Evaluation Report

The Salvation Army Regional HIV/AIDS Programme – Africa

BN# 10377
PD# 1768

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June 3rd 2007

Contents

Executive Summary

The Salvation Army Africa Facilitation Team has been in partnership with NORAD/BN since 2001 and is currently in its second funding agreement for the period 2006 – 2010. During the first funding cycle there was an evaluation conducted in 2002 by Gaute Hetland from BN.

The focus of the programme is facilitation team support and development for increased capacity and competence at local, country and regional levels within the Salvation Army across 18 countries in Africa.

The basis of the Salvation Army approach to building AIDS Competence[1]

The basis of the Salvation Army approach to building 'AIDS and life competence' in communities is founded on the fundamental belief that all people are able to respond to concerns and situations they find themselves in regardless of educational, social or cultural background and identity. Through a rapidly growing network of people with facilitation skills which reaches from a Regional (Africa) level right down to grass roots communities, local people are being enabled to reflect upon and respond to their circumstances in ways which will help to prevent the spread of HIV and mitigate the powerful negative impacts of AIDS on the life of individuals and whole communities. What is distinctive and very striking about the Salvation Army approach is that it has built within it, by virtue of a number of key aspects[2], the ability to transfer learning and therefore spread the approach rapidly and by and large, with a level of consistency which is truly impressive.

The evaluation visit took place in May 2007 and involved accompanying members of the Regional Facilitation Team (RFT) and local facilitators to communities in Kenya (Kibera, Nairobi and Kithituni) and Rwanda (Kigali, Rutobwe and Runda).

Over the years, the emphasis and identity of the RFT has shifted away from a team focused solely on AIDS to become one embracing a broader perspective of health and well-being in communities, a process which reflects the way that HIV/AIDS is a high effective entry point for stimulating change. The Salvation Army's approach is evolving in response to learning through reflective practice. The language it uses now is about building 'AIDS and life competence through a framework of Human Capacity for Response (HCR[3])

Facilitation processes and tools

The report examines the approaches and tools used within the facilitation processes and finds them to be generally highly effective. This section examines the principles and dimensions of key elements of the approach including team formation, youth capacity development, 'SALT' visitation, community counselling and self-assessment and other tools. Recommendations are made regarding further improvement in the consistent design and objectivity of some of the tools,

[1] The awareness of the social effects of HIV/AIDS and the ability to respond at the levels of both personal and community experience, 2006 (Prof. Paul Komesaroff, Monash University Dept. of medicine, Prahan, Australia). The terminology and approach is evolving with the Salvation Army and in order to reflect current understanding and practice, the term ***AIDS and life competence*** will be used henceforth in this report.

[2] The presence of Salvation Army across 18 countries in Africa, and the strong commitment to reflective practice championed and modelled by the facilitation teams operating a the different levels

[3] Human capacity for response is the critical framework for assessing effectiveness. The term reflects the fundamental belief that all people are capable of responding positively and in transformative ways to their life circumstances and that this capability can be evoked and enhanced (stimulated) through the programme's approach.

particularly those relating to the quality of facilitation, personal development of facilitators and AIDS competence.

Outputs, outcomes and indicators

The outputs, outcomes and indicators defined and anticipated by the RFT have been to a large extent realised. The area where most progress can still be made relates to the capture and documentation of qualitative changes consistent with the core values of the programme. This is an area the RFT is actively addressing and developing useful tools that when consistently and widely used will further strengthen the evidence of how effective the overall approach is.

Scale up and transfer

As noted above, the approach being adopted within the organisational context of the Salvation Army is undoubtedly resulting in the rapid spread of positive responses and AIDS competence, although the definitive evidence for the latter is still not objectively and consistently captured. The growth of the supply of people with potential and proved ability to be facilitators is rapid with 700 people identified and involved to date. At the same time, the growth in demand for accompaniment coming from local Corps, communities and facilitation teams formed at the Territorial and local levels is also growing. The programme is making tangible and effective efforts to efficiently marshal the resources, principally through the creation of four 'Cluster' areas (Central Africa, Southern Africa, Western Africa and Eastern Africa) with dedicated capacity for enhanced co-ordination.

Challenges and Opportunities

A number of challenges are explored in the report including the need to establish definitively the evidence of enhanced AIDS and life competence across the region according to a framework adapted from earlier AIDS competence framework; financial sustainability; the ability to communicate clearly and easily the nature of the approach; the influence of external factors on the efficacy of a facilitative approach at the local level; the potential for positively influencing other BN/NORAD partners.

Influence

The report looks at how the approach developed in the Salvation Army by the RFT is influencing the wider movement of the Salvation Army. It also reviews the influence of the approach on a number of other partners. The conclusion is that the influence internally is resulting in positive steps that are being increasingly embraced by the movement, and that the number of external partners is both impressive and actively seeking diversified and increased financial support for the work.

Recommendations

The report makes a number of recommendations broken down under the headings of:

- Developing deeper understanding of factors which encourage and hinder effective responses
- Programme Management
- Improving self-assessment and impact
- Monitoring resource pool development
- Focus of programme
- Communication

A. Background and Introduction

i. The underlying philosophy – building AIDS and Life Competence

The underlying philosophy of the Salvation Army's approach is the creation of 'AIDS and life competence' within communities. Creating AIDS and life competence is acknowledged to be done most effectively when community efforts are facilitated rather than directed thus building community ownership. However there are well documented short comings to many local responses to HIV/AIDS including poor communication, weak reporting and monitoring systems, poor accountability and the related inability to scale up responses. The Salvation Army is addressing these short comings whilst ensuring the strengths of a grassroots facilitation of transforming responses are retained and constantly developed through reflective practice.

Historical perspective

The AIDS Competence Process (originally referred to in the literature as the AIDS Competence Programme or ACP) was originally developed within the context a partnership initially constituted of UNAIDS, The Salvation Army and British Petroleum (BP). The Salvation Army brought to this partnership a long and distinguished history of experience in different parts of the world, stretching back over more than two decades.

The initial partnership has since expanded to include groups such as the Aga Khan Development Network (see reference to a specific example of close collaboration with AKDN in Section C xii) and many others.

The principles and the on going opportunity to learn and reflect together across organisational boundaries and to promote the approach continue to be mediated both through the 'Constellation for AIDS Competence' and the influence of the individual partners of the Constellation. The Salvation Army is an enthusiastic member and highly influential member of this group, with several members of the different Regional Facilitation Teams and International HQ health-related staff attending meetings.

In the meantime, the evolution of the Salvation Army's own distinctive approaches has continued. Concepts of Integrated Mission which rest on the outworking of core values of care, change, hope and transfer have emerged strongly and are being embraced by the Salvation Army at the highest levels as expressions of the Salvation Army 'returning to its roots'. The process of developing AIDS *and life* competence is better understood and is mediated through human capacity for response. The Facilitation Team approach is also distinctive to the Salvation Army and has become highly influential internally, within the Constellation and beyond.

The participation in the ACP partnership at an early stage quickly and effectively locates and validates the degree of distinctive influence that the Salvation Army has had in shaping effective responses at an international and regional level. Recent evaluations of the ACP[4] conclude that the ACP's aims and objectives are "sound in relation to the collective UNAIDS agenda and concordant with UNAIDS' policy. The approach is effective when communities customise the tools and processes and when all stakeholders' mandates are clarified. The ACP approach is highly cost effective…"

The specific areas of competence identified in the ACP approach are as follows:

- HIV and AIDS acknowledgement and recognition
- Care and prevention
- Access to treatment
- Inclusion
- Identifying and addressing vulnerability
- Learning and transfer

[4] For example: Evaluation of the UNAIDS/UNITAR AIDS Competence Programme, UNAIDS, June 2005

- Measuring change
- Adapting responses
- Ways of working
- And mobilising resources

ii. The Salvation Army approach to building AIDS and life competence

The Salvation Army's specific approach to creating stronger AIDS and life competence within communities rests on the fundamental assumption that local people, whatever their social, cultural or economic status are capable of responding to local challenges positively and constructively. The process of stimulating such responses is a facilitative one which elicits reflection on local concerns, possible solutions to those concerns and practical action by local people. The ability to transform the lives of local communities by eliciting local responses is developed within the Salvation Army approach through what is referred to as Human Capacity Development or HCD. In a real sense, the need for an objectively assessable framework has shifted from AIDS competence to a Human Capacity for Response framework which reflects the widened perspective.

As important as this facilitative approach is, there is as strong a commitment to ensuring that lessons learned in one community are shared as widely and as often as possible with people from elsewhere. Such shared learning and rapid transfer of strengthened competence is in turn, dependent on the capture of lessons learned, the deliberate and intentional documentation of learning through self-assessment participatory documentation and measurement. The documentation of such assessments allows communities to plan how to grow competence further in areas of weakness and how to share areas of strength.

The programme objectives of the Salvation Army's HIV work as cited in the Terms of Reference for the evaluation are:

- Increase community competence to cope and take responsibility for HIV/AIDS and its effects, through naming of concerns and developing response from within community strengths
- Increase quality of life for individuals, family and community members affected by HIV/AIDS, and its subsequent development impact (e.g. economic, social relations, productivity, values and norms passed on to future generations etc)
- Decrease virus transmission, measured through behaviour change within communities as well as within organisations
- Capacity development through the sharing of lessons learned, transfer of ideas & experience and partnerships with other organizations, contributing to scaling up efforts at national and regional levels.
- Development and expansion of a regional resource pool of people from within field programmes and Salvation Army leadership, with capacity to implement as well as facilitate programme development across the region.
- Rapidly accelerate youth leadership development to enhance the capacity of young people with skill in facilitation processes for support of local community responses with a focus on children affected by AIDS in Africa where The Salvation Army is present.
- Consistent and systematic documentation & measurement of the impact and influence of local and national level responses to HIV/AIDS
- Increased access to ART's and links to health institutions for community connectedness of institutional responses

Within these objectives one is able to see a clear reflection of the ACP areas of competence.

The Salvation Army's approach which rests on the belief that all people are capable of responding positively to local challenges is further rooted in the core values of Community; Change; Care; Hope; Transfer and Leadership.

iii. The specific focus of the evaluation

The Terms of Reference for the evaluation place the focus of the exercise on the Regional Facilitation Team (RFT) and how it links with national and local community responses. Therefore the effectiveness of the RFT is the principal focus. Specifically, the following specific points were identified:

- influence of a Facilitation Team approach on organizational change
- results at local, national and regional levels for capacity development and competence to respond to HIV/AIDS
- sustainability that reflects strategy, policy influence, team development, and local and territorial programme development in addition to financial sustainability
- the influence/impact of transfer for a scaled out response to HIV
- documentation & measurement strategies that focus on the capacity of local communities and teams to measure their own response
- mission implications for response by faith based organisations
- the benefits of continued partnership with NORAD/BN to include facilitation team support to BN/NORAD partners across Africa for sharing and learning

The specific questions raised in the Terms of Reference are:

1. What are the outputs, outcomes and indicators in relation to national and local community capacity development through Regional Facilitation Team support?
2. How do these results relate to the main programme objectives and how may they extend beyond them?
3. In what ways has the Regional Facilitation Team focus evolved over the years to respond to the changing situation on the ground in relation to HIV/AIDS?
4. What key lessons can be transferred to other NORAD/BN partners in Africa and what methodology for sharing and learning could be put in place?
5. How does the facilitation team approach compare to more 'technical' 'provisionist' driven interventions?
6. Policy Influence within The Salvation Army and with others – how does it happen? With what results?
7. What new opportunities/challenges are emerging (eg ART access, health facility redevelopment, etc)
8. Mentoring as a strategy for facilitation team development and expansion – How is this done? With what results?
9. Resource mobilization/partnership development?
10. Is local capacity for HIV/AIDS response and general programme management developed?
11. Are lessons learned from response to HIV/AIDS transferred to other areas of work?
12. Is Regional capacity and Territorial capacity for programme facilitation, and sustainable local action developed?
13. Has the Africa experience contributed to the expansion of an international response?
14. Are local voices consistently being heard?
15. Is Salvation Army internal capacity for integrated mission developed?
16.

The field visit to Kenya and Rwanda took place over a two week period in May 2007.

