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UNITED BIBLE SOCIETIES' HIV SERVICE EVALUATION

EVALUATION SCOPE: 2009 TO 2012

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LISTS OF ABBREVIATIONS

AFAB	Africa Area Board
AIDS	Acquired Immune Deficiency Syndrome
BSS	Behavioral Surveillance Survey
DANIDA	Danish Mission Council Development Department
EAA	Ecumenical Advocacy Alliance
EHAIA	Ecumenical HIV/AIDS Initiative in Africa (by WCC)
GSP	Good Samaritan Project
GSPFP	Good Samaritan Program Funding Partners
HIV	Human Immunodeficiency Virus
HR	Human Resources
IEC	Information, Education and Communication
MAP	Medical Assistance Programs (MAP International)
NGO	Nongovernmental organization
nBS	national Bible Society
NORAD	Norwegian Agency for Development Cooperation
PLHIV	Person living with HIV
JPR	Joint Program Review
SIDA	Swedish International Development Cooperation Agency
STI	Sexually Transmitted Infection
TOT	Training of Trainers
UBS	United Bible Societies
UN	United Nations
UNAIDS	The Joint United Nations Programme on HIV/AIDS
WCC	World Council of Churches

EXECUTIVE SUMMARY

In the face of a global HIV epidemic hitting hardest in the poorest nations with limited resources, faith-based organizations – particularly churches – have struggled to feel empowered in the fight against the spread of the disease in Africa. Faith-based organizations and churches have long been part of the response to HIV in their communities and are eager to participate in innovative, compassionate and incarnational care options. Tools to respond to the epidemic have been developed primarily by secular organizations, such as governments and nongovernment organizations (NGOs).

Bible Societies in Africa, utilizing their unique role as interconfessional organizations, decided to support churches by making part of their mission various Information, Education and Communication (IEC) initiatives related to the HIV epidemic. These initiatives required a new strategy and a new structure. The existing United Bible Societies (UBS) Service Organization was strengthened with additional resources and competence, and the HIV Service was established at the Africa Area Centre in Nairobi. The Good Samaritan Program was developed to mobilize churches and faith-based communities to respond to the HIV epidemic through scripture engagement. The first Good Samaritan Projects (GSPs) were launched in Uganda and Cameroon in 2004. Since then the GSP has experienced rapid growth and today the program is being implemented at various levels in 24 sub-Saharan countries. At the heart of the GSP are churches utilizing the Bible-based materials to reduce the prevalence of HIV in their communities, reduce stigma related to the disease and integrate people living with the virus into the program.

The purpose of the external evaluation is to document the extent to which funding from Norad/Digni, through the Norwegian Bible Society and the Ministry of Foreign Affairs of Finland through the Finnish Bible Society, was used to realize the objectives stated in project agreements in an effective and relevant manner. This external evaluation seeks to evaluate the strategic planning, development of support programs, goals and achievements of the HIV Service over a three-year time frame (2009 to 2012). During this time period, the HIV Service played a key supporting role for the GSPs across Africa. The HIV Service supports national Bible Societies (nBS) through capacity building workshops, country visits with capacity training for the GSP team, information sharing, development of the GSP materials, preparing application and review of reports before they are sent to donors, and the development of monitoring and evaluation tools for the program. The work of the HIV Service has been a catalyst to reach those marginalized by the HIV epidemic: widows, children and people living with HIV (PLHIV) through the local community, nBS and churches.

However, there are several areas under the HIV Service and the GSP that require further development in order to achieve a higher level of professionalism, efficiency and ownership of the program at a national level. These areas include:

1. Restructuring and redefining capacity building with an emphasis on reviewing the current skills of each of the GSP National HIV coordinators in specific areas
2. Strengthen their role in the project report and application review process
3. Facilitating further integration of the GSP at a national level by equipping GSP National HIV coordinators with data analysis
4. Cultivating sustainability by working with the nBS to promote the GSP among various stakeholders

A further purpose of the evaluation is to contribute to the learning experience from the Norwegian and Finnish participation in international development cooperation, as well as the HIV Service and participating countries in the GSP. Both the recommendations and the country analysis address the separate objectives of the Norwegian and Finnish support.

INTRODUCTION

Purpose and Questions

The purpose of this Global Scripture Impact (GSI) research study is to provide an evaluation of the UBS HIV Service program administration and effectiveness in supporting the national Bible Societies' GSPs. This report will address the following:

1. Strategic planning, development of support programs, goals and achievements of the HIV Service over the past three years
2. HIV Service achievements against previously agreed objectives with international donors
3. Effectiveness of the HIV Service in supporting nBS HIV programs
4. How regionalization of team members impacted the effectiveness of the HIV Service
5. Identify the programs or services that require further development to increase effectiveness
6. Answer these questions: What has been the return on investment? Has the consumption of resources been commensurate with the results achieved? Did the funding Bible Societies experience the desired results?

Methodology

The methodology used for the evaluation process included:

1. Qualitative interviews with stakeholders, including the HIV Service team; funding partners; GSP National HIV coordinators in Kenya, Togo, Cameroon, Tanzania, Uganda, Swaziland, Malawi, Ethiopia and Burundi; and general secretaries in Togo, Cameroon, Uganda, Swaziland, Ethiopia and Burundi
2. Documentation review
3. Training observations
4. Participation in Joint Program Review meetings
5. Field visits to Ethiopia and Burundi
6. SWOT analysis
7. Quantitative rating scale of services provided by the HIV Service
8. Facilitating an organizational self-assessment tool
9. Review and identification of organization and sector specific best practices

THE EVALUATED INTERVENTION

The following section provides an overview of Bible Societies, the history of the GSP, and an introduction to the HIV Service and the various stakeholders involved in the program.ⁱ

Bible Societies: Their Identity and Focus

The Identity and Ethos document of the United Bible Societies (World Assembly, Midrand, South Africa, 2000) defines the task of Bible Societies in the following way:

The world fellowship of national Bible Societies joins together, as the United Bible Societies (UBS), for consultation, mutual support and action in their common task of achieving the widest possible, effective and meaningful distribution of the Holy Scriptures

- in languages and media that meet the needs of people worldwide
- in translations that are faithful to the Scripture texts in their original languages and which communicate the biblical message
- at prices people can afford
- and of helping people interact with the Word of God

The Bible Societies seek to carry out their task in partnership with Christian churches and other partners to make the Holy Scriptures more relevant to daily living and current issues, e.g. literacy and HIV. UBS is the collective name for a fellowship of 146 individual Bible Societies working in more than 200 countries and territories. The nBSs operate in two areas to accomplish its mission of making the Bible available to all and helping people engage with its

life-changing message: one area is the core mission, which includes Bible availability, Bible engagement and Bible advocacy. The other area is the economic engine that sustains mission activity, including three primary activities: publishing (trade operations), fundraising and enterprise development.

Bible Societies are interconfessional, seeking to serve all Christian churches and develop products and services that meet the local needs. This includes, but it is not limited to:

- Scripture distribution
- Scripture-based literacy materials
- Audio products for visual disability
- Scripture-based trauma healing materials
- Bible-based HIV and AIDS resources.

All of these services and products were developed with the intention of empowering the local church.

History of the Good Samaritan Program

In 2005, the Africa Area Board (AFAB) highlighted HIV and AIDS as a specific, urgent need to be addressed by Bible Societies in the Africa Area:

“Research has shown that there are 33.3 million people globally living with HIV, of whom 22.5 million are living in sub-Saharan Africa representing 67.6 percent of the global total. The need to tackle the pandemic from a biblical perspective cannot be over-emphasized. The urgency of the situation can also be seen from the fact that those infected and affected comprise the working population of our nations, leaving us with a bleak future and a reduction in life expectancy.”

In 2011, AFAB discussed a proposal to set up a steering group for the UBS HIV Scripture engagement program, the GSP. Subsequently, the following resolution was passed.

AFAB APRIL 2011/08: AFAB resolved to nominate steering group representatives from the following Bible Societies: Cameroon, Ethiopia, Uganda, plus two representatives from the Nordic+ countries.

Consequently a steering group was formed that called for a change of name for the “Nordic+ countries” to “GSP Funding Partners” (GSPFP) to reflect a broader participation of funders. Church leaders in Africa were concerned about HIV and AIDS, but it is no secret that many had problems handling the epidemic. Since 2004, the HIV Service has worked closely with churches throughout Africa to equip them with the tools to handle the epidemic using Information Education and Communication (IEC). Even though church leaders’ own attitudes are changing as a result of the value-based (Bible-based) material, they still face a significant task in altering the attitudes of people at large. Traditionally, when churches and other organizations need

Bibles and biblical material for their work, their leaders come to the Bible Societies, which have a responsibility to meet their needs. There is still a need for available value-based (Bible-based) material to respond to HIV. The absence of such materials remains an obstacle to churches getting involved in the response to AIDS.

The Bible Societies, as the UBS Fellowship, decided to assist in their areas of strength: Information, Education and Communication (IEC). This means that their intervention is limited and they will not be able to respond to needs in the areas of medical treatment, care, food supply, income-generating projects, support for orphans, etc. Instead, the Bible Societies have chosen to seek partnerships with others to fill the gap in their countries' multi-sectoral approach. This strategy has been appreciated by both partners and national AIDS commissions.

The United Nations Millennium Development Goals call for *population-wide campaigns and to ensure a massive political and social mobilization*. UBS is an interconfessional organization made up of nBSs that operate in more than 200 countries and territories. Through its unique structure and partnership, UBS can reach out to the whole population, especially in the African context, where religious beliefs infiltrate the daily lives of individuals and entire societies. The GSP brings communities together without distinctions of ethnic background or religion.

