDC) in Old Dhaka seeks to change floating Commercial Sex Workers’ (CSW) behaviour through skills training, adult literacy, and counselling. The centre earned income by producing items for “Sally Ann”- Bangladesh which is a hope for financial sustainability. It is hoped that in the future the income will increase with greater orders. Former CSWs who have changed their lifestyle from our centre are encouraged to work in their own community as volunteers/peer counsellors and to find new ways of earning money either by filling orders for “Sally Ann”, finding employment or setting up their own business. Some women have entered The Salvation Army’s knitting factory to receive six months of machine knitting training, to qualify them for seeking employment in the knitting factory sector in Bangladesh.

The Health Care and Counseling Centre (HCCC) in Jessore provides support to the women in Jessore brothels through health care, condom distribution, health and social issues education and skills training. It provides training in specific ‘Sally Ann’ products, which the women can produce and receive an income from. Staff support women who choose to leave prostitution and either set up life on their own or reunite with their family. The Centre participates with the annual surveillance testing for the National AIDS programme conducted by the International Centre for Control of Diarrhoeal Diseases (ICDDRDB).

The project is coming to the end of the funding period (2007) with NORAD. The evaluation will help look at the effectiveness and impact of the project, lessons learned, best practices, and the possibilities of future initiatives.

Summary of findings of previous reports, evaluations: Attached.

How the need for the requested assignment rose:

BN, “Norwegian missions in development” requested that an external evaluation be conducted early in January 2007 as this will be the final year for funding from NORAD. It is also seen as a good opportunity to evaluate the impact of the programme, identify any best practices, which have emerged, and lessons learned which could be shared with others.

PURPOSE

Conduct an external participatory evaluation of the Integrated HIV/AIDS Management project of The Salvation Army, Bangladesh.

Overall aims:

- ❖ Evaluate project performance as regards preparation and implementation of plans, follow-up on achievements of targets and objectives (impact)
- ❖ Make recommendations on possible improvements in project design and organisation and on modifications to targets, objectives and plans for future implementation
- ❖ Make recommendations as to whether the project should be discontinued, consolidated, prolonged or expanded
- ❖ Assess the future sustainability of the different activities supported by the project after the phasing out of external financial support.
- ❖ Best Practices.
- ❖ Lessons Learned

The review shall be carried out in accordance with the Bistandsnemnda (BN) Guidelines for Evaluation.

METHODOLOGY

Various Participatory Rapid Appraisal (PRA) methods will be used along with focused group discussions, individual interviews and desk study of project documentation for two weeks.

Issues to be dealt with during the Review:

VII. General assessment of the implementation of the project and the future of the project

- ❖ present status of the implementation compared to the approved activity plan and budget
- ❖ plans for the remaining project period.
- ❖ plans for sustainability, phasing out and/or handing over project activities to permanent local structures, which activities should be continued and at what level and which activities will the Salvation Army, Bangladesh, the local government, local communities or others be willing and able to continue?
- ❖ measures to be taken before the project period expires in order to enhance the future possibilities of sustainability.

Particular areas of interest:

Cost Efficiency and Institutional Sustainability issues:

- ❖ Assessing cost efficiency of the different project activities
- ❖ Assessing how financial sustainability of the services can be secured to a larger extent.
- ❖ Assessing how the need for external funding is required.
- ❖ Assessing how project activities can continue when external funding ceases.

Community empowerment issues:

- ❖ Impact of project activities on communities.
- ❖ Assess how community people have been empowered.
- ❖ Impact on youth awareness groups and peer to peer transfer of knowledge.
- ❖ Impact on women in prostitution.

Project Relevance

- ❖ Assess relevance of project activities to the need.
- ❖ Assess relevance of project activities to Bangladesh's present situation.

Organizational Capacity

- ❖ Assess project's cooperation and partnership with central and local government.
- ❖ Assess the organizational capacity strengths, best practices which have emerged and lessons learned.

VIII. SCHEDULING

The Evaluation will take place at Command Headquarters (CHQ), Dhaka, Urban Health and Development Project (UHDP), Mirpur, CHDP, Jessore and CHDP, Andulia in January 2007.

There will be collected material for the review through the following activities:

For 2 days there will be organised meetings with representatives from all levels of project staff and churches. There will be meetings with all relevant stakeholders, project staff and CSGs to share views.

A field visit of 7 days including meetings with relevant stakeholders, e.g. the users of the HCCC and CDC facilities, members of project groups, church pastors, Community Support Groups, community volunteers.