B. Methodology

The field visit schedule

Friday, May 4th	David Evans Arrives: 06.30 (Methodist Guest House) 12 noon: Lunch with Team 2 p.m.: Introduction and Orientation to Evaluation (Regional Team office)
Saturday, May 5th	9.30 a.m. Community Visit to Kibera, a large slum community in Nairobi
Sunday, May 6th	10 a.m. Depart for Kithituni Community. Kithituni is approx 110km south east of Nairobi close to the main highway running from Nairobi to Mombassa.
Monday, May 7th	Kithituni
Tuesday, May 8th	Kithituni (return to Nairobi late afternoon)
Wednesday, May 9th	Depart for Kigali, Rwanda P.M. Meet with Leaders and Local Team for Orientation
Thursday, May 10th	Community Visit – Rutobwe Community. Located about 1.5 hours drive from Kigali. Returned to Kigali late p.m.
Friday, May 11th	Community Visit – Runda Community close to the outskirts of Kigali. Meet with Partners
Saturday, May 12th	Return to Nairobi
Sunday, May 13th	REST
Monday, May 14th	Partners Meetings Debrief with members of RFT 2 p.m. – Tearfund representative
Tuesday, May 15th	Partners Meetings 9 a.m. Meet with representative from Aga Khan Foundation, Nairobi 11 a.m. Calgary Hospice 2 p.m. Debrief with senior leadership at Territorial HQ, Nairobi 11.50 p.m. return flight to UK

The approach to the evaluation reflected the general approach to the work of facilitation that runs throughout the programme. It provided an opportunity for a wide variety of people drawn from the wider pool of facilitators across the Region to accompany the evaluator and core team members on the visits to the different communities.

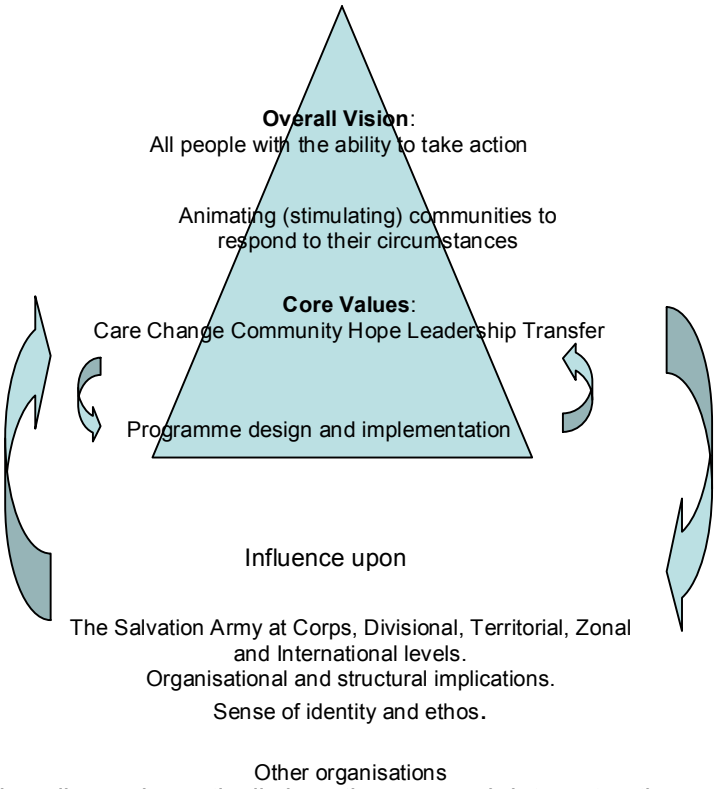
The team visiting Kibera were:
David Evans (Evaluator)
Ricardo Walters (RFT Co-ordinator)
Sherry Pelletier (Resource/Programme Support focal person for Community Counselling, East Africa Cluster Focal Person)
Meble Birengo (Resource/Programme Support focal person for Youth Capacity Development and Vulnerable Children)
Eric Mampouya, Youth Associate attached to the RFT for 2007.
Commissioner Stuart Mungate, Territorial Commander for (Congo) DRC based in Kinshasa and a member of the wider pool of facilitators at the Territorial level as well as across the wider region.
Emmanual Waswa, Youth Leader for Quarry Road Corps and one of a pool of facilitators working at the Territorial level.
Eric Andika , PSS C0-ordinator for Kenya Territory

The team visiting at Kithituni
David Evans
April Foster (Focal Person for Partnerships and Documentation & Measurement)
Onesmus Mutuku (Team Leader – Kithituni Local Response)
Eric Andika
Eric Mampouya

The team visiting Rwanda (Rutobwe and Runda)
David Evans
Mark Mutungwa (Regional Team Administrator)
Eric Mampouya

The evaluation process gave opportunity to discuss in depth with RFT members, members of Territorial Facilitation Teams and local (Corps and community level) facilitators as well as local and country (Territorial and Region) leadership regarding their experience of support from the RFT and their practice. During the visits to the various communities evidence of programme activities and the assessment of their effectiveness and impact was possible.

C. Findings



The diagram above describes schematically how the approach integrates the overall vision with core values and implementation. It also attempts to make the organisational links as practice inevitably seeks to influence the way the wider Salvation Army functions and is structured, organised and perceives itself.

i. Facilitation – approaches and tools

Facilitation is a practical approach to stimulating learning and action. The Africa Facilitation Team operates by linking with opportunities and invitations from Territorial and local levels. The Africa RFT also connects with other RFTs in different zones and with other organisations who value sharing and learning from practice. The Team is resourced by six people in full time roles. The roles are: Co-ordinator, Ricardo Walters; Administrative Support, Mark Mutungwa and Lisa Walters; Resource and Programme Support: April Foster (Partnerships and Measurement and Documentation), Sherry Pelletier (Community Counselling), Meble Birengo (Youth Capacity Development and Vulnerable Children). Each year a young adult is selected from within the region to be attached for a 12 month period as an intern (Youth Associate) to develop their facilitation and leadership skills.

There is now a pool of some 700 people across the region who are recognised as being facilitators. Approximately 200 of these people are recognised as having the ability to be lead teams of facilitators when communities request support. These people first become recognised as having potential facilitation skills in their home communities. Such is the nature of the process that they are then given opportunities to visit other communities, participating as team members in support visits, or to participate in gatherings such as FRONTIER events to share their learning and insights and hone their skills further through practice. These opportunities can be either within the wider region in other Territories or in other communities within their own Territories.

This exchange of learning and experience enables positive experiences and emerging good practice to be transferred rapidly between local communities who hear of what is happening elsewhere and invite a team of facilitators to visit and share.

ii. Team

The concept of 'facilitation team' is used to describe groups of facilitators drawn from a rapidly expanding pool of people from across the region. As stated above there are some 700 such people who would be considered as potential 'team-mates'; of these some 200 were considered to have team leadership qualities. The composition of a particular team is determined by the Regional Core Team in close liaison with the local facilitation co-ordinator on the ground, according to the strengths or emphasis required by the group requesting the visit. This illustrates a level of communication and collaboration between levels which is both very positive, but also challenging.

To illustrate this point, within the larger group of 32 people who had gathered as part of the evaluation in Kithituni 15 had been part of a Territorial Facilitation Team and 10 people had been part of a Regional Facilitation Team. It would be more accurate to say that 15 people had been part of a facilitation team at the territorial level and ten at the Regional level. Other than the core Regional Facilitation team members, 'team' is always used as a flexible concept. Teams are formed according to specific requests and circumstances and, according to purpose. They do not continue beyond a particular 'SALT' (see below) process visit. Therefore it is important for people new to the Salvation Army approach to appreciate that 'teams' come and go, they are formed for a fixed duration in a specific context and that they are drawn from a very wide pool of people with some kind of experience of the stimulating community responses for change.

iii. Youth Capacity Development

The RFT approach puts a very high value on the development of young people's leadership skills. Practical expression is given to this through FRONTIER events which last for six week for six young people (two to three young people from different Territories within the Region), giving them an experience of immersion into community and facilitation. The disciplines of the SALT approach with its intense and disciplined action/reflection practice and mentoring impressive. Through such events young people with potential for future leadership are identified. Progress and personal development is assessed using a self-assessment tool which assigns a value or score for specific qualities and skills including character development, the ability to stimulate and accompany local responses, self awareness and the ability to reflect, ability to interact with leaders, the ability to articulate clearly the principles of integrated mission and spiritual formation.

The Africa RFT is in the 6th year of appointing a Youth Associate for a one year period in the role of what would be widely recognised as a internship. The young person accompanies the RFT as it responds to requests for support from within the Region.

In addition to these specific opportunities it has been policy and practise for several years to include a young person as part of every facilitation team composition.

iv. SALT

SALT[5] (Support, Appreciate, Learn, Transfer) is a generic and flexible concept basic to the Salvation Army approach. 'SALT visits' are talked about and happen at various levels within the Salvation Army and with groups from other organisations and networks hosted by the Salvation Army. Individual home visits are SALT visits, whilst larger, intentional events with the feel of an action-reflection 'workshop' also follow the SALT process. The concepts which make up 'SALT' are also fairly flexible

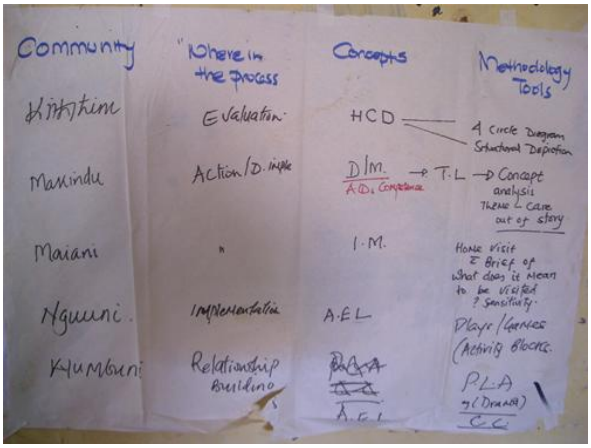
[5] **SALT** describes the behaviour of a facilitation team which Supports, Stimulates, Appreciates, Learns and Transfers lessons learned. SALT visits are not about 'evaluation' of a programme, but about sharing strengths.

with additional terms of Stimulate and Link being used. Therefore SALT can be used as a generic acronym for the approach and style of working. Other words used to describe the overall approach include 'immersion' and 'learning by doing'. There is little training in the formal sense; much greater emphasis is given to action/reflection. This demonstrates the belief that everyone regardless of education or social identity can learn and contribute to processes of change and transformation. Emphasis is given to the need for disciplined reflection and debrief after every activity that groups who have come together to share.

Emphasis is given to the fact that SALT visits only take place at the invitation or request of a group (be that a household, a local Corps or another local grouping of activists/facilitators who have convened to stimulate local responses to local concerns). This should not however be taken to mean that facilitation co-ordinators are passive and simply wait for invitations. In the course of conversations, groups are actively encouraged to request SALT visits to enable deepening of learning and understanding of the practice of eliciting or stimulating local responses.

v. The starting point. The Community Counselling Cycle.

The starting point for stimulating local response is usually the question 'what are your concerns for your household and the community? This then leads on to subsequent questions about dreams and vision and about practical possibilities for local action.



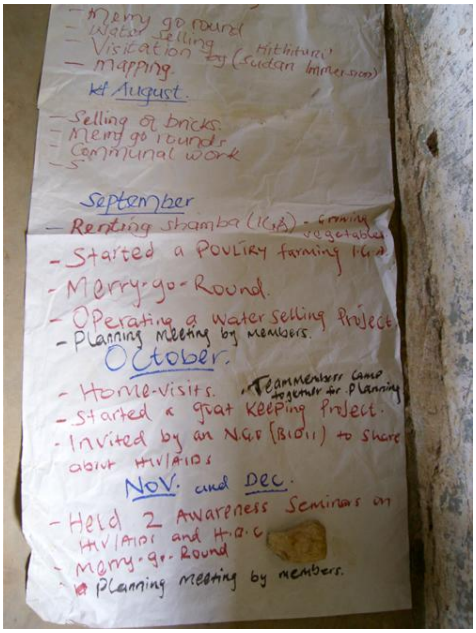
For the facilitators the practice of documentation of evidence in the form of stories, numbers of individual activities etc. and reflection upon what they have heard and seen are critical.