Key Elements of GSP

The program's methodological approach is to create awareness through open discussions and sharing. The materials used are designed as tools to start a process that leads to behavior change. IEC will be used as tools that encourage conscious decisions and responsible behavior. The presentations by trained facilitators use sketches, facts and case studies, combined with interactive drama and stories from the Holy Scriptures. The aim is not to present the solution at the end of the book or flipchart, but to empower the participants to better tackle the enormous challenge of HIV and AIDS, both in their churches and in society as a whole.

The program consciously builds on the traditional African oral culture. The African identity is still rooted in a mixture of spirituality, facts and legends, often communicated through stories and songs. Storytelling and recitation are still important parts of daily life and the GSP combines religious storytelling with practical information.

Intervention strategy

The intervention strategy follows a pattern of workshops:

1. Sensitization and mobilization
2. Training of trainers (TOT)

3. Decentralized workshops and community based workshops (including women's groups, HIV Associations, home visits, and discussion forums)
4. Follow-up workshops and evaluation

The program aims to be dynamic and innovative, responding closely to feedback from the field. New elements and materials are added in response to established needs.

Multimedia package

The program is built on a multimedia package called "Where is the Good Samaritan Today?" The package includes:

- "Where is the Good Samaritan Today?" booklet in several languages, including Braille (English and French)
- Flipcharts of 12 posters accompanying the booklet
- "Where is the Good Samaritan Today?" DVD that supports the themes of the booklet
- "Who is Responsible?" DVD that is based on a case study from the booklet
- "Why do you bother us?" DVD that tells the story of Betty and the troubles she faces after testing positive for HIV
- An audiocassette based on the adapted soundtrack of the "Where is the Good Samaritan Today?"
- Training manual for trainers
- Training workshops on how to use the material
- "Reason to Live" DVD that promotes the GSP in Africa
- "Where is the Good Samaritan Today?" music video in French and English

The material is continually updated, and new modules are developed according to needs. Specific needs have been met through the following materials:

- A children's program package includes a teaching manual, flipchart, children's workbook and a handbook for parents or caretakers
- "Love, Sex and Marriage," a new module being developed to meet the need for couples and family counselling, as the infection rate is rapidly growing in this group; and two mini-movies have been completed and others lined up in a series.

Other supporting materials on HIV and AIDS themes:

- "Take Charge" is a Bible study for youth on health education. A booklet and video are available in English and French (booklet also available in Braille). Like the booklet, the video version has 10 shorter sequences. A new updated version became available at the beginning of 2011. This gives young people time for reflection and discussions on important themes like sexual behavior, self-esteem and peer pressure and how to determine one's own future

through conscious living (i.e. making choices whose consequences you are prepared to accept).

- “Living in Hope” is a collection of Scripture passages that offer hope and comfort to PLHIV. This booklet has been distributed in large numbers through the nBSs in about 40 countries. It is available also on audio tape in English and some vernaculars. This resource was initiated by the Bible Society of South Africa and is distributed through the Fellowship of Bible Societies. It is not a Good Samaritan resource.
- The Gospel of Luke with condensed HIV and AIDS information has been made available in English and French.

The GSP outreach package is available in English and French. Translation into local languages is encouraged for nBSs implementing the program.

HIV Service

In 2005, the HIV Service was established at the Africa Area Office in Nairobi with support from Swedish Bible Society/Swedish Mission Council/SIDA. The HIV Service is the link between the funding agencies and the implementing Bible Societies in Africa. It coordinates activities of all participating Bible Societies, building synergy between them so that, together, their results have significant impact on the continent. The growth of the program has necessitated the formation of a steering group to give guidance for strategic direction and to define and maintain the ethos and values of the GSP.

The current HIV Service team includes three full-time employees and one consultant: Immanuel Kofi Agamah, HIV and AIDS service manager; Viola Amwayi, program officer, and Beatrice Gangouap, program facilitator. Kostanse Raen, HIV program consultant, is the creator of the GSP and has continued on in a consultancy role for the HIV Service, providing support in the creation of new modules and materials, along with training, monitoring and evaluation.

The role of the HIV Service is to ensure the following:

- Integrity
- Strategic thinking and prioritizing
- Best practices
- Monitoring and evaluation
- Sustainability
- Networking and partnership building
- Capacity building (human, technical, emotional)
- Documentation of success stories (testimonies, data, methodologies)

- Defining target groups
- Integration of program within the nBS
- Information sharing
- Organizational learning

More specifically, the HIV Service aims to provide the following to nBSs in Africa that are part of the GSP:

1. Coordination unit for
 - a. Gathering information related to the program
 - b. Sharing experiences and lessons learned using Website, email, Skype, visits and in workshops
2. Capacity building through
 - a. Workshops
 - b. Joint Program Review
 - c. Peer training
 - d. Project visits
3. Facilitating new project launches and first TOT or introduction training
4. Refresher training in second year after project launch to help ensure project standards are met in terms of interactive and participatory methodology
5. Project preparation, application, implementation monitoring and follow-up (both new and renewal) for nBSs
6. Project report review
7. Materials development and update for use in programs
8. Strategic direction
9. Online support for use of the Intranet
10. Promotion and networking
11. General advice

Stakeholders

There are several stakeholders involved in the GSP – from the nBSs to the UBS Fellowship to funding partners to the HIV Service. The first pilot projects started in Cameroon and Uganda in 2004. This was followed with Togo in 2005, with funding from the Swedish Bible Society/Swedish Missions Council/SIDA. Subsequently, other development organizations – NORAD, Danish Mission Council Development Department (DMCDD) and the Ministry for Foreign Affairs (Finland) – provided support working through GSPFPs. Grant-making Bible Societies in Norway, Finland, New Zealand, Netherlands, Canada, Australia and Denmark – together with the British and Foreign Bible Society and American Bible Society – have contributed to GSP support for Bible Societies in Africa.

At present, 24 nBSs in Africa are engaged at different levels and stages of program development.

National Bible Societies implementing program or in the process of applying for funding (as of February 2013)

Implementation Status	Country	GSP Funding partner	No.
Category 1			
Fully funded multi-year and ongoing program	Uganda	Sweden	
	Cameroon	Sweden	
	Togo	Sweden	
	Ethiopia	Norway	
	Kenya	Norway	
	Tanzania	BFBS	
	Swaziland	Danish Bible Society	
	Côte d'Ivoire	Finland	
	Burundi	Finland	
Malawi	Finland		
<i>Total</i>			<i>10</i>
Category 2			
Partially running program with some funding	Liberia		
	Rwanda		
	Namibia		
	Zambia		
	Gabon		
	Republic of Congo		
	Madagascar		
	DRC		
<i>Total</i>			<i>8</i>
Category 3			
Some activities	Mozambique,		
	Nigeria		
	Sierra-Leone		

	Djibouti (Ethiopia)		
<i>Total</i>			4
Category 4			
Preparations for start-up	South-Sudan,		
	Ghana		
<i>Total</i>			2
Overall Total			24

FINDINGS

Role of the Church

Respect for the Church is very high in Africa, with many Africans valuing the spiritual approach to overcoming challenges. Therefore, churches and their Christian worldview can be strong tools for transmitting an implementer's message. Successful programs will work with the Church to tell Africans that God, the creator of the universe who revealed himself through his Word, tells his people how to behave and live a content and hopeful life. Churches and other activists in the fight against HIV/AIDS need to understand the power of the combined African and Christian worldview.

Role of the GSP

The GSP continues to play a vital role in empowering churches in Africa to respond to the HIV epidemic. The program is unique in its use of a Bible-based curriculum to address stigma and prevention, and empowering individuals living with HIV to be active members of their churches, engage in enterprise initiatives and share their testimonies with friends and family. The success of the GSP is in the pedagogical approach that incorporates interactive and participatory training. Individuals are empowered to respond to HIV through interactive training, including oral tradition, drama, discussions and films that are combined with relevant biblical stories with a holistic approach to understanding the epidemic.

Impact of the GSP

GSP coordinators were asked how the program has impacted their own lives, those of church partners and, subsequently, the communities involved. Qualitative interviews on both questions verified that the GSP continues to be a powerful tool of engagement for Christians and their response to HIV. Additionally, GSP coordinators shared that through the GSP materials, they have witnessed how the Word of God can transform a person's life. At least two of the coordinators stated that this was their first time they witnessed the Bible transforming an individual.

Organizations strengthened by GSP

The organizational tools employed by the GSP (a baseline survey, pre- and post-test surveys, and the logical framework) strengthened the program and were adapted by other programs under nBSs. General secretaries and GSP coordinators shared how the tools, methodology and training have been shared, both informally and formally, across their programs. For example, several GSP coordinators mentioned that they have conducted trainings on the logical framework analysis for the general program staff of their respective nBS.

Profile of UBS, nBS and faith-based interventions

National Bible Societies implementing the GSP have raised their profiles among other faith-based organizations, NGOs, and governmental organizations alike. The GSP continues to be acknowledged as an innovative approach to HIV epidemic with strong engagement of community leaders, PLHIV and faith-based organizations. The international community has largely neglected healthcare and prevention programs run by churches and faith-based organizations in Africa. Through the GSP, this faith-based infrastructure is receiving international recognition from UNICEF and government departments in several African countries.

