

**FINAL EVALUATION OF THE NATIONAL
COUNCIL FOR INTERNATIONAL
HEALTH (NCIH) AIDS INITIATIVE**
(COOPERATIVE AGREEMENT DPE-5929-A-00-1010-00)

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Acronyms

AIDSCAP	AIDS Control and Prevention Project
AIDSLINK	NCIH Newsletter
ANE	Bureau for Asia and the Near East
APCASO	Asia Pacific Council of AIDS Service Organizations
ARHTAG	Appropriate Health Resource and Technologies Group (UK)
CAINN	The Global Network on Children and AIDS
CBO	Community Based Organization
CSIS	Center for Strategic International Studies
GAAN	Global AIDS Action Network
GNP+	Global Network of People Living with HIV/AIDS
HIDNA	The HIV/AIDS International Development Network of Australia
HIVNET	UNAIDS network
IBRD	International Bank for Reconstruction and Development (World Bank)
ICAD	International Coalition on AIDS and Development (Canada)
ICASO	International Council of AIDS Service Organizations
ICW	International Community of Women Living with HIV/AIDS
IMIS	Integrated Management Information System (database)
LACCASO	Latin America AIDS Service Organizations
NCIH	National Council for International Health
NGO	Non-Government Organization
NORA	National Organizations Responding to AIDS
OYB	Operating Year Budget
PAHO	Pan American Health Organization
ProCAARE	Internet electronic messaging listserve on health issues around the world
PVO	Private Voluntary Organization
USAID	U.S. Agency for International Development

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Purpose of Evaluation

II.

The objective of this final evaluation is to assess the accomplishments to date of the USAID grant # DPE-5929-A-00-1010-00 to the National Council for International Health for the AIDS program of their grant. The period of this review is from March 29, 1994 (the date a major substantive amendment, amendment #5, became effective) to the present, approximately two months prior to grant termination. The outside evaluator was asked to review the relevance, effectiveness, impact and sustainability of the program, and to make recommendations for continuation and/or improvement of this element of the HIV/AIDS Division AIDS portfolio.

This evaluation reviews the AIDS program element of a larger umbrella cooperative agreement with NCIH. USAID support for the NCIH annual conference, scheduled to continue through 1999, is not included in this evaluation SOW.

Methodology

IV.

This evaluation report addresses a lengthy list of questions found in the task scope of work provided in Appendix A. The evaluator based his findings and recommendations on a review of project documents and a lengthy series of interviews in person or by phone with over 30 people familiar with or directly involved in project activities. A draft report was prepared which was finalized after receipt of comments from both NCIH and USAID.

As outlined in the SOW for this evaluation, this report will discuss progress in achieving each of the eight program outcomes expected from the NCIH program and achievement of other program activities. It will then review NCIH management and financial issues, USAID management issues, and will discuss overall program issues related to possible continued USAID funding for NCIH.

Background

VI.

The National Council of International Health (NCIH) was formed in 1970 by several key US leaders from the international health community and USAID. Since 1979 USAID has supported the efforts of NCIH, and especially support for NCIH Annual Conferences, through a series of cooperative agreements.

In April, 1989 for the first time, recognizing the rapidly growing HIV/AIDS epidemic and the critical role of private voluntary organizations (PVOs) in helping to combat the epidemic, one of these cooperative agreements included a new program emphasis on “support for an International PVO AIDS Program Support Initiative.” The objectives of this “initiative” were to:

- promote information exchange among PVOs regarding the development and implementation of HIV/AIDS activities in developing countries;
- provide liaison between PVOs and AID, the World Health Organization’s Global Programme on AIDS and other organizations involved with international AIDS work;
- strengthen the role of PVOs in the global program on AIDS.

Program activities included two major workshops and four newsletters each year as well as preparing a PVO inventory and a booklet of potential funding sources for PVOs.

An evaluation of the NCIH cooperative agreement in 1990 concluded that the program was leading to increased awareness among PVOs concerning programs addressing AIDS, did provide

opportunities for liaison and collaboration and was improving communication between PVOs and the U.S. government.¹

In 1991 USAID signed a new agreement with NCIH which continued support for the HIV/AIDS initiative for five years. The three objectives of the original grant were continued and a fourth was added: “to communicate PVO global efforts against AIDS to the US public, policy makers, donors and media”.

A mid-term evaluation in 1993² generally found the program to be an inexpensive way to expand PVO access to information and strengthen the capacity of PVOs increasingly involved with HIV/AIDS programming. The key recommendations of this evaluation were:

- NCIH should focus on discussions which support programmatic and substantive issues, rather than issues related to USAID funding;
- continue the newsletter focusing on articles which share information and address topical issues;
- continue bi-annual workshops, including workshops in venues other than Washington;
- reconsider NCIH plans to conduct another PVO survey and reissue the PVO inventory;
- USAID should continue financial support for this program, taking into account changes in the HIV/AIDS epidemic and PVO/NGO program capacities. A major focus of the next cooperative agreement should be to improve the capacity of indigenous NGOs to combat the HIV/AIDS epidemic in their countries.

Based in part on these recommendations, in 1994 NCIH submitted a proposal to amend their cooperative agreement. NCIH had experienced a significant increase in the volume and character of the demand for its services reflecting the complexity of demands PVOs and NGOs were facing as they entered the second decade of the pandemic. The NCIH AIDS network had tripled in size since its inception and now included 80 overseas members as well as 160 US-based organizations. This proposal was accepted by USAID. The almost three years of activity have been carried out under the subsequent major amendment to the NCIH cooperative agreement (Amendment #5) which is the subject for this end-of- project evaluation.

Huber and Udall, Evaluation of NCIH International Activity, June 25, 1990

Preble and Chapnick, Mid-Term Evaluation, NCIH, April 1993

NCIH/AIDS Activities Under

VIII. Amendment #5 (03/30/94-present)

Amendment #5 was a significant departure from previous USAID-NCIH agreements in three ways: a) it increased annual funding from \$150,000/yr to just under \$300,000/year³; b) for the first time it specified eight program outputs in addition to program activities; and c) it broadened the program focus to include support and strengthening of international and regional NGO networks.

The NCIH proposal stated that the goals of the NCIH AIDS Department during this three year period would be:

- To strengthen private sector, community-based strategies to deal with the global HIV/AIDS pandemic and its implications for development;
- To provide direct, capacity-building support to regional and national-level indigenous NGOs and NGO networks working in HIV/AIDS prevention;
- To provide information exchange, liaison, programmatic dialogue and meaningful collaboration:
 - Among US PVOs at the national and international levels;
 - Among indigenous NGOs at the local, national, regional and international levels;
 - Between PVOs and indigenous NGOs; and

Less money was actually provided in each of the three years: \$270,000, \$275,000 and \$225,000.

- Among PVOs, NGOs, donors and other international organizations and others active in the field.

The program Outcomes specified in the proposal are listed below:

1. A global network that utilizes electronic media and other means to connect hundreds of U.S.-based PVOs, indigenous NGOs, and other organizations.
2. An upgraded database to track the activities of PVOs and NGOs and the timely provision of that information to all interested parties.
3. Identification and thorough needs assessment of five or six regional or country-level indigenous NGO networks.
4. Through a collaborative process with NGO networks and other NCIH Network members, the design and implementation of appropriate capacity-building activities for NGOs.
5. At least two formal seminars per year in the U.S. for PVO representatives to exchange views, ideas and experiences in international HIV/AIDS prevention.
6. Frequent informal, ad hoc gatherings that will ensure regular dialogue among practitioners, researchers, and policy makers.
7. Continued bi-monthly publication of AIDSLINK, NCIH's highly-regarded newsletter containing articles, editorials, information on PVOs, NGOs and international organizations, resource lists, and news on recent and future events.
8. Broadened circulation of AIDSLINK and other important information to NGOs in developing countries.