The picture above describes the 'Community Counselling Cycle' which facilitators follow. Periodically, through reflection, facilitators make an assessment of the stage reached and therefore plan next steps, as illustrated in the picture opposite for five communities around Kithituni in Kenya.

vi. Facilitation Tools

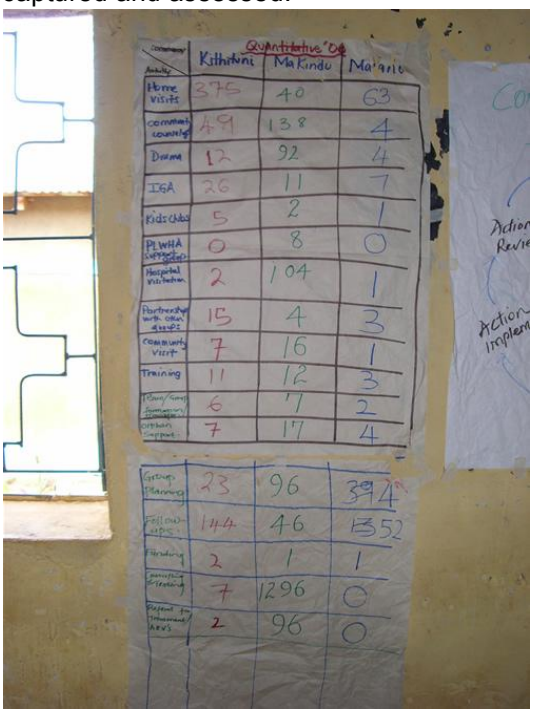
A variety of facilitation tools are used routinely. Furthermore a Documentation & Measurement Process Guide has been compiled which will play a very helpful role in encouraging consistent practice.

a. Timelines which ask community members and teams to think back over an agreed time span and recall and write down experiences and events. It was not immediately clear whether the users of this tool routinely and intentionally document and reflect on events that happen which were outside their control. This is an important perspective to add if not routinely done. The learning from reflecting on such occurrences is valuable and helps communities to plan and thereby mitigate against the negative consequences and impact of such events or circumstances (See recommendations). The picture below is of part of a local community (Maiani, Kenya) timeline from 2006.



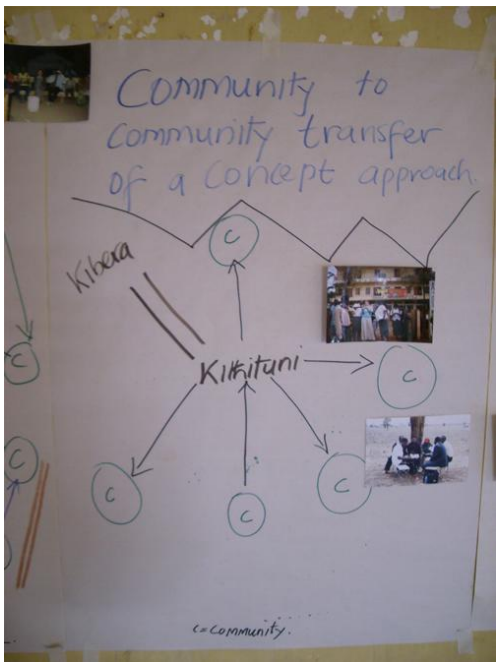
b. A Self-Assessment tool is used by community members and team members to assess the strengths and weaknesses of activities undertaken together. These help to identify areas for further support through SALT visits and other exposure. The initial practice of the facilitation teams was to use a predetermined set of benchmarks for activities being assessed. More recent practice has tended to be less rigid and allows community members to set their own levels from a more intuitive sense of what has been achieved. Whilst this might be a good idea at certain stages of a community's progress, it might be advantageous for communities to use a benchmarked system to build more objective assessments of overall progress. The consistency of the story of what is happening with communities could also be stronger and even more compelling.

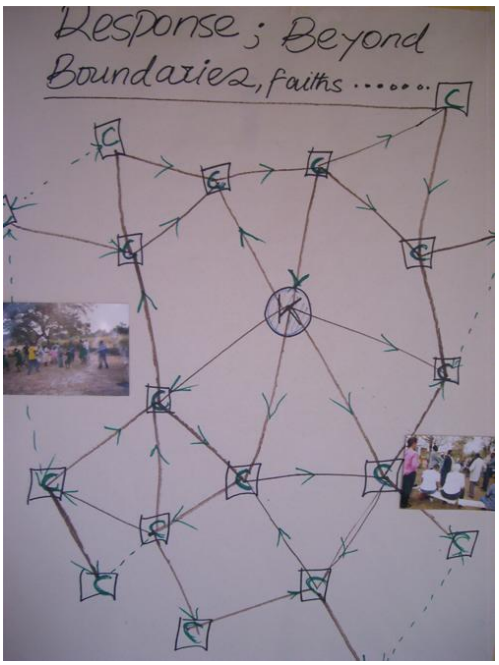
c. Quantitative analysis is routinely conducted within communities which essentially records the number of specific activities. It was noted that different communities were documenting different (often similar) sets of activities. For the sake of consistency it is important for all groups to report against the greatest possible range of activities. In this way regional variations in activities can be captured and assessed.



d. Theme/Story analysis is used to capture how core values (Community; Change; Care; Hope; Transfer and Leadership) are being expressed by community members. This is a powerful tool and one which was demonstrated during the site visits made during the evaluation. The challenge is to use the documented data and turn it into information regarding programme impact. A story analysis framework sheet (see annex) has been developed to capture such reflection but it was not clear if it is used routinely and widely within communities. Once it is used rigorously and routinely qualitative evidence of impact will be much easier to demonstrate. This tool is an excellent Participative Action Research (PAR) device and it is recommended that its use is applied more widely than has been possible to date.

e. Mapping tools are commonly used to capture linkages between different communities and between different levels within the Salvation Army and to demonstrate the ways that learning has been transferred through the SALT approach.





The field visits during which discussions took place with local community members and the facilitators provided strong evidence that they are capable not just of collecting and documenting data, but that they are extracting useful information from that data.

In Rutobwe, Rwanda, one young lady from the community stated when the group was asked how they could use the self assessment data, that they could invite facilitators from one of the communities who had strengths in areas where they were weak to support them.

vii. Observations during field visits to Kibera, Kithituni (Kenya), Rutobwe and Runda (Rwanda)

A. Kibera

The structure of the visit:
Initial orientation and introductions
Home visits
Informal discussions with representatives from Home Care and Women's Fellowship
Group discussion and debrief

Kibera in Nairobi is infamous as the largest slum in Africa. The home of a million people the slum covers a relatively small area of land; consequently it is the density of population and the cramped-ness of the shacks that strikes one on entry into the area.

What makes Kibera's existence more shocking is that it is not an illegal squatter settlement. Residents rent properties in the slum from landlords.

Conditions are very challenging in the slum, walking through the settlement is difficult because of the narrow walkways which also act as open drains and household waste and rubbish is thrown into the allies. The low buildings with their corrugated sheet roofs which overhang the walkways means that progress through the slum is made even difficult. In wet weather the paths are slippery with mud and wet plastic.

Kibera has been the focus of attention for many NGOs which have come and gone with a wide variety of interventions that are of varying degrees of effectiveness. This fact makes the work of a grassroots and facilitatory local church initiative more difficult because local people tend to wait to see what is on offer before committing to participating in a scheme or 'project'.

The current leaders, Corps Officer Capt David and is wife Captain Grace have been in leadership for a relatively short time – (approximately 2 years). Before coming to Kibera they were in leadership in a rural area to the west of Nairobi. Among the lay leaders of the church is William who has lived in Kibera for over 20 years and who has been involved as a volunteer since 1995 when HIV awareness work first began. Through this work home visits began and the realisation of people's needs grew. They discovered large numbers of child-led households and saw at first hand the extreme poverty of residents. Subsequently the work of HIV awareness and prevention has expanded. In the last year income generating activities have begun with a savings and loan scheme enabling small groups of people to have access to small amounts of money to help capitalise local business initiatives. There are some 10 groups established now which started with the Corps putting up the initial sum which is paid back by the group over the first six months. Members of each group commit to saving an agreed amount each month and thereby being able to make loans within the group on fixed terms of interest. The groups are apparently working well and a CBO has been set up under the umbrella of the church. William and other volunteers continue to carry out home care visits and to acquire new skills through training. They have undertaken training in micro-credit schemes, VCT counselling and in basic legal knowledge so that they can help give advice in some of the situations home visitors encounter.

According to William there are some 21 volunteers who carry out home visits, each volunteer regularly visits 3 households. This figure was challenged by some members of the facilitation team as being a large under-estimate of the community response.

The local Corps is in a partnership with Home Care and Women's Fellowship, a local group with work in a number of local areas across Nairobi and beyond. They co-ordinate a large children's club that meets on Saturdays on the Salvation Army compound when over a hundred local children come to play games and receive Psycho-Social Support (PSS).

Home visits in Kibera;

Evelyn
A mother of three young children living in a small house in Kibera. Her husband is in jail for a three year sentence. Her vision of a better future focused on bringing her children up well.

Anne
Anne is a young woman of 23 years old. She is the oldest of 10 orphans in the household. The house is a tiny one room shack. She and three others of her siblings do casual work such as laundry etc. for others who can pay her small amounts of money. Four of the siblings go to school. Anne said she suffers from advances from men wanting to pay for sex. Whenever she is tempted she thinks about her siblings and the risks of getting HIV and refuses, although the money would help.

Beatrice
Beatrice is physically disabled from birth. She lives in a shack at the bottom of a step embankment. The Salvation Army gave her a wheel chair. She has always been a resourceful person and has had small businesses to generate income for her children. Twice she has had to stop her business because the police have moved her on. Her mobility is a real challenge. It is impossible to use her wheel chair within Kibera because the pathways are too steep and rough. To leave the house she needs two people to carry her and the wheel chair down across the stream at the bottom of the hill which is filthy and dangerous. Her neighbours stigmatise her and won't help, so if she has to go out she has to rely on the children who consequently have to give up a day at school.

What all three women have in common is a huge level of resilience. All have a hope for a better future which seems to sustain them, despite the conditions in Kibera.

Reflection on the historical influence and current realities of Kibera's response highlight some important points:

1. The wider context in Kibera community. Whilst the Regional Facilitation Team is correct to emphasise that other groups entering into a community has some positive contribution to make it is also important to identify, for the purposes of planning and supporting local responses, the negative impacts. Kibera's relatively easy access to the outside world – it is in Nairobi; together with its reputation as the biggest/worst slum in Africa has inevitably made it the focus of many NGOs and other groups wishing to ease the severe conditions of people living there. Dependency and a degree of scepticism inevitably make the animation of local community members more difficult. It is recommended that Facilitation Teams supporting the work in Kibera develop a tool to map the influence and inputs of different groups entering the slum, and that they construct a timeline of their involvement. By creating such tools for reflection and learning, the community members themselves may well be able to reflect on the lasting value of the different approaches and appreciate the strengths of the Salvation Army's (and other groups with similar focus) approach.

2. May be in part as a result of 1 above, the sense from the visit to Kibera was that it was a struggle to see such positive responses on a scale seen by the evaluation team elsewhere. One contributing factor besides the possible negative role of other groups bringing a more 'provisionist' intervention may be the lack of continuity of Corps leadership and the apparently lower quality of facilitation skills within the community. Compared with the other locations visited during the evaluation there were relatively few local community members and local facilitators present. The main representative was William who had been part of the Corps' response for over 10 years. The strength of his abilities as a facilitator was not clearly demonstrated. At the same time, the Corps leaders were only in position for a year and their previous posting was in a rural area – probably as different a context as could be found in Kenya! These reflections suggest recommendations that prioritise facilitation skills training and accompaniment for the soldiers and lay members of the Corps, especially in the most demanding types of communities that Kibera undoubtedly represents. The orientation and closer pastoral support for Corps officers who are likely to experience culture-sock and disorientation may also be a necessity. It is noted that in the view of the RFT, the Salvation Army practice of regular re-assignments of Officers to different postings is as much a strength as it is a weakness. Observations during the evaluation would suggest that it is likely to be possible to anticipate which community responses are likely to be eroded by a lack of leadership continuity. The analysis of timelines of the Corps dating back as far as the longest standing Corps members memory allows may well reveal some interesting trends. A further recommendation to the Territorial HQ and the RFT/TFT is therefore to liaise and share perspectives when re-assigning leaders within communities where community responses are likely to be especially sensitive to changes. The fact that Territorial Facilitation Teams are becoming more integrated within Territorial HQs can only help to ensure leadership transitions are managed effectively. The specific factors to consider would include:

- The history of the responses over the last number of years
- The likely demands on new leadership the context is likely to impose (culture shock, need for experience and core competencies etc)
- The number and quality of facilitators who are active in the Corps and community
- The community context in terms of the influence of other NGOs and groups (as a predictor of positive progress in the near, medium and longer term future)

B. Kithituni

The structure of the visit
Sunday
Arrival and observation of PSS Kids' Club
Debrief session from PSS Kids' Club
Monday
Initial orientation
Description and reflection on activities
Home visits
Tuesday
Continued reflection on activities
Visit to local IGA initiative in the community
Final debrief and departure

32 people who were a mixture of facilitation team mates from four local Corps/communities (Kithituni, Makindu and Maiani and Kiu), the Territorial level and the Regional level met.

