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## **ABOUT THE EVALUATION**

**Evaluation year: 2006/2007**  
**Conducted by: Dr. Agnes Aboum**  
**Country: Global**  
**Region: Global**  
**Theme/DAC sector: 130.40**

## **SUMMARY OF THE EVALUATION (maximum 2 pages)**

**Title of Evaluation Report:** *The Global Evaluation of NCA's HIV and AIDS work. The Global report*

### **Background:**

This evaluation covers the period from 2002 to 2006, and aims at – among other things – to evaluate NCA's strategies and impacts of our HIV and AIDS response in the aftermath of the TV-campaign in 2001 ("The power of life"). The NCA Global Strategic Plan for 2005-2009 specifically states that the thematic priority called "*Faith Communities Address HIV and AIDS*" should be the focus of an evaluation in 2006.

### **Purpose/ Objective:**

A major motivation for the evaluation was a commitment to the principles of accountability and transparency. Another important reason is to enhance documentation of lessons learned to increase organisational learning. The ToR for the evaluation outlines the following goals for the process:

#### Goal 1:

Assessment of documented experiences, achievements and results of NCA's work on HIV and AIDS, with a special focus on how Faith Based Communities address HIV and AIDS in order to reduce stigmatisation and discrimination and their contribution to prevention, care and advocacy.

#### Goal 2:

Analysis and recommendations on future Right Based Programming of HIV and AIDS work, with a special focus on how Faith Based Communities can respond more effectively to the pandemic through choices of strategies and partner relations.

#### Goal 3:

Analyse and assess how relevant factors in the internal and external contexts have influenced NCA and NCA's cooperating partners' HIV and AIDS work and how NCA's specific contribution has informed and influenced the context.

### **Methodology:**

This global report is a synthesis of the main findings of five sub-regional evaluations; 1) Eastern and Southern Africa 2) Central America 3) Southeast Asia 4) Eastern Europe-Russia & Global ecumenical partners 5) Norway & International Alliances. Five sub-regional teams

carried out the sub-regional evaluations. In addition to this, there was a “Global team”, comprising of the Team Leaders for each sub-evaluation team. The Global Team was responsible for feeding into the work of Dr. Aboum on this Global report. The methodology applied in all the sub-regional evaluations was participatory and it included literature review, focused group discussions and key informant interviews.

### **Key Findings:**

The key findings can be summarized as follows:

- NCA’s focus on faith communities has been a strategic success and should continue. This was a main finding in all regions.
- NCA should strengthen its implementation of gender mainstreaming into all HIV and AIDS programmes. NCA does not perform particularly poor on this issue, but there is a noted discrepancy between high ambitions at policy levels and what is actually performed at program levels.
- Some key concepts need to be better explained and elaborated to both staff and partners (e.g. “Rights Based Approach” and “mainstreaming”)
- There is a need for better and more systematic monitoring of programmes and also more baselines studies. This is needed to improve the effectiveness and accuracy of future evaluations.
- NCA’s staff situation will be a major challenge in the near future: Partners clearly signalled that NCA’s main contribution was not necessarily the financial support, but more importantly the professional back-up and strategic exposure to and cooperation with a variety of networks, alliances and other actors. If the number of earmarked HIV and AIDS staff continues to decrease, this added value might be endangered.

### **Recommendations:**

- A continued alertness in terms of choosing the *strategically right* faith based partners is key if the current positive trend of NCA actually influencing the international faith based scene shall endure.
- More training on practical mainstreaming (of gender into HIV programmes, but also of HIV into other programmes) is needed and should be carried out in a systematic way
- More dialogue and training of staff and partners on key concepts should be implemented. Theological reflection around these concepts (how these concepts can be related to theology) could be one major entry point to this.
- NCA should develop a better framework for simple but accurate long-term monitoring of (at least) selected projects/partners.
- NCA needs to go look at the staff situation globally, and find ways of securing the needed knowledge and capacity to support partners.

### **Comments from Norwegian Church Aid (if any):**

The evaluation process was quite complex and demanding due to its nature (covering several regions, using multiple teams). Putting together this global synthesis was also quite demanding and time consuming. Merging the five sub-evaluations into one synthesis was not an easy task since the sub products were produced by different teams with slightly different approaches to the ToR. Even finding competent people to staff all the different sub-teams was quite demanding. The end results do however show that NCA has indeed chosen a relevant and strategically sound course for our HIV and AIDS work, which of course makes the ordeals of the process worthwhile.



# **NORWEGIAN CHURCH AID**

## **THE GLOBAL EVALUATION OF NCA HIV AND AIDS WORK**

### **GLOBAL REPORT**

**BY**

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**Nairobi, Kenya**

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## ACRONYMS & ABBREVIATIONS

<b>ABC</b>	Abstinence, Be faithful, Condoms
<b>ACT</b>	Action by Churches Together
<b>AIDS</b>	Acquired Immuno Deficiency Syndrome
<b>ANERELA</b>	African Network of Religious Leaders Living with or personally affected by HIV /AIDS
<b>ARV</b>	Anti-Retro-Viral
<b>ART</b>	Antiretroviral Therapy
<b>ATEM</b>	Association for Theological Education in Myanmar
<b>BCC</b>	Behavioural Change Communication
<b>BEACON</b>	Bulding Eastern Africa Community Network
<b>CARITAS</b>	Catholic Relief, Development and Social Service Organisations
<b>CBC</b>	Community Based Care
<b>CCM</b>	Country Coordination Mechanisms
<b>CEC</b>	Conference of European Churches
<b>CSO</b>	Civil Society Organization
<b>DM</b>	Disaster Management
<b>DMD</b>	Department for Mission and Developmet (LWF)
<b>DWS</b>	Department for world servic (LWF)
<b>EAA</b>	Ecumenical Advocacy Alliance
<b>ECHO</b>	European Commission Humanitarian Office
<b>EHAIA</b>	Ecumenical HIV/AIDS Initiative Africa
<b>FBO</b>	Faith Based Organization
<b>FGM</b>	Female Genital Mutilation
<b>FOCCISA</b>	Fellowship of Councils of Churches in Southern Africa
<b>GEA</b>	Gender Empowerment Assessment
<b>GFATM</b>	Global Fund to fight Aids, Tuberculosis and Malaria
<b>GNP +</b>	Global Network of People Living with HIV and AIDS
<b>GSP</b>	Global Strategic Plan
<b>HAGA</b>	HIV/AIDS & Gender Assessment Manuel
<b>HBC</b>	Home Based Care
<b>HIV</b>	Human Immuno Deficiency Virus
<b>IEC</b>	Information Education and Communication
<b>IDP</b>	Internally Displaced Person
<b>IDU</b>	Injecting Drug Users
<b>KAP</b>	Knowledge, Attitude and Practises
<b>LFA</b>	Logical Framework Approach
<b>LWF</b>	Lutheran World Federation
<b>MAP</b>	Multi-country AIDS Programme
<b>MCC</b>	Myanmar Council of Churches
<b>MDGs</b>	Millennium Development Goals
<b>NAV</b>	Nordic Assistance to Vietnam
<b>NCA</b>	Norwegian Church Aid
<b>NGO</b>	Non Governmental Organization

<b>NORAD</b>	Norwegian Agency for Development Cooperation
<b>OI</b>	Optimistic Infection
<b>OVC</b>	Orphans and Vulnerable Children
<b>PEPFAR</b>	US President's Emergency Plan for Aids Relief
<b>PLWHA</b>	People Living with HIV or AIDS, People Living with HIV and AIDS
<b>PDA</b>	Population and Community Development Association
<b>RBA</b>	Rights Based Approach
<b>RBD</b>	Rights Based Development
<b>ROC</b>	Russian Orthodox Church
<b>RRT</b>	Russian Round Table
<b>TOT</b>	Training of Trainers
<b>UN</b>	United Nations
<b>UNAIDS</b>	Joint United Nations Programme on HIV and AIDS
<b>UNGASS</b>	United Nations General Assembly Special Session
<b>UNICEF</b>	United Nations Children's Fund
<b>VCT</b>	Voluntary Counselling and Testing
<b>WACC</b>	World Association of Christian Communicators
<b>WARC</b>	World Alliance of Reformed Churches
<b>WCC</b>	World Council of Churches
<b>WHO</b>	World Health Organization
<b>WTO</b>	World Trade Organization
<b>WYWCA</b>	World Young Women Christian Association
<b>ZACH</b>	Zambian Association for Christian Health

## Acknowledgements

This report of NCA Global HIV and AIDS evaluation is the product of concerted efforts by teams of evaluators and an extensive collaboration of many individuals and organizations who are partners, beneficiaries and staff of NCA. Thus, the Global Evaluation Team (GET) wishes to thank everyone who contributed to the successful completion of this evaluation process.

GET is deeply indebted to the people living with HIV and AIDS (People Living with HIV or AIDS), affected family members, volunteers, housewives, elderly people, youth, ex-drug users, community leaders, priests, pastors, sisters, monks, health workers, NGO activists, activity managers, and government officials who kindly spared their time to provide valuable information and insights without which this report would have been impossible. The enthusiasm and commitment shown by a wide range of people interviewed in all the regions are truly inspiring and a building stone for future NCA HIV and AIDS work.

The team is grateful to the NCA's Head Office (HO), country and regional office members of staff for willingly sharing their achievements, challenges, as well as observations and suggestions. Their boundless energy and dedication are indeed impressive.

Last but not least, as a team leader my gratitude is to the evaluation teams and their leadership for all the noble efforts made even under difficult circumstances. And also to the NCA's HO staff for their commitment to the process and valuable logistical and professional support and understanding afforded me and the rest of the team members.

Without everyone's contribution and wholehearted support, this evaluation would not and could not have been accomplished.

## Disclaimer

All opinions and conclusions expressed in this report are those of the authors and do not necessarily represent those of the Norwegian Church Aid.

# EXECUTIVE SUMMARY

## Global Evaluation Report

Contained in this report is a synthesis of major findings of five sub-regional evaluations. The evaluation focused on five regions namely; Eastern and Southern Africa, Central America, Southeast Asia, Eastern Europe-Russia and Global ecumenical partners.

## Evaluation Methodology

The methodology applied in all the sub-regional evaluations was participatory and it included literature review, focused group discussions and key informant interviews.

## General Global Context

### **Socio-Economic Trends**

More resources are now available for HIV and AIDS work unlike some years ago when the NCA started work on this issue. These resources are mainly from multilateral and bilateral sources for example, US President's Emergency Plan for Aids Relief (PEPFAR) and MAP as well as private funds such as Bill and Melinda Gates Foundation. Poverty is generally rampant especially in countries of the South, fuelling the spread of HIV and AIDS as well making it difficult for governments to access and allocate adequate resources. With the Iraq war resources meant for social development are diverted for security purposes.

### **Political Trends**

A gradual but increasing political will to address the epidemic by world leaders is evident. Among the Millennium Development Goals (MDGs), HIV and AIDS is goal number 6 and the commitment of the global community is to reduce communicable diseases such as HIV and AIDS, Tuberculosis and Malaria. Besides the MDGs the Declaration of Commitment adopted in September 2000 at the United Nations Assembly Special Session (UNGASS) in New York gave clear directives on how leaders should respond to the pandemic globally, regionally and nationally.

### **HIV and AIDS Situation**

The disease has shifted from being confined purely to homosexual men to general heterosexual population. From an initial concentration of the epidemic in sub-Saharan Africa, today it is largely global and spreading very fast in Central and Eastern Europe as well as Southeast Asia. To-date about

65 million have been infected with HIV and AIDS has killed more than 25 million people. In spite of the spread of the pandemic to other regions, sub-Saharan Africa remains the most affected region of the world.

## Regional Specific Features

### **Socio-Economic Trends**

Poverty is a common feature in all the five regions where the evaluation was conducted. In most cases poverty is feminized. Another trend is migration of people and trafficking of women as sex workers. While migration features clearly in Central America, trafficking of women sex workers is more rampant in Southeast Asia. A phenomenon observed in Russia and Southeast Asia is one of Injecting Drug Users as a group that is highly vulnerable besides sex workers. Gender is a determining factor in the prevalence of HIV since most women remain disempowered in many respects concerning human sexuality. In many countries, Country Coordinating Mechanisms (CCMs) and National AIDS Committees are established or in process of being established and many FBOs and NGOs will in future have to network with their governments at the national level and access resources at this level. The challenge however, is for regional based

### **Political Trends**

Many countries of the South are experiencing the opening up of democratic space. However, challenges of management of transitions in post conflict situations pose grave concerns for sustained democratization processes. It is also essential to note that there are countries where democracy is yet to be attained. Such undemocratic situations for example in Southeast Asia and some countries in Central America impact negatively on human rights and in particular the rights of People Living With HIV or AIDS.

## Evaluation Findings

### **Ecumenical Cooperation**

Work around HIV and AIDS has improved ecumenical cooperation in Africa and to some extent Central America and Eastern Europe. Some of the programmes of **(EHAIA)** go beyond traditional ecumenical structures to include all other interested Christian churches. WCC Round Tables in the respective regions convene many actors who share experiences and best practices.

## **Inter-Faith Approach**

This approach has emerged strongly in Southeast Asia and to a limited extent in Africa. Inter-faith dialogue is at an embryonic stage in Eastern Europe. It is worth noting that NCA's role in the AIDS 2004 Conference in Bangkok gave a boost to inter-faith approach. In Bangkok, NCA provided leadership in the organization of an inter-faith conference on HIV and AIDS at which most organizations participated.

## **FBO Strategy**

NCA's FBO strategy in the Global Strategic Plan was intentional, recognizing both potential harm and the positive impact that FBOs do and can make in addressing HIV and AIDS. In this respect, NCA's FBO strategy has been a major success except in some countries where the Church remains slow in terms of pro-active engagement with HIV and AIDS issues. All sub-evaluations indicate that NCA achieved putting the HIV and AIDS on the agenda of FBOs. The FBO approach also worked because of intensive capacity building interventions by NCA.

However, the concept of FBOs whilst sound and necessary, evaluation findings note that it requires further definition and refining in terms of criteria of who qualifies as an FBO and whether all FBOs can partner with NCA in HIV and AIDS work.

## **Approaches/Process**

Most of NCA approaches for example, Rights Based Approach (RBA), Logical Framework Approach (LFA) etc., have been applied and worked to different degrees in different countries. Mainstreaming HIV and AIDS in emergency response for instance, has not borne the expected fruits. Moreover, emergency response if it is on a very short term basis as was the case in Russia, does not easily lend itself to mainstreaming HIV and AIDS. Integration of HIV and AIDS in programmes is taking root in most regions with the exception of Russia where NCA does not have long term development programmes.

## **Participation**

Participation is an indicator in the Global Strategic Plan (GSP) and according to evaluation findings, through capacity building interventions, most People Living with HIV or AIDS, participated in support services. In Southeast Asia they were engaged at policy level beyond accessing support services. Findings from Central America indicate that People Living with HIV or AIDS still face many challenges concerning participation. Churches and faith communities are slowly but surely opening space and providing opportunities for People Living with HIV or AIDS. Organization of men and especially clergy

living with HIV and AIDS in Africa has boosted the participation both of People Living with HIV or AIDS and churches. As more clergy people living with HIV or AIDS declare their status, churches have also increasingly engaged in the fight against the pandemic.

## **Equity**

Another indicator in the NCA GSP is equity. Promotion of equal access to Voluntary Counselling and Testing (VCT) and treatment is evident in some regions while in others hurdles obtain. Evaluation findings noted that it is not easy for men and women to access VCT and treatment mainly because of stigma and discrimination. While stigma and discrimination are on the decline, they still impact negatively access to treatment, VCT services etc. It is evident from the findings that men are not fully participating in the provision of care and support as this remains a women's domain. Women empowerment activities are on the rise in Southeast Asia and through NCA partner organizations in Africa and global ecumenical institutions such as the LWF.

## **Protection**

Like participation, equity, protection is the third indicator in the GSP. The link between Human Rights and HIV and AIDS is relatively new. Therefore, in many contexts, the rights of People Living with HIV and AIDS have tended to be blatantly violated. However, through NCA support some partners managed to promote rights for certain groups in Southeast Asia and Africa. The notion of rights and RBA in particular, while important for securing the dignity of People Living with HIV and AIDS requires more work not least among churches. Although churches understand the centrality of human dignity, they have not interacted sufficiently with the concept of Human Rights and Human Dignity in the context of HIV and AIDS which is directly linked to human sexuality whose discussion may be a taboo in many societies.

## **NCA's Value Added**

NCA has provided to partners sustained capacity building and technical support as well as exposure visits and participation in conferences at global, regional and national levels. NCA has promoted the visibility of FBOs and partners; provided funding and linkages with other agencies. NCA has during the period under review, been consistent and through provision of resources-financial, infrastructure and human, enabled FBOs to work more than before with HIV and AIDS concerns.

## Performance

Performance of NCA is according to the findings commendable in spite of the challenges discussed in the report. Many FBOs and partners would never have started work on HIV and AIDS were it not for NCA. A case in point where NCA in put has created synergy is the Ecumenical Advocacy Alliance (EAA) which is a platform for advocacy that needs to continue as it gathers key CSO stakeholders.

Overall recommendations for NCA include policy advocacy, programming, quality enhancement, alliance building, and resources mobilization, as can be summarized here-below:

NCA should continue and strengthen its advocacy role, with particular emphasis on advocacy for integration of Community Based Care/ Home Based Care (CBC/HBC) with hospital care and treatment. It should also promote comprehensive care in and for governments and other agencies/actors to scale up the effective models and approaches that NCA has supported with its partners, and for comprehensive approaches to preventing HIV and AIDS.