These eight Outcomes are nicely consolidated into five in the evaluation SOW, which is the structure we will follow below. First we will review progress under the outcome areas that continue work that was initiated in agreements and amendments prior to amendment #5. These are by-in-large primary functions or services that one might expect to see carried out by any Washington-based "association." They include communication/information exchange, association database and directory, newsletter, workshops and seminars, and representation of membership positions to policy and decision makers. Second, we will review progress in the two program outcomes related to indigenous NGO network capacity building - a major new addition to previous USAID grants and a function not normally performed by Washington associations.

PRIMARY FUNCTIONS:

- A. Electronic Media/Information Exchange: The desired outcome was a global network that utilizes electronic media and other means to connect US based PVOs, NGOs and other organizations.

Progress: The NCIH AIDS program staff has done a commendable job in establishing a functioning E-mail information exchange system and using that system to transmit important information to members in a timely fashion. NCIH/AIDS has collected and published the E-mail addresses of US based organizations working in global HIV/AIDS and, through the AIDSLINK newsletter, has provided guidance to members on how to establish E-mail capacity and linkages. NCIH/AIDS staff is familiar with other relatively new AIDS-related E-mail networks and is exploring cooperative networks with some of them, such as the Yale Policy Science Center. The NCIH/AIDS E-mail system is used primarily for alerts (e.g. announcement of fast breaking events), information sharing, and information gathering especially on policy issues. For example, NCIH performed two broadcasts to 100 network contacts to elicit member input prior to making a presentation to the Presidential Advisory Council on HIV/AIDS, and in gathering information on access to treatment and care in various regions of the world. It does not appear to duplicate other AIDS-related nets such as ProCAARE (medical orientation), HIVNET (UNAIDS), and AEGIS (general AIDS news). The NCIH "link" is featured on the WHO and Inter-Action home pages.

NCIH/AIDS has considered making its AIDSLINK newsletter available over the Internet. Although in a recent survey of AIDSLINK readers, 75% of survey respondents were favorable, the program decided that Internet access would significantly undermine their likelihood of increasing the number of paid subscribers to AIDSLINK, an important objective for the financial sustainability of the newsletter.

NCIH/AIDS would probably have a broader E-mail reach, especially among U.S.-based domestic AIDS entities and the U.S. university population, if NCIH would establish a NCIH Web-Page which would include AIDS program information. In comparison with other Washington associations, NCIH is probably a year late in creating a World Wide Web page. An outline for the page has been drafted and NCIH leadership indicates that it will become operational in June, 1997.

The NCIH/AIDS E-mail system is operated by a project associate (who is quite knowledgeable) on an as-needed and as-available basis. Thus far, NCIH/AIDS appears to be meeting the gradually growing demand for its E-mail products, but staff time could become a constraint in the future.

- B. Upgraded Database: The desired outcome is an upgraded database to track the activities of PVOs and NGOs and the timely provision of that information to interested parties.

Progress to Date: A new NCIH/AIDS database was designed, organized and implemented in 1995. This new bank of information included far more detailed information on network members, their publications, key contacts at headquarters and at the country level, target populations and country level activities. This data was collected via a questionnaire returned by the AIDS network members.

The data is used in three primary ways: 1) It is printed in a network directory which was first available at the 1996 NCIH conference; 2) It is used by NCIH/AIDS staff on a daily basis to access information and answer E-mail and phone queries from network members and answer written information requests - mostly from indigenous NGOs outside of the U.S.; 3) It is also used as an information management and tracking tool for general and specialized mailing lists, to create special interest group listings, and to track information requests.

The upgraded database provides a much more user-friendly system, easier access to information and easier manipulation of data to create reports and tables and to cross-reference entries. As of February, 1997, this database will be further upgraded to the IMIS system, with full integration capacities into the conference and membership databases of NCIH. This upgrade will include a training component for all staff members.

The database has the potential to cover most of its development costs. NCIH plans to update it every two years. For example, 500 copies of the directory were printed in 1996. Copies are sold at \$25 for NCIH members and \$35 for nonmembers. Printing costs were \$2500. According to the former program director, staff time involved with upgrading the database was 2 person months of a program assistant (approx. \$5500 for salary and benefits). Therefore sale of about 270 copies of the directory (at an average price of \$30) would appear to fully cover the periodic costs (approx. \$8,000) of updating and printing the directory. Approximately 100 copies have been sold to date, and another 100 have been given away. If indeed there is a significant demand for the inventory among the 500 members of the NCIH/AIDS network and a more dedicated attempt is made to sell the directory, it would seem likely that donor funding would not be needed to produce future additions of the directory.⁴ The resulting database, of course, would be of continuing use to NCIH and its membership.

This assumes, of course, that revenues would be funneled back to the AIDS program.

- C. AIDSLINK: Expected outcomes are: 1) Continued bi-monthly publication containing articles, editorials, information on organizations, resource lists and current events; 2) Broadened circulation to and for NGOs in the developing world.

Progress to Date: AIDSLINK is clearly a very important and unique bi-monthly publication that is reportedly the only AIDS newsletter with a global perspective as well as the only one which has a PVO/NGO perspective. During the course of this funding period, AIDSLINK has been increased from 16 to 24 pages and more reporting and feature articles have been produced, several based on timely interviews (i.e. Patricia Fleming, director of the White House Office on National AIDS Policy; Dr. Peter Piot, director of UNAIDS) conducted by project staff. AIDSLINK solicits and regularly prints articles and news provided by USAID, other ATSP grantees and international network representatives.

A survey conducted by NCIH/AIDS as well as the evaluator's contacts have brought high praise for a publication that is described as "timely," "non-biased," and comprehensive yet good at "weeding in" the events, resources, trends, and book reviews that are important to the readership. Regular features that are "most useful" include UNAIDS updates, descriptions of PVO/NGO projects and collaborations, feature articles on AIDS in a specific country and summaries of worldwide HIV/AIDS-related issues and trends. 98% of survey respondents drawn from AIDSLINK readers indicated that they save the publication for future reference while almost half send copies to other colleagues in the field or to office staff.

Circulation has increased consistently over the past two years from 250 to over 650 recipients (40% international). In addition to PVOs and NGOs, AIDSLINK is now sent to USAID missions and multi-lateral donors, AIDS networks, key members of Congress, selected domestic AIDS groups, academic contacts and medical practitioners. Financial constraints limit increasing circulation even further and meeting a clear demand in developing countries where English is commonly spoken or read.

NCIH/AIDS staff have considered making other improvements (better format, printing with one color) in order to make the publication more attractive to the media and donors or to meet some readers needs (job listings, translation into Spanish). These steps have not been taken because of lack of funds and staff time as well as a recognition that the present relatively low technology format reflects the networks primary constituency.

Producing AIDSLINK is human resource intensive, requiring the full time work of one program assistant (the editor) as well as reporting and other assistance from other program staff. Regular bimonthly production has been hampered by the departure eight months apart of two talented editors and by delays in replacing them - the position is presently vacant. While this has resulted in delayed issues or double issues, the NCIH/AIDS staff have not yet missed an issue.