Input from the HIV Service

One of the key roles of the HIV Service is to act as a coordination unit between funding partners and nBSs. The coordination unit reviews and provides input on project reports and applications. Both GSP coordinators and funding partners noted a drop in the amount of feedback the HIV Service has provided over time. GSP coordinators mentioned that there was more of an incentive for them to directly correspond with funding partners rather than the HIV Service, as funding partners provided more feedback.

Essential Role of HIV Service

The HIV Service supports the nBSs and funding partners by developing and updating materials. It provides support for GSP coordinators and key monitoring and evaluation tools for project implementation. It conducts capacity building through workshops, annual program reviews, peer training and project visits. It also updates the Intranet.

Sustainability

How the GSP will function beyond access to Nordic funding is an ongoing question for all stakeholders. The role of the HIV Service will be essential in helping nBSs and GSP coordinators develop funding strategies, cultivate a local donor base and build capacity for

representation to external donors. It should be noted that the next capacity building workshop in June 2013 features fundraising as its theme.

Human Rights-based Approach

The guidelines of the Ministry for Foreign Affairs (Finland) and the government's Development Policy Program require that a human rights-based approach be implemented in all development policy and development cooperation practiced by Finland. Based on these guidelines, GSI set out to determine the outcomes of the human rights-based approach of the GSP. The following reviews how the GSP and the HIV Service promote the following: increasing the accountability of the authorities and providing information to the local population. The methodology included qualitative interviews with the GSP national HIV coordinators, general secretaries, documentation review and training observations.

Outcome: Accountability of the authorities

GSP is not limited to faith-based organizations and has had requests from government departments, schools and other non-governmental organizations to conduct trainings. Through the interactive teaching of the GSP, individual parts of authority groups across Africa, such as the military, are challenged to acknowledge both their individual and collective roles in adhering to and affirming human rights for themselves and local populations that they interact with on a daily basis.

Country	Authority*
Burundi	<ul style="list-style-type: none"> • Ministry of Defense
Ethiopia	<ul style="list-style-type: none"> • Government housing authorities • Government department of micro and small business development
Cameroon	<ul style="list-style-type: none"> • Development Committee • Passerelle Health Center
Côte d'Ivoire	<ul style="list-style-type: none"> • CMA AIR France
Kenya	<ul style="list-style-type: none"> • Imani Community Centre
Malwai	<ul style="list-style-type: none"> • Hazuwelo Village • Mwanga Primary School
Tanzania	<ul style="list-style-type: none"> • Mkoyo Primary School • Muzye Mosque

*the list is not exhaustive, but demonstrates the diversity of authorities that received training regarding their basic and human rights obligations through the GSP

Outcome: Strengthening the rights of the local population

PLHIV are at the core of the GSP. Not only are they participants and volunteers, but with some projects they are also recipients of small loans that allow them to create businesses to generate income for themselves and their families. The GSP empowers these marginalized people to know their rights so they can participate effectively and meaningfully in making decisions that affect their lives. The roles and opinions of the communities in which the program is implemented are at the center of the program, constantly giving the community an active role in the implementation of the GSP. The support of the HIV Service provides a measure of efficiency so that the GSP can focus on empowering PLHIV.

SWOT Analysis

GSI conducted a SWOT analysis on the HIV Service with all the key stakeholders of the GSP – nBSs, the HIV Service and its funding partners. A SWOT analysis is a structured planning method used to evaluate the Strengths, Weaknesses, Opportunities and Threats involved in a project or organization. A SWOT analysis is an integral part of the GSI research methodology and has proven industry results. A SWOT analysis allows for the identification of internal and external factors that are favorable and unfavorable to achieving the objectives of a project. In addition, a SWOT analysis provides an opportunity to gather best practices. Conducting the SWOT analysis three different times allowed for cross-checking and validating the information collected.

	HIV SERVICE	BIBLE SOCIETY	FUNDING PARTNER
STRENGTHS	<ul style="list-style-type: none">* Human capital of HIV Service team, GSP coordinators and nBS(s)* Support from UBS* GSP materials* Institutional funding	<ul style="list-style-type: none">* Monitoring and evaluation tools* Competent team with both French-and-English speakers* GSP materials	<ul style="list-style-type: none">*GSP materials - creation and updating* Capable beyond numbers* Communication and relationship between the HIV Service and nBS(s)

Strengths (Internal)

The HIV Service is a highly capable, competent and cohesive team whose members come from diverse backgrounds. It is able to provide trainings and documents in English and French, serving both the Anglophone and Francophone countries across Africa that are participating in the GSP. This was a strength mentioned by all three stakeholders. The greatest strength of the

HIV Service is its personnel and their ability to function beyond its three-member team. One of the core services that the HIV Service team provides to nBS is the development and ongoing maintenance of the materials used in the program. This was a strength identified by all stakeholders. An additional strength is the support and long-term relationship with UBS. While no longer part of the UBS hub, ongoing support is provided to the HIV Service through Maxime Bokiono, UBS program coordinator/Africa Grant manager. The HIV Service has a strong relationship with nBSs and developed both formal and informal communication channels with the GSP coordinators and general secretaries.

Institutional funding has greatly benefited and strengthened the GSP. This type of funding has provided a different set of standards and requirements, creating a higher level of program development and management. An additional strength mentioned was the creation of the peer regional trainers which, when utilized fully, will add to program learning.

	HIV SERVICE	BIBLE SOCIETY	FUNDING PARTNER
WEAKNESSES	<ul style="list-style-type: none"> * Balance of priorities between nBS(s) and GSP * Managing expectations of funding partners, UBS and nBS(s) * HIV Service team scattered * Lack of resources for addressing physical needs of HIV/AIDS pandemic 	<ul style="list-style-type: none"> * Reporting feedback * Capacity building * Financial feedback * Sustainability support 	<ul style="list-style-type: none"> *Feedback on reporting/ applications * Capacity building * Small team - the loss of one staff member would affect the program * Work load requires both strategic and detailed analysis

Weaknesses (Internal)

The weaknesses of the HIV Service varied slightly across all three stakeholders, with common responses aligning between funding partners and nBSs. These common responses were in the areas of capacity building and project preparation, application, implementation, monitoring and follow-up. Weaknesses or areas of improvement focused on application interaction, providing timely and usable feedback, capacity building, focusing on skill sets of GSP coordinators, and nBSs Societies providing strategic support in the areas of program management and data analysis. Additional uniquely identified weaknesses were that the HIV Service is a small team and the loss of one member would affect the entire program, the

difficulty in balancing the priorities of all stakeholders, and the work load needing both a detailed and strategic analysis.

	HIV SERVICE	BIBLE SOCIETY	FUNDING PARTNER
OPPORTUNITIES	<ul style="list-style-type: none"> * Networking within the field of HIV/AIDS * Profile of nBS and UBS * Cultivation of fundraising at local level 	<ul style="list-style-type: none"> * Equipping regional peer trainers * Networking within the field of HIV/AIDS 	<ul style="list-style-type: none"> * Networking within the field of HIV/AIDS * Capacity building

Opportunities (External)

The opportunities identified for the HIV Service and GSP were similar across all three stakeholders: networking within the field of national AIDS programme, cultivation of local fundraising and equipping peer regional trainers. The GSP is being recognized by governments and international development organizations and there is a significant opportunity for the GSP to market itself, which could lead to potential funding opportunities or partnerships across sectors.

	HIV SERVICE	BIBLE SOCIETY	FUNDING PARTNER
THREATS	<ul style="list-style-type: none"> * Working across multiple cultures * Staff turnover 	<ul style="list-style-type: none"> * Access to funding 	<ul style="list-style-type: none"> * Changing requirements from funding partners

Threats (External)

The threats identified by each of the stakeholders did not align. However, each stakeholder identified threats that need to be addressed and a strategic plan developed in order for the HIV Service and the GSP to have significant impact on communities. Threats identified were working across multiple cultures, continued access to funding, changes in the HIV Service staff and changing requirements from funding partners.

EVALUATIVE CONCLUSIONS

The following section is an assessment of the intervention results and performance against the given evaluation criteria and standards of performance. The evaluation criterion focuses on three areas:

- Structural
- Human resources
- Target group

Structural pertains to how well the HIV Service has been able to serve nBSs and their partners. It also addresses how the levels of integration of the GSP within the nBS and the HIV Service have facilitated relationships across structures and partners.

Human resources evaluates how the HIV Service has increased the capability of the nBS through capacity building efforts and visits, along with assessing the use of regional peer trainers in the GSP. From the onset, the GSP set out to strengthen the coordination capacity at the UBS Africa Area Service Center, with the goal of improving the work of the nBS. When the UBS Africa Area Center ceased to exist in 2012, the HIV Service became part of the UBS Global Mission Team.

The following will be evaluated regarding the target group:

- The extent to which the HIV Service shared strategies with project countries in stages, guiding and supervising the implementation and monitoring processes
- The organizing of evaluation sessions to ensure the projects are on track to accomplish results.

Structural

To what extent has the HIV Service been able to serve nBSs and their partners?

The HIV Service is in a unique position of providing both programmatic support and organizational support to nBSs through a variety of formal and informal methods. These

include capacity building workshops, field visits, trainings, the creation of the GSP Intranet and continuous communication between program officers and GSP coordinators. The HIV Service has served nBSs and local church partners by providing unique materials that empower and challenge the local church to take up the cause of the Good Samaritan. As evidenced by qualitative interviews with GSP coordinators and general secretaries, the GSP materials are uniquely designed to address the causes, effects and issues of the HIV epidemic in Africa through a biblical lens.