NCA should continue and enhance work on faith-based approach, and ensure that it is closely linked to other approaches such as the empowerment of People Living with HIV and AIDS, multi-sectoral collaboration, comprehensive care, and interfaith initiatives. Given the limited knowledge and implementation of a RBA, NCA should intensify efforts to promote and practice the concept both at Head Office level in Oslo and among the partners. Regarding the three indicators, there is need to advocate for their knowledge and foster the practices of equity, participation, and protection of vulnerable and marginalized populations such as IDUs, Orphans and Vulnerable Children (OVC), sex workers, migrants, IDPs, cross-border populations, prison inmates, and men who have sex with men.

On the level of strategy, it is imperative that building of strategic alliances is improved, with more emphasis on reaching out to various faiths including facilitation and promotion of interfaith collaboration and programming; capacity building is increased; build closer alliances with service-providing sectors to ensure provision of necessary resources such as funds and medicine (OI prophylaxis, ARV, etc.) for NCA partners and target groups in the respective countries especially in South East Asia and Africa

The HIV and AIDS pandemic manifests a gender dimension as illustrated by the evaluation findings. Therefore, efforts to promote gender awareness by NCA should be stepped up. Programme interventions need to ensure more active roles of men in HIV and AIDS prevention, care and support.

Acknowledging that NCA has registered quality performance, in order to enhance and sustain it, there is need for continued capacity building for staff

at Oslo, regional and country levels to ensure that staff are updated in their knowledge and skills in the fast-changing world of AIDS work. Enhancement of quality of should also be through, promoting more systematic measurement and self-assessment by staff and partners, ensuring that evaluation become a learning process for NCA regional and country staff, promoting knowledge management at all levels including documenting good practices and lessons learned on the various models promoted and practiced, and making efforts to retain experienced staff at regional and country offices who are important human resources essential to the success of NCA's programmes, while also fostering the growth and continued development of new staff at various levels.

NCA should intensify efforts to mobilize resources through diversifying sources of funds, building greater capacities for regional and country offices to mobilize resources by themselves and providing technical/lobbying/networking support as necessary, and maximizing existing human resources among partners and the community of AIDS activists at country and regional levels.

# SECTION I: GLOBAL AND REGION SPECIFIC CONTEXTUAL FRAMEWORK

## 1.1 THE GLOBAL CONTEXT AND TRENDS

### 1.1.1 Socio-Economic Trends

Remarkable shifts are visible globally as it pertains to available resources and funding levels towards HIV and AIDS work. The establishment of the Global Fund to fight AIDS, Tuberculosis and Malaria (GFATM) in 2002 is a major instrument meant to facilitate governments, NGOs FBOs etc to address HIV and AIDS. In 2006, GFATM disbursed \$44 billion to projects in 28 countries. Additional to the GFATM, a number of other resource mechanisms are currently in place. These types of instruments include the USA President's Emergency Plan for AIDS Relief (PEPFAR), Bill Clinton Foundation, the Bill and Melinda Gates Foundation, the World Bank's Multi-country AIDS Programme (MAP) etc.

A relatively new phenomenon geared especially towards addressing poverty and HIV and AIDS in Africa is celebrities like Bono who are taking individual initiatives through DATA, the Red Campaign etc. It is however, essential to note that there are some variations in the methodology of response particularly on prevention by a number of the organizations. Further, although more resources are now available, unfortunately, most of these resources are inadequate given the magnitude of the problem and it is also questioned whether indeed these resources are reaching the affected and infected people as required given based on observations from the grassroots level.

### 1.1.2 Political Trends

During this period under review, major political trends with direct implications on the fight against HIV and AIDS are noted. To begin with, a gradual but increasing political will to address the epidemic by world leaders is evident. Among the Millennium Development Goals (MDGs), HIV and AIDS is goal number 6 and the global community is commitment to reduce communicable diseases such as HIV and AIDS, Tuberculosis and Malaria. Besides the MDGs, the Declaration of Commitment adopted in September 2000 at the United Nations Assembly Special Session (UNGASS) in New York, gave clear directives on how leaders should respond to the pandemic globally, regionally and nationally. The declaration also recognizes the grave threat that HIV and AIDS poses to human development and human rights

and calls for urgent partnership of all stakeholders such as recognized – governments, FBOs, NGOs and private sector (UNGASS 2001)<sup>1</sup>. Worth noting however, is the fact that the destruction of the World Trade Centre shifted attention from development related issues like HIV to security and war against terror and thus diverting attention of some world leaders away from HIV/AIDS.

### 1.1.3 HIV and AIDS Situation

From an initial concentration of the HIV and AIDS epidemic in sub-Saharan Africa, today it is largely global and growing very fast in Central and Eastern Europe as well as Southeast Asia. According to UNAIDS report of 2006, about 65 million are currently infected with HIV and 25 million have died since 1981. Table 1 below presents the global HIV and AIDS situation. Another remarkable phenomenon is the gender aspect of HIV and AIDS that bears a female face globally. According to statistics, in spite of initial prevalence rates being high among men, women tend to quickly surpass men. This is becoming the trend in many countries of Eastern Europe. Statistics indicate that HIV and AIDS thrives where poverty is rampant and likewise, where HIV and AIDS prevalence rates are high, poverty tends to prevail<sup>2</sup>.

**Table 1: Global HIV and AIDS Facts**

<b>Numbers</b> (in millions)	<b>Category/Time</b>
25.000	Dead since 1981
40.300	Living with HIV and AIDS
3.100	Died in 2005
0.500	Children under 15 years died in 2005
0.006	Children orphaned daily
4.900	Became infected in 2005
0.700	Newly infected

Source: UNAIDS -2005

As indicated earlier, UNAIDS report for 2006 shows a very high number of people living who have been infected with HIV (65 million); indicating a global crisis for human development that requires concerted efforts of all key players. Moreover, in 2005 alone, over 3 million died of AIDS and the number of children orphaned on a daily basis is over 6,000. Indeed, the world is faced with a huge population of vulnerable children that will be raised in ways that have hitherto not happened and the question is: What adults will the world have in future when children are currently raised by other children? What adults are we raising when children are surrounded by death as they see their parents, guardians and grandparents die? What adults will the world have when children raised to day have little support of community life, when communal ethics are eroding fast and when what is traditional known as the family and social fabric of society is dissipating fast? What does it mean for a grandparent to raise grandchildren as they

experience the loss of their own children and therefore their social security and the safety valve? The statistics of deaths, infection and orphans are about people, about life situations that have a bearing on community life today and tomorrow. Therefore the evaluation notes the grave situation facing the global community and implores on NCA and other actors to sustain an environmental analysis and monitor the changing dynamics of the pandemic with a view to enacting viable and relevant programmes.

## 1.2 Region Specific Contexts

In the five sub-evaluations, findings affirm the general common trends above stated but they also show specific contextual issues as well as the current situation of HIV and AIDS including the response of NCA and its partners. Table 2 shows the regional spread of HIV and AIDS by 2005 according to UNAIDS

**Table 2: Regional HIV and AIDS Statistics**

	People living with HIV (in Millions)	New Infections 2005 (in Millions)	AIDS deaths (in Millions)	Adult prevalence %
Sub-Sahara Africa	24.500	2.700	2.000	6.1 %
Asia	8.300	0.093	0.600	0.4 %
Latin America	1.600	0.140	0.059	0.5 %
North America, Western and Central Europe	2.000	0.065	0.030	0.5 %
Eastern Europe and Central Asia	1.500	0.220	0.053	0.8 %
Middle East & North Africa	0.440	0.064	0.037	0.2 %
Caribbean	0.330	0.037	0.027	1.6 %
Oceania	0.078	0.007	0.003	0.3 %
<b>Total</b>	<b>38.748</b>	<b>3.326</b>	<b>2.809</b>	<b>1.0 %</b>

**Source:** UNAIDS 2006 Report

## **1.2.1 Eastern and Southern Africa Region**

### *1.2.1.1 Socio-Economic Trends*

The geographical coverage of Eastern and Southern Africa is in total 18 countries with an estimated population of 370 million (over 50% of Africa's population). Apart from the South African economy that is strong most economies are rather weak especially in Zimbabwe where due to political challenges, it has nearly collapsed. Despite the rich minerals reserves in the Great Lakes Region and southern Africa, benefits accrued from minerals have contributed very little to the improvement of people's livelihoods. On the other hand, the Horn of Africa especially, Ethiopia and Eritrea is prone to intermittent droughts with devastating impact on human lives and livestock. Thus the people of these two regions continue to experience acute levels of poverty and food insecurity. Hunger, starvation and malnutrition remain a major challenge. Consequently, food crisis and food deficit compels people to adopt survival strategies that in the end make them more vulnerable to HIV infection.

### *1.2.1.2 Political Trends*

Countries in both regions are at different levels of political leadership and development. In the Great Lakes Region, communities are settling down after many years of war and conflict and likewise, in Mozambique and Angola. Continued conflicts and war resulted into millions of Internally Displaced People (IDPs), refugees and traumatized individuals as well as communities. Moreover, these conflicts and wars have heightened the spread and infection of HIV and AIDS. Equally critical is the rampant rape and gender violence in the Great Lakes region in particular Rwanda and Democratic Republic of Congo. Even in relatively peaceful countries of Eastern Africa, democracy is always under threat from leadership that is not always ready to embrace change. The effect is weak governance structures and accountability mechanisms. Governance and leadership structures are improving as a result of constitutional changes that have taken place, but people's participation although it has improved remains rather weak and political stability and good governance structures remains a challenge.

### *1.2.1.3 HIV and AIDS Situation*

According to the latest report from UNAIDS, the Southern Africa Region "remains the epicentre of the global AIDS epidemic"<sup>1</sup>. The rapid spread of HIV and AIDS has had a negative impact on both regions and this situation coupled with the current persisting drought situation in most of Eastern Africa, puts considerable strain on the meagre resources. In addition to macro factors, cultural and harmful traditions and practices such as Female Genital Mutilation (FGM), gender based violence etc., have contributed to the

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<sup>1</sup> UNAIDS- AIDS Epidemic Update-December 2005.

spread of HIV. Another cause that contributed to the high prevalence rates has been the role of the Church which initially was unable to address the pandemic positively and through its discriminatory and condemnable utterances was more harmful. However, in recent years, the Church has contributed to the mitigation of HIV and AIDS through mainly prevention activities and increasingly working on stigma and discrimination including training pastors at theological colleges on HIV and AIDS.

Recent statistics from Eastern and Southern Africa regions provide some of the most hopeful indications that serious AIDS epidemic can be reversed. The declining trend of prevalence should however, be treated with **caution** as these may not be sustained without a renewed focus on prevention including treatment.

## **1.2.2 Central America**

### *1.2.2.1 Socio-Economic Trends*

It is estimated that in 2004 at least 45% of the population in Central America region lived in poverty and 15% live in extreme poverty. Apparently within these categories, the worst affected are young women due to high levels of unemployment and low wage levels thus, denying them access to basic needs. The frequent breakdown of families means that often the women are left alone to raise children. Evaluation report of Central America further observes that engaging in commercial sex work can and tends to be the only course of action for some women to solve their economic hardships.

### *1.2.2.1 Poverty*

The poverty profile in the region is ethnic determined. Evidently, ethnic diversity within the population of each country illustrates the health-sickness status and its inherent connection to poverty. Both Nicaragua and Guatemala have large ethnic populations (40% or more in Guatemala) and are considered amongst the poorest people. The latest research on the standard of living index indicates a clear relationship between the living standard of the ethnic population groups and their level of poverty whereby 60% live below the poverty line.

An important feature which is also similar to that in Africa is that the population of Central America is predominantly **young** with high birth rates and child mortality. Another trend impacting development negatively is the high incidence of migration throughout the region with many young people looking for employment northwards in the USA. Migration has both economic and social challenges that directly feed into the spread of HIV and AIDS, the fact that young people migrate, leaves communities with less productive labour force and if those left behind are not healthy then their food security and also sustenance is compromised.

#### *1.2.2.2 Gender*

It is perhaps a key determining factor in HIV and AIDS prevalence and poverty. Culturally assigned roles of men and women frequently translate into stereotype behaviour which is associated with attitudes and practices leading to risky behaviour. Violence against women is rampant not only in Central America but also in other regions where the evaluation was conducted. In the countries of Central America, where the evaluation was conducted, it was however, observed that many women have been victims and about 70% of those subjected to violence have incurred severe damage including murder.

#### *1.2.2.3 Political Trends*

Although the states in Central America are considered secular, traditionally and historically, the Church has enjoyed the fruits of political power. This same Church has generated local leadership of grassroots movements which promote the needs of the most marginalized of the society. Currently, democracy prevails in the region after long sustained struggles but it is still fragile.

#### *1.2.2.4 HIV and AIDS situation*

According to official data of the Joint United Nations Program on HIV/AIDS, UNAIDS<sup>2</sup>, there are 1.9 million adults and children infected by HIV in the region. It is estimated that during 2005, 200,000 adults and children were infected and 66,000 people died because of HIV AIDS. Beside, most of the countries recognize a sub register of HIV and AIDS prevalence rates which is believed to oscillate between the 30% and the 70 % of the official figures depending on the respective country. This means that the official figures are much lower than the ones contained in the sub-register.

Latin America and the Caribbean is the region most affected by the pandemic after sub Saharan Africa with countries such as Belize, Honduras, Haiti and Guyana having prevalence rates of 1.6% - 6.1% but they also acknowledge high levels of under registering of between 30% and 70% of the prevalence rate. The highest prevalence rates are registered in the smallest nations including Guatemala, Honduras and Belize where on average 1% of the adult population is living with HIV. A comparison with UNAIDS figures on table two separates Caribbean and Latin America giving a variation in statistics whereby Caribbean has 1.6% prevalence rate while Latin America has 0.5% which are lower compared to the evaluation findings above mentioned.

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<sup>2</sup> 2005 UNAIDS and PAHO reports

Rapid expansion of HIV and AIDS in Central America is according to the Director of UNAIDS, Peter Piot, the influence of migration, the position of women in the society and the poverty situation. In addition, studies in seven Central American countries have shown that men who have sex with other men run a high risk of infection (due to the nature of the sexual practice) and have registered infection rates as high as 28% with the average being between 8% and 18%. The sub-evaluation observes that information on the prevalence rates is very scarce. While treatment is available, it is only to 10.5% of those in need. Stigma and discrimination including violation of human rights remain deterring factors thereby making it difficult for people living with HIV and AIDS to seek relevant treatment, care and support services.

#### *1.2.2.5 Resources*

The scarcity of funding in the region, the existing weak policies and structures in general, have all been factors contributing to an inadequate response to the HIV and AIDS in Central America.

#### *1.2.2.6 The Church in Central America*

Although it is estimated that the majority of people in Central America profess to be Catholics, there has been a sharp rise in the development of the Evangelical churches which presently comprise over 25% of the population, however, the Catholic Church remains an influential factor throughout the region. It still upholds a traditional view of a woman as a wife and mother with little say in her reproductive rights and with less authority to be active outside of the home.<sup>3</sup> Religious leaders have an important role to play in the prevention of HIV and AIDS and more importantly in creating a suitable environment for People Living with HIV or AIDS and their families.<sup>4</sup>

### **1.2.3 Southeast Asia**

#### *1.2.3.1 Socio-Economic Trends*

Poverty, limited opportunities for income generation and poor development of social services cause migration of both men and women to areas with better opportunities. Given the prominence of urban-rural and cross border migration, it is a major factor contributing to the spread of HIV and AIDS back to remote areas. The Southeast Asia countries are all trying to improve their economic situation by opening their national boundaries with transportation routes for trade. Consequently the population seeks employment opportunities and often women become commodities for Sex

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<sup>3</sup> PASCA. Analysis of situation on HIV AIDS in boundary municipalities in Guatemala. Pag 16.

<sup>4</sup> UNAIDS/ penstate, pag 49-52

Work (SW). Thus, cross-border migration is an open invitation to the spread of HIV and AIDS.

#### *1.2.3.2 Political Trends*

Southeast Asia is slowly opening up to democratization. Generally the political situation has been characterized by authoritarian regimes. In this respect, deficits prevail in popular participation and good governance practice unlike in economic development where a number of Southeast countries have registered economic growth.

#### *1.2.3.3 The HIV and AIDS Situation*

Concerning the nationwide epidemic in the Southeast Asia Region: three countries have already had to contend with the serious epidemic: Cambodia, Myanmar and Thailand. Myanmar's nascent prevention efforts to limit HIV prevalence to the 1-2% reported among 15–24-year-olds in urban areas is yet to yield fruits. Statistics show that in Myanmar IDUs and sex workers are responsible for most of the infections now spreading into the wider population; in Cambodia national adult HIV prevalence has remained stable at about 3% since 1997. Sero-prevalence appears to have dropped significantly among brothel-based sex workers—from 43% in 1998 to 29% in 2002—and among urban police, largely due to the vigorous condom-promotion programme supported by the government and NGOs. Cambodia's Ministry of Health recently estimated that the country would have seen three times as many HIV infections had it not mounted this response. Likewise, Thailand waged a condom use programme campaign which reduced the rampant epidemic already in the 1990s and the prevalence rate in 2002 was at 2%. Unlike Thailand, Vietnam faces the possibility of a serious epidemic. Estimates indicate that 65% of HIV infections are in drug users. Sentinel surveillance in 2002 found that more than 20% of IDUs in most provinces was HIV positive. The Lao People's Democratic Republic is said to be a low prevalence country (see evaluation report for details).

