PN-ACK-030
106692

EXTRACTS FROM SIXTH ANNUAL SUPPORTERS MEETING DOCUMENTATION 8TH MARCH 1999 - LONDON

International HIV/AIDS Alliance
No 2 Pentonville Road
London N1 9HF
United Kingdom

04 Executive Summaries
4.1 Cross Country Summary: Mobilising responses and focussing resources

Highlights

In 1998, the Alliance:

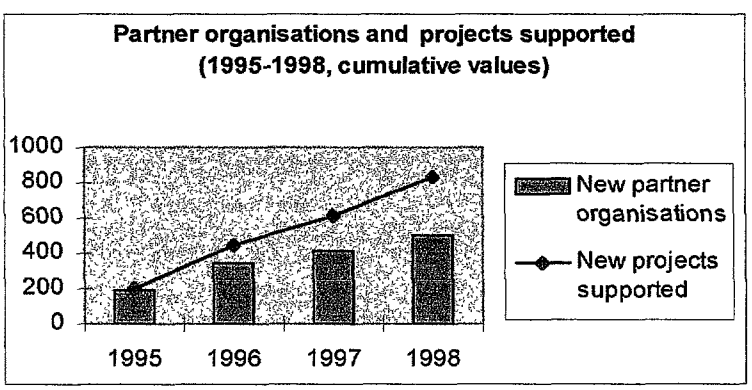
- **Provided financial and technical support to a cumulative total over five years of 499 NGOs, supporting 833 prevention, care and capacity building projects. Hundreds of additional NGOs were reached with technical support or training.**
- **Allocated 222 grants to 195 NGOs/CBOs, of which 85 were new partner organisations.**
- **Expanded geographical coverage to launch ongoing programmes in Mexico, India and Zambia, and limited activities in Brazil and Honduras. Desk research was undertaken to support a possible new programme in Egypt.**
- **Continued to support NGOs to move beyond interventions for the "general public" (<5%) to programmes for vulnerable young people, women and the very poor (55%) and targeted interventions for key groups like sex workers and drug users (40%).**

Mobilising responses in prevention and care

- To date, the Alliance has worked with "linking organisations" in 8 countries across Africa, Asia and Latin America to provide financial and technical support to a cumulative total of 833 projects with 499 NGOs.

- New programmes in India, Zambia, Mexico, Brazil and Honduras focussed on the provision of technical support, with partner NGOs securing funds for implementation from other local or international sources.

- The Alliance and its partners have now trained > 80,000 people as volunteers, peer educators or other kinds of "multipliers"; reached > 1.5 million people with intensive prevention and/or care services; and reached > 25 million people with information and awareness campaigns.



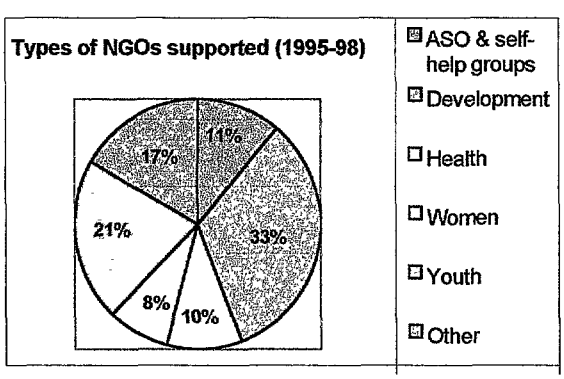
"...Alliance Lanka has grown into a key player in the effort to slow the HIV/AIDS epidemic in Sri Lanka. Its staff and the remarkable results they have been able to achieve in their pioneering efforts are highly commendable. We think...donors have received outstanding return on investment and that the Linking Organisation model is highly cost-effective in mobilising the community-based organisations that are crucial to the fight again the pandemic."

Alliance Lanka external evaluation team, September 1998

- Through the 8 linking organisations in 1998, 195 NGOs were supported with 222 grants, of which 87% were for sustained delivery of prevention and/or care services, while 13% were for short term activities such as community assessments or special projects.

- Of NGOs provided with financial support in 1998, 85 were new partner organisations, compared with 70 new partner organisations in 1997 and 153 in 1996. In addition to mobilising new partner organisations, LOs continued to provide existing partners with on-going financial and technical support.

- An analysis reveals that the average size of project implementation grants in 1998 has decreased in Bangladesh, Morocco, the Philippines and Sri Lanka and increased in Burkina Faso, Cambodia and Senegal and Ecuador. In all countries, except for Burkina Faso, LOs have given a mixture of project implementation grants and one-off grants for needs assessments, World AIDS Day and other short term activities. The changes in grant size reflects the different strategies taken by the LOs in response to the growing pressures inherent with an increasing need and finite resources. In 1998 PHANSuP decided to give smaller grants to more NGOs, as many of their existing partners re-submitted proposals of outstanding quality. Conversely ANCS in Senegal, which in the past had supported a large number of small projects, shifted towards a strategy of relatively larger grants to a smaller number of NGOs. As in some other countries, ANCS and the Alliance share a concern that there may have been an *over*-concentration of resources in 1998, so in 1999 will seek a better balance between intensive, focussed work and broader awareness raising activities.



- The Alliance continues to promote the integration of HIV/AIDS and STDs within a broader development and sexual and reproductive health framework. To this end linking organisations focussed on groups already working in these areas - with established links to target

communities - to develop their capacity to incorporate HIV/AIDS into their programming. In 1998 the majority of partners supported comprised of development (34%), health and reproductive health (10%), youth (19%) and women's organisations (8%). In Bangladesh, HASAB's partners are typically development and reproductive health organisations which have incorporated STD management into their services, whilst in Ecuador, COMUNIDEC has started to give technical assistance to large family planning and development organisations such as Plan International and CEMOPLAF to integrate HIV/AIDS into their on-going work.

Country	Est. # of NGOs with significant HIV/AIDS activities before creation of linking organisation*	Year	New NGOs (%)	Total NGOs supported	% increase in # of groups responding
Bangladesh	10	'95-'97	35 (71)	49	500
		'98	15 (47)	32	
Burkina Faso	3	'95-'97	43 (70)	61	1,500
		'98	2 (25)	8	
Cambodia	5	'96-'97	17 (68)	25	700
		'98	18 (72)	25	
Ecuador	12	'95-'97	29 (50)	58	342
		'98	12 (48)	25	
Morocco	12	'96-'97	13 (93)	14	166
		'98	7 (54)	13	
Philippines	34	'95-'97	35 (71)	49	135
		'98	11 (55)	20	
Senegal	40	'95-'97	178 (87)	204	470
		'98	10 (22)	45	
Sri Lanka	12	'95-'97	64 (85)	75	62
		'98	10 (37)	27	
total	**128**	'95-'97	414 (77)	535	
		'98	85 (44)	195	
Alliance grand total			**499**		**390**

*Notes:

1. Figures in the first column are approximations; quality of baseline data is mixed. Both Bangladesh and Sri Lanka had higher numbers of self-reported NGOs involved in HIV work, but Alliance consultants were only able to identify actual HIV/AIDS services or activities amongst a fraction of these groups.
2. The vast majority of previously active NGOs were either in a national capital city, or in the case of Morocco and Ecuador respectively, in Casablanca or Guayaquil.
3. End 1998 figures only reflect those groups provided with both financial and technical support by the linking organisation; they do not take into account groups receiving only technical support, nor groups supported by other agencies not linked to the Alliance
4. Some but not all of previously active NGOs have received linking organisation support. As such, in most countries the actual percentage increase is higher than reported.

Grants given by LOs to NGOs				
Country	Year	One-Off	Ongoing	Total
		(%)	(%)	
Bangladesh	'95-'97	50 (66)	26 (34)	76
	'98	16 (50)	16 (50)	32
Burkina Faso	'95-'97	6 (10)	55 (90)	61
	'98	0 (0)	8 (100)	8
Cambodia	'96-'97	31 (78)	9 (23)	40
	'98	20 (54)	17 (46)	37
Ecuador	'95-'97	20 (30)	47 (70)	67
	'98	12 (44)	15 (56)	27
Morocco	'96-'97	11 (61)	7 (39)	18
	'98	1 (8)	12 (92)	13
Philippines	'95-'97	14 (26)	39 (74)	53
	'98	3 (15)	17 (85)	20
Senegal	'95-'97	105 (49)	108 (51)	213
	'98	41 (80)	10 (20)	51
Sri Lanka	'95-'97	18 (22)	65 (78)	83
	'98	15 (44)	19 (56)	34
Total	'95-'97	252 (41)	355 (59)	611
	'98	108 (49)	114 (51)	222

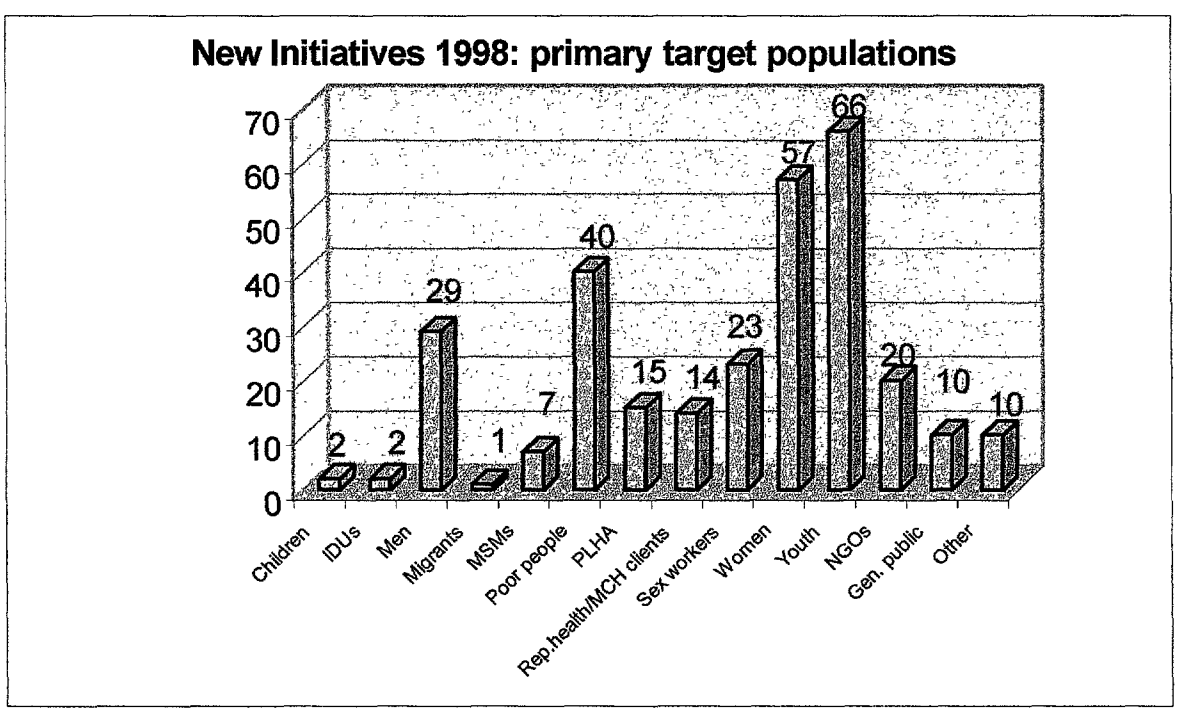
Alliance Target populations (1997 &1998)		
Target Populations	1997 (%)	1998 (%)
Sex workers	6 (3)	23 (8)
Injecting drug users	1 (1)	2 (1)
Men who have sex with men	2 (1)	7 (2)
Migrants	0 (0)	1 (0)
Poor	25 (11)	40 (14)
People with HIV/AIDS	14 (6)	15 (5)
Children	3 (1)	2 (1)
Young people	62 (26)	66 (22)
Women	43 (18)	57 (19)
Men	19 (8)	29 (10)
People at rep. health/MCH setting	8 (3)	14 (5)
NGOs or CBOs	4 (2)	20 (7)
General public	43 (18)	10 (3)
Other	5 (2)	10 (3)

Focussing resources on marginalised and vulnerable communities

- During the year, the Alliance continued to work with linking organisations to identify and support groups targeting marginalised populations and those key to the epidemic, such as sex workers, men who have sex with men (MSMs), injecting drugs users and migrants. For example, this year in Bangladesh, HASAB started supporting projects working with MSMs and sex workers for the first time, while in Morocco, PASA/SIDA mobilised NGOs and CBOs working with young unmarried men and women living in poor areas (e.g. shantytowns) and/or poor women with specific vulnerability factors (e.g. seasonal workers).