The group of facilitators who have participated at a Regional level

Makindu facilitation team began work in 2003.. Whilst three facilitators from Makindu were represented there are very many more involved.
Scale of response:
Makindu is an urban setting with some 3,900 – 4,000 households of which now 1,600 have had some contact with the process of stimulating local responses

Maiani was represented by two people (Richard and Rose). The work started in earnest in 2005.
Scale of response
Maiani is a rural community of some 63 households of which 47 are in contact with the facilitators on a regular basis.

The group of facilitators who have participated at a Territorial level

Kiu was represented by Maurice and Ezekiel. Ezekiel is a member of the local AIC congregation which is working in partnership with the local Salvation Army Corps. It is the second time they have been involved in a meeting like this one. The work began in 2006. It is a rural community of some 1,200 households. The way that contact between Kithituni and Kiu was established was when Ezekiel met Margaret in a different community (Ulu) about an hour away from Kithituni. Ezekiel was also the Chair of the local Compassion International child care in Kiu.

Kithituni was the base for this field visit and is the Divisional HQ. The Division oversees some 20 local Corps in the area. 14 people in the larger group were from Kithituni.

In many respects Kithituni is the hub for the relationships and linkages with other local Corps such as Makindu and Maiani. Historically, the work of stimulating local responses has been going for around 9 years in Kithituni. It's origins had been in Kibera from whom the team in Kithituni had learned. The local facilitation team has hosted and resourced twelve 'events' in the last year. It would not be correct however to say that involvement of Kithituni in all visits is required. It can be referred to as a hub in this instance in that the evaluation exercise took place at Kithituni on this occasion. The fact that Kithituni was the source of inspiration for other local expressions of the approach does however confer a sense, however informally that Kithituni is indeed the hub. It was evident that many linkages have taken place directly between other communities which have not directly involved Kithituni.

What is very striking is that the rate of response in Makindu and Maiani has been rapid with impressively high proportions of the total number of households involved in local responses being very high.

Rwanda

The Salvation Army first entered Rwanda after the 1994 genocide. The initial response was that of providing emergency shelter for survivors around Kayensi. From that first intervention, the Salvation Army now has a further 7 Corps. The first five Corps established are all in the one District of Kamonyi. Rutobwe and Muhanga (the most recently established Corps) are in Muhanga District and the Kigali Corps, established in 2005 is in the capital.

The evaluation team was in Rwanda for 2.5 days. The initial orientation at Regional (Rwanda) HQ was with the Regional Commander Major Stephen Chepkurui and his wife Major Grace Chepkurui (head of Women's Ministry), Major Ashette Moukoko (Assistant Head of Women's Ministry and Projects Officer), John Baptiste, (Rwanda FT member), Captain Beatrice (HIV Field Coordinator) and Madeleine Myhimpundu (Facilitator, Runda Corps).

Majors Stephen and Grace Chepkurui have only been in Rwanda for 3 months, being posted from Tanzania. It was striking that their awareness and knowledge of both the Salvation Army in Rwanda generally and the nature of the RFT process in particular was very high. They were able to articulate clearly what the basic approach of the process was. Equally if not more striking and very positive was the fact that together with Major Ashette Moukoko they were fully engaged for the whole visit, accompanying the evaluation team to Rutobwe and Runda (Major Stephen was not able to accompany the team of the second day). The quality of the reflection and support coming from the senior leadership was noted as a factor likely to nourish the rapid spread of the Salvation Army's work of AIDS and life Competence in the country.

C. Rutobwe

The structure of the visit:
Devotional,
basic orientation to the group and their make up, Session on documentation and measurement and resolving next steps,
lunch
drama presentation at the local secondary school on HIV.

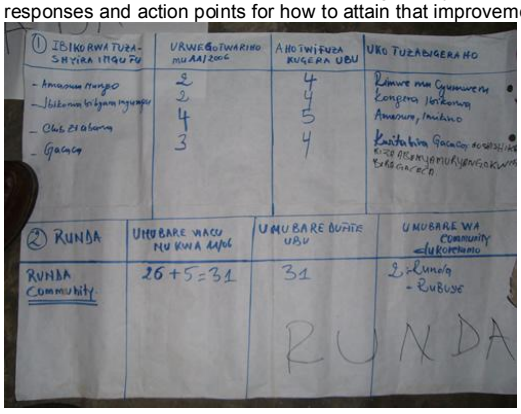
The day started at 9am. Many of the participants had started out from their homes at 5am and walked to Rutobwe and arrived at exactly 9am. This demonstration of commitment was both striking and moving.

Representatives from the following Salvation Army Corps gathered together at Rutobwe, some 50km from Kigali:

Kigali (2)
Runda (6)
Kayensi (6)
Bugoba (3)

Local facilitators pool data for analysis and planning

Next steps are planned in terms of improving quality of responses and action points for how to attain that improvement



Taba (3)
Bitare (3)
Rutobwe (7)
Plus facilitators Mark and Eric and the consultant. 34 people in total.

Of the 30 local representatives 12 had been part of a facilitation team in support of other groups within Rwanda and 3 outside Rwanda.

Captain Beatrice the HIV Coordinator for the Rwanda Command

played a vital part as an effective facilitator for the wider group. She demonstrated how she goes about formulating a team to conduct a SALT visit to a Corp in response to an invitation for support. The main steps included liaising with Territorial/Regional (Rwandan) level leadership and assessment of the nature of support required that the pool of skill and expertise available.

D. Runda

The majority of those who gathered at Runda had also been with the team the previous day at Rutobwe. There were several additional participants from the host Corps of Runda. 36 adults and 18 children gathered.

Local facilitators and community members gathered at Runda

The structure of the visit:
Devotion
Orientation
Anti-AIDS club demonstration
Home visits and PSS Kids Club (running simultaneously)
Lunch
Reflection on practical expressions of core values noted during the two days.

Madeleine Myhimpundu from the Runda Corps was a notable example of a highly competent facilitator at the local level. As before, planning next steps involved the good use of information derived from data gathered over recent months.

The use of drama by the anti-AIDS Club was of good quality, avoiding moralistic tones and leaving plenty of issues open for members of the audience to discuss and reflect upon.

The PSS Kids' Club involved the active and enthusiastic participation of several young adults, providing the children with good male and female role models and the chance to interact with adults. The content of the sessions involved plenty of engaging and humorous games as well as addressing some serious issues in ways which link back into the lives at home (for example, the use of safe water)

The debrief and reflection towards the end of the day involved planning the next steps. The Rwandan Facilitation Team members present reflected upon their next steps and noted the following:

1. Implement a recommendation from a self-evaluation held last November (06) to compile a manual of games and methods and other resources for Kid's Clubs and PSS activities.

It would be helpful if such manuals and guides were available across the region and are able to reflect experience and practice from the whole region.

2. Encourage IGA activities. The Regional FT offered to come and provide support for learning if and when invited. This will follow.

3. Provide deepening for PSS support – building capacity to respond, developing understanding of good methodologies.

viii. Outputs, Outcomes and Indicators of the processes facilitated by the RFT

The Terms of Reference for the evaluation included the table below which describes the outputs, outcomes and indicators anticipated for the programme. The extent to which they have been realised is impressive. The area of documentation is developing to an extent which, whilst not yet complete, is particularly impressive being underpinned by a demonstration of intentional reflection by facilitators which is enabling the extraction of useful information out of the data being collected.

Outputs	Outcomes	Indicators
• Support to local responses across 18 countries, with a focus on 1-2 demonstrations for deepening response in each cluster • SALT visits for learning and transfer (approx. 4 per year within each cluster)	• Communities are active • Communities are measuring their own change • There is community to community transfer • TFT's more confident in SALT and facilitation team approaches • Transfer of lessons learned by visiting team members to their own communities/countries	• increased care between neighbours • quantitative and qualitative data available • transfer maps and increased local responses • TFT's more active in each country • TFT's more active in each country • Team leadership development and utilization of team leaders by territories • Focus areas such as IPSS, CC and D & M applied more actively in local demonstrations
**********	**********	**********
• Increased numbers and competence of TFT and regional Facilitation Team resource pool members	• Team members with skills in process analysis, SALT visits, D & M, Community counselling	• Local Demonstrations with deepened responses in key areas of cc, measurement and transfer • Data bases of resource pool members in clusters increased
**********	**********	**********
• Documentation & measurement: Quantitative and Qualitative Data for each country and 2 local responses per/country each year. Case Studies of interested territories. In-depth PAR in selected countries	• Country Profiles with quantitative and qualitative data for each cluster • 2 Case Studies completed • Community counselling as a measurement tool increased in demonstration communities in each cluster	• Increased Resource pool of facilitators with experience in D & M processes • Synthesis document capturing D & M outcomes each year

There is however progress to make in this area, particularly in the areas of consistency and objectivity – measuring the same set of activities, with evidence of clearer shared definitions and importantly, more objective assessment of the quality of responses (see below).

The collection of qualitative data is being addressed, but the evidence from the evaluation suggests that this is early days. The rate of progress in other areas gives great confidence that this will

become standard practice quickly and efficiently. Completed case studies are not yet in place, but again, should be completed in the near future.

What is striking in general terms is that a specific focus of AIDS Competence appears to either be implied or has become overtaken by an interest in facilitating community responses which are broader 'life' issues. HIV/AIDS has always been recognised as a powerful entry point for community animation and change. This having been said, the Regional Facilitation Team are committed to ensuring that HIV/AIDS remains a primary focus for the programme which is very positive since it would be a shame to loose the specific focus on AIDS competence so close to the time when it appears that the programme is showing impressive and substantial evidence of positive impact specifically on AIDS competence. This is discussed further below.

ix. Assessing the quality of facilitation, personal development and AIDS and life competence.

Three main areas are examined under this heading:
1. The quality of facilitation of local responses.
2. An assessment of the personal development of facilitators themselves. The features within this category relate to character development as well as skills development.
3. An assessment of AIDS and life Competence within wider communities.

a. Local responses

In addressing the issue of local responses and personal development it is important to clarify exactly whose responses and personal development is being assessed. One of the strengths of the Salvation Army approach is that the boundary between church and the wider community is blurred. Whilst most of the facilitators usually come from within the Corps or other local church congregations, the responses being stimulated include those of community members more widely, regardless of church affiliation or attendance. Local response can be defined as actions (responses) undertaken by local people. It would be of great interest to understand more about local people's perceptions of their own responses and developing capacity: 'How have I changed in practical everyday terms? How have my attitudes to my neighbours changed? How have the changes in my own behaviour improved my own and others' sense of well-being and competence to stay healthy?' This is an area ripe for further exploration.

One of the many useful aspects of assessing local responses is to be able to map the quality of response from community to community. There is obviously a need for consistency in the reporting both in terms of the list of activities and how each activity is understood and defined. When facilitators undertake an assessment of an activity such as 'home visits' it is important to be clear about which aspects of the visits that are being assessed. The range of possibilities is very broad, for example:

- the number of visits undertaken by home visitors
- the nature of the conversations or range of issues addressed during the visit
- the warmth of the welcome
- the level of AIDS competence displayed by members of the household
- whether the offer to pray was made and accepted
- whether the interaction with the household members led to other visits to neighbouring households.