#### *1.2.3.4 Resources*

Financial resources and support in the Southeast Asia region is evident as a number of donors (USAID, World Vision etc.) are present in addition to NCA. Besides, the Global Fund is playing a major role supporting five countries.

### **1.2.4 Eastern Europe-Russia and Ecumenical Partners**

#### *1.2.4.1 Socio-Economic Trends*

Poverty is more than before, prevalent in Russia with about 1% to 5% of the population living below the poverty line<sup>10</sup>. Those affected most are children, families with many children, workers with wages below subsistence level and the unemployed. Among the unemployed, women are the majority about 60% to 70%. Despite economic growth in Russia and other Eastern European

countries, with the collapse of the communist centralized economy, living standards have declined, the health care system is nearly broken down and social security is next to non-existent. Some of the deepening negative social trends are the trafficking of women as sex workers, broken families and feminization of poverty which have a direct impact on the prevalence rates of HIV and AIDS.<sup>11</sup>

#### *1.2.4.2 Political Trends*

Russia has a central government with regional governments in the republics. Leadership in Russia is still evolving processes of popular participation. Ongoing conflicts in parts of Russia and neighbouring countries threaten development of democracy. Crucial political and economic changes after the fall of the Berlin Wall and during Perestroika for example, crime and corruption have contributed to making certain social groups more susceptible to HIV and AIDS. For example, women as one of the groups, were employed (worked) during the communist regime but this is no longer assured. Because of the levels of corruption in Russia, it is difficult to carry out business and many businesses have in the past pulled out. The rate of crime including organized crime has threatened the security of people. Therefore, a number of vulnerable groups such as women, orphaned/abandoned children, the unemployed, sex workers, injecting drug users are rendered more vulnerable to the spread. Politically, Russia has yet to fully develop democratic structures as the old communist bureaucratic mechanisms remain resulting in limited participation of the people.

The Russian Government just recently acknowledged the critical status of HIV and AIDS and its impact on development and security of the country. Consequently, the Russian government is only beginning to avail resources to Regional governments and civil society organizations working with HIV and AIDS related work. In spite of resources being availed, the evaluation report notes that these funds are limited and the bureaucracy rather demanding thereby making many actors like the Russian Orthodox Church reluctant to apply.

#### *1.2.4.3 HIV and AIDS Status*

The spread of HIV and AIDS is mainly through IDUs, sex workers, prisoners and men having sex with men. According to the UNDP reports, HIV and AIDS exist in all provinces but 70% is in highly developed regions of Russia. Figures of those infected vary from 313,000 officially registered to 860,000. The prevalence rate of HIV in general population is growing fast from 3% in 2000 to 25% in 2004. The gender dimension of the spread shows that in 2001 only 20% of the infected were women but in 2004 the figure had risen to 38%.

It is indicated in the reports that ARVs are now available compared to a few years ago. However, access to treatment has been constrained due to stigma and discrimination as well as lack of information to the population. Stigmatization which is still strong in Russia is not confined to the public but

permeates to professional health workers and because of this many infected people may not know their status as they decline to go for VCT and if they know their status they do not seek treatment. Hence the numbers of People Living with HIV and AIDS and on ARVs is contradictory. However, information gathered clearly shows that not every one who needs ARVs is getting them despite a new regime availed by the Russian government.

#### *1.2.4.4 NGOs and FBOs*

Most NGOs and FBOs are still at the initial stage of responding to the pandemic. The political environment has been slow in facilitating positive response and collaboration. As the pandemic shifts from IDUs and sex workers to the larger population, the Russian Orthodox Church is beginning to seriously address the concerns around HIV and AIDS. An important action is the production of the Concept Paper which is a policy document of the Church that enables it to work with HIV and AIDS without any prohibition. Worth noting also, is the moral authority the Russian Orthodox Church has within the population, a major comparative advantage to the extent that if it enhances its work on HIV and AIDS, it could have better impact than any other organization given its size (100 million followers) and the geographical coverage. Through Russian Orthodox Church/Russian Round Table and AIDSInfoshare a resource NGO, NCA has managed to engage the Church in preventive work and in undertaking a theological and scientific reflection on HIV and AIDS resulting in a Concept Paper. While the Church now acknowledges its role in prevention, a small but vocal voice opposed to the involvement of Church in this work remains alive.

#### *1.2.4.5 Resources*

In Russia the government has just recently begun to provide resources to regional governments as noted above for HIV and AIDS work. Since the political will to combat HIV and AIDS was not clear, funding from multilateral and bilateral agencies did not come into Russia until a few years ago. Today, UNDP, USAID and other donors are availing resources for HIV and AIDS work. The Russian Orthodox Church/Russian Round Table has accessed UNDP funding for the last two years.

### **1.2.5 NCA Work on HIV and AIDS in Norway**

The NCA is working differently in Norway as compared to the other regions. While in the other regions, NCA works with and through partners on specific HIV and AIDS related interventions, in Norway, it focuses specifically on creating awareness on the HIV and AIDS situation in the world and organizing campaigns for resource mobilization. The evaluation in Norway focused on the campaign and pointed out that NCA has engaged the churches in Norway. It also pointed out the clear linkage between Faith and Development which NCA pursues as an approach but which secular development agencies have tended to neglect and hence the need for NCA to

intentionally highlight this linkage and its importance for holistic development. Acknowledging that Faith and Development approach is important, NCA should address myths by secular agencies that Churches cannot deliver and are not professional.

At the level of educational campaigns, the evaluation findings register a number of successes including the special role played by Change Agents who are basically young people. The findings suggest that there is need for use of educational materials that provide positive images including changes taking place and not simply the sad stories of communities faced by HIV and AIDS. Whilst the involvement of churches in the campaign exists according to the evaluation findings, this needs to be strengthened in future ensuring that all churches are participating fully. Capacity within NCA on HIV and AIDS given its dynamic nature was another area of focus and it is observed that the capacity with at Oslo level, has given the NCA added value to its HIV and AIDS work. The sub-evaluation implores NCA to sustain the in-house knowledge base on HIV and AIDS given the rapid changes around the pandemic.

### 1.3 Emerging Challenges and Highlights

The global and region specific contextual presentations point out a number of challenges that NCA and its partners need to monitor and address in future. First HIV and AIDS are still perceived by many, as one of the health crisis. But this perspective is slowly giving way to HIV and AIDS beginning to be recognized as one of the most serious threats to humanity's prospect for progress and stability. The evaluation on NCA work in Norway, quotes the UNAIDS Executive Director Dr. Pieter Piot extensively, on why the pandemic can be compared to threats such as nuclear weapons and climate change (see the report for details).

Second, although UNGASS has shown an emerging political will by world leaders to address the pandemic, a lot of efforts are still required to galvanize leaders to be the *avant-garde* of the process of preventing the spread. Furthermore, the burden of activism should shift from People Living with HIV or AIDS to other sectors of society. Third, in all the four sub-evaluations, **poverty** was raised as a key factor that is contributing to the spread of HIV. Others are migration, gender inequality manifested in among other things, sex workers, lack of reproductive rights and feminization of poverty. Thus there is need to address the **“woman face of HIV and AIDS”**. Fourth, in spite of the availability of more resources globally, regionally and nationally, conditions of accessing them are not favourable to FBOs as the tendency is to be competitive and even political. There also still seems to be a certain bias towards FBOs from secular donors and so there is need for more “faith literacy” among these critical actors. Further, NCA should consider advocacy on behalf of partners in order to point out unjust

tendencies in resource allocation such as potential personalization and politicization of resources. Fifth, the rights based approach although of very crucial importance as it affirms the human rights/dignity of the People Living with HIV and AIDS and affords them access to services, a number of unintended effects are worth reflecting upon and addressing. These effects include lack of capacity by partners on RBA, theological considerations where the language of dignity rather than rights is preferred in certain situations and political environments that may be hostile to human rights promotion. A concrete link between advocacy on rights at the global level and effective provision of services at community level is an imperative. A disconnect seems rather apparent between various policy pronouncements regarding commitment to address HIV and AIDS and the actual impact of resources available to the improvement of the lives of the infected and affected.

Finally, the role and place of FBOs globally, regionally and nationally as important stakeholders is now more acknowledged than before. Yet as clearly articulated in the sub-evaluation on NCA, "faith and development have remained largely separated... vocabulary and approach of spiritual often, though not always, seems inimical to the technical, hardnosed economic and financial approaches of development practice" (pg10). Therefore, as FBOs get embraced by secular actors, NCA should be prepared and ready to ensure that the comparative advantage of FBOs is not swallowed whereby they become sub-contractors of secular actors and mere implementers of their agenda. Rather the process should be mutual whereby both draw from the strengths of the other and the faith dimensions including components where FBOs have a niche are recognized and become focus for programme work.

## SECTION II: BACKGROUND, PURPOSE AND METHODOLOGY

### 2.0 INTRODUCTION

#### 2.1 Background to the Evaluation

Norwegian Church Aid has been involved in HIV and AIDS work since the late 1980s, initially in Eastern Africa and Southeast Asia, but from the 1990s and after 2000, in most countries where NCA works. In 2001 NCA was awarded the annual TV-Campaign in the Norwegian Broadcast Corporation (NRK), and this gave an opportunity for the Organisation and the partners to increase their involvement considerably.

HIV/AIDS is one of the five thematic priorities in the NCA Global Strategic Plan 2005-2009, and will therefore continue to be a main thrust in NCA for the coming years. During the relevant period the work has been executed on multilateral as well as bilateral levels, and to a certain extent NCA has been the implementer of projects and programmes.

***Norwegian Church Aid Global Strategic Plan 2005-2009*** states that a thorough documentation of results and lessons learned should be provided for the five thematic priorities and for focus countries during this period. ***“Faith Communities Address HIV and AIDS”*** should be the focus of an evaluation in 2006.<sup>5</sup> Underlying the purpose of this evaluation, are a number of key reasons. First is the commitment of NCA to the principles of accountability and transparency to the constituency through sharing adequately documented results of the work. In this case, the GSP commits NCA to conduct an evaluation. Second, as a learning organization, lessons learned call for documentation and sharing of the same with partners. Third, NCA has to report back to the Norwegian public about the use of funds as a moral responsibility. Fourth, funding is evidently low and the TV campaign is over. Hence after many years 1990s-2006 of involvement, an evaluation is necessary to enable NCA reconfigure its future HIV and AIDS work. Finally, given the many players in the field of HIV and AIDS there is need to gauge the added value of NCA.

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<sup>5</sup> Global Strategic Plan, chapter 8.1, 2005-2009.

On this basis it was decided to undertake a global thematic evaluation on NCA's work on HIV and AIDS. The evaluation was planned to cover the period 2002 - 2006.

### **2.1.1 Objectives of the Evaluation**

An overall aim of the evaluation is to assess the added value of NCA's HIV/AIDS work within the Regions. The goals of the evaluation are as follows:

#### **Goal 1:**

Assessment of documented experiences, achievements and results of NCA's work on HIV and AIDS, with a special focus on how Faith-Based Communities address HIV and AIDS in order to reduce stigmatization and discrimination and their contribution to prevention, care and advocacy.

#### **Goal 2:**

Analysis and recommendations on future Right Based Programming of HIV and AIDS work, with a special focus on how Faith Based Communities can respond more effectively to the pandemic through choices of strategies and partner relations.

#### **Goal 3:**

Analyse and assess how relevant factors in the internal and external contexts have influenced NCA and NCA's cooperating partners' HIV and AIDS work and how NCA's specific contribution has informed and influenced the context.

Additional issues that the global evaluation is to cover are:

- Priorities in and implementation of policies, strategies and plans
- Resources (financial as well as human) available
- Choice of and cooperation with partners
- Competence and capacities developed
- Networking and campaigning promoted
- The three work methods of NCA:
  - Long-term development
  - Emergency Response
  - Advocacy

### **2.1.2 Expected Outputs**

Expected outputs of the Global HIV and AIDS evaluation are:

- A report clearly stating the achievements and results of HIV and AIDS work.
- An understanding on NCA's added value to work of partners on HIV and AIDS.
- Recommendations on NCA's future HIV and AIDS work.

## 2.2 Scope of the Evaluation

The Global Evaluation is based on the outcome of the sub-evaluations of Eastern and Southern Africa, Central America, Eastern Europe-Russia and Southeast Asia and Norway. The evaluation in Norway is not based on the concept of a region rather it takes in to account the work of NCA in Norway and the Head Office recognizing that NCA works differently in Norway compared with the regions. NCA has chosen to work with and through partners. The work continues to be guided by NCA's overall vision of *"Together for a Just World"*.

In Southern Africa, NCA has chosen to work in 8 countries with the Regional Office established in Gaborone (Botswana). Within this Region, Zambia was chosen as a focus country for the purpose of detailed study. In Eastern Africa, NCA works in 10 countries with the Regional Office in Nairobi. Rwanda was identified as the focus country for the evaluation. In addition, the Regional Office chose to include Ethiopia given the long established HIV and AIDS work by NCA in that country.

In Central America, NCA works in a number of countries with a Regional Office in Guatemala. NCA chose to focus on Nicaragua and Guatemala. Three countries were selected in Southeast Asia, namely Thailand, Vietnam and Myanmar, while Eastern Europe focused mainly on Russia. In addition, NCA programme with global ecumenical partners (such as the World Council of Churches (WCC), Lutheran World Federation (LWF) and World Young Women Christian Association (WYWCA)) was also evaluated. Like the sub-evaluation in Norway, which is not a Region, the global ecumenical partners are not a region but a separate NCA programme and these ecumenical organizations work with and through partners in the same regions where NCA operates. Some of the partners of these organizations are also partners of NCA and NCA provides resources that are channelled through these organizations to the regions. For example, LWF Small Projects as well as NCA also giving direct funding for the organizations to carry out programme work. Finally, Norway covered the NCA Head Office (HO) and Ecumenical Advocacy Alliance (EAA).

A number of regions were omitted from participating in this evaluation exercise like West Africa. But considering the coverage of NCA partners, the evaluation team is of the view that the scope provides adequate sample basis upon which to draw conclusions for future work. Moreover, regions chosen for sub-evaluations represent specific challenges regarding the prevalence rate and the role of FBOs.

## 2.3 Evaluation Methodology

To begin with, a Project Group (PG) was appointed by the Director of the Department for International Programmes, to coordinate the Global Evaluation and the recruitment of a Global Team Leader (GTL). The NCA Regional Offices recruited consultants for Sub-Evaluation Teams (SET) in each region. A Global Evaluation Team (GET) was established. The Team comprised of a team leader from each sub-evaluation team. Its responsibility was to discuss the main issues on methodology for the Global Evaluation in Kenya during January 2006. After that, each sub-evaluation team implemented the evaluation according to the Terms of Reference facilitated by the PG and the Regional Offices.

**Selection of the sub-regions and the countries** within those regions was made by NCA, Oslo and requesting for responses from Regional Offices. But it appeared that the countries that were evaluated had little say in their selection. The evaluation teams had no say in the choice of sub-regions and countries to be evaluated. After several discussions with Oslo however, the Eastern Africa regional office decided to add Ethiopia on this list at their own cost. Likewise, Southeast Asia included Vietnam in the choice of countries.

The Evaluation methodology used by various sub-evaluations adhered to requirements articulated in the Terms of Reference (see annex 1) which included:

- (a) A desk study was conducted of various documents related to NCA's concepts, strategies, programmes, policies, proposals, reports, publications, training materials, IEC materials, campaigning materials, etc of NCA and cooperating partners of NCA. In some regions such as Eastern and Southern Africa, issues that emerged from the medium term HIV and AIDS Evaluation were taken into account. Consideration and attention was also paid to other organised reviews that exist in the e.g. the gender evaluation done in the Eastern Africa region.
- (b) Collation and review of data and information on HIV and AIDS situation, problems and responses at national, regional and global levels as evidenced in section 1 of this report.
- (c) Literature review and interviews with key stakeholders, a study was made of relevant factors in the various religious, local, socio-cultural, economic, political and organisational contexts and the situations under which the NCA and NCA's cooperating partners' HIV and AIDS work are implemented.
- (d) Key informant interviews and focus group discussions were conducted with beneficiaries/target groups, defined actors, and stakeholders. Questionnaires were administered to key personnel in NCA and

partner organisations. In addition, space was provided to listen to experiences from some of the Regional actors.

- (e) Use of participatory approaches in the sense that partner organizations, beneficiaries, target groups and relevant stakeholders were treated as active partners in the evaluation was applied. For example, in Southeast Asia self-assessment exercise with small groups of participants including People Living with HIV and AIDS was conducted.
- (f) In Central America the Logical Framework Analysis (LFA) was used for assessing Regional Plans alongside with results.

An important point to highlight is that while the methodologies were participatory, the use of questionnaires and analysis of data varied from region to region. Southeast Asia used more of a scientific approach while Eastern and Southern Africa held prepared debriefings with partners ensuring ownership of findings. The evaluation of Russian and global ecumenical organizations used guiding questions but did not have time to debrief all concerned stakeholders about the findings.

## 2.4 Report Preparation

As earlier stated, the Global Evaluation Report is a summation of key findings and recommendations of the five sub-evaluations. Initial draft and emerging issues were shared with NCA staff in Oslo in a workshop setting. The feedback was processed and used to improve the draft. Thereafter, Team Leaders and NCA staff read and gave comments to the initial draft prior to its finalization as part of the Quality Control process.

## 2.5 Sub-Evaluation Teams

This global evaluation report is a result and synthesis of the work and findings of the five sub-evaluations. Respective sub-evaluations had their specific teams, which are fully acknowledged in the respective reports. These reports represent the findings and recommendations of the various regions and are somewhat autonomous. Sub-Evaluation Team Leaders submitted the reports to the responsible officers in Norway and in the respective regional offices.