- The number of projects targeting the general public continued to decrease in 1998. Youth and women were given particular attention and there was a rise in the number of projects targeting men *per se* - from 19 in 1997 to 29 in 1998. That said, an increasing number of NGOs are implementing programmes that include both tailored components for men and women, and facilitated activities across genders and age groups.

> *Yes it is true – men in our community often feel higher than the women. After we participated in KHANA's workshop, we are interested in the topic about gender equity and we plan to include that in our groupwork and we will discuss with men*
>
> **Chea Sophal, KRDA staff, Cambodia**



6

Examples: Care and support initiatives

Burkina Faso

In 1998, IPC provided technical support to Comités paroissiaux d'aide aux malades- a catholic group based in a very poor rural area. The members of the group are catechists who have a tradition of making visits to the sick. However, the increasing number of PLHA in the area has created new difficulties: stigmatisation towards PLHA is significant, and families do not care for their relatives with HIV/AIDS in the same way as they do for other sick people. This year, IPC has provided both technical and financial support to help this group to cope with the new care needs identified in their community.

India

In 1998, the Alliance began providing technical support in strategic planning and replication strategies to the YR Gatonde Medical, Educational & Research Foundation (YRG Care) in India. YRG Care was established to respond to the needs of people not receiving care and prevention services. It started with a programme on AIDS education and has slowly built up a continuum of services in day care (counseling, clinical examination, treatment of symptoms, nutrition advice and specialist referral), home care (treatment with IV/oral medicines, nutritional advice and preparation of meals, bathing and dressing and school homework help) and hospital care (acute infections, invasive investigations, emergency and surgery). Consultations are free but testing and medication costs are charged based on the financial situation of the patients.

Senegal

In 1998, ANCS complemented its existing care work with support to the newly created Reseau National des Personnes Vivant avec le VIH/SIDA (RNP+), the national network of People living with HIV/AIDS, with the aim of supporting it to become stronger organisationally. Support to RNP+ will ultimately strengthen the 5 member organisations of RNP+ to enable them to play a more active and effective role in HIV/AIDS prevention and care.

Ecuador

The Eudes Foundation began responding to the needs of people living with HIV in 1993 and in 1996 obtained resources to establish a hostel which provides care and support to about 30 people living with HIV/AIDS. Eudes is the only hostel for PLHA in the whole of Ecuador and people now come from not only Quito itself, but also from the provinces of Guayaquil and Esmeraldas. In addition to providing ongoing financial and technical support, in 1998 COMUNIDEC helped Eudes establish a partnership initiative to overcome neighborhood hostility to having people living with HIV in the community.

Widening impact through new approaches and mechanisms at regional and country level

This past year saw great diversification in the way the Alliance operates at country level. In acknowledgement of the need to widen its impact at the global level, the Alliance has developed regional strategies and activities in Asia, Africa and Latin America. Furthermore, new programmes in Mexico, India and Zambia have provided the Alliance with opportunities to develop and try out new approaches to working in country. The scale of the problem and the complexities of working in a country like India brings challenges and opportunities for the Alliance as its develops its strategies for programming. The programme is new and still under development, but several approaches have been identified including:1) direct technical support to individual NGOs; 2) building the capacity of selected NGOs as potential NGO support providers; 3) working with the National AIDS Control Programme to build capacity in NGO support at the State level. Similarly, the programme in Mexico involves a collaboration with local partners to strengthen the capacity of NGOs and PLHA groups in the 3 states of Distrito Federale, Oaxaca and the Yucatan.

Under a sub-agreement with John Snow, Inc., the Alliance programme in Zambia will work to provide expertise in HIV/AIDS, community mobilisation and NGO capacity building.

Lessons learned and questions for the future:

- ***It is easy to mobilise responses to AIDS by offering financial support. Building high quality and sustainable responses is much more of a challenge, and requires a great deal of attention to qualitative aspects of the mobilisation process.***
- ***Linking organisations and NGOs are only just beginning to use costing analysis to guide resource allocation. A realistic goal for the next few years is to move groups beyond a simple analysis of "cost per person reached" to an understanding that more intensive investments can be justified in groups which play a significant role in HIV epidemiology. That said, pilot programmes for vulnerable groups with large populations (women, youth) need to be replicable at low cost, and basic awareness and referral services are required across entire populations, but must be very affordable.***

4.2 Cross country summary: Enhancing the quality of community responses to HIV/AIDS

Highlights

During 1998, the Alliance continued to help NGOs improve the quality of their prevention and care interventions:

- The percentage of supported projects going beyond awareness raising increased from 26% overall in the Alliance in 1995 to 54% overall in 1997 to 68% in 1998.
- In addition to moving "beyond awareness" in prevention work, increasing attention was paid to linking "demand" (behaviour change and community mobilisation) to "supply" (condom distribution and STD services). For example, in Cambodia, all of KHANA's partner NGOs were linked to PSI to ensure the promotion and distribution of condoms.
- Linking organisations provided technical assistance on an increasing range of HIV related and organisational issues. For example, 7 out of 8 linking organisations at least began to address care and support issues in 1998, compared to 4 out of 8 in 1997.
- Alliance Lanka became the first linking organisation to request and undergo an external evaluation, which praised the quality of efforts to date and provided a series of concrete recommendations for broader and deeper impact in the future.
- The Alliance developed, designed and produced its first toolkit, entitled "Pathways to Partnerships". Development and drafting of a second tool-kit on community mobilisation and participatory programme development, is well underway.

Responding to identified needs and priorities and "moving beyond awareness raising"

- In 1998, the Alliance continued to emphasise the need for NGOs to develop projects that responded to the priorities and needs of their communities. The use of participatory community assessments (PCA) have helped NGOs to develop more in-depth strategies to involve communities, address vulnerability and promote behaviour change. The use of PCA methodologies was first used by the Alliance in Bangladesh in 1995 and in 1998, the use of PCA was adopted and utilised by all of the Alliance linking organisations. In Burkina Faso, Bangladesh, Sri Lanka, Morocco and Cambodia, 100% of projects supported were preceded by a participatory

> *"Alliance Lanka's participatory processes with its NGOs are paradigm for other linking organisations. They should be publicised in dissemination of best practices to other LOs and the international community"*
>
> **Alliance Lanka External Evaluation Team, September 1998**

community assessment.

- In all countries there was a continued trend in the quality of initiatives of NGOs - moving way from pure information, education and communications (IEC) activities to ones that addressed contextual issues that affect people's vulnerability to HIV infection. In 1998, 32% of projects supported were for IEC type activities and 58% of projects involved more in-depth prevention activities, as compared to 46% and 44% in the previous year. In Burkina Faso, Bangladesh and Sri Lanka, all projects supported went beyond IEC activities and in the Philippines 90% of all projects went " beyond awareness raising". For example, Uva Govi Jana Kendraya in Sri Lanka, which had previously supported teachers to provide basic sex education to their classes, are now concentrating on building teachers' confidence and skills on sexual health. This has enabled teachers to deliver more convincing sex education and provide follow up support to their students.

> *"A participatory approach means going beyond conventional IEC and into actually involving the community. In that way, our work can have more meaning- in terms of social, cultural, political and economic impact on sustainable human development. If we want to have a relevant response, we need to understand and integrate community members on an on-going basis".*
>
> **Baba Goumbala, ANCS, Senegal**
>
> *Before the work of NGOs was focussed on quantity- the number of trainings held, the number of people attending etc. Now, with PRA and Stepping Stones approaches that the Alliance has introduced, it has changed the quality...because it helps people to realise their own vulnerability. This is the case not just of the community members but also of NGO staff themselves. Before when we went to an NGO they could tell you about gender, but they couldn't relate it to their own community or their own project. Now they can".*
>
> **Jun Cristobal, Prog. Manager**
> **PHANSuP**

- To promote effectiveness of interventions, linking organisations placed increased emphasis on projects linking prevention activities to products and services. In Cambodia, all of KHANA's partner NGOs have established links with PSI and are able to obtain condom supplies for demonstrations and distribution. Another example is that of Fundacion Esperanza, a group in Ecuador, working with clandestine sex workers. In the first year, their project provided IEC materials and condoms to the sex workers and now they have started working on self esteem and STD management with the women.

- It is well recognised that effective care interventions can also lead to enhanced prevention. This was clearly illustrated by the story of a 74 year old grandmother caring for 6 grandchildren who had been orphaned as a result of HIV/AIDS. Group

discussions conducted within the community resulted in villagers beginning to visit and support them and this in turn has led to further prevention activities in that the grandmother has become active in spreading prevention messages.

> "My husband always goes out wandering, he comes back late and I'm convinced that he must have girlfriends. After the first discussion sessions, I was so threatened by the possibility of becoming infected by HIV/AIDS that I thought about the best way of broaching the subject with my husband. So, I decided to do a drawing, like we had done during the group discussions. I drew a thin man and I stuck it on my husband's bedroom door. When he saw the picture, he came to ask me what it was. I told him that it was a man who was always out wandering and had lots of girlfriends and was now sick with AIDS. I told him that during the discussion sessions I had learnt that you could avoid becoming affected by HIV/AIDS. We then spoke about using condoms and the ways AIDS is transmitted. I spoke to him in such a calm and confident way that I think he listened. He isn't away so often now, and I think that if he is cheating on me, he will at least take the precaution of using condoms".
>
> ***Participant of discussion group conducted by APES-Femmes in Ougadougo, Burkina Faso***

- As the epidemic progresses and the number of PWAs increase and become more visible, the need for care and support services grows. For LOs working in countries with relatively low HIV prevalence levels, there was recognition that although there may not be high demand for care related services at present, there is a need to strengthen the capacity of both NGOs and communities to undertake care and support. This facilitates very focussed prevention work, while also preparing for the eventuality of caring for larger numbers of people with AIDS. In high prevalence countries where the Alliance works, the need to strengthen care and support work and link them to prevention initiatives became increasingly urgent. To this end the Alliance, during the past year, implemented a number of initiatives to strengthen capacity and enhance quality in care and support.

  - The Alliance secretariat held a 2 day retreat for staff and consultants. The retreat allowed for review and reflection on the Alliance's work to date in care and support and identified issues that need to be addressed in order to provide more effective support and guidance to LOs in this area.