The current practice of self-assessing activities is impressive in that assessments are made and documented rigorously and on a regular basis. Groups of facilitators reflect together on progress and use the information to plan future actions. Information is also used in SALT visits. The counter-balance of these very positive aspects is that the basis of the assessment is not clear and there are no objective criteria or benchmarks agreed within and between groups. To illustrate both the strengths and weaknesses of the current reality, the table below takes information from assessments made at two points in time (June 2006 – 06/06 and April 2007 – 04/07). Facilitation team members

from seven communities in Rwanda met to analyse and reflect on their practice and its impact. The number in top of each cell represents the self-assessment score for the quality or relative strength of each activity (0 = weak, 5 = strong) whilst the number in the bottom of each cell indicates the number of times that activity has taken place either between November 2005 and June 2006 (06/06) or between June 06 and April 07 (04/07).

Community/ Activities	Bitare		Bugoba		Kigali		Runda		Taba		Kayenzi		Rutobwe	
	06/ 06	04/ 07	06/ 06	04/ 07	06/ 06	04/ 07	06/ 06	04/ 07	06/ 06	04/ 07	06/ 06	04/ 07	06/ 06	04/ 07
Home visits	3 50	5 139	3 142	4 240	2 330	2 20	3 50	2 38	3 41	4 39	3 66	3.5 105	0 0	3.5 72
Team Building	2 8	4 72	2 6	4 16	2 5	3 26	4 12	4 16	3 18	3 8	3 46	4 25	1 2	3.5 25
Kids' Clubs/PSS	4 20	4 20	2 10	4 26	1 19	1 12	4 12	4 12	2 12	3 12	2 18	3 5	1 1	4 12
Anti-AIDS Clubs	0 0	1 4	2 6	3 17	0 0	2 4	4 12	5 16	2 7	2 5	2 7	3 10	0 0	4 24
IGAs	1 1	1 1	2 1	4 4	1 1	1 1	2 2	2 2	2 1	2 2	2 2	2 2	0 0	1 1
Community work	4 9	2 3	1 4	3 12	3 6	3.5 4	2 4	5 5	4 38	4 16	3 7	4 7	0 0	2 3
Community meetings	0 0	3 11	1 2	4 8	1 3	0 0	2 4	3 11	3 20	3 8	2 2	4 4	0 0	2 3
Team prayer/devotions	3 18	3 11	3 10	4 16	3 10	3 3	4 42	5 15	3 19	3 12	4 25	4 20	1 3	3.5 12
Evaluation	1 2	2 3	1 3	4 24	4 20	4 2	3 6	5 15	3 10	4 6	2 6	2 1	0 0	5 12
Drama	0 0	2 3	1 2	2 4	0 0	2 4	4 6	5 14	2 3	2 3	3 4	2 5	0 0	5 24
Recruiting new members	3 12	0 14	2 7	4 15	3 20	4 20	3 17	4 31	4 15	4 22	3 18	4 43	2 4	4 43
Briefing/ Debriefing	1 6	3 12	1 3	3 12	3 20	2 2	4 6	3 31	4 24	4 24	2 4	3 5	1 3	5 40
Writing reports	4 6	3 4	3 3	5 4	5 6	5 4	4 5	5 4	4 6	2 5	5 6	5 4	0 0	5 4

This is an impressive body of data which suggests, in the main that the assessment of the quality of response (0-5) has improved over the period. There are seven instances where the self-assessment score decreased (pale shaded cells). The basis of the decline in assessment in these instances is not clear, diminishing the usefulness of the data. The weakness of the data is that the quality of information which can be derived from it is compromised by the lack of clear objective criteria or benchmarking.

It is a recommendation of this report that objective criteria and benchmarks are established and distributed to all groups of facilitators so that consistency and greater confidence can be derived from the information.

What is very impressive about the practice of self-assessment of local responses is that when different groups meet to share lessons learned and to pool their assessment data, they use the information to plan how to work together to build their respective capacities. Where a group is weak in one area, they find a group with the corresponding strength in order to grow and develop. This is impressive and has the result of increasing the pace of learning and transfer of lessons, and therein impact. The corresponding weakness is that without a more objective basis for self-assessment, the precise nature of that impact in terms of AIDS and other related competencies is less certain than it could be.

One of the most impressive strengths of the work being undertaken at the local level (and others) is the developing discipline of connecting activities to core values through reflection by the facilitators. In the experience of the evaluator it is very unusual to find front line activists spending time together reflecting at this level and the RFT members are to be commended for encouraging and developing this. A tool has been developed called the Story Analysis Framework (Appendix 3) which encourages the facilitator to commit to paper what happened and how the values of care, change, community, hope, leadership and transfer were expressed during meetings, visits and other interaction with the

wider community. The value of this tool is that it provides the means for stories and qualitative data to be recorded in ways which enable a quantitative assessment and thereby a measure of impact. It was not immediately clear how widespread the use of the tool has become at the local level, but it is recommended that its use is regularised and used as evidence of increasing AIDS competence.

b. Personal development of facilitators

The Salvation Army has developed a self-assessment tool for young people (ASYL/YCD[6] Self Assessment Tool) to assess their personal development according six specific aspects:

- Character development
- Stimulating and Accompanying local response
- Journaling and self-assessment
- Interacting with leaders
- Articulation and application of HCD (Human Capacity Development) and integrated mission principles
- Spiritual formation

Each aspect is then assessed against clear and objective narrative benchmarks which range from a basic level (1) to an advanced level (5) of attainment. It was not clear how widely spread the use of this valuable tool has become. What it offers is a very helpful example of the type of benchmarking of capacity development. It reflects the type of self-assessment framework used in the UNAIDS/UNITAR AIDS Competence programme[7].

It is important that in a programme seeking to boost communities' capacity to respond to HIV/AIDS and to become more AIDS and life competent, that objective evidence of personal development of the primary agents of change – the local facilitators is tracked. The actual practice of learning through when new facilitators are attached to facilitation teams, the mentoring that takes place during such attachments, the involvement in visits which explicitly and intentionally encourage reflection and learning through rigorous briefings and debriefings is very impressive. It is undoubtedly driving the spread and transference of ideas and practical action. The evidence expressed in anecdotal terms and through observation during the evaluation visit was compelling. It is recommended that the framework is adapted and used as widely as possible for all facilitators so that it can create a more focused basis for mentoring sessions.

c. AIDS and life Competence

The strength of the Salvation Army's Regional Facilitation processes is that there is a very serious and largely effective attempt to establish reflective practice across a large resource pool of approximately 700 people across some 18 countries in the region. The RFT is a small core-team which offers coordination and administration to an expanding resource pool of experienced – and developing – facilitators drawn from field experience across the region. This group responds to invitations from territories who want to strengthen Integrated Mission and Human Capacity Development approaches, particularly through the entry points of HIV and health-related community development. The reflection on practice extends principally to assessing local responses in terms of specific types of activity. The strengths and weaknesses of current ways of working are referred to above. What appears to be missing in very explicit or intentional ways is the linking of local responses in terms of the activities listed in the table above and developing AIDS and life competence as evolving through practice. Section A of this report (page 6) lists the Salvation Army's programme objectives which strongly reflect the ten ACP competencies. They are (abbreviated headings):

- Ability of communities to cope with and take responsibility for HIV/AIDS and its effects

[6] Africa School of Youth Development/Youth Capacity Development
[7] Annex 3 in report: Evaluation of the UNAIDS/UNITAR AIDS Competence Programme, UNAIDS, June 2005

- Increased quality of life for PLWHA and others directly affected by HIV/AIDS
- Prevention of spread of HIV through behaviour change
- Learning and transfer
- Regional resource pool to facilitate and enable implementation at local level
- Youth leadership development to support responses focused on children affected by AIDS
- Measuring change
- Access to ART mediated through strengthened networks (communities, institutions)

There is a need to establish benchmarks for the range of quality of responses under each heading, similar to those in the original ACP framework and then to trace the links between activities and impact on AIDS and life competence through human capacity development for response.

This is no small task but should be a central focus for the RFT as it attempts to trace the impact on AIDS competence of the specific activities which are being undertaken daily in communities and which are being regularly assessed (albeit in ways which need to be further refined, as recommended in this report). This pulling together of information derived from primary data collected and collated at the local level requires a large degree of consistency in terms of which activities are being assessed and compared across multiple sites and at multiple levels and what objective benchmarks are being used to assess changes in competence.

x. Transfer of learning – scaling up

It is very striking that upon visiting the communities of Kithituni, Rutobwe and Runda the evaluation team were able to quickly identify within the group of facilitators how many of them had visited other communities within the Territory, or beyond within the wider region as facilitators.

The routine use of mapping tools easily and graphically visualises the process of transfer of learning and experience. Timelines also help to tell the stories of how responses have multiplied and spread. It was clear from the visit that transfer between communities does not rely on the participation of teams formed at the Territorial or Regional levels. The challenge will always be to capture what is taking place at the local level. The disciplines of regular reflection and documentation are being effective in this regard.

Evidence from the visit to Kithituni indicates that within the communities represented at the meeting the scale of the local response has been considerable: In Makindu 40% of the households (1,600) have had contact with the programme and in the smaller rural community of Maiani 75% (47) of the households had had contact. What this level of penetration and spread means in terms of objective AIDS and life competence is hard to tell at this stage until the steps recommended above (AIDS and life Competence) have been implemented. In Rwanda, the report of a visit by RFT members undertaken in 2006 indicated that levels of participation in teams had increased by over 100% in a six month period. The precise nature of what this statement means would benefit from further thought and analysis. The Regional Team has a database of facilitators (as do the emerging Clusters) which can provide a means of providing evidence of developing competence and spread and growth of the huge resource they collectively represent. This evidence can only be strengthened as more objective assessments of competence, personal development and experience are made and captured in such databases. Inevitably, when presented with large numbers, such as the 700 facilitators, an outsider is bound to ask about the consistency of quality, competence and practice. The existence of the databases is a very positive attempt to present such evidence. It is recommended that the RFT looks critically at the objectivity of the data being captured in them, with a view to using them to tell the compelling and impressive story of an ability to scale the work up across the region.

Currently mentoring for facilitation team development takes place in the context of SALT visits and other opportunities for reflective practice. It was difficult to objectively assess the quality and consistency of the mentoring that takes place beyond SALT visits. The impression gained was that the term ‘mentoring’ is more loosely applied to range of interactions and accompaniment by experienced and less experienced facilitators. Formal, regular one to one mentoring sessions

between the local co-ordinator and local facilitators may well happen in some situations, but the level of consistency is less certain. The level of support required for to improve the quality of mentoring needs to be reviewed as do the current mechanisms for delivery.

In discussing scaling up responses it is important to note that the approach to building AIDS and life competence which is based on the Salvation Army's RFT ways of working results in impacts on a wider spectrum than simply AIDS competence. In a real sense the RFT's approach of stimulating local community response is diversified (see Challenges and Opportunities, below) in the sense that it is difficult to predict specific outcomes. Stimulating discussion within households and wider community groups through the community counselling process is likely to stimulate a wide range of possible paths of action many of which will offer proxy-indicators of increased AIDS competence. To illustrate this, in Kithituni, where income generating activities (they arose out of the work of local facilitators stimulating local response) have resulted in 8 local groups establishing viable agricultural initiatives which are linking together in a form of co-operative enterprise to enable them to supply commercial scale businesses at a regional and indeed international level. The likely impact of this work is therefore not just on AIDS and life competence in terms of income generation enabling local people to access ART, but also on food security and other related areas. This is compelling and offers strong support for approaches that elicit and energise local responses as the starting point for development generally and AIDS competence specifically. Initiatives which start with a specific sectoral intervention by NGOs and other groups entering communities are more likely to have limited impact in terms of outcomes which are sustainable and have the highest level of local ownership. In addition more 'provisionist' interventions rarely if ever achieve the level and pace of transfer and spread seen within the Salvation Army's RFT approach., but are also more likely to fail to achieve levels of scale and scope which the RFT approach is already achieving.

xi. Challenges and opportunities

1. One of the main challenges that faces the RFT is the rapid growth in the number of requests and invitations to accompany and support Territorial and local facilitation teams. The team has had to adjust its approach to accommodate the increasing demands for support and accompaniment. Two responses to this pressure have emerged:

> i. The creation of geographical 'Clusters' of countries within Africa. Each Cluster has a part time co-ordinator who is responsible for ensuring invitations and requests for visits to local communities are effectively addressed by teams drawn together across the cluster. The RFT estimate that in order to effectively accompany responses within each country, visits to each country should be taking place, ideally on a quarterly basis. The addition of the cluster level will it is hoped, enable support to be more readily available and ensure coordination within the growing number of facilitators.
>
> The four clusters are Central Africa (Congo Brazzaville, DRC and Angola); Southern Africa (S.A., Zimbabwe, Mozambique, Swaziland, Zambia, Malawi, Botswana, Namibia, Lesotho, St Helena), Western Africa (Nigeria, Ghana and Liberia) and Eastern Africa which is still in the process of becoming established (Kenya, Uganda, Tanzania and Rwanda)
>
> ii. The decision that the RFT will focus its attention and support directly onto 2 or 3 specific communities in each cluster as a means of developing centres of excellence and avoiding spreading itself too thinly.