We would like to thank the teams and in particular the Team Leaders who worked hard sometimes under difficult conditions and made it possible to finalize and present their reports on time. Our appreciation is to Ms. Sidsel Raolkvam who guided the sub-evaluation covering NCA Head Office/ NCA's

work and Stakeholders in Norway and the Ecumenical Advocacy Alliance; Dr. William Ogara in charge of the sub-evaluation for Eastern and Southern Africa; Dr. Usa Duongsaa who led the sub-evaluation team for South East Asia; Dr. Hernaldo Lara in charge of the sub-evaluation for Central America and Dr. Agnes Abuom for the sub-evaluation of Eastern Europe-Russia and Global Ecumenical Partner Organizations.

A point worth highlighting on the composition of Teams is the inclusion of positive people. This brought an added perspective to the work. Participation of positive people in the sub-evaluation teams was a noble effort by NCA to adhere to its own principle of participation. While it is the prerogative of NCA to constitute teams of consultants, it is prudent that sufficient information about individual consultants is shared with Team Leaders. A number of observations are registered under limitations of the sub-evaluations such as language that NCA needs to consider in future when undertaking such assignments.

## 2.6 Structure of the Report

This report is organized in eleven sections. In section one, the global context and trends pertaining to HIV and AIDS are discussed as well as regional specific trends. Captured briefly in section two is, the background, purpose and methodology of the evaluation. Section three provides an analysis of NCA processes and approaches. NCA strategies are discussed in section four while cross cutting issues and indicators are highlighted in section five. Discussions on the role and place of FBOs are presented in section six. Regional specifics and peculiarities are captured in section seven while section eight is devoted to NCA's added value. Sections nine, discusses major achievements and challenges and ten and eleven provide a conclusion, recommendations and the way forward respectively.

## 2.7 Limitations of the Evaluation

Global evaluation process experienced a number of limitations as observed by the GET. In Southeast Asia and Europe the Teams suffered time constraint. This hampered in-depth discussion with NCA staff and briefings with the team members. A second limitation for Southeast Asia was language "communication was difficult because of the different levels of English proficiency". In addition to language interpretation posed challenges which could easily raise the "question of reliability and validity of information on NCA obtained through NCA staff's interpretation." Obviously the team had no problem with the integrity of the staff person but such a question could be raised.

In the case of Europe, the members of the team were not sufficiently prepared and that ate into the time for fieldwork. Furthermore, the sample base for interviews was rather limited. And like Southeast Asia, interpretation provided by the staff person could be questioned although the team did not have a problem with the staff person's integrity. The other three sub-evaluations did not document any limitations.

## SECTION III: NCA'S PROCESSES AND APPROACHES

### 3.0 PROCESS-APPROACHES

#### 3.1 Long-Term Development (integration)

Experiences in Central America show that the concept of an integral approach to HIV and AIDS and attention to People Living with HIV and AIDS is clearly expressed in the GSP. In the regional plan, however this is not reflected at base level with the partners. As per the findings, a partner is left to interpret for themselves the concept 'holistic approach'.

Among global ecumenical partners, HIV and AIDS are perceived as part of the long-term development activities. Within LWF small projects and other projects, form the entry point for long term development. The situation in Russia is somewhat different since there are no long-term projects by NCA, HIV and AIDS activities are perceived within a long-term perspective but as stand-alone. In as much as they HIV and AIDS activities seem to be stand-alone or within church/spiritual activities like prayer, they are in the process of integration as part of diaconia work of the Church. Integration is likewise, partly practiced in Southeast Asia and in Eastern and Southern Africa.

NCA in Norway is committed according to the findings, to faith and development seeking to promote global justice through humanitarian work as mandated by churches. Therefore, the *GSP 2005 -2009 Together for a just world working to uphold dignity* is NCA's response to the complexity of HIV and AIDS. Using an integrated approach NCA's main contribution could among other things, be to provide community participation, a political channel to more formal groups through social mobilization and rights based argumentation".

#### 3.2 Emergency Response

NCA is an active member of Action by Churches Together (ACT) and within ACT framework, HIV and AIDS is integrated in emergency work in different parts of the world. In Southern Africa the evaluation noted that emergency response takes HIV and AIDS into account. On the other hand, LWF - World Service in its field programmes is integrating HIV and AIDS in emergency response and this is in adherence to the Action by Churches Together (ACT) policy but LWF in general is about to begin integration.

In general, NCA together with its partners has not taken integration of HIV and AIDS in emergency response seriously as would be expected. Partners in Russia noted that emergency responses are very short lived to enable

meaningful integration. They however, saw the need for integration and are ready to venture into undertaking it in future. There are however, efforts to mainstream HIV and AIDS in emergency work but NCA needs to be intentional and systematic about it.

Perhaps key question for further reflection is: Whether it is possible to raise with people in a vulnerable and emergency situation matters of HIV and AIDS especially if emergency periods are short-lived? How can personnel capacity be enhanced on being vigilant on HIV and AIDS in such situations according to humanitarian assistance requirements and criteria? Apart from short-lived emergency situations and difficult political environments, mainstreaming HIV and AIDS in emergency situations should include nutrition, access to ARVs and human rights of the People Living with HIV and AIDS.

### 3.3 Mainstreaming

The Norway evaluation states that NCA is “regarded to have been slow in mainstreaming HIV and AIDS in their organization and in their work”. In Eastern and Southern Africa observes that mainstreaming “needs a clear strategy... as what is considered to be mainstreaming of HIV and AIDS is far from what constitutes good practice and needs to be reviewed”. Findings from the Russian Orthodox Church or Russian Round Table ROC/RRT and global ecumenical partners show that mainstreaming is understood and the definition is contained in the Code of Good Practice. However, there is concern that NCA should further define the concept of mainstreaming and its potential consequence especially where no long-term development programmes exist. Findings from Central America and South East Asia discuss gender and not mainstreaming as an approach, which are essential to mainstream in the programme and organization. Evidence from other actor indicates that some organizations are now into developing work place policies and programme mainstreaming tools to enable staff ensure proper mainstreaming. NCA has yet to adapt or develop HIV and AIDS mainstreaming tools apart from the gender one.

### 3.4 Rights Based Approach

NCA adopted the use of a Rights Based Approach during the 2005-2009 GSP. Therefore the concept is new to many partners and even within NCA itself. In fact NCA is in the process of enhancing its own staff capacities on RBA. In Russia the ROC/RRT is not implementing the RBA although it is conversant with the Human Rights language. However, AIDSInfoshare is embracing RBA through its training programmes and avails lawyers who are trained to go to courts and assist decipher cases of human rights abuse related to HIV and AIDS. The rights of vulnerable groups are according to the legal regime

protected but there are many loopholes in the practice of law. Moreover, injecting drug users and sex workers are considered criminals whose rights are but trampled upon. On the other hand, global ecumenical partners agree with RBA and fully acknowledge the need to promote the rights of People Living with HIV or AIDS. Nevertheless they also argue that there is need to appropriate biblical language, which is already in NCA policy documents such as justice, human dignity as this provides a broader scope of Church engagement with human rights which churches would also find easily useable than RBA.

Partners in Eastern and Southern Africa view Human Rights differently. For instance, partners across the board say that they inform people about their rights. While this is a necessary first step, it is unclear how this gets translated into practice. For instance, part of the vision of INACOS is to ensure the rights of People Living with HIV or AIDS. However, no examples of how this is done through the programmes exist. The Norwegian NGO Forum, of which NCA is a member, addresses rights of People Living with HIV or AIDS to health care and the rights of vulnerable groups to increased access to testing. The team observes that the Rights Based Approach concept has not been fully internalized and this is a challenge for the NCA in the coming years to ensure that RBA is understood.

Human rights protection is a sensitive issue in Southeast Asia. Policy environments and political situations in the three countries are not conducive to human rights discussion or protection. For example, in Vietnam, sex work, drug use and HIV and AIDS are often considered by political leaders and policy makers as 'social evils', making it difficult for any organization to work on these issues; NGOs and Buddhist associations in Myanmar are tightly controlled and cannot pray in areas bordering China. Thailand's violation of human rights of drug users and drug peddlers resulted in homicidal cases without proper investigation by law enforcement authorities. In addition, violence in the south of Thailand has led to hundreds of civilians, majority of who were Muslims, perishing, being kidnapped or harassed without proper due legal process taking place. In spite of rampant violations of human rights, NCA with some of its partners managed to promote the rights of certain groups, notably People Living with HIV or AIDS, women and affected children.

Examples of organizations in Southeast Asia who have promoted public understanding of the rights of People Living with HIV or AIDS are FBOs in Vietnam, such as the Buddhist Associations and the Catholic Diocese in Hue, and in Myanmar i.e. **ATEM and MCC**. In addition **NAV** and MCC advocated, promoted and supported the rights and protection of women as mothers and wives, quality of life for women especially widows and prisoners infected with HIV or AIDS and the affected children. Additionally, ethnic groups in Myanmar have been reached, some through MCC's activities in the various states in the country, with a small number included in cross-border activities by **PDA** based in Thailand. Although RBA work in Southeast Asia seems

impressive, the evaluation is clear that it is a small percentage vulnerable population groups reached by NCA through its partners. A concern raised is vulnerable groups not yet reached such as sex workers, migrants, IDPs, men who have sex with men particularly since these groups are categorized as second class citizens and lack of evidence that respective governments will scale-up NCA's effective pilot activities to adopt the rights-based approach or respect and protect the rights of the remaining populations.

It is important for future work on RBA that awareness creation and educational campaigns reach a wider network of stakeholders including the public, the policy makers, the service providers, and FBOs, on the rights of People Living with HIV or AIDS and other socially marginal and vulnerable groups in order to secure their protection. For NCA, this means more policy advocacy on the rights of these vulnerable populations capacity building for its partners so that they understand the issues and the vulnerable populations more and is able to advocate more at country level. Human Rights approach to programming is critical for the future since it strengthens the concepts of accountability, transparency and participation including indicators of equity and protection particularly for the poor and vulnerable groups not least the People Living with HIV or AIDS.

### 3.5 Logical Framework Approach (LFA)/Planning Process

The concept of LFA adopted in Oslo and not compulsory does not according to Central American report, "resonate with the regional team" thus its implementation causing tensions. Planning processes while they take place, they are mainly done at the regional office then trickled down to partners with no evidence of most stakeholders participating. The Central American experience indicates that LFA does exist but not fully internalized and implemented although the Regional Plan has used it.

ROC/RRT and other partners appreciate the use of LFA as it makes reporting easy. Currently EHAIA and LWF fully use it while WYWCA and ROC/RRT apply it partially. A concern raised by LWF was the inability of the current LFA tool as used to capture processes such as changes that occur in leadership or other behavioural and attitudinal changes. In Africa LFA is embraced by the Regional Offices. Moreover, workshops on LFA are conducted for both staff and partners. A number of partners especially the big ones do use LFA. Planning in Southeast Asia was noted to be at two levels. One is activity driven exclusively for HIV and AIDS and the other driven by Country Programme and therefore broader in issues. Both show consistency in terms of plans and achievements.

At NCA/Oslo level, LFA is not completely internalized by NCA staff and some of the partners. The main questions for future capacity building are how to develop process indicators that can capture the full operations of the work

but remaining faithful to the principles of LFA. There is also need to continue capacity building and training around this approach both for NCA and partners.

### 3.6 Communication of Plans, Policies and Strategies

In Central America majority of partners desire to have more and better communication to improve their learning. Apparently most partner offices had accessed vital NCA documents. In Russia and global ecumenical partners, it was reported that NCA has shared changes in policy and strategy directions. At the same time communication of any shifts has been through participation in partner meetings at different levels including partner forums such as WCC/EHAIA International Reference Group.

Consultation and communication in Southeast Asia was pointed out as needing improvement especially between the country programme offices and partners. A suggestion is to hold annual regional workshops with country programme staff and partners to review the years' experience assess performance and achievements.

On the Norwegian scene, the findings indicate that NCA has produced and communicated extensive materials related to HIV and AIDS, which helped in the campaign in Oslo. In order to improve communication strategy, the report suggests that NCA ensure a broad based participation of NCA departments and partners with expertise on the subject. The language used regarding this technical subject should be accessible to congregations. In addition, stories and images used should portray people in a dignified manner and steer away from focusing on the victim syndrome. Material in Lenten Campaign should be focused on quality and not quantity. Communication on HIV and AIDS should be continuous and not only during campaigns and World AIDS Day.

### 3.7 Key Challenges

A number of key challenges are identified in the various sub-evaluations. To begin with, **long-term development- integration** – holistic development is appreciated and indeed a number of partners are making efforts towards integrating HIV and AIDS. NCA is itself applying a holistic approach to HIV and AIDS. There is however, not a common understanding within the partners about holistic /integration approaches particularly those partners who have no direct development projects funded by NCA. Regarding **mainstreaming**, the challenge for NCA is to develop strategies and tools that can enhance mainstreaming of HIV and AIDS. A number of activities are stand-alone while others are integrated. Given that mainstreaming is now commonly used and applied differently by various organizations, a clearly

articulated concept or that contained in the Code of Good Practice should be appropriated and used.

### 3.8 Highlights, Lessons Learnt and Recommendations

Communication of policies and strategies is functioning and needs strengthening in some countries and regions. This is both in Norway and within regions and countries. Capacity building to ensure competence and internalization of approaches such as LFA and RBA is important. The RBA approach and advocacy has worked effectively through the EAA.

On policy documents, NCA should undertake to see that documents are disseminated for instance NCA HIV and AIDS position paper in Southern Africa although it is now integrated in the current GSP. Continued assessment of linkages between policy and practice in the regions is of uttermost importance. Experiences learnt from EAA regarding advocacy and human rights should be replicated in the regions. Major recommendations on approaches are captured in the last chapter of this report.

## SECTION IV: NCA'S STRATEGIES

### 4.0 NCA STRATEGIES

#### 4.1 Networking

Networking is a key strategy that recognizes, like in alliance building, the need to forge cooperation in order to make inroads in addressing the HIV and AIDS epidemic. Findings from Southern Africa point towards an increase of churches and FBOs addressing HIV and AIDS compared to the level of reluctance in the past. In the Regional HIV and AIDS strategy 2005-2006, FBOs are the core partners. The Inter-faith Initiative in Malawi has proved the importance of different faiths working together. NCA Southern Africa (NCASA) networks also with other organizations for example, the African Network of Religious Leaders Living with/Personally affected by HIV and AIDS (ANERELA) and the EHAIA. FBOs in the region are mainly churches, which are at different levels of engagement with HIV and AIDS. The Nordic – **FOCCISA** Church cooperation has brought a close and collaborative dialogue between people from Mozambique, Zambia, Norway and Denmark.

In Eastern Africa there is a close collaboration of churches with EHAIA. About 15% of the total funds of EHAIA are from NCA. Evaluation findings highlight the potential of EHAIA taking on the role of a Regional Coordinator for AIDS as NCA might abolish the position. At the same time, caution based on responses from partners is raised about the different roles and expectations of the two organizations namely EHAIA and NCA. A major concern is whether EHAIA will be in a position to support local projects. Even more crucial is the issue of ownership of programmes. The Eastern and Southern Africa evaluation highlights the challenge and need of assessing the relevance of a regional coordinator as well as the implications of relinquishing the position.

In Southeast Asia the challenge of networking and cooperation stems from the identity of NCA as a Christian organization working in predominantly Buddhist and Muslim countries as it promotes work on HIV and AIDS. Because of the context, networking has gone beyond ecumenical to interfaith collaboration and/or programming. In certain instances, NCA has established relationships with FBOs as formal partners or alliances.

At national level evaluation findings note that networking is intensive in Vietnam where quarterly meetings are held. A number of the organizations have received support from PEPFAR. NCA partners in Myanmar work actively with other FBOs and NCA is a member of the Myanmar Round Table. In comparison with Myanmar and Vietnam, NCA has a broad range of partners in Thailand who are coordinated and collaborate with each other easily. This

is due to a long history of multi-sectoral and multi-level networks of collaboration on HIV and AIDS.

In Eastern Europe/Russia the ROC/RRT is a member of Anti-AIDS Network made up of four Round Tables where it plays a leading role. In the regions such as Briansk, ROC/RRT works closely with regional governments through Regional Centres for AIDS. A process of inter-faith collaboration is also in the making as a few meetings have been held. Networking experiences of NCA in Norway illustrate that cooperation has been forged with The Church City Mission and a tacit agreement is that City Mission is the domestic diaconical actor while NCA is responsible for international diaconia. In addition, NCA has funded projects with the Christian Council of Norway, Norden – FOCCISA and maintains dialogue with Caritas Norway.

In brief, NCA has registered great achievements in facilitating FBOs and partners to network and collaborate with other key players. In the four sub-evaluations, it is clearly visible that churches and inter-faith groups are participating more than before in the work on HIV and AIDS and there are more networks being formed and networking between various actors taking place. In Central America however, alliance-building process seem rather weak as reported in the evaluation findings (see pp.21).