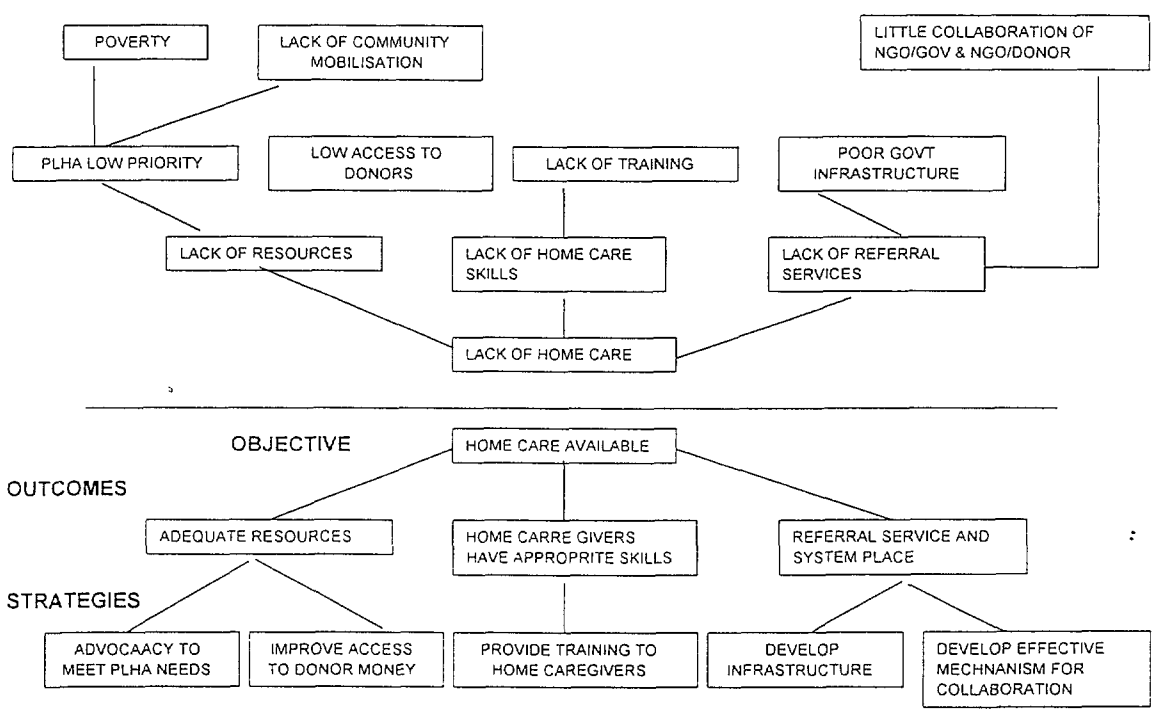
  - In August, the Alliance facilitated a study tour for representatives from HASAB, KHANA and their respective national AIDS programmes to visit care and support projects in Thailand. Similarly, the Alliance Lanka programme team participated in a facilitated study tour of NGOs working in care and support in Chennai and Calcutta, India.

- The theme of the Asia regional meeting was on Mobilising Care, Community Support and the Involvement of People Living with HIV/AIDS, held in Phuket, Thailand. Participants included thirty representatives from 13 organisations from Bangladesh, Cambodia, India, Nepal, Philippines, Sri Lanka and Thailand.

- IPC in Burkina Faso conducted a workshop on care and support for partner NGOs and developed a treatment protocol, including a list of essential generic medicines that was agreed with the National AIDS Committee.

- Throughout the year linking organisations, with the assistance of the Alliance, continued to enhance the quality of HIV/AIDS responses by providing technical assistance to NGOs and CBOs through a combination of one-to-one site visits and thematic workshops. In 1998, Alliance linking organisations conducted a total of 66 workshops. HIV related topics included the use of gender and age differentiated discussion groups, peer education, gender and sexuality, care and support and advocacy. Training was also provided in participatory community assessment, participatory review and evaluation, and financial management.

Problem and solution tree for home-based care in Cambodia – developed as part of a mock Care and Support Mobilisation Strategy exercise during the Alliance Asia Regional Workshop, Phuket, October 1998.



Enhancing quality through monitoring and evaluation

- The Alliance continued efforts in 1998 to build on and systematise "results orientated" reporting as agreed by donors in the preceding year. This has included responding to partner organisations request for technical support in monitoring and review and a comprehensive annual review and replanning process conducted with all LOs. This process allowed individual programmes to assess their strengths and weaknesses and to develop strategic directions and priorities. This year in particular, the process has been increasingly systematised to facilitate the collection of comparable data across programmes. However, this process needs to be simplified and streamlined.

- The Alliance also facilitated the first external evaluation of a linking organisation, which took place in Sri Lanka in October of this year. At the request of Alliance Lanka, the secretariat contacted donors supporting their work to participate in a team effort to assess the programme to date. The team was composed of representatives from USAID, the EU office in Colombo, and the Board of PHANSuP.

Enhancing quality through practical resources and tools

This year witnessed significant progress in the development of Alliance materials to support NGOs to plan and implement effective responses to HIV/AIDS.

- Of particular note was the design, testing and production of the first Alliance toolkit on external relations entitled 'Pathways to Partnerships'. The toolkit is a practical resource for NGO support programmes and training institutions- designed to be used with NGOs and community groups to support them in developing strategic partnerships with other sectors including business, government and donors. To date, a total of 238 NGOs have participated in workshops using methodologies and exercises from the toolkit, in countries including Zimbabwe, Brazil and the Philippines.

- As part of the 'Pathways to Partnerships' design process, the Alliance worked with PACT and PSG to conduct its first training activities for NGOs in Zimbabwe.

- The development of a second toolkit, supported by UNAIDS, on Community mobilisation and participation was initiated in 1998. As with 'Pathways to Partnerships', the kit will provide practical tools, methodologies and case studies to help NGOs "get started" in their responses to HIV/AIDS.

Lessons learned and questions for the future:

- *The Alliance's success in the past two years in helping NGOs "move beyond awareness raising" must now be matched by increasing attention to linking supply and demand, and balance between intensive and broader reaching services.*
- *As NGOs are increasingly involved in service delivery, the Alliance must help linking organisations and NGOs develop appropriate quality standards and strengthen systems and processes for quality assurance.*
- *The Alliance's approach to monitoring and reporting was designed for the "linking organisation" model, and is still appropriate in that context. This approach to monitoring and reporting does not neatly fit new programme approaches in countries like Mexico, however, so the Alliance and its stake-holders must devise new approaches to quality control and accountability.*
- *The external evaluation of the Alliance Lanka programme demonstrated the value of periodic external review. Other country programmes and the Alliance as a whole could undoubtedly benefit from further such exercises; candidate programmes, financing and evaluation teams should be identified.*

4.3 Cross Country Summary: Building institutional and organisational capacity of NGOs, CBOs and the NGO/CBO sector

Highlights

In 1998, linking organisations:

- **Began to systematically plan for the "graduation" of NGOs and CBOs from linking organisation support.**
- **Increasingly conducted skills building workshops totally independent of international TA or with only limited support from the Alliance.**
- **Diversified and improved their systems of providing technical support to partner NGOs.**
- **Continued to mature as local institutions. In Bangladesh, HASAB emerged from its local host institution to become an independent NGO with an autonomous board and fund-raising potential. In Burkina Faso, IPC underwent a similar transition from its former host institution Plan International.**
- **Increasingly mobilised resources external to the Alliance. In addition to PHANSuP's and Alliance Lanka's established fund-raising activities, programmes in Ecuador, Bangladesh and Burkina Faso all raised significant funds outside the Alliance for the first time.**
- **Developed their personnel, financial management and reporting capacity with assistance from the Alliance.**

NGO capacity development

- NGOs used their increased skills in forging community level strategic alliances to ensure their local sustainability, both organisational and programmatic. In the Philippines, examples of these achievements include CWATAM, an NGO which was donated an office from its local government and BCYA who have reached out to key stakeholders to develop a local AIDS council. In Burkina Faso, 67% of NGOs supported by IPC have subsequently received supplementary funding from other sources.

- The Alliance has also decreased the time required for capacity building efforts to pay off. It was noted during KHANA's review and re-planning process in Cambodia that although many NGOs that have been trained in PCA did not receive project implementation grants at all, the investment was worthwhile as their increased capacity enabled other potential donors to fund them.

> *"When NGOs started working, the idea of them working with their Local Government Unit was a taboo But now this has changed considerably since we've gone along. Before, NGOs just networked with each other against the government. Now they are working in partnership with other sectors.*
>
> **Jun Cristobal, Prog. Manager, PHANSuP**

Improving systems of local technical support provision

- Linking organisations are increasingly capable of designing and delivering workshops without international technical support. This is particularly true of programmes established for four or five years such as PHANSuP and HASAB. In Senegal the percentage of workshops conducted without international technical assistance has increased from 33% in 1996 to 57% in 1998.

- As the Alliance and its partners have raised their expectations of local NGOs and CBOs (going beyond awareness raising, local fund-raising, etc), it is increasingly important to complement workshops with other systems and processes of providing technical support:

  - In Burkina Faso, IPC adopted a training of trainers approach where 13 NGOs trained in participatory prevention techniques were encouraged to recruit other facilitators who were then subsequently trained by the NGO.

  - Many linking organisations expanded their reach to communities through the mobilisation of volunteer groups. IPC in Burkina Faso encouraged all of its partner NGOs undertaking care projects to expand their volunteer base. Similarly, KHANA encouraged all groups to work with both male and female community volunteer assistants (CVAs). Use of volunteers, particularly in the provision of care and support, promotes community ownership of projects but there is a need to clarify roles and expectations of volunteers especially in those countries where poverty is a crucial factor.

  - Throughout 1998, the Alliance LOs promoted and facilitated the exchange of experiences and lessons learned by peer organisations. Linking organisations in the Philippines, Bangladesh, Sri Lanka and Ecuador facilitated a total of 27 peer-to- peer technical assistance exchanges.

Examples of peer-to-peer technical assistance

In Bangladesh

- ACD worked with SHEASS on participatory projects review

In the Philippines

- HIGALA, a youth NGO, was helped in fundraising by IWAG, a gay men's NGO

In Sri Lanka

- Community Development Cluster, a health NGO working with estate workers was assisted by Demala Kantha - a development NGO also working with estate workers.

In Ecuador

- SOGA and Fundacion Nuestros Jovenes, NGOs working with youth, exchanged sample materials and other information on their projects

Exchange visits were found to provide technical benefits for all participatory groups; served to increase solidarity and self esteem of partner NGOs; and decreased the cost of TA provision. That said, in order to benefit, NGOs must have sufficient experience and skills in facilitation and the motivation to share.

Autonomy and sustainability of linking organisations

- Throughout the year, the programmatic and technical capacity of many linking organisations continued to improve.
  - In the Philippines, during the Executive Director's leave of absence, PHANSuP operated for a 3 month period with no disruption to its programme and outputs.
  - Alliance Lanka also saw a smooth transition to a new Executive Director with minimal international technical assistance required from the Alliance.
  - IPC in Burkina Faso implemented, without international TA, a training on care and support for 30 representatives from local NGOs. IPC in Burkina Faso and AMSED in Morocco also continued to increase their capacity to provide technical support in Moore and Arabic respectively, rather than exclusively in French.

- Past investment in organisational development has resulted in increased independence of several Alliance linking organisations in 1998. Although PHANSuP, the oldest of the Alliance linking organisations, was the only LO to be totally financially independent of the Alliance, several other programmes have succeeded in mobilising resources outside of the Alliance. HASAB secured a grant from UNDP to develop a national database of those involved in HIV/AIDS work; COMUNIDEC received funding from the World AIDS Fund to support NGOs working in care and support activities; IPC secured in-country funding from UNFPA which will be channeled through the National AIDS Committee. Furthermore, the Japanese Government AID agency, JICA, supported PHANSuP with a vehicle as well as office and IT equipment.

- Additionally, this year has witnessed the registration of HASAB as an independent non-governmental organisation and recognition of IPC in Burkina Faso as an organisation autonomous from Plan International - its former host institution.

- Over the past year, it has become clear that the capacity of many LOs to document their work, experiences and lessons learned is limited. The building of capacity in this area of work to enable LOs to contribute to the global response to HIV/AIDS and to promote their programmes is essential and to this end the Alliance, in 1998, initiated a programme of technical support in the area of documentation. A needs assessment carried out by Healthlink Worldwide will be used to inform the provision of technical support in documentation, information management and resources development. In conjunction with this several linking organisations - PHANSuP, COMUNIDEC and IPC- have already made systematic efforts to strengthen their capacity in this area.