Local church leaders in Ethiopia and Burundi stated that before the GSP was introduced into their communities, the national AIDS programme strategy offered by secular institutions, such as the national governments, primarily advocated for the use of condoms. The HIV Service has served nBSs and local church partners by creating biblical materials that can be utilized across denominations. Additionally, the HIV Service has provided tools of program development, such as the baseline survey and pre- and post-training surveys, along with monitoring and evaluation tools that have raised the level of professionalism for program implementation.

To what extent has the HIV Service coordinated and supported HIV activities within the UBS network?

The HIV Service is the only coordinator of HIV activities within the UBS network. Since Bible Societies in Africa decided in 2002 to take up IEC initiatives related to HIV and AIDS as part of their mission, the HIV Service has been the main facilitator and support for HIV activities. After the UBS Africa Area Center ceased to exist in 2012, the HIV Service team had to adapt to the changing organizational structure, while still providing the same support to nBSs across Africa. As of 2011, the HIV Service was supporting 35 nBSs that are in varying stages of implementing the program. (Please see Human Resource section below for more detail.)

How has the existing network in UBS been activated for HIV through the Good Samaritan intervention? What is the level of integration? How have relationships across the structures and partners been managed?

Based on interviews with general secretaries, GSP coordinators and assistant coordinators, along with additional staff members of the Burundi and Ethiopian Bible Societies, the GSP is well-integrated into the nBS. However it should be noted that each nBS presents a different level of integration. When asked about the integration of the GSP within the nBS, general secretaries said that the program would not be functioning unless it was fully integrated within the nBS, including alignment with its vision and mission, and mainly a service of the local church. Evidence was presented on how the local church, in each of the countries interviewed,

utilized the GSP curriculum and was grateful for the support of the nBS in providing Bible-based materials on such a taboo topic as HIV.

While, the level of the integration was high across Bible Societies, the issue remains of how best to equip either the GSP National HIV coordinator in fundraising efforts and/or communicating to the rest of the nBS stakeholders, including boards of directors and fundraising managers. (Please refer to the section on recommendations for more details.)

Human Resources

Assess how the HIV Service has been able to build capacity at local Bible Societies through workshops and visits. The evaluation should also assess the impact of the HIV Service's capacity building workshops on the coordinators, their work in the national program and their future expectations.

The HIV Service conducted five Joint Program Reviews between 2008 and 2012, focusing on a variety of capacity building topics ranging from training in baseline research to the development of evaluation tools. (For a complete outline of the capacity building workshops conducted by the HIV Service, please refer to Appendix 7.) Capacity building is a key function of the HIV Service, and its impact on coordinators is evident. However, there is a lack of strategic thinking and implementation of capacity-building efforts. GSP coordinators, while appreciating the forum of workshops, mentioned a lack of follow-up on concepts discussed. Additionally, GSP coordinators requested a personal assessment of specific skill sets that the HIV Service could help to address through capacity building efforts.

Assess whether local HIV project coordinators have been appointed and integrated into nBSs in countries establishing HIV programs.

The level of integration of the GSP coordinators is very high across the nBS interviewed.

Assess the use of nBS regional peer trainers in the GSP and its impact.

The impact of the nBS regional peer trainers in the GSP cannot be assessed because the process is not fully integrated. However, it should be noted that regional peer trainers expressed a lack of direction and guidance on their roles and expectations.

Target Group

Assess whether the HIV Service's task of coordinating the activities of all participating Bible Societies to build synergy is being met.

Determine the extent of the HIV Service sharing strategies with project countries in stages, guiding and supervising the implementation and monitoring processes, and organizing evaluation sessions to help ensure the projects stay on track and accomplish desired results?

Assess the ability of the HIV Service to provide the necessary training for staff in the project countries to help ensure quality performance.

For the assessment of the Target Group questions, please refer to the lessons learned section along with recommendations.

LESSONS LEARNED

The following section reviews the incorporation of the key recommendations from the previous HIV Service external evaluation (conducted in September and October of 2008 by the consulting firm, CORAT AFRICA).ⁱⁱ The purpose of this section is to assess the level of incorporation of the findings of the previous report, provide a rating of compliance of *none*, *partial*, or *full* and the rationale for that rating. It should be noted that some of the recommendations were not the responsibility of the HIV Service. In order for external evaluations to remain an effective strategic document, previous evaluations must serve as a baseline of the organization or service.

The following assessment has been included in this report so that the HIV Service and GSP can continue their high level of professional project management. The following states the recommendation made in a 2008 external evaluation, a compliance level rating of *none*, *partial*, *full* or *not applicable*, and the rationale for the rating.

1. Recommendation: UBS HIV Service Vision

At the moment, there is no clearly articulated vision statement for the HIV Service. This calls for the urgent need for the Service to come up with a vision statement which draws from its rich history (Page 13)

Level of Compliance: Full

Rationale: The HIV Service has set out the following vision and mission statements to guide its role with the GSP and within UBS:

Vision statement

To become a quality model Scripture engagement unit of the global UBS Fellowship

Mission statement

To empower churches and partners to respond to HIV and support people infected by the means of Scripture-based HIV material interactive training.

2. **Recommendation:** Partnerships

The HIV Service benefits greatly from existing partnership both within and outside of the fellowship. UBS carries out tasks in partnership and cooperation with churches, church-related organizations and government agencies. There is a need to explore partnership and collaboration with other entities such as World Vision, World Council of Churches, Lutheran World Federation and corporate organizations who want to extend their support due to global demand for social responsibility. (Page 19)

Level of Compliance: Partial

Rationale

During the Joint Evaluation Workshop in Lome, Togo, in February 2008, the HIV Service invited Milton Amayun, who had been a senior consultant for World Vision and an adviser on the Global Funds committee. Amayuan talked about searching for local and global funds, along with Thomas Alveteg and Rev. Sindre Eide, author of *Take Charge*, who gave an introductory workshop on how to use the booklet. The HIV Service has been deliberately seeking out different ways to partner and collaborate with other prominent faith-based organizations through the GSP, allowing the partnership to take on different forms from trainings to simple awareness campaigns regarding the GSP in Africa.

3. **Recommendation:** Baseline studies

Baseline studies and other research should be carried out by the HIV Service to develop better tools for measuring impact. (Page 19)

Level of Compliance: Full

Rationale

The HIV Service developed a baseline study and a monitoring and evaluation tool that is used before the start of a new intervention. The research helps the GSP National HIV coordinator determine the church and community needs regarding HIV. The baseline survey provides a profile of the HIV situation against which impact and changes can be measured as the campaign is implemented.

4. Recommendation: Updating GSP materials and modules

Continually update the material package and create new modules. In addition, maximize the use of the resources on the Good Samaritan website for information sharing. Encourage learning by participation to avoid piracy. (Page 20)

Level of Compliance: Full

Rationale

Since the external evaluation in 2008, the GSP materials and modules have been updated to include a children's program package; a "Love, Sex and Marriage" module; "Take Charge," a Bible study for youth; and the "Gospel of Luke" with condensed HIV and AIDS information.

5. Recommendation: Learning and evaluation

Continue to emphasize learning and evaluation. These will help in the review and introduction of fresh ideas in the work environment to encourage coordinators, trainers and volunteers as a way of keeping enthusiasm high. (Page 20)

Level of Compliance: Full

Rationale

The HIV Service has consistently been adapting its support to ensure that learning and evaluation are incorporated in capacity building workshops, Joint Program Reviews, through the GSP website and the creation of peer regional trainers.

6. Recommendation: Systems for reporting, monitoring and follow-up

Introduce good systems for Reporting, Monitoring and Follow-up which can be used by all projects. (Page 20)

Level of Compliance: Full

Rationale

The development of adequate tools to measure impact has been on the HIV Service agenda since 2006, when the first pre- and post-survey tools for workshops were developed for use in the GSP. Continual refinement has improved its systems. Input has been received from users in Africa and donor agencies like SMC, Norad and Bible Societies involved in HIV work.

7. Recommendation: Staffing

Revisit ways of working given the present staff constraints. In addition, there will be need for more staff to cope with increasing demand and challenges, especially in finance and field activities. Provide training opportunities and study leaves for staff as means of empowerment. (Page 20)

Level of Complacence: Full

Rationale

The HIV Service has had to adapt to changing organizational structures within the UBS Fellowship, along with adding to its team. The additions of both Viola Kirongo as the program officer and Beatrice Gangouap as a program facilitator have grown the capacity of the HIV Service to address training demands. However, there is still the question of financial management, which needs to be addressed moving forward.

8. Recommendation: Adaption of the Program across the Fellowship

Encourage adaptation of the program by other countries outside Africa. (Page 20)

Level of Complacence: Not Applicable

Rationale

The compliance of this recommendation is not dependent on the HIV Service. The HIV Service has not hindered the adaption of the program across the Fellowship.

RECOMMENDATIONS

The following recommendations are divided into three categories:

1. The HIV Service
2. The Good Samaritan Program
3. Funding partners

HIV Service

The recommendations for the HIV Service are based directly upon the areas of support that are provided to nBS, as noted under the relevant recommendation. The GSP has been piloting in countries since 2004, with new countries joining each year. The role of support from the HIV Service should theoretically change over the course of the implementation of the program, with a plan established that, after a certain time period, the GSP coordinator should be able to perform core functions without the assistance of the HIV Service.