## 4.2 Alliance Building

Like other key players, NCA is aware that it is impossible for one organization to act alone in addressing the complex issues and challenges related to HIV and AIDS. NCA policy document stresses the need to rely on an effective network for bringing together NCA and its Norwegian partners, including organizations, local groups and individuals. Special emphasis is made on strengthening the relations with the church congregations and diaconal organizations in Norway

NCA has since early 2000 channelled support to HIV and AIDS related projects through multilateral partners like LWF /DMD, WCC/EHAIA and WYWCA. The contribution of NCA in the effort to put *faith in action* in relation to HIV and AIDS is considerable. But the visibility of this effort and its effect is often hidden since NCA works through partners. Three major contributions illustrate the contribution and commitment to alliance building. These are:

- Ecumenical Advocacy Alliance;
- International AIDS Conference 2002,2004 and 2006-12-23
- Networking with Global Fund/GFATM

#### **4.2.1 Alliance Building: The Case of Ecumenical Advocacy Alliance (EAA)**

The example of the Ecumenical Advocacy Alliance (EAA) provides an insight into the work of NCA in global networking and advocacy. EAA is a broad international network of over 90 churches and Christian organizations cooperating in advocacy on global trade and on HIV/AIDS. Strategic actions take place at a variety of levels and use different methods, including lobbying, education, grassroots campaigning, and capacity building. They are convinced that when churches - and their rich array of organizations, networks, educational institutions, and agencies - agree to focus their collective energies on specific issues, important changes in global structures and local communities can be achieved. In tackling the HIV pandemic and the injustices in the international trading system, the Alliance promotes a vision of a world where all live in dignity, security and peace.

NCA is one of EAA's top five supporters. NCA was instrumental in making EAA happen and has been supportive and committed to its cause throughout. Evaluation findings highlight that collaboration with NCA is active and productive, NCA takes its role and commitment to EAA very seriously and ensures that it aligns work according to priorities; NCA is an instrumental force in making the plans of the EAA happen. This is of great importance in order for the EAA to have effect and shall be seen to have effect. Within EAA the capacity of NCA is their ability to link faith based organizations that are not professional NGOs to different networks and donors. Here the bilingual skills of NCA in faith and development are indeed an added value. This is apparent in the last effort facilitated and funded by NCA - *the faith literacy book "Scaling up Effective Partnerships"* - a publication meant to educate professional NGOs, donors and the professional development world in general in how faith based institutions and organizations work (see 4.2.3). To further illustrate NCA's vital role, its staff is co-chairing with the representative from CARITAS the advocacy group in EAA responsible for the strategies of EAA on HIV and AIDS. Since 2000 NCA has through its involvement in the alliance worked to make faith organizations visible in the International AIDS conferences as well as constituting a more productive and efficient relationship to the Global Fund.

The Alliance has put in motion an HIV and AIDS campaign whose theme is "Keep the Promise" (2005-2008) in keeping with the broader civil society campaign. The campaign holds individuals, religious leaders, faith organizations, governments and intergovernmental organizations accountable for the commitments they have made and advocates for further efforts and resources to fight HIV and AIDS. Since the signing of United Nations Declaration of Commitment on HIV/AIDS by Heads of State and government, additional commitments have been made to strengthen the

response. Some promises have been kept, but many have not, and the pace of the AIDS epidemic continues to outstrip most efforts to deal with it. "Stop AIDS. Keep the Promise" (2005-2010) coordinated by the World AIDS campaign. The campaign aims to ensure that governments and organizations keep the promises they have made to effectively respond to AIDS.<sup>6</sup>

#### **4.2.2 The International HIV and AIDS Conference in Bangkok**

*Everywhere you turned at the 15<sup>th</sup> International AIDS Conference, there they were, Catholic nuns and Buddhist monks, church leaders and faith based community organizers from all over the globe. Bangkok will be remembered as the place where people of faith were welcomed to the international debate on HIV and AIDS.*<sup>7</sup>

Bangkok unlike Barcelona two years before, where religious leaders, activists, community workers or faith organization members felt marginalized, was a major breakthrough for the dialogue between faith and the "professional" HIV and AIDS community. NCA's regional office in Bangkok was of particular importance in creating the space for faith organizations at the 2004 Conference as well as the arrangement of the two – day Ecumenical pre-conference.

The Interfaith Day was addressed by the Director of UNAIDS and by Executive Director of GFATM and was finally in a productive dialogue with major Global institutions concerned with combating HIV and AIDS. Of course, this shift does not come about as strategic efforts of EAA and the network it constitutes alone. There has been a general shift in development circles and partnership with faith based organizations, which are actually currently sought for. The Bangkok conference holds promises of the great advantage of the *Ecumenical Advocacy Alliance* and the strength and ability of the network when it is able to focus and pull in the same direction.

#### **4.2.3 The Global Fund to Fight AIDS, Tuberculosis and Malaria**

It was created to dramatically increase resources to fight three of the world's most devastating diseases, and to direct those resources to areas of greatest need. The GFTAM operates as a financial instrument not an implementing entity hence it relies instead on the knowledge of local experts. EAA as do NCA supports the GFATM and has and continues to work strategically in order

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<sup>6</sup> Framework of Action. The HIV and AIDS Campaign 2005-2008. *Make the Promise Keep the Promise. Stop AIDS*

<sup>7</sup> Paul Jeffrey (2004), Breakthrough in Bangkok in: The Faith Community Responds. *Issue no 6 July 16 2004 Ecumenical Advocacy Alliance.*

that FBOs can have better access to it. A push for a position at the GFATM Board as well as representatives at the *Technical Review Panel* that supports the Global Fund in financing effective programs continues.

The reasons for lack of access to global funds in general and *The Global Fund* in particular are that FBOs interventions often function on the basis of motivation, compassion and trust based on the “good heart” to help. It is argued that they lack best practice procedures and capacities for project plans, monitoring systems, record keeping and reporting are inadequate. In other words, they are not professional NGOs and hence lack capacity needed to acquire these funds.

Equally important, however the funding organizations are in lack of knowledge of how faith organizations work. To address this lack of knowledge EAA, facilitated by NCA, as noted earlier, has started the work with a *faith literacy book* directed towards experts in funding organizations as well as national experts on national level in the developing countries. There is a need, one informant stated to help professionals move beyond the myth of what faith organizations are and do. NCA has with its knowledge, both in faith and development made a sound contribution in this process.

#### **4.2.4. Conclusions**

NCA has been and is still regarded to be one of the key players in EAA, instrumental in EAA coming into being as well as remaining one of EAA’s top five donors. The financial support is important, but the expertise of NCA has throughout been a recourse on which EAA has drawn. As a four-year-old alliance EAA’s achievements are remarkable. The conference in Bangkok was a break through for faith organizations on the global HIV and AIDS arena and bears evidence to the efficiency of the alliance and its network. The EAA is landmark of global advocacy, alliance building and networking.

### **4.3 NCA’s Advocacy Role**

In general, limited advocacy work has happened in Central America except in Guatemala where advocacy work was possible due to the collaboration with the Catholic National Health Commission of the Episcopal Conference. Although NCA is able to promote inter-faith dialogue and proactive policy making, the evaluation report notes, “NCA has been passive and invisible preferring to leave the matter to partners. From the findings, Central American NCA’s partners are struggling with inadequate capacity to do advocacy work.

In Southeast Asia the role of NCA in advocacy is two pronged. First, NCA encourages and supports partners to collaborate with governments and other NGOs and to identify decision makers at various levels. Second, NCA undertakes advocacy on behalf of inter-faith networks and has supported partners to attend regional and international conferences and events where they can participate directly. The approach used by NCA is based on the "Rights holders and Duty Bearers". Because of the political sensitivity over Norway, NCA has played little if any, overt advocacy role in Myanmar.

At the global level, NCA undertakes advocacy work through the EAA as already described under alliance building in the preceding section (4.2.1-4.2.3). Represented in the EAA are ecumenical global partners (WCC, LWF and WYWCA) who work closely with NCA. Through this network, NCA engages multilateral and bilateral organizations. Back in Norway, NCA has successfully influenced and advocated for HIV and AIDS to be on the agenda of the churches.

Advocacy in Southern Africa (Zambia) is mainly training of partners on Advocacy and the Millennium Development Goals (MDGs). Important to note however, is that the change of political situation in the Great Lakes Region provides possibilities and NCA together with **BEACON** has been training on Economic, Social and Cultural Rights. Similarly, in Russia, NCA has trained members of Russian Orthodox Church Round Table (ROC/RRT). The resource NGO AIDSInfoshare is carrying out training of lawyers on how to record discrimination information with a view to defend the People Living with HIV and AIDS.

#### 4.4 Capacity Building

A key strategy used by NCA in equipping FBOs to address HIV and AIDS is capacity building. Different types of capacity interventions were undertaken in the various regions. However, there is a common pattern in all the regions. The only difference is emphasis of capacity building.

In all regions trainings on specific skills depending on identified areas of deficit were conducted such: management and financial management; project development; resource mobilization and proposal development; LFA, working with vulnerable groups; monitoring and evaluation; advocacy skills and negotiation and communication skills.

Apart from skills training seminars, conferences and exchange visits were undertaken. For example, exchange and learning among country staff and key partners in South East Asia. In addition, international exposure visits and conferences were organized and partners were supported to attend the Bangkok Conference on AIDS and the Conference in Durban where NCA

assembled all its partners prior to the main UN conference and each time partners attend global, regional or national meetings and exchange visits, they have specific and clearly-defined focus.

In Norway awareness raising of church leaders resulted in the acceptance of the legitimacy of HIV and AIDS as a theological issue. Institutional strengthening for effective programme work has been the focus in Central America.

Challenges in capacity building revolve around limited follow-up strategies especially in Russia. In Eastern and Southern Africa, NCA needs to improve its role in capacity building. Documentation of the number of People Living with HIV or AIDS participating in the trainings is not easily accessible in Russia and this makes follow-up difficult. At the Oslo level, NCA has to retain and enhance the capacity and competence of staff on the subject matter of HIV and AIDS. Therefore, while capacity building has played a crucial role in guiding and informing interventions, management of knowledge is a challenge for NCA.

## SECTION V: CROSS-CUTTING ISSUES AND INDICATORS

### 5.0 CROSS-CUTTING ISSUES AND INDICATORS

#### 5.1 Participation

According to the GSP participation is one of the three indicators used to monitor the performance of the plan. Participation of People Living with HIV or AIDS and other vulnerable groups in Central America is limited despite efforts made. The evaluation observes that People Living with HIV and AIDS especially men having sex with men (MSM) are largely absent in planning and implementation of programmes. This is partly due to the prejudice of sexual diversity and the Biblical concept of family and what constitutes “normal sexuality”. Thus, the report urges NCA to reflect upon the role its partners and Priority Groups share in planning processes and validate the extent to which the needs of the region are reflected in its strategies. NCA has also to look at ways to share its policies and objectives in order to obtain a committed response from the key actors of the region, namely religious leaders, FBOs, Priority Groups and People Living with HIV and AIDS. A growing trend of high visibility of People Living with HIV or AIDS is evident in Southern Africa. The FBOs are also committed to build capacity of People Living with HIV or AIDS in order to become resources to the churches. In Eastern Africa policy documents were shared during Regional meetings but dissemination at the country level remains weak. For Great Lakes partners, documents come in English, which can and is a challenge to partners since the working language is French. However, in spite of this People Living with HIV or AIDS are very active in Rwanda and are represented on boards of partner organizations. In Ethiopia however, participation of People Living with HIV or AIDS is limited to beneficiary level and except for one organization they are not represented on any board.

Participation of People Living with HIV or AIDS in Southeast Asia is pronounced. They are encouraged to form support groups to mitigate the impact of discrimination but remain recipients of support services although in Thailand, they hold leadership and volunteer positions. In Russia on the other hand, visibility of People Living with HIV or AIDS is almost non-existent as capacity building interventions of ROC/RRT have no clear focus on People Living with HIV or AIDS as resource persons. Increasingly though, ROC/RRT is acknowledging the resourcefulness of People Living with HIV or AIDS.

## 5.2 Equity

Findings in Central America indicate that most churches were unaware of their role of promoting human rights for people living with HIV or AIDS, as this was new revelation. Despite the existence of policies to fight discrimination, few organizations if any, had clearly identified priority groups for services. Therefore the issue of rights for People Living with HIV or AIDS is new. FBOs in Central America have not moved very far either in the promotion of gender equality. Therefore a place and space for People Living with HIV or AIDS in churches as equals is absent. Developed strategies need to make visible the inequality that exists in the work of HIV and AIDS especially with regards People Living with HIV or AIDS and these strategies must begin with NCA and follow through to FBOs and churches and Priority Groups.

ROC/RRT has facilitated equal access to prevention, VCT and treatment but this varies from region to region given that the programme is relatively new. The sub-evaluation report notes that services to People Living with HIV or AIDS are generally poor. Most people are ignorant about their right regarding to access services such as treatment, care and support.

Equal access to VCT by men and women is noted in Myanmar. In Vietnam women empowerment is promoted as well as gender equity by building capacity of men to support women. Global ecumenical partners like WYWCA and LWF provide micro-credit to women and People Living with HIV or AIDS to secure their livelihoods. Further, LWF has facilitated equal access to VCT and treatment through member churches that have clinics and hospitals. In brief, LWF and WYWCA are very active on equity issues.

Information from Eastern and Southern Africa shows that VCT and treatment is equally accessed. In Rwanda focus is on couples and not individuals. In Zambia VCTs are predominantly in towns and few if any VCTs in rural areas, however there is a food security project for People Living with HIV or AIDS.

## 5.3 Protection

Churches in Central America are changing their attitudes towards People Living with HIV or AIDS. However, very few organizations are engaged in advocacy work and protection of the rights of People Living with HIV or AIDS.

The Russian experience of protection points towards a focus by ROC/RRT to address stigma through a number of activities. Information to the team is that more and more people in Church are becoming more tolerant with People Living with HIV or AIDS. The concept paper by the Church should assist improve the situation. Treatment is currently becoming easily available but due to lack of information and stigma, few People Living with HIV or

AIDS who qualify are accessing ARVs. On the issue of VCT, clients who attend drug rehabilitation centres, the evaluation team was informed, undergo mandatory testing twice annually, which violates their right.

Apparently human rights of women and children are well protected in Myanmar but not of other vulnerable groups like IDUs and sex workers. Likewise in Vietnam, protection of rights is emphasized but discrimination still continues. The role of FBOs in the protection agenda in Eastern and Southern Africa points towards rights of People Living with HIV or AIDS being secured in Zambia. In Ethiopia, Income Generating Activities go towards support of People Living with HIV or AIDS for their sustainability. A number of programmes are in place to reduce vulnerability of young girls who would otherwise be forced to become sex workers.

Although the Church has opened its doors and working with People Living with HIV or AIDS, it is not fully a welcoming and safe space for People Living with HIV or AIDS but EHAIA and LWF and other NCA partners are working towards this goal and within the past few years, tremendous changes are noticeable.

## 5.4 Resource Use

A variety of resources are availed by NCA to partners. In Eastern and Southern Africa observations are that: In Zambia, NCA is a donor and partners use existing networks and resource organizations with specific expertise. Zambian Christian Health Association (ZACH) is presently attracting funding from GFATM. As far as Eastern Africa is concerned, Rwanda is not benefiting much from the HIV and AIDS Regional Coordinator as the Great Lakes coordinator has capacity. Many capacity building workshops are held for partners about HIV and AIDS. Interestingly enough the GEA and HAGA tools are not used to develop capacity. Again Ethiopia has strong capacity to address HIV and AIDS. They have a commitment to mainstream HIV and AIDS and gender.

Resource Use in Southeast Asia is varied but similar in some respects to Africa. In Vietnam partners and target groups have benefited from technical support of NAV and NCA Regional Resource Base Office. In as much as technical support has also been provided in Myanmar, NCA is appreciated for its long-term commitment, credibility and loyalty including good connections. Concern about decline of funding was raised. Thailand unlike other countries is perceived as a model of experience and good practice in capacity building efforts and skills development.

In Russia, NCA has played an important role in providing resources to ROC/RRT that made it possible to engage with HIV and AIDS work. The linkage to a resource organization AIDSInfoshare was the initiative of NCA. Unlike other sub-evaluations, Russia is coordinated from Oslo, as NCA has no

field staff. A number of trainings and skills development interventions were organized by NCA, which included exchange visits within and without Russia. Concerning global ecumenical partners NCA has shared field resources, which include staff and materials. NCA has also funded programmes at the Geneva level and directly to members of the respective organizations. Together with partners NCA has continued to lobby for funding for FBOs from the GFATM.

The role of Regional HIV and AIDS Coordinators is perceived differently in the regions. What however, is important is to observe is that regional coordinators have different capacities and skills. In addition, in view of the magnitude of the problem, there is need for regional coordinators who add value to national coordinators by bringing in new insights, experiences, knowledge and information. This is because at the national level, coordinators are also busy with monitoring implementation and yet with national coordinators, regional coordinator profiles must be clear in terms of roles vis-à-vis national ones. The evaluation is convinced that NCA requires requisite capacity at Oslo, regional and national level. It has in the past secured such vital resources and hence the leaps in moving FBOs to adopt HIV and AIDS on their agenda, the creative work within EAA however, in view of limited funding this human resource capacity stands the risk of diminishing rather than increasing. In the event that resources are not available then country offices must at least have a coordinator with relevant skills to accompany partners and resource centres should be developed given the fast changing nature of the pandemic.

## 5.5 Gender Issues

*"Tears of Men Go Inwards"* – This phrase is taken to summarize the gender situation. While men understand and know the issues, they are not visible, their tears are not seen. They remain in the background as women take on the load of HIV and AIDS. How can the tears of men be visible? With tears, emotions, empathy and hopefully action will follow. What happens to tears that continue to be hidden? When and how can men get engaged in this struggle in a sustained manner in order to remove not only the woman's face from HIV and AIDS but combat the pandemic?