Lessons learned and questions for the future:

- ***For the sake of simplicity in reporting, the Alliance tends to equate "capacity building" to the development of organisational and institutional skills and***

systems. That said, the Alliance believes that capacity building should actually be judged by its contribution to several intermediate results which together create the possibility of sustainable impact:

- *a sense of ownership at community, NGO and country level ("we did it ourselves");*
- *quality of prevention, care and impact-alleviation interventions; and,*
- *appropriate population-level coverage.*

- ***Many capacity building interventions - such as the development of skills in participatory community assessment, the systematisation of strategic planning, or the promotion of partnership-building - address two or more of these intermediate results. Overall, the Alliance feels that it has been most successful at addressing ownership and quality. In the future, more attention must be given to the issue of building capacity to ensure appropriate population-level coverage.***

- ***While capacity building must remain a responsive and needs-driven process, it is possible to distill lessons and accelerate the transfer of effective approaches across countries, as demonstrated by work on external relations and partnership building. The Alliance now needs to put more effort into identifying and acting upon similar opportunities, as it intends to do with the computerisation of accounting and financial reporting systems.***

4.4 Cross country summaries: Identifying, documenting and sharing lessons learned

Highlights

In 1998, the Alliance:

- **Was designated by UNAIDS as a Collaborating Centre on NGO support and community mobilisation.**
- **Successfully organised three regional workshops that brought together 35 organisations and networks from 23 countries to share experiences and lessons learned.**
- **The Alliance provided technical and facilitation leadership to a fourth regional workshop, organised by GNP+ and ANP for people living with HIV from 9 Southern African countries.**
- **Together with linking organisations, presented a total of 11 oral and poster presentations at the XII International Conference on AIDS, Geneva.**
- **Produced and disseminated two other major publications, on "moving beyond awareness raising" and "communities and vulnerability in Asia".**
- **Produced and disseminated 2 editions of the Alliance newsletter to contacts worldwide.**
- **Worked with the Population Council and other partners to launch a series of operations research activities to answer key questions about community mobilisation and NGO capacity building.**

Operations research

- The Alliance works together with the Population Council, the International Center for Research on Women (ICRW), PATH and the University of Alabama in "Horizons", a global operations research project funded through a USAID funded co-operative agreement. Activities under the Horizons project began in earnest in 1998 and include a Diagnostic Study on the Involvement of People Living with HIV and AIDS (PLHA) in the Delivery of Community-based Prevention and Care Services. The study will document current models of PLHA involvement in service delivery in four countries: Burkina Faso, Ecuador, the Philippines and Zambia.

- The Alliance also makes particular contributions to Horizons in developing research activities focussed on replication and scale up and working groups on NGO Capacity Building, Community Mobilisation, Care and Support, Voluntary Counseling and Testing (VCT) and Stigma and Discrimination.

Contributing to public policy

- Increasingly, the Alliance and its linking organisations are recognised as key players in the civil society response to HIV/AIDS. This recognition has resulted in both the Alliance secretariat and linking organisations being invited to participate in a number of consultative forums, working groups, national AIDS committees and meetings.

- Notable achievements in developing countries last year include:
  - A representative from PASA/SIDA was invited by the National AIDS Programme to participate in a committee responsible for analysing the response to HIV/AIDS in Morocco;
  - The Ministry of Health of Cambodia requested KHANA to assist in managing its World Bank Funds for NGO support;
  - ANCS in Senegal continued in its national role of developing strategies for services for PLHA;
  - PHANSuP organised the first Philippines Youth Camp which was supported by the National AIDS Programme;
  - The Alliance held consultations in the UK and India with representatives from India's National AIDS Control Organisation (NACO), State AIDS Cells, donors and NGOs to discuss the response of international NGOs to HIV/AIDS in India.

- At the international level, the Alliance:
  - contributed to the development of UNAIDS documents and position papers, as well as participating in UNAIDS consultations including Programme Co-ordinating Board Meetings.
  - acted as a partner organisation of the Global Business Council on AIDS and led a private seminar on AIDS for the CEOs of a dozen major global businesses;
  - participated in preparations for the Cairo +5 review process;
  - participated in a high-level strategic meeting on the future of the global epidemic organised by UNAIDS in July 1998;
  - contributed to DfID efforts to define its relations with civil society;
  - played an important role in a consultation on "Building Strategic Funding Partnerships to Fight Global HIV/AIDS", organised by Funders Concerned about AIDS.

"Your overview of the global HIV/AIDS epidemic and its potential impact on business was both informative and comprehensive. It enabled Global Business Council members to give genuine consideration to the role the Global Business Council can play in mobilising the private sector."

Sir Richard Sykes, CEO of Glaxo Wellcome, thanking the Alliance's Executive Director for the seminar he led for global business leaders.

Conferences and workshops

- In 1998 the Alliance conducted a number of workshops to broaden its impact beyond its core constituency of partners:
  - In Africa, PASA/SIDA in Morocco co-organised with the Alliance a meeting on 'Identifying and Strengthening Approaches to Technical Support Provision to Partner Organisations'. The meeting brought together Alliance LOs from Senegal, Burkina Faso and 4 NGO support programmes from Senegal, Chad, Togo and Côte d'Ivoire.
  - In Asia an inter-country workshop was organised on 'Mobilising Care, Community Support and the Involvement of People Living with HIV/AIDS.' The workshop held in Phuket, Thailand brought together 30 participants from 13 organisations from Bangladesh, Cambodia, India, Nepal, Philippines, Sri Lanka and Thailand.
  - A regional workshop in Latin America included seven NGO support programmes from Guatemala, Honduras, Costa Rica, Ecuador, Peru, Bolivia, Brazil and Argentina; a number of regional networks, including LACCASO, ICW, Grupo Pela-Vidda, ASICAL, GNP and the Red SIDA Peru; and representatives from key partner organisations in Mexico and Cuba.

- The Alliance staff and linking organisation representatives participated actively in the XII International Conference on AIDS. Together a total of 4 oral and 7 poster presentations were given and Alliance staff participated in a panel at the Positive Action Satellite Symposium and facilitated a skills building session on building partnerships.

- In all countries, linking organisation partner meetings allowed support groups to come together to exchange information and network and give feedback on the technical support provided by the LO.

Reports, publications, newsletters and media work

- In collaboration with Positive Action, Glaxo Wellcome the Alliance conducted a number of country seminars involving representatives of partner NGOs, government and donors. The theme of "moving beyond awareness raising" was the focus of discussions and the project resulted in a publication which documented the lessons learned and was disseminated to over 800 contacts world wide

- Another publication, supported by the Japanese Foundation for AIDS Prevention, documented the experiences, lessons learned and emerging recommendations of over 50 NGOs in Bangladesh, Cambodia and Sri Lanka that had carried out participatory assessments with marginalised and vulnerable communities

- By the end of the year, the Alliance had produced and disseminated two editions of its newsletter and contributed a number of articles to external publications such as AIDS Action and Impact. Media work in 1998 was modest but included interviews with Healthwatch, BBC World Service and BBC television News. Similarly, two linking organisations - Alliance Lanka and PASA/SIDA produced newsletters; IPC shared reports and tools with institutional partners such as the National AIDS Committee and the local UNAIDS representative.

- The Alliance produced quarterly and bi-annual reports for its supporters and Trustees.

Lessons learned and questions for the future:

- ***The Alliance is relatively confident of its working in adapting and sharing lessons to a particular context, such as its workshops in Brazil and Zimbabwe. Producing generic tools for use across countries and regions is however a different matter, and careful evaluation will be needed of the Pathways to Partnerships toolkit.***
- ***The process of identifying lessons to be shared with others is in itself a learning process for the Alliance and allows a review and reflection of the work we are doing.***
- ***Identifying and sharing lessons both at country level and secretariat level demands investment of time and human resources and the Alliance, at secretariat and LO level, must carefully balance the benefits with the demands.***

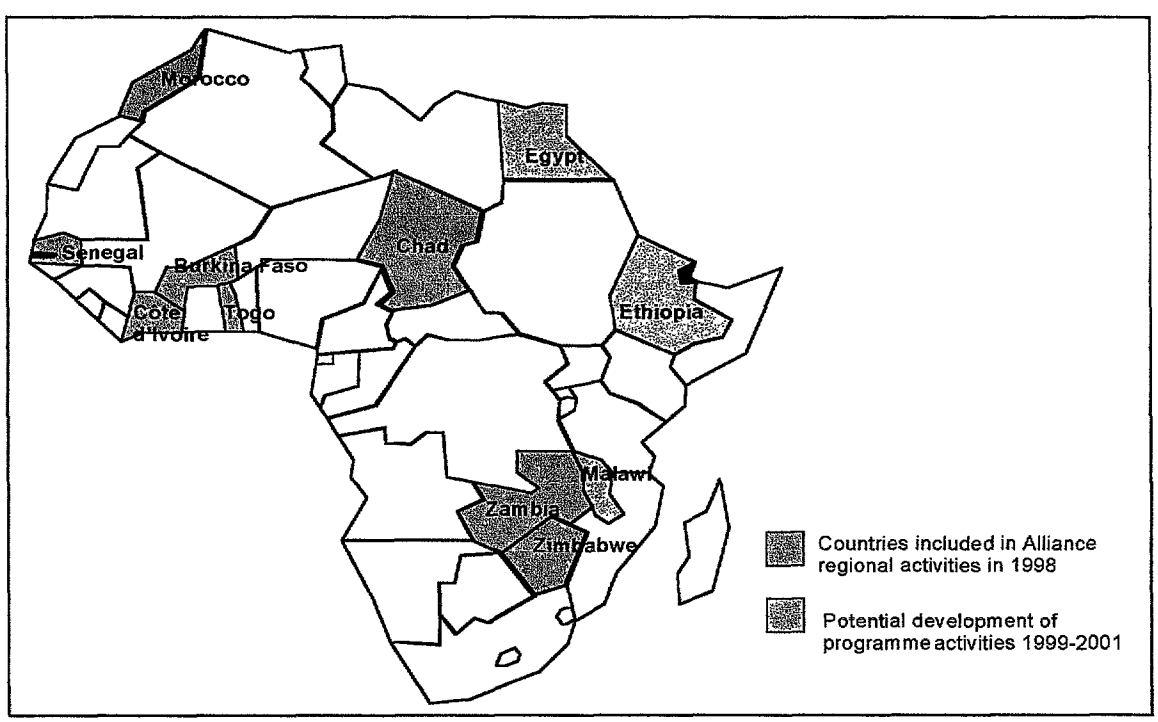
5.1.1 Africa (regional activities and new programme development)

Highlights in 1998:

- **In Zimbabwe, the Alliance field tested the "Pathways to Partnerships" toolkit on external relations and organisational sustainability. This work was undertaken with two NGO support programmes, PSG and Pact, and 13 of their partner NGOs.**
- **The Alliance organised a regional workshop on providing technical support to NGOs, attended by representatives of NGO support programmes active in Chad, Togo, Côte d'Ivoire, Burkina Faso, Senegal and Morocco**
- **In collaboration with GNP+ a workshop on organisational development for PLHA activists was held in Zambia**

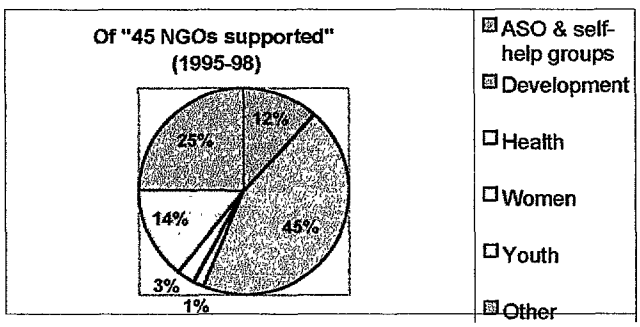
Regional context and programme strategy to date

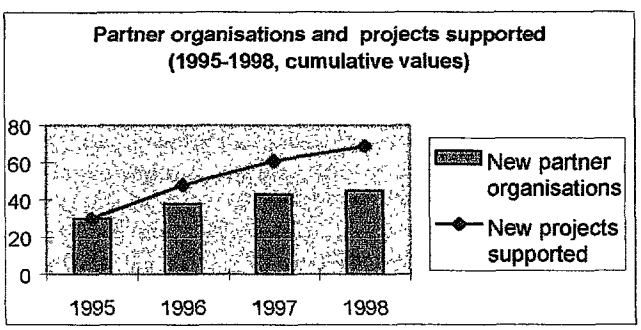
- Two-thirds of the world's PLHA (21 million people) live in Sub-Sahara Africa. UNAIDS estimates that 7 out of ten people newly infected with HIV in 1998 live in this region. Women are at greater risk of infection than elsewhere in the world. High fertility rates also contribute to high rates of HIV among children. Although HIV incidence is declining in parts of Eastern and Central Africa, it continues to increase rapidly in southern Africa. Northern Africa has low HIV prevalence rates, but high STD rates suggest the potential for future spread.
- In 1998 over two million Africans died of AIDS, including nearly 500,000 children. AIDS has caused a dramatic decrease in life expectancy and child survival rates in higher-prevalence countries. As the epidemic matures, morbidity and mortality rates are increasing, as is the care burden and the economic impact of HIV/AIDS.
- The Alliance currently supports three NGO support programmes in Africa – two in Sub-Saharan Africa and one in North Africa. Work has recently begun in Zambia, to help integrate HIV into a broad public health reform initiative supported by USAID.
- Efforts in the region have focused on community mobilisation, building NGO capacity and supporting effective NGO prevention and care activities.
- Regional efforts have included south-to-south skills building, through exchange visits between country programmes and regional meetings.