2. A further challenge being faced was described in the report from the 2006 Salvation Army's Conference of African Leaders (COAL). It concerns the issue of focus on HIV/AIDS. The RFT is no longer solely identified as a Regional AIDS Technical Assistance Team but has evolved over the years towards a more 'diversified' facilitation team identity. This is an important issue since it needs to be a shift which is clearly explained to donors so that they appreciate the full implications and wider benefits of such changes.

3. The issue of financial sustainability of the model of accompanying and ensuring the rapid transfer of learning and spread of local responses to HIV is being addressed within the region. At the Territorial level, TFTs are being increasingly funded internally, either from Territorial budgets or by means of a percentage of departmental budgets or through line items in project proposals which benefit from accompaniment and support. it is hoped that the four Clusters will be self funded by the end of 2007.

At the RFT level, the annual budget runs to approximately US$195,000. The largest component of expenditure is staff travel (47%) and salaries (35%). On the basis that a team of three RFT make 30 visits in a year and that each visit directly benefits 40 people (Territorial and local facilitators) this represents a cost/benefit figure of approximately US$160 per person. Factoring in the indirect benefits to others in those communities actually visited during a visit, this figure drops by a factor of at least 100 (very conservatively). In addition, the fact that such visits directly enable greater transference to other communities means that the benefits will be ultimately felt by many other people, thereby further reducing the cost per beneficiary to negligible amounts. It is estimated that overall in the Region the Salvation Army is impacting at a conservative estimate some 2,000,000 people. This represents extremely good value for money.

4. Language and Jargon are a constant source of struggle in any field of technical endeavour, and the social sciences are certainly not an exception. Where endeavours involve processes of change that go beyond easily verifiable and quantifiable activities, the tendency is always that the language becomes more and more descriptive and nuanced over time, as practitioners strive to explain the particular emphases and distinctives of their particular approach. The RFT is no exception and their particular terminologies are made even more complex by virtue of (i) the large geographical areas covered and the numbers of people involved across many cultures; (ii) the RFT operates within a large movement (the Salvation Army) which has its own language and vocabulary describing multiple levels of authority and function. The size of the movement can cause a degree of insularity to develop which can hinder the extent to which outsiders understand and embrace the concepts. This having been said, the RFT members do network extensively outside the Salvation Army, but very often it is with a group of people who already share common perspectives, for example those in the AIDS Competence ‘Constellation’ – a term in itself which has a particular and nuanced definition which is not the easiest thing to understand.

Given the complexities and tendency of social scientists to develop specific terminologies, the struggle for people outside the immediate circle of practitioners to grasp the approach and concepts involved in the work is intense. Advocates of the type of approach to ‘human capacity building’ in the Salvation Army have long experience of trying to explain clearly and in terms that outsiders can easily understand. The difficulty of the task is deepened in a field of development where major donors are more used to interacting with more interventionist ‘projects’. Processes of animating or ‘stimulating communities for response’ are by their very nature more difficult to explain. Whilst the outcomes are relatively easy to explain, the nature of the process and predictability of outputs to achieve them is a real challenge. The challenge is that the space where the language and the practice come together is at the grass roots. The importance of the willingness to enter that space is the challenge for all of us.

It is recommended in this report that the struggle by the RFT to simplify the terms used continues and that a concerted effort is made to build bridges of common understanding with other development practitioners. It would be very informative for the team if perceptions and understanding of the Salvation Army approach by other groups were externally evaluated and reflected back to the team.

5. The reality is that no approach is carried out in a vacuum. It was highly probable, for example in Kibera, that other NGOs and groups entering that particular community were having an impact on the thinking and attitudes of local people to assistance being offered to improve their lives. Interventionist and welfare-orientated projects can tend to re-enforce dependency and therefore undermine the

ability of local people to take the initiative and respond positively. It is a recommendation of this report that local facilitators map the involvement of other groups and their interventions in communities as a predictor of likely effectiveness of the animation process. The value of such exercises is that it will identify, besides the challenges and problems, the strengths, resources and opportunities for the local team to be more fully aware of as they respond. Tools likely to be useful in this type of exercise include timelines and community mapping.

What becomes clear quickly is the fact that when people new to the concepts and approach visit and are immersed in the local communities where the animation process (stimulating local response) has been under way for even relatively short periods of time, understanding develops fast. Despite the struggles of language and jargon, the RFT has been influential both within and well beyond the Salvation Army.

6. There are several communities in which the Salvation Army's facilitation approach has been implemented for a considerable length of time. Clearly over such time spans, the vigour of the responses and the facilitation teams varies, but there appears to be little intentional analysis of the factors that influence performance over these longer periods of time particularly by local people. These factors are likely to cover a variety of circumstances which, if analysed and responded to thoughtfully may well be helpful in ensuring a consistency of delivery and effectiveness. Possible factors which may be relevant could include the following:

- other NGOs' working in the area using similar/different approaches
- changes in local Corps/Divisional/Territorial leadership
- the degree of experience in, familiarity of, and personal support for the facilitation approach by local leadership
- relationships between the local Corps and local authorities
- variations in the strength/resilience/critical mass of the local group of facilitators
- frequency of accompaniment, training and SALT visit inputs
- local disputes (internal within Corps, between local and other levels of the Salvation Army and in the local community)
- wider conflicts eliciting, for example emergency relief responses
- other events with a community-wide impact
- local large scale infrastructure projects (e.g. highway constructions etc)

It is recommended that the experience in the communities where the Salvation Army's facilitation approach has been outworked for over five years are analysed in this way.

7. There is great mutual potential benefit to be derived in exposing other organisations supported by BN/NORAD to communities where the RFT-supported approach is well established and successful. A dialogue between the RFT and BN/NORAD should take place in the near future to establish which groups would most benefit from exposure through a SALT visit-type approach. One element that should be particularly explored is the relative cost-effectiveness and sustainability of the different approaches bearing in mind the heavy emphasis on local resource mobilisation implicit in the RFT approach.

xii. Influence of the RFT approach on others and Partnership Development.

a. Within the Salvation Army

The credibility of the RFT as an influential group was evidenced powerfully in the 2006 Salvation Army's Conference of African Leaders (COAL). The agenda for the meetings included a one and a half day slot in which the RFT addressed the conference and facilitated discussion on the strategy and approach of stimulating local responses. This level of involvement was unprecedented.

The facilitation Team approach has helped to embrace new openings either within Territories or across borders into countries where there has been little or no Salvation Army presence, for example in Mali, Sudan, Burundi and Namibia.

The Facilitation Team approach has provided valuable insights which have influenced thinking at the highest levels of the Movement, for example the publication *Mission in Community* which emerged from the work of the Theology in Integrated Mission working group.

Within Territories, there is active discussion about how Territorial Facilitation Teams (TFT) operate and where they are located within the organisational structure, and how they are financed. The TFT approach tends to cut across long standing departmental structures and has the potential to challenge long standing hierarchies. This having been said, the 2006 COAL conference endorsed the idea that TFTs are part of wider mission policy in every Territory and Command. The conference also recognised the challenge that in order to maintain momentum and coherence, a coordinator or focal person is required within each TFT.

The facilitation approach is starting to be reflected in the training of Cadets (future officers) and also in the practice of providing existing officers with exposure to this way of working. Inclusion of facilitation team beliefs and practice and facilitation field practice in the curriculum for Cadets is being considered.

The facilitation team approach is also helping the movement to redefine how communities relate to long established Salvation Army health institutions. Traditional modes of operating these institutions are shifting as greater emphasis is placed on stimulating community responses to health and other issues of 'healing and wholeness'. The role of facilitation teams at the Territorial and local level in ensuring that these facilities are of greatest benefit and accessibility for local people is a primary concern.

Inevitably within a movement as long-standing and large as the Salvation Army there will always be some level of internal resistance to change. This will be an on going process of advocacy by the core facilitation teams at Regional, Cluster and Territorial levels. On the basis of the evidence from the evaluation field visit, the RFT is being very effective in this role.

b. Tearfund

Tearfund has limited capacity on the ground to engage directly with processes such as those enabled by a facilitation team approach. Consequently, the most meaningful focus for interaction has been at Tearfund's head quarters in London. Whilst there has been useful discussion and valuable financial assistance for the facilitation team approach, the aspirations of the RFT are that there would be more opportunities for shared learning and reflection at the field level on how such an approach impacts and shapes strategies for practical support and internal organisational policies. In reality it does not appear that this is happening at a consistent and sustainable level between Tearfund's East Africa Team and the Salvation Army. There have been interactions with the Desk Officer for East Africa and also with Regional Advisers, but organisational realities tend to suggest that at least in Tearfund's East Africa Regional Team is more likely to view the Salvation Army's facilitation teams at Regional and Territorial levels as groups they can effectively contract with to deliver a service in specific locations. This would be consistent with Tearfund's practice of supporting the development of facilitative approaches to stimulate or animate communities to respond positively to local challenges. It has worked extensively with an independent consultant Francis Ngyroge in East Africa who has facilitated changes in the ways that churches at denominational, diocesan and/or district levels have undertaken their development work. Tearfund is therefore familiar with and knows the benefits of approaches similar in ethos and approach to that of the Salvation Army.

c. Aga Khan Development Network

The Aga Khan Development Network (AKDN) focuses on health, education, culture, rural

development, institution building and the promotion of economic development. It improves the welfare of the poor and provides them with opportunities. The Network works equally with people of all origins and faith. The network is physically present in about 25 countries in Africa, Asia, Europe and the Americas.

AKDN is an active member of the AIDS competence 'Constellation' together with the Salvation Army and others.

During the evaluation visit the team met with two members of the Aga Khan Foundation in Kenya. The Foundation has sixteen institutions across the country which are mainly larger institutions and corporate enterprises. Representatives from the Foundation had visited Kithituni and had been inspired by what they saw and sought to introduce an AIDS Competence approach within the Aga Khan Foundation. As a result the Foundation is developing a similar type of approach to the Salvation Army's work in communities within the corporate sector.

The spin off effects of this new approach include the fact that whereas before the sixteen institutions had been part of the same Foundation, there were few formal or informal links now there is greater contact and collaboration. Peer educators are being recognised at every level of the institutions and corporations. These peer educators are performing a similar task to community facilitators in the Salvation Army's approach. They meet together to reflect and share learning. The fact that there are peer educators at every level of organisational hierarchies means that a real sense of coherence and community is being established, paralleling what is happening in communities where Salvation Army facilitators are at work in local communities.

What is also striking about the Aga Khan Foundation's experience is that like the Salvation Army, they are exploring new areas where the approach is effective, for example other areas of health.

d. Agape Hospice

The evaluation team met with Petta Collings who is the Volunteer Resources Manager at the Salvation Army's palliative care facility 'Agape Hospice' in Calgary, Canada.

In 2004, Agape extended an invitation via IHQ Health Services to the Africa Regional Facilitation Team for a visit to the Hospice to speak with a team of volunteers ('Hold Me Africa') preparing to make a trip to Africa – Kenya in particular – where they had established a 'twinning' relationship with an AIC hospital at Litein, Kenya. In 2006 the visit to Litein took place and was facilitated by the local facilitation coordinator from Kithituni, Onesmus Mutuku. The visit included a training course in palliative care resourced by the African Palliative Care Association based at Kampala.

The influence of the RFT on the thinking of Agape Hospice has included reflection on how services offered within an institutional model can more effectively be accessed within communities. This process of reflection is taking place in many different contexts where the Salvation Army has an institutional presence and is wanting to encourage greater access of local communities to services provided, and concomitantly, how institutions can gain greater and more helpful access into communities.

e. Other organisations

The influence with a variety of organisations documented in the 2006 Annual Report[8] including those mentioned above as well as The Constellation for AIDS Competence, Elton John AIDS Foundation, Beautiful Gate (Christian NGO based in Cape Town working with youth and vulnerable children), Family Health International, Danish Mission Council/Swedish Mission Council, UNDP, UNICEF, WHO, Wellspring International (related to the Ravi Zacharias Trust), the BBC, Geneva Global, ACET, World Council of Churches, the African Palliative Care Association, Treatment Action Campaign. Many of these interactions have included specific discussions about extending and supporting the RFT approach into particular geographical areas or into particular groups of people, especially young people.