At the level of staff ROC/RRT has women in leadership responsible for the programme, which is strength for NCA. Gender equity is meant to be assured in the laws of the country. Yet the reality on the ground is such that women's rights seem to be eroded by the structural changes taking place in Russia. Although the ROC/RRT is a hierarchical body, women form the bulk of personnel in social service work. For this reason they do not subscribe to NCA approach. They know about **HAGA** and GEA tools but they do not use them.

WCC/EHAIA has for a long time focused on church leaders but has now shifted focus to include women and youth. Likewise, LWF is engaging women more intentionally and even with specific projects. In general men are not actively involved in care and support as expected.

As already discussed under equity, participation and protection Central America is still faced with challenges of gender equality.

NCA efforts in Eastern and Southern Africa in mainstreaming gender have been recognized. NCA has also held workshops against gender based violence and harmful practices and in so doing contributed towards mitigation of the vulnerability of women and girls. In some countries **GEA/HAGA** tools are known and used. Gender inequality is beginning to give way as it is slowly challenged and a number of programme interventions undertaken.

Major progress is made in Southeast Asia concerning gender. A key strength found within NCA was the presence of strong women leaders at the all-female NCA-Bangkok Resource Base Office, and at the Vietnam country office. In projects supported by NCA, strong women were also found among the partners, although gender balance was not quite achieved. For instance, there were 4 strong women activity managers at MCC in Myanmar out of 9, but the key project staffs were male. Evaluation findings in Southeast Asia show that considerable efforts were made to promote women's empowerment and leadership. For instance, NCA has clear policies on promoting women's empowerment and gender equality. The Mothers and wives Club in Haiphong, Vietnam, MCC's activity managers and the Trishaw Project in Rangoon, Myanmar, are some concrete examples of how policies and guidelines have been translated into practice. With regards to beneficiaries, interviewees usually gave the ready answers of men and women having equal access to services as well as shouldering equal responsibilities in prevention and care. Therefore it is debatable whether men and women really have equal access to prevention. During the self-assessment exercise with the Chiangsaen Hospital team, for example, participants mentioned that gender issues had not been raised as a main issue in the HIV and AIDS project, and that the roles of wives and mothers needed to be discussed with People Living with HIV or AIDS. However, there was no mention of the men's roles, which is critical.

Efforts within NCA as an organization at Oslo level to obtain gender equality in staffing indicate that this was realized in 2006. Evaluation findings from the field show that gender equity still poses a challenge as the imbalance remains. In spite of mainstreaming gender policies in major documents, implementation strategies are lacking. Knowledge and use of GEA and HAGA tools is not widespread and varies from region to region.

Major gender equity challenges with NCA as it works with churches are as follows: Since NCA has chosen to work with FBOs they are not known for promoting gender issues. FBO structures tend to be hierarchical especially churches. Most leadership of FBOs is male dominated. Another challenge for

FBOs and in particular churches is one of sexual/reproductive rights of women resulting in dilemmas FBOs work regarding HIV and AIDS prevention. The churches pursue Abstain, Be faithful and not use of Condom but would rather that other players promote use of condom. This is an area that NCA should work with governments and other players and not focus heavily on churches, as they are slow in transforming attitudes. Gender issues therefore deserve further advocacy and capacity-building efforts.

## 5.6 Highlights, Lessons learnt and Recommendations

On participation, the People Living with HIV or AIDS are increasingly visible in programmes. Only Eastern and Southern Africa registered higher levels of participation by People Living with HIV or AIDS in policy-making organs. Otherwise People Living with HIV or AIDS are mere recipients of services. Central American experience shows that definitions of People Living with HIV or AIDS groups is still a challenge for churches and hence their very limited participation. In Southeast Asia and global ecumenical organizations illustrate inroads made in improved participation of People Living with HIV or AIDS. The case of Russia however, is one that needs enhanced capacity for ROC/RRT in order to know how best to involve People Living with HIV or AIDS. Interviewees expressed interest in linking up with resource people from Norway preferably People Living with HIV or AIDS to facilitate workshops on how to integrate People living with HIV or AIDS in activities.

Findings pertaining to protection lean towards a varied experience. Churches in Central America have not come to grips with the understanding of human rights for People Living with HIV or AIDS and therefore empowerment programmes are limited. But at the same time, training in human rights issues are left to NGOs perceived competent in this area to carry out programmes. Unlike Central America, FBOs in Southeast Asia seem to be ahead in understanding and empowering People Living with HIV or AIDS however, limited in terms of their rights as indicated in the example of Myanmar and Vietnam.

Gender equality remains weak in FBOs interventions. Women in Central America continue to function within prescribed traditional roles. Eastern and Southern Africa on the other hand, is beginning to equip men to participate but still weak. Trainings in Southeast Asia are making men to support women and gender equality is stressed in spite of challenges. Women still dominate the work on HIV and AIDS and there is need to create more groups and movements of men against HIV and AIDS. NCA should develop a clear strategy on how to apply GEA and HAGA gender tools.

Resource Use findings illustrate that NCA has played a key role in connecting partners with resource organizations. It is evident that NCA has availed a variety of resources without which HIV and AIDS work would not have gained current momentum. NCA has facilitated HIV and AIDS work of partners by

providing funding; logistical support such as office space, moral support etc. Human resources in Oslo and field have been instrumental in certain situations in providing technical support. All said and done financial resources are on the decline and NCA with its partners needs to continue to source funds given the magnitude of the problem and the embryonic beginnings of FBOs with HIV and AIDS which have raised expectations.

## SECTION VI: THE ROLE OF FAITH BASED ORGANIZATIONS (FBOs)

### 6.0 THE ROLE OF FAITH BASED ORGANIZATIONS (FBOs)

#### 6.1 Strategic Position of FBOs

The sub-evaluation on Norway made critical observations on the link between faith and development and the role of FBOs including erroneous perceptions by the secular development actors. To begin with, FBOs are important players in many spheres of development, with broadly and deeply established roots as key and sometimes sole providers of key social services - notably health and education. Yet the two worlds, faith and development have remained largely separated. The vocabulary and approach of spirituality often, though not always, seems inimical to the technical, hardnosed economic and financial approaches of development practise. Most domains of public policy also assume a separation of state and church, particularly official development institutions, which often by mandate work through member states. The result has been that the world of religion has been largely unacknowledged and often unseen among many development practitioners, both in writing and on the ground. The walls that appear to divide the realm of faith from the secular and pragmatic world of economics crumble faced with the gamut of issues that falls under the heading social justice. Globalization has also brought, among countless other changes and challenges a realization of the profoundly complex links among phenomenon often viewed as distinct. A central thread runs through this quest for development solutions: the common responsibility of the global community, and thus of both institutions of faith and development, and individuals within them to address the travesties that stand in the way for a more just world. These include the persistence of widespread and deeply rooted poverty, health and the violence that threatens individual lives and human security.<sup>8</sup>

Faith communities are understood as having a central role to play in fighting the HIV and AIDS pandemic, caring for the sick and dying as well as mitigating its impact. Hence faith organizations are now called upon by governments as well as by the international community to take a far more active role in curbing the pandemic and mitigating its impact. The role of religious leaders in facilitating community mobilization and collaboration in participatory programmes are emphasized as particularly viable. Similarly, working through FBOs is seen as releasing the unutilized potential within

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<sup>8</sup> Marshall and Keough (2004).”*Mind, Heart and Soul in the Fight against Poverty*. Washington DC: The World Bank Pg 1-9

faith health networks. It is equally important to point out that the debate on Faith and development is particularly a Northern undertaking whose consequences the communities of the third world have had to bear without careful analysis and justification. Indeed, the role of NCA in highlighting the potential central role that FBO can and do play in social service delivery and not least in HIV and AIDS work and the inability of the states and governments to adequately bridge poverty gaps has to some extent forced secular bilateral and multilateral organizations to look hard at other possibilities/avenues of service delivery. And while secular NGOs in the south are more professional, they are few and thinly spread as compared with FBOs. Hence the new appreciation of the possible role of FBOs needs to be critically reviewed and its advantages strengthened and harnessed without overloading FBOs with external agendas.

## 6.2 The Strategy of FBOs

The choice of FBOs as a strategy by NCA to address HIV and AIDS is a recognition that the magnitude of the problem requires concerted efforts by all actors. It is also a natural approach for NCA given its own identity as a faith based organization. Evaluation results show that this approach has been successful and it is a viable strategy for continued work. Regionally, Central America used two strategies that is, one of organizing meetings and workshops for Church leaders with other groups. Two is of funding participation of leaders in international conferences as a means of exposing and increasing their knowledge. The aim was to equip religious leaders to take pro-active stance on HIV and AIDS, which they have done, to a great extent.

At the level of Norway, NCA as an FBO has played a key role in putting HIV and AIDS on the agenda of Norwegian civil society. Globally NCA has through organizing and facilitating International Conferences like the AIDS 2004 Bangkok one brought multi-faith groups together and other players to begin to engage with FBOs more seriously than ever before.

Promotion of the FBO strategy has also succeeded in Southeast Asia where Christians, Moslems and especially Buddhists collaborate together in addressing prevention, awareness raising, reduction of stigma and discrimination. Were NCA not to focus on FBOs as a strategy, ROC/RRT in Russia would not be engaging with HIV and AIDS issues at the level they are now. Thus NCA has made it possible for the ROC/RRT to go through a long process of theological reflection on the issue of HIV and AIDS and the role of the Church. Experiences of Eastern and Southern Africa are such that leaders and FBOs are more than ever working with HIV and AIDS issues and affected and infected religious leaders themselves are organized to fight against the pandemic thereby addressing stigma and discrimination. An added advantage is that the growing organization of positive religious leaders, easily use their pulpits to reach communities with messages on HIV and AIDS and therefore

creating space in the Church as a Church living with HIV and AIDS. In spite of these developments, FBOs according to the Eastern and Southern Africa report are not visible at the regional level as they tend to be more operational at country level.

Indeed the FBO strategy is sound. But questions pertaining to concept and potential constraining factors require continuous reflection on how to make this strategy effective and efficient. It is not evident whether NCA is of the opinion that any FBO can qualify as a partner or whether there are criteria to determine suitable and appropriate FBOs. While the GSP provides a rationale for focusing on FBOs, no crystal clear evidence exists on whether NCA has an analysis of FBOs' advantages and disadvantages. However, evaluation evidence shows that NCA has worked at making FBOs better civil society organizations. Furthermore in order to reduce the potential harm caused by churches NCA has deliberately chosen to work with them in order partly to reduce the harm and more important because FBOs are themselves communities within larger communities with legitimacy. In future, NCA should build capacities of FBOs to adhere to evidence based approaches that ensure transformation of societies and to interpret FBOs mandate to global development actors as well as protecting FBOs from carrying out secular agencies' agenda especially in light of their sourcing funds from Country Coordinating Mechanisms arrangements such as National AIDS Committees which might be tempted to delegate their responsibilities to FBOs.

### 6.3 Concept of FBOs

The concept of FBOs has assumed prominence in recent years. As the evaluation report on Norway articulates, professional development actors had not taken Faith seriously in the past. However, many development organizations do recognize the strategic role of FBOs and their broad based constituency that gives them legitimacy. The FBOs and in particular churches have a long history of providing social services. Recognizing that HIV and AIDS need all requisite skills and actors, FBOs have come to the centre stage as witnessed by the AIDS 2004 in Bangkok.

What NCA defines an FBO to mean and represent is not clearly stipulated in the GSP of 2005-2009. Rather various comparative advantages of FBOs that provide a justification for their use by NCA are enumerated. It is imperative however, that NCA in continuing to use FBOs reflects on questions such as: Who qualifies to be an FBO? Does NCA have criteria and if not is it necessary to develop one that guides the choice and engagement? What is or should be the scope of engagement with an FBO? It may be prudent for NCA to reflect more on the understanding of FBO given the diversity with various faiths especially where inter-faith work is pursued and in view of the emerging interest in FBOs by secular funding organizations some of which have contrary approaches to HIV and AIDS work to that of NCA.

## 6.4 Challenges

A number of factors have already been presented that make FBOs attractive partners to work with on HIV and AIDS. There are however, challenges that NCA should consider as it uses this noble strategy. Some of these include: the inability of FBOs to fully engage with human sexuality and related issues; the position of some FBOs on the sexual and reproductive rights of women; the on-going tendency to retain a gender status that keeps women disempowered; persistent and potential lack of trust in FBOs by governments and even communities; and hostile political environments that can hamper the work of FBOs. As illustrated by the Southeast Asia evaluation, NCA has in certain instances successfully navigated some of the above mentioned challenges and a pragmatic approach lends itself credible and yet a continuous analysis of FBOs and the dilemmas and challenges they face by NCA would catapult the work.

## SECTION VII: REGIONAL SPECIFICS AND PARTICULARIES

### 7.0 REGIONAL SPECIFIC ISSUES

#### 7.1 Eastern and Southern Africa

Two major issues emerge out of the Eastern and Southern Africa sub-evaluation report that are captured in the recommendations below:

##### **7.1.1 Revisit the Role of Regional HIV and AIDS Coordinator**

With the changing funding scenario and the evolving nature of HIV and AIDS work in the regions, the role of the Regional Coordinator has to be strategic. The coordinator has to be able to build capacity of partners to mobilize funding and other resource support. In addition, the Coordinator has to facilitate inter-country and regional learning. This is important given the fact that churches are at different levels and ecumenical cooperation is essential for improved performance. The Coordinator also has to know how to relate with country representatives who may not see the benefit of regional coordination.

The team has been informed that the post of Regional Coordinator will no longer exist in the Eastern Africa region, although it is our observation that the role should continue, despite the fact that not much value may have been added over the last few years. The team's reasoning here is based on the principle rather than the individual concerned.

The Eastern and Southern Africa team has also observed that in some of the countries where there is a country HIV Coordinator or Programme Coordinator she/he has often functioned independently without the support of the Regional HIV and AIDS Coordinator. (Chapters 2 to 6).

##### **7.1.2 Establish a clear working definition of FBO**

Evaluation team reiterates the need for the definition of FBO as earlier stated (see 6.0). The concern for FBO definition by this sub-evaluation is based on the growth of organizations from the original partner of NCA. These are for example, partners who have been offshoots of Church bodies or have been initiated by some members of the Church and may after a point begin to

work independently. Although links with the Church by these institutions may be structural (as in Church leaders represented on the Board), functional (as in the Church providing some space or facilities for the group to operate) or integral (Church leaders and members being a part of the group where there is cross fertilization of ideology and activities. e.g. the work of the group informs the theology of the Church and the Church in turn influences the perspective and work of the group, they are nevertheless autonomous bodies (Chapters 2 to 6).

## 7.2 Central America

### 7.2.1 Efficiency and Effectiveness

In order to have an impact on the situation of HIV/and AIDS in the region, the definition of strategies and the implementation of these strategies is the role of NCA and Priority Groups and partners respectively. Therefore NCA must take the lead role in stimulating and motivating the partner, People Living with HIV or AIDS and other Priority Groups to jointly participate in monitoring and evaluating these processes. This must include a revisit of the Regional Strategic Plan (RSP) and its application in the region as well as the administration of resources both human and financial.

A fundamental aspect in developing guidelines for implementation, according to the team, is the inclusion of pastoral and theological dimensions especially in the case of advocacy. This process could include the staff of the regional office and also FBOs and churches in their formulation to emphasize the Christian perspective and its implications for anyone working with HIV and AIDS.

## 7.3 Europe

### 7.3.1 Russia

Three issues are of importance to the ROC/RRT. One is the need to clearly point out the manner in which spiritual resources have been used especially prayers for the positive people. A second experience is the Concept Paper especially the process of debate and adoption used by the ROC/RRT. Since it was broad based, other Christian churches with hierarchical structures could borrow a leaf from ROC/RRT. Contained in this Concept Paper are efforts to seek a theological understanding and justification on how ROC/RRT can address HIV and AIDS. Thus like Norway, continued theological discourse is imperative in future particularly since LWF is also reviewing its theological materials. Third, is the situation of People Living with HIV or AIDS in Russia where the stigma remains extremely high and protection of people tested

positive is not guaranteed whether outside or even in government institutions and in this regard the situation of OVCs must be pointed out as being extremely precarious that calls for urgent action.

### **7.3.2 Global Ecumenical Organizations**

Globally, ecumenical partners are at a point where due to production of publications and materials by respective organizations, they need to harmonize and share for purposes of cost effectiveness and wider circulation. In addition, it is commendable that HIV and AIDS work place policies have just been formulated for example, by WCC. It is however, important to encourage implementation of the same by all organizations and efforts by ecumenical organizations must be stepped up to ensure that the Church is HIV and AIDS competent, a welcome and safe place for People Living with HIV or AIDS.

## **7.4 NCA's Work in Norway**

A key specific issue raised in the sub-evaluation that NCA needs to keep alive on its agenda of debate with global, regional and national actors is the dual language of Faith and Development if the strategy of FBOs is to remain relevant and effective. Another highlight is the need for NCA in-house capacity. In other words, NCA should secure its already acquired knowledge base as well as its ability to meet new challenges by strengthening the in-house capacity with two positions, as was the original plan:

- Advocacy and global alliances
- Planning, programme and implementation

### **7.4.1 Organizational Anchoring of HIV and AIDS Work**

In order to realize the intentions of the GSP 2005-2009, NCA should secure that the AIDS team remains a central tool to the implementation of the same. A clear organizational anchoring of the HIV/AIDS work provides an ability to exploit maximally the synergy potentially in NCA. This combined expertise should be present across the organizational units. NCA should assure that the expert team is recognized as an expert team within the organization in order to utilize fully its potential. In addition to mandate and work plans for the team there must exist a clear understanding and sound routines for when the HIV/AIDS team should be addressed and asked for support, judgement, quality control and assurances.