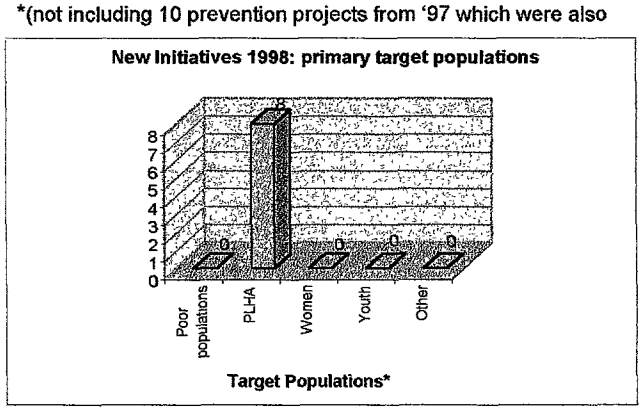
5.1.2. Country Report: Burkina Faso

Linking organisation/partner organisation:	**Initiative Privée et Communautaire Contre le Sida au Burkina Faso (IPC/BF)**
Programme established:	**1994**
Sources of support in 1998:	**Alliance (unrestricted); Alliance restricted (Strategies for Hope); direct to IPC (UNFPA)**





*(not including 10 prevention projects from '97 which were also

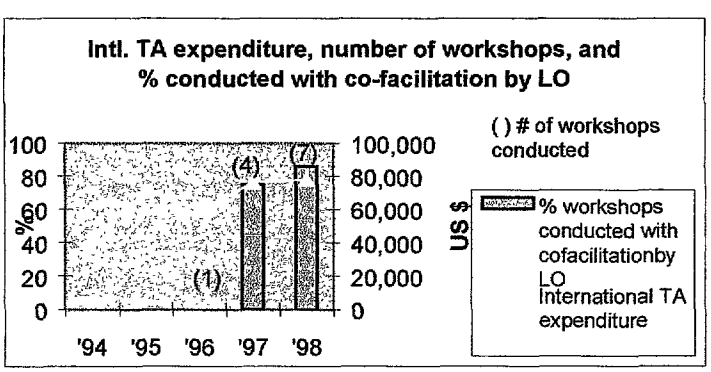


supported in '98)

Technical support to partner NGOs (1998)	Workshops (with co-facilitation)	TA visits and exchanges
Financial management	-	2
Organisational development	1 (1)	4
Participatory prevention	2 (2)	20
Care and support	1 (1)	10
Involvement of PLHA and operations research	1 (1)	-
Evaluation of prevention piloting	1 (1)	-
Evaluation of care and support training	1 (0)	-

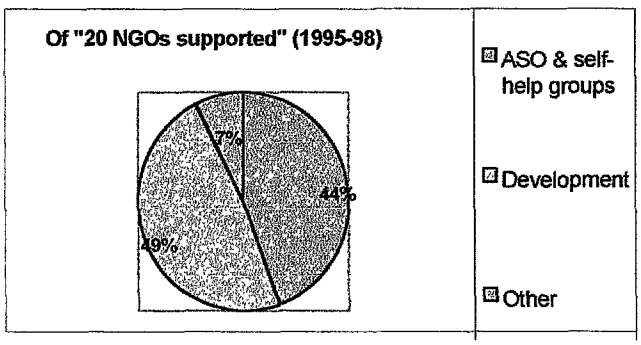
Country context and programme strategy to date

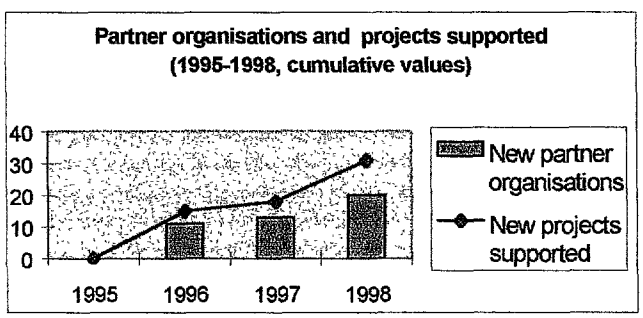
- The official rate of HIV infection is 7 percent of the adult population, but it is widely believed that a more realistic estimate is 10 percent.
- The rate of HIV infection is the second highest in West Africa. However, AIDS is still widely seen as a disease that affects others. The social situation of people living with HIV is quite negative and their visibility is very low.
- IPC builds capacity within a relatively young NGO sector. For example, half of the NGOs undertaking prevention in 1998 had never implemented a project before; most of the organisations involved in care had some experience in home visits, but none had experience in AIDS care.
- In 1997and 1998, the Alliance provided a relatively high level of international technical support to IPC to build capabilities in multiple areas: care, prevention, organisational development, and project management. This investment will enable IPC to now do more using local resources.
- IPC and partner NGOs have been at the forefront of introducing approaches that are new in Burkina Faso. New community-based care initiatives and a pilot programme of participatory prevention were the priority for the 1997-98 period.

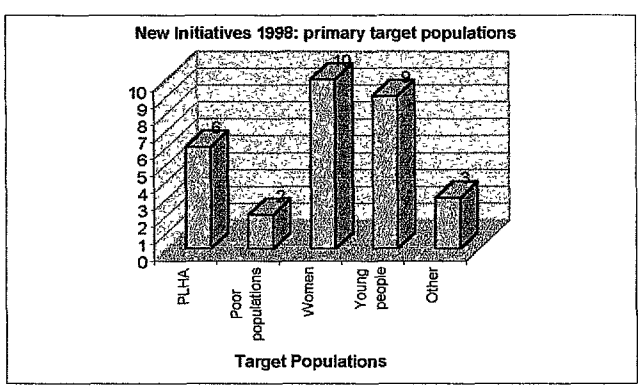


5.1.3. Country Report: Morocco

Linking organisation/partner organisation:	**Programme d'appui au secteur associatif/Sida (PASA/SIDA)**
Programme established:	**1996**
Sources of support in 1998:	**Alliance (unrestricted); Alliance restricted (USAID/ANE)**



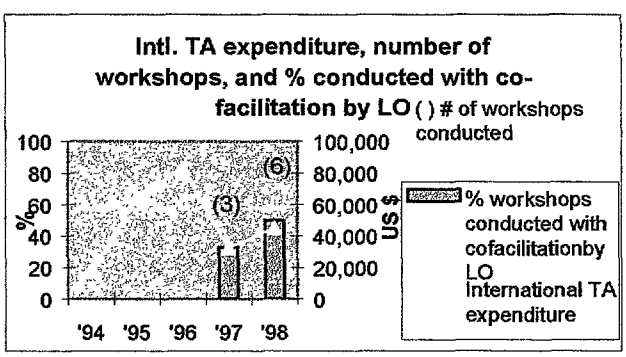




Country context and programme strategy to date

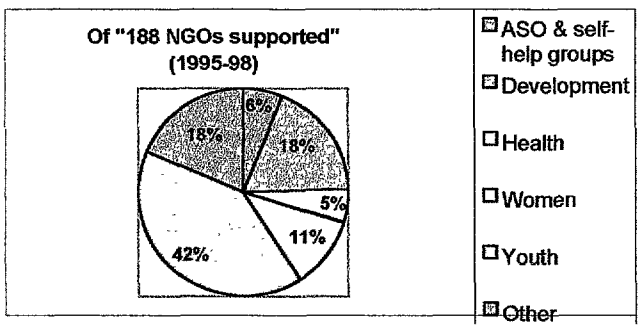
- Morocco has an estimated prevalence rate of 0.03%, and it is estimated that there are 5,000 PLHA.
- However, high rates of curable STDs indicate that risk behaviour does exist. Currently, 100,000 STD cases are reported annually by physicians, although Ministry of Health officials estimate that the real incidence is approximately 600,000 cases per year.
- Traditionally, the NGO sector has not been significantly involved in HIV/AIDS prevention programmes, although some AIDS Service Organisations have targeted specific communities perceived to be at high risk of infection, such as sex workers and intravenous drug users.
- PASA/SIDA aims to strengthen the capacity of Moroccan organisations in a young NGO sector. Groups working in development or AIDS are mobilised for community assessments. After passing this phase, they are trained in participatory prevention that addresses gender, sexuality, sexual health and AIDS/STDs.
- All NGOs undertake assessments before developing projects. All participatory prevention activities are combined with community mobilisation and/or development activities.

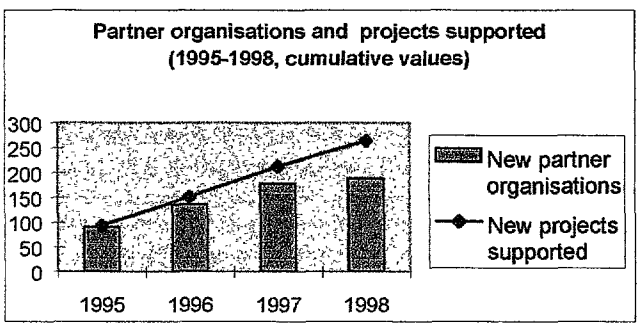
Technical support to partner NGOs (1998)	TA visits, Workshops and/or exchanges
HIV/AIDS technical	16
Management	21
Organisational development	31

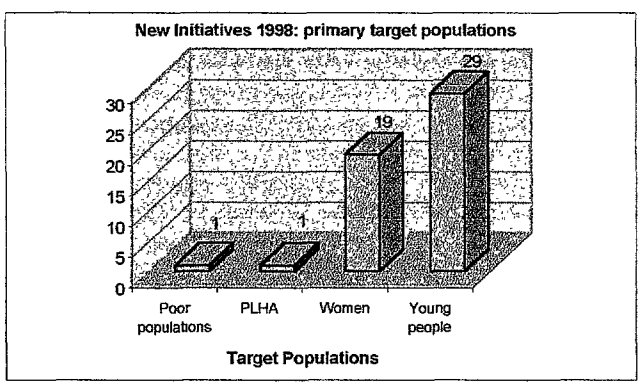


5.1.4. Country Report: Senegal

Linking organisation/partner organisation:	**Alliance Nationale Contre le Sida au Senegal (ANCS)**
Programme established:	**1995**
Supporters in 1998:	**Alliance unrestricted**