Capacity building

HIV Service Support: Capacity building through workshops, joint program review, peer training and project visits

The role of the HIV Service is to help ensure both strategic thinking and prioritization, while also providing capacity building (human, technical and emotional) to nBSs implementing the GSP. A strategic plan is recommended to measure effectiveness of capacity building efforts on a country level. The strategic plan should incorporate the progress of the nBS in terms of specific indicators, such as integration of the GSP within the nBS, financial reporting, cultivation of variety of revenue streams (domestic and international), cultivation of a wide network (churches, NGOs, government organizations and faith-based groups) and the competency level for the GSP coordinator in the key areas of reporting, data analysis, training, use of GSP tools (baseline survey, pre- and post-surveys) and program management.

Ideally, the HIV Service should be able to provide a report with set objectives for each country on capacity building. In addition, the HIV Service should be able to cater trainings specific to GSP National HIV coordinators based on their competency levels. As identified in the qualitative interviews with GSP National HIV coordinators, visits to the nBS offices proved to be more productive than large-scale workshops. Several GSP coordinators requested follow-up from the HIV Service after training to see if training on different concepts, such as gender mainstreaming, could be incorporated to fill a gap.

Sustainability and ownership

HIV Service Support: Sustainability and integration of the program within a nBS

One of the key insights gathered from the qualitative interviews conducted during the Joint Program Review was the sustainability of the GSP beyond external funding. Sustainability of the GSP is dependent on whether the program has been fully integrated into the national Bible Society. Integration, in this case, represents an internal ethos where learnings of GSP are shared across all of the programs of the nBS, with the general secretary advocating on behalf of the GSP with other key operations managers (such as the fundraising manager), and incorporating and communicating the GSP to the local and international donor base. While GSP National HIV coordinators are best equipped to communicate the program to their fellow colleagues, it would be more effective and influential if a formal presentation of the GSP was given by the HIV Service to executive leadership of the nBS (board of directors, general secretary, operations manager) as well as to the appropriate development and fundraising managers and key stakeholders within the church communities. Several of the GSP National HIV coordinators requested that the HIV Service provide this type of advocacy. Sustainability of the GSP is contingent upon the local church recognizing both the great need for a biblical-based curriculum and being able to provide support, whether financial or additional support, such as a free location or food for participants.

Behavioral surveillance survey

HIV Service Support: Monitoring and evaluation

A country level Behavioral Surveillance Survey (BSS) has not been implemented in countries that have participated in the GSP for more than five years. A BSS is a survey in which attitudinal and behavioral changes of community groups are monitored to show how an intervention (GSP) has impacted norms regarding HIV epidemic. Conducting a BSS raises the profile of the GSP, as well as those of the nBS, UBS and HIV Service. It shows how prevalence rates, norms regarding HIV within rural and urban settings, and the key involvement of faith-based communities have contributed to the UNAIDS strategy goals. GSI recommends a statically significant sampling of the 12 countries that have ongoing programs undergo a BSS conducted by an independent external evaluator.

Data analysis

HIV Service Support: Integration of program within the nBS and capacity building

Currently, any country level analysis that includes utilizing statistical software is done by the HIV Service. GSP coordinators in each country collate and analyze basic data points, such as

pre- and post-surveys and baseline survey results. These data points are utilized to describe behavioral changes in intervention communities. Data is manually collated with minimal use of electronic databases or analysis. In order to further empower the GSP at a country level, it is recommended that GSP coordinators or managers be trained in statistical software, connecting data points with country-wide information – along with storing data electronically and manually. Statistical software allows for real-time analysis and tracking of project goals for both internal and external narratives. It is recommended that data analysis be done at a country level by the GSP coordinator in order to equip the coordinator with the skill set and empower the nBS to own the results of the GSP in their respective countries.

Exit strategy

HIV Service Support: Strategic thinking and prioritizing and sustainability

One of the key issues of sustainability is an HIV Service exit strategy, in which the HIV Service works alongside the nBS to come up with a bare minimum budget for the GSP to continue operating in country, regardless of access to funds. Based on the qualitative interviews conducted with both the GSP coordinators and the general secretaries, printing costs and continued access to materials are main hindrances to long-term sustainability. An exit and sustainability strategy should address how nBSs can access funds that are allocated to the printing of GSP materials and the purchase of videos, etc.

Access to GSP materials

HIV Service Support: Material development and materials update for use in program

During interviews with GSP coordinators and general secretaries, a request was made to have access to GSP materials – both hard and soft copies. There has been a documented lack of coordination and communication between Bible Societies and GSP materials, for example Braille materials. Translations of the GSP materials should be listed on the GSP website, along with each nBS having both hard and soft copies of the materials. However, it should be noted that GSP materials are updated and this will require additional coordination to make sure that the nBS has the most recent version.

Peer regional coordinators

HIV Service Support: Capacity building

Peer regional coordinators are part of the empowerment strategy developed by the HIV Service. The concept of peer-to-peer training and sharing best practices is an excellent method of training and building community within the GSP. However, peer regional coordinators

mentioned a lack of direction, framework and expectations of their role within the GSP. Moving forward, it is recommended that a formal strategic document be provided to the regional peer coordinators with expectations of what is required of coordinators as they conduct trainings and visit countries.

Good Samaritan Program

Rural vs. urban focus

The Good Samaritan materials are geared toward urban settings, which have access to electricity and televisions. While this strategically positions GSP to deal with the high prevalence of HIV in urban cities across Africa, it limits the involvement of rural communities and churches.

Illiteracy

The issue of illiteracy and how rural communities in particular interact with the GSP materials was discussed several times in qualitative interviews with GSP National HIV coordinators and general secretaries. There is a potential opportunity for the GSP to partner with Faith Comes By Hearing and literacy programs run by the nBS.

Gender sensitive training

Training and participation in workshops (both centralized and decentralized) do not take into account gender dynamics. Mixed groups often affect people's willingness to participate. People often feel more comfortable in smaller and more homogeneous groups.ⁱⁱⁱ Gender sensitive training entails an understanding of existing gender relations and potential obstacles to women's active participation in the training process. Gender sensitive training also takes into account the needs, priorities and expectations of both women and men while planning, implementing and evaluating training activities in order to ensure that women and men receive equitable benefits from the learning process. The role of gender continues to be an issue of development effectiveness, not just a bias towards women. Evidence demonstrates that when women and men are relatively equal, economies tend to grow faster, the poor move more quickly out of poverty, and the wellbeing of men, women and children is enhanced.^{iv} The role of gender and gender roles play a prominent part in the GSP materials, but gender sensitive trainings and empowering the GSP coordinators to determine whether trainings, decentralized or centralized workshops should be divided by gender is not addressed.

Funding Partners

Clarification of roles

HIV Service Support: Coordination

While several of the documents provided the roles and responsibilities of both the HIV Service and funding partners, there are still discrepancies on the involvement and communication of each stakeholder. For example, each funding partner has a different set of expectations of communication levels, with one seeking specific details of capacity building workshops and the other not requesting any. Moving forward it is suggested that a review of the roles and responsibilities be conducted based on previous documentation, along with all parties coming to an agreement on the level of communication. It should be noted that the HIV Service is adhering to two different sets of funding agreements and different requirements; it is in the best interest of all stakeholders if a common and uniform set of roles and responsibilities is adapted for the HIV Service.

COUNTRY ANALYSIS

Introduction

GSI was able to conduct an in-depth analysis of the GSP program in two countries in Africa: Ethiopia and Burundi. The following is a comprehensive country analysis highlighting best practices in each country. The methodology used for the case studies, included semi-structured interviews with the GSP National HIV coordinator, general secretary and beneficiaries of the GSP. Additional methodology included conducting a SWOT analysis of the GSP in each country with the GSP coordinator and general secretary separately; a survey of the current services provided by the HIV Service to the GSP, and an organizational and project self-assessment.

Ethiopia

The work of the Bible Society in Ethiopia began in 1926 under the direction and support of the British and Foreign Bible Societies. In 1966, the Bible Society of Ethiopia was established, becoming a full member of the UBS in 1969. The work of the Bible Society has been centered on the vision of the organization: *to reach every Ethiopian with the Word of God, by being effective and efficient translators, publishers and distributors of the Holy Scriptures in Ethiopia.*^v

The GSP came to Ethiopia in May 2005, with the objective of creating awareness among church leaders and community leaders and stopping stigmatization and discrimination against PLHIV.

Additionally, the project sought to create awareness about HIV and AIDS and promote teachings that protect individuals from HIV and AIDS. At the core of the project is the encouragement of infected and non-infected individuals to provide a unified front against the spread of the virus and be an example to the nation of Ethiopia as “Good Samaritans.” Ethiopia has a rich Christian heritage, with more than 65 percent of the population identifying themselves as Christians. The GSP in Ethiopia provides unique materials based on biblical teachings that challenge Christians and non-Christians to take up the cause of the Good Samaritan.

The GSP has eight branch offices strategically located around the country – two in Addis Ababa, the capital of Ethiopia; and six others located in Hawassa, Dire Dawa, Mekele, Bahr Dar, Dessie and Jimma. Each office has a project coordinator who oversees the GSP activities in that region and reports to the national coordinator based in Addis Ababa.

Methodology

The methodology used for the country analysis combined the following: qualitative interviews with the GSP national coordinator, general secretary of the Bible Society of Ethiopia, the GSP National HIV regional coordinator for Addis Ababa, and a volunteer of the GSP, documentation review, SWOT analysis and a review of best practices in the sector of HIV and AIDS.

SWOT analysis of GSP in Ethiopia

A SWOT analysis is a structured planning method used to evaluate the Strengths, Weaknesses, Opportunities and Threats involved in a project or organization. A SWOT analysis is an integral part of the GSI research methodology and has proven industry results. A SWOT analysis allows for the identification of internal and external factors that are favorable and unfavorable to achieving the objectives of a project. In addition, a SWOT analysis provides an opportunity to gather best practices.