As noted above, NCIH/AIDS has decided not to provide AIDSLINK via the Internet in order not to undercut increased paid subscriptions. On the other hand, during this three year period, little progress has been made in establishing a policy for subscriptions and only an estimated 10% of recipients pay any fee for the newsletter. Present subscription rates are \$35 for NCIH members and \$65 for nonmembers. A survey indicated that many recipients (especially institutions in developed countries) are willing to pay between \$20-\$35/year to receive AIDSLINK. The project is considering using these revenues to cover some production costs and to cross-subsidize free circulation to recipients in the south.

Until this evaluation, NCIH had not yet analyzed what subscription fee and size of circulation would be needed to cover the production costs of printing, postage, other related costs and staff time (one full time staff position). An estimate provided to the evaluator indicates that at present subscription rates, the number of paying subscribers would have to increase from the present recipient base of 450 U.S. and European recipients (of whom only a few presently pay) to 1050. This number would be somewhat lower if southern recipients were asked to pay at least a small annual fee for their six issues/year. From this analysis it appears that NCIH could make some progress in making AIDSLINK more financially self-sufficient, but that full self-sufficiency would be difficult without reducing production costs.

- D. Workshops and Seminars: The desired outcome is at least two seminars a year in the US for PVO representatives to exchange views, ideas and experiences in international HIV/AIDS prevention.

Three major annual workshops have been carried out by NCIH/AIDS during this grant period:

1994: Crossing Borders: HIV/AIDS and Migrant Communities
1995: International Perspectives on Legal Issues and Human Rights
1996: Traditional Healing: A Community Based Response to the
HIV/AIDS Pandemic

These one-day workshops “piggyback” on the annual 3-day NCIH conference, normally held in Washington, D.C.

The topics were chosen with networking in mind and have provided an opportunity to bring together communities and interest groups that do not normally work together. Participants numbered approximately 100 for the 1994 and 1995 workshops; about 60 for the 1996 workshop, perhaps reflecting less interest in this topic.

According to evaluation sheets filled out by participants in 1994 and 1995, these workshops have been well planned and implemented. Evaluation sheets were not provided to participants in 1996, an oversight caused by rapid staff turnover before the workshop.

The workshop attendees have primarily been U.S.-based international public health specialists working with PVOs in the area of AIDS Prevention, but also include policy makers, project managers, students and donor officials.

In addition to these annual workshops, NCIH/AIDS has sponsored a variety of smaller seminars, meetings, luncheons, and brown bags designed to meet network needs and to take advantage of opportunities to bring together network organizations and individuals. Examples include a NGO Networking Luncheon at the 3rd USAID HIV/AIDS Prevention Conference, AIDS in India Day, a panel presentation at the National AIDS Treatment Advocates Forum, and special luncheons to hear speakers such as Dr. Peter Piot, and La Homa Romocki, International Coordinator for the Office of National AIDS Policy.

These smaller meetings are generally less staff intensive, less expensive and can be organized more quickly than the annual workshop. Costs of the annual workshop are estimated by NCIH/AIDS at about \$25,000 (space, equipment, hospitality/luncheon, travel costs for speakers, printing of proceedings, etc.) plus approximately 3 person months of combined program director and project assistant staff time (approx. \$12,000). Registration fees are \$35 for NCIH members and \$50 for nonmembers. With an attendance of 100 people, the revenues of about \$4,000 normally cover only about 15% of non-personnel workshop costs.

Suggestions for improving NCIH/AIDS workshops/seminars include structuring 2-day rather than one-day workshops to allow more in-depth coverage of topics, and holding workshops outside of Washington - in conjunction with other conferences outside of DC or overseas. Since the bulk of the U.S. PVO/NGO community is located on the east coast, workshops and seminars in other areas should probably focus on special issues of regional interest. The cost and staff time required would be another concern, but could be alleviated by partnering with another organization which could handle logistics.

- E. U.S. Government and International Relations: representing the PVO/NGO network membership in policy fora.

Progress to Date: A key function of any Washington-based association is representation of the membership's views to policy makers and influential leaders. NCIH/AIDS has been quite energetic in carrying out this function for its PVO/NGO membership. For example, they have an excellent reputation with the White House Office of National AIDS Policy, whose director told the evaluator that NCIH had been very helpful to her on numerous occasions and is "central to the international effort." NCIH/AIDS has also worked closely and effectively with the Presidential Advisory Council on HIV/AIDS and was instrumental in successfully encouraging the establishment of its new international working group. They have worked to promote awareness of global AIDS issues and concerns with the U.S. Congress, congressional staff and with executive branch leadership. NCIH also was an active member of the CSIS working group on AIDS and Foreign Policy. Working with domestic AIDS organizations, NCIH/AIDS and the Global AIDS Action Network (GAAN) co-founded an international issues working group within the NORA (National Organizations Responding to AIDS) Coalition.

The program has also had notable success in promoting PVO/NGO interests in international fora. Two major accomplishments were leading the fight to gain PVO/NGO seats on the Program Control Board (PCB) of UNAIDS⁵; and ensuring the opportunity for effective PVO/NGO participation at the Paris AIDS Summit. In addition, NCIH has represented PVO/NGO views at numerous international fora.

Clearly, NCIH/AIDS has done an excellent job of "getting seats at influential tables" both in the U.S. and internationally. NCIH/AIDS sees the main barrier to being an effective voice for network members as being sure that it is representing the point of view of its network. Given the dispersed nature and relative autonomy of PVOs and NGOs, project staff often have to painstakingly seek out consensus opinions of the network members prior to presenting a position at major fora. Use of fax broadcasting has made this process much easier recently.

NEW FUNCTION/OUTCOME UNDER THIS AMENDMENT:

- F. Strengthening NGO Capacity: The desired project outcomes are: a) identification and thorough needs assessment of five or six regional or country-level indigenous NGO networks; and b) through a collaborative process with NGO networks, and other NCIH network members, the design and implementation of appropriate capacity building activities

The NCIH project director was subsequently selected as the alternate representative to the PCB.

Progress to Date: Reaching out to indigenous NGOs and Community Based Organizations (CBOs) through NCIH was reportedly a major USAID objective of Amendment #5 - a major new initiative.

NGO networks were at a fledgling stage of development and mostly out of donor view at the time this grant was made. After assessing network needs, the grant proposal anticipated that NCIH would identify PVOs and other organizations which would collaborate to provide needed training or other capacity building support to selected NGO networks.

Formal needs assessments of 5-6 NGO networks were never carried out. More informal assessments of these very small entities (only 1-2 people per core secretariat) were deemed more appropriate, and took place primarily through visits from the program director and contacts at international and regional meetings and conferences. NCIH elected to work primarily with three indigenous NGO networks: the International Council of AIDS Service Organizations (ICASO), the Global Network of People Living with HIV/AIDS (GNP+) and the International Community of Women Living with HIV/AIDS (ICW), but also developed working relationships with a significant number of other networks.⁶ ICASO is an grouping of regional networks (e.g. APCASO for the Asia Pacific region, LACCASO for Latin America, etc.) of national networks, while GNP+ and ICW are ad hoc networks of individuals living with AIDS.

NCIH/AIDS staff developed what are described as “partnerships” with these networks. These partnerships are characterized by “trust” between NGOs and a PVO (NCIH) that almost certainly could not have occurred between NGOs and a large, bureaucratic donor such as USAID. NCIH support to these organizations varied, but included:

- assistance in strategic planning (venue, facilitator, meeting costs)
- direct staff and consultant support in preparing funding proposals to donors
- introductions to and contacts with potential donors
- introductions to and linkages with U.S. PVOs (networking luncheons, etc.)
- co-sponsoring conferences and workshops, lending the NCIH “good name”
- supporting management skills workshops (e.g. with technical support from PAHO)
- publicizing networks and their programs in AIDSLINK, as well as distribution of AIDSLINK to NGO network organizations.