[8] Annual Report PD1586 – Africa Regional Programme Facilitation Team 2006

D. Conclusions and Recommendations

The overall conclusions of this evaluation study are that the RFT approach is working as planned.

The key strengths of the RFT approach are that local communities are being animated/stimulated to respond to local concerns and that many of these ways are increasing AIDS competence, but that more critically, the approach has a built-in ability to spread rapidly through the resource pool of facilitators that continues to develop rapidly across the region. Therefore, the approach is being effective at a scale rarely achieved elsewhere. This ability is in large part due to the integrated nature of the Salvation Army across the entire Region. The RFT is able, in effect to marshal resources across the whole region. As its influence within the Salvation Army is growing, the ease with which this can happen is also growing.

A related and critical factor which is fuelling the rapid spread of the approach is the very impressive discipline of reflection by activists at the grass roots and documentation of results, learning and impact. Whilst there are aspects which need refining and adaptation to increase effectiveness even further, this is by and large very impressive and creates direct links with scale up. Examples at the field level of where people with little formal education were sharing information, learning and planning further work together between communities was very impressive and all involved should be commended.

It is evident that the lessons learned and the principles applied to increasing AIDS competence are being applied and transferred to other areas of work. This is largely by virtue of the fact that HIV/AIDS is an effective entry point for dialogue at a number of levels about relationships, community cohesion and resilience.

The RFT approach is resulting in the rapid growth of both demand for accompaniment and also the supply of facilitators into the resource pool across the region. The RFT is making concerted efforts to create a structure to effectively ‘service’ the demands and to marshal the facilitators through greater co-ordination at all levels, but especially at the new ‘Cluster’ level. The RFT has recognised the need to put in place dedicated ‘point’ people at the Cluster level to ensure that the flows of supply and demand are more effectively managed. This developing situation is inevitably making demands for effective communication between the local, Territorial, Cluster and Regional levels. It is also making demands to ensure the effective monitoring and management of volunteer facilitators. It may well be necessary to supplement efforts to ensure consistent ‘quality control’ of facilitation at the various levels by shaping the co-ordination roles at each level. It is recommended that the RFT explores current best practice in volunteer management and considers how this applied to the human capacity building process being championed by the RFT

Recommendations

<u>Developing deeper understanding of factors which encourage and hinder effective responses</u>

1. Develop a mapping tool which captures the influence of other NGO interventions as a predictor of the capacity of communities to respond to local concerns (Section C xi 5).

2. Explore the precise nature of how local facilitation as an approach stimulates people to take action and make changes in ways which address their concerns. (Sections C vii a and C ix a).

3. Construct timelines for all communities where facilitation teams have been accompanying local responses for over five years focusing particularly on factors which influence the progress and sustainability of the work, such as other NGOs' involvement in the area, changes in local Corps/Divisional/Territorial leadership, variations in the strength/resilience/critical mass of the local group of facilitators, accompaniment, training and SALT visit inputs from other groups etc. (Sections C vi a; C vii a 1 and C xi 6).

Programme Management

4. Consider the factors which mitigate for greatest continuity of positive local responses during times of change in leadership and other aspects of local life and document the learning from such reflections so that resilience of Corps and local community responses is developed (Section C vii a 2)

5. Engage with Territorial HQs on a formal basis to establish/re-enforce the practice of considering the specific needs of Corps Officers being re-assigned so that they are adequately orientated to community animation processes being resourced by local facilitators and to the factors that mitigate for effective and sustained responses (Section C vii a 2)

6. Explore best practice in volunteer management to refine current management practices of facilitators at the various levels.

Improving self-assessment/participatory documentation & measurement of impact

7. Improve the consistency of what activities are routinely assessed and ensure that each activity is carefully defined, thus further increasing consistency (Section C ix a).

8. Develop and use objective descriptive benchmarks to create self-assessment frameworks for activities and the personal development of all facilitators similar to that developed in the ASYL/YCD practice (Section C ix a and b).

9. Adapt the self-assessment framework for AIDS competence and use it to capture baseline data in new communities and impact at regular intervals (Section C ix c).

10. Ensure the routine and rigorous use of tools (e.g. Story Analysis Tool) which help to document and thereby quantify qualitative data in all SALT visitations. Explore other Participative Action Research (PAR) tools to assess the impact of the programme (Section C vi d).

11. Ensure that when guidelines and 'manuals' covering issues such as PSS for children's clubs are complied at various levels, they are shared as widely as possible across the region so that they can be expanded to reflect the fullest variety of practice (Section C vii d 1)

Monitoring resource pool development

12. Review the database of facilitators to ensure it is capturing the story of growth in numbers, transfer, personal development and competencies in the most objective terms as possible (Section C x).

13. Assess the quality and consistency of mentoring support provided across the resource pool of facilitators and ensure that a common understanding of what mentoring involves and how it benefits people is created and effectively communicated. Design and implement a plan to increase the practice of mentoring across the whole resource pool according to need (C x).

Focus of programme

14. Consider how Competence self-assessment frameworks can be adapted to be able to assess changes in aspects of community cohesion, resilience and local 'social capital' (Section C xi 2).

15. Clarify and document the process by which the shift in emphasis of the RFT from specifically being a means of developing AIDS competence in communities to a 'diversified facilitation team identity' (Section C xi 2).

Communication

16. Develop the means of explaining the concepts and methodologies involved in the Salvation Army approach to integrated mission simply and concisely as a means of speeding up support and commitment both within the Salvation Army and beyond (Section C xi 4).

17. Initiate a dialogue with BN/NORAD which results in the design of a process to enable other BN/NORAD partners to be exposed through a SALT visit process at the grass roots to the realities of the Salvation Army approach to integrated mission generally and to AIDS competence specifically (Section C xi 7).

Appendix 1

TERMS OF REFERENCE
NORAD EVALUATION
2007

Project: Regional HIV/AIDS Programme – Africa
BN #: 10377
PD#: 1768

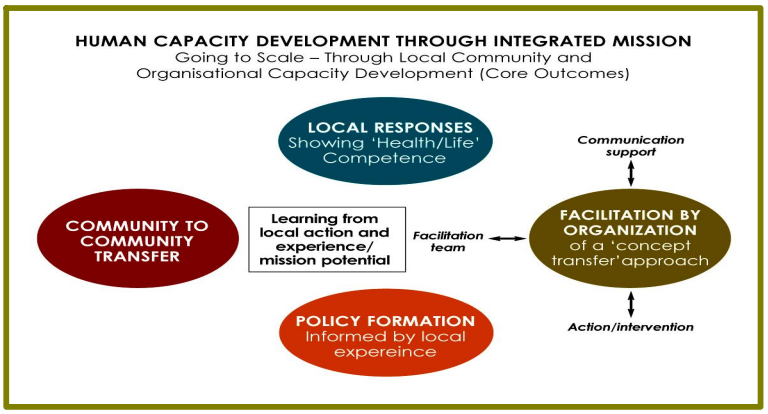
BACKGROUND

The Salvation Army Africa Facilitation Team has been in partnership with NORAD/BN since 2001 and is currently in its second funding agreement for the period 2006 – 2010. During the first funding cycle there was an evaluation conducted in 2002 by Gaute Hetland from BN.

The focus of the programme is facilitation team support and development for increased capacity and competence at local, country and regional levels within the Salvation Army across 18 countries in Africa.

The approach is based in the framework of human capacity development and the approach of facilitation teams. A facilitation team is a group of people with some experience in community response who share the belief that local communities have the inherent strengths to respond, and that organisations can learn from these local responses in order to become more effective. Essentially, The Salvation Army behaves at local level as a facilitation team that supports a community to build competence for caring for relatives and neighbours in their homes, stimulates confidence for truth-telling about risky behaviours or community practices that shifts fear and stigma towards trust and hope – a counselling process that links care and prevention, and results in behaviour change. Some of the results over years of experience include stigma reduction, community-initiated partnerships with local health facilities to access that which is needed, neighbourhood-led antiretroviral treatment linked to care and change, and organisational change based on learning from the local experience, rather than behaving as experts.

Through the process of entering the local community, facilitation team members at all levels (local, country, regional, international) learn and are stimulated to apply lessons
learned back to their own communities and organisations. Facilitation teams focus on several key areas of activity that stimulate local response and transfer: assessment, analysis, programme design, support, and transfer.



Experience over 15 years of this approach shows that it yields a shift away from stigma towards acceptance and inclusion; away from fear towards trust and from secrecy towards shared confidentiality and disclosure. These have direct implications on HIV, as more people volunteer for testing; more people participate in care for neighbours.

Communities find their voice, and neighbourhood-led advocacy emerges, as community members gain confidence and competence to speak to each other and for themselves to organisations and service-providers. As a result, organisations are influenced to position themselves as learners through facilitation team practise and SALT visits (Support, Appreciate, Learn and Transfer).

OBJECTIVES

- Increase community competence to cope and take responsibility for HIV/AIDS and its effects, through naming of concerns and developing response from within community strengths
- Increase quality of life for individuals, family and community members affected by HIV/AIDS, and its subsequent development impact (eg economic, social relations, productivity, values and norms passed on to future generations etc)
- Decrease virus transmission, measured through behaviour change within communities as well as within organisations
- Capacity development through the sharing of lessons learned, transfer of ideas & experience and partnerships with other organizations, contributing to scaling up efforts at national and regional levels.
- Development and expansion of a regional resource pool of people from within field programmes and Salvation Army leadership, with capacity to implement as well as facilitate programme development across the region.
- Rapidly accelerate youth leadership development to enhance the capacity of young people with skill in facilitation processes for support of local community responses with a focus on children affected by AIDS in Africa where The Salvation Army is present.
- Consistent and systematic documentation & measurement of the impact and influence of local and national level responses to HIV/AIDS

- Increased access to ART's and links to health institutions for community connectedness of institutional responses

The Africa Facilitation Team reaches the above objectives through a focus on the following key areas of strategy and activity:

STRATEGY	**ACTIVITIES**
Accompanying demonstrations of local responses	-home visitations -neighbourhood conversations -community counselling -participatory documentation & measurement -transfer
SALT visits for learning and transfer	-Programme to programme visits -community counselling processes
Team leadership development	-Exposure visits for local team mates -Attachment of local team mates to regional processes -Cluster facilitation team leaders' meetings -Facilitation team formation workshops -mentoring of Cluster Coordinators, TFT focal persons, Youth Associate
Participatory Documentation and measurement	-Documentation and measurement process for local and territorial teams -Community counselling -PAR (Participatory Action Research) -Country Case Studies -Self-Assessments
Organisational Change & Policy Development	- Territorial Facilitation Team Development - SALT visit methodology for learning and transfer -Leadership involvement and exposure -Participation in Conference of African leaders -Country Level HIV/AIDS Policy Development

Health Facilities Re-development	-Health Facilities Self-Assessments -Health Resource Pool -Integrated ART demonstrations

Who has taken initiative for the evaluation?

Norwegian Mission in Development (BN), the umbrella organization who raise funds with the Norwegian Agency for Development Cooperation (NORAD) is in the process of reviewing its programmes as part of the current contract with NORAD for 2007 – 2011. Internal thematic-strategic evaluations have been carried out throughout 2006, and some projects have been asked to participate in external evaluations during 2007. The Africa Facilitation Team has met with internal BN evaluators in November 2006, and has also been asked to participate in an external evaluation in 2007.

Purpose/Goals of the Evaluation

The Africa Facilitation Team is pleased to join in a participatory evaluation to look critically and creatively at the following in relation to its programme focus across Africa:

- influence of a Facilitation Team approach on organizational change
- results at local, national and regional levels for capacity development and competence to respond to HIV/AIDS
- sustainability that reflects strategy, policy influence, team development, and local programme development in addition to financial sustainability
- the influence/impact of transfer for a scaled out response to HIV
- documentation & measurement strategies that focus on the capacity of local communities and teams to measure their own response
- mission implications for response by faith based organisations
- the benefits of continued partnership with NORAD/BN to include facilitation team support to BN/NORAD partners across Africa for sharing and learning

As the focus of the evaluation is the Regional Facilitation Team, the need to link with national and community responses will be essential to measure the effectiveness of the facilitation team approach. The Regional Facilitation Team is not a community implementer, but their focus is primarily The Salvation Army organization through support to national/territorial facilitation teams (TFT's), who in turn support local community responses. In addition to meetings and discussions with Regional Facilitation Team members, there will be opportunity to meet TFT and local implementers through country/community visits in several locations. Partners visits will also be arranged to show opportunities for inter-organisational sharing and learning, and potential for capacity-building of other partners through concept transfer that support organizational learning, change and development.