	FAVORABLE	UNFAVORABLE
INTERNAL	<p>STRENGTHS</p> <ol style="list-style-type: none"> 1. GSP materials 2. Good communication between 8 branches 3. High demand from community 4. Participation of PLWHA(s) 5. Strong volunteer base 6. Church leaders deeply invested in GSP 7. Communities are central to GSP 8. Strong leadership from national coordinator 9. Church partners are diverse in both size and denomination 	<p>WEAKNESSES</p> <ol style="list-style-type: none"> 1. Limited funds 2. GSP in Ethiopia cannot meet growing demand for program across the country 3. Reporting on impact is limited to funding requirements 4. Lack of partnerships with NGO
EXTERNAL	<p>OPPORTUNITIES</p> <ol style="list-style-type: none"> 1. Partnerships with para-groups and NGO addressing HIV/AIDS 2. Cultivation and encouraging local fundraising efforts 3. Connecting with the Anglican church in Gambela, Ethiopia 	<p>THREATS</p> <ol style="list-style-type: none"> 1. Economic and political threats 2. GSP materials imported 3. Access to funding

Strengths (Internal)

The internal strength of the GSP in Ethiopia is a well-equipped team of coordinators in the eight branch offices. The regional GSP coordinators are very experienced and qualified in community mobilization and the field of HIV. Although separated by distance, the GSP coordinators have maintained a group ethos and are constantly communicating with each other regarding process and best practices. The GSP in Ethiopia works across the three major denominations: Orthodox, Protestants and Catholics. Volunteers with the GSP in Ethiopia have previous experience in the field of HIV and have brought creative methods of engagement to the program – such as utilizing coffee ceremonies, a common cultural event, as a forum of

discussing HIV/AIDS. Communities are at the heart of the GSP in Ethiopia. Before an intervention begins in a community, its strengths are acknowledged and people are empowered to address HIV/AIDS. Communities decide where, when and by whom the GSP intervention takes place. The GSP in Ethiopia is grounded by the leadership and expertise of its national coordinator, Fasil Techana.

Weaknesses (Internal)

There is a significant demand for the GSP intervention across Ethiopia, but due to limited resources, including financial, the GSP team is unable to provide training to everyone requesting it. The GSP intervention in Ethiopia is limited to urban settings in the eight regions. The GSP team in Ethiopia wants to expand its network to include rural areas, but it is currently not equipped with the necessary resources or materials. The focus of the GSP is on training and workshops, leaving limited time to address the issues of sustainability and developing a strategy to generate income locally. Impact of the GSP intervention in Ethiopia is currently limited to specific indicators requested by funding partners. Actual impact of the intervention expands beyond the number of trainings of trainers and volunteers. The GSP team is not currently equipped to collect these additional impact figures and the incentive for collecting this internal information is low. GSP partnering organizations are primarily churches. The program is lacking partnerships with NGOs that provide additional care or prevention interventions, both faith-based and secular organizations.

Opportunities (External)

The greatest opportunity for the GSP in Ethiopia is its strategic approach to partnerships in the next two years, selecting both churches and NGOs that can bring a holistic approach to the HIV endemic in Ethiopia. Additionally, the GSP in Ethiopia has an opportunity to cultivate and encourage fundraising at a local level, challenging the notion that HIV interventions are only funding by external partners.

Threats (External)

The threats that could hinder the success and impact of the GSP in Ethiopia include:

- access to funding
- unstable political and economic states
- potential delays in interventions due to GSP materials being detained in customs

Moving forward, the GSP team in Ethiopia would benefit from a strategic document that outlines issues of sustainability and ways to mitigate potential threats to the program.

Recommendations

Creation of a central database

The GSP in Ethiopia has implemented a high level of monitoring, with hard copies of the baseline surveys and pre- and post-surveys held in the GSP office in Addis Ababa. However, analysis of results or the evaluation component needed for reports for funding partners is collected manually. The creation of a database would allow for a more systematic approach to analysis per region or district. A database would also encourage the ownership of monitoring and evaluation at the nBS level, versus an external funding requirement.

Partnering organizations

The GSP in Ethiopia has utilized and created an incredible network of faith-based organizations. However, in the partnership portfolio, there is a great need to partner with NGOs that are not necessarily affiliated with a denomination. These organizations would provide and link PLHIV with additional resources that churches are unable to provide. GSI has shared a list of potential partners with the GSP National HIV manager, Fasil Techana, with the intention of strengthening the network. Additionally, the GSP in Ethiopia is primarily conducted in urban settings vs. rural ones. This is a noted reality across the GSP.

Celebrate progress of GSP in Ethiopia

The GSP in Ethiopia has enjoyed great success, but that news has only been shared with volunteers and communities in a limited fashion. As materials for the GSP are updated to include recent HIV and AIDS figures, it is recommended that materials include specific program figures and highlight unique ways that volunteers have contributed to the program.

Burundi

Organized Bible work began in Burundi in 1906, with the Bible Society formed in 1975. The main purpose of the Bible Society in Burundi is to ensure the efficient and effective dissemination of the Word of God through religious materials and tools. Part of the mission is to help ensure that the Bible is accessible to all in Burundi. The GSP has been taking place in Burundi since 2006. In 2009, the Bible Society partnered with the Finnish Bible Society. The GSP in Burundi is focused on decreasing stigmatization and discrimination of PLHIV and equipping the church, across denominations, to address HIV through educational materials, workshops for different key groups and radio and television broadcasts.

Methodology

The methodology used for the country analysis combined qualitative interviews with the GSP national coordinator, general secretary and volunteers of the GSP (lay leaders, PLHIV and a

student), documentation review, SWOT analysis and a review of best practices in the sector of HIV and AIDS.

SWOT analysis of GSP Burundi

A SWOT analysis is a structured planning method used to evaluate the Strengths, Weaknesses, Opportunities and Threats involved in a project or an organization. A SWOT analysis is an integral part of the GSI research methodology and has proven industry results. A SWOT analysis allows for the identification of internal and external factors that are favorable and unfavorable to achieving the objectives. In addition, a SWOT analysis provides an opportunity to gather best practices.

	FAVORABLE	UNFAVORABLE
INTERNAL	<p>STRENGTHS</p> <ol style="list-style-type: none"> 1. GSP materials 2. UNICEF connection and funding 3. High demand from community 4. Participation of PLWHA 5. Strong volunteer base 6. GSP brand in Burundi 7. One language in Burundi 8. Long-term relationships established across communities in Burundi 9. Decentralized workshops are happening without support from nBS 10. Church partners are diverse in both size and denomination 	<p>WEAKNESSES</p> <ol style="list-style-type: none"> 1. GSP materials geared toward urban setting 2. Limitations of the GSP, including providing physical support 3. Budget constraints 4. Volunteers - constant process of recruiting and training 5. Length of training - participants want 5 days vs. 3 days
EXTERNAL	<p>OPPORTUNITIES</p> <ol style="list-style-type: none"> 1. GSP materials are unique for Burundi 2. Regional expert 3. UNICEF connection 4. Local church has donated facilities for GSP trainings 5. Potential partnership with the World Health Organization 	<p>THREATS</p> <ol style="list-style-type: none"> 1. Economic and political threats 2. Cultural barriers (gender roles) 3. Access to funding 4. Illiteracy rates in rural communities

Strengths

The GSP in Burundi has several foundational strengths, including the biblical-based GSP materials, monitoring and evaluation tools, support from the nBS, funding partners and HIV Service, and the strong participation of PLHIV. Some unique internal strengths of the GSP in Burundi are its partnership with UNICEF, a strong student volunteer base and its decentralized workshops that are produced without the support from the Bible Society. The GSP has existed in Burundi since 2006, and has been acknowledged as a unique program by UNICEF. Another of Burundi's internal strengths is the use of one language, and thus a common culture, long-term investment and relationship with the local communities, and a strong brand in Burundi.

Weaknesses

Internal weaknesses related to the GSP in Burundi are due to programmatic and organizational structures. The GSP assists in the area of IEC and its intervention is limited to these areas. It is unable to respond to needs for medical treatment or food. Burundi has experienced the limitations of the GSP in this way, noting the difficulties in only providing one type of intervention. Another programmatic weakness is the focus of GSP curriculum on urban settings, where access to electricity and televisions are prevalent. This limits use of the GSP multimedia package to urban locations. While the GSP in Burundi has a strong volunteer base, many of its volunteers are students who cannot volunteer once they have left school and secured a job. Volunteers must be constantly recruited and trained, which takes significant time.

Opportunities

There are several opportunities for the GSP in Burundi to further relationships with the national Anglican Church, UNICEF and the World Health Organization (WHO). After receiving training from the Bible Society on the GSP curriculum, many churches have created HIV departments that facilitate long-term care and support for PLHIV in their congregations. HIV departments allow for long-term relationships between the nBSs and churches, affording the seamless transfer of new modules within the GSP and training opportunities.

Threats

The external threats to the GSP in Burundi concern cultural barriers, potential economic and political threats, low literacy rates and sustainability issues. The greatest external threat to the GSP in Burundi is continued access to funding. The GSP coordinator in Burundi has noted that women do not express themselves during GSP training, which is a result of lack of access to schools, the role of women in church communities and additional gender roles. However,

women account for 50 percent of the participants in trainings. This presents both an external threat to the GSP in Burundi and an opportunity for it to facilitate change within church communities regarding gender roles. Burundi is a cash-poor nation, leaving people living under the constant threat of economic and political turmoil.