A desk study of the project's performance according to the financial and narrative reports and previous evaluation reports.

Main findings and recommendations will be presented to and discussed with HIV/AIDS Project Management staff and The Salvation Army, Bangladesh leadership.

Submission of reports: A draft report will be sent to TSA-B within three week after the consultation (i.e. by 18 February). TSA-B will respond to the draft within two weeks (i.e. by 4 March). The consultants will produce the final report by 15 March 2007.

Itinerary for the planned visit:

- | | |
|--------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|
| January 15 th | Briefing with SA Leadership. CHQ Dhaka
Interviews with individual staff and officers |
| January 16 th | Field Visit to CDC, Old Dhaka
Interviews and group discussions with individual staff, present and former clients
and community people. |
| January 17 th | Field Visit to UHDP, Mirpur
Interviews and group discussions with individual staff and community people. |
| January 18 th | Day Seminar with selected staff from all projects, some churches, Dhaka based
Interviews with relevant NGOs / GO |
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- January 19th
- January 20th Flight to Jessore
- January 21st Field Visit to HCCC, Jessore
Interviews and group discussions with individual staff and brothel community members
- January 22nd Field Visit to CHDP, Jessore
Interviews and group discussions with individual staff, community members, other NGOs / GO
- January 23rd Field Visit to CHDP, Andulia
Interviews and group discussions with individual staff, community members, other NGOs / GO
- January 24th Day seminar with selected staff from all projects, some churches, Jessore
Flight to Dhaka
- January 25th CHQ discussions with management team
Debrief with CHQ leadership and project leadership.

MANAGEMENT OF VISIT

To whom should the consultant refer to resolve any issues?

Colonel Ethne Flintoff / Capt Elizabeth Nelson

Responsibility for practical arrangements, travel arrangements, hotels, etc.

The Salvation Army, Bangladesh. Capt. Elizabeth Nelson / Victor Mondol

IX.

X. EXPECTED OUTPUT

How direct feedback should be given to the partner : By email and paper copy.

Report structure and maximum length (exec. Summary and appendices) As appropriate.

The report of the Evaluation will be shared with:

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- ❖ The Salvation Army, Bangladesh
 - ❖ The Salvation Army, Norway
 - ❖ Bistandsnemnda (BN), Oslo Norway
 - ❖ The Salvation Army, International Headquarters Projects Department

REQUIRED INPUTS

People to be involved (partners, community leaders, government officials) and their roles:

Participants in the process: SA, Bangladesh leadership team, Project Managers, HCCC and CDC staff and coordinators, District Officers, selected pastors, Knitting factory management, other NGOs/GO and community members.

Consultancy team members: Nancy TenBroek, Christian Reformed World Relief Committee, Alana Strong, CRWRC and Captain Stephen Baroi, The Salvation Army, Bangladesh.

OTHER INFORMATION

Annex – II

**SALVATION ARMY HIV AND AIDS PROGRAM ACTION PLAN IN RESPONSE
TO JANUARY 15-25, 2007 EXTERNAL EVALUATION**

October 2007 - June 2009

Recommendations	Action	By Whom	Oct-2007 to June 2008			July 2008-June 2009			July 2009-June 2010			July 2010-June 2011			July 2011-June 2012		
			Q – 2 Oct-Dec	Q – 3 Jan-Mar	Q – 4 Apr-Jun	Q – 1 Jul-Sep	Q – 2 Oct-Dec	Q – 3 Jan-Mar	Q – 4 Apr-Jun	Q – 1 Jul-Sep	Q – 2 Oct-Dec	Q – 3 Jan-Mar	Q – 4 Apr-Jun	Q – 1 Jul-Sep	Q – 2 Oct-Dec	Q – 3 Jan-Mar	Q – 4 Apr-Jun
1. A stronger curriculum base needed. We recommend that the S.A. really work to develop specific curriculum packages for the following groups – for adolescents, for schools, for sex workers, for CORE, for community groups. Whilst there can be some flexibility, a clear curriculum is needed to support the staff.	Agree/ Disagree																
	a.																
	b.																
	c.																
	d.																
	e.																

