



Evaluation of Norwegian HIV/AIDS Responses

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**Synthesis Report
Executive Summary**

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Norad

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Executive Summary

This report is the synthesis of the evaluation of Norwegian support and response to HIV/AIDS¹ in the three African countries of Ethiopia, Malawi and Tanzania, and Norwegian contribution to international aid architecture at a global level. The year 2000 marked a shift in the Norwegian approach to HIV/AIDS, whereby the response to the epidemic was made a priority for Norwegian Development Cooperation. Norway's commitment to halt the epidemic led to the development of Norway's policy on HIV/AIDS and resources were channelled through a variety of organisations and programmes. Norway also interacted at all levels (global to community) and adopted inclusive, integrated and participatory approaches in tackling the epidemic.

The objectives of the evaluation were to:

- Assess progress towards key outcomes related to the national HIV/AIDS response
- Assess the factors affecting the outcomes (substantive influences)
- Assess key Norwegian contributions (outputs) to outcomes
- Assess the Norwegian partnership strategies
- Extract lessons learnt, findings and recommendations on how to enhance the development effectiveness of the Norwegian HIV/AIDS response at the country level

The approach adopted for the evaluation was both objective and participant oriented. Methods and tools selected helped structure discussions and elicited information from key stakeholders in the three countries and institutions at global level (a list of respondents is in Annex 2), and enabled triangulation of findings across different sources.

Evaluation Findings

Progress towards key outcomes

Progress made in the three countries studied was assessed based on five key outcome and three key impact indicators as defined by the United Nations Programme on HIV/AIDS (UNAIDS) for a generalised epidemic. Assessments were made using various national surveys, in particular, the Demographic Health Surveys (DHS).

Available data on the outcome indicators are not sufficiently complete to demonstrate clear trends. Some positive signs do emerge though. Improvements can be seen in two of the three countries for knowledge about prevention of HIV and age at first sex. Condom use has also increased in all countries, more so among men than women. Data about school attendance by orphans as compared to non-orphans suggest very low levels in the three.

Data on impact indicate positive though slight improvements in the extent of HIV infection among 15 to 24 year olds but well below the 25 percent reduction targeted by UNAIDS in 2005 in all three countries. Two countries report 70 to 80 percent of people still alive one year after starting Anti-Retroviral Therapy (ART). There are no data yet to show progress with the proportion of infected infants born to mothers with HIV.

Factors affecting the outcomes (substantive influences)

Aside from the underlying factors that fuel the epidemic and are documented in the three country reports, this evaluation has identified a range of other factors and challenges affecting an improved national response and the achievement of planned outcomes. These are categorised as: poor leadership and lack of commitment; ineffective coordination; lack of human resources and poor capacity in the sectors; increased focus on ART at the expense of other bio-medical responses; increased location of programmes and interventions in urban centres as compared to rural domains that house a majority of the people; challenges with

1. Human immunodeficiency Virus and Acquired Immunodeficiency Syndrome.

implementation of effective decentralisation; and poor capacity in implementing monitoring and evaluation.

Norway's contributions clearly supported national leadership of HIV/AIDS response by promoting and facilitating national coordination across sectors in line with the Three Ones. Norway also engaged in negotiations with other stakeholders to ensure that government takes the lead in policy and management of responses to the epidemic. In addressing the challenges of inadequate human resources, Norway has emphasised health sector capacity in the latter part of the period of this evaluation, an effort that is still on-going, and supported efforts both at global level to develop strategies and in the three countries to recruit and build capacity of human resources, especially in the health sector, in order to respond to the epidemic.

In tackling the challenges with Monitoring and Evaluation (M&E), Norway has normally being flexible and adaptive to the existing M&E systems and has not added to the transaction costs or reduced ownership in M&E. Despite Norwegian efforts and supports in tackling some of these challenges, none of the three countries attained the target set by UNAIDS for 2005.

Key Norwegian contributions to outcomes

There was no formal HIV/AIDS strategy developed for Norwegian support in the three countries, but Norway's strategy can be characterised as having the aim of engaging widely across prevention, care and impact mitigation to combat the epidemic. In Ethiopia, Norway is a small bilateral donor and the Organisation of Economic Cooperation and Development (OECD) Development Assistance Committee (DAC) official statistics show that annual disbursement increased from \$23.6m in 2000 to \$41.8m in 2006. In contrast, Norway has been a significantly large bilateral donor to both Malawi and Tanzania. The annual disbursement to Malawi increased fivefold over the period. The total volume of aid rose from around NOK 59 million in 2000 to over NOK 320 million in 2006; while the annual disbursement for Tanzania increased over the period from around NOK 309 million in 2000 to over NOK 483 million in 2006.