Recommendations

Gender sensitive training

GSP training and participation in workshops (both centralized and decentralized) in Burundi do not take into account gender dynamics. Mixed groups often affect people's willingness to participate. People are more comfortable in smaller and more homogeneous groups. As noted in the SWOT analysis, gender dynamics is one of the cultural barriers that prevent the participation of women in training and as volunteers in the program. As noted by the GSP team in Burundi, women often don't express themselves in training and are greatly influenced by cultural and biblical norms regarding their role as women. One recommendation suggests that during TOT, GSP develop gender sensitive training programs that educate the trainers on the role of gender, encouraging break-out sessions or even trainings to combine both mixed and homogeneous groups, based on the module of the GSP.

Creation of a central database

The GSP in Burundi has implemented a high level of monitoring, with hard copies of the baseline surveys and pre- and post-surveys. However, analysis of the results or the evaluation component is conducted as-needed for reports to funding partners and is performed manually. The creation of a database would allow for a more systematic approach to analysis per region or district. A database would also encourage the ownership of monitoring and evaluation at the national Bible Society level, versus an external funding requirement.

Human Rights-based Approach

The guidelines of the Ministry for Foreign Affairs (Finland) and the government's Development Policy Program require that a human rights-based approach be implemented in all development policy and development cooperation practiced by Finland. Based on these guidelines, GSI set out to determine the outcomes of the human-rights-based approach of the GSP in Burundi. The following reviews the human rights outcome, as articulated by the Ministry for Foreign Affairs, and how the GSP in Burundi aligns with outcomes. Methodology included qualitative interviews with the GSP coordinator, general secretary, church leader, PLHIV and a student volunteer, along with a documentation review and training observations.

Outcome: Accountability of the authorities

The GSP in Burundi is not limited to faith-based organizations and has had requests from government departments to conduct trainings on the program. To date, it has conducted trainings for military groups in Burundi and also police from the Ministry of Defense. The GSP challenges and creates awareness among authorities in Burundi regarding their obligation to uphold human rights.

Outcome: Strengthening the rights of the local population

PLHIV are at the core of the GSP in Burundi. Not only are they participants and volunteers, but they are also recipients of small loans that allow them to create businesses to generate income for themselves and their families. The GSP empowers these marginalized people to know their rights so they can participate effectively and meaningfully in making decisions that affect their lives. The roles and opinions of the communities in which the program is implemented are at the center of the program, constantly giving the community an active role in the implementation of the GSP.

APPENDIX 1: JOINT PROGRAM REVIEW

Individuals interviewed at the Joint Program Review in Lome, Togo, March 5-8, 2013¹

1. Immanuel Kofi Agamah, HIV Service Program Manager
2. Konstanse Raen, HIV Service Program Consultant
3. Beatrice Gangoup, HIV Service, Program Facilitator
4. Viola Korongo, HIV Service, Program Officer
5. Patrick Gondwe, GSP Coordinator, Bible Society of Malawi
6. Sphiwe Sengwenya, General Secretary, Bible Society in Swaziland
7. Ngcebo Mbuli, GSP Bible Society in Swaziland
8. Zandile Hlophe, GSP Bible Society in Swaziland
9. Estelle Akouegnon, General Secretary, Bible Society of Togo
10. Emmanuel Gnagnon, GSP Coordinator, Bible Society of Togo
11. Elizabeth Mabouri, GSP Coordinator, Bible Society of Cameroun
12. Luc Gnowa, General Secretary, Bible Society of Cameroun
13. Thomas Tharao, Bible Society of Kenya
14. Lynner Orengo, GSP Coordinator, Bible Society of Kenya
15. Simon Peter Mukhama, General Secretary, Bible Society of Uganda
16. Susan Anago, GSP Coordinator, Bible Society of Uganda
17. Neema Kiswaga, GSP Coordinator, Bible Society of Tanzania
18. Matleena Jarvio, Director of International Programs, Finnish Bible Society
19. Ashild Solgaard, Project Consultant, Norwegian Bible Society

APPENDIX 2: BURUNDI

Individuals interviewed in Burundi

1. Marjorie Niyungeko, General Secretary, Bible Society in Burundi
2. David Nzisabira, GSP Coordinator, Bible Society in Burundi
3. Belyse Inamariza, GSP Assistant Coordinator, Bible Society in Burundi
4. Jocelyne Bucumi, Head of the HIV Department at Pentecostal Evangelistic Fellowship of Africa
5. Theophile Njayiziga, GSP Volunteer, Burundi
6. Louise Ntakobangira, PLHIV, GSP Volunteer, Minevam Church, Burundi

¹ During the Joint Program Review in Lome, Togo, from March 5 to 8, the general secretary on Tanzania was not in attendance so no interviews were conducted. Additionally, due to time constraints, interviews with the Bible Society of Cote d'Ivoire GSP coordinator and general secretary, as well as the general secretary of Malawi, were not conducted.

APPENDIX 3: ETHIOPIA

1. Yilma Getahun, General Secretary, Bible Society of Ethiopia
2. Fasil Techana, GSP Manager, Bible Society of Ethiopia
3. Tsigereda Sijay, GSP Coordinator for Addis Ababa, Bible Society of Ethiopia

APPENDIX 4: TERMS OF REFERENCE

UBS Africa Area – HIV Service
Evaluation Terms of Reference (2010-2012)

Introduction

The Identity and Ethos document of UBS (World Assembly, Midrand, South Africa, 2000), defines the task of Bible Societies in the following way:

The world fellowship of national Bible Societies joins together, as the United Bible Societies (UBS), for consultation, mutual support and action in their common task of “achieving the widest possible, effective and meaningful distribution of the Holy Scriptures” should be carried out –

- in languages and media which meet the needs of people world wide
- in translations that are faithful to the Scripture texts in their original languages and which communicate the biblical message
- at prices people can afford,

and of helping people interact with the Word of God.

The Bible Societies seek to carry out their task in partnership and cooperation with all Christian churches and with church-related organizations.

The 2010 UBS World Assembly Seoul statement states, “We reaffirm the mission and mandate of the UBS as adopted at Midrand”.

The United Bible Societies (UBS) is the collective name for a fellowship of **146** individual Bible Societies working in more than 200 countries and territories. From wherever and however they operate, Bible Societies all share the mission of placing the Word of God in the hearts and minds of the people they serve.

Bible Societies are not affiliated with any one Christian denomination. They work to serve all Christian Churches and develop products and services appropriate to local needs. This includes Scripture distribution to churchgoers, literacy programs for those who cannot read, audio products for those with visual disability and Bible-based HIV and AIDS resources to respond to HIV and to support people PLWHV. This work is often conducted through partnerships with others. Special programs are developed for those in particular need, such as non-literate women facing abuse, single mothers, prisoners, orphaned children and their caretakers.

Bible Societies in Africa decided in 2002 to take up IEC initiatives related to HIV and AIDS as part of their mission. This initiative required a new strategy and a new structure. The existing UBS Service Organization was strengthened with additional resources and competence, and the HIV Service was established at the Area Center in Nairobi. The first GSPs were launched in Uganda and Cameroon in 2004. Since then the GSP has experienced rapid growth and today GSPs have and are being implemented at various levels in 24 sub-Saharan countries.

Purpose of Evaluation

The purpose of the evaluation is to document the extent to which funding from Digni through the Norwegian Bible Society – as well as that of the Ministry of Foreign Affairs of Finland through the Finnish Bible Society – helped to realize the objectives stated in an effective and relevant way and achieved the intended outcomes.

The objectives of the evaluation activities will be to evaluate:

1. Strategic planning, development of support programs, goals and achievements of HIV Service over the past three years.
2. HIV Service achievements against goals previously set with international donors
3. The effectiveness of the HIV Service in supporting nBS HIV programs
4. The impact of regionalization on the effectiveness of HIV
5. Those programs or services that require further development to increase effectiveness
6. The return on investment – specifically has the consumption of resources been commensurate with the results achieved? With the results desired by the funding Bible Societies?

The evaluation activities will contribute to learning experience from Norwegian and Finnish participation in international development cooperation, as well as the UBS HIV Service and the participating project countries. Different emphasis may emerge, due in part to the different objectives of the Norwegian and Finnish support.

It is preferable to conduct a joint evaluation for the Finnish and Norwegian Bible Society, since it will provide a more relevant picture, greater credibility and wider ownership of the evaluation's conclusions and recommendations.

Principles

The evaluation shall take into account the structures and processes put in place for this innovation program and the relationship between the program structures and HIV Service, funding Bible Societies and implementing bible societies. The evaluation shall produce strategic and operational recommendations for the future development of the HIV Service and the GSP. The recommendations shall be based on an analysis of factors that influence goal achievement and the results of the initiatives.

Program Objectives

Finnish support

The long-term development goal is to strengthen the involvement of churches in the HIV response in order to

- reduce the prevalence of HIV
- reduce stigma
- increase the integration of people infected, thus empowering communities to reduce poverty and other social ills and addressing non fulfilment of basic Human Rights and enhancing human dignity.

Specific objectives to be reached by the end of the project (end of 2013):

Objective 1:

Gender issues have been built in the current Good Samaritan approach through enhanced gender mainstreaming.

Objective 2:

The HIV Service has good quality IEC tools in place for a new module on family (“Love, Sex and Marriage”) and how to prevent HIV.