The Kenya AIDS Consortium, Canadian AIDS Society, National Organizations Responding to AIDS (NORA), and the NAMES project, the UK AIDS Consortium, HIDNA in Australia, ICAD in Canada, ARHTAG in the UK, and CAINN (the global network on children and AIDS).

Neither NCIH nor USAID developed a set of indicators to help measure the success of these efforts (the indicators might have included increased level of performance, better information flow throughout the network, continued contacts with donors or PVOs, more effective role influencing key policies, etc.). But there are some clear signs that the NCIH assistance was timely (initially often the only assistance available to these young networks) and had some measurable results. For example, ICASO and ICW proposals, developed with NCIH technical support, led to core funding support from UNAIDS; the ICASO strategic plan, developed with NCIH assistance, is being implemented, NGO network contacts with donors and PVOs have increased; NGO networks have become more aggressive in policy making processes, and NGO networks now have heightened visibility and increased credibility.

Coalitions of networks that did not previously exist also resulted from NCIH activities. Broad coalitions of networks were formed to work on the Paris AIDS Summit Declaration and to strategize on issues such as UNAIDS activities, AIDS policies, resource development and networking opportunities. A coalition of Northern networks of AIDS and development programs was established with regular dialogue and information exchange. A coalition of US-based domestic AIDS organizations (NORA) developed an international working group, at NCIH's suggestion.

Most NCIH assistance to the NGO networks might better be termed "extended network support" rather than "capacity building" since it does not include many of the components of traditional USAID capacity building (a series of institution building workshops and training sessions, long and short-term technical assistance, formal training programs, financial management training, etc.).

Program weaknesses: While NCIH/AIDS has clearly done an admirable job in strengthening NGO networks at a critical point in their development, the program has been hampered by several weaknesses:

- Staff turnover: The relationships between these small organizations are heavily based on "partnership" and "trust". Frequent staff turnover at NCIH is a cause for concern among NGO network leadership.
- Funding Intermediary: NCIH has been unsuccessful in playing the role of a funding intermediary between USAID and APCASO. USAID/ANE funds (\$150,000) were actually obligated into the NCIH grant budget in August, 1995, but NCIH, ICASO and APCASO have been unsuccessful in developing a proposal for their use which is acceptable to USAID. Although this process has been seriously hampered by changes in USAID (closure of the Bangkok office, staff turnover), NCIH has not diligently

followed through to ensure full communication and timely resolution of problems which have dogged this proposal.

- PVO-NGO network linkages: NCIH does not appear to have tapped into the resources of its U.S. PVO network to strengthen the NGO networks.

Management and Financial Issues

X.

A. NCIH PROGRAM MANAGEMENT

NCIH leadership and support: Until the recent establishment of a Women's Reproductive Health Initiative at NCIH, the "AIDS Initiative" has been the only issue- or disease-focused program at NCIH. As such, it has been viewed by the small NCIH core staff as a stand-alone, financially self-sufficient project. Especially in times of tight NCIH and international health budgets, there has reportedly been some tension between NCIH and the AIDS program. For most of the NCIH membership the association's priority should be first to encourage increased government funding and policy for the international health sector, rather than for a single (and relatively well endowed) international health concern - HIV/AIDS. Often strapped for funds, it would not be surprising if NCIH staff felt that the AIDS program should receive their time and support only after other priorities were met.

Except for the time of the Executive Director and the Finance Officer⁷, there appears to have been very little support provided to the AIDS program for activities where there appears to be overlap between NCIH activities and the AIDS program: electronic hardware development and operations, fundraising, annual conference preparations, and newsletter publication. Some ex-NCIH/AIDS

Project Directors have indicated that the Executive Director has given guidance and support to the program as needed without being overly intrusive. The Finance Officer presently provides excellent support but this post was not filled on a full time basis for much of the 3 years of this grant amendment period.

staff believe their program provided more staff time and support to other NCIH activities than they received in return, despite the 38% overhead rate which NCIH enjoyed from the AIDS grant. Obviously, this should not be seen as a zero sum game since best use of staff time and resources should be one of the objectives of both programs.

Staff turnover: The NCIH board and executive leadership have traditionally set salary levels relatively low and employed bright and energetic university graduates or ex-Peace Corps volunteers interested in using NCIH as a stepping stone to a future career in international health. This approach has led to rapid turnover of staff (150% of total staff in two years) for NCIH as a whole and for the AIDS program. The AIDS program has had four program directors in six years and an average turnover of Program Assistants every 18 months. On the other hand, the quality of AIDS project leadership and staff is described by USAID and by NGO leaders as generally excellent, highly motivated and extraordinarily energetic. These descriptions appear to be borne out by the successful outcomes of most project components achieved in the midst of frequent staff turnover.

New leadership of the board and the NCIH leadership have significantly changed the former NCIH personnel approach in the past 6 months and NCIH is well on its way to hiring several more experienced, senior level staff at competitive salaries. They anticipate that more experienced, senior staff often bring NCIH better contacts and entree with policy makers and with the international network NCIH represents as well as more capacity in fundraising and program management. They hope to receive additional funding for salaries from USAID so they can carry this policy change through to the AIDS program.

The activities and results of this USAID grant to NCIH are not particularly well known or appreciated within USAID or even within the HIV/AIDS Division which manages the grant. NCIH program directors have worked well with their USAID project officer, but otherwise appear to have done little “managing up” with the leadership of the HIV/AIDS Division or the Office of Health. Like many busy technical specialists, the project staff has apparently felt that their project results will “speak for themselves”.

The purpose of a desirable increase in contact with USAID would not be simply to publicize NCIH activities. The NCIH program carries out several functions that the very small HIV/AIDS division staff would like to be involved in themselves - e.g. contact with the President’s Adviser and Advisory Council, attendance at important international and regional conferences and seminars,

dissemination of information on project results and lessons learned via AIDSLINK. Through periodic planning meetings with the HIV/AIDS Division NCIH/AIDS could easily carry out an increased communication function for USAID and for the other grantees of the ATSP program, without jeopardizing its reputation for independence and balance.

B. NCIH FINANCIAL MANAGEMENT

As noted above, the NCIH Finance Officer position was not filled on a full-time basis for much of the period under review. Until the arrival of the present incumbent in March, 1996, project staff had to keep their own financial records and prepare financial reporting for USAID.

The NCIH grant proposal stated that “financial support that will supplement cooperative agreement funds will be actively sought, as program sustainability will be a key objective for the Program Manager.” Until recently, no additional funding has been sought for the AIDS program. None has been received. NCIH has successfully solicited funding for a new Women’s Reproductive Health project from three foundations. Also, revenues generated by the AIDS program (approximately \$17,000 to date) have not been placed in a separately administered fund and used to support program costs, despite a clear statement in the NCIH grant proposal that this would be done.⁸

As noted above, there has been scant progress in moving towards any degree of program financial sustainability. This became particularly unfortunate when, due to overall budget cuts, the USAID annual funding increment to NCIH/AIDS for FY96 was \$225,000 rather than the average of \$272,500 received in the past two years. This reduction appears to have been absorbed by reducing expenditures for the personnel, occupancy and overhead line items. The personnel reduction is being achieved by delaying the replacement of a project assistant who departed in October.

NCIH indicates that they have used some general budget funds to finance activities that have clearly supported the AIDS project.