#### **7.4.2 NCA should make the AIDS Team Reflect NCA's Combined Field of Action.**

Given the comprehensive, holistic and integrated approach, the promises of the GPS 2005- 2009, NCA should in order to meet the challenges ahead, include expertise not only on gender, but also trade, water and emergency relief in the HIV and AIDS team.

#### **7.4.3 NCA –EAA Relationship**

The NCA-EAA relationship has proven the need for continued NCA pro-active support both financially and strategically in order that EAA shall continue to grow as a significant advocacy alliance on the global scene. The work towards the GFATM is also a good example to build upon for alliance and networking and the success of advocacy will be the number of FBOs able to utilize its funds efficiently and effectively. Hence the need for NCA to keep a focus on the net results in the field.

#### **7.4.4 Theology**

NCA should facilitate theological discussions and committed dialogue on HIV and AIDS. This could also engage the ROC/RRT leadership as expressed by interviewees who are of the opinion that growth in the HIV and AIDS work by the church may be ignited by continued dialogue between Church leadership in Norway and the ROC leadership. To begin with, this could continue in Norway, but also within EHAIA and LFW both at Geneva and appropriate field level. These reflections should be shared with individual partners.

### **7.5 Southeast Asia**

#### **7.5.1 Interfaith**

In Southeast Asia the issue of inter-faith and the need to encompass this approach more intentionally features rather prominently. Indeed, Southeast Asia has made important experiences on interfaith approach to HIV and AIDS work that other regions like Africa may want to borrow and or learn from. NCA is urged to go further in its accompaniment work and equip vulnerable groups such as People Living with HIV or AIDS so that they are empowered to be in charge of interventions.

### **7.5.2 Treatment**

In the evaluation findings treatment is highlighted and recommendations made that should call for the need to facilitate linkages between partners and hospitals as well as building capacities of hospitals owned by FBOs to offer support. In spite of treatment receiving high profile over and against prevention, there are ethical issues that NCA still needs to pursue. Besides, for treatment to be effective, basic education/literacy in treatment is needed to general populations so that follow-up on treatment is also coherent. NCA partners should be assisted to link up local clinics with national health structures especially since FBOs fill the gap between health facilities and communities. This is another level of networking between NCA partners and clinic and hospitals in so far as treatment is concerned. In view of the emphasis given to treatment by the sub-evaluation it is imperative that NCA rethinks its treatment strategy and share it with partners.

### **7.5.3 Political context**

In the analysis of the findings, the evaluation report refers often to the rather sensitive political environment that has implications on NCA partners' work of HIV and AIDS. Obviously, this requires constant scanning of the environment and adjustment of programmes by NCA and its partners in order to remain relevant.

## SECTION VIII: NCA'S ADDED VALUE

### 8.0 NCA'S ADDED VALUE

NCA has added value to the work of HIV and AIDS by FBOs during the period under review. NCA was strategically positioned because HIV and AIDS came from the field/partners and therefore GSP thematic priority is harvesting from people's experiences. HIV and AIDS was a challenge for field people and not NCA Head Office. Initially policy and strategizing was left to the field. Only after the TV campaign did HIV and AIDS become a global focus. The 2000-2004 GSP HIV and AIDS didn't feature as a priority until after its revision in 2002. Because of early field experiences and in view of field offices that provide a direct link with communities/partners and therefore access to first hand information, NCA was one of the few ecumenical agencies working on HIV and AIDS hence its strategic position to influence HIV and AIDS related processes.

Overall NCA added value to HIV and AIDS through policy advocacy, capacity building, alliance building, funding and human resources. Other areas where NCA has added value is on: Stigma and discrimination which took centre stage in NCA HIV and AIDS work as result of interaction with the ecumenical organizations and in turn making it a priority in GSP. Mobilizing religious leaders on prevention resulted in change of attitudes and behaviour among FBOs.

By focusing on FBOs, NCA contributed to mitigation of impact of HIV and AIDS among the vulnerable groups, especially young girls, OVCs, the elderly and poor. Uprooted people are facilitated to obtain better protection from infection by activities such as those by LWF/DWS. Initiatives with FBOs in the 3 countries in Southeast Asia generated impressive results with potential for scaling-up. It can be said therefore that NCA's strategy of developing and testing a model in a pilot project then mobilizing other funds to support further expansion and scale-up has been effective and a strategic way to spend the relatively small budget.

Introduction of **faith-based organization approach** and rights-based approach has also been successful though at different levels in the participating countries because of different complex circumstances in each country. To begin with, the FBO has been a general success and given its wide coverage and constituency, NCA has not only made inroads but has engaged one of the largest and critical actors in changing attitudes and behaviour and in provision of support, care and prevention. Interfaith approach to HIV and AIDS while predominantly in Southeast Asia and Africa is a dimension that NCA has added value by encouraging its partners to collaborate with other faiths. This in essence has broadened the FBO approach to move beyond churches to other faiths and communities.

Regarding the **Rights Based Approach**, while new both to NCA and partners, it is appreciated and perceived as an approach that will guarantee the dignity/rights of the People Living with HIV or AIDS. In fact, the essence of the approach has been to raise awareness on the simple fact that People Living with HIV or AIDS also has rights that must be respected. NCA and partners have contributed to the protection of Human Rights of People Living with HIV or AIDS and other vulnerable groups through advocating for the three indicators of equity, participation and protection. Therefore, the adoption of RBA is to secure that human rights are entrenched in HIV and AIDS work.

*“You cannot work with them without having a big heart. It’s not just giving money. There is only one-way to build confidence: trust them and believe in them, then they start believing in themselves. They’re not regarded as NAV project target group, but as people... This is how NAV is different from other organizations. Other organizations often start with money, but they can’t win the heart of People Living with HIV or AIDS and cannot get their commitment. But we start working with the heart.”*

*Hung,*

NCA’s added values also lie in its **capacity building** efforts for both partners and People Living with HIV or AIDS. Capacity building included technical support, various skills enhancement on a continued and regular basis on important issues (such as participatory approaches, gender and violence). Moreover, capacity building activities by FBOs ensure inclusion of People Living with HIV or AIDS and other vulnerable groups as a means of empowerment.

Additional capacity building and skills development was secured for partners by NCA through **exposure to practices** and lessons learned in other countries through exposure visits and participation in regional and international workshops and conferences, including the International Conference on AIDS in Asia and Pacific (ICAAP) and the World AIDS Conference; AIDS Conference 2004 Bangkok and AIDS Conference 2006 etc. A partnership way of working, not donor-recipient relationship including networking and promoting multi-sectoral networking, especially in Thailand. In all sub-evaluations, findings show that NCA partners have actively been exposed through a variety of national, regional and international conferences and exchange visits including networking encounters.

Availability of substantial financial and human resources for example, Regional Coordinators, made it possible for NCA to add value to the work of HIV and AIDS. In addition NCA has accompanied partners in the journey of seeking to become relevant actors in the field of HIV and AIDS work. This has not been a mean undertaking given the initial positions especially of the churches on the pandemic. Existence of **Regional HIV and AIDS Coordinators** as an expression and availability of capacity has facilitated

NCA and partners' work on HIV and AIDS. Obviously the performance of Regional Coordinators has varied from region to region. There is a high appreciation for the staff in Southeast Asia while as the Eastern and Southern Africa team observes the regional coordinator for eastern Africa is a function to be abolished.

NCA's designation of resources to stimulate and strengthen a response from FBOs towards and promoting visibility of partners and FBOs at country, regional and international levels has worked very well. Besides, NCA has linked FBOs with other agencies at various levels, promoting their work and achievements, and serving as a bridge linking a country to the international world. For instance, ROC/RRT responded to HIV/AIDS work as a result of NCA support and participates in prevention. Considering the need for NCA to continue the important work by FBOs it has ignited, the presence of a central team at Oslo level should continue and likewise, the role of regional coordinators is crucial to follow through policy and programmatic monitoring. Indeed it is the human capacity that has given NCA an added value in the promotion of HIV and AIDS work in the regions including Norway.

Another added value is the ability of NCA to aggressively conduct **advocacy work** promoting HIV and AIDS as a global justice issue. The role and support of NCA in the EAA is an important milestone in global advocacy and engaging FBOs/multi-faith groups with secular actors. NCA has also challenged partners on issues of advocacy prompting them to take up advocacy in HIV and AIDS. In some instances like Russia, NCA has introduced new methods of doing social work.

Global evaluation results clear indicate that NCA is highly appreciated and its support acknowledged for the added value that which has not only made it possible for partners to engage with HIV and AIDS but which also gives NCA a comparative advantage over a number of other funding agencies which may provide large funds but not much of anything else. **NCA's strategic choice of FBOs has yielded fruit!** It may not be full-grown and ripe but in the process of becoming. The question is: Will and can NCA keep up the momentum now that enthusiasm is created?

## SECTION VIII: ACHIEVEMENTS AND CHALLENGES

### 9.0 MAJOR CHALLENGES

NCA and partners' involvement with HIV and AIDS has not been a smooth sailing journey rather a number of hurdles have been in the way and the evaluation findings only has pointed out a few key ones.

#### 9.1 Communication and Campaign in Norway

Although NCA relies heavily on the Lenten Campaign, it has not become a "campaign of the congregations". While it is desirable for all congregations to participate not all congregations see it that way. To-date Free Churches in Norway still find it difficult to commit to work with HIV and AIDS and this is a matter that should be addressed by NCA in its future undertaking.

#### 9.2 Workload

It was observed that staffs continue to shoulder heavy workload hence need to prevent possible burn-out which can lead to stagnation or staff turnover in the future. Examples of heavy workload are especially from Southeast Asia although in Russia it was also noted.

#### 9.3 Role of Regional Coordinators

This role is appreciated in some regions and in others it does not exist or even critically questioned in terms of its effectiveness. NCA needs to undertake a general assessment of the function and its viability in light of multiplicity of actors in the HIV and AIDS work. From the sub-evaluations, the role of Regional Coordinators is vital but more so the role of Country Coordinators is crucial to partners and also in terms of monitoring. There is need for NCA to rethink focusing on Country Coordination and if there is need for Regional Coordinators, which there is, then its role vis-à-vis Country Coordinators should be clearly spelt out. It is the opinion of the evaluation team that NCA needs central capacity as envisaged in the GSP at the Oslo level and Regional coordinators in the regions. Another area of clarification is the need to balance regional leadership and technical support with fostering growth, leadership, and ownership in country programme and at country offices, so that the country programme and office can grow in the longer term.

## 9.4 Mainstreaming of HIV and AIDS and Gender

The concept of mainstreaming is increasingly home with NCA and partners but although gender tools for mainstreaming are available and capacity on the same developed to some degree, the differences in regions vary a great deal. In some regions mainstreaming is taking place while in others' the position of FBOs towards gender equity is rather disappointing. More efforts by NCA in training partners on the gender tools and mainstreaming gender are needed. In the case of Southeast Asia, promotion of cross-cultural diversity and sensitivity as well as gender balance in the teamwork at the Regional Resource Base needs a more regional feel. In other regions gender balance has not been realized let alone mainstreaming. Efforts towards work place policies and programme mainstreaming are noted but very limited and therefore the need for integration of HIV and AIDS in to other programmes and activities of partners.

## 9.5 Funding

The current GSP which encourages NCA staff to mobilize additional funds to support new initiatives allows a way for NCA staff to scale up its successful pilot projects and activities but the Oslo budget does not provide for what is needed and this could add to staff workload. Perhaps the key challenge for NCA now is after a successful pilot with FBOs engagement with HIV and AIDS, how will more funds be secured for expanded work. A number of strategies some already underway in NCA and ecumenical organizations need to be explored. At least fundraising capacities of NCA partners need to be stepped up so that they can successfully bid for resources at national level and other sources.

## 9.6 Networking/Alliance Building

While NCA is commended for Networking and Alliance building penetration to governments at national level remains weak especially in Russia where the ROC/RRT has barely started dialogue. In South East Asia although NCA has been working well with NGOs and FBOs in various countries, and includes provincial government agencies among its partners, it does not engage very well with the governments at national level. Horizontal networking in the regions has succeeded and very little of the vertical which in this case NCA and global partners have promoted and realized through the EAA. In future, NCA's partners should strengthened vertical networking and alliance building

in their national and regional contexts. This is essential if more effective advocacy and resource mobilization is to be achieved.

## 9.7 The Rights Based Approach and Logical Framework Approach

There is recognition and acknowledgement of the importance of these two tools in facilitating quality work on HIV and AIDS. At the same time, the tools are relatively new within the NCA fraternity and have therefore not fully landed, internalized nor anchored as expected. The time frame of implementation and capacity development on the tools has just begun and there is need to give more time to NCA and partners. Therefore, there is need for further training, internalization and application of the tools. In addition, concerns raised about process indicators that assure qualitative results besides quantitative indicators are a matter for NCA to consider in order to provide a holistic view of impact.

## 9.8 Competition between Various Actors

The foregoing sections and in particular the contextual analysis shows that there are many actors currently in the field of HIV and AIDS unlike the time when NCA embarked on the work. Apparently the multiplicity of actors is both positive and negative in many respects, for example, some of the funding sources exhibit contradictory approaches and demands on the part of implementing agencies creating confusion especially since the demand for resources is real. In addition, with a multiplicity of actors in the field of HIV and AIDS the competition for resources and space is becoming stiff and there is need to harmonize approaches and encourage coalitions. The different demands and criteria by funding agencies is a matter that NCA competence could provide advice to partners and also the sources of funds can be monitored by NCA both Oslo and the regions. More critical is the advocacy work by NCA for more resources to be availed to FBOs through reliable channels.

## 9.9 HIV and AIDS Treatment

During this phase of the programme under review, issues related to treatment did not feature prominently. However, in all the sub-evaluations, issues of access to treatment and other related support have been raised ranging from inability to access because of stigma and discrimination to sheer lack of availability of services. Given that quite a lot of work has been

done on prevention, treatment is an area that demands capacity building as well as linking People Living with HIV or AIDS to service providers. This in turn requires that NCA takes a critical look at its policy on treatment as it is the opinion of the evaluation that treatment is very important especially its access to the people who need it. Equally crucial is information about treatment and thus the need to do treatment literacy. Those FBOs with clinics may need capacity strengthening in order to participate in provision of treatment and therefore NCA could be a facilitator in linking them to larger government and inter governmental resources.

### 9.10 Role of Men in HIV and AIDS Prevention, Care and Support

Work on involving men in prevention, care and support is registered but it is by far on a very limited scale and hence the importance of securing men in HIV and AIDS work.

### 9.11 Participation, Equity, and Protection

These are important concepts and indicators, which the evaluation observes different levels of success in the regions. Some regions are doing quite a lot on the three for example South East Asia and Eastern and Southern Africa while others like Central America and Russia are behind on some of the indicators. More work needs to be done to understand the concepts and apply them in the work for communities, People Living with HIV or AIDS, vulnerable groups and affected families.

## SECTION X: CONCLUSION AND RECOMMENDATIONS

### 10.0 CONCLUSION AND RECOMMENDATIONS

Based on the findings the global evaluation has clearly shown that FBOs are at the centre of HIV and AIDS prevention work according to NCA's present GSP. FBOs are beginning to take HIV and AIDS seriously by engaging with theological discussions on ethical and moral issues; providing care and support; spiritual and psychological support and making the Church a welcoming and safe space to infected and affected people. Whether ROC/RRT or global ecumenical partners, NCA's financial and human resource contribution enhanced the participation of FBOs in the work of HIV and AIDS.

Networking and cooperation with other agencies is an affirmation of the need to build alliances in order to assure greater impact. Indeed FBOs are linking to NGOs, government structures, UN system and inter-religious networks. In Africa and Russia inter-religious meetings were held while LWF despite being a denominational organization pursues an ecumenical approach. Assessment of roles and contribution of FBOs and other partners in reducing stigma/discrimination, prevention, promoting care and support in the changing contexts/environment is evident. In fact, FBOs as argued by NCA are strategically positioned to facilitate change.

#### 10.1 Policy Advocacy

NCA should continue and strengthen its advocacy role, with particular emphasis on the following:

- Advocate for integration of CBC/HBC with hospital care and treatment, to promote comprehensive care, which includes home care, traditional health care, as well as OI prophylaxis and ARV.
- Advocate for participation in other words the voice of the people, the community, People Living with HIV or AIDS and affected families, and vulnerable populations to be heard, and for these people to have access to necessary prevention, care and support services.
- Advocate for governments and other agencies to scale up the effective models and approaches that NCA has supported with partners e.g. community response, HIV and AIDS interventions for prison inmates, support and empowerment of People Living with HIV or AIDS groups and networks, income-generation for People Living with HIV or AIDS and affected families, cross-border HIV and AIDS interventions, faith-based and rights-based approaches.
- Advocate for comprehensive approaches to preventing HIV/AIDS and mitigating its impacts, which also address such related issues as

poverty, commercial sex, migration, drug use, lack of education, and civil society development.

## 10.2 Programming

NCA has initiated programming which has proved to be strategic and potentially successful, and which should be continued and strengthened, i.e.

- Continue and strengthen work on faith-based approach, and ensure that it is closely linked to other approaches such as the empowerment of People Living with HIV or AIDS, multi-sectoral collaboration, comprehensive care, and interfaith initiatives.
- Continue and strengthen work on rights-based approach and intensify efforts to promote the concepts and foster the practices of equity, participation, and protection of vulnerable and marginalized populations such as drug users, sex workers, migrants, IDP, cross-border populations, prison inmates, and men who have sex with men. Take into account concerns regarding accessibility of language and the sensitivity to theological terms that already exist in NCA.
- Continue alliance building, capacity building, and advocacy on FBO and interfaith programming and collaboration.
- Continue to train on LFA as a planning tool recognizing the limitations it currently has of inability to capture processes.
- Intensify efforts to promote gender awareness and mainstreaming encouraging more active roles of men in HIV and AIDS prevention, care and support.