Objective 3:

The capacity for regional work has been built using selected national project coordinators.

Objective 4:

Strategies have been developed to deepen collaboration with local governments and foster their financial participation. Strategies have been piloted in selected countries.

Objective 5:

Revise and develop further the Take Charge (TC) concept involving teams from Francophone and Anglophone Africa, which will involve youth groups. A further aim is to make them aware of their rights according to the principles of non-discrimination.

Norwegian Support

The development goal is to strengthen the involvement of churches in the HIV response in order to reduce the prevalence of HIV, reduce stigma and increase the integration of people infected.

Specific objectives by 2014:

Objective 1:

The HIV Service has sufficient capacity to maintain and further develop the high quality of the UBS Africa HIV program.

Objective 2:

The HIV Service has good quality IEC tools in place for networking, outreach and measuring impact.

Objective 3:

UBS Africa has in place a strategic plan to get new countries involved, including strategies for sustained funding for both the HIV Service and the HIV country projects.

Evaluation Questions

Evaluation questions will be developed in the following three areas using a process oriented approach:

Structural level

1. To what extent has the HIV Service been able to serve nBS and their partners?
2. To what extent has the HIV Service coordinated and supported HIV activities within the UBS network?
3. How has the existing network in UBS been activated for HIV through the Good Samaritan intervention? What is the level of integration? How have relationships across the structures and partners been managed?

Human resources

1. Assess the ability of the HIV Service to build capacity at the local nBS level through workshops and visits. The evaluation should also assess the impact of the HIV Service's capacity building workshops on the coordinators and their work in the national program, as well as express their future expectations.
2. Assess whether local HIV project coordinators have been appointed and integrated into nBSs in countries setting up HIV programs.
3. Assess the use of nBS regional peer trainers in the GSP and its impact.

Target group

At the onset, this program aimed to strengthen the coordination capacity of the UBS Africa Area Service Center for the purpose of serving the nBS to improve their HIV work. When the UBS Africa Area Center ceased to exist in 2012, HIV Service became part of the UBS Global Mission Team.

1. Assess whether the HIV Service is meeting the task of coordinating the activities of all participating Bible Societies to build synergy among them.
2. To what extent is the HIV Service sharing strategies with project countries in stages, guiding and supervising the implementation and monitoring processes, and organizing evaluation sessions to help ensure the projects stay on track and accomplish desirable results.
3. Assess the ability of the HIV Service to provide the necessary training for staff in the project countries to help ensure quality performance.

Consideration should be given in the development of the evaluation questionnaire to the following areas of the program: relevance, effectiveness, impact, sustainability and efficiency.

Stakeholder Involvement

- Norwegian Bible Society
- Finnish Bible Society
- UBS Global Mission Team
- GSP Steering Group
- National Bible Societies implementing GSP

Methodology

The evaluator will describe and justify the methodology in a research proposal. The stakeholders will have input into the methodology. The evaluator will come up with a final research proposal. The evaluation will include short-, medium- and long-term recommendations.

Work Plan and Schedule

The work plan and schedule will be defined in the research proposal.

Reporting

The report structure will include:

Executive Summary:

Summary of the evaluation, with particular emphasis on main findings, conclusions, lessons learned and recommendations.

Introduction:

Presentation of the evaluation's purpose, questions and main findings.

Evaluated intervention:

Description of the evaluated intervention and its purpose, logic, history, organization and stakeholders.

Findings:

- Factual evidence relevant to the questions asked by the evaluation and interpretations of such evidence.
- Other relevant findings

Evaluative Conclusions:

Assessments of intervention results and performance against given evaluation criteria and standards of performance.

Lessons Learned

Recommendations:

Actionable proposals regarding improvements of policy or management addressed to the signing partner of the evaluation or other intended users in the short, medium and long terms.

Annexes:

Terms of reference, research proposal, methodology for data collection and analysis, references and list of background documents.

Evaluation Team

The evaluation manager shall make sure that the draft report is shared with partners signing the evaluation. The signing partner shall have sufficient time to read and comment. Then the evaluator will provide the final report.

Budget and Logistics

This will be determined between UBS Global Mission Team, the signing partners and the evaluator after quotations have been reviewed and a decision made as to the choice of evaluator.

Ownership and Confidentiality

The Norwegian Bible Society, Finnish Bible Society and HIV Service shall own the report. The report shall be distributed only by mutual agreement by the above-mentioned parties.

Review of the Evaluation

Management Response

Norwegian Bible Society, Finnish Bible Society and HIV Service will provide a Management Response to the evaluation.

Key Background Document

HIV Service position and strategy papers

1. HIV Service Position Paper 2012, updated March 31, 2012
2. HIV Service Position Paper Oct. 2009 final
3. Long-term HIV Service Dept Strategy 2010-13
4. Services to nBS by HIV Service
5. List of Capacity Building Workshops and Countries visited between 2008 and 2012

Applications, reports and agreement from the Norwegian Bible Society

1. Agreement HIV Service NoBS 2009-2011
2. 2010 Application HIV Service to Digni
3. HIV Service Digni application - 2012 work plan
4. HIV Service 2012 annual report - Digni support
5. Final HIV Service Audit report 2011 – Digni

Applications, reports and agreement from the Finnish Bible Society

1. 2011 report to FiBS on services to Burundi Cote d'Ivoire and Malawi

2. Agreement Regarding Development Cooperation final
3. Budget appendices 2011-2013 - HIV Service final 31052010
4. HIV Service 2011 annual narrative report - final to Ministry for Foreign Affairs
5. HIV Service Audit Report 2011 to Finnish BS
6. Project Plan HIV Service FINAL 310510

Evaluation documents

7. NOR_GSP_08_Organizational Performance Review_NORAD
8. Reflections around an Evaluation, Calle Almedal
9. United Bible Societies HIV Service Evaluation 2008 Final
10. UBS_HIV_09_Scripture Engagement in Africa by Lynell Zogbo

APPENDIX 5: METHODOLOGY

The research methods employed will be both qualitative and quantitative. Using GSI best practices of organizational evaluation and organizational effectiveness, including those developed by GSI with the Engstrom Institute for Organizational Excellence in collaboration with the Christian Leadership Alliance.

The GSI Research Analyst will:

- Review organizational agreements and evaluations, current and prior.
- Review financial statements.
- Identify stated, assumed or perceived expectations on the part of the HIV Service organization and the Bible Societies it serves.
- Conduct on-site interviews of HIV Service staff members
- Conduct interviews of selected staff members from participating GSP Bible Societies, as identified by the commissioning Bible Societies
- Conduct interviews of the Funding Group and HIV Steering Group representatives
- The GSI Research Analyst will be alert for contextual and cultural nuances, which are not necessarily communicated directly by the interviewees
- Identification of and comment on unanticipated findings

APPENDIX 6: CAPACITY BUILDING WORKSHOPS 2008 TO 2012

Capacity building workshops and nBS projects visited between 2008 and 2012

Joint Evaluation Workshops (JEW) and later the Joint Program Review (JPR)	Components of Capacity Building Workshops (not chronologically arranged)	National Bible Societies visited	Purpose of national Bible Society visits
2008 – Lome, Togo	Training in Baseline Research	Benin	<ul style="list-style-type: none"> • Consultations • Project preparation • Project launches and facilitation or guidance of initial ToT. • Coaching in GSP project management tools, use of intranet and office set up. • Interviews for recruitment of Project Coordinators with the Bible Society • ICT training • Information gathering • Project audits and support where necessary • Refresher training for coordinators on GSP teaching methods • Providing moral support and encouragement
2009 – Nairobi, Kenya	Development of Evaluation Tools	Burundi	
2010 – Limbe, Cameroon	Reporting (narrative and financial), Monitoring, Evaluation and Analysis	Gabon	
2011 – Arusha, Tanzania	How to teach the Youth Program (Take Charge) by the author	Cameroun	
2012 – Addis Ababa, Ethiopia	Practical Training for assuring good standards in training methodology for the GSP	Congo Republic	
	Sustainability (Exit) Strategies	Democratic Republic of Congo	
	Impact Assessment	Ethiopia	
	Peer Training (coordinators from Swaziland, Zambia, Sierra Leone and Malawi stayed after JEW to observe, learn and contribute to a ToT for churches in Yaounde, Cameroon.	Ivory Coast	
	OVC program	Kenya	

	implementation		during visits is very integral to everything done. Essential to give spiritual encouragement at the end of each visit so coordinators acknowledge their worth - affirmation
	Measurement tools development follow up training	Mali	
	Making use of research analysis in reporting	Namibia	
	Sustainability as an integrated part of our projects	Rwanda	
	IT and Website training	Senegal	
	Gender issues in HIV and AIDS	Sierra Leone	
	Human Rights approach to Gender and HIV	Swaziland	
	Gender-based Violence and HIV	Tanzania	
	Francophone training on OVC and evaluating outcomes	Togo	
	Gender ToT workshop for GSP HIV Coordinators	Uganda	
		Liberia	
		Madagascar	

ENDNOTES

ⁱ "Where is the Good Samaritan Today?" Position Paper for Africa 2012, produced by the UBS Africa Area HIV Service

ⁱⁱ Report available through the HIV Service

ⁱⁱⁱ Narayanasamy, N. (2009). *Participatory rural appraisal: Principles, methods and application*. Thousand Oaks, Calif.: Sage Publishing Ltd.

^{iv} World Bank (2001) *Engendering development*. Press Release. Washington: World Bank

^v From the Bible Society of Ethiopia, http://biblesociety-ethiopia.org/?page_id=220