C. USAID MANAGEMENT

During the period covered by this evaluation, two project managers from the USAID Global Bureau HIV/AIDS Division monitored the NCIH cooperative agreement. The first reportedly was quite active in working cooperatively with NCIH, particularly in support of the new objective of strengthening NGO networks. She is described as a NCIH “partner,” helping to make the grant successful. After her departure, project management responsibility was passed to an already heavily burdened officer who carried out her monitoring and support functions very successfully but had less time to devote to NCIH program activities. NCIH reports that, in addition to these working level contacts, they have had excellent communications with and support from the Deputy Director (now Acting Director) of the HIV/AIDS Division who has been a consistent key contact within the Division since the inception of the HIV/AIDS program.

Despite this positive picture, USAID management might, however, have been improved on three matters:

- 1) USAID is probably as much at fault as NCIH for delays in finalizing the APCASO sub-grant. Criticisms of the initial NCIH/APCASO proposal were apparently never relayed to NCIH who remained in the dark thinking that their proposal was still under consideration. Once the USAID/Bangkok office closed, the matter seemed to NCIH to be lost somewhere between Bangkok and the ANE Bureau office to which it was transferred.
- 2) The ANE funding for APCASO (\$150,000) was obligated into the NCIH grant in August, 1995 but the ceiling for the overall grant was not increased by an equivalent amount. USAID was therefore asking NCIH to increase their level of effort without increased funding. Ironically, if the APCASO sub-activity is not carried out prior to program completion, the ANE OYB transfer will, in effect, be used in lieu of Global Bureau funds to help achieve the original Global Bureau program objectives rather than ANE objectives.
- 3) The Global Bureau grant to NCIH contains funds from two sources (AIDS funds, which are earmarked by the Congress, and general health account or DA funds) and for two purposes (the NCIH/AIDS program and funding for the NCIH annual conference). However, when incremental funding has been provided via amendments to the cooperative agreement, only a lump sum funding figure has been provided and there has been no formal indication to NCIH of how the additional funding should be divided between the two programs. This was finally clarified by a handwritten addition to the most recent amendment (#10), but should be clearly indicated in any future amendments

D. RELATIONSHIP TO OTHER USAID PROGRAMS

The NCIH/AIDS program has been a visible and supportive component of the AIDS Technical Support Program (ATSP), which provides a program umbrella for this and almost all other HIV/AIDS Division grants and contracts. For example, AIDSLINK regularly solicits and publishes articles provided by AIDSCAP and other ATSP members. AIDSCAP used the NCIH database and recommendations by NCIH staff to help identify reputable indigenous NGOs who might benefit from the AIDSCAP PVO small grants program. AIDSCAP and other ATSP grantees regularly attend NCIH-sponsored workshops and seminars. They see a continuing role for NCIH in policy and advocacy on international HIV/AIDS issues.

In general, NCIH activities appear to be useful to and do not duplicate the objectives of other ATSP grantees or contractors. The only possible duplication identified is with the HIV/AIDS Alliance, headquartered in London, which also provides support to indigenous NGOs. The Alliance program strategy, however, does not include support to international or regional NGO networks, and therefore does not conflict with NCIH support to these networks. The Alliance has placed greater emphasis on strengthening a modest number of national NGO networks along with providing grant funds to indigenous NGOs to finance specific programs.

Conclusions

XII.

1. During the three year period covered by this evaluation the NCIH/AIDS program has expanded and substantially improved the very valuable primary or core functions of an international PVO network for AIDS financed under previous grants.

AIDSLINK is a unique and well appreciated newsletter with satisfied readership throughout but also far beyond the AIDS community. The NCIH network database is now much more complete and useful. Expanded NCIH E-mail capacity allows for frequent use of the database, rapid responses to network queries for information, and a "modern" means to gather information from around the world for policy discussions and to use in meetings with decision makers. The annual workshop, seminars and less formal meetings organized by NCIH/AIDS have focused on important topics of interest to network members but have also brought together communities and interest groups that do not normally work together. Finally, NCIH/AIDS has aggressively represented its membership and promoted their views to policy makers and influential leaders in Washington and in international fora with demonstrably positive results.

2. Results are more mixed in meeting the new program objective of strengthening NGO network capacity. NCIH assistance to NGO networks was very timely and appreciated by the fledgling networks. Very positive trusting relationships were developed with care and sensitivity. NCIH support was effective in preparing funding proposals and providing access to donors; in co-sponsoring or facilitating conferences, workshops and strategic planning meetings; and in publicizing the very existence and work of these new networks and their programs.

NCIH also has played a very positive and effective leadership role in forming temporary and sometimes more permanent coalitions of networks to address common PVO and NGO issues and to gain access to international decision makers.

NCIH was less successful in providing or facilitating traditional "capacity building" support to these networks as envisaged in the grant proposal. Successful NCIH support has been more as "extended network support" than capacity building, in part because the former is what NCIH knows and does well as an association. There has been little success at using PVOs to transfer capacity building skills to these regional networks.

At this point it is difficult to know how sustainable these regional networks will be or what their key roles will be in the future. Their positive, trusting relationships with NCIH are somewhat undercut by a total project staff turnover within the last year. And unfortunately, NCIH has been unsuccessful in its first attempt to become a financial intermediary between USAID and a regional network - potentially an important step in solidifying some level of USAID financial support for some network activities.

3. NCIH/AIDS leadership and staff have been extremely energetic, innovative and resourceful in carrying out a large number of key home office functions as well as expanding relationships and program activities literally around the world. Impressive project accomplishments have been achieved in the midst of periodic vacancies in the small staff of three and heavy staff turnover. Recent board and executive leadership interest in attracting and retaining more experienced staff at NCIH is very welcome.

4. The improved financial health of NCIH as an organization would help to relieve tension between NCIH and project staff. NCIH leadership should strive to agree upon organizational objectives that encompass both the traditional NCIH services to its broad international health network and special project or disease-specific objectives, such as AIDS and Women's Reproductive Health. NCIH should explore opportunities for core staff to provide support to the AIDS program in areas such as electronic network operation and maintenance, fundraising, workshop logistics and planning, and newsletter production.

5. Revenues generated from AIDS program activities (approximately \$17,000) should be used for the AIDS program - as promised in the NCIH grant proposal. Much greater attention to financial sustainability is needed immediately - especially for AIDS LINK and the Directory. Improved financial self-sufficiency should become a clear objective of any future USAID grant - and will become imperative if USAID funding ceases.

CONCLUSIONS

6. USAID project management has been quite positive and supportive until recent staff turnover. However, USAID is probably at much at fault as NCIH in the extraordinary delay in finalizing the APCASO sub-grant.

7. NCIH/AIDS has been a visible and supportive component of the ATSP and its members, especially through AIDSLINK and NCIH workshops and seminars. There is no apparent duplication of functions between NCIH and other ATSP activities.

Recommendations

XIV.

The NCIH/AIDS program over the past three years has met almost all of its program objectives. NCIH has proven that it is a capable and effective USAID partner. As USAID looks towards the future and the portfolio of activities it might choose to finance in ATSP III, it must take into account factors such as: a) changes in the HIV/AIDS pandemic worldwide; b) greater willingness of governments, the private sector and civil society (PVOs and NGOs) to address this devastating disease; c) changes in the roles of other donors, most notably UNAIDS and the IBRD; and d) the leveling off (and possible future decline) of USAID funding available for HIV/AIDS.