Evaluation Questions

17. What are the outputs, outcomes and indicators in relation to national and local community capacity development through Regional Facilitation Team support?

Outputs	Outcomes	Indicators

• Support to local responses across 18 countries, with a focus on 1-2 demonstrations for deepening response in each cluster • SALT visits for learning and transfer (approx. 4 per year within each cluster)	• Communities are active • Communities are measuring their own change • There is community to community transfer • TFT's more confident in SALT and facilitation team approaches • Transfer of lessons learned by visiting team members to their own communities/countries	• increased care between neighbours • quantitative and qualitative data available • transfer maps and increased local responses • TFT's more active in each country • TFT's more active in each country • Team leadership development and utilization of team leaders by territories • Focus areas such as IPSS, CC and D & M applied more actively in local demonstrations
********** • Increased numbers and competence of TFT and regional Facilitation Team resource pool members	********** • Team members with skills in process analysis, SALT visits, D & M, Community counseling	********** • Local Demonstrations with deepened responses in key areas of cc, measurement and transfer • Data bases of resource pool members in clusters increased
********** • Documentation & measurement: Quantitative and Qualitative Data for each country and 2 local responses per/country each year. Case Studies of interested territories. In-depth PAR in selected countries	********** • Country Profiles with quantitative and qualitative data for each cluster • 2 Case Studies completed • Community counseling as a measurement tool increased in demonstration communities in each cluster	********** • Increased Resource pool of facilitators with experience in D & M processes • Synthesis document capturing D & M outcomes each year

18. How do these results relate to the main programme objectives and how may they extend beyond them?

19. In what ways has the Regional Facilitation Team focus evolved over the years to respond to the changing situation on the ground in relation to HIV/AIDS?
20. What key lessons can be transferred to other NORAD/BN partners in Africa and what methodology for sharing and learning could be put in place?
21. How does the facilitation team approach compare to more 'technical' 'provisionist' driven interventions?
22. Policy Influence within The Salvation Army and with others – how does it happen? With what results?
23. What new opportunities/challenges are emerging (eg ART access, health facility redevelopment, etc)
24. Mentoring as a strategy for facilitation team development and expansion – How is this done? With what results?
25. Resource mobilization/partnership development?
26. Is local capacity for HIV/AIDS response and general programme management developed?
27. Are lessons learned from response to HIV/AIDS transferred to other areas of work?
28. Is Regional capacity and Territorial capacity for programme facilitation, and sustainable local action developed?
29. Has the Africa experience contributed to the expansion of an international response?
30. Are local voices consistently being heard?
31. Is Salvation Army internal capacity for integrated mission developed?

What results are expected and how will they be used?

- Recommendations in relation to the issues raised in the TOR as well as others that emerge during the evaluation process
- Suggestions about other relevant possibilities to explore in order to meet the programme goals
- A strengthened understanding of the facilitation team approach between NORAD/BN and The Salvation Army with exploration of ways in which this could be shared among other BN/NORAD partners across Africa
- A written report which can be shared with Salvation Army leadership and other partners
- A critical analysis of the process, outcomes and indicators of a Facilitation Team approach

What methods should be used?

- Discussions with members of the Africa Facilitation Team.
- Discussions with IS Africa and IHQ-Health.
- Visits to local response demonstrations in community, linked to participatory documentation & measurement process and community counseling
- Meetings with Salvation Army leadership, TFT members and local facilitation team members

- Discussions with Key Partner organizations (eg Tearfund; Agha Khan Development Network)
- Review of relevant documents (eg trip reports, financial reports, process documents, documentation & measurement reports, etc.)
- Visits to other BN partners in country for sharing and learning

Who should conduct the evaluation

David Evans – see attached CV

Time Frame

2 weeks (including 2 country/community field visits)

Financial Frame

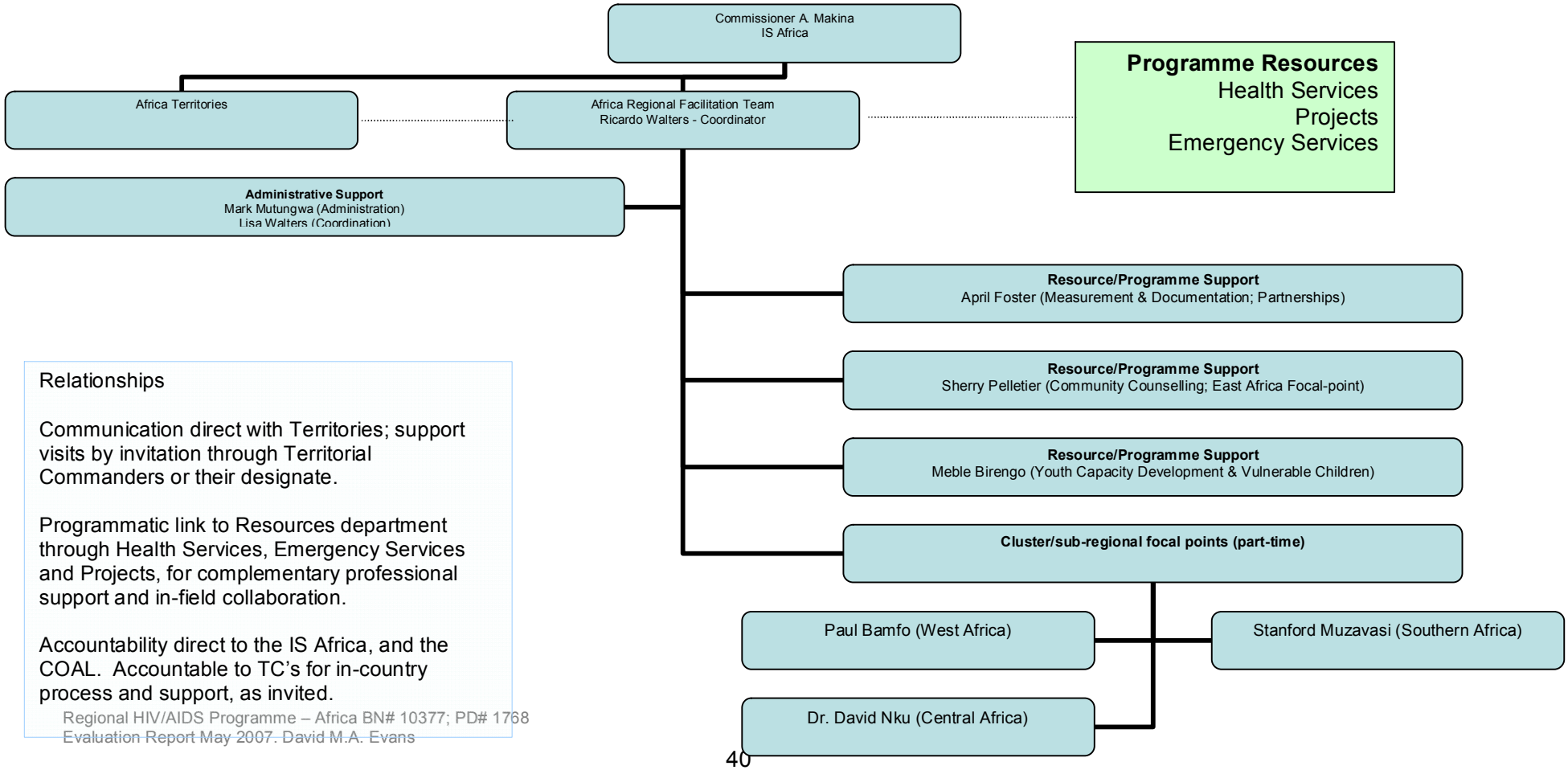
USD$20,000 (including costs of evaluator, travel, accommodation, accompaniment by 2-3 Regional Facilitation Team members)

Appendix 2

AFRICA Regional Facilitation Team

HIV/AIDS, Health & Development through Integrated Mission

Organogram April 2007



Relationships

Communication direct with Territories; support visits by invitation through Territorial Commanders or their designate.

Programmatic link to Resources department through Health Services, Emergency Services and Projects, for complementary professional support and in-field collaboration.

Accountability direct to the IS Africa, and the COAL. Accountable to TC's for in-country process and support, as invited.

Appendix 3 : THE AIDS COMPETENCE PROGRAMME SELF-ASSESSMENT FRAMEWORK

	1 BASIC	2	3	4	5 HIGH
Acknowledgement and Recognition	We know the basic facts about HIV/AIDS, how it spreads and its effects.	We recognise that HIV/AIDS is more than a health problem alone.	We recognise that HIV/AIDS is affecting us as a group/ community and we discuss it amongst ourselves.. Some of us get tested.	We acknowledge openly our concerns and challenges of HIV/AIDS. We seek others for mutual support and learning.	We go for testing consciously. We recognise our own strength to deal with the challenges and anticipate a better future.
Inclusion	We don't involve those affected by the problem.	We co-operate with some people who are useful to resolve common issues.	We in our separate groups meet to resolve common issues (e.g. PLWA, youth, women).	Separate groups share common goals and define each member's contribution.	Because we work together on HIV/AIDS we can address and resolve other challenges facing us.
Care and prevention	We relay externally provided messages about care and prevention.	We look after those unable to care for themselves (sick, orphans, elderly). We discuss the need to change behaviours.	We take action because we need to and we have a process to care for others long term.	As a community we initiate care and prevention activities, and work in partnership with external services.	Through care we see changes in behaviour which improve the quality of life for all.
Access to Treatment	Other than existing medicines, treatment is not available to us.	Some of us get access to treatment.	We can get treatment for infections but not ARVs.	We know how and where to access ARVs.	ARV drugs are available to all who need them, are successful procured and effectively used.
Identify and address vulnerability	We are aware of the general factors of vulnerability and the risks affecting us.	We have identified our areas of vulnerability and risk. (e.g. using mapping as a tool)	We have a clear approach to address vulnerability and risk, and we have assessed the impact of the approach.	We implement our approach using accessible resources and capacities.	We are addressing vulnerability in other aspects of the life of our group.
Learning and transfer	We learn from our actions.	We share learning from our successes but not our mistakes. We adopt good practice from outside.	We are willing to try out and adapt what works elsewhere. We share willingly with those who ask.	We learn, share and apply what we learn regularly, and seek people with relevant experience to help us.	We continuously learn how we can respond better to HIV/AIDS and share it with those we think will benefit.
Measuring change	We are changing because we believe it is the right thing to do but do not measure the impact.	We begin consciously to self measure.	We occasionally measure our own group's change and set targets for improvement.	We measure our change continuously and can demonstrate measurable improvement.	We invite others ideas about how to measure change and share learning and results.
Adapting our Response	We see no need to adapt, because we are doing something useful.	We are changing our response as a result of external influences and groups.	We are aware of the change around us and we take the decision to adapt because we need to.	We recognise that we continually need to adapt.	We see implications for the future and adapt to meet them.
Ways of working	We wait for others to tell us what to do and provide the resources to do so.	We work as individuals, attempting to control the situation, even when we feel helpless.	We work as teams to solve problems as we recognise them. If someone needs help we share what we can.	We find our own solutions and access help from others where we can.	We believe in our own and others capacity to succeed. We share ways of working that help others succeed.
Mobilising resources	We know what we want to achieve but don't have the means to do it.	We can demonstrate some progress by our own resources.	We have prepared project proposals and identified sources of support.	We access resources to address the problems of our community, because others want to support us.	We use our own resources, access other resources to achieve more and have planned for the future.

Appendix 4: Story Analysis Framework

Title
Narrative: What happened? Describe the encounter, the environment, the participants. Record direct speech in quotations where possible.

Concept analysis: How were any/each of these expressed?

Care	Change	Community	Hope	Leadership	Transfer

Quantitative data	
Description	**#**

Transfer/Influence Map