Recommendations	Action	By Whom	Oct-2007 to June 2008			July 2008-June 2009				July 2009-June 2010				July 2010-June 2011				July 2011-June 2012			
			Q – 2 Oct-Dec	Q – 3 Jan-Mar	Q – 4 Apr-Jun	Q – 1 Jul-Sep	Q – 2 Oct-Dec	Q – 3 Jan-Mar	Q – 4 Apr-Jun	Q – 1 Jul-Sep	Q – 2 Oct-Dec	Q – 3 Jan-Mar	Q – 4 Apr-Jun	Q – 1 Jul-Sep	Q – 2 Oct-Dec	Q – 3 Jan-Mar	Q – 4 Apr-Jun	Q – 1 Jul-Sep	Q – 2 Oct-Dec	Q – 3 Jan-Mar	Q – 4 Apr-Jun
2. In relation to the above recommendation, a clear baseline measurement system is needed – and then this can be reassessed every year. They need to have more data on how attitudes, knowledge and behavior is changing.	Agree/ Disagree																				
	a.																				
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Recommendations	Action	By Whom	Oct-2007 to June 2008			July 2008-June 2009				July 2009-June 2010				July 2010-June 2011				July 2011-June 2012			
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3. There is a real opportunity for the Salvation Army to enhance materials by inputting values lessons and values concepts into the materials. This will further strengthen the Salvation Army's approach. The values based approach is a unique opportunity that the Salvation Army has to incorporate this into the HIV and Aids programs	Agree/ Disagree																				
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	d.																				
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			Q – 2 Oct-Dec	Q – 3 Jan-Mar	Q – 4 Apr-Jun	Q – 1 Jul-Sep	Q – 2 Oct-Dec	Q – 3 Jan-Mar	Q – 4 Apr-Jun	Q – 1 Jul-Sep	Q – 2 Oct-Dec	Q – 3 Jan-Mar	Q – 4 Apr-Jun	Q – 1 Jul-Sep	Q – 2 Oct-Dec	Q – 3 Jan-Mar	Q – 4 Apr-Jun	Q – 1 Jul-Sep	Q – 2 Oct-Dec	Q – 3 Jan-Mar	Q – 4 Apr-Jun
4. Staff should be trained in adult learning. We specially recommend the Dialogue Education approach, which is licensed under the Global Learning Partners organization in Toronto, Canada.	Agree/ Disagree																				
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5. The Salvation Army should consider developing a curriculum for students at the seminary, with yearly follow up sessions for all CORE. This should be part of a formal training package, developed by the Coordinator.	Agree/ Disagree																				
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6. The Salvation Army can support the broader Christian community through their curriculum and by developing materials for HIV and Aids Sunday, etc. Programs developed and carried out through their own churches and structures can be then modeled and scaled up by the broader church community through NCFB and/or NCCB.	Agree/ Disagree																				
	a.																				
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7. The Salvation Army should continue to find avenues for income generation. Skill development programs should be a focus, enabling clients and participants to gain employment earning outside of the Salvation Army fold.	Agree/ Disagree																				
	a.																				
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8. The multi faceted and integrated approach should be continued. This needs to be clearly articulated in the plans as to how it all links to a comprehensive HIV and Aids program. For example, the HIV and Aids work with the testing center, CSH awareness program needs to be clearly thought through and articulated in the plans.	Agree/ Disagree																				
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9. The organization should probe possibilities of linking more closely with the Government programs in HIV and Aids.	Agree/ Disagree																				
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10. The Salvation Army should continue its active role in the HIV and Aids Forum network and continue to disseminate best practices through this venue.	Agree/ Disagree																				
	a.																				
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11. The Salvation Army HIV and Aids program staff should continue to stay updated on new developments and models in the fields of HIV and Aids programming that could potentially be integrated or added into its own program.	Agree/ Disagree																				
	a.																				
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12. The Salvation Army should clarify staffing and staffing roles for the program. Staff roles should include vision setting, planning and monitoring, training, networking, development of materials, and overall monitoring of program objectives.	Agree/ Disagree																				
	a.																				
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13. All staff in the community development programs and in the CORE work should be trained in HIV and Aids awareness and education. HIV and Aids programming should be considered as part of the regular work in their job description and not be seen as additional work, nor be paid as additional work but as part of their regular salary as determined through their job description.	Agree/ Disagree																				
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14. Job Descriptions should be reviewed for the key staff in HIV and Aids. This should be done following a comprehensive planning process, as noted above. The coordinator should be more actively involved in not just the dissemination of materials but in the “value added” of adapting curriculum to meet the specific needs of the projects. The Project Manager should also assist in proposal development, and in helping to develop a clear MIS system for HIV and Aids programming.	Agree/ Disagree																				
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15. Finally, we recommend that prior to beginning the new phase for the HIV and Aids program, a comprehensive vision and plan should be developed for a 3-5 year period.	Agree/ Disagree																				
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