Within this setting, why would NCIH continue to be of value to USAID as a partner and grantee? Several reasons emerge from this evaluation analysis:

- PVOs, NGOs and civil society in general are a growing force throughout the world, increasingly taking direct action to resolve local problems and successfully encouraging policy changes in national and international settings. At the same time, national governments in many parts of the world have fewer resources and diminished capacity to address issues such as HIV/AIDS. NCIH is a proven intermediary for USAID contact with and support for PVOs and NGOs in the United States and, increasingly, overseas. NCIH bridges a cultural divide and provides USAID with program access to some organizations, such as the NGO networks, that might not solicit direct support from USAID or might not meet USAID criteria for direct grant recipients.
- NCIH is one of few voices in the United States with a strong sustained focus on international health and access to national and international leaders and policy

makers. This access can be used for HIV/AIDS as well as for other international health concerns.

- With USAID assistance, NCIH has improved and expanded the services it provides to a growing AIDS network. These services are clearly valued by the network members. Most of what USAID asks NCIH to do are extensions of the basic NCIH organizational mandate. NCIH has a comparative advantage in providing these services. Continuing USAID assistance will allow full utilization of previous USAID investments.
- No other organization presently has the capacity to carry out the functions now performed by NCIH/AIDS.
- NCIH is a relatively cost-effective and inexpensive partner for USAID.

These considerations lead this evaluator to the following recommendations for the future:

1. USAID should continue to provide grant funding to support an NCIH/AIDS program through at least the first three years of ATSP III. Since the present program is scheduled to terminate very soon - March 19, 1997 - a no-cost or low-cost extension through October, 1997 would be required to give NCIH time to prepare a comprehensive proposal for future USAID funding and for USAID to properly consider this proposal without a hiatus in project activities.
2. Given USAID budget constraints, NCIH has no choice but to strive aggressively towards increasing financial self-sufficiency for certain of the services they provide - especially AIDSLINK and the Network Directory. To encourage more active fundraising, USAID might consider requiring NCIH to cover a percentage of overall AIDS program costs from outside fundraising.
3. Prior to approving a new long-term grant to NCIH, USAID should be assured that the NCIH board and executive leadership have developed an organizational strategy that includes the AIDS program as an integral part of NCIH goals, makes full and efficient use of NCIH staff skills for all NCIH programs, and attracts/retains more experienced staff.
4. Two options for USAID funding might be considered:
 - a) Funding for the basic NCIH/AIDS functions, as described above, plus "extended network support" (not "capacity building") to selected NGO networks. This would probably require funding for three full time staff, including a senior

program director, two of whom would be funded by USAID. The third position, AIDSLINK editor, should eventually be funded from AIDSLINK revenues and from matching funds.

b) Funding for (a) above plus some or all of the following "stretch" functions:

- an expanded public education effort underlining the linkages between the worldwide HIV/AIDS epidemic and AIDS in the United States. This effort might also strive to make the public and policy makers aware of the need for a truly global response to the global HIV/AIDS epidemic, a response which would help alleviate the growing disparity between prevention and treatment available in the first world and the third world and which would provide mutual benefits.
- becoming a true intermediary for NGO network capacity building, organizing and directing needs assessments and financing (rather than implementing) more traditional capacity building activities with NGO networks.
- managing USAID sub-grants (or buy-ins) to provide support (core funding or specific project activities) for regional networks and/or national networks

This option would almost certainly require an expanded level of USAID funding to cover the costs of an additional staff member (1/2-1 full position) as well as the expansion of NCIH program activities.

5. During any future grant period, NCIH/AIDS needs to demonstrate greater knowledge of how USAID functions (e.g. to avoid APCASO-like problems) and increased capacity to work in continuing, close cooperation with the HIV/AIDS Division leadership and other ATSP III partners.

Annexes

Annex A: Scope of Work for Evaluation

NATIONAL COUNCIL FOR INTERNATIONAL HEALTH HIV/AIDS PVO-NGO NETWORK END OF PROJECT EVALUATION

I. ACTIVITY TO BE EVALUATED:

Project Name: AIDS Program, National Council for International Health

Contractor: The National Council for International Health (NCIH)

Cooperative Agreement Number: DPE-5929-A1010-00

Expected Life of Project Cost: \$1,411,000

Obligations through total 1991-1995: \$1,186,000

 With 1994-95: \$700,000 (including \$150,000 from the ANE Bureau);

 1996: \$225,000 (to be done)

Expenditures through 1991-1996: \$1,007,316

II. PURPOSE OF THE EVALUATION:

This scope of work outlines an external and final project evaluation for the above USAID funded project. The goal of this evaluation is to assess the National Council for International Health's PVO/NGO Network AIDS Program's accomplishments to date; to review the relevance, effectiveness impact and sustainability of the program; and to make recommendations for continuation and/or improvement of this agreement on future programming for the PVO/NGO community in relation to the prevention of HIV and the mitigation of AIDS in the developing world in cooperation with USAID.

III. BACKGROUND AND OVERVIEW:

The National Council for International Health (NCIH) was formed in 1970 by several key US leaders from the international community. Using voluntary efforts and several sponsoring agencies, NCIH held annual meetings. Since 1979,

USAID has supported the efforts of NCIH through a series of cooperative agreements. Toward the end of the 1985-1989 cooperative agreement with NCIH, USAID developed a new two-year cooperative agreement that supported two specific activities: 1) support for an International PVO AIDS Program Support Initiative (the PVO/AIDS Initiative); and 2) support for NCIH's Annual Conferences.

The goals of the PVO/AIDS Initiative were: 1) promote information exchange among PVOs regarding the development and implementation of HIV/AIDS activities; 2) provide liaison between PVOs and USAID and WHO/GPA and other organizations involved with international AIDS work; 3) strengthen the role of PVOs in the global program on AIDS. An evaluation in 1990 concluded that the program was accomplishing and increased awareness among PVOs concerning programs addressing AIDS, the provision of collaborative opportunities and the provision of a respected and objective third party (NCIH) that was improving communication between PVOs and the government. (Review: Huber and Udall, Evaluation of NCIH International Activity, June 25, 1990.)

In 1991, USAID signed a new agreement with NCIH that continued support for the HIV/AIDS initiative for five years. This initiative had the following objectives: 1) to promote information exchange among PVOs about ongoing HIV/AIDS related activities overseas; 2) to provide liaison between PVOs, USAID, WHO/GPA and PVO network; 3) to communicate PVO global efforts against AIDS to the US public, policy makers, donors and media; and 4) to strengthen the role of the PVOs in the global efforts against AIDS.

The PVO network, as a part of the HIV/AIDS Initiative, grew out of the need to attract PVOs working in population, health and development to begin to work in HIV/AIDS prevention. USAID, recognizing the strength of PVOs, supported NCIH who initiated the network of PVOs to expand their work in HIV/AIDS. Specifically, NCIH expanded their network composition in numbers and types of PVOs, created a forum for exchange of information among PVOs, provided a bridge between USAID and PVOs, coordinated with WHO/GPA, developed a bimonthly network newsletter and held workshops to address timely issues concerning PVOs and HIV/AIDS. In 1993, an external midterm evaluation of NCIH was conducted which generally found the program to be an inexpensive way to expand PVO access to information and strengthen the capacity of PVOs working in population, health and development in HIV/AIDS prevention programming. (Review: Preble and Chapnick, Midterm Evaluation NCIH April 1993) The recommendations that came from this evaluation were: 1) to focus on discussions which support programmatic and substantive issues concerning

HIV/AIDS; 2) to continue the newsletters with topical interests and program strategies; 3) to hold the workshops in other venues outside Washington; and 4) that changes in priorities from PVOs to NGOs should be considered as the response to the epidemic is changing in the developing world.