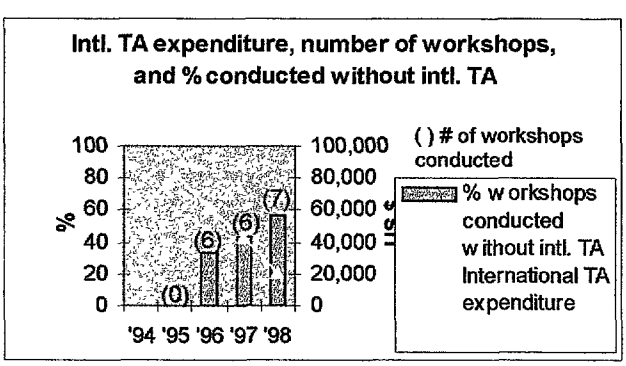




Country context and programme strategy to date

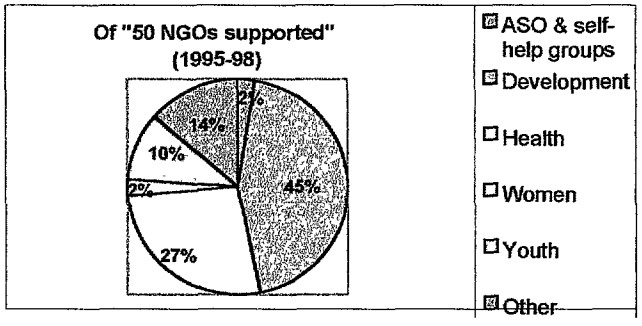
- HIV seroprevalence is estimated to be roughly 2 percent of the adult population.
- By the standards of sub-Sahara Africa, Senegal is considered a low-prevalence country. However, there are wide disparities between different populations, and regional sero-prevalence rates range from 1.2% to 32.8%.
- There was an early response to AIDS in the country. NGOs were instrumental in carrying out information campaigns, and have complemented government programmes. There is a developed NGO sector and a tradition of community mobilisation.
- ANCS has an important role in mobilising grassroots NGOs to respond to HIV/AIDS. ANCS supports awareness raising, as well as participatory approaches for assessing needs, and prevention that promotes behaviour change. It also organises national care fora for stakeholders, care givers and people living with HIV.
- NGO activities in 1998 included targeted participatory prevention projects, and awareness raising during national mobilisation drives for youth and women and during World AIDS Day. Ongoing care projects involve psychosocial support, provision of basic medicines and income generation.

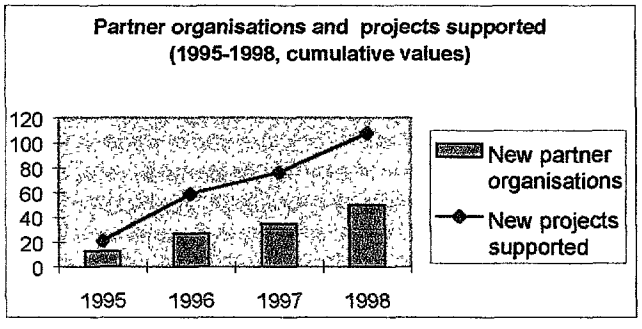
Technical support to partner NGOs (1998)	TA visits and exchanges
Training peer group facilitators	83 (days)
Income generation support	12
Monitoring and follow-up	32
One-off grant monitoring	41
Financial Management	4
Peer group discussion monitoring	13 (days)
Project Development	4

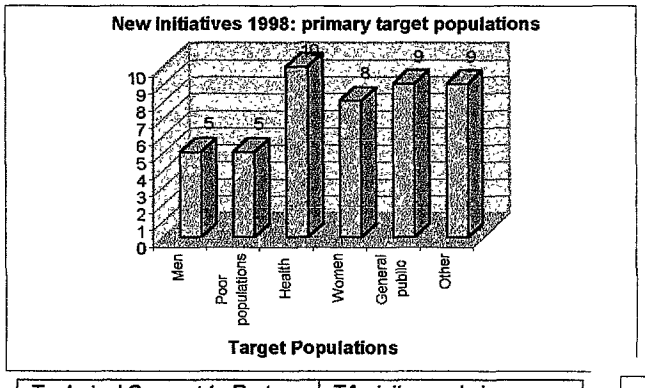


5.2.2. Country Report: Bangladesh

Linking organisation:	**HIV/AIDS/STD Activities – Bangladesh (HASAB)**
Programme established:	**1995**
Sources of support in 1998:	**Alliance (unrestricted); Alliance restricted (European Union, USAID/ANE, DfID)**



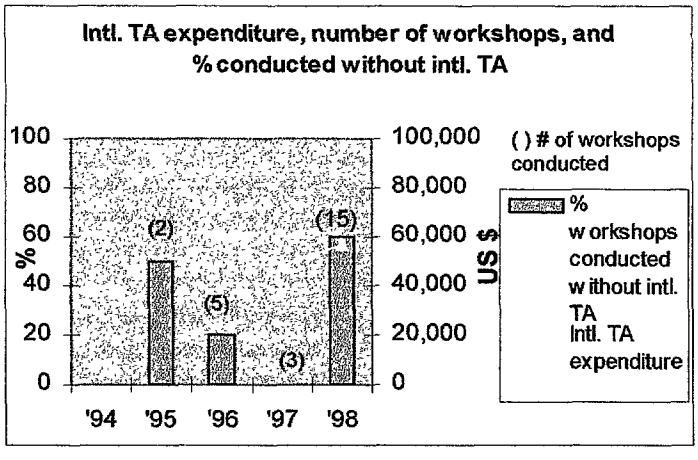




Country context and programme strategy to date

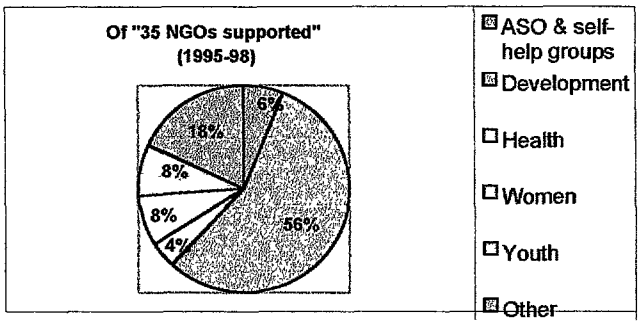
- There is still little systematic surveillance data available on the extent of the spread of HIV in Bangladesh.
- Despite an absence of reliable data, HIV seroprevalence still appears to be low. However, there are important risk factors such as mobility, widespread poverty and, in various regions, high rates of STDs and injection drug use. As a result, there is a clear need for intervention, while there may also be an opportunity to avert the situation found in neighbouring countries.
- A large NGO sector has focused on reproductive health for years, but HIV/AIDS interventions were not highly developed before HASAB's creation. As well, a very limited range of populations had been targeted, especially sex workers.
- In 1995, the Alliance started a programme of strategically mobilising NGOs for intensive capacity building. An increasingly participatory approach to programme development, implementation and review has considerably strengthened the work of most partners.
- All potential partner NGOs are trained in participatory community assessments. Prevention projects include STD diagnosis and case management, condom promotion and peer education.

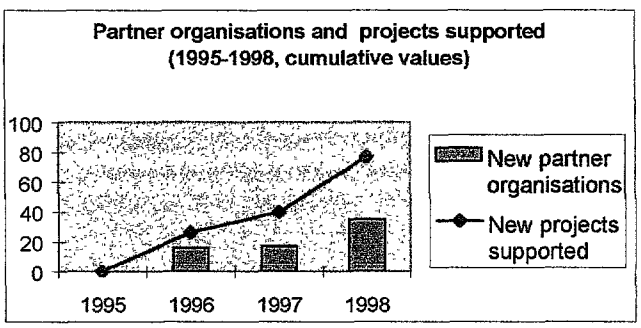
Technical Support to Partner NGOs (1998)	TA visits, workshops and/or exchanges
Skills building in HIV/AIDS	14
Sexual Health & Gender	2
Stepping Stones	1
Peer educators development	2
Peer educators development	1
Annual Partners Meetings	1
Programme management	36
Needs assessments	1
Participatory Review	2
Co-ordination meeting	1
Project evaluation	2
Finance and admin.	38

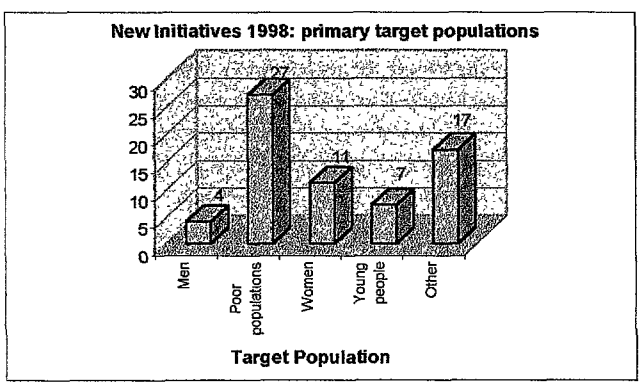


5.2.3. Country Report: Cambodia

Linking organisation/partner organisation:	**Khmer HIV/AIDS NGO Alliance (KHANA)**
Programme established:	**1996**
Sources of support in 1998:	**Alliance (unrestricted);** **Alliance restricted (EC/UNFPA, USAID/ANE)**





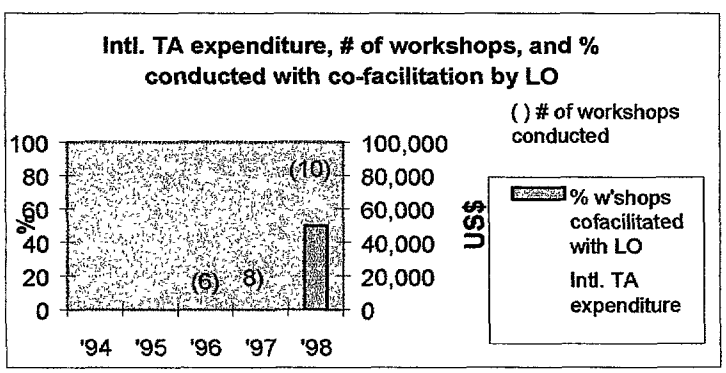


Country context and programme strategy to date

- At the end of 1998, adult seroprevalence in Cambodia was estimated at 2.8%.
- This is an emerging epidemic. The first case was notified only in 1993, and now an estmiated 140,000 adults are living with HIV.
- When the Alliance first started working in Cambodia in 1996, there was a low level of HIV-related technical skills amongst NGOs. There was also a very low level of local community awareness or response to AIDS.
- Between 1996 and 1998, the Alliance had mobilised the majority of the local NGOs engaging in HIV/AIDS work in the country. The Alliance also catalysed the formation of the Khmer HIV/AIDS NGO Alliance, KHANA, to take over ongoing NGO mobilisation and support. KHANA's technical skills were strengthened in 1998 for the future mobilisation of NGOs in care, in response to a growing need in this area. In 1998, under the EC/UNFPA Initiative on Reproductive Health in Asia, the Alliance joined efforts with others to enhance HIV/AIDS programming for youth.
- All current NGO partners implement participatory prevention projects at community level, and some are involved in condom social marketing.