Norwegian resources to the three countries were channelled through multiple modalities including global instruments (the World Bank's Multi-country AIDS Programme (MAP) and the Global Fund for AIDS, Tuberculosis and Malaria (GFATM), the multilaterals (UNFPA² and UNICEF³), research institutes and Civil Society Organisations (CSOs). Aside from the financial contributions, the technical assistance provided (through multilaterals, research institutes and Non Governmental Organisations (NGOs)) has contributed to the capacity development of stakeholders in the country. Analysis of the intervention logic in the three countries indicates that the various channels have contributed to the outputs and outcomes especially in terms of possible reduction in prevalence rates and mitigating impacts of the epidemic.

The Norwegian partnership strategies

No formal partnership strategy has been developed by Norway for the various partners engaged at country and global levels. Partnership arrangements at country level were *ad hoc* and based on joint working in the context of international treaties and demand responsive approaches. This reflects broad engagement with various partners. The diversity of partners is a defining characteristic of Norway's programme. Partners see Norway as being flexible and demand responsive which enables them to take an independent view of problems and respond according to the need rather than follow a headquarters-defined agenda.

Linkage of Norwegian contributions and progress at global level and in the three African countries

There is no formal strategy regarding the choice between the various channels of support but deciding factors are developmental goals and countries' own efforts in combating the epidemic. At global level, Norway's main strategy is aimed at ensuring improvements to the international aid architecture through active engagement with different actors to ensure that aid flows contribute to impact to halt the epidemic. This effort has contributed positively to

² United Nations Population Fund.

³ United Nations Children's Fund.

improved and coordinated global aid architecture and organisation reforms that have led to improvements in fragmented responses to HIV and AIDS.

Norway's actions at country level followed a pattern that is coherent with global actions that involved support to several distinct strands such as implementation of global policies, national strategies, broad support to multilateral agencies, NGOs and research institutes. Norwegian support to HIV/AIDS accorded priorities to programmes and interventions that promoted institutional capacity building, targeting vulnerable groups, collaboration among partner organisations and responding to gender issues and poverty dimension of the epidemic. All these are in line with global commitments and national strategies that contributed to the progress made in the three countries, even though there is paucity of data to ascertain the actual progress.

Issues and lessons learnt

Lessons that emerged from the evaluation are related to issues that require further attention in halting the epidemic. They include:

- Willingness to support national responses may lead to less visible results in terms of the Norwegian contribution. But overall, it is likely to lead to greater impact.
- To combat the epidemic effectively, global policies and strategies must be translated comprehensively into actions at country level.
- Norway has been responsive, and willing to take risks and engage with issues in advance of other donors.
- A multisectoral response requires mainstreaming. Experience here has not yet been effective, often reflecting severe shortages of capacity.
- Norway is regarded as a flexible, realistic partner with strong values. But a lack of strategy on partnership relations undermines setting priorities.
- Success at promoting aid harmonisation has not been extended to the coordination of work by NGOs and their alignment with national plans.
- Norway has limited staff capacity to engage at country level yet now faces higher demands as more implementation works through sector and pooled funding mechanisms.

Recommendations

There is the need to continue support through the multiple channels as engagement at various levels is required for combating the epidemic. Norway should be proactive in enhancing connectivity of programmes and strategies.

Strengthen leadership and coordination of programmes at all levels. This could be linked with Norway's good governance programmes in the countries.

Support the review of the Global Health Sector Strategy (GHSS) and engage with other partners for full implementation at country level. The components of the GHSS are relevant and would address some of the issues arising from the evaluation in the three countries.

Ensure broader and more formal approach to strategy development in tackling the epidemic.

Continue support to civil society organisations considering the important roles they are playing especially in covering hard to reach areas and vulnerable groups.

Provide support to HIV mainstreaming in order to ensure a true multi-sectoral response which is required to tackle the epidemic effectively.

Work with other partners to address weak monitoring and evaluation systems in the countries.

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