By 1994, NCIH had already experienced a significant increase in the volume and a change in the character of and demand for its services. These trends reflected the complexity of demands being faced by PVOs and NGOs as they entered the second decade of the pandemic. The NCIH network had tripled in size since its inception with over 240 members of which approximately 160 were US-based organizations. In 1994, USAID and NCIH developed an amendment to the cooperative agreement for the AIDS program that identified three major goals for the AIDS Program. These goals were: 1) to strengthen private sectors and community-based strategies to deal with the global epidemic and its implications for development; 2) to provide direct capacity-building support to international, regional and national level indigenous NGO networks; and 3) to promote information exchange, liaison, programmatic dialogue and meaningful collaboration among PVOs, NGOs, donors and international organizations.

This cooperative agreement represented a strengthened strategy for NCIH's AIDS Program with specifically identifies outputs. The new strategy to engage cooperation between NCIH's PVO network with the NGO networks, both international and regional, represented a broadened focus for NCIH. Part of the unwritten purpose of this shift was to allow an increase in partnership with indigenous NGO networked to improve their linkages with the United States, the U.S. Government and USAID on a global and regional level. The program under this new amendment has been operating for approximately two years.

In 1996, the Global Bureau of USAID embarked upon a participatory process to collect information and priorities for the redesign of the AIDS Technical Support Project (ATSP) including a management evaluation of the ATSP and individual final evaluations of each of the agreements within the ATSP. This evaluation of the AIDS Program of NCIH will be a final evaluation and is meant to inform both the current and future work of NCIH and the programming of funds for PVO/NGO networking in the future for USAID.

IV. STATEMENT OF WORK:

The following lists of questions regarding the project are meant to be a guide for the evaluation team. The team is welcome to add questions or areas for further consideration. Progress toward achieving the purpose of this project will be

judged by questions pertaining to the agreed-upon activities and goals with specific reference to amendment #5 to the cooperative agreement.

In 1994, the amendment to the Cooperative Agreement pertaining to the HIV/AIDS program proposed eight specific program outcomes. They are stated below with an evaluation framework following the outcome statement.

A. Electronic Media: A global network that utilizes electronic media and other means to connect US based PVOs, NGOs and other organizations.

1. What has NCIH done to establish their capability of information exchange and networking via the Internet system?
2. How did NCIH convey HIV/AIDS related information on the Internet that is relevant to the PVO and NGO community?
3. Was the newsletter AIDSLINK ever put on the Internet or were attempts made to investigate its usefulness on the Internet?
4. With the rapid advances in Internet communications system, what should NCIH's role be in the future via this means of communication?

B. Upgraded Database: An upgraded data base to track the activities of PVOs and NGOs and the timely provision of that information to interested parties.

1. What did NCIH do to upgrade their database?
2. Did the upgrade allow for easier more proficient access to information?
3. How often was the NCIH network used as a source of information?
4. How effectively were the requests fulfilled?
5. How effective was the management of the upgraded data base?
6. Could this component of the program be improved and how?

C. NGO Focus: two project outcomes are related to this area:

- i. Identification and thorough needs assessment of five or six regional or country level indigenous NGO networks
- ii. Through a collaborative process with NGO network, and other NCIH network members, the design and implementation of appropriate capacity building activities.

1. What did NCIH do to identify regional or country-level indigenous NGO networks?
2. What cooperative relationships were developed between NCIH and other networks?

3. What was accomplished through these cooperative relationships?
4. How were the needs assessed of these networks?
5. How as NCIH's role *vis a vis* the networks established?
6. What capacity building opportunities for NGO networks were developed? What regional and what global opportunities were developed?
7. What capacity building occurred and how as it documented?
8. How were NCIH network members involved in the process?
9. Did NCIH network members find this partnership useful for their networking opportunities?
10. Did the NGO networks deem the partnership from NCIH useful? In what way?
11. Was this partnership between primarily a PVO network with the NGO networks useful? In what way?
12. Were coalitions build that did not previously exist? If so, what resulted from this coalition?
13. Should these partnerships be sustained and if so through what means and for what purpose?
14. What could be improved for future partnership?

D. AIDSLINK: NCIH has published this bimonthly newsletter for over four years. Two outcomes were identified:

- i. Continued bimonthly publication containing articles, editorials, information on organizations, resource lists and current events.
- ii. Broadened circulation to and for NGOs in the developing world.
 1. How is AIDSLINK viewed by its readership?
 2. Where there substantive differences in its content and quality since the change in the cooperative agreement?
 3. Did the circulation enlarge over the last cooperative agreement?
 4. Was it feasible or advisable to put AIDSLINK on the Internet?
 5. Was the feasibility of selling AIDSLINK investigated in developed countries in anticipation of broader distribution in the developing world? How successful could this strategy be?
 6. Could this publication be improved and how?

E. Workshops and Seminars: At least two formal seminars a year in the US for PVO representatives to exchange views, ideas, and experiences in international HIV/AIDS prevention.

1. During the course of this cooperative agreement what workshops were carried out?
2. Were two seminars held a year? If not what were the reasons that they were not?

3. Were they beneficial to the representatives of the network?
4. Were the topics important to the community responding to HIV/AIDS? Where they additive to USAID's ATSP or complementary?
5. How did the workshops effect USAID funded planning and programming?
6. Which audience finds the workshops most useful? (ie., students, project managers, policy makers, etc.)
7. How should seminar topics be chosen in the future?
8. How widely were the proceeding distributed?
9. How could the workshops and seminars be improved?

Several activities that the AIDS Program at NCIH engaged in were not listed in the cooperative agreement as outcomes, but rather program activities. USAID sees these as significant in the overall achievement and evaluation of the program.

F. US Government and International Relations:

1. At which national and international fora did the AIDS Program of NCIH represent its network?
2. How effectively did the AIDS program reflect the voice of its network in international and national fora?
3. What are the particular barriers to representation experienced by this program in international and national fora and how can it be improved?
4. How did the AIDS program assist USAID in developing participation of PVOs and NGOs in policy and program development?
5. How important are NCIH's representation and input viewed in international fora?
6. The last program manager was identified by the international NGO community to be the alternate representative to the Program Coordinating Board (PCB) of UNAIDS. Upon her departure, there was no longer a North American NGO representative to the PCB. How has NCIH as an organization been engaged in the process of replacing the North American representative to the PCB of UNAIDS?

G. Financial and Management Issues:

1. Does the AIDS program have proper access and control over the financial management of the funds received from the HIV/AIDS Division in USAID?
2. What would make the financial management of this program more efficient?
3. Is the current AIDS Program being properly managed to meet the objectives defined within the cooperative agreement?

4. What priorities does the current AIDS program identify which are different from the current cooperative agreement?
5. Is the staff adequately qualified, trained and supported to complete their scope of work?
6. Are the overall qualifications of the AIDS program staff adequate to achieve the identified results?
7. Does the executive director give proper support and guidance to the AIDS program?
8. What could be improved in overall management of the program?

H. USAID Management Issues:

1. Has there been proper technical oversight on the part of USAID?
2. Has USAID offered proper assistance in the development of the AIDS Program?
3. Does USAID provide assistance in proper and timely fashion?
4. How has USAID supported NCIH in reaching their program outputs (other than financial)?
5. How could USAID improve their management of the NCIH AIDS program?

I. Relationship to USAID's Other Programs:

1. How useful is the AIDS Program outcomes to the other members of the ATSP?
2. What cooperation was established within the ATSP and where could it be improved?
3. What cooperation occurred outside the ATSP?
4. How could this be improved?