Technical support to partner NGOs (1998)	TA visits, * and *workshops*
Programme development	43
Needs assessments	17
Project design	2
Programme implementation	1
Participatory Review	18
Project evaluation	8
Skills building	2
Sexuality, Gender and Sexual Health	2

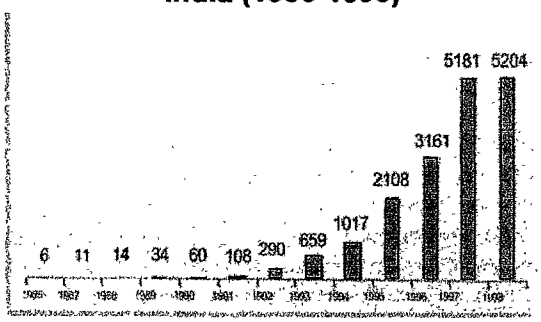
- No NGO exchange visits organized by Khana in 1998

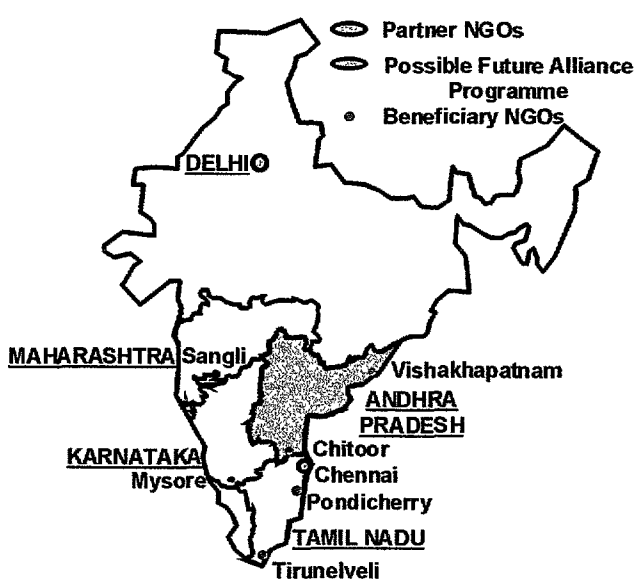


5.2.4. Country Report: India

Partner organisations:	**Indian Network for People Living with HIV/AIDS (INP+), Naz Foundation (India) Trust, Sangram, Sharan, YRG Care, others**
Programme established:	**1997**
Supporters in 1998:	**Alliance unrestricted; Alliance restricted (Ford Foundation, MacArthur Foundation)**

Cumulative AIDS Cases Reported in India (1986-1998)



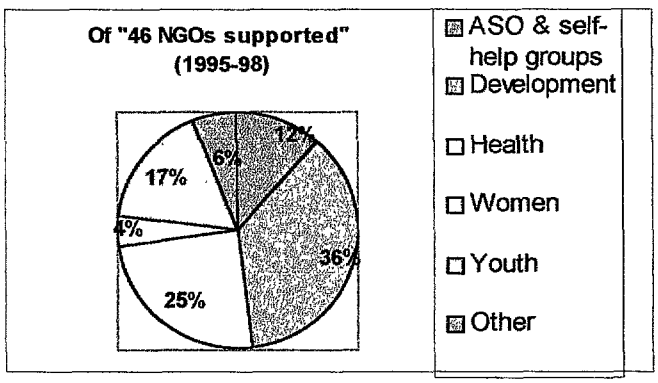


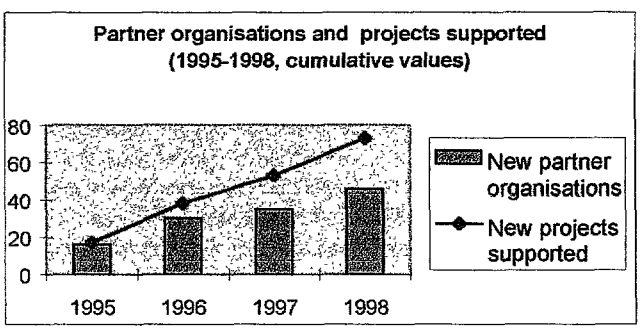
Country context and programme strategy to date

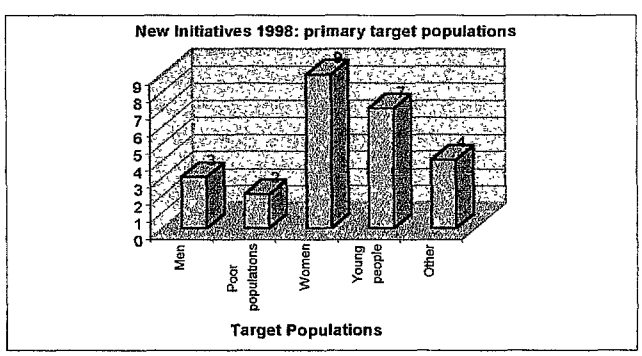
- HIV has been present in India since the early 1980s. The country's immense population means that even relatively low prevalence estimates translate into large numbers of people living with HIV infection. Infection rates in India are currently estimated at roughly 1% of the adult population, or 4 million people, making India the country with the largest number of people living with HIV in the world.
- HIV infection is prevalent in all parts of the country. Prevalence is especially high in Maharashtra, Andhra Pradesh and Tamil Nadu States. In recent years, the epidemic has become established in both urban and rural areas. It has also gone beyond the original populations that were identified as being at risk. Surveillance data also indicates that the epidemic is spreading rapidly within some groups and regions.
- Several leading NGOs throughout the country have developed innovative prevention, care and support programmes. Some also provide technical support and training to other organisations. The Government of India is fostering NGO participation in the National AIDS Control Programme, at both national and state level.
- However, much work remains to be done to identify models for NGO and community mobilisation and to replicate them widely. As well, there remains a need to support communities that are increasingly affected by HIV and AIDS and are seeking care and support services.
- To help meet these needs, the Alliance is working in India to build and link existing capacity and expertise in HIV-related programming and NGO support.

5.2.5. Country Report: The Philippines

Linking organisation/partner organisation:	**Philippine HIV/AIDS NGO Support Program (PHANSuP)**
Programme established:	**1993**
Supporters in 1998:	**European Union, Alliance, UNICEF, JICA and Philippines Depart. of Health**



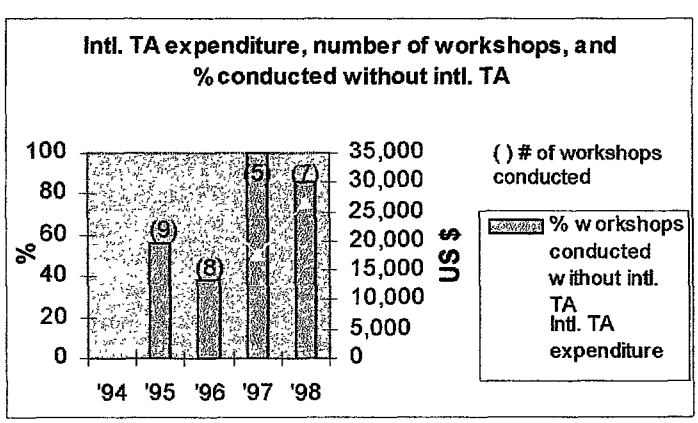




Country context and programme strategy to date

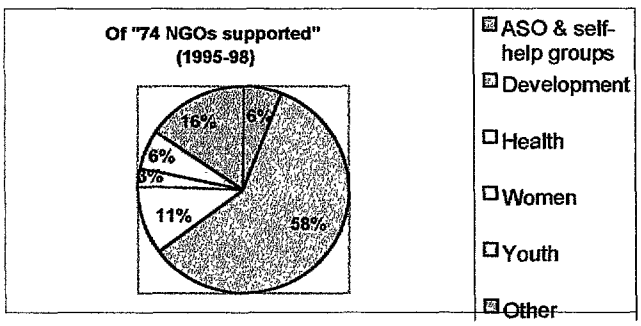
- As of July 1998, a total of 968 Filipinos with HIV infection and AIDS have been reported to the AIDS Registry.
- Even though this figure is believed to reflect gross underreporting, it would appear that the Philippines has remained low prevalence, contrary to general expectations.
- Before PHANSuP was established, much of the AIDS related activity in the Philippines was limited to Metro Manila.
- As a core strategy, PHANSuP promotes external relations with other sectors to ensure organisational sustainability. It also promotes technical support between partner NGOs. In 1997-98, PHANSuP supported NGOs to institutionalise participatory methods throughout the project cycle. As the most mature and sustainable Linking Organisation of the Alliance, PHANSuP started to manage a major direct contract with the European Commission in 1998, which now accounts for the great majority of its current income.
- Projects focus on in-depth strategies to involve youth and other community members to help them reduce their vulnerability. Some refer clients to government services and other NGOs. Others work for the empowerment of marginalised groups. One NGO organises PLHA for self-help.

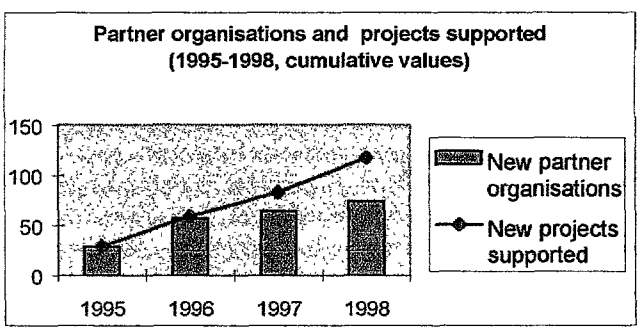
Technical support to partner NGOs (1998)	TA visits, exchanges and/or workshops
Organisation diagnostic	6
Programme management	1
Project development	1
Monitoring (programmatic and financial)	23
Mid and end project evaluation	24
specific TA	1
human sexuality	1
Stepping Stones	1
ERTP III: Advocacy	1

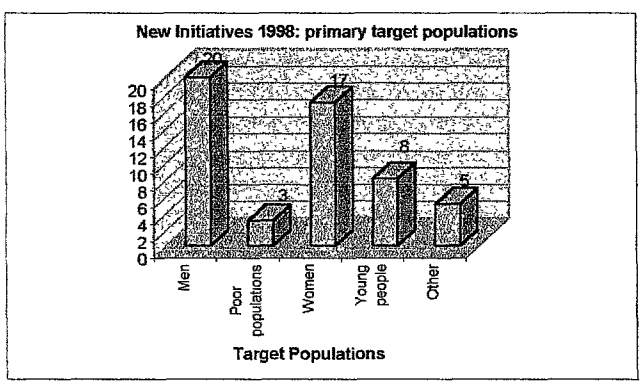


5.2.6. Country Report: Sri Lanka

Linking organisation/partner organisation:	**Alliance Lanka**
Programme established:	**1995**
Sources of support in 1998:	**Alliance (unrestricted);** **Alliance restricted (USAID/ANE);** **direct to Alliance Lanka (APCASO, EAP Network)**



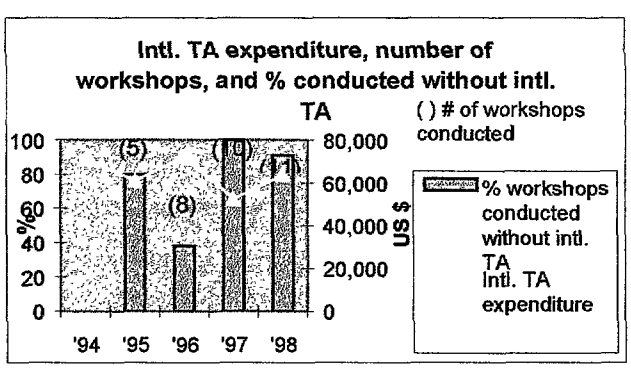




Country context and programme strategy to date

- By November 1998 Sri Lanka reported a total of 91 people with AIDS and 165 people with HIV infection. Estimates of the true extent of HIV infection range from 7,000 to 9,000 PLHA.
- Despite this prevalence, lower than average among Asian countries, Sri Lanka is vulnerable to HIV spread due to population mobility and upward trends of STD infections.
- Most of the HIV-related NGO activity was limited to Colombo before Alliance Lanka established its programme in the South, West and Central areas.
- Alliance Lanka has pioneered a sexual health approach to respond to HIV in Sri Lanka. NGOs have found that it is difficult to get populations interested in activities with a very specific HIV/AIDS focus. They are, however, interested in broader sexual health interventions that incorporate HIV/AIDS.
- To maximise participation and local relevance of programmes, Alliance Lanka requires participatory community assessments as a first step to working with any community. NGOs undertake activities such as condom promotion, teaching negotiation and communication skills, and STD identification and referral