## 10.3 Quality Enhancement

NCA should enhance the quality of its work through the following strategies:

- Continued capacity building for staff at Head Office, Regional and Country levels to ensure that staffs are updated in their knowledge and skills on the fast-changing world of AIDS work.
- Promoting more systematic measurement and self-assessment by staff and partners. This requires development, internalization and application of monitoring mechanisms. Ensuring that evaluation becomes a learning process for NCA staff. There is need to focus on monitoring differential impact, mainstream gender concerns, assess, compare project plans, results and impact. NCA has yet to concretize policy decision and needs to continue to build internal capacity. Although LFA is the preferred tool of planning, partners use different variations of LFA. And therefore approaches of NCA require a common understanding and where possible application for purposes of comparison and measurement of impact. The work on HIV and AIDS should continue to be perceived as a long-term engagement.

- Promoting knowledge management and institutional memory at all levels including documenting good practices and lessons learned on the various models promoted and practiced.

## 10.4 Alliance building

NCA should continue to build strategic alliances, with more emphasis on:

- Reaching out to various faiths, promoting interfaith collaboration and resource organizations with expertise as in the case of Russia.
- Building closer alliance with service-providing sectors to ensure provision of necessary resources such as funds and medicine (OI prophylaxis, ARV, etc.) for NCA partners and target groups in the countries.

## 10.5 Resources Mobilization

NCA should intensify efforts to mobilize resources through the following strategies:

- Diversifying sources of funds.
- Building capacities for regional and country offices to mobilize resources by themselves and providing technical, lobbying, and networking support as necessary.
- Continue through EAA to lobby GFATM to provide resources to FBOs especially through Country Coordinating Mechanisms. Encourage FBOs to monitor resource flows in their countries and seek to access them.
- In order that NCA shall deliver on its GPS it should continue to support the EAA both financially and strategically in order that EAA shall continue to grow as a significant advocacy alliance on the global scene.
- EAA as NCA needs to keep a focus not only on advocacy but also on the net result in the field. It is important that many more FBOs access funding as this will be an indicator of results and impact of the lobby and advocacy work of EAA and NCA.
- Acknowledgement, recognition and utilization of existing human resources among partners and the community of AIDS activists at country and regional levels.
- In addition, NCA needs to share ideas with staff and partners about the strategy of financial support beyond 2009, so that they can start making plans and proposals as appropriate.

## 10.6 Human Resources

In order that NCA can continue its added value in HIV and AIDS work it should ensure the following strategies:

- Continued presence of capacity of staff with competence and requisite skills in HIV and AIDS at Oslo, regional and national level.
- Promoting and enhancing the work of Regional Coordinators for HIV and AIDS especially in view of the vast geographical areas, importance of the work of HIV and AIDS as stipulated in the GSP and the fact that other long term development will not be effective if the pandemic is not curtailed. The presence of Regional Coordinators is to facilitate proximity to partners especially recognizing the spread in other regions where more capacity is needed. Eastern Europe may be served directly from Oslo since the distances are not as big as compared with other regions.
- In-house capacity at Oslo and also building capacity of the rest of the programme staff.

## 10.7 Global Ecumenical Organizations Strengthening

Global ecumenical organizations share a number of partners in the field with NCA and the fact that NCA was among the first agencies to grapple with HIV and AIDS and in view of its ecumenical relationships, it influenced most partners. For NCA to keep the fight against HIV and AIDS on the agenda and mutually share new knowledge and experiences NCA should:

- Continue to participate in the Regional Resource Group meetings of WCC, engage in WYWCA meetings and be more pro-active in LWF meetings.
- Promote dialogue between the three ecumenical actors especially facilitating WYWCA to bring in gender perspectives and experiences from the field that can feed into WCC and LWF field work.
- Support the search for meaningful sharing of publications, materials and information that can also filter to the field partners.
- Engage with the three organizations on the issues and concepts of Rights Based Approach and Dignity as well as theological discourse.

## 10.8 The Russian Orthodox Experience

The process that the ROC/RRT underwent in compiling a Concept Paper that provided a justification for the Churches' engagement with HIV and AIDS although modest is worth NCA sharing with other churches. First because the process is elaborate and allows key actors to participate thus ensuring ownership. Second the process makes it possible for the church to address issues of human sexuality and assess its ethical and theological position. Many a Church would benefit from this type of undertaking probably not as elaborate.

## SECTION IX: THE WAY FORWARD

### 11.0 THE WAY FORWARD

NCA has in the past conducted a number of evaluations and is poised to undertake others in future. As the evaluation team went about its work, it observed that past recommendations were in some instances not implemented. NCA should have the will to address the findings of this Global Evaluation on HIV and AIDS.

NCA seeks and is committed to be a learning organization. In order to enhance its learning capacities, NCA should draw from the lessons of the Global Evaluation first the specific sub-evaluations and the synthesized report.

As a pioneer in the field of HIV and AIDS, NCA should share the lessons and experiences of the work with other relevant stakeholders. The work on HIV and AIDS is at a critical stage in terms of FBOs accessing resources that can catapult their work to the next stage. In this regard they are looking up to NCA to go the extra mile with them. Indeed the strategy of FBO is on course and NCA can fill the skeletons with meat that give credibility and integrity to the work of FBOs.

The journey has but started for NCA and FBOs on the joint work on HIV and AIDS where for the first time churches in particular are coming to terms with re-stating and redefining human sexuality afresh amidst many challenges. The moral authority and guidance rests with NCA and FBOs to give direction to the rest of the world as it groups for appropriate methods.

# APPENDICES

## Appendix 1: Terms of Reference for Global Evaluation of NCA's HIV and AIDS Work

### 1. Background

Since the late 1980s Norwegian Church Aid has been involved in HIV and AIDS work. Initially the work was geographically focused on Eastern Africa and Southeast Asia, but during the 1990s and after year 2000, the work was extended to include most countries where NCA was involved. In 2001 NCA was awarded the annual TV-Campaign in NRK, and this gave an opportunity to increase the involvement considerably. This evaluation will only cover the last period of time from 2002 to 2006.

HIV and AIDS was a priority in the GSP 2000-2004 and have been decided as one of the five thematic priorities in NCA Global Strategic Plan 2005-2009, and will thus continue to be a main focus in NCA for the coming years. During the relevant period the work has been executed on multilateral as well as bilateral level, and to a certain extent NCA has been the implementer of projects and programmes.

### 2. Reasons for the Evaluation

A major motivation for the evaluation is a commitment to the principles of accountability and transparency *Norwegian Church Aid Global Strategic Plan 2005-2009* states that a thorough documentation of results should be provided for the five thematic priorities and for focus countries during this period. Another important reason is to enhance documentation of lessons learned to increase organisational learning.

*"Faith Communities Address HIV and AIDS"* should be the focus of an evaluation in 2006.<sup>9</sup> On this basis it has been decided to undertake a global thematic evaluation on NCA's work on HIV and AIDS.

### 3. Scope and Methods

The evaluation should assess and analyse achievements and results, and give recommendations on NCA's future HIV and AIDS work.

The Evaluation should be based on the following NCA strategies, policies and plans:

- *NCA Global Strategic Plan 2000-2004 (revised edition 2002)*

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<sup>9</sup> Global Strategic Plan 2005-2009, chapter 8.1.

- *NCA Global Strategic Plan 2005-2009* – with a special reference to *Chapter 5.2 Faith Communities address HIV and AIDS*
- *NCA Position Document on HIV and AIDS*
- *Annual Budgets and Plans, including project lists*

A number of other documents might be of interest to the Evaluation. Some have been produced by NCA<sup>10</sup>. An increasing number of publications address the role of Faith Based Communities/Organisations (FBOs) in the HIV and AIDS epidemic, issues related to stigma and discrimination, and the gender aspects of HIV and AIDS<sup>11</sup>.

The Global evaluation will be based on the findings in five Sub-evaluations, all with their specific Terms of Reference. In addition to the overall strategies, policies and plans the five Sub-evaluations will relate to:

- Regional and country policies, strategies, plans/budgets and evaluations and reports related to HIV and AIDS developed and submitted by NCA

The three key Indicators of Achievements as contained in GSP 2005-2009 (Chapter 5) should be used in the Evaluation:

- **Participation**
- **Equity**
- **Protection**

In the *Global Strategic Plan 2005-2009*, NCA has committed itself to promote and make use of ***Right Based Approaches (RBA)*** in planning, monitoring and evaluation. The concepts of ***Right Holders*** and ***Duty Bearers*** are tools to be used when defining and analysing how NCA will cooperate with various actors and stakeholders in civil society, state and market.

Cross cutting issues such as Gender and Human Rights should also be included.

Framework for Key Questions/ the Added Value of NCA (Annex 1) will be the basis for all sub-evaluations.

The Evaluation Team should in its methods take into consideration:

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<sup>10</sup> These were published following some NCA events: 1. *The Global HIV and AIDS Epidemic – Understanding the Issues*, by Gillian Paterson, 2000, 2. *HIV and AIDS – Grasping the Reality of its Gender Dimension*, APRODEV/GOOD Annual Conference Report 2003, 3. *HIV and AIDS and Workers' Rights – Understanding the Issues*, 2002 ([www.nca.no](http://www.nca.no))

<sup>11</sup> 1. *HIV-Related Stigma, Discrimination and Human Rights Violations – Case Studies of Successful Programmes UNAIDS Best Practice Collection*, 2005, 2. *Common at Its Core: HIV-Related Stigma Across Contexts*, Ogden/Nyblade, ICRW, 2005, 3. *What Religious Leaders Can Do About HIV/Aids-Action for Children and Young People*, UNICEF 2004, *Women and HIV/Aids – Confronting the Crisis*, UNAIDS/UNFPA/UNIFEM, 2004.

- Various documents (strategies, programmes, policies, reports, publications, training materials, IEC materials, campaigning materials, etc) of NCA and cooperating partners of NCA
- Interviews with beneficiaries/target groups, defined actors, and stakeholders
- Use of gender disaggregated statistics when possible
- Use of participatory approaches in the sense that partner organizations, beneficiaries, target groups and relevant stakeholders are seen as active partners in the Evaluation
- The methods to be used for the Evaluation will be informed by the **Logical Framework Approach (LFA)** and its terminology.
- Use of quantitative as well as qualitative methods
- The recommendations should be formulated in a manner that facilitate programme planning and organisational learning

#### **4. The Goals of the Evaluation**

##### Goal 1:

Assessment of documented experiences, achievements and results of NCA's work on HIV and AIDS, with a special focus on how Faith-Based Communities address HIV and AIDS in order to reduce stigmatisation and discrimination and their contribution to prevention, care and advocacy.

##### Goal 2:

Analysis and recommendations on future Right Based Programming of HIV and AIDS work, with a special focus on how Faith Based Communities can respond more effectively to the pandemic through choices of strategies and partner relations.

##### Goal 3:

Analyse and assess how relevant factors in the internal and external contexts have influenced NCA and NCA's cooperating partners' HIV and AIDS work and how NCA's specific contribution has informed and influenced the context.

#### **5. Issues to be covered**

- Priorities in and implementation of policies, strategies and plans
- Resources (financial as well as human) available
- Choice of and cooperation with partners (local, national, regional, international)
- Competence and capacities developed
- Networking and campaigning promoted
- The NCA Approach including:
  - Long-term Development Assistance

## 6. Evaluation Team

The Global Evaluation Team will be composed of team leaders from the five Sub-evaluation Teams.

Dr. Agnes Aboum will be the Global Evaluation Team leader.

The team should work according to the ethical principles spelled out in the Guiding Memo No. 1.

## 7. Time Frame

The period to be evaluated will be from 2002 to 2006.

The Global Evaluation time framework is 15<sup>th</sup> January - 15<sup>th</sup> August 2006.

The Sub-Evaluations reports will be submitted to Project Group at NCA Head Office in Oslo and Global Team leader by 1<sup>st</sup> May 2006.

The final Global Evaluation Report shall be submitted to NCA by 15<sup>th</sup> August 2006.

## 8. Reporting

The Global Evaluation Team will develop its report based on findings from the Sub-evaluation Teams' reports and present ***the draft to the Steering Committee by 7<sup>th</sup> June 2006***. A presentation will be made during the annual "Weeks of Meeting" in Oslo in June 2006.

The final Global Evaluation Report will be shared with NCA staff at Head Office and at Regional/National levels, NCA Partners, people involved in the Evaluations and other relevant stakeholders.

The Evaluation Report will be used for future programme planning of NCA.

Approved by Director of International Programmes  
15.01. 2006

Appendix 2: A FRAMEWORK FOR KEY QUESTIONS: WHAT IS THE ADDED VALUE OF NCA?  
(Focusing on faith communities)

GOAL	FOCUS AREAS	KEY QUESTIONS-AT THE GLOBAL LEVEL
<b>1.CONTEXT</b>	<b>Context Relevant Factors</b>	<p>What have been the global funding trends and how has this influenced the work of NCA?</p> <p>To what extent has the changing context and its relevant factors influenced NCA in PME process? What has been the contribution of NCA to the MDG's/ UN General Assembly commitment?</p> <p>In what ways has NCA engaged/interacted with the contextual factors (e.g. funding trends, increased actors)?</p> <p>What have been the conditions to promote interfaith and ecumenical coordination?</p> <p>What are some of the similar relevant factors within the Regions and how have these impacted the work of NCA?</p> <p>What are some of the key differences between the Regions and how have these influenced the work of NCA?</p> <p>What have been the experiences with involvement of the government, churches and faith communities?</p> <p>To what degree has NCA profiled its identity and maintained a balance and sensitivity (to stakeholders and to mandate) within its context? Has NCA been able to create a niche in HIV/AIDS at the international, regional, national level? To what extent have these impacted on the work of NCA? Has NCA become a visible actor in the Region?</p> <p>To what extent has NCA been flexible in situations of emergency?</p>
<b>2. PROCESS</b>	<b>Methods of Working /Approaches</b>	<p>To what extent has NCA influenced policy at various global, regional, national levels?</p> <p>To what extent have the NCA policies been internally coherent and consistent?</p> <p>Which priorities of NCA (in its stated policies) have got the main focus (in its implementation)?</p> <p>Which priorities have not been addressed?</p>

		<p>To what extent have priorities set in the NCA policies/ strategies/ plans been addressed (at the international, regional, national, local level)?</p> <p>What are the reasons why certain priorities may have been left out?</p> <p>Were the shifts in the GSP documented in the subsequent plans and what was the impact of the shifts?</p> <p>What has been learnt over time?</p> <p>What were the planned activities and strategies and what were the achievements?</p> <p>What were the major challenges?</p> <p>Were there any major deviations from the stated plans?</p> <p>How have the holistic and integrated approaches been integrated into the plans and how have these been implemented?</p> <p>To what extent has alliance building been used strategically?</p> <p>To what extent have the poor been empowered and the privileged challenged?</p> <p>To what extent has NCA facilitated duty bearers to mobilize people to support local capacities?</p>
	<b>Resources</b>	<p>What has been the added value of NCA regional coordinators (to each other, to NCA, to NCA staff in the region, to partners, to other actors)?</p> <p>Are the coordinators seen as resources to the partners?</p> <p>What have been the conditions within which the coordinators function (perceptions of their role, support received at the regional and international level)?</p> <p>What have been the existing capacities of partners when NCA stepped in?</p> <p>What has been the main strategy for CB amongst staff and partners and how has this been implemented?</p> <p>How effectively have the strategies been implemented?</p> <p>How have the communities/ partners benefited from the capacity-building?</p> <p>How adequate are the existing capacities (human, material, etc) to enable NCA to carry out its HIV/AIDS work?</p> <p>Has NCA developed capacities in the region in order to sustain its HIV/AIDS work?</p>
<b>3. OUTCOMES (Qualitative &amp; Qualitative analyses)</b>	<b>Equity</b>	<p>To what extent has NCA facilitated equal access to prevention, voluntary counselling and testing, treatment and care?</p> <p>To what extent did NCA influence Partners to develop work place/ organization/ programme policies that are non-discriminative?</p>

		To what extent have NCA policies been communicated to the region (staff and partners)?
	<b>Participation</b>	<p>What has been the basis for the choice of and cooperation with partners?  How has NCA addressed the external factors encouraging or hindering the cooperation with FBOs?  What has been NCA's role in facilitating collaboration with FBOs?  To what extent did NCA staff and partners participate in NCA Policy development with respect to HIV/AIDS?  To what extent have PLWHA been involved at different levels and in what capacities?  To what extent has NCA mobilized churches and faith communities to actively involve PLWA in planning and implementation of programmes?  To what extent did men take active part in prevention and care? What has been the nature of their involvement?</p>
	<b>Protection</b>	<p>What have partners (especially churches and faith communities) done to become a welcoming and inclusive community to PLWA?  What have Churches and faith communities done to address stigma and discrimination?  Have the partners (especially churches and faith communities) been able to create an enabling environment?  How has NCA contributed to the mitigation of impact of HIV/AIDS among vulnerable group's especially young girls, OVC, the elderly?  To what extent have uprooted persons been facilitated in obtaining better protection from infection?  How has NCA contributed to the protection of human rights of PLWHA and other vulnerable groups?  How has NCA worked towards the empowerment of PLWHA and other vulnerable groups?</p>