J. Overall Issues:

1. Has the NCIH AIDS program over the years improved the capacity of PVOs to work in HIV/AIDS?
2. Is NCIH the proper organizational partner for PVOs and NGOs interested and active in HIV/AIDS to establish and sustain partnership with the US Government and International Organizations?
3. What is the organizational commitment to HIV/AIDS other than through the funding from USAID?
4. Should the cooperative agreement be changed in scope or depth? To what?
5. With NCIH's organizational desire to engage in a reproductive health approach, is the AIDS program properly supported?

6. What is the commitment to HIV/AIDS among the Board of Directors of NCIH?
7. What was the past usefulness of NCIH's AIDS Technical Advisory Committee? Would such a committee be useful in the future?
8. What alternatives exist for USAID to sustain partnerships with PVO and NGO networks on a national and international basis?

V. METHODS AND PROCEDURES:

A review of documents and a series of interviews will be conducted to address the evaluation framework.

VI. DOCUMENTS AND PUBLICATIONS:

1. Evaluation of the National Council for International Health Activity, Sallie Huber and Linda Udall, June 25, 1990
2. Midterm Evaluation National Council for International Health, Elizabeth Preble and Bernie Chapnick, April 1993
3. USAID and NCIH Cooperative Agreements and Amendments
4. AIDSLINK HIV/AIDS Quarterly Newsletter
5. A Global Response: Meeting the Challenge of the HIV/AIDS Pandemic 1996: directory of US based organizations working internationally in HIV/AIDS.
6. International Perspectives on Legal Issues and Human Rights 1995
7. Crossing Borders: HIV/AIDS and Migrant Communities
8. Defining Future US PVO Agendas: Building Capacity in Partnership with Indigenous Groups Responding to the AIDS Pandemic. 1993
9. HIV/AIDS in Central and Eastern Europe and the former Soviet Union 1993
10. Letters and Position Papers written by the network to USAID and other government organizations.

VII. QUALIFICATIONS OF EVALUATOR(S) FOR THE AIDS PROGRAM:

1. Experience in the history of development of the HIV/AIDS Epidemic and responses to it.
2. Experience in the development and management of networks of PVOs and NGOs indigenous and international.
3. Experience in interfacing between non-governmental and governmental organizations.

Annex B: Persons Contacted

Present and Former NCIH Staff:

Cynthia Mariel, AIDS Project Director
Ron MacInnis, AIDS Project Assistant
Frank Lostumbo, President, NCIH
Jeff Thurston, Finance Manager, NCIH
Mary Guinn Delaney, former AIDS Project Director
Julie Michaelson, former Project Assistant

NCIH Board:

Helen Grace, Chair
Rosalia Rodriguez-Garcia, Member, Director of International Health Program, George Washington University

Present and Former USAID Staff:

Victor Barnes, Acting Chief, HIV/AIDS Division
John Novak, HIV/AIDS Division
Jeanine Buzy, former NCIH Project Director, former HIV/AIDS Division
Carol Rice, Health Officer, ANE Bureau

PVO/NGO Representatives:

Bruce Waring, Interagency Coalition on AIDS and Development (Canada)
Elaine Murphy, Program for Appropriate Technology in Health (PATH)
Paul Boneburg, Global AIDS Action Network
Richard Burzynski, International Council of AIDS Service Organizations (ICASO)
Teresita Bagassa, UNAIDS, former Director of APCASO
Wendy Givens, CEDPA, former Director of AIDSCAP PVO Grant Program
Carol Kauffman, American Red Cross
Martina Clark, UNAIDS, formerly ICW
Sister Ann Duggan, Catholic Relief Services
Joanne Manchester, International Community of Women Living with AIDS/HIV
Jeff O'Malley, International HIV/AIDS Alliance
Tony Swartzwalder, Deputy Director, AIDSCAP
Jacqueline Coleman, National Minority AIDS Council

Donor Representatives:

Rafael Mazin, Pan American Health Organization

Elizabeth Reid, United Nations Development Program/HIV

US Government:

Patricia Fleming, President's Office of National AIDS Policy

Annex C: Materials Reviewed

USAID Documents:

USIAD/NCIH Cooperative Agreement No. DPE-5929-A-00-1010-00, Scope of Work, and Amendments 1-10

USAID Project Files

NCIH Documents:

Proposal from the National Council of International Health to the Agency for International Development for Amendment to the Cooperative Agreement, 1994

NCIH/AIDS Newsletters (various issues)

NCIH/AIDS Quarterly Reports to USAID, 1993-1996

NCIH/AIDS Program Reports to the Governing Board, 1995-1997

Proceedings of NCIH AIDS Workshops:

-Crossing Borders: HIV/AIDS and Migrant Communities, 1994

-International Perspectives on Legal Issues and Human Rights, 1995

-Traditional Healing: A Community Based Response to the HIV/AIDS Pandemic, 1996

Previous Evaluations:

The Pragma Corporation, Final Report, Evaluation of National Council for International Health, July, 1990

Midterm Evaluation National Council for International Health, Elizabeth Preble and Bernie Chapnick, April 1993

Annex D: NCIH/AIDS Workshops, Seminars, and Special Meetings

NCIH/AIDS Workshops, Seminars and Special Meetings carried out during the course of the cooperative agreement

- 1994 NCIH AIDS Annual Workshop: Crossing Borders: HIV/AIDS and Migrant Communities, Arlington, VA (June 30, 1994)
- Meetings between PVOs and the Office of National AIDS Policy
- Co-sponsor with PAHO of Latin America Regional Network Meeting, Bogota, Columbia (January, 1995)
- AIDS in India Meeting, Boston, MA. NCIH supporting this gathering of individuals and organizations working for of interested in India on HIV/AIDS issues. Speakers included representatives from AIDSCAP, PATH, PLAN, the World Bank, and other organizations. Participants included representatives from the Indian government, area universities, and local NGOs. NCIH offered AIDSLINK as a possible forum to share information about health activities in India.
- 1995 NCIH AIDS Annual Workshop: International Perspectives on Legal Issues and Human Rights, Arlington, VA, June 28-29, 1994. The event opened with a keynote address by Dr. Peter Piot of the UNAIDS program. More than one hundred people participated.
- NGO Networking Luncheon at the 3rd USAID HIV/AIDS Prevention Conference, Washington DC, 1995. NCIH AIDS Program organized this event which drew 75 NGO representatives.
- Brown Bag Lunch Series, NCIH offices, Washington DC, February 1996. 16 participants gathered to hear LaHoma Romocki, Office of National AIDS Policy discuss the role of her office and the future role of PVOs in global AIDS advocacy.
- 1996 NCIH AIDS Annual Workshop: Traditional Healing: A Community-based Response to the HIV/AIDS Pandemic, Arlington, VA, June 1996. More than 65 people attended this workshop. Six presenters (five from Africa and one Native American) representing traditional

healers, medical doctors working with traditional healers, and NGO staff working with traditional healers, all of whom were involved in responding to the AIDS epidemic, served as key resource people for the conference.

- “Access to Treatment in Developing Countries”, a panel at The National AIDS Treatment Advocates Forum, Washington DC, October 1996. This event co-sponsored by NCIH, GNP+ and the National Minority AIDS Council focused on educating domestic AIDS treatment advocates about treatment access for PWLHIV and PWAs in the developing world. Presenters at this forum were from UNAIDS, GNP+ and other grassroots organizations. More than 60 people attended including US AIDS Treatment advocates, USAID, World Bank, PAHO, and other domestic AIDS Service organizations.
- World AIDS Day, 1996, Washington, DC, December, 1996. Panel discussion co-sponsored by NCIH, AIDSCAP, the World Bank, and PAHO included representatives of AIDS organizations from Africa, Latin America, the Caribbean, and Asia, all speaking to one theme, “One World, One Hope.”