Technical support to partner NGOs (1998)	Workshops (without outside TA)	TA visits and exchanges
Organisational assessments		30
Programme management and review	2 (2)	
Project development	4 (4)	
Monitoring (programme and finance)		880
Mid and end project evaluation		37
Reproductive health	1 (1)	
Human rights	1 (1)	
Stepping Stones	1 (1)	
Training of trainers	1	



5.3.1 Latin America (regional activities and new programme development)

Highlights in 1998:

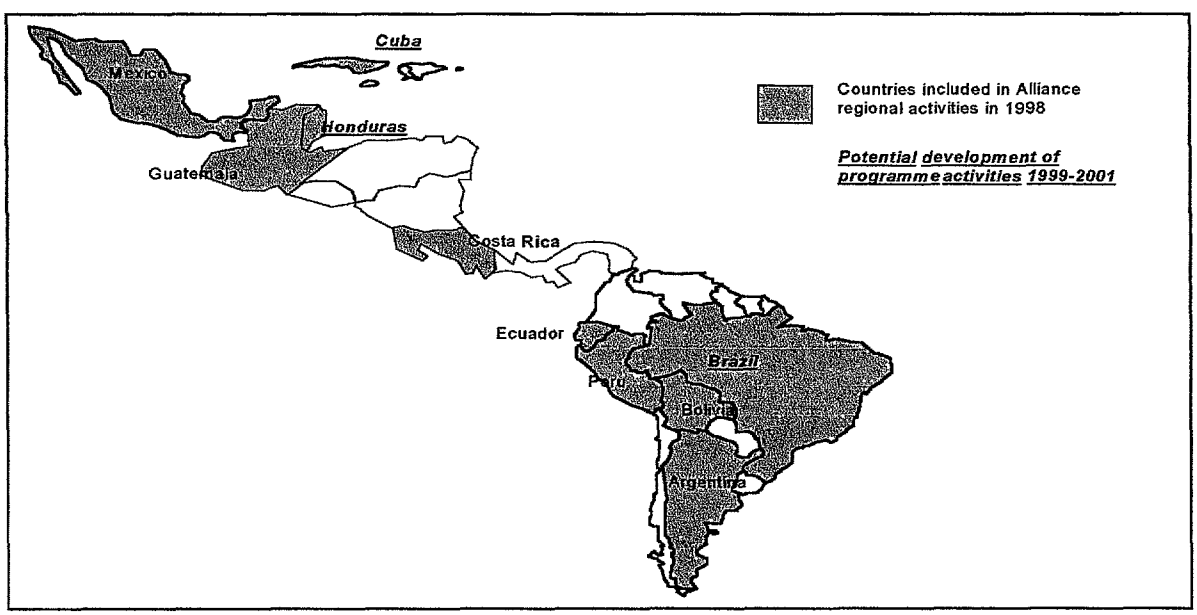
- **The Alliance conducted a situation assessment in Honduras for the UNDP HIV and Development Programme and began working with local NGOs to plan for an expansion of care services.**

- **COMUNIDEC, in Ecuador, hosted a regional workshop on HIV/AIDS and NGO support. Participants included representatives from 7 NGO support programmes and 7 regional networks.**

- **In Brazil, the Alliance conducted an introductory workshop on external relations and sustainability for organisations and networks of people living with HIV. 33 NGOs and networks took part.**

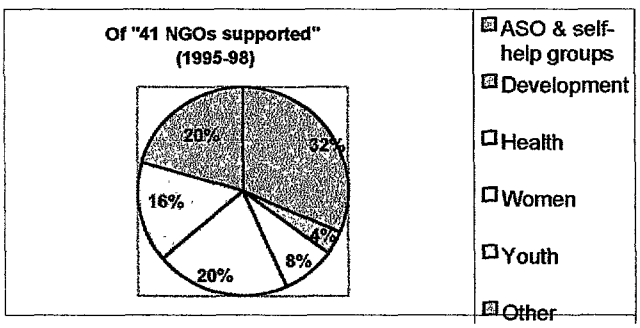
Regional context and strategy to date

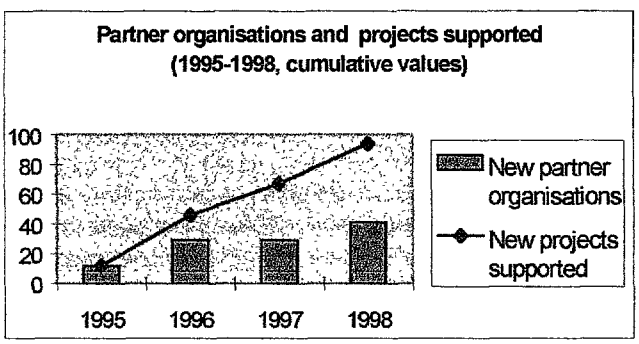
- The Latin American and Caribbean regions have an aggregate population equivalent to 8.4% of the global total.
- An estimated 1.6 million people are living with HIV in Latin America and the Caribbean, equivalent to 5.4% of the total number of people around the world living with HIV as of December 1997. Under-diagnosis, underreporting and delayed reporting are recognised problems in this region.
- In Mexico, AIDS was the third leading cause of death in men between 25 and 34 years of age in 1995. In the state of Sao Paulo, Brazil, AIDS has been the leading cause of death among women aged 20 to 34 since 1992.
- The region has a well developed NGO sector with strong individual institutions, a multiplicity of intermediary organisations, training institutes and umbrella projects. However, AIDS service organisations tend to be weaker than NGOs working in health and development.
- Through advocacy activities and provision of specialist HIV skills, the Alliance has promoted the integration of HIV work into development programmes.
- In 1998, the Alliance has strengthened the organisational and institutional base of NGO work on HIV, through skills building, strategic planning, and monitoring and evaluation

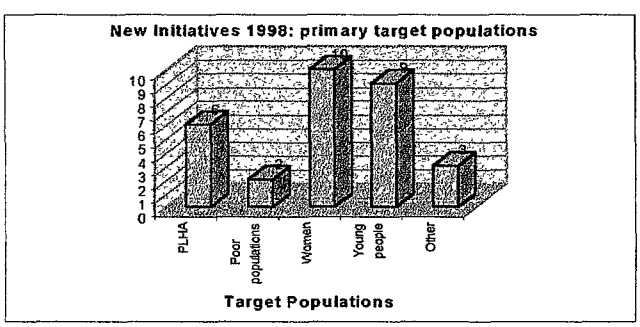


5.3.2. Country Report: Ecuador

Linking organisation/partner organisation:	**COMUNIDEC – Programa Iniciativas Frente al SIDA**
Programme established:	**1995**
Sources of support in 1998:	**Alliance unrestricted; direct to COMUNIDEC (World AIDS Foundation, UNFPA)**



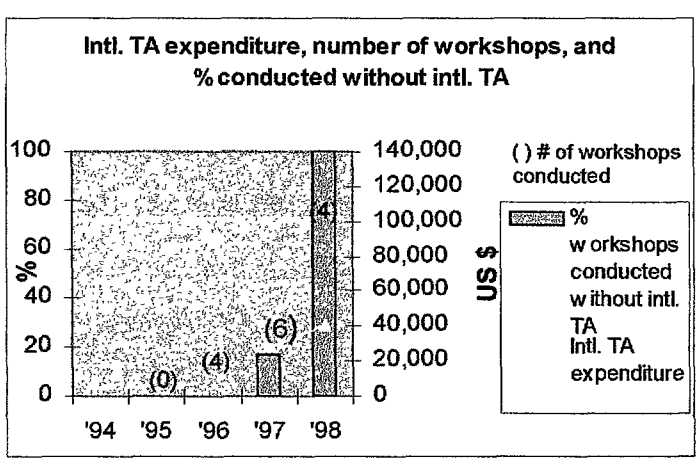




Country context and programme strategy to date

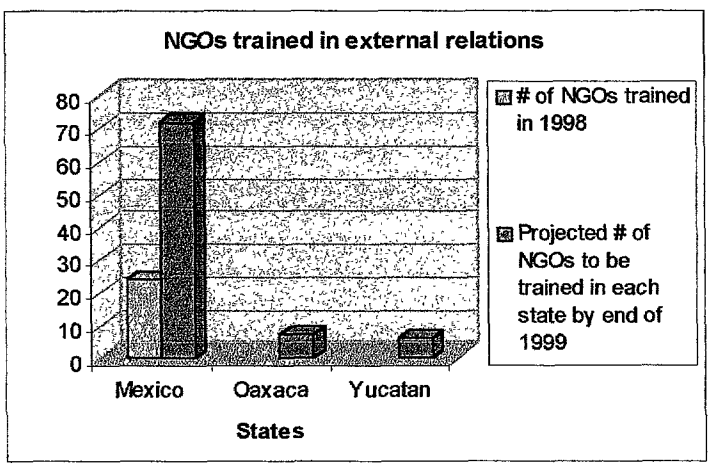
- As of the end of 1998, there were almost 2,000 cases of AIDS officially notified.
- The number of officially reported HIV/AIDS cases has risen 85 percent in three years. Heterosexual transmission of HIV is now occurring at an increasing rate alongside continuing male-to-male transmission.
- Before COMUNIDEC's and the Alliance's involvement, the NGO response to HIV was limited. A few AIDS service organisations existed, but received little or no financial or technical support.
- In order to broaden impact, considerable effort has been placed on mobilising non-AIDS organisations and integrating HIV in ongoing development work. COMUNIDEC and partner NGOs have also worked hard to ensure the participation of people living with HIV/AIDS, especially women. Despite the low HIV prevalence, supporting care projects early on has been critical to the development of COMUNIDEC's skills and has increased the visibility of the epidemic.
- All of the prevention projects go beyond IEC, with activities such as peer provision of information and counselling, referrals to STD services, and outreach to vulnerable populations. Care activities focus on psychosocial support, home care, and self help groups for PLHA.

Technical support to partner NGOs (1998)	TA visits, exchanges and/or workshops
Monitoring (programmatic & financial)	22
Specific TA	10
Video development	5
End project evaluation	13
Regional exchange workshop	4
Needs assessment workshop	1
Communications, and sexuality workshops	2



5.3.3. Country Report: Mexico

Linking organisation/partner organisation:	**Colectivo Sol, Fundacion Mexicana para la Lucha Contra el SIDA, Frente Comun, Ave de Mexico, Red Mexicana de PVVIH, Frenpavih and others**
Programme established:	**June 1998**
Supporters in 1998:	**Alliance unrestricted; Alliance restricted (USAID/LAC)**



Technical Support to partner NGOs Actual & (Projected) June 1998-June 1999	TS visits/workshops
External Relations/Sustainability Workshop with International Technical Support	1 (2)
State-level workshops	2 (8)
International Technical Support	1 (3)

Projected #s reached by June 1999	Numbers
NGOs	85
State-level AIDS Programme	3
Individuals	82

Country context and programme strategy to date

- At the end of 1997, there were more than 33,000 notified AIDS cases in Mexico.
- This seroprevalence gives Mexico has the third largest HIV/AIDS epidemic in the Western Hemisphere. The epidemic is concentrated in eight of the country's 32 States
- Some 200 NGOs and CBOs are already active in HIV/AIDS prevention and care. However, there are low levels of funding for HIV/AIDS work.
- As a result, the Alliance programme in Mexico focuses on strengthening external relations strategies and skills, and sustainability of NGOs/CBOs. The programme works in three priority states – Mexico, Oaxaca and Yucatan – as well as Mexico City.
- Partner NGOs revise their mission and vision in order to develop a clearer idea of their institutional priorities. Following this, the NGOs develop their own external relations strategies, including the identification of priority partners. During implementation, strategic partnerships are created with organisations such as other NGOs, the state health system, donor agencies or the church.